



2016

NEEDS AND ASSETS REPORT

 **FIRST THINGS FIRST**

Gila River Indian Community Region

Gila River Indian Community Regional Partnership Council

2016

Needs and Assets Report

Prepared by

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Funded by

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February 10, 2017

Message from the Chair:

The Gila River Indian Community Regional Partnership Council takes great pride in the progress made over the past eight years. Together with our community partners, we are delivering on our promise to build a solid foundation for young children and their families. During the past year, we have provided support to young children and their families through grant awards and system building activities. Funded programming includes addressing teen parenting, early education/child care and home visitation. Some of our system building successes include convening Gila River Indian Community's Children in Crisis Coalition, and supporting native language and literacy integration into all early childhood programs through Gila River Indian Community's Literacy Coalition.

The Gila River Indian Community Regional Partnership Council is grateful for the support and guidance received from the Gila River Indian Community Tribal Council. With the on-going support of tribal leadership, The First Things First Gila River Indian Community Regional Partnership Council will continue to advocate and provide opportunities for healthy growth in the first years of life, parent education on child development, and ongoing professional development opportunities for child care providers, teachers, and family caregivers.

Thanks to the dedicated staff, volunteers, and partners, First Things First is making a real difference in the lives of our youngest citizens, not only in the Gila River Indian Community, but throughout the entire State.

The 2016 Gila River Indian Community Regional Needs and Assets Report is the fourth in a series of assessments conducted every two years for the First Things First Gila River Indian Community Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in the region. It is a collection of useful data and community information that will be used to help determine how best to invest resources to improve the lives of young children and families in the region.

Sincerely,

Melissa Madrid, Chair

Chair, Gila River Indian Community Regional Partnership Council

Gila River Indian Community Regional Partnership Council

Introductory Summary and Acknowledgments

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

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

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

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

Acknowledgments:

We want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona Department of Education, the Census Bureau, the Arizona Department of Administration- Employment and Population Statistics, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

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

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Executive Summary

Regional Description

The boundaries of the First Things First Gila River Indian Community Region match those of the Gila River Indian Reservation, which lies partly in Maricopa County and partly in Pinal County. About three-quarters of the population live in Pinal County and about one-quarter live in Maricopa County. The Gila River Indian Reservation was established on February 28, 1859, by an Act of Congress. Tribal membership includes the Akimel O’otham (Pima) and Pee Posh (Maricopa) tribes. The Community is divided into seven districts. The larger communities in the region are Sacaton (which is the seat of government), Casa Blanca, Blackwater, Komatke, Maricopa Colony, Stotonic Village, Gila Crossing, and Sacaton Flats Village.

Data Sources

The information contained in this report comes from a variety of sources. Much of the data was provided to First Things First by other state agencies: the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA).

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

Population Characteristics

According to the U.S. Census, the Gila River Indian Community Region had a population of 11,712 in 2010, of whom 1,530 (13%) were children ages birth to 5 years. Thirty percent of households in the region included a young child.

Over half of the households with young children (birth to 5) in the region (54%) are single-female households. The proportion of young children living in a grandparent’s household in the region (47%) is substantially higher than the percentage statewide (14%), and also higher than the percentage in all Arizona reservations combined (40%). For those children living in a grandparent’s household, 72 percent live with a grandparent who is financially responsible for them, but only 11 percent of the children have no parent present in the home.

The vast majority (93%) of young children (ages 0-4) in the Gila River Indian Community Region are American Indian. This proportion is similar to that of all Arizona reservations combined (92%), but differs greatly from the statewide rate of six percent. The percentage of young children who are Hispanic or Latino in the Gila River Indian Community is twenty-two percent, compared to nine percent in Arizona reservations overall and 45 percent in the state as a whole. The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (84%) or Hispanic (12%). In the state, however, only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino. The ethnic composition in the Gila River Indian Community

Region is also reflected in a higher proportion of households that report speaking a Native North American language (13%) compared to households statewide (2%). This proportion, however, is lower in the region compared to the rate in All Arizona reservations combined (51%). In the Gila River Indian Community, the native languages spoken are Akimel O’otham and Pee Posh. O’otham is a Uto-Aztecan language and Pee Posh is a Yuman language.

Economic Circumstances

Poverty rates for both the overall population and the population of young children are higher in the Gila River Indian Community Region than across all Arizona reservations combined and the state as a whole. For the overall population, 52 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide. In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Almost three-quarters (71%) of the children in the region live in poverty, a higher proportion than that in all Arizona reservations combined and the state (56% and 28%, respectively). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region, and across all Arizona reservations are low income, i.e., near but not below the federal poverty level (FPL). Eighty-six percent of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677 a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state. The median family income in the region (\$26,615) is less than half of the median family income in the state of Arizona (\$58,897).

The average unemployment rate in the region for the 2009-2013 period is 30.2 percent, higher than the estimated 22.1 percent across all Arizona reservations combined and the average state rate of 10.4 percent.

The effects of living in poverty are apparent in other data available for the region. The use of economic supports such as Temporary Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) are higher in the Gila River Indian Community Region compared to the state. In 2014, 12 percent of children in the region received TANF benefits, while only four percent of children statewide did. The majority of young children in the region (87%) received SNAP benefits, compared to half of young children statewide (51%). The proportion of young children in the region receiving SNAP has remained stable between 2012 and 2014, but the proportion eligible for free and reduced lunch has fallen by 10 percent. The percentage of children receiving TANF has decreased slightly in the same time period, although this may be due to funding and eligibility changes rather than reflecting decreased need. More than 80 percent of the children attending Sacaton Elementary District, the only Arizona Department of Education district with boundaries wholly contained within in the region, are eligible for free or reduced lunch.

Educational Indicators

Children from the region attend schools in a number of Arizona Department of Education (ADE) districts, and Bureau of Indian Education schools. Data are provided for the one ADE district wholly contained within tribal lands, Sacaton Elementary District. Students “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Gila River

Indian Community Region, just over half (54%) of third grade students passed the AIMS Math test and just under three-quarters (70%) passed the AIMS reading test. Fourteen percent of third graders in the region scored “falls far below” in math; 7 percent scored “falls far below” on the reading test, putting them at risk of grade retention.

Early Learning

Early care and education options available to parents of young children in the Gila River Indian Community Region include child care centers, home-based care, school-based preschools, Family and Child Education (FACE) programs, Head Start/Early Head Start Programs and off-reservation child care services.

Center and home-based Care:

School-based preschool programs - School-based preschool programs in the Gila River Indian Community Region currently include the Blackwater Community School pre-K program and the Sacaton Elementary School preschool program.

The Gila River Indian Community First Things First (FTF) Regional Partnership Council provides funding to the Blackwater Community School for a 20-student preschool program. This program is modeled after the Bureau of Indian Affairs Family and Child Education program - FACE. Other program components include the Houghton Mifflin Preschool Curriculum, Every Day Counts Calendar Math™, Stages of Writing Development Measurements, Arizona Literacy Plan (birth to five section), cultural development with O’Odham culture and language, and nutrition education through the school lunch program and GENESIS Diabetes Prevention Program.

The FTF Blackwater preschool program collaborates closely with other programs in the region providing services to young children such as the Early Childhood Special Services Program providing services in the areas of speech and language development, occupational and physical therapy, counseling and behavior modification to children with special needs enrolled in the program. In addition, the Gila River Health Care school nurse is available to provide services to children in the preschool program. The Genesis Program provides health and fitness education with a cultural component to enrolled children. The preschool program also collaborates with the Blackwater FACE Program (see FACE Programs section below) on planning of lessons and activities for the children.

In addition, to the FTF-funded program, Blackwater Community School was able to secure funding from the 21st Century Community Learning Centers program for another 20-student preschool program, which began in 2012-2013. Funding for this program will be available through 2015.

In school year 2012-2013 Gila Crossing Community school also received funding from the FTF Gila River Indian Community Regional Partnership Council and the Gila River Indian Community Tribal Council for two preschool classrooms that enrolled a total of 12 and 13 children each. This program was in place for only one year as funding from the Tribal Council could not be secured for the following year.

An important addition to the early childhood education system in the Community is St. Peter Indian Mission School's pre-k program which includes 2 classrooms and has 28 pre-k children enrolled. In order to build a strong early childhood program St. Peter's school staff worked in close collaboration with the FTF Regional Director and Regional Partnership Council, as well as with staff from the Early Education Childhood Center to design their pre-k classrooms and support quality learning so children arrive at kindergarten healthy and read to succeed. St. Peter's school received a capital grant from Shea Homes Foundation for their new buildings and receives funding from the Gila River Indian Community for operations.

Early Education Child Care Center (EECC):

The EECC is a tribally owned and operated program. The EECC Center receives federal funding from the Child Care Development Fund. The EECC center is tribally licensed through GRIC Department of Public Health Environmental Health Services. The EECC is a one of the child care services options provided by the Child Care and Development Services Department to families in the Community who meet income guidelines and who are in need of child-care services because they are either: employed or looking for employment, in training, attending school or training. Child care services through this Department are also available to children involved with CPS or in foster care. The EECC also serves GRIC employees who are either qualified for the Child Care and Development funding or full-pay parents. In addition to Child Care Development Fund subsidies, EECC also provides 25 child care Scholarships through Valley of the Sun United Way.

The EECC is located in District 3 (Sacaton) and has a capacity to serve a total of 122 children from as early as six weeks old. As of June of 2014, EECC enrollment was 100 (43 children ages birth to three and 57 children three to five years old). The Center rarely has any 0 to 3 slots available because those get filled as soon as they become vacant. Recently, there was a substantial increase in the number of children on the EECC waiting list, from 58 in 2012 to 92 in June of 2014. Key informants indicated that a possible cause of this increase, which has doubled the number of children waiting for an EECC spot, may be the number of families who have recently moved into the Community after a substantial number of new homes had been built on the reservation. This could suggest a possible increase in the demand of other services for families with young children in the region. Another possible reason may be that Community members are becoming more aware of the child care subsidy program, which, as of last year's funding plan, is only available to Community members.

Although EECC rates for full-time child care are low relative to the rates charged by full-time regulated child care centers in surrounding counties and in the state overall, the rates are still very challenging for many families in the Gila River Indian Community to meet.

The Gila River Indian Community Child Care and Development Services Department also provides support for families with children birth to 13 years old who in need of off-reservation child care services. According to key informants, this support is mostly used for early care and after-school programs during the school year, and for summer camps during the summer months. This benefit is utilized mostly by families with school-age children. As of June 2014 there were 30 families representing a total 43 children receiving this type of financial support.

Head Start and Early Head Start:

The Gila River Indian Community operates federally regulated Tribal Head Start and Early Head Start programs. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. The Gila River Indian Community Head Start is a full-day (6 hour) program funded to enroll a total of 203 children in four centers throughout the Community: Sacaton Head Start Center, with three classrooms serving 60 children and families; Santan Head Start Center, with two classrooms serving 43 children and families; Vah-Ki Head Start Center, with three classrooms serving 60 children and families; and the District Six Head Start Center, serving 40 children and families in morning and afternoon groups. As of September of 2014, there were a total of 160 children in the Head Start/Early Head Start waiting list.

In early 2014 a new Head Start/Early Head Start facility was opened in Sacaton. The new 40,000-square-foot facility has eight classrooms, four of them serving infants and toddlers in the Early Head Start.

FACE Programs:

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 46 Bureau of Indian Education schools, 12 of which are located in the state of Arizona.

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three. The center-based component includes an early childhood education program for children aged three to five, adult education for the children's parents, and parent/child time. Through FACE children are also screened for developmental delays and health concerns, including yearly vision and hearing tests. If learning or health special needs are identified, parents and caregivers are then connected to the appropriate programs or agencies in the "Resource Network" so that services can be provided to the child.

In the Gila River Indian Community Region FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools. However, each program is independent and must apply for funding individually.

The Blackwater FACE program has been in place for 20 years. In 2008 the program earned accreditation by the National Association for the Education of Young Children (NAEYC) and was reaccredited again in 2012. According to the FACE Site Visit Report of January 2013, the FACE team at Blackwater are experienced and work well together, with participation rates of over 80 percent. All children enrolled in the program receive Imagination Library books. The program has strong administrative, community and school support and is considered a vital part of the

Blackwater Community School. Recently, the Blackwater FACE program secured funding to obtain e-readers (Kindle Fires) that are used to promote literacy among both adults and children during Parent And Child Time (PACT), as well as during adult classroom time. Other agencies and departments within the region work closely with the FACE program at Blackwater Community school including: the Genesis Program, Tribal Recreation Department for District I and the Drug and Alcohol Program. School staff supports the program by serving as mentors and substitutes and making sure that families in the FACE program receive appropriate transportation and food services. FACE staff members are included in all professional development and staff meetings at Blackwater Community School. In school year 2012-2013 there were 15 children participating in the center-based component of the Blackwater FACE program.

The Casa Blanca Community School FACE Program had 15 children enrolled in center-based services and 24 in the home-based program in school year 2012-2013. The Gila Crossing Community School FACE program enrolled a total of 11 children in the center-based component during school year 2012-2013.

A higher proportion of children aged 3 and 4 were enrolled in nursery school, preschool, or kindergarten in the Gila River Indian Community Region (42%) compared to Pinal County (29%) and the state of Arizona (35%).

The number of service visits by the Division of Developmental Disabilities (DDD) for children aged 0-2 decreased from 2013 to 2014 in the region, county and the state. While this pattern held true for 3-5 year olds across the state, the number of service visits for this age group actually increased in the region and county from 2013 to 2014.

Child Health

In 2013, there were 86 babies born to women residing in the region. Seventeen to 21 percent of pregnant women in the region had no prenatal care during the first trimester, a similar proportion to that in the state as a whole (19%), meeting the Healthy People 2020 objective of fewer than 22.1 percent without care. However, eight to nine percent of pregnant women in the region had fewer than five prenatal care visits, compared to five percent in the state. A similar proportion of babies in the region (10%) and the state (9%) were premature (less than 37 weeks), both meeting the Healthy People 2020 objective of fewer than 11.4 percent premature.

The majority of births in the region (80%) were paid for by a public payor (AHCCCS, Arizona's Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category. Of the babies born in 2013 to women in the region, 12 percent had low birth weight (2.5 kg or less), a higher percentage than the state (7%), and over the Healthy People 2020 objective of fewer than 7.8 percent. Nine percent of babies in the region were placed in neonatal intensive care, almost twice the proportion as in the state as a whole (5%).

About a quarter (26%) of the young children in the Gila River Indian Community Region are estimated to be uninsured. This percentage is higher than those of all Arizona reservations combined (20%) and across the state (10%).

While immunizations rates vary by vaccine, the vast majority of children in school-based preschool in the region had been immunized; these rates, which represent only two school-based preschool programs in the region, are slightly higher than those of the county and state. The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for the DTAP, polio, and MMR vaccines is 90 percent, suggesting that the region is meeting this goal. However, given that state regulations require children enrolled in child care to be up to date on immunizations, it is possible that immunization rates for children in child care are higher than immunization rates for children not in child care. If that is the case, the rates for the entire population of children in these areas may be lower than the Healthy People 2020 goals. One hundred percent of children enrolled in kindergarten at Blackwater Community School were vaccinated. There were no religious, personal belief and medical exemptions from immunizations in the Gila River Indian Community preschools and school for which data were available.

Family Support and Literacy

The family support and literacy system in Gila River Indian Community continues to grow and develop. Home visitation begins the family support continuum because these programs serve families prenatal and continue with families until children are 3 to 5 years old. Home visitation gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy and connects parents with community resources to help them better support their child's health and early learning.

Evidence based home visitation programming in the Gila River Indian Community has grown steadily from 45 families enrolled in 2008 to 110 families receiving evidence based home visiting service in 2016. Additionally, Gila River Health Care recently applied to receive a federal Maternal Infant Early Childhood Home Visitation grant which would expand total number of families having access to "evidence" based home visitation to 150.

Potential for Growth:

There is potential to expand home visitation services to families with young children through existing programs such as Early Childhood Special Services and Tribal Social Services who already provide home visits in the Community but do not utilize evidence based home visitation models such as Parents As Teacher or Nurse Family Partnerships, etc. Depending on the model, evidence based home visitation programs are associated with reducing child abuse and neglect, increased maternal employment and improved prenatal health. The cost savings from investing in program models may be an important guide as the Tribe decides how to implement non-evidence based home visitation programs.

Literacy efforts across the Community are also underway. Recently the Tribal Education department formed a literacy coalition made up of leaders from across pre-k -12 education, health, home visitation, Gila River's Youth Council, Tribal leaders, and WIC to begin a dialogue around increasing language and literacy efforts throughout the Community. The group will kick off their work during the all teacher in-service conference August of 2016 and build a strategic language and literacy plan thereafter.

Lastly, teen parents have been a priority for the First Things First Gila River Regional Partnership Council since they began funding teen parent care coordination in 2008. At that point the teen parent birthrate was 28% and has steadily decreased to 13% in 2015. It is believed that the decrease in teen birthrates is due to a coordination of supports for teens from 2008- 2015, including two local alternative high schools which provided teen's transportation, nutrition service, and childcare through collaboration with Gila River's Early Head Start program and Teen parent coordination/education through the First Things First program. Through coordinated effort of local high school leaders teen parents had opportunities to graduate high school while also having onsite childcare, nutrition service, parenting classes and referrals to WIC, and other support service.

Communication, Public Information and Awareness, and Systems Coordination among Early Childhood Programs and Services

Early childhood system coordination efforts are underway and have great potential.

One of the most promising areas of development is the Tribal Education Departments (TED) interest in creating an early childhood division which would be overseen by an expert in early childhood system development. This model has great possibilities including bringing early childhood preschool programs together across models (i.e. FACE, school based pre-k, Head Start/Early Head Start and Early Education Center) and could lead to cost savings across the early childhood system.

Having an early childhood division under TED would also increase quality of Home visitation system by bringing Baby FACE home visitation programs together to talk about best practices with Gila River Health Care's BabySmart's home visitation program.

To date coordination efforts around home visitation have begun and have been spearheaded by Gila River Health Care's BabySmarts home visitation program, who brings together home visitation programs from throughout the Community to talk about barriers, successes, waitlists and coordinate referrals to better support each other and families in the Community.

Potential for Growth:

Currently the potential for growth is within Home Visiting Coalition building is full participation from FACE programs throughout the Community. Full participation of all programs providing home visitation to families would allow the group to better identify which programs are underserving and enroll more families. It would also allow programs with waitlists to refer to home visitation programs needing families.

Children in Crisis Coalition (CIC Coalition):

With the support of Gila River Indian Community Tribal Council the Children in Crisis Coalition continues spearheaded child welfare partnerships and coordination. Over the past 3.5 years Gila River's Children's Court has led the CIC Coalition and continues to pull together key stakeholders from across divisions to work on coordination of care for children known to the courts.

Tribal Education Department (TED) Literacy Coalition

The Tribal Education Department has led efforts to form a literacy coalition aimed at increasing literacy and access to culturally relevant books. The mission of the group is not focused solely on early childhood but at increasing literacy awareness in interest in adults as well. The group recently submitted a Federal Innovations grant proposal and hopes to overly an innovative literacy program on top of already existing programs in Gila River Indian Community.

The Gila River Indian Community Region

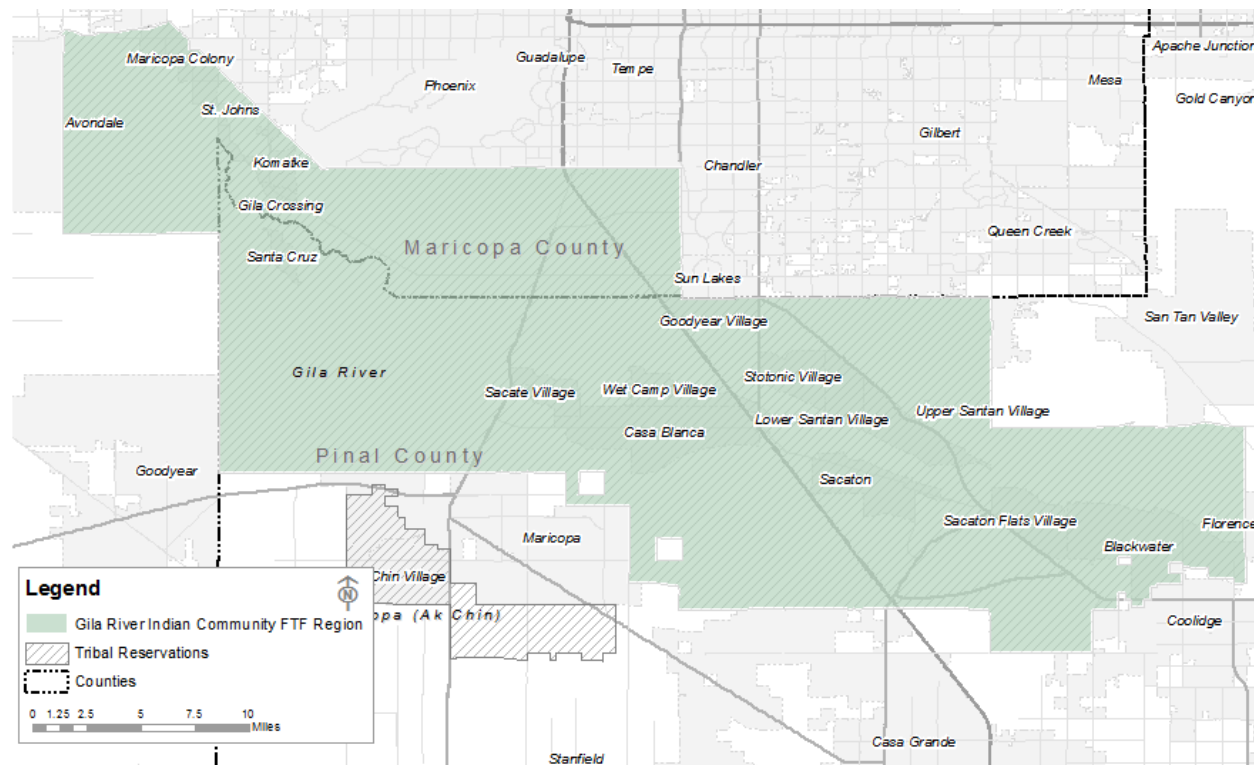
Regional Description

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

The boundaries of the First Things First Gila River Indian Community Region match those of the Gila River Indian Reservation, which lies partly in Maricopa County and partly in Pinal County. About three-quarters of the population live in Pinal County and about one-quarter live in Maricopa County. The Gila River Indian Reservation was established on February 28, 1859, by an Act of Congress. Tribal membership includes the Akimel O’otham (Pima) and Pee Posh (Maricopa) tribes. The Community is divided into seven districts. The larger communities in the region are Sacaton (which is the seat of government), Casa Blanca, Blackwater, Komatke, Maricopa Colony, Stotonic Village, Gila Crossing, and Sacaton Flats Village.

Figure 1 below shows the geographical area covered by the Gila River Indian Community Region. Additional maps of the region by zip code and school districts within the region can be found in the Appendices. The regional boundaries used in this report are based on the 2015 First Things First regional boundary definitions.

Figure 1: The Gila River Indian Community Region



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

Data Sources

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

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

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

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

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

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

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: the U.S. Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”³ In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). As noted above, the ACS is an ongoing survey that is conducted by distributing

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

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

questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report⁴ this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona Report, ACS may be particularly unreliable for the smaller reservations in the state.

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

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project⁵ began at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

⁴ Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs. (2013). *The State of Indian Country Arizona. Volume 1*. Retrieved from http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf

⁵ http://aipi.clas.asu.edu/Tribal_Indicators

Population Characteristics

Why it Matters

The characteristics of families living within a region can influence the availability of resources and supports for those families.⁶ Population characteristics and trends in family composition are often considered by policymakers when making decisions about the type and location of services to be provided within a region such as schools, health care facilities and services, and social services and programs. As a result of these decisions, families with young children may have very different experiences within and across regions regarding access to employment, food resources, schools, health care facilities and providers, and social services. It is important, therefore, that decision-makers understand who their constituents are so that they can prioritize policies that address the needs of diverse families with young children. Accurate and up-to-date information about population characteristics such as the number of children and families in a geographic region, their ethnic composition, living arrangements and languages spoken can support the development or continuation of resources that are linguistically, culturally, and geographically most appropriate for a given locale.

In addition to being affected by community resources, the likelihood of a child reaching his or her optimal development can also be affected by the supports and resources available within the family.^{7,8} The availability of family resources can be influenced by the characteristics of the family structure, such as who resides in a household and who is responsible for a child's care.

Children living with and being cared for by relatives or caregivers other than parents, is increasingly common.⁹ Extended, multigenerational families and kinship care are more typical in Native communities.^{10,11} The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can

⁶ U.S. Department of Health and Human Services. Health Resources and Services Administration, Maternal and Child Health Bureau. (2014). *Child Health USA 2014. Population Characteristics*. Retrieved from: <http://mchb.hrsa.gov/chusa14/population-characteristics.html>

⁷ Center for American Progress. (2015). *Valuing All Our Families. Progressive Policies that Strengthen Family Commitments and Reduce Family Disparities*. Retrieved from: <https://cdn.americanprogress.org/wp-content/uploads/2015/01/FamilyStructure-report.pdf>

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

⁹ U.S. Department of Health and Human Services. (2012). *ASPE Report. Children in Nonparental Care: A Review of the Literature and Analysis of Data Gaps*. Retrieved from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>

¹⁰ 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.

¹¹ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health, 15*(3), 243.

be very valuable when dealing with socio-economic hardships.¹² Grandparents are often central to these multigenerational households. However, when caring for children not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family, grandparents may be in need of specialized assistance and resources to support their grandchildren.¹³

Understanding language use in the region can also contribute to being better able to serve the needs of families with young children. Language preservation and revitalization have been recognized by the U.S. Department of Health & Human Services as keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.¹⁴ Special consideration should be given to respecting and supporting the numerous Native languages spoken by families, particularly in tribal communities. In addition, assuring that early childhood resources and services are available in Spanish is important in many areas of Arizona, given that five percent of the households in the state are limited English speaking households (that is, a household where none of the members speak English very well). Language barriers for these families can limit their access to health care and social services, and can provide challenges to communication between parents and their child's teachers, which can impact the quality of education children are able to receive.¹⁵

What the Data Tell Us

According to the U.S. Census, the Gila River Indian Community Region had a population of 11,712 in 2010, of whom 1,530 (13%) were children ages birth to 5 years. Thirty percent of households in the region included a young child (see Table 1).

Over half of the households with young children (birth to 5) in the region (54%) are single-female households (Figure 3). The proportion of young children living in a grandparent's household in the region (47%) is substantially higher than the percentage statewide (14%), and also higher than the percentage in all Arizona reservations combined (40%) (see Table 4). For those children living in a grandparent's household, 72 percent live with a grandparent who is

¹² Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

¹³ Population Reference Bureau. (2012). *More U.S. Children Raised by Grandparents*. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

¹⁴ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). *Native Languages*. Retrieved from <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>

¹⁵ Shields, M. & Behrman, R. (2004). Children of immigrant families: Analysis and Recommendations. *The Future of Children*. 14(2). Retrieved from: https://www.princeton.edu/futureofchildren/publications/docs/14_02_1.pdf

financially responsible for them, but only 11 percent of the children have no parent present in the home (see Table 5).

The vast majority (93%) of young children (ages 0-4) in the Gila River Indian Community Region are American Indian. This proportion is similar to that of all Arizona reservations combined (92%), but differs greatly from the statewide rate of six percent. The percentage of young children who are Hispanic or Latino in the Gila River Indian Community is twenty-two percent, compared to nine percent in Arizona reservations overall and 45 percent in the state as a whole (see Table 6). The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (84%) or Hispanic (12%). In the state, however, only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino (Table 7). The ethnic composition in the Gila River Indian Community Region is also reflected in a higher proportion of households that report speaking a Native North American language (13%) compared to households statewide (2%). This proportion, however, is lower in the region compared to the rate in All Arizona reservations combined (51%) (see Figure 4). In the Gila River Indian Community, the native languages spoken are Akimel O’otham and Pee Posh. O’otham is a Uto-Aztecan language and Pee Posh is a Yuman language.

Population and Households

Table 1. Population and households, 2010

| | TOTAL POPULATION | POPULATION (AGES 0-5) | TOTAL NUMBER OF HOUSEHOLDS | HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5) | |
|---------------------------------------|---------------------|--------------------------|-------------------------------|-------------------------------------------------------|-----|
| Gila River Indian Community Region | 11,712 | 1,530 | 2,982 | 905 | 30% |
| All Arizona Reservations | 178,131 | 20,511 | 50,140 | 13,115 | 26% |
| Pinal County | 375,770 | 36,181 | 125,590 | 24,750 | 20% |
| Arizona | 6,392,017 | 546,609 | 2,380,990 | 384,441 | 16% |

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.
Retrieved from: <http://factfinder.census.gov>

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

| | AGES 0-5 | AGE 0 | AGE 1 | AGE 2 | AGE 3 | AGE 4 | AGE 5 |
|------------------------------------|----------|--------|--------|--------|--------|--------|--------|
| Gila River Indian Community Region | 1,530 | 253 | 249 | 232 | 278 | 268 | 250 |
| All Arizona Reservations | 20,511 | 3,390 | 3,347 | 3,443 | 3,451 | 3,430 | 3,450 |
| Pinal County | 36,181 | 5,627 | 6,041 | 6,166 | 6,366 | 5,982 | 5,999 |
| Arizona | 546,609 | 87,557 | 89,746 | 93,216 | 93,880 | 91,316 | 90,894 |

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

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

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

Table 3. State and county population projections, 2015 & 2020

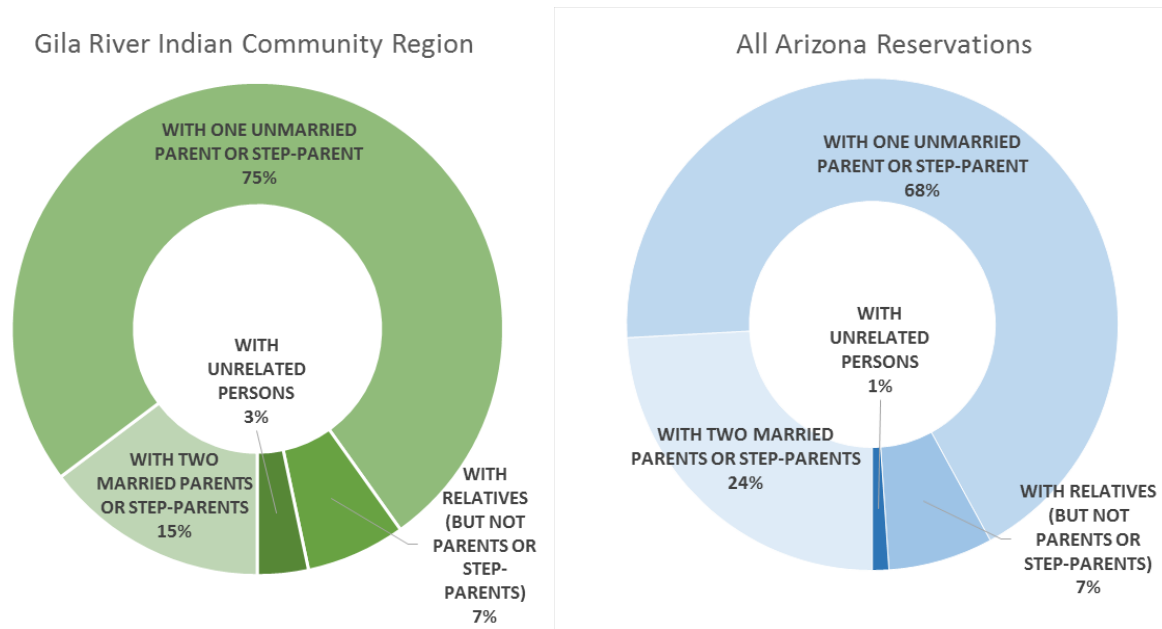
| | POPULATION (AGES 0-5) IN 2010 CENSUS | PROJECTED POPULATION (AGES 0-5) IN 2015 | PROJECTED POPULATION (AGES 0-5) IN 2020 | PROJECTED CHANGE FROM 2010 TO 2020 |
|--------------|--------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------|
| Pinal County | 36,181 | 32,900 | 40,500 | 12% |
| Arizona | 546,609 | 537,200 | 610,400 | 12% |

Sources: Arizona Dept. of Administration, Employment and Population Statistics, "2012-2050 State and county population projections" & 2010 U.S. Census

Note: Regional data were not available for this indicator.

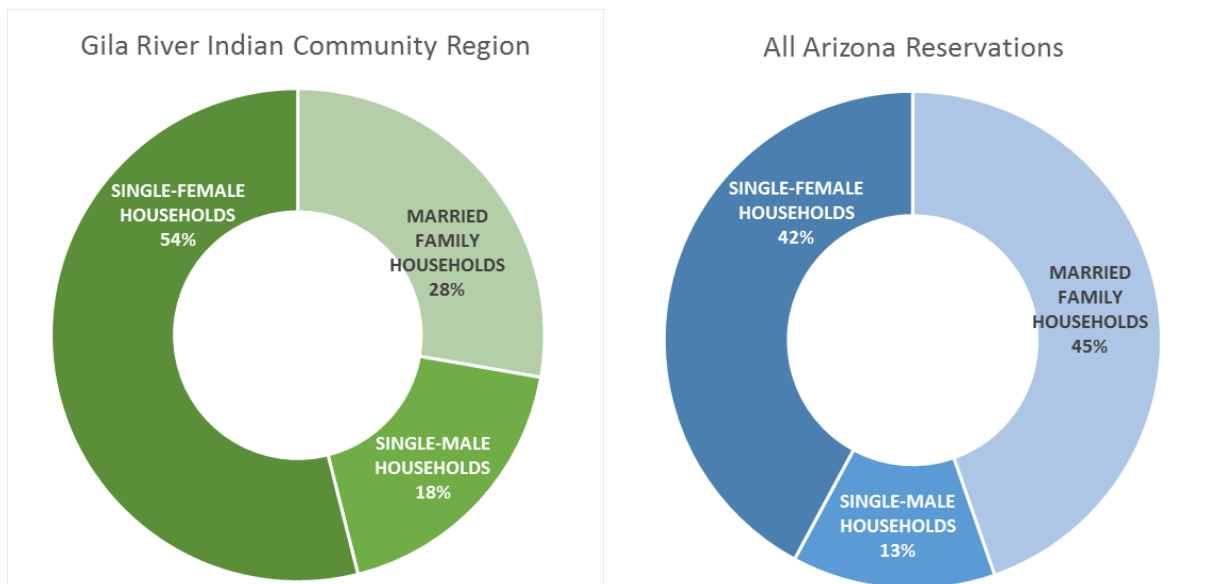
Living Arrangements for Young Children

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



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

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



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

Table 4. Children (ages 0-5) living in the household of a grandparent, 2010

| CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD | |
|----------------------------------------------------|-----|
| Gila River Indian Community Region | 47% |
| All Arizona Reservations | 40% |
| Pinal County | 13% |
| Arizona | 14% |

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

Table 5. Grandparents responsible for grandchildren (ages 0-17) living with them, 2009-2013 five-year estimate

| | GRANDCHILDREN (0-17) LIVING WITH GRANDPARENT HOUSEHOLDER | GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17) | | GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17) WITH NO PARENT PRESENT | |
|------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------|-----|
| Gila River Indian Community Region | 1,261 | 914 | 72% | 134 | 11% |
| All Arizona Reservations | 17,142 | 10,120 | 59% | 2,013 | 12% |
| Pinal County | 8,411 | 5,345 | 64% | 1,621 | 19% |
| Arizona | 137,753 | 73,467 | 53% | 20,102 | 15% |

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

Race, Ethnicity, and Language

Table 6. Race and ethnicity of the population of young children (ages 0-4), 2010

| | Total Population (ages 0-4) | Hispanic or Latino | White, not Hispanic | Black or African American | American Indian | Asian or Pacific Islander |
|-------------------------------------------|-----------------------------|--------------------|---------------------|---------------------------|-----------------|---------------------------|
| Gila River Indian Community Region | 1,280 | 22% | 0% | 0% | 93% | 0% |
| All Arizona Reservations | 17,061 | 9% | 1% | 0% | 92% | 0% |
| Pinal County | 30,182 | 38% | 49% | 4% | 6% | 2% |
| Arizona | 455,715 | 45% | 40% | 5% | 6% | 3% |

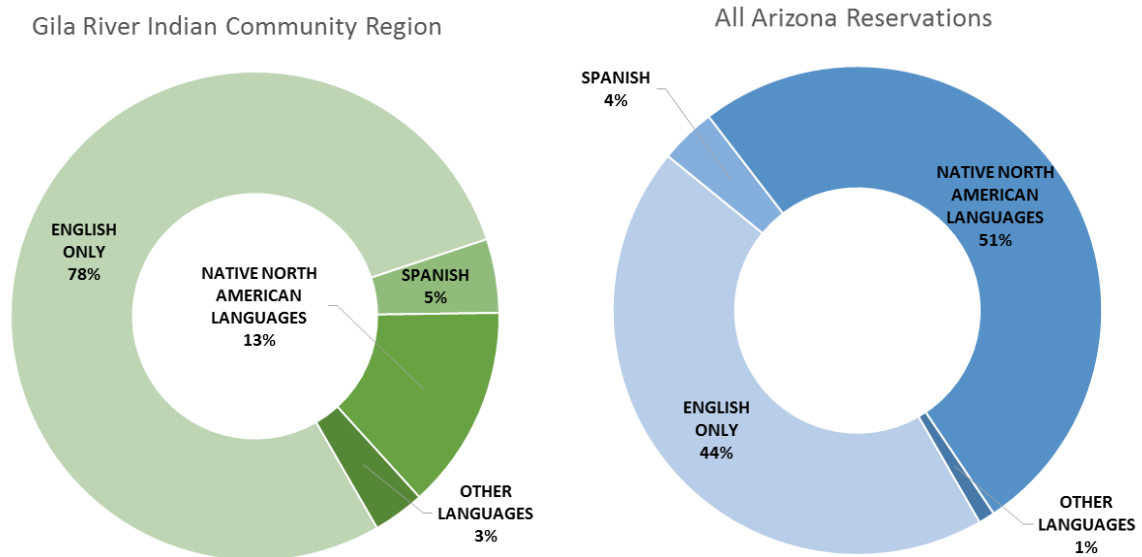
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P12A-H.
Retrieved from: <http://factfinder.census.gov>

Table 7. Race and ethnicity of the adult population (ages 18 and older), 2010

| | Total Population (ages 18+) | Hispanic or Latino | Not Hispanic or Latino | | | | |
|-------------------------------------------|-----------------------------|--------------------|------------------------|---------------------------|-----------------|---------------------------|-----------|
| | | | White | Black or African American | American Indian | Asian or Pacific Islander | Other |
| Gila River Indian Community Region | 7,438 | 12% | 2% | 0% | 84% | 0% | 1% |
| All Arizona Reservations | 117,049 | 5% | 5% | 0% | 88% | 0% | 1% |
| Pinal County | 276,070 | 24% | 63% | 4% | 5% | 2% | 1% |
| Arizona | 4,763,003 | 25% | 63% | 4% | 4% | 3% | 1% |

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

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



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

Table 8. Household use of languages other than English, 2009-2013 five-year estimate

| | NUMBER OF HOUSEHOLDS | HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN | LIMITED ENGLISH SPEAKING HOUSEHOLDS (TOTAL) | LIMITED ENGLISH SPEAKING HOUSEHOLDS (SPANISH) | LIMITED ENGLISH SPEAKING HOUSEHOLDS (NOT SPANISH) |
|------------------------------------|----------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| Gila River Indian Community Region | 2,948 | 41% | 2% | 1% | 1% |
| All Arizona Reservations | 47,351 | 80% | 1% | 0% | 1% |
| Pinal County | 123,733 | 23% | 2% | 2% | 0% |
| Arizona | 2,370,289 | 27% | 5% | 4% | 1% |

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

Economic Circumstances

Why it Matters

Many economic factors contribute to a child's well-being, including family income, parent employment status, and the availability of safety-net programs such as housing and nutrition assistance.^{16,17} Understanding the economic context in which families with young children live is crucial when designing programs and policies intended to assist them.

Employment rates and income are common indicators of economic well-being. Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors.¹⁸ Parental job loss can also impact children's school performance (shown by lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)¹⁹ Unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality.

Employment rates and job opportunities contribute to the income families have available. It is estimated that families need an income of about twice the federal poverty level (FPL)²⁰ to meet basic needs.²¹ Families earning less may experience unstable access to basic resources like food and housing. Food insecurity – the lack of reliable access to affordable, nutritious food – negatively impacts the health and well-being of children, including a heightened risk for developmental delays.²² High housing costs, relative to income, are associated with increased risk for homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while parents are at work, and low cognitive achievement.²³ Even when housing is affordable, housing

¹⁶ Annie E Casey Foundation. (2015). *Kids Count 2015 Data Book – State Trends in Child Well-being*. Retrieved from <http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-2015-em.pdf>

¹⁷ Kalil, A. (2013). Effects of the Great Recession on Child Development. *The Annals of the American Academy of Political and Social Science*, 650(1), 232-250. Retrieved from <http://ann.sagepub.com/content/650/1/232.full.pdf+html>

¹⁸ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

¹⁹ Ibid.

²⁰ U.S. Department of Health and Human Services. (2015). *2015 Poverty Guidelines*. The 2015 FPL for a family of four is \$24,250. Retrieved from: <http://aspe.hhs.gov/2015-poverty-guidelines>

²¹ National Center for Children in Poverty. (2015). *Arizona Demographics of Low-income Children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html

²² Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., Heeren, T., Levenson, S. M., Meyers, A. F., & Frank, D. A. (2008). Household food insecurity: associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>

²³ The Federal Interagency Forum on Child and Family Statistics. (2015). *America's Children: Key National Indicators of Well-Being, 2015*. http://www.childstats.gov/pdf/ac2015/ac_15.pdf

availability is typically lower on tribal land, due to the legal complexities of land ownership and the lack of rental properties, often leading to a shortage of safe, quality housing.²⁴ Low income and poverty, especially among children, can have far reaching negative consequences, including an effect on brain development and later cognitive ability.²⁵

Public assistance programs are one way of combating the effects of poverty and providing supports to children and families in need. Temporary Assistance for Needy Families²⁶ (TANF, which has replaced previous welfare programs) provides cash assistance and services to the very poor and can help offset some of the economic circumstances of families that may have a detrimental effect on young children. Another safety net program, the Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.²⁷ SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by ten to 20 percent.²⁸ Similarly, the National School Lunch Program²⁹ provides free and reduced-price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the federal poverty level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch.

²⁴ Housing Assistance Council. (2013). *Housing on Native American Lands*. Retrieved from http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_lands.pdf

²⁵ Noble, K.G., Houston, S.M., Brito, N.H., Bartsch, H. Kan E., et. al. (2015). Family Income, parental education and brain structure in children and adolescents. *Nature Neuroscience*, 18, 773–778. Retrieved from <http://www.nature.com/neuro/journal/v18/n5/full/nn.3983.html#close>

²⁶ In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 annually for a family of four, and has recently undergone significant changes. Beginning in 2016, Arizona will become the first and only state that limits a person’s lifetime benefit to 12 months. In addition, since 2009, a steadily decreasing percentage of Arizona TANF funds have been spent on three of the key assistance categories: cash assistance to meet basic needs, helping connect parents to employment opportunities, and child care; in 2013, Arizona ranked 51st, 47th, and 46th respectively in proportional spending in those categories across all states and the District of Columbia. Meanwhile, since 2009, an increasing percentage of Arizona TANF funds have been spent on other costs such as child protection, foster care, and adoption. Sources: Reilly, T., and Vitek, K. (2015). *TANF cuts: Is Arizona shortsighted in its dwindling support for poor families?* Retrieved from: https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc_0.pdf; Floyd, I., Pavetti, L., and Schott, L. (2015). *How states use federal and state funds under the TANF block grant*. Retrieved from: <http://www.cbpp.org/research/family-income-support/how-states-use-federal-and-state-funds-under-the-tanf-block-grant>

²⁷ Food Research and Action Center. (2013). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Retrieved from http://frac.org/pdf/snap_and_public_health_2013.pdf

²⁸ Ibid.

²⁹ United States Department of Agriculture, Food and Nutrition Service. (2015). *National School Lunch Program (NSLP)*. Retrieved from <http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

What the Data Tell Us

Poverty rates for both the overall population and the population of young children are higher in the Gila River Indian Community Region than across all Arizona reservations combined and the state as a whole. For the overall population, 52 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide (see Figure 5). In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Almost three-quarters (71%) of the children in the region live in poverty, a higher proportion than that in all Arizona reservations combined and the state (56% and 28%, respectively). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region, and across all Arizona reservations are low income, i.e., near but not below the federal poverty level (FPL). Eighty-six percent of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677³⁰ a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state (see Table 9). The median family income in the region (\$26,615) is less than half of the median family income in the state of Arizona (\$58,897) (see Figure 6).

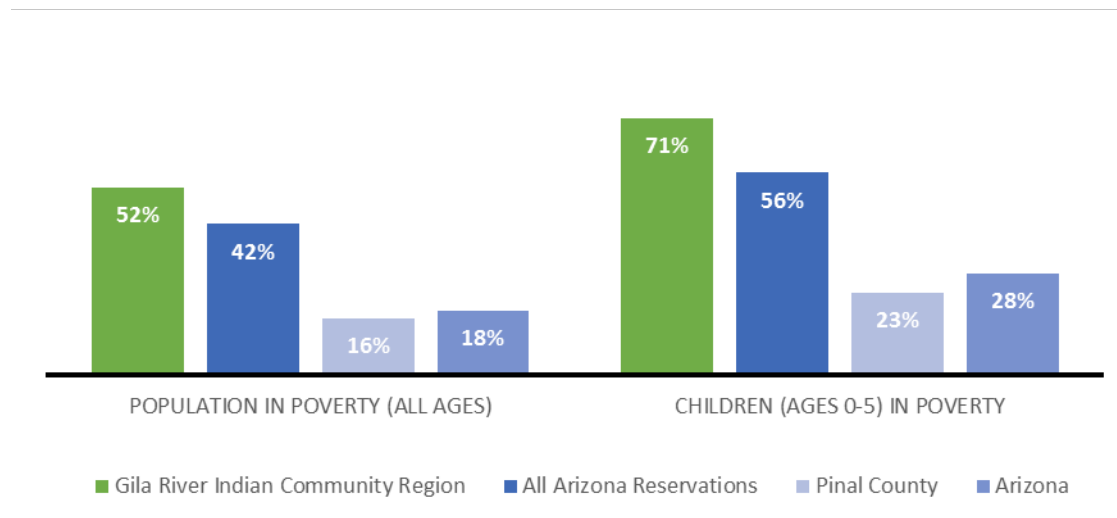
The average unemployment rate in the region for the 2009-2013 period is 30.2 percent, higher than the estimated 22.1 percent across all Arizona reservations combined and the average state rate of 10.4 percent (see Figure 7).

The effects of living in poverty are apparent in other data available for the region. The use of economic supports such as Temporary Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) are higher in the Gila River Indian Community Region compared to the state (see Table 13 and Table 14). In 2014, 12 percent of children in the region received TANF benefits, while only four percent of children statewide did. The majority of young children in the region (87%) received SNAP benefits, compared to half of young children statewide (51%). The proportion of young children in the region receiving SNAP has remained stable between 2012 and 2014, but the proportion eligible for free and reduced lunch has fallen by 10 percent. The percentage of children receiving TANF has decreased slightly in the same time period, although this may be due to funding and eligibility changes rather than reflecting decreased need. More than 80 percent of the children attending Sacaton Elementary District, the only Arizona Department of Education district with boundaries wholly contained within in the region, are eligible for free or reduced lunch (Table 15).

³⁰ Based on 2014 FPL Guidelines, see <http://aspe.hhs.gov/2014-poverty-guidelines>

Poverty and Income

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



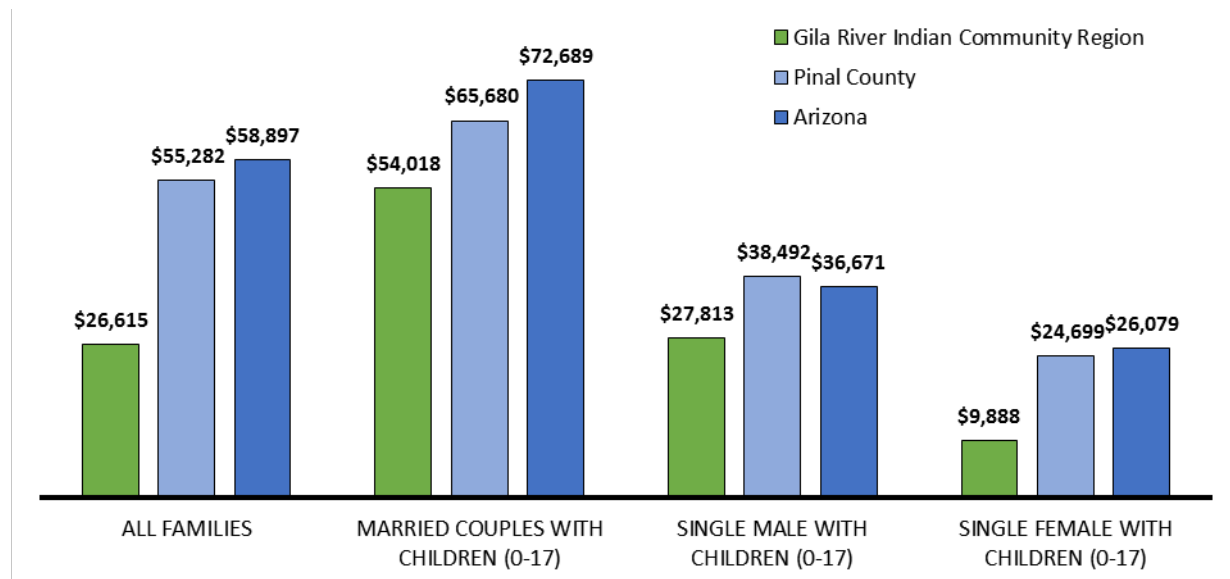
Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B17001.
Retrieved from: <http://factfinder.census.gov>

Table 9. Federal poverty levels for families with young children (ages 0-4), 2009-2013 five-year estimate

| | FAMILIES WITH CHILDREN 0-4 | FAMILIES WITH CHILDREN 0-4 | | | |
|------------------------------------|----------------------------|----------------------------|--------------------|--------------------|--------------------|
| | | BELOW POVERTY | BELOW 130% POVERTY | BELOW 150% POVERTY | BELOW 185% POVERTY |
| Gila River Indian Community Region | 796 | 67% | 74% | 80% | 86% |
| All Arizona Reservations | 9,660 | 52% | 63% | 69% | 77% |
| Pinal County | 19,388 | 19% | 26% | 32% | 44% |
| Arizona | 307,126 | 26% | 35% | 40% | 48% |

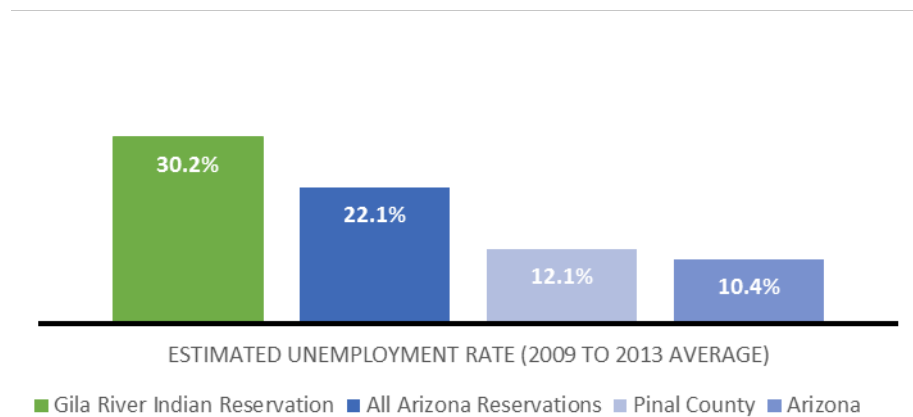
Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table 17010 & 17022.
Retrieved from: <http://factfinder.census.gov>

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



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

Figure 7. Average annual unemployment rates, 2009 to 2013³¹



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

³¹ Please note that the source for the unemployment data presented in this report is different than that used in previous Needs and Assets Reports for the region. The previous estimates are no longer available, so the data in this figure are the most recent available for the region. According to the Arizona Department of Administration Office of Employment and Population Statistics, these unemployment rates are calculated using a fixed ratio method derived from the 2009-2013 American Community Survey. Previous unemployment statistics for Arizona reservations were obtained using a fixed ratio derived from the 2000 Decennial Census. Source: Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Arizona Department of Administration, Office of Employment and Population Statistics (2015). *2009 to 2015 Special Unemployment Report*. Retrieved from <https://laborstats.az.gov/local-area-unemployment-statistics>

Table 10. Parents of young children (ages 0-5) who are or are not in the labor force, 2009-2013 five-year estimate

| | ESTIMATED NUMBER OF CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO PARENTS | CHILDREN (0-5) LIVING WITH TWO PARENTS | | | CHILDREN (0-5) LIVING WITH ONE PARENT | |
|-------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------|-------------------------------------|------------------------------------------|------------------------------------|
| | | BOTH PARENTS IN LABOR FORCE | ONE PARENT IN LABOR FORCE | NEITHER PARENT IN LABOR FORCE | PARENT IN LABOR FORCE | PARENT NOT IN LABOR FORCE |
| Gila River Indian Community Region | 1,434 | 10% | 4% | 2% | 35% | 49% |
| All Arizona Reservations | 18,682 | 13% | 11% | 2% | 40% | 34% |
| Pinal County | 32,695 | 30% | 34% | 1% | 24% | 10% |
| Arizona | 517,766 | 31% | 29% | 1% | 29% | 10% |

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

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

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

Table 11. Vacant and occupied housing units, 2009-2013 five-year estimate

| | TOTAL HOUSING UNITS | OCCUPIED HOUSING UNITS | VACANT HOUSING | |
|-------------------------------------------|------------------------|---------------------------|--------------------------|------------------|
| | | | UNITS (NON- SEASONAL) | UNITS (SEASONAL) |
| Gila River Indian Community Region | 3,528 | 84% | 16% | 1% |
| All Arizona Reservations | 68,118 | 70% | 15% | 15% |
| Pinal County | 160,903 | 77% | 13% | 10% |
| Arizona | 2,859,768 | 83% | 10% | 7% |

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

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

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

Table 12. Occupied housing units and costs relative to income, 2009-2013 five-year estimate

| | NUMBER OF OCCUPIED HOUSING UNITS | UNITS WHICH COST THE OWNER OR RENTER MORE THAN 30% OF THEIR INCOME | |
|-------------------------------------------|-------------------------------------|-----------------------------------------------------------------------|------------|
| | | NUMBER | PERCENT |
| Gila River Indian Community Region | 2,948 | 461 | 16% |
| All Arizona Reservations | 47,351 | 8,030 | 17% |
| Pinal County | 123,733 | 41,318 | 33% |
| Arizona | 2,370,289 | 847,315 | 36% |

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

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

Economic Supports

Table 13. Children (ages 0-5) receiving Temporary Assistance to Needy Families (TANF)

| | CENSUS 2010 POPULATION (AGES 0-5) | CHILDREN (AGES 0-5) RECEIVING TANF | | | CHANGE FROM 2012 TO 2014 |
|------------------------------------|--------------------------------------|------------------------------------|------|------|--------------------------------|
| | | 2012 | 2013 | 2014 | |
| Gila River Indian Community Region | 1,530 | 14% | 14% | 12% | -14% |
| All Arizona Reservations | NA | NA | NA | NA | NA |
| Pinal County | 36,181 | 3% | 4% | 3% | -8% |
| Arizona | 546,609 | 5% | 5% | 4% | -26% |

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

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

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

Table 14. Children (ages 0-5) in the Supplemental Nutrition Assistance Program (SNAP)

| | CENSUS 2010 POPULATION (AGES 0-5) | CHILDREN (AGES 0-5) RECEIVING SNAP | | | CHANGE FROM 2012 TO 2014 |
|------------------------------------|--------------------------------------|------------------------------------|------|------|--------------------------------|
| | | 2012 | 2013 | 2014 | |
| Gila River Indian Community Region | 1,530 | 87% | 85% | 87% | 1% |
| All Arizona Reservations | NA | NA | NA | NA | NA |
| Pinal County | 36,181 | 45% | 44% | 43% | -4% |
| Arizona | 546,609 | 54% | 53% | 51% | -7% |

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

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

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

Table 15. Students eligible for free or reduced-price lunch, 2012-2014

| | STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH | | |
|-----------------------------|---------------------------------------------------|------|------|
| | 2012 | 2013 | 2014 |
| Sacaton Elementary District | 93% | 85% | 83% |
| Pinal County | 63% | 63% | 63% |
| Arizona | 57% | 57% | 58% |

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

Note: Regional data were not available for this indicator.

Educational Indicators

Why it Matters

Characteristics of educational involvement and achievement in a region, such as school attendance, standardized tests scores, graduation rates, and the overall level of education of adults, all impact the developmental and economic resources available to young children and their families. Education, in and of itself, is an important factor in how able parents and caregivers are to provide for the children in their care. Parents who graduate from high school earn more and are less likely to rely on public assistance programs than those without high school degrees.^{32,33} Higher levels of education are associated with better housing, neighborhood of residence, and working conditions, all of which are important for the health and well-being of children.^{34,35}

By third grade, reading ability is strongly associated with high school completion. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.³⁶ In recognition of the importance of assuring that children are reading by the third grade, legislators enacted the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) which states that as of school year 2013-2014 a student shall not be promoted from the third grade if the student obtains a score on the statewide reading assessment “that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments.

From 2000-2014, the primary in-school performance of students in the public elementary schools in the state has been measured by Arizona’s Instrument to Measure Standards (AIMS).³⁷ AIMS scores were used to meet the requirement of *Move on When Reading*.

³² Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., KewalRamani, A., & Kemp, J. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, Washington, D.C. Retrieved from: <http://nces.ed.gov/pubs2008/2008031.pdf>

³³ Waldfogel, J., Garfinkel, I. and Kelly, B. (2007). Welfare and the costs of public assistance. In C.R. Belfield and H.M. Levin (Eds.). *The price we pay: Economic and social consequences for inadequate education*. Washington, DC: The Brookings Institution, 160-174.

³⁴ Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

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

³⁶ Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>

³⁷ For more information on the AIMS test, see <http://arizonaindicators.org/education/aims>

However, a new summative assessment system which reflects Arizona’s K-12 academic standards, Arizona’s Measurement of Educational Readiness to Inform Teaching (AzMERIT), was implemented in the 2014-2015 school year.³⁸ This assessment replaced the reading and mathematics portions of the AIMS test. Although it is not a graduation requirement, it will still be used to determine promotion from the third grade in accordance with Arizona Revised Statute §15-701.³⁹

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

In order for children to be prepared to succeed on tests such as the AIMS or AzMERIT, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.⁴⁰

What the Data Tell Us

Children from the region attend schools in a number of Arizona Department of Education (ADE) districts (see Appendix 3), and Bureau of Indian Education schools. Data are provided for the one ADE district wholly contained within tribal lands, Sacaton Elementary District. Students “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Gila River Indian Community Region, just over half (54%) of third grade students passed the AIMS Math test and just under three-quarters (70%) passed the AIMS reading test (see Figure 9 and

Figure 10). Fourteen percent of third graders in the region scored “falls far below” in math; 7 percent scored “falls far below” on the reading test, putting them at risk of grade retention.

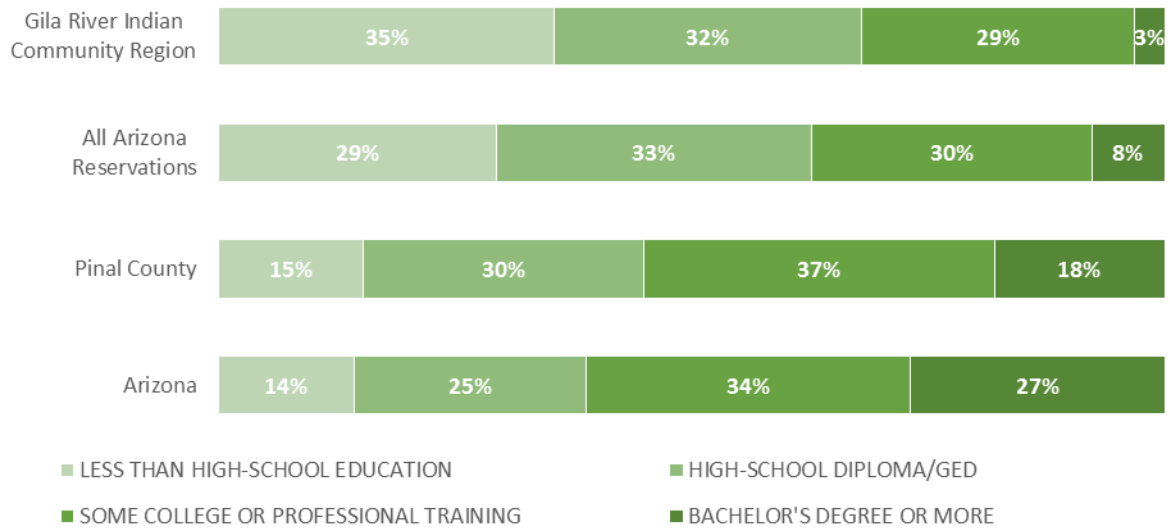
³⁸ For more information on AzMERIT, see <http://www.azed.gov/assessment/azmerit/>

³⁹ For more information on Move on When Reading, see <http://www.azed.gov/mowr/>

⁴⁰ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012).

Educational Attainment of the Adult Population

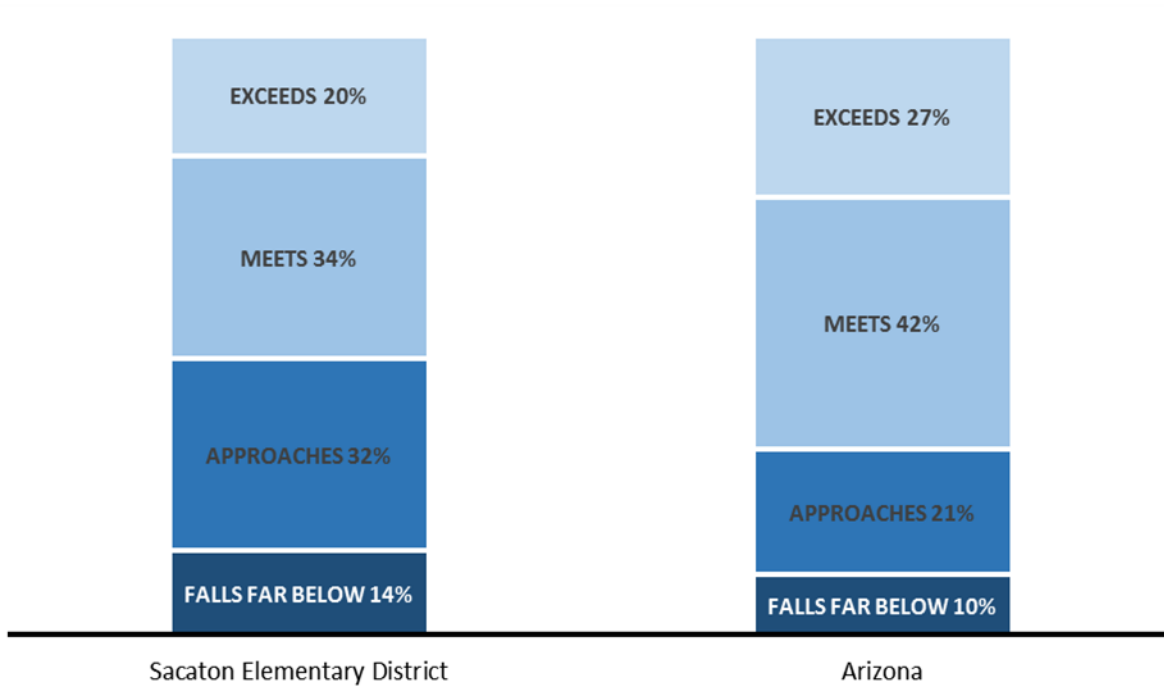
Figure 8. Level of education for the population ages 25 and older, 2009-2013 five-year estimate



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

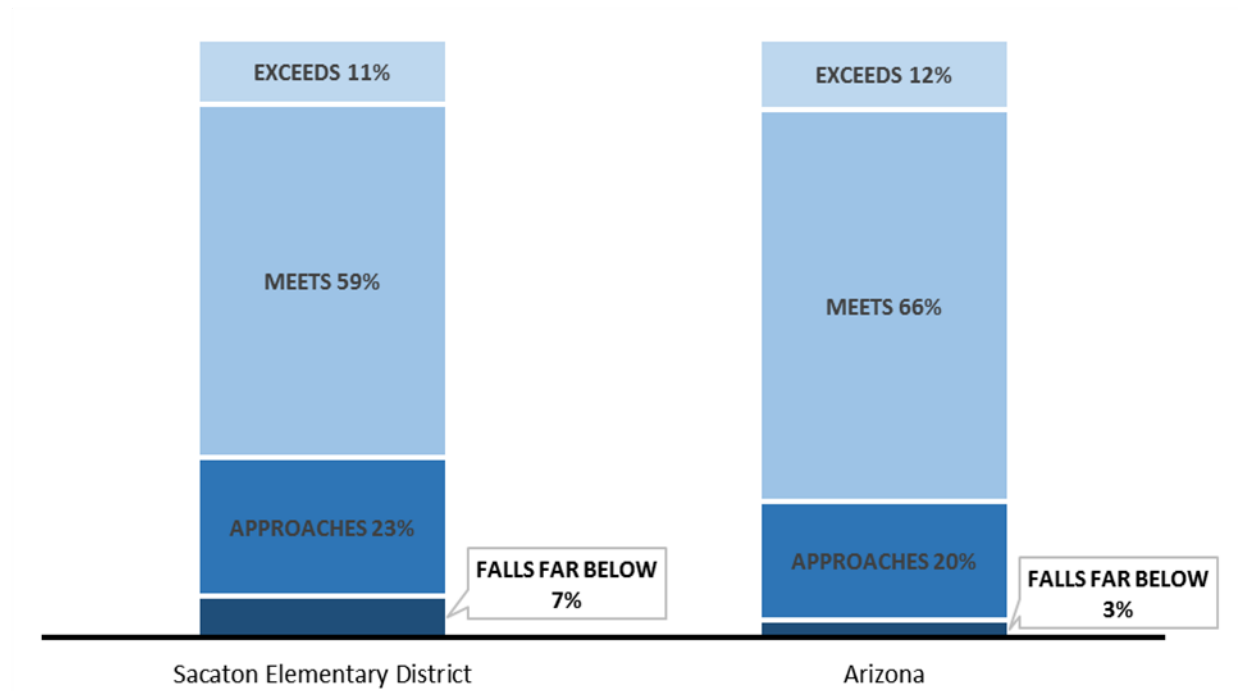
Third-grade Test Scores

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



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

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



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

Early Learning

Why it Matters

Early childhood marks a time of peak plasticity in the brain, and early adversity can weaken the foundation upon which future learning will be built; in other words, positive developmental experiences in early life are crucial.⁴¹ Research has shown that the experiences that children have from birth to five years of age influence future health and well-being, and that supporting children during this time has a great return on investment.⁴² Investing in high-quality early childhood programs, particularly for disadvantaged children, provides substantial benefits to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.^{43,44} Children whose education begins with high-quality preschool repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.⁴⁵

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. The annual cost of full-time center-based care for a young child in Arizona is only slightly less than a year of tuition and fees at a public college.⁴⁶ Although the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care,⁴⁷ the cost of center-based care for a single infant, toddler, or 3-5 year old is an estimated 17, 15 and 11 percent, respectively, of an average Arizona family's income.⁴⁸

⁴¹ Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

⁴² Executive Office of the President of the United States. (2014). *The Economics of Early Childhood Investments*. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf

⁴³ The Heckman Equation. (2013). *The Heckman Equation Brochure*. Retrieved from <http://heckmanequation.org/content/resource/heckman-equation-brochure-0>

⁴⁴ The Heckman Equation. (n.d.). *Research Summary: Abecedarian & Health*. Retrieved from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>

⁴⁵ Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

⁴⁶ Child Care Aware® of America. (2014). *Parents and the High Cost of Child Care. 2014 Report*. Retrieved from https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf

⁴⁷ U.S. Department of Health and Human Services, Child Care Bureau. (2008). *Child Care and Development Fund: Report of state and territory plans: FY 2008-2009*. Section 3.5.5 – Affordable co-payments, p. 89. Retrieved from <http://www.researchconnections.org/childcare/resources/14784/pdf>

⁴⁸ The cost of center-based care as a percentage of income is based on the Arizona median annual family income of \$58,900.

Child care subsidies can help families who otherwise would be unable to access early learning services.⁴⁹ However, the availability of this type of support is also limited. The number of children receiving Child Care and Development Fund (CCDF) subsidies in Arizona is low. In 2014, only 26,685 children aged birth to 5 (about 5% of Arizona's children in this age range) received CCDF vouchers. With half of young children in Arizona living below the federal poverty level, the number in need of these subsidies is likely much higher than those receiving them.

The availability of services for young children with special needs is an ongoing concern across the state, particularly in more geographically remote communities. The services available to families include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),⁵⁰ the Arizona Early Intervention Program (AzEIP)⁵¹ and the Division of Developmental Disabilities (DDD).⁵² These programs help identify and assist families with young children who may need additional support to meet their potential. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and social/emotional development. It also reduces educational costs by decreasing the need for special education.^{53,54,55}

What the Data Tell Us

Early care and education options available to parents of young children in the Gila River Indian Community Region include child care centers, home-based care, school-based preschools, Family and Child Education (FACE) programs, Head Start/Early Head Start Programs and off-reservation child care services.

Center and home-based Care

School-based preschool programs in the Gila River Indian Community Region currently include the Blackwater Community School pre-K/FACE, Casa Blanca Community School FACE, Gila

⁴⁹ For more information on child care subsidies, see [https://www.azdes.gov/child care/](https://www.azdes.gov/child%20care/)

⁵⁰ For more information on AZ FIND, see <http://www.azed.gov/special-education/az-find/>

⁵¹ For more information on AzEIP, see <https://www.azdes.gov/azeip/>

⁵² For more information on DDD, see https://www.azdes.gov/developmental_disabilities/

⁵³ The National Early Childhood Technical Assistance Center. (2011). *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families*. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

⁵⁴ Hebbeler, K, Spiker, D, Bailey, D, Scarborough, A, Mallik, S, Simeonsson, R, Singer, M & Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services and outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS)*. Retrieved from http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf

⁵⁵ NECTAC Clearinghouse on Early Intervention and Early Childhood Special Education. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Retrieved from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

Crossing Community School FACE programs, St. Peters Pre-k program and the Sacaton Elementary School preschool program.⁵⁶

All school based preschool programs in the region collaborate closely with other programs in the region providing services to young children such as;

1. The Early Childhood Special Services Program which provides speech and language development, occupational and physical therapy, counseling and behavior modification to children with special needs enrolled in the program.
2. Gila River Health Care's School Nurse Program which provides services to children in preschool programs.
3. The Genesis Program which provides health and fitness education with a cultural component to enrolled children.

The Gila River Indian Community First Things First (FTF) Regional Partnership Council provides funding to the Blackwater Community School for a 20-student preschool program. This program is run alongside Blackwater's Bureau of Indian Affairs Family and Child Education program -FACE. Other program components include the Houghton Mifflin Preschool Curriculum, Every Day Counts Calendar Math™, Stages of Writing Development Measurements, Arizona Literacy Plan (birth to five section), cultural development with O'Odham culture and language, and nutrition education through the school lunch program and GENESIS Diabetes Prevention Program.⁵⁷

Blackwater's FTF preschool program also collaborates with the Blackwater FACE Program (see FACE Programs section below) on planning of lessons and activities for the children.⁵⁸

In addition, to the FTF-funded program, Blackwater Community School was able to secure funding from the 21st Century Community Learning Centers program for another 20-student preschool program, which began in 2012-2013. Funding for this program will be available through 2015.⁵⁹

⁵⁶ First Things First. (2014). First Things First Gila River Indian Community Regional Partnership Council 2014 Needs and Assets Report. Retrieved from:
<http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20GRIC.pdf>

⁵⁷ Ibid

⁵⁸ Ibid

⁵⁹ Ibid

In school year 2012-2013 Gila Crossing Community school also received funding from the FTF Gila River Indian Community Regional Partnership Council and the Gila River Indian Community Tribal Council for two preschool classrooms that enrolled a total of 12 and 13 children each. This program was in place for only one year as funding from the Tribal Council could not be secured for the following year.⁶⁰

An important addition to the early childhood education system in the Community is St. Peter Indian Mission School's pre-k program which includes 2 classrooms and has 28 pre-k children enrolled. In order to build a strong early childhood program St. Peter's school staff worked in close collaboration with the FTF Regional Director and Regional Partnership Council, as well as with staff from the Early Education Childhood Center to design their pre-k classrooms and support quality learning so children arrive at kindergarten healthy and read to succeed⁶¹. St. Peters school received a capital grant from Shea Homes Foundation for their new buildings and receives funding from the Gila River Indian Community for operations.

Early Education Child Care Center (EECC)

The EECC is a tribally owned and operated program. The EECC Center receives federal funding from the Child Care Development Fund. The EECC center is tribally licensed through GRIC Department of Public Health Environmental Health Services. The EECC is a one of the child care services options provided by the Child Care and Development Services Department to families in the Community who meet income guidelines and who are in need of child-care services because they are either: employed or looking for employment, in training, attending school or training. Child care services through this Department are also available to children involved with CPS or in foster care. The EECC also serves GRIC employees who are either qualified for the Child Care and Development funding or full-pay parents. In addition to Child Care Development Fund subsidies, EECC also provides 25 child care Scholarships through Valley of the Sun United Way.⁶²

The EECC is located in District 3 (Sacaton) and has a capacity to serve a total of 122 children from as early as six weeks old. As of June of 2014, EECC enrollment was 100 (43 children ages birth to three and 57 children three to five years old). The Center rarely has any 0 to 3 slots available because those get filled as soon as they become vacant. Recently, there was a substantial increase in the number of children on the EECC waiting list, from 58 in 2012 to 92 in June of 2014. Key informants indicated that a possible cause of this increase, which has doubled the number of children waiting for an EECC spot, may be the number of families who

⁶⁰ Ibid

⁶¹ Ibid

⁶² Ibid

have recently moved into the Community after a substantial number of new homes had been built on the reservation. This could suggest a possible increase in the demand of other services for families with young children in the region. Another possible reason may be that Community members are becoming more aware of the child care subsidy program, which, as of last year's funding plan, is only available to Community members.⁶³

Although EEEEC rates for full-time child care are low relative to the rates charged by full-time regulated child care centers in surrounding counties and in the state overall, the rates are still very challenging for many families in the Gila River Indian Community to meet.⁶⁴

The Gila River Indian Community Child Care and Development Services Department also provides support for families with children birth to 13 years old who in need of off-reservation child care services. According to key informants, this support is mostly used for early care and after-school programs during the school year, and for summer camps during the summer months. This benefit is utilized mostly by families with school-age children. As of June 2014 there were 30 families representing a total 43 children receiving this type of financial support.⁶⁵

Head Start and Early Head Start

The Gila River Indian Community operates federally regulated Tribal Head Start and Early Head Start programs. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families.

The Gila River Indian Community Head Start is a full day (6 hour per day 5 days per week) program with extended day option offered to children with parents in the workforce. Gila River's Head Start is funded to enroll a total of 203 children in four centers throughout the Community: Sacaton Head Start Center, with three classrooms serving 60 children and families; Santan Head Start Center, with two classrooms serving 43 children and families; Vah-Ki Head Start Center, with three classrooms serving 60 children and families; and the District Six Head Start Center, serving 40 children and families in morning and afternoon groups. As of September of 2014, there were a total of 160 children in the Head Start/Early Head Start waiting list.⁶⁶

⁶³ Ibid

⁶⁴ Ibid

⁶⁵ Ibid

⁶⁶ Ibid

In early 2014 a new Head Start/Early Head Start facility was opened in Sacaton. The new 40,000-square-foot facility has eight classrooms, four of them serving infants and toddlers in the Early Head Start.⁶⁷

FACE Programs

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 46 Bureau of Indian Education schools, 12 of which are located in the state of Arizona.⁶⁸

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three. The center-based component includes an early childhood education program for children aged three to five, adult education for the children's parents, and parent/child time. Through FACE children are also screened for developmental delays and health concerns, including yearly vision and hearing tests. If learning or health special needs are identified, parents and caregivers are then connected to the appropriate programs or agencies in the "Resource Network" so that services can be provided to the child.⁶⁹

In the Gila River Indian Community Region FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools. However, each program is independent and must apply for funding individually.⁷⁰

The Blackwater FACE program has been in place for 20 years. In 2008 the program earned accreditation by the National Association for the Education of Young Children (NAEYC) and was reaccredited again in 2012. According to the FACE Site Visit Report of January 2013, the FACE team at Blackwater are experienced and work well together, with participation rates of over 80 percent. All children enrolled in the program receive Imagination Library books. The program has strong administrative, community and school support and is considered a vital part of the Blackwater Community School. Recently, the Blackwater FACE program secured funding to

⁶⁷ Ibid

⁶⁸ Ibid

⁶⁹ Ibid

⁷⁰ Ibid

obtain e-readers (Kindle Fires) that are used to promote literacy among both adults and children during Parent And Child Time (PACT), as well as during adult classroom time. Other agencies and departments within the region work closely with the FACE program at Blackwater Community school including: the Genesis Program, Tribal Recreation Department for District I and the Drug and Alcohol Program. School staff supports the program by serving as mentors and substitutes and making sure that families in the FACE program receive appropriate transportation and food services. FACE staff members are included in all professional development and staff meetings at Blackwater Community School. In school year 2012-2013 there were 15 children participating in the center-based component of the Blackwater FACE program,⁷¹ and 24 participating in-home based program in 2012-2013.

The Casa Blanca Community School FACE Program had 15 children enrolled in center-based services and 24 in the home-based program in school year 2012-2013.

The Gila Crossing Community School FACE program enrolled a total of 11 children in the center-based component during school year 2012-2013.⁷²

A higher proportion of children aged 3 and 4 were enrolled in nursery school, preschool, or kindergarten in the Gila River Indian Community Region (42%) compared to Pinal County (29%) and the state of Arizona (35%).

The number of service visits by the Division of Developmental Disabilities (DDD) for children aged 0-2 decreased from 2013 to 2014 in the region, county and the state (see Table 19). While this pattern held true for 3-5 year olds across the state, the number of service visits for this age group actually increased in the region and county from 2013 to 2014 (see Table 20).

⁷¹ Ibid

⁷² Ibid

Early Care and Education

Table 16. Child care providers, number of providers and total licensed capacity, 2014

| PROGRAM | CHILDREN ENROLLED (AGES 3-5) |
|---------------------------------------------------|------------------------------|
| All Programs | 366 |
| Early Education Childcare Center (EECC) | 57 |
| Blackwater Preschool Program | 40 |
| Blackwater FACE Program | 15 |
| Casa Blanca FACE Program | 15 |
| Gila Crossing Community School Preschool Program* | 25 |
| Gila Crossing Community School FACE Program | 11 |
| Head Start | 203 |
| Sacaton Elementary School preschool** | 23 |

Source: Data provided by each of the programs listed are for year 2013-2014 with three exceptions: the EECC number reflects data as of June 2014; the Sacaton Elementary School preschool program enrollment is as of September 2014; and the Gila Crossing School preschool program data, which reflects enrollment from 2012-2013, the only in which this program was in place before it was suspended due to funding cuts.

** This program is only available to children with special needs and it operates two days a week.

Table 17. Cost of full-time child care by percent of median income (parents who do not qualify for CCDF assistance)

| | MEDIAN FAMILY INCOME | CHILDREN UNDER 1 | CHILDREN 1-2 YEARS OLD | CHILDREN 3-5 YEARS OLD |
|-----------------------------|----------------------|------------------|------------------------|------------------------|
| Gila River Indian Community | \$25,403.00 | 25% | 23% | 21% |
| Pinal County | \$55,856.00 | 17% | 16% | 13% |
| Arizona | \$59,563.00 | 17% | 15% | 13% |

Source: U.S. Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; Arizona Department of Economic Security (2012). Child Care Market Rate Survey 2012. Retrieved from <https://www.azdes.gov/InternetFiles/Reports/pdf/MarketRateSurvey2012.pdf>; Gila River Indian Community (2014). Gila River Indian Community Early Education/Child Care Centers Rates. Retrieved from http://www.mygilariver.com/gricted/child_care/rate_sheet.pdf for the First Things First Gila River Indian Community Regional Partnership Council 2014 Needs and Assets Report.

Families with Children Who Have Special Needs

Table 18. AzEIP referrals and children served, 2014

| | NUMBER OF AzEIP REFERRALS DURING FISCAL YEAR 2014 | | | NUMBER OF CHILDREN BEING SERVED BY AzEIP ON OCTOBER 1, 2014 | | |
|-------------------------------------------|---------------------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------|--------------------------|--------------------------|
| | LESS THAN 1 YEAR OLD | FROM 13 TO 24 MONTHS OLD | FROM 25 TO 35 MONTHS OLD | LESS THAN 1 YEAR OLD | FROM 13 TO 24 MONTHS OLD | FROM 25 TO 35 MONTHS OLD |
| Gila River Indian Community Region | N/A | N/A | N/A | N/A | N/A | N/A |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 193 | 240 | 300 | 67 | 125 | 215 |
| Arizona | 2,651 | 3,669 | 5,421 | 746 | 1,659 | 2,843 |

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

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

Table 19. Division of Developmental Disabilities (DDD) services to children (ages 0-2), 2013-2014

| | CHILDREN (AGES 0-2) REFERRED TO DDD | | CHILDREN (AGES 0-2) SCREENED BY DDD | | CHILDREN (AGES 0-2) SERVED BY DDD | | NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 0-2) | |
|-------------------------------------------|-------------------------------------|---------|-------------------------------------|---------|-----------------------------------|---------|-----------------------------------------------------|---------|
| | FY 2013 | FY 2014 | FY 2013 | FY 2014 | FY 2013 | FY 2014 | FY 2013 | FY 2014 |
| Gila River Indian Community Region | N/A | N/A | N/A | N/A | N/A | N/A | 298 | 231 |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 147 | 132 | 37 | N/A | 176 | 126 | 12,102 | 6,714 |
| Arizona | 2,186 | 2,479 | 314 | 216 | 2,693 | 2,341 | 158,496 | 130,486 |

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

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

Table 20. Division of Developmental Disabilities (DDD) services to children (ages 3-5), 2013-2014

| | CHILDREN (AGES 3-5) REFERRED TO DDD | | CHILDREN (AGES 3-5) SCREENED BY DDD | | CHILDREN (AGES 3-5) SERVED BY DDD | | NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 3-5) | |
|-----------------------------------------------|----------------------------------------|---------|----------------------------------------|---------|--------------------------------------|---------|-----------------------------------------------------------|---------|
| | FY 2013 | FY 2014 | FY 2013 | FY 2014 | FY 2013 | FY 2014 | FY 2013 | FY 2014 |
| Gila River Indian Community Region | N/A | N/A | N/A | N/A | N/A | N/A | 48 | 74 |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 102 | 136 | 59 | 64 | 183 | 185 | 26,281 | 26,608 |
| Arizona | 1,401 | 1,804 | 731 | 727 | 2,600 | 2,533 | 374,440 | 367,590 |

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

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

Child Health

Why it Matters

The Institute of Medicine defines children’s health as the extent to which children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to successfully interact with their biological, physical, and social environments.⁷³ Health therefore encompasses not only physical health, but also mental, intellectual, social, and emotional well-being. Children’s health can be influenced by their mother’s health and the environment into which they are born and raised.^{74,75} The health of a child in utero, at birth, and in early life can impact many aspects of a child’s development and later life. Factors such as a mother’s prenatal care, access to health care and health insurance, and receipt of preventive care such as immunizations and oral health care all influence not only a child’s current health, but long-term development and success as well.^{76,77,78}

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. Understanding where Arizona mothers and children fall in relation to these national benchmarks can help highlight areas of strength in relation to young children’s health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant and child health objectives for which data are available at the regional level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm births; and increasing abstinence from cigarette smoking among pregnant

⁷³ National Research Council and Institute of Medicine. (2004). *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: National Academies Press. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK92198/#ch2.s3>

⁷⁴ The Future of Children. (2015). *Policies to Promote Child Health*, 25(1), Spring. Retrieved from <http://www.princeton.edu/futureofchildren/publications/docs/FOC-spring-2015.pdf>

⁷⁵ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

⁷⁶ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d.). *Prenatal services*. Retrieved from <http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>

⁷⁷ Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: a focus on social and cultural determinants. *BMC Oral Health*, 6(Suppl 1), S4. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>

⁷⁸ Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118s(1), 405-420. Retrieved from <http://pediatrics.aappublications.org/content/118/1/405.full>

women.⁷⁹ Although not a target of a Healthy People 2020 objective, high-birth weight, or macrosomia, is also associated with health risks for both the mother and infant during birth. These children are also at increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).⁸⁰

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings. Without health insurance, each visit can be prohibitively expensive and may be skipped.⁸¹ Health care services to members of federally-recognized Indian tribes are available from Indian Health Service (IHS) facilities and other tribally-administered health care facilities.⁸² Being eligible for IHS services alone, however, does not meet the minimum essential coverage requirement under the Affordable Care Act.⁸³

What the Data Tell Us

In 2013, there were 86 babies born to women residing in the region. Seventeen to 21 percent of pregnant women in the region had no prenatal care during the first trimester,⁸⁴ a similar proportion to that in the state as a whole (19%), meeting the Healthy People 2020 objective of fewer than 22.1 percent without care (see Figure 11). However, eight to nine percent of pregnant women in the region⁸⁵ had fewer than five prenatal care visits, compared to five percent in the state (see Table 21). A similar proportion of babies in the region (10%) and the

⁷⁹ Arizona Department of Health Services. (2013). *Arizona Health Status and Vital Statistics 2013 Annual Report. Table 6A: Monitoring Progress Toward Arizona and Selected Healthy People 2020 Objectives: Statewide Trends* Retrieved from: http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1_10.pdf

⁸⁰ Mayo Clinic Staff. (2015) *Fetal macrosomia*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/basics/complications/con-20035423>

⁸¹ Yeung, LF, Coates, RJ, Seeff, L, Monroe, JA, Lu, MC, & Boyle, CA. (2014). Conclusions and Future Directions for Periodic Reporting on the Use of Selected Clinical Preventive Services to Improve the Health of Infants, Children, and Adolescents — United States. *Morbidity and Mortality Weekly Report 2014*, 63(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>.

⁸² As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to their members. The tribes can then utilize these funds to directly provide services to tribal members. This process is often known as 638 contracts or compacts. Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The Changing Landscape of Health Care Provision to American Indian Nations. *American Indian Culture and Research Journal*, 39(1), 1-24.

In 1995, the Gila River Indian Community assumed responsibility from IHS for the operation and management of health care facilities in the region: Hu Hu Kam Memorial Hospital and Gila Crossing Clinic (now the Komatke Health Center).

⁸³ <https://www.ihs.gov/aca/index.cfm/thingstoknow/>

⁸⁴ Note that due to data suppression policies, exact numbers cannot be calculated for this indicator.

⁸⁵ Ibid.

state (9%) were premature (less than 37 weeks), both meeting the Healthy People 2020 objective of fewer than 11.4 percent premature (Figure 12).

The majority of births in the region (80%) were paid for by a public payor (AHCCCS, Arizona's Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category (see Table 21). Of the babies born in 2013 to women in the region, 12 percent had low birth weight (2.5 kg or less), a higher percentage than the state (7%), and over the Healthy People 2020 objective of fewer than 7.8 percent (see Figure 12). Nine percent of babies in the region were placed in neonatal intensive care, almost twice the proportion as in the state as a whole (5%) (Table 22).

About a quarter (26%) of the young children in the Gila River Indian Community Region are estimated to be uninsured. This percentage is higher than those of all Arizona reservations combined (20%) and across the state (10%) (Figure 13).

While immunizations rates vary by vaccine, the vast majority of children in school-based preschool in the region had been immunized; these rates, which represent only two school-based preschool programs in the region, are slightly higher than those of the county and state (see Table 23). The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for the DTAP, polio, and MMR vaccines is 90 percent,⁸⁶ suggesting that the region is meeting this goal. However, given that state regulations require children enrolled in child care to be up to date on immunizations, it is possible that immunization rates for children in child care are higher than immunization rates for children not in child care.⁸⁷ If that is the case, the rates for the entire population of children in these areas may be lower than the Healthy People 2020 goals. One hundred percent of children enrolled in kindergarten at Blackwater Community School were vaccinated (Table 24). There were no religious, personal belief and medical exemptions from immunizations in the Gila River Indian Community preschools and school for which data were available.

⁸⁶ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). *Immunization and Infectious Diseases*. Washington, DC. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>.

⁸⁷ For example, the National Immunization Survey (NIS) monitors vaccination coverage among U.S. children aged 19–35 months, and estimates the Arizona statewide rate for DTAP (Diphtheria, Tetanus, Pertussis, 4 or more doses) to be about 81 percent and the statewide rate for MMR (Measles, Mumps and Rubella, 1 or more doses) to be about 84 percent. Source: Hill, H., Elam-Evans, L., Yankey, D., Singleton, J., Kolasa, M. (2015). National, state, and selected local area vaccination coverage among children aged 19–35 months—United States. *Morbidity and Mortality Weekly*, 2014, 64(33), 889-896. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm>

Mothers Giving Birth

Table 21. Selected characteristics of mothers giving birth, 2013

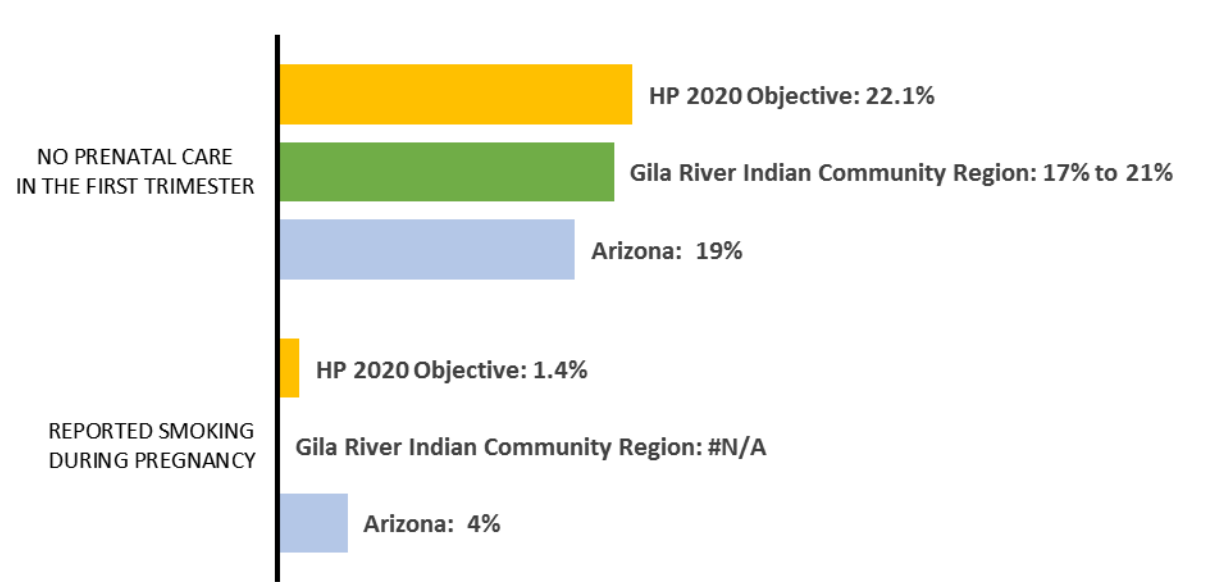
| | TOTAL NUMBER BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013 | HAD FEWER THAN 5 PRENATAL VISITS* | HAD NO PRENATAL CARE IN FIRST TRIMESTER* | MOTHER REPORTED SMOKING DURING PREGNANCY | MOTHER REPORTED DRINKING DURING PREGNANCY | MOTHER HAD LESS THAN A HIGH SCHOOL-EDUCATION* | MOTHERS YOUNGER THAN 20 YEARS OLD | BIRTH WAS PAID FOR BY AHCCCS OR IHS (PUBLIC PAYOR) |
|------------------------------------|-------------------------------------------------------|-----------------------------------|------------------------------------------|------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------------------------|
| Gila River Indian Community Region | 86 | 8% to 9% | 17% to 21% | N/A | N/A | 29% to 38% | 10% | 80% |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 4,564 | 4% | 14% | 6% | 0% | 16% | 9% | 53% |
| Arizona | 84,963 | 5% | 19% | 4% | 0% | 18% | 9% | 55% |

Source: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data.

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

*Due to data suppression policies, exact numbers cannot be calculated for the region for this indicator.

Figure 11. Healthy People 2020 objective for mothers, compared to 2013 region and state data



Sources: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Healthy People 2020 objectives from ADHS, "Arizona Health Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

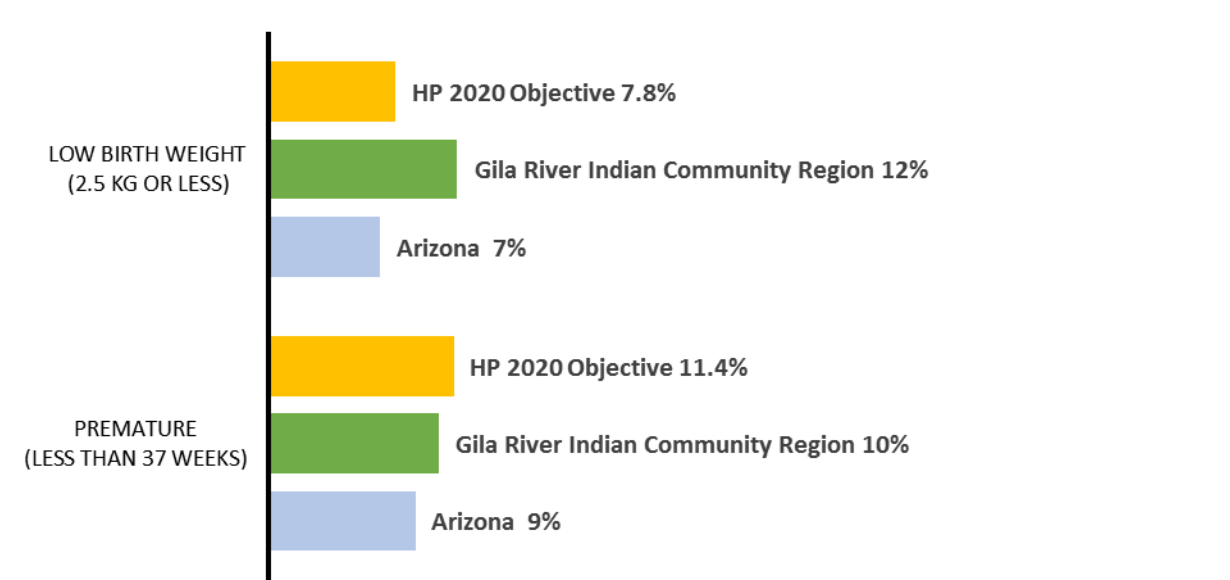
Infant Health

Table 22. Selected characteristics of babies born, 2013

| | TOTAL NUMBER OF BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013 | BABY HAD LOW BIRTH WEIGHT (2.5 kg OR LESS) | BABY HAD HIGH BIRTH WEIGHT (4 kg OR MORE) | BABY WAS PREMATURE (LESS THAN 37 WEEKS) | BABY WAS IN NEONATAL INTENSIVE CARE |
|------------------------------------|----------------------------------------------------------|--------------------------------------------|-------------------------------------------|-----------------------------------------|-------------------------------------|
| Gila River Indian Community Region | 86 | 12% | 12% | 10% | 9% |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 4,564 | 7% | 10% | 9% | 5% |
| Arizona | 84,963 | 7% | 8% | 9% | 5% |

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

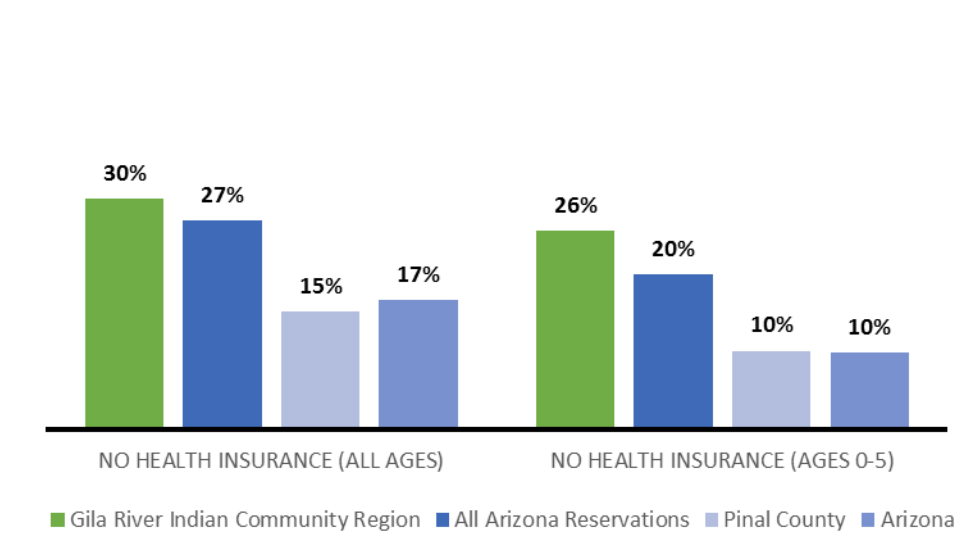
Figure 12. Healthy People 2020 objectives for babies, compared to 2013 region and state data



Sources: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Healthy People 2020 objectives from ADHS, "Arizona Health Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

Health Insurance

Figure 13. Estimated percent of population without health insurance, 2009-2013 five-year estimate



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

Immunizations

Table 23. Immunizations for children in school-based preschool, school year 2014-15*

| | NUMBER OF STUDENTS | DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES | POLIO, 3 OR MORE DOSES | MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES | RELIGIOUS BELIEFS EXEMPTIONS | MEDICAL EXEMPTIONS |
|------------------------------------|--------------------|--------------------------------------------------------|------------------------|------------------------------------------------|------------------------------|--------------------|
| Gila River Indian Community Region | 71 | 96% | 100% | 100% | 0.0% | 0.0% |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 2,907 | 95% | 98% | 98% | 2.4% | 0.2% |
| Arizona | 84,778 | 93% | 95% | 96% | 3.6% | 0.5% |

*Regional data included in this table are from Blackwater Community Preschool and Gila Crossing Community Preschool only. Source: The Arizona Department of Health Services (2015). [Regional immunization dataset]. Unpublished data. Arizona Department of Health Services (2015). Arizona childcare immunization coverage. Retrieved from: <http://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

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

Table 24. Immunizations for children in kindergarten, school year 2014-15*

| | NUMBER OF STUDENTS | DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES | POLIO, 3 OR MORE DOSES | MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES | PERSONAL BELIEFS EXEMPTIONS | MEDICAL EXEMPTIONS |
|------------------------------------|--------------------|--------------------------------------------------------|------------------------|------------------------------------------------|-----------------------------|--------------------|
| Gila River Indian Community Region | 75 | 100% | 100% | 100% | 0.0% | 0.0% |
| All Arizona Reservations | N/A | N/A | N/A | N/A | N/A | N/A |
| Pinal County | 4,322 | 94% | 94% | 94% | 5.6% | 0.1% |
| Arizona | 84,651 | 94% | 95% | 94% | 4.6% | 0.3% |

*Regional data included in this table are from Blackwater Community School only

Source: Arizona Department of Health Services (2015). [Regional immunization dataset]. Unpublished data. Arizona Department of Health Services (2015). Arizona kindergarten immunization coverage. Retrieved from: <http://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>.

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

Family Support and Literacy

Why it Matters

Parents and families have a crucial role in providing nurturing and stable relationships for optimal brain development during their child's first years.^{88,89,90} When children experience nurturing, responsive caregiving, they face better life prospects across a number of social, physical, academic and economic outcomes.^{91,92} Consequently, healthy development depends on positive relationships between children and their caregivers from an early age.⁹³ For parents of young children, reading aloud, singing songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. Such interactions not only support literacy skills, but also offer exposure to a range of ideas, including recognizing and naming emotions, an important socio-emotional skill. Parents and family are children's first teachers; the most rapid expansion in vocabulary happens between ages one and three.⁹⁴ In fact, literacy promotion is so central to a child's development that the American Academy of Pediatrics has recently focused on it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.⁹⁵

⁸⁸ Evans, G. W., & Kim, P. (2013). Childhood Poverty, Chronic Stress, Self-Regulation, and Coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cdep.12013/abstract>

⁸⁹ Shonkoff, J. P., & Fisher, P. A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25, 1635- 1653. Retrieved from http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e

⁹⁰ Shonkoff, J. P. & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press. Retrieved from <http://www.nap.edu/read/9824/chapter/1>

⁹¹ Magnuson, K. & Duncan, G. (2013). Parents in poverty (95-121). In Bornstein, M. *Handbook of Parenting: Biology and Ecology of Parenting Vol. 4: Social Conditions and Applied Parenting*. New Jersey: Lawrence Erlbaum.

⁹² Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>

⁹³ National Scientific Council on the Developing Child. (n.d.). Category: Working Papers. Retrieved from <http://developingchild.harvard.edu/resourcecategory/working-papers/>

⁹⁴ Read On Arizona. (n.d.). *As a parent what can I do at home to support early literacy?* Retrieved from <http://readonarizona.org/about-us/faq/>

⁹⁵ American Academy of Pediatrics. (n.d.). *Pediatric Professional Resource: Evidence Supporting Early Literacy and Early Learning*. Retrieved from https://www.aap.org/en-us/Documents/booksbuildconnections_evidencesupportingearlyliteracyandearlylearning.pdf

What the Data Tell Us⁹⁶

Teen parenting

Teen parents have been a priority for the First Things First Gila River Regional Partnership Council since they began funding teen parent care coordination in 2008. At that point the teen parent birthrate was 28% and has steadily decreased to 13% in 2015. It is believed that the decrease in teen birthrates in the Community is due to a coordination of supports for teens from 2008- 2015, including two local alternative high schools which provided teen's transportation, nutrition service, and childcare through collaboration with Gila River's Early Head Start program and Teen parent coordination/education through the First Things First program. Through coordinated effort of local high school leaders teen parents had opportunities to graduate high school while also having onsite childcare, nutrition service, parenting classes and referrals to WIC, and other support service

The First Things First Teen Parenting Program was available at VHM and Ira Hayes high school, two high schools in the region. The program provided crucial on-site support to teen parents to help them continue with their education. Youth who are expecting a child or are already parents have priority in enrollment. An important component that distinguishes the Teen Parenting program at VHM from similar programs was the fact that VHM was not limited to teen mothers but it is also geared towards the fathers. VHM estimated over 80 percent placement of its students in some post--secondary endeavor (college or employment).

Potential for Growth:

Although both alternative high schools in the region closed in 2015 there is Community support to reopen a local high school for teens in the region. The potential cost savings to the community also supports re-opening a local high school. Research shows when teens graduate from high school their lifelong earning potential increases substantially, they are less likely to be incarcerated and are better able to contribute to society.

Home visitation programs

⁹⁶ Please note that the data presented in this section are from the 2014 Gila River Indian Community Regional Partnership Council Needs and Assets Report and are the most recent data available. The report is available at <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20GRIC.pdf>

The family support system in the Gila River Indian Community continues to grow and develop. Additionally coordination and collaboration continues to increase which is showing positive impact for programs and families in the community.

Home visitation programs serve families prenatal and continue with families until children are 3 to 5 years old. Home visitation gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy and connects parents with community resources to help them better support their child's health and early learning.

Evidence based home visitation programing in the Gila River Indian Community has grown steadily from 45 families enrolled in 2008 to 110 families receiving evidence based home visiting service in 2016. Additionally, Gila River Heath Care recently applied to receive a federal Maternal Infant Early Childhood Home Visitation grant which would expand total number of families having access to "evidence" based home visitation to 150.

Potential for Growth:

There is potential to expand home visitation services to families with young children through existing programs such as Early Childhood Special Services and Tribal Social Services who currently provide home visits in the Community but do not utilize evidence based home vitiation models such as Parents As Teacher or Nurse family Partnerships, etc. Depending on the model, evidence based home visitation programs are associated with reducing child abuse and neglect, increased maternal employment and improved prenatal health. The cost savings from investing in program models may be an important guide as the Tribe decides how to implement home visitation programs.

Literacy Efforts

Literacy efforts across the Community are also underway. Recently the Tribal Education department formed a literacy coalition made up of leaders from across pre-k -12 education, health, home visitation, Gila River's Youth Council, Tribal leaders, and WIC to begin a dialogue around increasing language and literacy efforts throughout the Community. The group will kick off their work during the all teacher in-service conference August of 2016 and build a strategic language and literacy plan thereafter which will add literacy curriculum and materials into already existing family support, pre-k and k-12 programs within Gila River Indian Community.

Child Welfare

Child welfare services in the Gila River Indian Community are provided by the Gila River Indian Community Social Services Department.

In order to better support the families in the child welfare system, stakeholders in the Gila River Indian Community Region have worked to create a Children in Crisis Coalition. This group was established in 2009 when it became a model court system that involved the Children's Court Judges, Tribal Social Services Department, attorneys, prosecutors, tribal behavioral health services, Gila River Health Care pediatric department and the youth home. The Coalition started to focus on protocols and best practices, and also on trauma--informed care. In the fall of 2013 Coalition members made a decision to concentrate their efforts on young children (birth to five). Since then, the Coalition has evolved and holds bi-monthly meetings and has increased its list of stakeholders and agencies invited to participate. This expanding list now includes departments that had traditionally not been part the work children in crisis team such as pediatric care coordinators, the Gila River Indian Community WIC and Police Department.

In addition to bringing key stakeholders together to share information and build a better system to support families in crisis, the Coalition also provides training opportunities for staff from the departments directly involved with the children (e.g. tribal Child Protective Services foster parents, tribal Social Services Department).

One of the initial projects of the Coalition is a "Judges' Checklist" that helped make sure all the different pieces of information about a child are available to them (e.g. medical records, any known developmental delays, upcoming appointments and immunization records). The Children in Crisis Coalition focused this work on young children who were wards of the court with the goal of expanding its efforts to older children and children who are not wards of the court. The Judges' Checklist was implemented January 2015.

Another project that the Coalition is working on is for Parents: a notebook that "travels" with children in out-of-home placements that includes important information about the child such as medical records, allergies, information from previous foster homes or Individualized Education Program (IEP), if one is in place for the child.

According to key informants the work of the Coalition has been very much welcomed in the Community and stakeholders are interested in participating. One of the challenges to the Coalition's work (and to the region's child welfare system in general), however, is a high turnover rate in some key areas, particularly in the Prosecutor's Office and the Social Services Department.

In addition to the Children in Crisis Coalition, other assets in the region's child welfare system identified by key informants include: a comprehensive Ordinance in place that establishes with detail how cases must be handled; and staff in the various agencies involved who really care about the safety of the children.

Key informant also identified some of the current challenges to the child welfare system in the region as well as some of the unmet needs which include:

1. Assistance for parents to help them navigate the system, which can be very overwhelming. In particular, key informants noted that parents could use additional support to help them understand how visitations should happen and what is expected of them.
2. Support for children who age out of the child welfare system without family to rely on
3. Assistance for grandparents who are caring for their grandchildren with very limited financial support.
4. Recruiting more foster homes within the Community and providing additional support for current foster families (e.g. working with a benefit coordinator to make sure they access all the services that the children may qualify for).

Key informants also advocated for a preventative approach to supporting at-risk families, providing parents with the skills and support needed in order to “prevent” child abuse.

Incarcerated Parents

The Gila River Department of Rehabilitation and Supervision (DRS) is the largest correctional facility in Indian county. The 277-bed adult facility is co-ed and operated by tribal and federal funding. On average, this facility houses 200-225 inmates. This facility offers a wide variety of programs and services to inmates with the ultimate goal of reducing recidivism. These include education and vocational training, life-skills, healthy relationships, and child-development classes. Self-directed GED computer resources are available to inmates working towards their certificate. GED testing fees are paid for by DRS and staff from Central Arizona College routinely comes onsite to conduct the testing. Staff from various tribal departments come to the facility on a weekly basis to provide services such as sexual health education, screening and testing. The Gila River Tribal Social Services Department offers parenting classes, and numerous volunteer organizations regularly visit inmates. On-site counseling and medication management are also available to inmates from the Community’s Behavioral Health Clinic.

The DRS Juvenile facility has the capacity to hold up to 106 inmates. Key informants pointed out that re-entry into school programs is one of the main challenges for adjudicated youth due to credit transfer and curriculum differences. The disconnect between the educational opportunities they are able to pursue inside correctional facilities and regular educational settings outside of detention results in an very high dropout rate among this population.

Potential for Growth:

It is important to note the unique collaboration which was established between the DRS Juvenile facility's Education Department and Vechij Himdag Alternative School (VHM) that allowed adjudicated youth to more easily re--enter into their school programs after being released. A shared web-based curriculum was available to students at both VHM and the DRS Juvenile detention center since 2009. This meant that a students at VHM who were adjudicated could continue their education while in detention using the same curriculum that they had been working on at school. And when leaving the facility, this same students could go back to the school and resume work where they left it at during detention facility.

There is national research that shows these unique programs can make a big difference in terms of whether students (who are often teen parents themselves) continue in school or drop out. Key informants indicated that this agreement required a good amount of coordination, but it has allowed both entities (VHM and the Juvenile detention center) to address one the main challenges that adjudicated youth face in terms of continuing their education.

Other programs, such working in a garden that grows traditional crops, are also available to youth at the DRS Juvenile facility.

Domestic Violence

According to the US Department of Justice, over one-third of Indian women and one-eighth of Indian men in the United States will experience domestic violence.¹⁴⁰ By midyear of 2012, 38 percent of the total inmate population at the Gila River Department of Rehabilitation and Supervision Adult facility was in custody because of domestic violence--related offenses compared to 13 percent among all detention centers in Indian Country.¹⁴¹

On June 1, 2012 the Gila River Indian Community opened "On Eagle's Wings," the Community's first domestic violence shelter, located in Sacaton. Other programs in the Community such as Family Planning have started conversations with the shelter about collaboration. The Gila River Behavioral Health Department has begun to provide training for the shelter staff, teaching the workers what to look for and how to make referrals to their services.

Raising young children in the region: positive aspects and challenges

Key informants indicated that living in a small community, where most members know each other and care about their children is one of the main positive aspects of raising children in the region. Key informants also highlighted the fact that family is very important to Community members, and that there is a strong expectation of 'being there' for family members when they are in need. A diversity of programs and services available locally to families with young children was also reported to be a strength of the Community.

In terms of the most challenging aspects of raising children in the region, key informants pointed out that navigating some of the existing systems (e.g. child welfare; support for

children with special needs) can be overwhelming for parents, who often are unsure of where to start in terms of accessing services. Another need identified by key informants was resources that target young parents (teenaged but also in their twenties) to provide them with parenting skills.

Other challenges reported by key informants were those related to the high rate of families living in poverty, and to the impact of historical trauma and alcoholism.

Communication, Public Information and Awareness, and Systems Coordination among Early Childhood Programs and Services

Why it Matters

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

What the Data Tell Us

Early childhood system coordination efforts are underway and have great potential.

One of the most promising areas of development is the Tribal Education Departments (TED) interest in creating an early childhood division which would be overseen by an expert in early childhood system development. This model has great possibilities including bringing early childhood preschool programs together across models (i.e. FACE, school based pre-k, Head Start/Early Head Start and Early Education Center) and could lead to cost savings across the early childhood system.

Having an early childhood division under TED would also increase quality of Home visitation system by bringing Baby FACE home visitation programs together to talk about best practices with Gila River Health Care's BabySmart's home visitation program.

To date coordination efforts around home visitation have begun and have been spearheaded by Gila River Health Care's BabySmarts home visitation program, who brings together home visitation programs from throughout the Community to talk about barriers, successes, waitlists and coordinate referrals to better support each other and families in the Community.

Potential for Growth:

Currently the potential for growth is within Home Visiting Coalition building is full participation from FACE programs throughout the Community. Full participation of all programs providing home visitation to families would allow the group to better identify which programs are underserving and enroll more families. It would also allow programs with waitlists to refer to home visitation programs needing families.

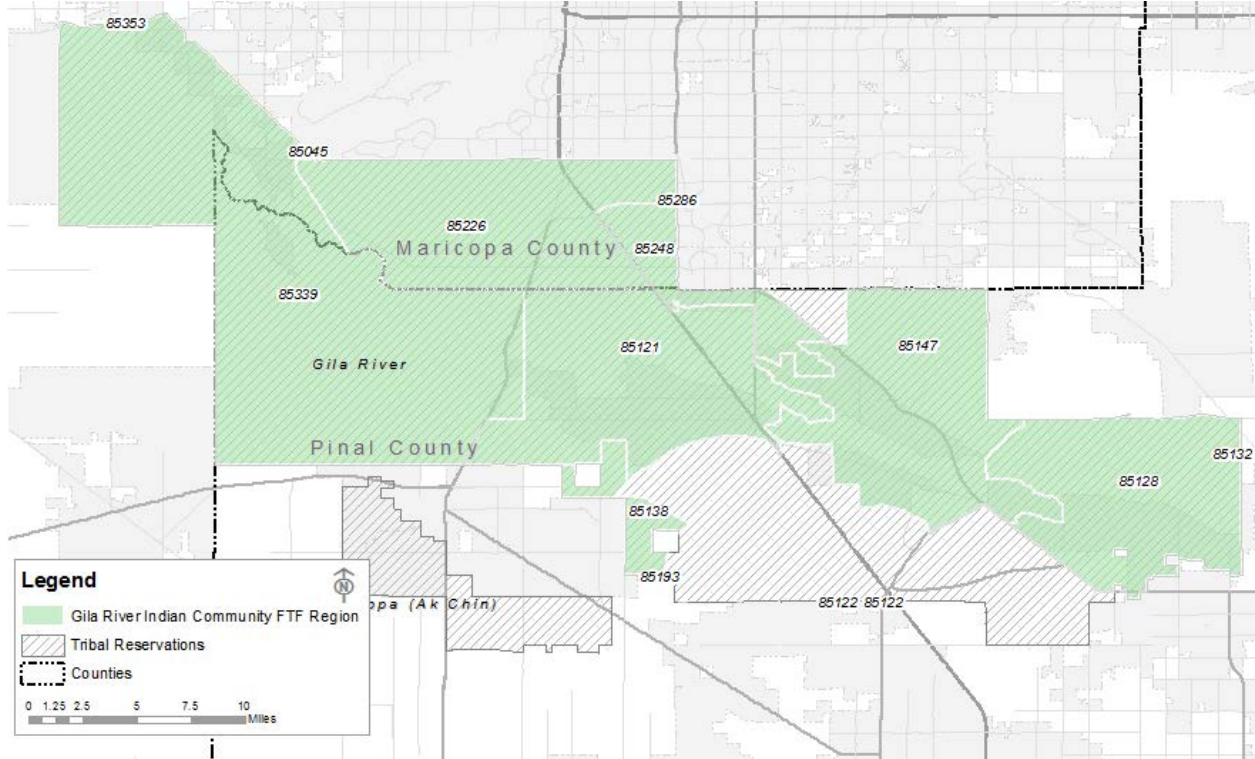
Children in Crisis Coalition (CIC Coalition):

With the support of Gila River Indian Community Tribal Council the Children in Crisis Coalition continues spearheaded child welfare partnerships and coordination. Over the past 3.5 years Gila Rivers Children’s Court has led the CIC Coalition and continues to pull together key stakeholders from across divisions to work on coordination of care for children known to the courts.

Tribal Education Department (TED) Literacy Coalition

The Tribal Education Department has led efforts to form a literacy coalition aimed at increasing literacy and access to culturally relevant books. The mission of the group is not focused solely on early childhood but at increasing literacy awareness in interest in adults as well. The group recently submitted a Federal Innovations grant proposal and hopes to overly an innovative literacy program on top of already existing programs in Gila River Indian Community.

Appendix 1: Map of zip codes of the Gila River Indian Community Region



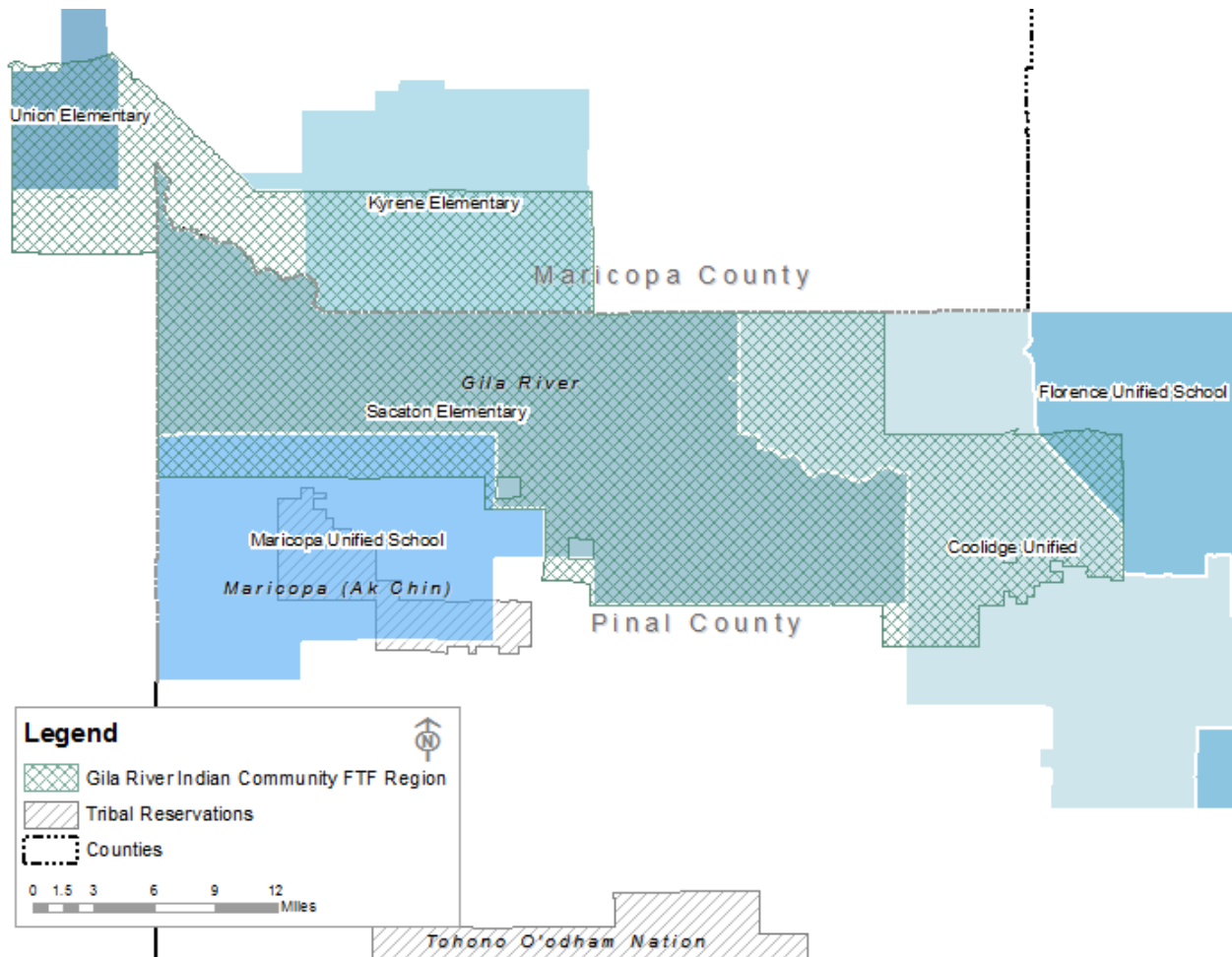
Source: U.S. Census Bureau (2010). TIGER/Line Shapefiles: ZCTAs, Counties, American Indian/Alaska Native Homelands. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

Appendix 2: Zip codes of the Gila River Indian Community Region

| ZIP CODE TABULATION AREA (ZCTA) | TOTAL POPULATION | POPULATION (AGES 0-5) | TOTAL NUMBER OF HOUSEHOLDS | HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5) | PERCENT OF ZCTA'S TOTAL POPULATION LIVING IN THE GILA RIVER INDIAN COMMUNITY REGION | THIS ZCTA IS SHARED WITH |
|---------------------------------------------------|---------------------|--------------------------|----------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Gila River Indian Community Region | 11,712 | 1,530 | 2,982 | 905 | | |
| 85121 | 2,178 | 274 | 551 | 164 | 100% | |
| 85128 | 1,190 | 150 | 354 | 98 | 8% | Pinal |
| 85138 | 19 | 5 | 3 | 2 | 0.1% | Pinal |
| 85147 | 4,543 | 595 | 1,125 | 359 | 100% | |
| 85226 | 150 | 28 | 29 | 13 | 0.4% | East Maricopa |
| 85248 | 753 | 107 | 186 | 60 | 3% | East Maricopa |
| 85339 | 2,875 | 370 | 733 | 208 | 8% | Phoenix South & Southwest Maricopa |
| Other | 4 | 1 | 1 | 1 | | |

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

Appendix 3: Map of Elementary and Unified School Districts in the Gila River Indian Community Region



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

Appendix 4: Data Sources

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