

FIRST THINGS FIRST

Salt River Pima-Maricopa Indian Community Region



2018 NEEDS AND ASSETS REPORT

**SALT RIVER PIMA-MARICOPA INDIAN
COMMUNITY REGIONAL PARTNERSHIP
COUNCIL
2018
NEEDS AND ASSETS REPORT**

Prepared by

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Funded by

First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council

LETTER FROM THE CHAIR

September 20, 2017

Message from the Chair:

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

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

The Salt River Pima-Maricopa Indian Community Regional Council would like to thank our Needs and Assets vendor, the University of Arizona Norton School of Family and Consumer Sciences, for their knowledge, expertise and analysis of the Salt River Pima-Maricopa Indian Community Region. Their partnership has been crucial to our development of this report and to our understanding of the extensive information contained within these pages.

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

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

Thank you for your continued support.

Sincerely,



Chris McIntier, Chair

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INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

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

This Needs and Assets Report for the Salt River Pima-Maricopa 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 Salt River Pima-Maricopa 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 Salt River Pima-Maricopa 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 Salt River Pima-Maricopa Indian Community (SRPMIC) Tribal Council, SRPMIC Tribal Administration, SRPMIC Department of Health and Human Services, SRPMIC Department of Social Services, SRPMIC Family Advocacy Center, SRPMIC Education Division, SRPMIC Tribal Enrollment Office, Bureau of Indian Education, Indian Health Services, 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 Salt River Pima-Maricopa 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

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

Population Characteristics

According to the U.S. Census, 626 children under the age of six resided in the Salt River Pima-Maricopa Indian Community Region in 2010 representing approximately 10 percent of the region's total population. Data provided by the Salt River Pima-Maricopa Indian Community Enrollment Department show that as of June 2016 there were a total of 987 enrolled members under the age of six, 382 of whom were residing on-reservation. The total tribal enrollment for that year was 10,274, with 5,198 members residing on-reservation. According to the U.S. Census in 2010, 91 percent of young children (birth to 4) in the region were identified as American Indian, about the same percentage as in all Arizona reservations combined (92%).

Based on data from the 2010 U.S. Census, in the Salt River Pima-Maricopa Indian Community Region as a whole, 17 percent of households have at least one child under 6 years old, a lower proportion when compared to all Arizona reservations (26%) but about the same as that seen in Maricopa County (17%). According to the American Community Survey (ACS), 65 percent of children in the region live with a single parent, which is slightly lower than the proportion in all Arizona reservations (68%) but substantially higher than in the state as a whole (38%). The proportion of young children living in a grandparent's household in the region (37%) is similar to that in all Arizona reservations combined (40%) but much higher than the state (14%). About one in five (20%) of children ages 0 to 17 living with grandparents in the region do not have a parent present in the household, and fifty-five percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent. Grandparents raising grandchildren are likely in need of additional resources and supports.

Estimates from the ACS indicate that seven percent of residents age 5 and older in the Salt River Pima-Maricopa Indian Community Region speak a Native North American language at home, a considerably lower rate than across all Arizona reservations (50%). The Salt River Pima-Maricopa Indian Community is undertaking language preservation efforts through the curriculum developed by the Salt River Schools Native Language and Culture Program taught at the Early Childhood Education Center, Salt River Elementary School, Salt River High School and the Salt River Accelerated Learning Academy.

Economic Characteristics

The median income for all families in the Salt River Pima-Maricopa Indian Community Region is \$38,277. The median income for families with married parents (husband-wife) and children under age 18 was slightly lower (\$35,100), and the median income in households run by a single female is \$22,031. The low median income for single-householders in the region is a concern because the majority of young children (65%) live in single-parent households. Over half (56%) of young children live in poverty in the region, just above the poverty rate among young children in all Arizona reservations combined

(55%). The majority of families in the region with children aged four and under (79%) live below 185 percent of the federal poverty level (i.e., earned less than \$3,677 a month for a family of four), which is slightly higher than the 77 percent across all Arizona reservations combined. In spite of this need, in the Salt River Pima-Maricopa Indian Community Region, the number of children who received benefits from the LEARN (Tribal TANF) program on a yearly basis fell from 172 children in 2012 to 108 children in 2015, a 37 percent decrease.

Recent estimates from the ACS indicate that the unemployment rate in the Salt River Pima-Maricopa Indian Community Region is 15 percent, lower than the estimated unemployment rate for all Arizona reservations (26%) but much higher than the state rate (10%). Overall, 65 percent of young children live with one or more parents who are in the labor force, which is about the same as that seen in all Arizona reservations combined (64%).

The number of young children participating in the Supplemental Nutrition Assistance Program (SNAP) has declined since 2012, but this program still supports 475 young children in region annually. WIC enrollment has also declined slightly between 2013 and 2015, though the program still served more than 1,000 women, infants, and children in 2015. The proportion of students in the Salt River Pima-Maricopa Indian Community who were eligible for free or reduced-price lunch varies by school, with 83 percent of children enrolled in the Early Childhood Education Center qualifying for this benefit in 2015-2016, compared to 40-44 percent of students at Salt River Accelerated Learning Academy. Despite eligibility, all students in the region receive free breakfast, snacks and lunch with supplemental support provided by the Salt River Pima-Maricopa Indian Community. In the summer of 2015, the Early Childhood Education Center, the Mesa Boys & Girls Club, Salt River Elementary School, and Salt River High School served over 10,000 breakfasts and lunches to children in the area through the Summer Food Service Program (SFSP).

Residents of the Salt River Pima-Maricopa Indian Community Region have a higher housing cost burden than residents of all Arizona reservations, but a similar cost burden to those in Maricopa County: 30 percent of housing units in the region require residents to contribute more than 30 percent of their household income toward housing, compared to 17 percent in all reservations and 35 percent in the county. A lower percentage of housing units in the Salt River Pima-Maricopa Indian Community Region (34%) have at least one housing problem compared to the state as a whole (37%).

Educational Indicators

In the 2014-2015 school year, 31 percent of Salt River Pima-Maricopa Indian Community Region students attained a proficient or highly proficient score on the third grade AzMERIT math assessment, which was a lower passing rate than across Arizona as a whole (42%). Performance on the English language Arts (ELA) test was slightly lower, with 29 percent of students in the region demonstrating proficiency, compared to 40 percent statewide.

The Salt River Pima-Maricopa Indian Community Region has one high school, Salt River High School, and one alternative school, Salt River Accelerated Learning Academy. The overall high school dropout rate for students enrolled in these schools fell to 18 percent in 2015, from a high of 32 percent in 2013. Graduation rates at Salt River High School rose between 2013 and 2014 to 84 percent, a rate higher than that seen in Maricopa County or Arizona high schools overall. A higher proportion of adults aged

25 and older in the region have a Bachelor's degree or higher, and a lower proportion have less than a high school education than across all Arizona reservations.

Early Learning

Families in the Salt River Pima-Maricopa Indian Community Region can access early childhood education and care services through the Early Childhood Education Center (ECEC), the FACE Program at Salt River Elementary, and the Early Enrichment Program under the Community's Youth Services Department. The tribally-operated ECEC, offers several program options that allow parents to choose the one that best meets their individual needs. These include the Head Start preschool program, Early Head Start infant-toddler program and Early Childhood Education Center (Child Care Development Fund (CCDF) and tribally-funded component). At any given point in time about 268 children birth to 5 receive services from the ECEC. As of January 2017, there were 85 children in the waiting list for the ECEC. Another component of ECEC is a certificate program to offer off-reservation child care services. As of February 2017, approximately 162 (or 54%) of those participating in the certificate program were children birth to 5. In that same month, the program had a waiting list of about 240 children (birth to 12). In program year 2015-2016, 30 children and 30 adults participated in the home-based component of the FACE program at Salt River Elementary, and 19 children and 19 adults participated in the center-based component of the FACE program. The Early Enrichment Program, formerly known as Child Development Center, has a total enrollment capacity of 12 children.

The various early care and education options available to families in the Salt River Pima-Maricopa Indian Community have a combined capacity to serve approximately 485 children birth to 5. According to the 2010 U.S. Census there were 626 children under the age of six residing in the region. Based on this number, the slots currently available in the region would provide services to about 77 percent of young children.

Child care services in the Salt River Pima-Maricopa Indian Community Region are provided on a sliding-scale fee at the Early Childhood Education Center (ECEC). Other early learning programs in the Community are available free-of-cost, such as the Early Enrichment and FACE programs.

There are three different AzEIP contracted agencies providing early intervention services in the region for children at risk of developmental delays. The number of children served by these agencies ranged from 3 to 27 in FY 2013 to 27 to 35 in FY 2015. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services, which suggests that at least 39 young children in the region would be likely to benefit annually. Fewer than 25 young children received services by the Division of Developmental Disabilities between FY 2012 and FY 2015, with the exception of FY 2013 and FY 2014 when no children in the 0-2 age category were served. The Salt River Pima-Maricopa Indian Community Child Find Program conducts developmental screenings for young children in the region. In school year 2015-2016, there were 147 students with special needs enrolled in Salt River Elementary in grades kindergarten to 12th. The Celebrating Measuring Milestones Awareness Campaign, begun in fall 2016, aims at increasing awareness of the importance of regular developmental screenings among parents, families, community members and employees within the Salt River Pima-Maricopa Indian Community.

Child Health

Health care services are available to residents from the Salt River Pima-Maricopa Indian Community Region through the Indian Health Service (IHS) Salt River Health Center and the IHS Phoenix Indian Medical Center. Between October 2013 and September 2015 there were 7,045 IHS active users from the region served by the IHS Phoenix Service Unit. Of those, 977 were children ages birth to 5. According to estimates from the ACS, 15 percent of young children in the region were estimated to be uninsured, along with 32 percent of the total population.

In 2014, 120 babies were born to mothers residing in the Salt River Pima-Maricopa Indian Community Region. New mothers in the region had lower educational attainment than mothers statewide; 38 percent had a high school education (31% statewide), whereas 23 percent had at least some college or professional education (23% statewide). Only one to four percent of mothers in the region had a Bachelor's degree or more, compared to 23 percent of mothers statewide. Most (83%) mothers in the region were not married, 13 percent were aged 19 or younger (8% statewide) and six percent were aged 17 or younger, triple the percentage of teen mothers in the county or state. Additional services are needed in the region both to help prevent teen pregnancy and also support teens who have become parents at a young age.

A slightly lower proportion of mothers in the region reported using tobacco while pregnant (4.2%) than across the state (4.6%). The percentage of children enrolled in the Salt River Pima-Maricopa Indian Community WIC program who were exposed to smoking in the household was between two and five percent between 2011 and 2015. In the region, 24 percent of women enrolled in WIC were overweight, and 49 percent were obese before becoming pregnant. Of those women in the region with known prenatal care status, only 58.7 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state. Nearly one in five babies (17.5%) in the Salt River Pima-Maricopa Indian Community Region were born to mothers with fewer than five prenatal care visits, nearly three times the proportion statewide.

In 2014, only five percent of babies born in the region were low birth weight, compared to seven percent across the state. The percent of premature births was lower in the region than in the state, with 8.3 percent in the region, and 9.0 percent across the state. In 2015, 48 percent of Infants enrolled in the Salt River Pima-Maricopa Indian Community WIC program were ever breastfed, much lower than across the state (71.2%).

Ninety-four percent or more of kindergarteners in the region were immunized with the DTAP, MMR, Polio, Hepatitis B, and Varicella vaccines. Rates of personal exemptions for vaccinations among children in kindergarten in the region (2.1%) were much lower than exemption rates at the state level (4.5%).

Data from the Indian Health Service (IHS) show that a total of 816 unique children (84%) ages birth to 5 from the Salt River Pima-Maricopa Indian Community received topical fluoride applications between October 2013 and September 2015.

Data from IHS for children (ages 2-5) from the Salt River Pima-Maricopa Indian Community indicate that 16.3 percent were obese. In 2015, 24 percent of children (ages 2 to 4) participating in the Salt River Pima-Maricopa Indian Community WIC program were obese and 13 percent were overweight. The obesity rate for young children decreased from 32 percent in 2011 to 24 percent in 2015.

Family Support and Literacy

Family involvement activities are available in the Community through the various early learning programs in the region, including the Early Enrichment Program and the Early Childhood Education Center which has a Family Services team. The Tribal Social Services Department also offers parent education services.

Child welfare services in the Salt River Pima-Maricopa Indian Community are provided by the Tribal Social Services Department, Tribal Child Protective Services (CPS) and the Family Advocacy Center. In 2014 and 2015, 711 youth (aged 0-17) became wards of the Salt River Pima-Maricopa Indian Community. Tribal CPS removals have been decreasing since 2012, from a high of 144 to a low of 51 in 2015. This decrease may be the result of a change in approach in decision-making and prevention efforts. The number of Salt River Pima-Maricopa Indian Community children in ICWA placements as reported by the Tribal Social Services department also shows a decrease in recent years, from a high of 110 in 2013, to 79 in 2015. The unique, multidisciplinary, co-location model used in the region allows the different agencies involved in a case of child neglect or abuse to cross-communicate quickly and accurately so that joint decisions regarding a case can be made promptly and based on all possible information available.

Communication, Public Information, and Awareness

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

System Coordination among Early Childhood Programs and Services

There are a number of collaborative efforts ongoing in the Salt River Pima-Maricopa Indian Community Region. Staff with the Early Childhood Education Center Family Services Department work in close collaboration with the LEARN program, Social Services Department and various other programs in the region. Similarly, the Early Enrichment Program collaborates with various departments in the Community including the tribal Child Find program, Recreation Department, Cultural Resources Department, among others. An additional asset in the region in terms of coordination of services is the Celebrating Measuring Milestones Awareness Campaign.

2018 NEEDS AND ASSETS REPORT

About this Report

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition to these public sources this report includes: 1) Quantitative data obtained from various Salt River Pima-Maricopa Indian Community departments and agencies with approval from the Salt River Pima-Maricopa Indian Community Tribal Council by Resolution Number SR-3401-2016; 2) Findings from qualitative data collection conducted in 2016 specifically for this report through key informant interviews and group discussions with service providers in the region; 3) Data from the 2014 First Things First Salt River Pima-Maricopa Indian Community Parent and Caregiver Survey. Not all data will be available at a First Things First (FTF) regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

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

In most of the tables in this report, the top row of data corresponds to the First Things First Salt River Pima-Maricopa Indian Community Region. When available, the next three rows show data that are useful for comparison purposes: all Arizona reservations combined, Maricopa County, and the state of Arizona.

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

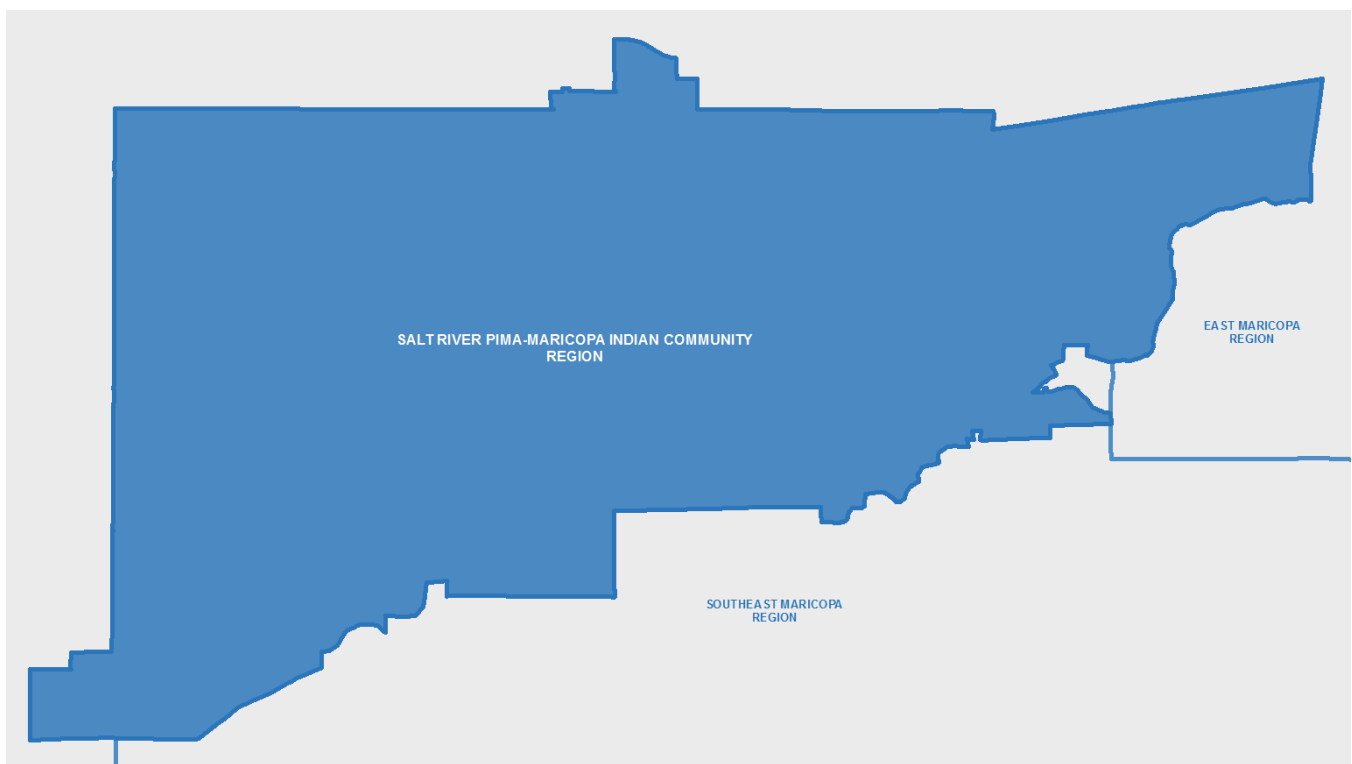
Description of the Region

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Salt River Pima-Maricopa 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 Salt River Pima-Maricopa Indian Community has opted to continue to be designated as its own region.

The Salt River Pima-Maricopa Indian Community is a sovereign tribe located in the metropolitan Phoenix, Arizona. The Community was established by Executive Order on June 14, 1878, and it consists of 52,600 acres bordering the cities of Scottsdale, Tempe, Mesa, and Fountain Hills. The Salt River Pima-Maricopa Indian Community is home to the Pima ('Akimel O'Odham,' River People) and the Maricopa ('Xalychidom Pipaash,' People who live toward the water).

Geographically, the boundaries of the First Things First Salt River Pima-Maricopa Indian Community match those of the reservation (see Figure 1).

Figure 1. The Salt River Pima-Maricopa Indian Community First Things First Region



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



POPULATION CHARACTERISTICS

Why Population Characteristics Matter

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

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

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

What the Data Tell Us

Demographics

According to the U.S. Census, 626 children under the age of six resided in the Salt River Pima-Maricopa Indian Community Region in 2010 (see Table 1). Overall, the region's population was 6,289 in that same year, meaning that ten percent of the residents were young children. (Table 3).

Data provided by the Salt River Pima-Maricopa Indian Community Enrollment Department show that as of June 2016 there were a total of 987 enrolled members under the age of six, 382 of whom were residing on-reservation. The total tribal enrollment for that year was 10,274, with 5,198 members residing on-reservation (see Table 4). Overall, enrollment increased from 2014 to 2016, but the number of children ages birth to 5 was down slightly. Key informants emphasized that the enrollment data included in this report was not pulled at the end of the quarter, at which point the Tribal Council certifies it. Since there is often a push for enrollment at the end of each quarter, this report may be missing some members who enrolled between June 9th, when this data was pulled, and July 31st, the end of the quarter.

Since the turn of the century Arizona as a whole saw a 19 percent increase in the number of young children. In the Salt River Pima-Maricopa Indian Community Region, however, the population of young children decreased by 12 percent between 2000 and 2010 (Table 2). It is important to note that this change reflects the number of children living within the regional boundaries as identified by the U.S. Census and does not capture children that live off the reservation but come into the community for services. It may also reflect the undercount of the population in tribal communities described in the Methods and Data Sources section at the end of this report. The Arizona Department of Administration (ADOA) produces population estimates for counties and other sub-regions within the state. Population projections are not available from ADOA for the young children in the Salt River Pima-Maricopa Indian Community Region. For the overall population, however, the total number of residents in the region is projected to increase to 7,600 residents by 2040. This represents an increase of 15 percent between 2015 and 2040, compared to about 44 percent in the state as a whole (see Table 5). Note that the population projections issued by ADOA estimated the overall population in the region to be 6,600 in 2015. In 2016, the Salt River Pima-Maricopa Indian Community Enrollment Department reported a total of 5,198 individuals residing on the reservation. It is therefore possible that the ADOA population projections might overestimate the growth in the region.

According to the U.S. Census in 2010, 91 percent of young children (birth to 4) in the region were identified as American Indian, about the same percentage as in all Arizona reservations combined (92%). In the Salt River Pima-Maricopa Indian Community Region, however, the proportion of children were identified as Hispanic or Latino (20%) was twice as high as in all Arizona reservations combined (9%, see Table 6).

Among adults the overall ethnic/racial breakdown in the region also looks different than that of all Arizona reservations combined: 57 percent of residents 18 and older identify as American Indian alone (not Hispanic or Latino), compared to 88 percent in all reservations combined (Table 7). Twenty-nine percent of adults in the region are White non-Hispanic, compared to only five percent in all Arizona reservations.

The reason behind this difference is that, according to key informants, the Salt River Pima-Maricopa Indian Community has two long-term leases for two trailer parks located in District C (“Roadrunner” and “Shadow Mountain”), where most of the residents (72%) are non-Native American, 55 years old and older winter residents, some of whom are Canadian citizens. These developments were established in the Community in the 1970s, but these kinds of housing developments are no longer allowed by the Salt River Pima-Maricopa Indian Community according to a 1978 Resolution.¹³

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

	Ages 0-5	Age 0	Age 1	Age 2	Age 3	Age 4	Age 5
Salt River Pima-Maricopa Indian Community	626	91	96	113	112	97	117
ALL ARIZONA RESERVATIONS	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Maricopa County	339,217	54,300	55,566	57,730	58,192	56,982	56,447
ARIZONA	546,609	87,557	89,746	93,216	93,880	91,316	90,894

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

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

	Number of children (ages 0-5) in 2000 Census	Number of children (ages 0-5) in 2010 Census	Percent change in population (ages 0-5), 2000 to 2010
Salt River Pima-Maricopa Indian Community	715	626	-12%
ALL ARIZONA RESERVATIONS	N/A	20,511	N/A
Maricopa County	289,759	339,217	17%
ARIZONA	459,141	546,609	19%

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

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

	All ages	Ages 0 to 5	Children (ages 0-5) as a percentage of the total population
Salt River Pima-Maricopa Indian Community	6,289	626	10%
ALL ARIZONA RESERVATIONS	178,131	20,511	12%
Maricopa County	3,817,117	339,217	9%
ARIZONA	6,392,017	546,609	9%

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

Table 4. Salt River Pima-Maricopa Indian Community Enrollment, 2014 and 2016

	2014 On-Reservation	2014 Off-Reservation	2014 Total	2016 On-Reservation	2016 Off-Reservation	2016 Total
Children 0-5	574	490	1,064	382	605	987
Under 1	39	17	56	2	28	30
Age 1	72	57	129	32	96	128
Age 2	107	95	202	76	112	188
Age 3	94	99	193	71	113	184
Age 4	137	111	248	102	133	235
Age 5	125	111	236	99	123	222
Ages 6-12	950	749	1,699	745	1,047	1,792
Ages 13-18	625	538	1,163	557	681	1,238
Children (ages 0-18)	2,149	1,777	3,926	1,684	2,333	4,017
Adults (over 18)	3,392	2,590	5,982	3,514	2,743	6,257
All Ages	5,541	4,367	9,908	5,198	5,076	10,274

Source: Salt River Pima-Maricopa Indian Community Enrollment Office (2016). [Enrollment Data]. Unpublished data. Dates pulled on June 9, 2016 and June 2, 2014

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

	2015	2020	2025	2030	2035	2040
Salt River Pima-Maricopa Indian Community	6,600	6,800	6,900	7,100	7,400	7,600
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	4,076,438	4,480,899	4,885,981	5,280,059	5,665,917	6,030,950
ARIZONA	6,758,251	7,346,787	7,944,753	8,535,913	9,128,899	9,706,815

Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series), Maricopa County- 2016-2050 projections

Table 6. Race and Ethnicity of the Population of Children (Ages 0 to 4) in the 2010 Census

	Population of children (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian	African-American	Asian or Pacific Islander
Salt River Pima-Maricopa Indian Community	509	20%	1%	91%	0%	0%
ALL ARIZONA RESERVATIONS	17,061	9%	1%	92%	0%	0%
Maricopa County	282,770	46%	40%	3%	6%	4%
ARIZONA	455,715	45%	40%	6%	5%	3%

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

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

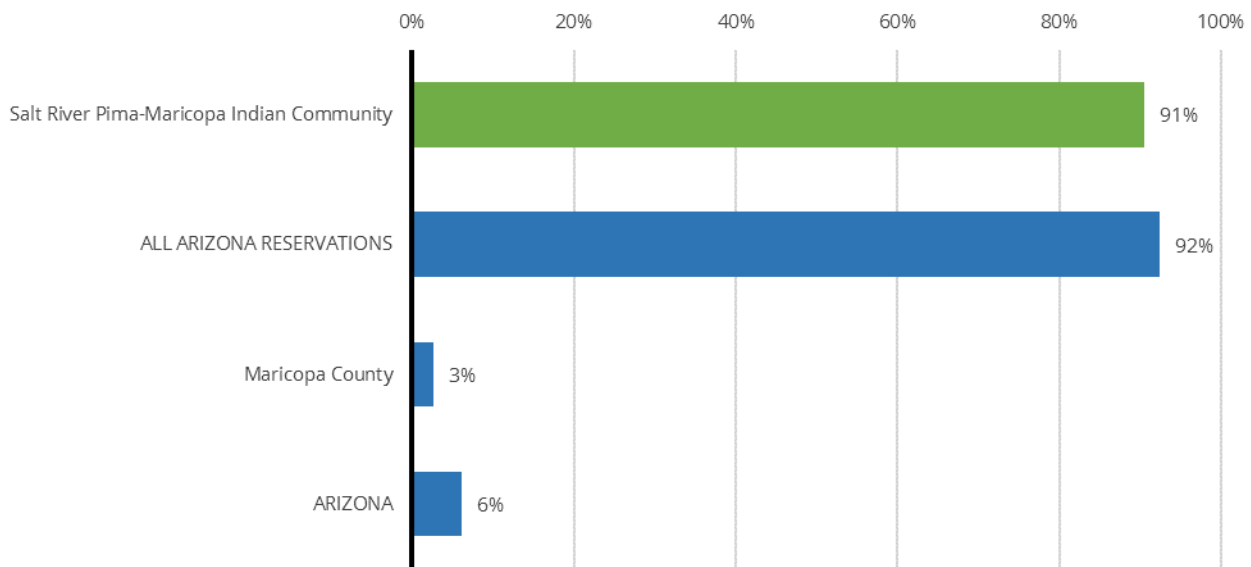
Table 7. Race and Ethnicity of the Adult Population (Ages 18 and Older) in the 2010 Census

	Number of persons (ages 18 and older)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
Salt River Pima-Maricopa Indian Community	4,413	11%	29%	57%	0%	0%
ALL ARIZONA RESERVATIONS	117,049	5%	5%	88%	0%	0%
Maricopa County	2,809,256	25%	64%	1%	4%	4%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

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

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

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



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

Living Arrangements

Based on data from the 2010 U.S. Census, in the Salt River Pima-Maricopa Indian Community Region as a whole, 17 percent of households have at least one child under 6 years old, a lower proportion when compared to all Arizona reservations (26%) but about the same as that seen in Maricopa County (17%) (Table 8). According to the American Community Survey, 65 percent of children in the Salt River Pima-

Maricopa Indian Community Region live with a single parent, which is slightly lower than the proportion in all Arizona reservations (68%) but substantially higher than in the state as a whole (38%). About 6 percent of children ages birth to 5 are in kinship arrangements, with extended families members caring for them (Figure 3).

The proportion of young children living in a grandparent's household in the region (37%) is similar to that in all Arizona reservations combined (40%) but much higher than the state (14%) (Figure 4). It is important to note that these households may be multigenerational – i.e., the grandparent is considered the head-of-house, but the child's parent may also live there. Table 9 provides more information about the estimated 503 children ages 0 to 17 living with grandparents in the Salt River Pima-Maricopa Indian Community Region. About one in five (20%) of these children who live with their grandparents do not have a parent present in the household, and fifty-five percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent. This indicates that, where children are living with their grandparents, a higher proportion of those grandparents are directly involved in raising their grandchildren in the Salt River Pima-Maricopa Indian Community Region than grandparents across the state. Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support, which can be very valuable when dealing with socio-economic hardships.¹⁴

The needs of families where children are being raised by their grandparents were also highlighted by key informants in the region. Early care and education providers have noticed an increase in the number of grandparents who are their grandchildren's main caregivers. With a limited income, these grandparents are likely to face higher financial hardships when having to provide for their grandchildren. In addition, key informants emphasized the need to help these grandparents bridge the generational gap from the time they were parenting their own children until now. For instance, they might be in need of additional information about the use of seat belts and other parenting practices that have changed overtime. Raising grandchildren can be challenging for the younger grandparents who may still be in the workforce but close to retirement. Some may not be able to stop working due to the higher financial need represented by the children under their care.

A survey of grandparent caring for grandchildren conducted by the Salt River Pima-Maricopa Indian Community Early Childhood Education Center in 2012 confirmed that grandparents are in need of additional support. Results from the survey show that nearly all participating grandparents (93%) expressed a desire for support in the form of resources (Figure 5). Most grandparents also expressed a desire for information on culture and traditions (72%), a support group (60%), and financial support (60%). Other results of the survey indicated that some grandparents felt that assistance with transportation or opportunities to learn about discipline would be helpful. Challenges identified by grandparents surveyed included finances, lack of energy, "starting over again" with raising children, and teaching grandchildren to listen and behave.¹⁵

Establishing connections between the programs serving young children and services geared towards the elders in the Community can support grandparents be better equipped in their role as their grandchildren main caregivers.

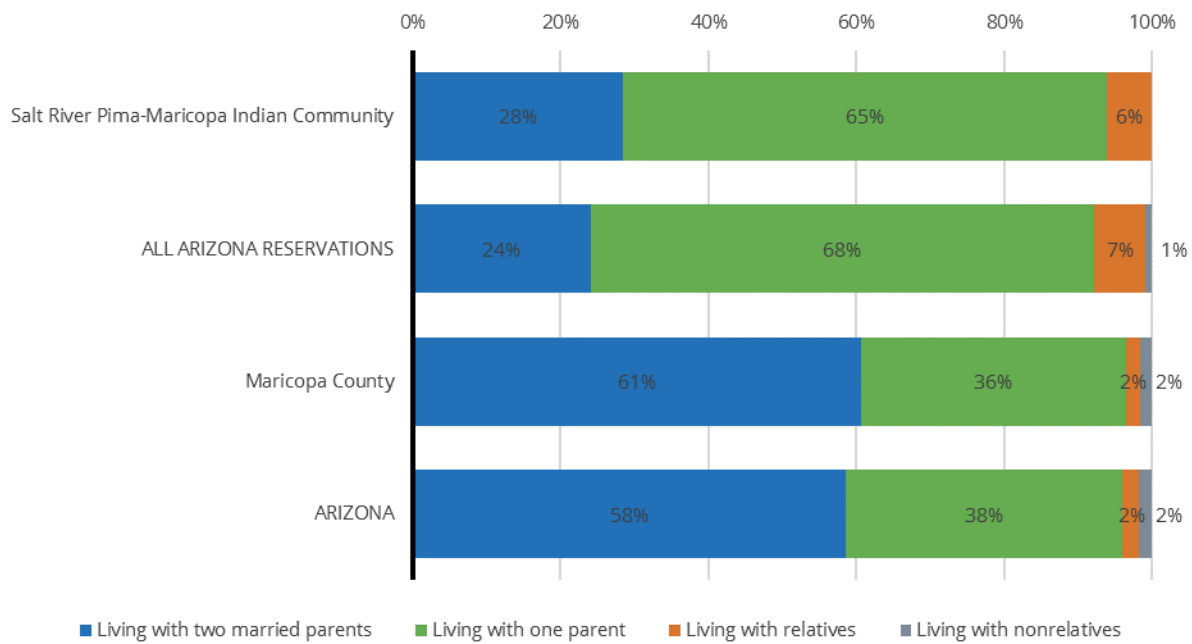
According to recent estimates from the American Community Survey, fifteen percent of young children in the region living with foreign-born parents, which is lower than the percentage county-wide (31%) (Table 10). However, this proportion is much higher than that of children with foreign-born parents in all Arizona reservations (3%).

Table 8. Composition of Households in the 2010 Census

	Total number of households	Total number of households with child(ren) under 6 years old	Percent of households with child(ren) under 6 years old	Households with child(ren) under 6 years old, husband-wife householders	Households with child(ren) under 6 years old, single male householder	Households with child(ren) under 6 years old, single female householder
Salt River Pima-Maricopa Indian Community	2,198	380	17%	36%	12%	53%
ALL ARIZONA RESERVATIONS	50,140	13,115	26%	45%	13%	42%
Maricopa County	1,411,583	238,955	17%	66%	11%	22%
ARIZONA	2,380,990	384,441	16%	65%	11%	24%

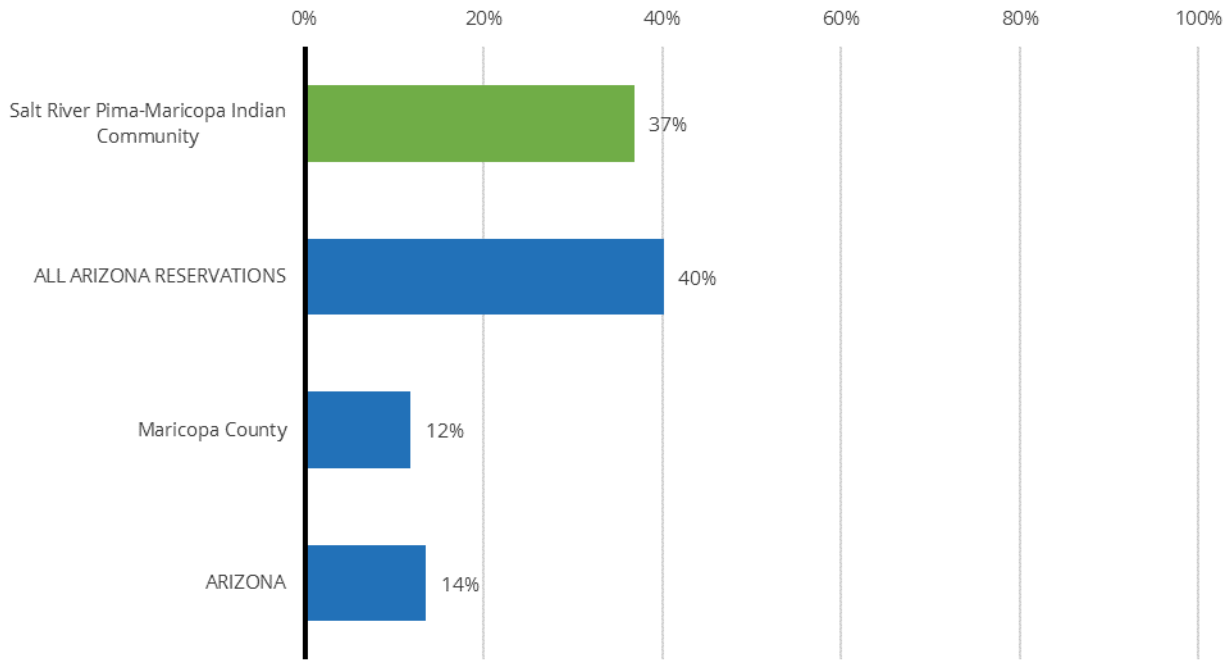
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20

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



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

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



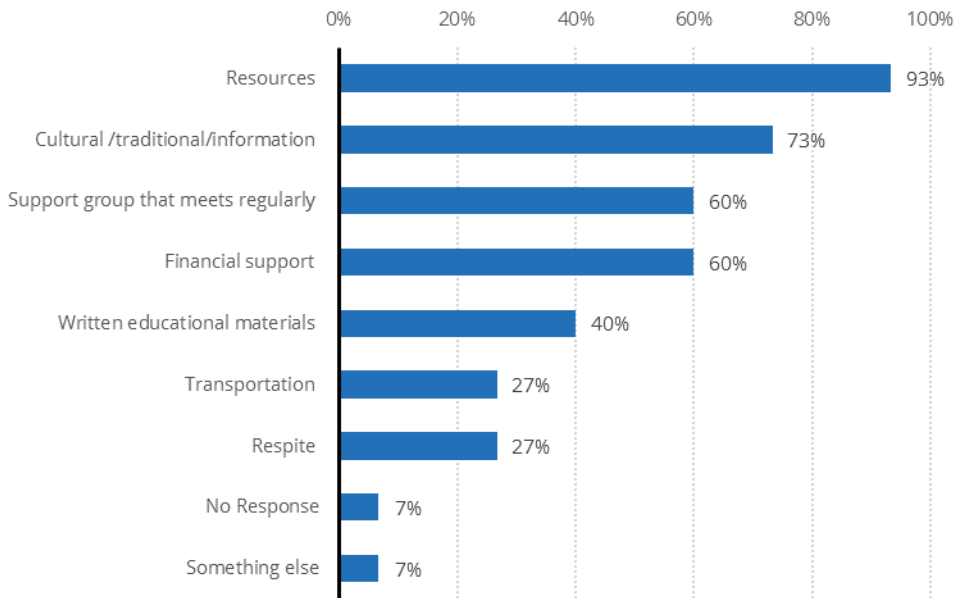
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P41

Table 9. Children (Ages 0 to 17) Living in a Grandparent's Household

	Number of children (ages 0-17) living in a grandparent's household	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child (with no parent present)
Salt River Pima-Maricopa Indian Community	503	55%	20%
ALL ARIZONA RESERVATIONS	17,774	58%	12%
Maricopa County	74,058	50%	13%
ARIZONA	140,038	53%	14%

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

Figure 5. Supports Desired by Grandparents Surveyed in the Early Childhood Education Center Grandparent Survey



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

Table 10. Children (Ages 0 to 5) Living with Foreign-Born Parents

	Children (ages 0-5) living with one or two parents	Children (ages 0-5) living with one or two foreign-born parents
Salt River Pima-Maricopa Indian Community	458	15%
ALL ARIZONA RESERVATIONS	18,293	3%
Maricopa County	320,911	31%
ARIZONA	510,658	27%

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

Language Use

Estimates from the American Community Survey indicate that seven percent of residents age 5 and older in the Salt River Pima-Maricopa Indian Community Region speak a Native North American language at home, a considerably lower rate than across all Arizona reservations (50%). An estimated 6 percent of residents speak Spanish at home, and 83 percent speak English at home (Table 11). Six percent of those who speak a language other than English at home indicated that they do not speak English “very well,” compared to 13 percent in all Arizona reservations combined (Table 12). At a household level, four percent of households in the region are classified as limited-English-speaking; in all Arizona reservations combined, the proportion is almost twice times as high (11%) (Table 13).

The Salt River Pima-Maricopa Indian Community is undertaking language preservation through curriculum developed by the Salt River Schools Native Language and Culture Program taught at the Early Childhood Education Center, Salt River Elementary School, Salt River High School and the Salt River Accelerated Learning Academy and programs offered through the Tribal O’odham Piipaash Language Program.

The schools’ Native Language and Culture program teaches students and their families the traditional O’odham and Piipaash cultures, languages and songs. Projects supported through the Tribal O’odham-Piipaash Language Program include O’odham Immersion classes, Piipaash Language Classes, language-based cultural art classes, quarterly community language-based social activities, gatherings for elders, and providing assistance to community members and departments with language and cultural information.¹⁶

A Culture Language Specialist is part of the staff at the Early Childhood Education Center, teaching 22 infant/toddler and preschool classes weekly. The specialist participates in monthly O’odham Elders and Speakers Revitalization Gatherings at the Salt River Pima-Maricopa Indian Community’s Cultural Resources Department. Language classes from the specialist are also available to ECEC staff and parents. Both O’odham and Piipaash languages are incorporated into the classroom lesson plans.¹⁷ Plans are in place to add an additional Culture Language Specialist at the Early Childhood Education Center.

Table 11. Language Spoken at Home (Ages 5 and Older)

	Estimated population (ages 5 and older)	Speak English at home	Speak Spanish at home	Speak a native North American language at home	Speak another language at home
Salt River Pima-Maricopa Indian Community	5,734	83%	6%	7%	3%
ALL ARIZONA RESERVATIONS	169,020	45%	4%	50%	1%
Maricopa County	3,672,140	74%	20%	0%	6%
ARIZONA	6,120,900	73%	20%	2%	5%

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

Table 12. Proficiency in English (Ages 5 and Older)

	Population (ages 5 and older)	Speak English at home	Speak another language at home, and speak English "very well"	Speak another language at home, and do not speak English "very well"
Salt River Pima-Maricopa Indian Community	5,734	83%	11%	6%
ALL ARIZONA RESERVATIONS	169,020	45%	42%	13%
Maricopa County	3,672,140	74%	17%	10%
ARIZONA	6,120,900	73%	17%	9%

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

Table 13. Limited-English-Speaking Households

	Number of households	Households which speak a language other than English	Limited-English-speaking households (Total)	Limited-English-speaking households (Spanish)
Salt River Pima-Maricopa Indian Community	2,159	22%	4%	2%
ALL ARIZONA RESERVATIONS	47,892	73%	11%	1%
Maricopa County	1,424,244	26%	5%	4%
ARIZONA	2,387,246	27%	5%	4%

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



ECONOMIC CIRCUMSTANCES

Why Economic Circumstances Matter

The economic well-being of a family is a powerful predictor of child well-being. Children raised in poverty are at a greater risk of adverse outcomes including low birth weight, lower school achievement, and poor health.^{18,19,20,21,22} They are also more likely to remain poor later in life.²³ More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.²⁴

Poverty rates alone do not tell the full story of economic vitality in a region. Income and unemployment rates are also important indicators. According to the National Center for Children in Poverty, families typically need an income of about twice the federal poverty level to meet basic needs.²⁵ As a benchmark, the 2015 Federal Poverty Guideline for a family of four was \$24,250; a typical family of four making less than \$48,500 is likely struggling to make ends meet. Under- and unemployment can affect a family's ability to meet the expenses of daily living, and their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension or expulsion.²⁶ Unemployment can also put families at greater risk for stress, family conflict, and homelessness.²⁷

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.²⁸ Housing that requires more than 30 percent of a household's income is an indicator of a housing affordability problem in a region, leaving inadequate funds for other family necessities, such as food and utilities.²⁹ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition and homelessness.³⁰ Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of families in a region.

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In 2014, seven out of 10 TANF participants in Arizona were children, and the average monthly benefit was \$93.³¹

Other public assistance programs available in Arizona affect access to food. Food insecurity – a limited or uncertain availability of food – is negatively associated with many markers of health and well-being for children, including a heightened risk for developmental delays.³² Food insecurity is also associated with overweight and obesity.³³ 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.³⁴ SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income to access food from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by 10 to 20 percent.³⁵

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program³⁶ and Summer Food Service Program³⁷ are important resources aimed at addressing food insecurity by providing access to free and reduced-price food and meals in both community and school settings. The National School Lunch Program³⁸ provides free and reduced-price meals at school for students whose families' incomes are at or less than 130 percent of the federal poverty level (FPL) for free lunch and 185 percent of the FPL for reduced price lunch.

Another food and nutrition resource, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, is a federally-funded program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. The program offers supplemental nutritious food, breastfeeding and nutrition education, and referrals to health and social services.³⁹ In Arizona in 2015, half of all children aged birth through four were enrolled in WIC.⁴⁰ Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.⁴¹

What the Data Tell Us

Income

The median income for all families in the Salt River Pima-Maricopa Indian Community Region is \$38,277, according to recent estimates from the American Community Survey (Table 14). The median income for families with married parents (husband-wife) and children under age 18 was slightly lower (\$35,100), and single-parent families make substantially less. The median income for households run by a single female in the Salt River Pima-Maricopa Indian Community Tribe Region is \$22,031. The low median income for single-householders in the region is a concern because the majority of young children (65%) live in single-parent households (see Figure 3 above).

Table 14. Median Annual Family Income

	Median family income for all families	Median family income for husband-wife families with child(ren) under 18	Median family income for single-male-householder families with child(ren) under 18	Median family income for single-female-householder families with child(ren) under 18
Salt River Pima-Maricopa Indian Community	\$38,277	\$35,100	N/A	\$22,031
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
Maricopa County	\$64,072	\$79,792	\$38,614	\$27,792
ARIZONA	\$59,088	\$73,563	\$37,103	\$25,787

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

Poverty

According to the American Community Survey (ACS), over one-third (23%) of the total (all-age) population of the Salt River Pima-Maricopa Indian Community Region lives in poverty, a proportion which is lower than across all Arizona reservations combined (42%) but substantially higher than the state (18%) (Table 15). Poverty rates are much higher among young children in the region (56%), just above the poverty rate among young children in all Arizona reservations (55%) and much higher than the rate statewide (29%). An even higher share of older children ages 6 to 17 (58%) live in poverty.

In addition to the families whose incomes fall below the federal poverty level, a proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL)). The majority of families in the region with children aged four and under (79%) live below 185 percent of the FPL (i.e., earned less than \$3,677 a month for a family of four), which is slightly higher than the 77 percent across all Arizona reservations combined (Table 16).

The TANF/Cash Assistance program can be an important short-term support to families in dire financial need. In recognition of tribal sovereignty, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), which is the federal agency in charge of overseeing the TANF program, gives federally recognized tribes the option to administer their own TANF program. Tribes must submit a three-year Tribal TANF plan to ACF for review and approval. Approved Tribal TANF programs then receive a portion of the state TANF block grant funding from the state where the tribes are located.⁴² Tribal TANF programs have more flexibility to design their programs to meet TANF requirements compared to state programs. These programs are allowed to extend the program's 60-month time limit on receipt of TANF cash assistance on reservations with high unemployment rates. They also may set their own work participation rates, work hour requirements, and definitions of allowable work activities, and determine their own types of support to provide clients. This flexibility allows programs to find creative ways to define allowable work activities that reflect both economic reality and tribal cultural values, such as including engagement in cultural activities in self-sufficiency plans.⁴³ Currently six tribes in Arizona manage their own Tribal TANF programs, including the Salt River Pima-Maricopa Indian Community, which has operated its Tribal TANF Program since 1999. The program changed its name to Life Enhancement and Resource Network (LEARN) in 2010. In addition to cash assistance, LEARN offers other services to its clients, including a computer lab, a Fatherhood program, and life enhancement skill classes. LEARN clients also have access to the Opportunity Center, which offers daily workshops, and they are referred to the Salt River Pima-Maricopa Indian Community Early Childhood Education Center, CCDF Certificate Program or the Arizona Department of Economic Security child care subsidy program if they need child care services.

The number of young children supported by LEARN or TANF has steadily declined in recent years in the Salt River Pima-Maricopa Indian Community Region and statewide. In the Salt River Pima-Maricopa Indian Community Region, the number of children who received LEARN benefits on a yearly basis fell from 172 children in 2012 to 108 children in 2015, a 37 percent decrease. This means that while 27 percent of children in the region received LEARN in 2012 (based on the number of young children in the region reported by the 2010 Census), only 17 percent did in 2015 (see Figure 6).

Table 15. Persons Living in Poverty

	Number of persons (all ages) for whom poverty status is known	Persons (all ages) below poverty level	Number of young children (ages 0-5) for whom poverty status is known	Young children (ages 0-5) below poverty level	Number of older children (ages 6-17) for whom poverty status is known	Older children (ages 6-17) below poverty level
Salt River Pima-Maricopa Indian Community	6,102	33%	488	56%	1,277	58%
ALL ARIZONA RESERVATIONS	183,508	42%	19,679	55%	38,821	48%
Maricopa County	3,895,963	17%	326,901	27%	669,565	23%
ARIZONA	6,411,354	18%	522,513	29%	1,071,471	25%

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

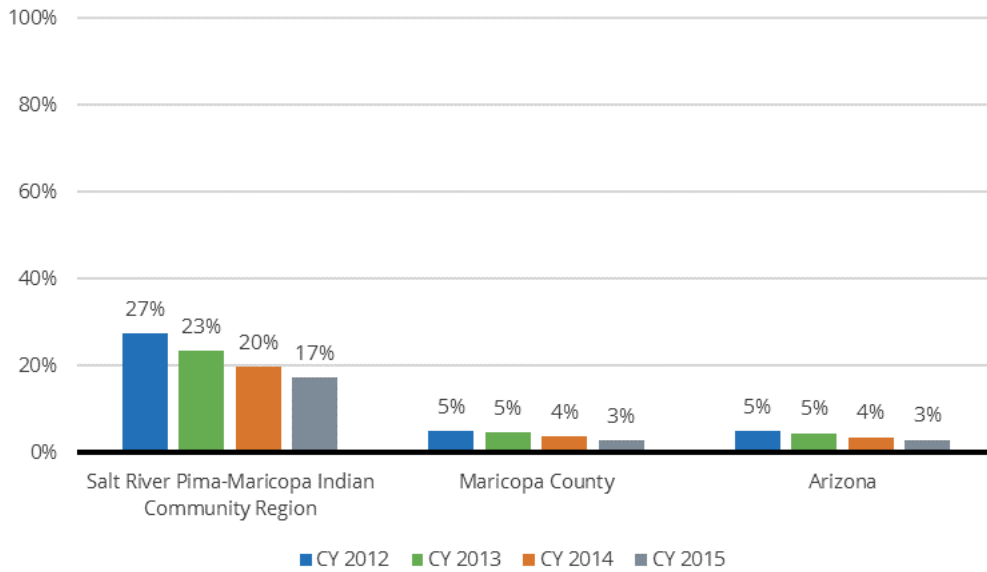
Table 16. Ratio of Income to Federal Poverty Level (FPL) for Families with Young Children (Ages 0 to 4)

	Estimated number of families with children (ages 0-4)	Families with children (ages 0-4) below 100% FPL	Families with children (ages 0-4) below 130% FPL	Families with children (ages 0-4) below 150% FPL	Families with children (ages 0-4) below 185% FPL
Salt River Pima-Maricopa Indian Community	244	59%	67%	73%	79%
ALL ARIZONA RESERVATIONS	9,560	51%	62%	68%	77%
Maricopa County	188,518	26%	34%	38%	46%
ARIZONA	301,165	27%	35%	41%	49%

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

Please note that the columns in this table are cumulative. In other words, the 59% of families that are below 100% of the FPL are also counted in the 79% of families that are below 185% of the FPL in the region.

Figure 6. Estimated Percent of Children (ages 0-4) Receiving Cash Assistance from the Life Enhancement and Resource Network (LEARN) or TANF



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

Employment and Unemployment

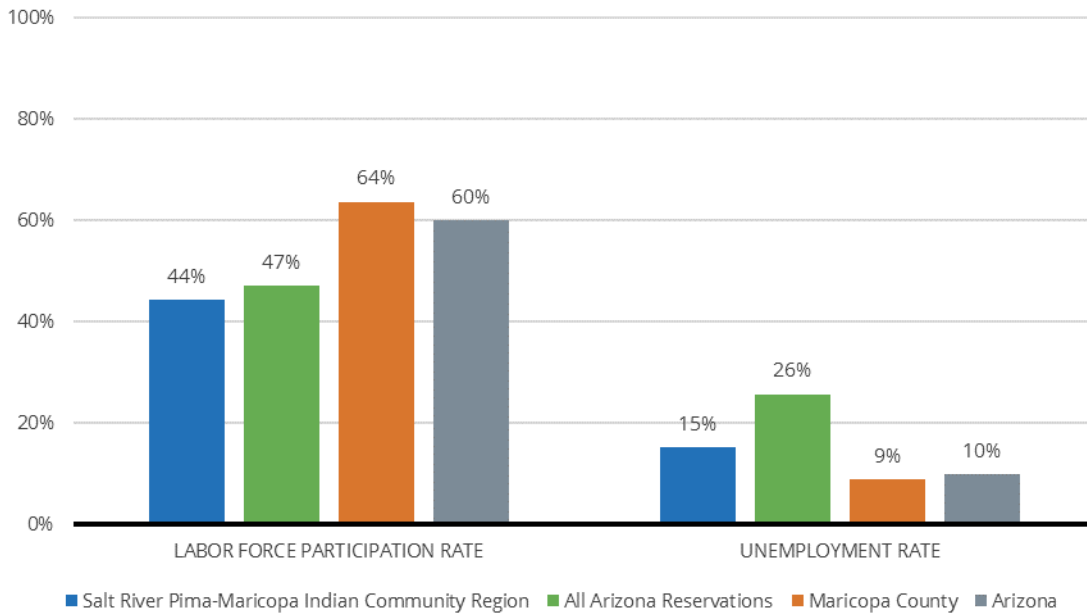
Tribal enterprises form a key part of the economy in the region. One of the primary economic activities in the region is agriculture—about 12,000 acres are leased for growing cotton, melons, and vegetable crops. The Salt River Pima-Maricopa Indian Community Region is also home to Salt River Fields, the spring training location for the Arizona Diamondbacks and Colorado Rockies baseball teams. The Salt River Landfill, located in the community, has received national recognition for its design and environmental excellence. Other tribal enterprises include Talking Stick Resort, Talking Stick Golf Course, Courtyard Scottsdale Salt River, Casino Arizona, Salt River Devco, Salt River Materials Group, Salt River Financial Services, and Saddleback Communications.

Recent estimates from the American Community Survey (ACS) indicate that the unemployment rate in the Salt River Pima-Maricopa Indian Community Region was 15 percent (see Figure 7). This rate is lower than the estimated unemployment rate for all Arizona Reservations (26%) but much higher than the county (9%) and statewide (10%) rates. ACS estimates, however, aggregate data across five years (2010–2014 in the case of Figure 7). The Arizona Department of Administration, Employment and Population Statistics produces annual unemployment rates as part of their local area unemployment

statistics (LAUS) calculations. LAUS data, however, are not available for tribal communities in the state, including the Salt River Pima-Maricopa Indian Community.ⁱ

For young children living with both parents in the region, 27 percent live with both parents and at least one of them is in the labor force, compared to 24 percent across all Arizona reservations combined (Table 17).ⁱⁱ Thirty-one percent of children live with a single parent who is not in the labor force, meaning they are neither employed nor looking for work, which is lower than the percentage seen in all Arizona reservation (34%). Overall, 65 percent of young children live with one or more parents who are in the labor force, which is about the same as that seen in all Arizona reservations (64%). In addition to unemployment, the lack of child care, or the prohibitive cost of child care, can keep parents from participating in the labor force.⁴⁴ This may be true in the case of the one in five young children who live with a single parent who is not in the labor force.

Figure 7. Estimated Labor Force Participation and Unemployment Rates



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table S2301NA

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

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

Table 17. Parents of Young Children (Ages 0 to 5) Who Are or Are Not in the Labor Force

	Estimated number of children (ages 0-5) living with one or two parents	Children (ages 0-5) living with two parents who are both in the labor force	Children (ages 0-5) living with two parents, one in the labor force, and one not	Children (ages 0-5) living with two parents, neither in the labor force	Children (ages 0-5) living with a single parent who is in the labor force	Children (ages 0-5) living with a single parent who is not in the labor force
Salt River Pima-Maricopa Indian Community	458	3%	24%	3%	38%	31%
ALL ARIZONA RESERVATIONS	18,293	13%	11%	2%	40%	34%
Maricopa County	320,911	32%	29%	2%	28%	10%
ARIZONA	510,658	31%	29%	1%	29%	10%

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

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

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

Food Insecurity

Food insecurity is defined by the USDA as a “household-level economic and social condition of limited or uncertain access to adequate food.”⁴⁵ Programs such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program are important for helping those at risk of hunger.

The number of young children participating in SNAP has declined since 2012, but this program still supports 475 young children in the Salt River Pima-Maricopa Indian Community Region annually (Table 18). WIC enrollment has also declined slightly between 2013 and 2015 (Table 20), though the program still served more than 1,000 women, infants, and children in 2015 (Table 19). The proportion of clients who are certified (and therefore enrolled in the program) and who actually receive their benefits is called the “participation rate.” Between 2013 and 2015, WIC participation rates in the region were slightly lower than those statewide. In January of 2015, the participation rate in the Salt River Pima-Maricopa Indian Community WIC program was 75 percent, compared to 79 percent in the state of Arizona (Figure 8).

A common challenge to participating in SNAP or WIC and to utilizing the benefits from these programs may be the availability of retailers where WIC vouchers or SNAP Electronic Benefits Transfer (EBT) cards are accepted.ⁱⁱⁱ Table 21 below shows the number of SNAP and WIC retailers available within the boundaries of the Salt River Pima-Maricopa Indian Community. The ratio of population to SNAP retailers is lower than that available statewide or in all Arizona reservations. However, the ratio of population to WIC retailers is more than three times that of the statewide ratio and twice that of the ratio in all Arizona reservations. In addition, key informants pointed out that most residents are able to go off the reservation to purchase groceries and redeem their WIC benefits at authorized retailers that

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

are relatively close to the reservation. This high availability of WIC retailers may make it easier for program participants to redeem WIC vouchers.

Schools are an important part of the nutrition assistance system, especially for children that may be food insecure. Figure 9 shows the proportion of students in schools in the Salt River Pima-Maricopa Indian Community who were eligible for free or reduced-price lunch. This proportion varies by school, with 83 percent of children enrolled in the Early Childhood Education Center qualifying for this benefit in 2015-2016, compared to 40-44 percent of students at Salt River Accelerated Learning Academy being eligible for free or reduced-price lunch in that same year. It is important to note, however, that in spite of eligibility, all students in Salt River Schools, including the Early Childhood Education Center receive free breakfast, lunch and snacks through the National School Lunch, Breakfast and Snack Programs. The Salt River Pima-Maricopa Indian Community supplements the program so all students receive the free meals.

When school is not in session, schools, community centers, churches, and other community institutions in areas with at least 50 percent of children or more who are eligible for free or reduced-price lunch can receive funding through the Summer Food Service Program (SFSP)^{iv} to provide summer meals to children of all ages.⁴⁶ In the summer of 2015, the Early Childhood Education Center, the Boys & Girls Club of Greater Scottsdale-Lehi Branch, Salt River Elementary School, and Salt River High School served over 10,000 breakfasts and lunches to children in the area (Table 22). Summer Food Service Program sites in the region served meals for 15 to 36 days across the months of June and July. Students attending the SRPMIC Early Childhood Education Center receive free breakfasts, lunches and snacks through the National School Lunch, Breakfast and Snack Program during these summer months as the ECEC operates a year round program.

In addition to the services outlined above, the First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council allocates funds for the distribution of 200 food boxes in the region as part of their Nutrition/Obesity/Physical Activity strategy.

Table 18. Numbers of Young Children (Ages 0 to 5) Receiving SNAP Benefits, 2012 to 2015

	FY 2012	FY 2013	FY 2014	FY 2015	Change from 2012 to 2015
Salt River Pima-Maricopa Indian Community	550	516	525	475	-14%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
Maricopa County	176,139	173,143	164,403	146,940	-17%
ARIZONA	296,686	290,513	277,345	249,712	-16%

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

^{iv} For more information on the Summer Food Service Program in Arizona, visit <http://www.azsummerfood.gov/>

Table 19. Enrollment in the Salt River Pima-Maricopa Indian Community WIC Program, 2015

	Women	Infants	Children	Total
Salt River Pima-Maricopa Indian Community	288	342	449	1,079
ARIZONA	82,860	87,836	139,485	310,181

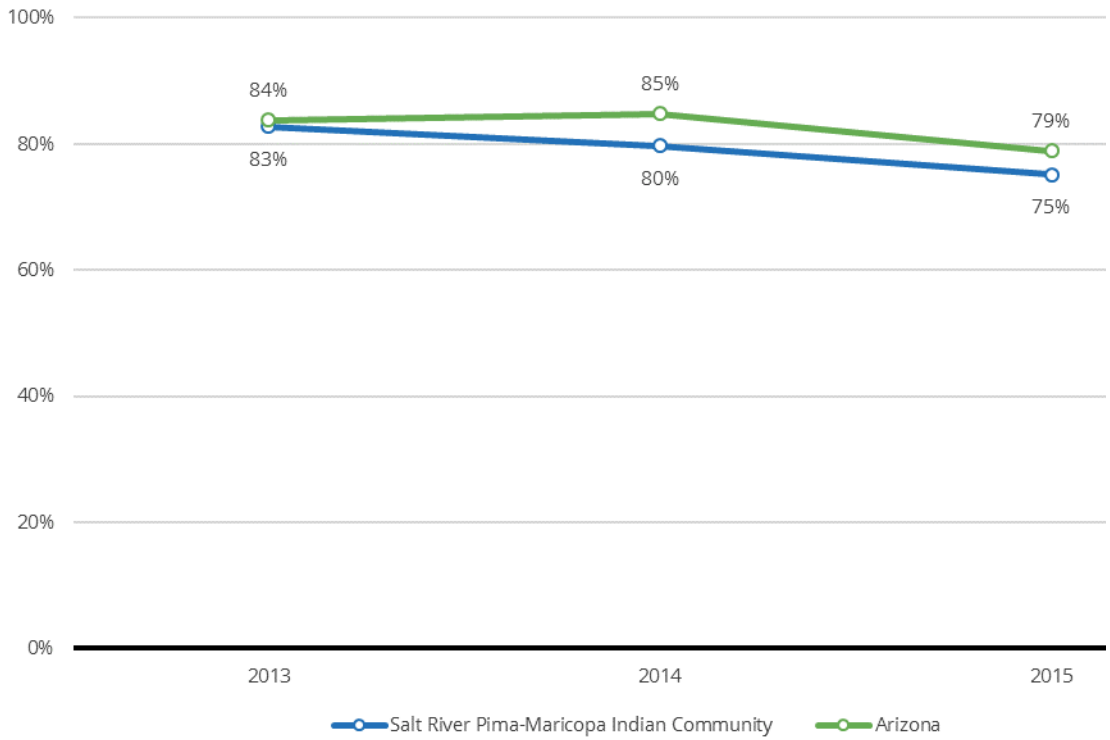
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Table 20. Children (ages 0-4) enrolled in the Salt River Pima-Maricopa Indian Community WIC Program, 2013 to 2015

	CY 2013	CY 2014	CY 2015	Change 2013-2015
Salt River Pima-Maricopa Indian Community	857	853	791	-8%
ARIZONA	243,050	233,012	227,321	-6%

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

Figure 8. Monthly Snapshots of Participation Rates in the WIC Program, January 2013, 2014 and 2015



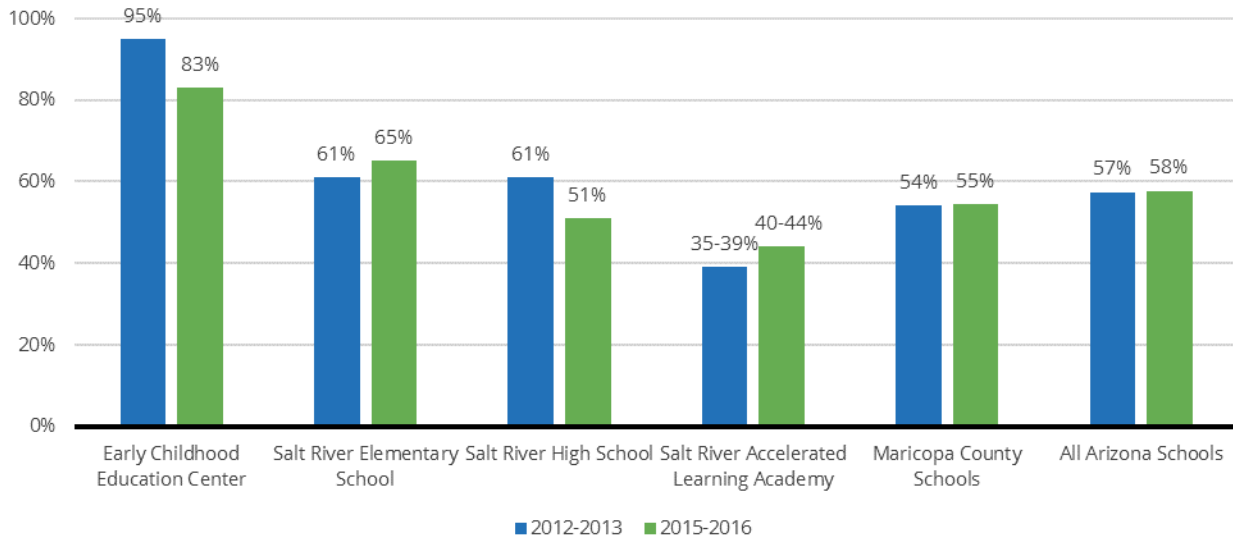
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data

Table 21. Retailers Participating in the SNAP or WIC Programs

	Number of SNAP retailers	SNAP retailers per 100,000 residents	Number of WIC retailers	WIC retailers per 100,000 residents
Salt River Pima-Maricopa Indian Community	3	47.70	2	31.80
ALL ARIZONA RESERVATIONS	108	60.63	26	14.60
Maricopa County	2,274	59.57	388	10.16
ARIZONA	4,038	63.17	644	10.08

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

Figure 9. Percent of Students Eligible for Free or Reduced-Price lunch, 2012-2013 and 2015-2016



Source: Salt River Pima-Maricopa Indian Community Education Division (2016). [Education Data]. Unpublished data. Arizona Department of Education (2016). [Free and reduced lunch dataset]. Unpublished data.

Table 22. Meals Served through the Summer Food Service Program

	2012	2013	2014	2015	Change 2012-2015
Salt River Pima-Maricopa Indian Community Region	10,343	12,364	14,883	10,314	0%
Early Childhood Education Center	228	1,635	3,393	82	-64%
Mesa Boys & Girls Club	1,958	2,092	2,603	2,992	+53%
Salt River Elementary School	3601	3785	2701	3,446	-4%
Salt River High School	4,556	4,852	6,186	3,794	-17%
Maricopa County	3,046,410	2,872,917	2,733,930	2,568,675	-16%
Arizona	4,436,660	4,138,208	4,046,104	3,998,264	-10%

Source: Arizona Department of Education [SFSP Dataset]. Unpublished data.

Housing

Of the 2,159 occupied housing units in the Salt River Pima-Maricopa Indian Community Region, 26 percent are occupied by renters and 74 percent are occupied by home-owners (Table 23). Rates of homeownership in the region are higher than in all Arizona reservations, the county, or the state. Residents of the Salt River Pima-Maricopa Indian Community Region have a higher housing cost burden than residents of all Arizona reservations, but a similar cost burden to those in Maricopa

County: 30 percent of housing units in the region require residents to contribute more than 30 percent of their household income toward housing, compared to 17 percent in all reservations and 35 percent in the county (Table 24).

The Department of Housing and Urban Development (HUD) maintains the Comprehensive Housing Affordability Strategy (CHAS) database, which tracks the share of housing units with housing problems. HUD defines four key housing problems: a lack of complete kitchen facilities, a lack of complete plumbing facilities, overcrowding, and high cost-burden. A lower percentage of housing units in the Salt River Pima-Maricopa Indian Community Region (34%) have at least one of these problems compared to the state as a whole (37%) or Maricopa County (38%). Housing problems may place extra burdens on low-income families, and 11 percent of housing units having a housing problem and a low-income householder in the Salt River Pima-Maricopa Indian Community Region. This is higher than the share in the county (8%) or the state (8%) (Table 25). Key informants in the region noted that a lack of housing leads to many families living off-reservation. Of the more than 200 rental homes in the community, only a handful of rental homes turn over each year, and those are generally only available to those who meet income eligibility requirements.

Table 23. Owner- and Renter-Occupied Housing Units

	Number of occupied housing units	Owner-occupied units	Renter-occupied units
Salt River Pima-Maricopa Indian Community	2,159	74%	26%
ALL ARIZONA RESERVATIONS	47,892	69%	31%
Maricopa County	1,424,244	61%	39%
ARIZONA	2,387,246	63%	37%

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

Table 24. The Cost of Housing, Relative to Household Income

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
Salt River Pima-Maricopa Indian Community	2,159	30%
ALL ARIZONA RESERVATIONS	47,892	17%
Maricopa County	1,424,244	35%
ARIZONA	2,387,246	34%

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

Table 25. Housing Units with Housing Problems

	Housing Units	Housing units with housing problems	Housing units with housing problems and low-income householder
Salt River Pima-Maricopa Indian Community Region	2,198	34%	11%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A
Maricopa County	1,411,745	38%	8%
Arizona	2,369,550	37%	8%

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

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



EDUCATIONAL INDICATORS

Why Educational Indicators Matter

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

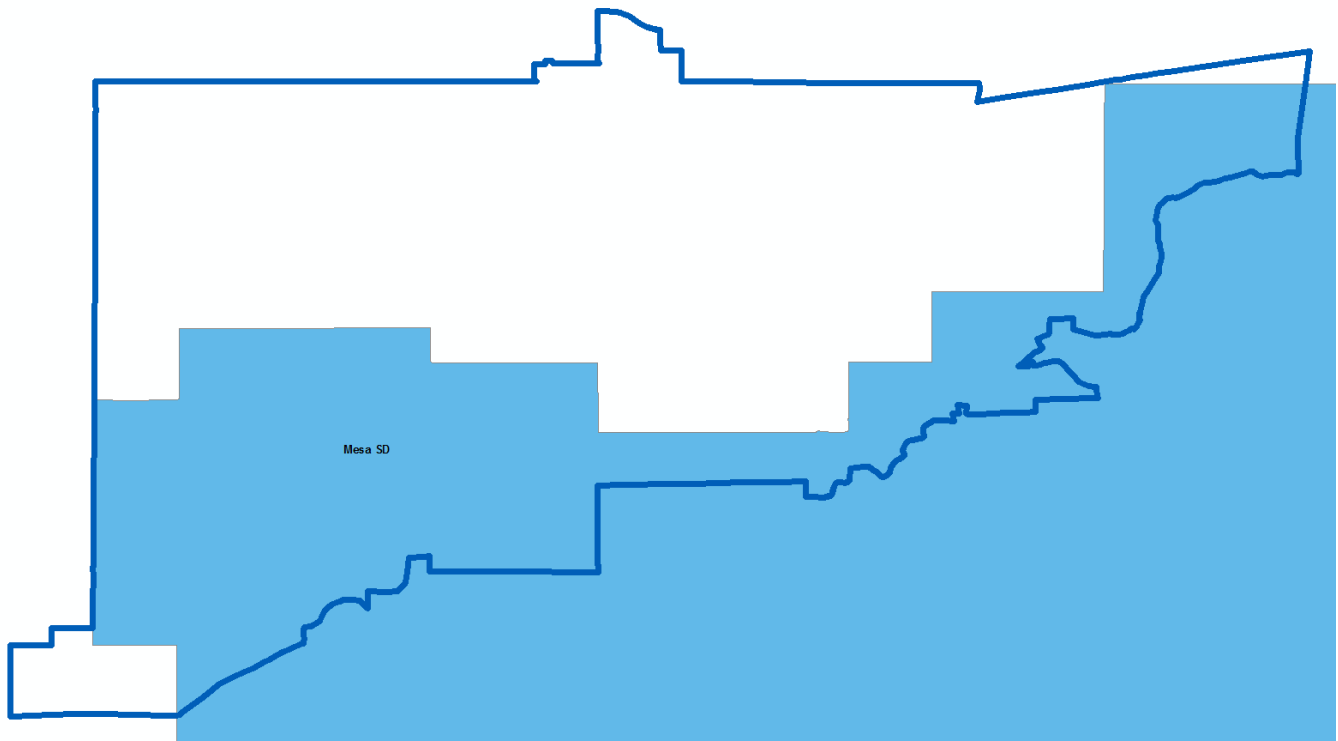
The importance of education begins early in life. Preschool participation has been shown to better prepare young children for kindergarten by supporting good school attendance practices and honing socio-emotional, cognitive, and physical skills.^{47,48,49,50} Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.⁵¹

Early education is laying an important foundation for the future. Students who are at or above grade level reading in third grade are more likely to graduate high school and attend college.⁵² A family's economic circumstances can multiply this effect: more than one-fourth (26%) of children who were both not reading proficiently in third grade and living in poverty for at least a year do not finish high school – that is more than six times the dropout rate for proficient readers.⁵³

In recognition of the importance of assuring that children are reading by the third grade, the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) was enacted, which states that a student shall not be promoted from the third grade if the student obtains a score that falls far below the third-grade level.⁵⁴ Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments. From 2000–2014, the primary in-school performance measure of students in public elementary schools in the state used to meet the *Move on When Reading* requirement was the Arizona's Instrument to Measure Standards (AIMS).⁵⁵ In 2014, the statewide assessment tool for English language arts (ELA) and mathematics changed from AIMS to AzMERIT (Arizona's Measurement of Educational Readiness to Inform Teaching), and the first AzMERIT testing began in the 2015 school year.⁵⁶ New proficiency cut points were determined by grade level,⁵⁷ and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.⁵⁸ Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.⁵⁹ In order for children to be prepared to succeed on tests such as AzMERIT, research shows that early reading experiences, opportunities to build vocabularies, and literacy-rich environments are the most effective ways to support the literacy development of young children.⁶⁰

Beyond the direct connections between caregivers' education and their own literacy, the ability to read to, share with, and teach young children in the home is influenced by parental and familial stress levels, income levels, and educational levels. Families in poverty are often grappling with issues of day-to-day survival which may limit time spent in developmentally enriching activities. Parents with higher educational attainment may be less vulnerable to these issues and are more likely to have children with positive outcomes related to school readiness and educational achievement, as well improved health, social and economic outcomes.⁶¹ Higher levels of parental education are also associated with better housing, more secure neighborhoods, and stable working conditions, all of which are important for the health and well-being of children.^{62,63}

Figure 10. Map of the Mesa Unified School District Boundaries



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

What the Data Tell Us

Children residing in the Salt River Pima-Maricopa Indian Community attend school at the Salt River Pima-Maricopa Indian Community Schools, the Mesa Unified District, charter schools, private schools or Bureau of Indian Education boarding schools. Mesa Unified School District is the public school district that serves the SRPMIC.

The Salt River Schools/Education Division includes the Early Childhood Education Center, Salt River Elementary School, Salt River High School, and the Salt River Accelerated Learning Academy. Salt River Elementary School receives funding through the Bureau of Indian Education and enrolls students in kindergarten through sixth grade. The school also offers O’odham language and cultural classes. Salt River High School is a charter school funded through the Arizona Department of Education and enrolls students in seventh through twelfth grade. It also offers Native American language, art classes and cultural studies. The Accelerated Learning Academy is an alternative school open to students ages 16 to 21 who are behind in credits and want to obtain a high school diploma.

In 1996, the Salt River Pima-Maricopa Indian Community took over Salt River Elementary School, in accordance with the 1975 Indian Self-Determination and Education Assistance Act (ISDEAA- Public Law 65-638), which allows tribes to assume control over federally administered programs historically operated through the Bureau of Indian Affairs. Since the Community assumed management of Salt River Elementary, improvements have been made, including a new facility and high quality learning opportunities.

Students from the Community who attend schools in the Mesa Unified District, other charter, public or private schools are still eligible to receive support services, including tutoring, through the Community's Education Division.

Standardized Test Scores

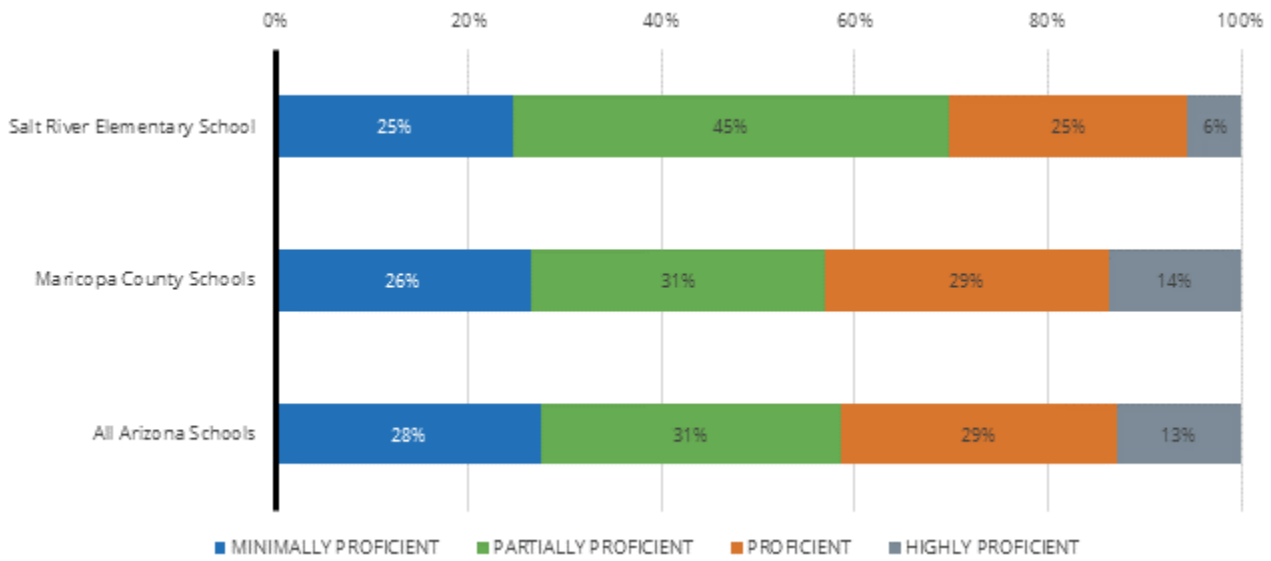
The AzMERIT, which replaced AIMS in the 2014-2015 school year, is designed to assess students' critical thinking skills and their mastery of the Arizona College and Career Ready Standards established in 2010. Students who receive a proficient or highly proficient score are considered adequately prepared for success in the next grade. Data provided by the Salt River Pima-Maricopa Indian Community Education Department show that in 2015-2016, 31 percent of third graders at Salt River Elementary School attained these scores on the third grade math assessment, which is a lower passing rate than across Arizona as a whole (42%) (Figure 11). Performance on the English Language Arts (ELA) test was slightly lower, with 29 percent of students demonstrating proficiency, compared to 40 percent across the state (Figure 12). A portion of the 56 percent of Salt River Pima-Maricopa Indian Community Region third graders who scored minimally proficient on the ELA test are at risk for retention in third grade, based on the Arizona's *Move on When Reading* law, which requires retention of those whose reading falls far below the third grade level, however no students have been retained to date.^v

A sample of students in Arizona grades 4, 8 and 12 also take the National Assessment of Educational Progress (NAEP), a nationally-administered achievement test that allows for comparisons between states. Thirty percent of Arizona fourth graders scored at the proficient or advanced level in reading in 2015, compared with 35 percent of fourth graders nationally. Scores have been improving steadily, both in the state and nationally, since testing began in 1998.⁶⁴

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

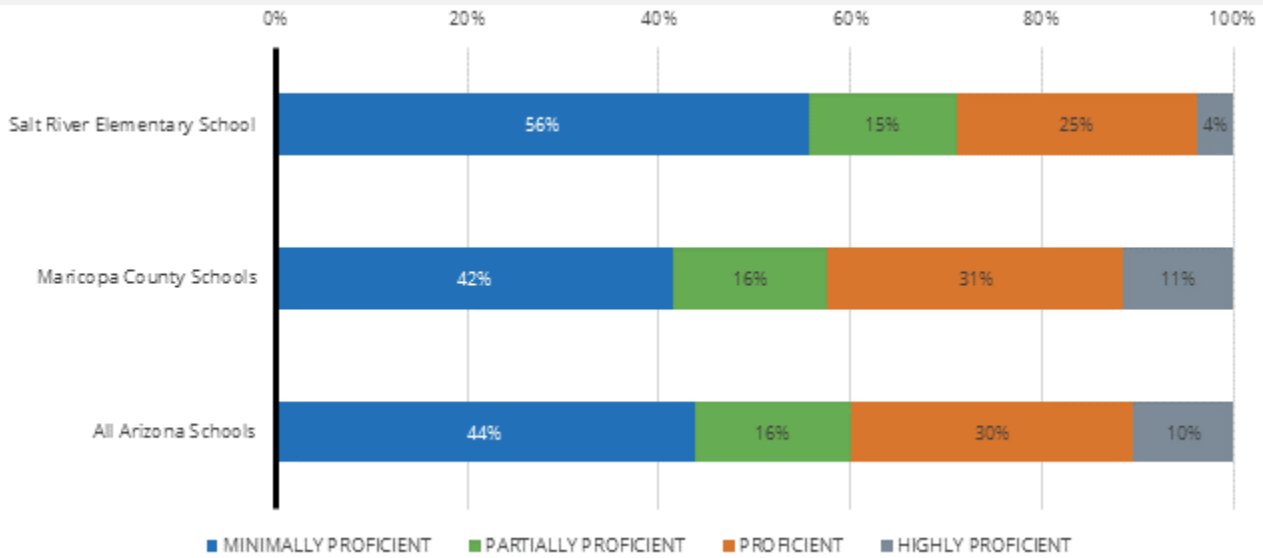
^v Note that in the data provided, the scores reported are a combined ELA score of reading and writing. Students may have a minimally proficient ELA score and still meet the *Move On When Reading* requirement.

Figure 11. AzMERIT Math Test Results for Third-Graders in the 2014-2015 School Year



Source: Salt River Pima-Maricopa Indian Community Education Division, ESS Department (2016). [Education Data]. Unpublished data.

Figure 12. AzMERIT English Language Arts Test Results for Third-Graders in the 2014-2015 School Year



Source: Salt River Pima-Maricopa Indian Community Education Division, ESS Department (2016). [Education Data]. Unpublished data..

Educational Attainment

As described above, the Salt River Pima-Maricopa Indian Community Region contains one high school, Salt River High School and one alternative school, Salt River Accelerated Learning Academy, that are operated by Salt River Schools. The overall high school dropout rate for students enrolled in these schools fell to 18 percent in 2015, from a high of 32 percent in 2013 (Table 26). Dropout rates at Salt River High School fell to a four-year low of 6 percent, only two percentage points higher than the rate seen statewide. Graduation rates at Salt River High School rose substantially between 2013 and 2014 to 84 percent, a rate higher than that seen in Maricopa County or Arizona high schools overall. In 2015, more than four out of five high school seniors at Salt River High graduated on time.

Educational attainment for adults aged 25 and older in the Salt River Pima-Maricopa Indian Community Region is higher than that across all Arizona reservations (Table 27). A higher proportion of adults in the region have a Bachelor’s degree or higher, and a lower proportion have less than a high school education. Between the 2005–2009 and 2010–2014 American Community Survey Estimates, education attainment in the region improved (Figure 13). Most notably, the percent of adults with some college or a degree increased from 33 percent to 38 percent. These improvements in the levels of formal educational attainment among Community members are an asset in the region. The SRPMIC Higher Education Department encourages post-secondary education and provides resources to enrolled Community members to attain post-secondary certificates and degrees.

Table 26. High School Dropout and Graduation Rates, 2012 to 2015

	Total number of high schools and alternative schools	Drop-out rate, 2012	Drop-out rate, 2013	Drop-out rate, 2014	Drop-out rate, 2015	Four-year graduation rate, 2011	Four-year graduation rate, 2012	Four-year graduation rate, 2013	Four-year graduation rate, 2014
Salt River Pima-Maricopa Indian Community Schools	2	25%	32%	24%	18%	40%	36%	30%	44%
Salt River Accelerated Learning Academy	1	53%	61%	50%	44%	24%	13%	8%	10%
Salt River High School	1	14%	20%	11%	6%	53%	61%	53%	84%
Maricopa County Schools	383	3%	3%	3%	3%	80%	79%	77%	77%
All Arizona Schools	836	4%	3%	3%	4%	78%	77%	76%	76%

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

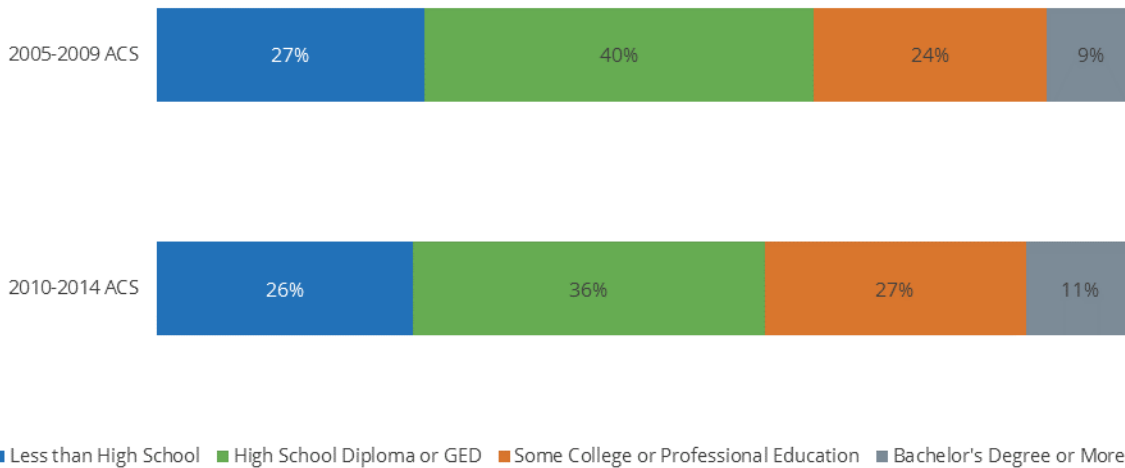
Note: The school-district data in this table include only the schools that fall within the region’s boundaries. For districts which are partially outside of the region, the data for the complete district is likely to vary from the percentages reported here.

Table 27. Level of Education for the Adult Population (Ages 25 and Older)

	Estimated population (ages 25 and older)	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Salt River Pima-Maricopa Indian Community	3,748	26%	36%	27%	11%
ALL ARIZONA RESERVATIONS	102,571	28%	34%	29%	8%
Maricopa County	2,550,592	13%	23%	33%	30%
ARIZONA	4,284,776	14%	25%	34%	27%

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

Figure 13. Level of Education for the Adult Population (Ages 25 and Older), Salt River Pima-Maricopa Indian Community 2005-2009 and 2010-2014



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B15002; U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2005-2009), Table B15002



EARLY LEARNING

Why Early Learning Matters

Young children spend their time observing the world and learning at a rapid pace. From fine and gross motor skill development, to language and numeracy skills, to social skills, the early years of a child's life are filled with opportunities for learning. The skills that young children are building are critical for healthy development as well as later achievement and success. Just as rich, stimulating environments can promote development, early negative experiences can also carry lasting effects.⁶⁵ Gaps in language development between children from disadvantaged backgrounds and their more advantaged peers are already evident by 18 months of age,⁶⁶ those disparities that persist until kindergarten are predictive of later academic failure.⁶⁷

Families play a tremendous role in fostering development. Research shows that children's health, socio-emotional, and cognitive development also benefit greatly from high quality early learning.^{68,69} This is particularly true for children from disadvantaged backgrounds.⁷⁰ Children whose education begins in high quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.⁷¹

Investment in children during the crucial first five years not only provides the necessary foundation for later achievement, but also produces a positive return on investment to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.^{72,73,74} Experts estimate that investments in quality early learning initiatives can offer returns as high as \$16 per dollar spent.^{75,76} In other words, the costs of these programs are ultimately repaid several times over and the investment in early childhood is potentially one of the most lucrative ones that a community can make.

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. Nearly one-third (32%) of parents of young children responding to a national survey regarding child care reported it was very or somewhat difficult to find care for their child, with cost being the most often cited challenge. More than two-thirds (69%) of parents surveyed reported having to pay in order to secure child care, and almost a third (31%) of those parents reported that this cost has caused a financial problem for the household.⁷⁷ According to the U.S. Department of Education, only 19 percent of four-year-olds in Arizona are enrolled in publically funded preschool or Head Start programs, compared to 41 percent nationally.⁷⁸ If not enrolled in publically-funded programs, which are often free or reduced cost, the annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of a year at a public college (\$10,065).⁷⁹ Child care subsidies can be a support for families who have financial barriers to accessing early learning services.⁸⁰

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

Beyond basic issues of access and affordability, quality is also of paramount concern to parents. A recent national survey of parents who use child care for their young child(ren) found that most parents

(59%) rated the quality of their child care as “excellent;” this runs contrary to research which suggests most child care across the country is not high quality.⁸² How parents perceive and understand quality may differ; this points to the importance of quality rating systems to help guide parent choices. Quality First is Arizona’s Quality Improvement and Rating System (QRIS) for early child care and preschool providers. Quality First employs a five-point rating scale to indicate quality levels. A one-star rating indicates that the provider is committed to examining practices and improving the quality of care beyond basic health and safety requirements. Quality First providers can advance to a quality rating (3–5 star) by implementing lower teacher-to-child ratios, supporting higher staff qualifications, instituting a curriculum that aligns with state standards and child assessment, and providing nurturing relationships between adults and children that promote emotional, social, and academic development. The number of providers across the state that meet quality standards (three-star rating or higher) has increased in recent years with 25 percent of the 857 participating providers in 2013 and 65 percent of 918 participating providers in 2016 meeting or exceeding quality standards.⁸³

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

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

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities. Children with special health care needs (CSHCN) are defined as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”⁸⁷ According to the National Survey of Children’s Health, children with special health care needs are more likely to experience more adverse childhood experiences than typically developing children,⁸⁸ and are at an increased risk for maltreatment and neglect.^{89,90} Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level.⁹¹ In Arizona, the services available to families with children with special needs include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),⁹² the Arizona Early Intervention Program (AzEIP),⁹³ and the Division of Developmental

Disabilities (DDD).⁹⁴ Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs is paramount to improving outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and socio-emotional development. It also reduces educational costs by decreasing the need for special education.^{95,96,97}

What the Data Tell Us

Child Care and Preschool

Families in the Salt River Pima-Maricopa Indian Community Region can access early childhood education and care services through the Early Childhood Education Center (ECEC), the FACE Program at Salt River Elementary, and the Early Enrichment Program under the Community's Youth Services Department.

The tribally-operated Early Childhood Education Center (ECEC), offers several program options that allow parents to choose the one that best meets their individual needs. These include the Head Start preschool program, Early Head Start infant-toddler program and Early Childhood Education Center (Child Care Development Fund (CCDF) and tribally-funded component).

Head Start preschool program – Provides funding for services to children 3 and 4 years old living in the Salt River Community. Regular school hours are from 8:00 am to 1:00 pm from early August to late May. This program is offered free-of-cost.

Early Head Start infant-toddler program - This program provides funding for services to pregnant women and children from birth to 3 years old living in the Salt River Community. The program operates year-round from 8:00 am to 1:00 pm and there are no fees associated with it. The Early Head Start program includes 20 slots for home-based services where Parent Educators work with the children and their parents in the child's home twice a month.

Early Childhood Education Center (CCDF-funded component) – Funding from the Tribal Child Care and Development Fund (see below for more information on CCDF) is also allocated for center-based full-time services at the ECEC. The Center serves children from 6 weeks old to four years of age. The Center hours are 7:30 am to 6:00 pm. This program is a wraparound component that offers child care before and after the regular school hours funded by Head Start and Early Head Start for families with parents or guardians who are working or in school or job training full time.

Although these different program components are available through the ECEC, the categories mostly refer to the funding source and the eligibility requirements associated with it. For the past 10 years, ECEC has been operating under a unique “blended” model where all enrolled children receive the same services in one facility, regardless of what specific funding source (or program) they are enrolled through. This model differs substantially from the one seen in other tribal communities where there is a stand-alone tribally-operated child care center (with funding from CCDF) and a stand-alone Head Start Program, both of which may also receive additional funding from the tribe; the level of coordination between the two programs varies depending on the community. When children are enrolled they are placed into the funding source slot that matches with their eligibility criteria.

Although administratively complex, ECEC's "blended" model allows for provision of high quality services (e.g. the entire Center is held to the requirements of the funding source with the highest standards (i.e. Head Start), or even higher when the Community's Education Board sets its own standards) while maximizing the resources available. This model may also open up additional full-time slots for enrolled children (i.e. Head Start funding is only for a half-day program, so some children's slots may be funded through Head-Start funds in the morning and CCDF in the afternoon). This results in a seamless provision of services for children at one location without the additional paperwork and logistical burden that families in need of full-time care would face if they had to enroll their children in more than one program. Key informants pointed out, however, that the "blended" model sometimes makes it difficult for parents to understand the eligibility factors for each program component and why some of them may not qualify for cost-free full day care. Although staff at ECEC explain to parents the various funding sources and how this impacts the level of co-pay that families must pay, it may be challenging for some parents to understand the various criterion the center must abide by.

Table 28 shows the cumulative enrollment at the ECEC. In school year 2014-2015 a total of 155 infants/toddlers and 170 preschoolers participated in the program. Please note that these are cumulative numbers that include all children enrolled at some point during the school year. The ECEC has a capacity to serve about 152 preschoolers and 96 infants/toddlers at any one time in the center-based part of the program, as well as 20 infants and toddlers through the home-based program. This means that at any given point in time about 268 children birth to 5 receive services from the ECEC (see Table 29).

ECEC has a total of 10 preschool classrooms and 12 classrooms for infants and toddlers. These classrooms are staffed by 12 lead teachers, 12 assistant teachers and 8 teacher aides for the infant/toddler classrooms; and 10 lead teachers, 10 assistant teachers and 10 teacher aides for the preschool classrooms. ECEC typically staffs each classroom with three adults during the Head Start and Early Head Start hours of the day.^{vi}

The Salt River Pima-Maricopa Indian Community receives funding from the Tribal Child Care Development Fund (CCDF) to provide services to low-income Native children ages 6 weeks to 9 years with parents who are working or in school full-time. Parents pay a co-payment based upon family size and income. To be eligible, the child must be enrolled in a federally-recognized tribe and the parents must be working or in school/job training full-time. Income eligibility requirements limit this program to low-income families. In the Salt River Pima-Maricopa Indian Community Region, the CCDF grant funds full-time, center-based services at the ECEC (as described above) and off-reservation, center-based care for children who are enrolled in private child care centers outside of the reservation through the Certificate Program, which also includes home-based care for children with severe disabilities (see below for additional information about the Certificate Program). Another portion of CCDF quality funds are utilized to increase the quality of after-school programs at Salt River Elementary School as well as support the Education Native Language and Culture Program for young children.

^{vi} Please note that the Office of Head Start considers ECEC's assistant teachers as teachers, and ECEC's teacher aids as assistants. ECEC, personal communication, September 2016.

An important development at the ECEC during the past few years has been the opening of two new Infant and Toddler classrooms for families whose incomes made them previously ineligible for ECEC services. The 2014 Salt River Pima-Maricopa Indian Community Regional Needs and Assets Report documented a need for additional child care services for families whose household income was above the eligibility requirements, but who were in need of child care services and would like to have their children be enrolled at ECEC. In the summer of 2014, two additional classrooms were opened to serve these families thanks to funding provided by the Salt River Pima-Maricopa Indian Community. Key informants interviewed for this report pointed out that parents have a preference for accessing child care services within the Community through the ECEC due to the high quality of care and the strong cultural component available to enrolled children. Their income level, however, was making this service inaccessible to them. The addition of these two classrooms, which continuously operate at capacity, is an asset in the region.

Demand for child care, however, continues to be high. As of January 2017, there were 85 children in the waiting list for the ECEC. According to key informants, many children from the waiting list never get enrolled in the center. For instance, as of January of 2017 there were 28 children in the waiting list for the infant room, which can only serve a maximum of eight children. The majority of these families were income-eligible, but some of these babies are likely to outgrow the waiting list for the infant room. Space is also limited for the toddlers, and need for child care services is highest for children under the age of three. Key informants pointed out that, with increased capacity at the preschool level and lower teacher/child ratios, the waiting list for children who are 3 and 4 years old tends to be the shortest one.

In addition to Head Start and CCDF, ECEC also receives substantial funding from the Salt River Pima-Maricopa Indian Community. Figure 14 shows the ECEC's funding by source. In school year 2014-2015, half (50%) of ECEC's funding was provided by the Salt River Pima-Maricopa Indian Community's General Fund.

In addition to the strong commitment to supporting early childhood and care services from tribal leaders in the Salt River Pima-Maricopa Indian Community, another strength of the early childhood education system in the region is ECEC's capacity to respond to the needs of the community. The two new classrooms are a good example of ECEC's responsiveness to feedback from families in the region. Another example is a recent change in ECEC's closure days. Previously, ECEC had a larger number of exemption days that were used for professional development among the staff. Feedback from families provided during a public hearing indicated that the closure days (e.g. between Christmas and New Year's Eve) represented a big challenge to working parents who needed to find alternative child care on those days. Within the past year, ECEC developed a new procedure to address this need. The center is now open on a limited basis on closure days for families who have to work on those days. An average of 25 children attend the center on closure days, and the center has received very positive feedback from the families impacted by the new procedure.

Key informants noted that a major strength in the Community is its willingness to be adaptable and be responsive to feedback provided by community members regarding programs that may not be working optimally and could be improved.

Besides ECEC's adaptability to community needs, key informants indicated that parents also value the strong culture and language components of the services provided by the ECEC. As indicated above, in

addition to the overall high quality of services, this is one of the reasons why parents prefer to have their children enrolled at ECEC instead of other child care and education centers outside of the Community. Parents also appreciate ECEC's strong curriculum and seeing their children leave ECEC ready for kindergarten. School readiness at ECEC is measured using the Teaching Strategies GOLD Objectives for Development and Learning Assessment. Figure 15 shows that children in the ECEC made substantial progress on the Teaching Strategies GOLD in all domains assessed.

Key informants also indicated that the ECEC's curriculum has a strong emphasis on social-emotional development, something that parents notice among their children and appreciate. Parenting classes are offered by ECEC that mirror the social-emotional part of the children's curriculum so parents can practice at home what the children are learning at the center.

Certificate Program – Funding from CCDF is also used in the region to offer off-reservation child care services through the Certificate Program. This program covers a portion of the cost of child care services for families enrolled in federally recognized tribes living in the Salt River Pima-Maricopa Indian Community designated service area (i.e. Mesa, Tempe, Scottsdale, Phoenix, Glendale or the Salt River Pima-Maricopa Indian Community). This program serves children ages 6-weeks old to twelve years old and cost is based on a sliding-scale fee. Participating families must be income eligible, working full time (e.g. 32 hours per week or more), attending school full time or attending a job training program. There are four different types of child care services covered by the Certificate Program:

- Center-based care – in facilities that are licensed by the state
- Group home care – at private residences that are DES-certified
- Family home care- at private residents that are DES-certified
- In home care – an option restricted to children diagnosed with severe disabilities and that have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) in place

Parents pay a co-payment directly to the provider, based upon the provider's rates and the family's size and income. The provider submits a bill for payment directly to ECEC.

The Certificate Program started in 2010 and grew continuously until 2016, when a waiting list was started for the program (prior to the inception of a waiting list, all families that applied for the program were able to become enrolled). At the end of December of 2016 the program had about 340 children (ages 0-12) participating, but early in 2017 the program decided to cap its enrollment at 300 participants. As of February 2017, approximately 162 (or 54%) of these were children birth to 5. In that same month, the Certificate Program had a waiting list of about 240 children (birth to 12), and children stay on the waiting list for an average of four to six weeks.⁹⁸ Key informants indicated that staff with ECEC are available to meet in person with parents and help them complete an application for the certificate program. The program currently works with about 150 state licensed child care centers in Arizona.

In the past two years, some important changes have taken place at ECEC in response to requirements by funding agencies. In November 2016, the Head Start performance standards were revised and one of the changes that will be required as part of this revision is the expansion of the daily program hours from four to six. Programs have one year to implement this change, and the ECEC has started this transition by adding one hour to the daily program during school year 2016-2017 (from 8:00 am to 1:00

pm). Key informants indicated that the program will go up to the required six hours in school year 2018-19. This is a positive development that will provide more service hours to children enrolled with the Office of Head Start providing the funding to support the longer program hours.

Another important adjustment that took place within the past two years at ECEC was the change in the eligibility determination to match current CCDF requirements. Families must re-apply for funding once a year, with their eligibility for services determined at this time and being valid for one full year. Prior to this change, parents or caregivers had to report any changes to their economic circumstances as they occurred. For instance, a parent would need to report losing their job and becoming unemployed to the center. This would result in immediate termination of services as this family would be deemed not-eligible due to the parent's unemployment. Children would lose their spot at the center as soon as the determination of ineligibility was made. The recent change in procedure allows for more stability in the children's situation, as the family's eligibility for services is established for 12 months regardless of changes in the family's circumstances during this period. A possible downside to this change may be that slots may become available to other families in the waiting list in a slower manner.

FACE - Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Bureau of Indian Education. The goals of the FACE program include increasing family literacy; adult education; 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. In the Salt River Pima-Maricopa Indian Community, a FACE Program has been available at Salt River Elementary since school year 2001-2002.

FACE has both a center-based and a home-based component. The home-based component includes educational visits and screenings by parent educators and is aimed at families with children from birth to age three, although families can join the program from pregnancy on. In program year 2015-2016, 30 children and 30 adults participated in the home-based component of the FACE program at Salt River Elementary (Table 30).

The FACE center-based preschool component includes an early childhood education program for children aged three to five, adult education for the children's parents, and Parent and Child Time (PACT). The adult component of the program at Salt River Elementary has a strong focus on parents or caregivers obtaining their GED. Some parents also attend community college courses. Most adults in the program are also active in school events, as the program is well integrated into school activities. In program year 2015-2016, 19 children and 19 adults participated in the center-based component of the FACE program at Salt River Elementary (Table 30).

The number of participating families tends to fluctuate, as families enter and leave the program constantly. On average, families stay in the program for one year. Some parents or caregivers obtain a job, while others may feel that commitment to participate is too high and that the time of service is required is too long. An additional challenge for parents with babies is the lack of child care available so they can participate in the program.

The FACE program at Salt River Elementary recruits through the community newspaper, participant referrals and word of mouth. In addition, the program recruits participants twice a month at community events and also at the school. The program has a waiting list for the center-based component of the program, but there has not been a waiting list for the center-based component in the past two years. According to key informants, when the program was first introduced, the program did not require a background check for the adults participating in center-based services. Once this requirement was implemented, it became a major recruitment challenge for the program because many of the adults interested in participating were not able to clear the background check. This is a challenge shared by many other FACE programs in the state and nationally. According to key informants, it is an unfortunate situation because the program often targets parents who are “starting over”: those who might have spent time in jail in the past but who are looking for a second opportunity to start over and become better parents. However, having a criminal record in their background precludes them from participating in the center-based program at the school. Home-based services are the only option available to families in this situation.

The only eligibility requirement for the program is for the child to be at least 1/4 Native American. The program does give priority to enrolled members of the Community but if slots are available after all enrolled members have registered, they do open the program up to any other Native families.

As mentioned above, FACE programs put an emphasis on traditional Native culture and language. All participants at the Salt River Elementary FACE program (adults and children) have a language and culture class once a week.

The program currently employs two parent educators in the Home base program; the Center base program has one early childhood lead teacher, one early childhood co-teacher, and one adult learning teacher. As a comprehensive family support program, it collaborates closely with other agencies in the Community. The FACE program constantly refers parents to the Life Enhancement and Resource Network (LEARN) Tribal TANF Program, even if they do not qualify for FACE services.

Early Enrichment Program – Center-based early care and education services in the region are also available through the Early Enrichment Program, which is housed at the Salt River Pima-Maricopa Indian Community Youth Services Department. This program, which is fully funded by the Salt River Pima-Maricopa Indian Community, provides free-of-cost services to preschool age children (3 to up to the time they enter kindergarten). It focuses on Kindergarten readiness and social skills and the overall curriculum is based on the children’s interest.

The Early Enrichment Program, formerly known as Child Development Center, has been in place in the Community for over a decade. It operates year-round from 7:45 am to 1:00 pm, with breakfast, snack and lunch served to all children. Transportation is available to all participating children. The total enrollment capacity for the Early Enrichment Program is 12 children. This capacity is determined by the number that the program can provide transportation for.

In order to be enrolled in the program, children must meet the following requirements: be at least three years old; be potty-trained; live within the boundaries of the Community; and be up-to-date on their immunizations. Priority is given to children who are enrolled members of the Salt River Pima-Maricopa Indian Community. The program continuously operates at capacity, and as of February of 2017 it had a waiting list of 7-10 children. Children enrolled in the program typically stay until they

transition into kindergarten, which means new slots only become available to those on the waiting list when children either enter school or move out of the Community. The Early Enrichment Program is expected to move into a new facility in December of 2017 that will be shared by the various programs under the Youth Services Department.

The various early care and education options available to families in the Salt River Pima-Maricopa Indian Community are a major asset in the region. As shown in Table 31, these programs have a combined capacity to serve approximately 485 children birth to 5. According to the 2010 U.S. Census there were 626 children under the age of six residing in the region. Based on this number, the slots currently available in the region would provide services to about 77 percent of young children. It is important to consider, however, that the 485 slots include those provided by the Certificate Program, which can also be used by families living outside of the regional boundaries but within the Salt River Pima-Maricopa Indian Community service area (i.e. Mesa, Tempe, Scottsdale, Phoenix, Glendale). Data from the Salt River Pima-Maricopa Indian Community Enrollment Office show that a total of 987 children birth to 5 residing both on-, and off-reservation were enrolled as members of the Community. Key informants indicated that most off-reservation enrolled members reside within ten miles of the Community, similar to the Certificate Program service area. This would mean that the 485 early care and education slots available provide services to about 49 percent of all children birth to 5 currently enrolled as tribal members who reside both within the regional boundaries and off-reservation but within the vicinity.

Table 28. Participation in the Salt River Pima-Maricopa Indian Community Early Childhood Education Center

	2012-2013	2014-2015
Infants/Toddlers (Ages 0-3 total cumulative enrollment)	134	155
Preschool (Ages 2-5 cumulative enrollment)	197	170
Total	331	327

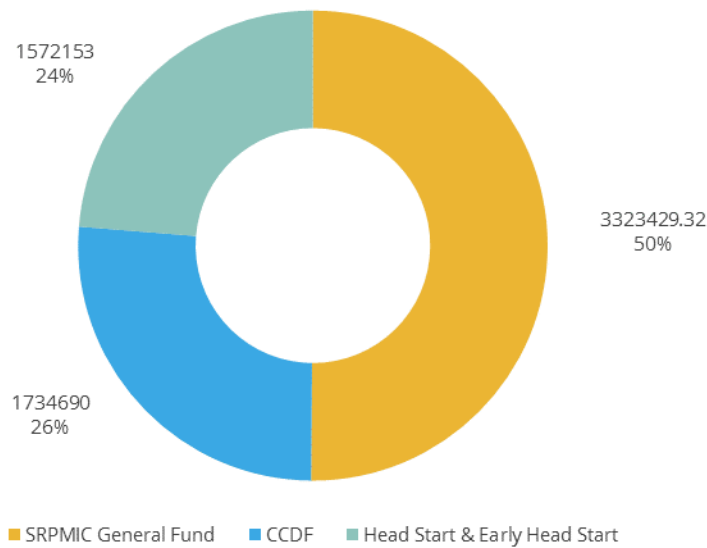
Source: Salt River Pima-Maricopa Indian Community. Early Childhood Education Center Annual Report 2012-2013; Salt River Pima-Maricopa Indian Community. Early Childhood Education Center Annual Report 2014-2015. Received through correspondence

Table 29. Early Childhood Education Center Enrollment by Funding Source

	Early Head Start (center-based)	Early Head Start (home-based)	Head Start (center-based)	Tribally Funded Slots (center-based)	Total
Preschoolers (3-4 years old)	0	0	102	50	152
Infants/Toddlers (prenatal-2 years old)	80	20	N/A	16	116

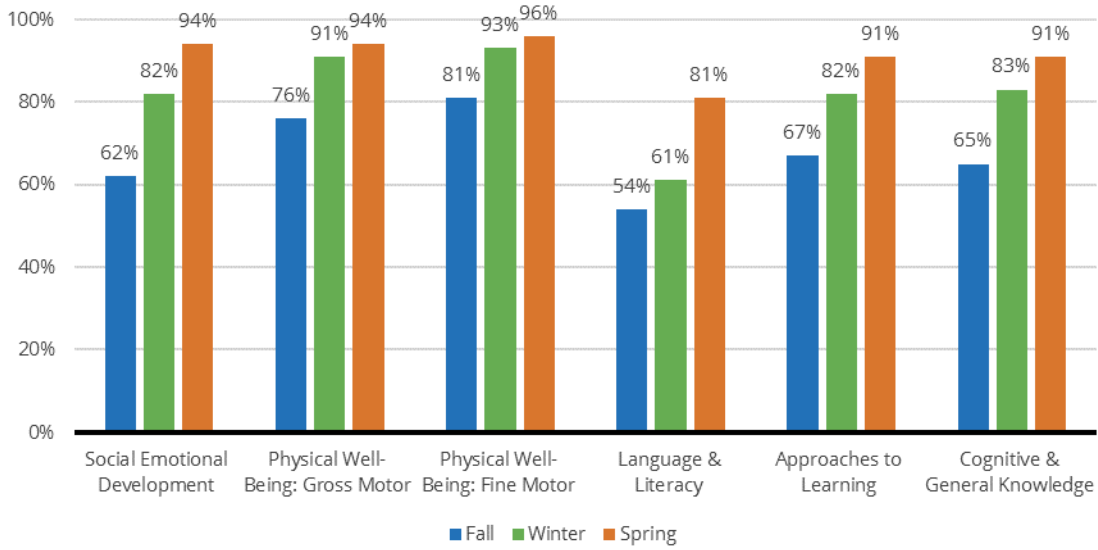
Source: Salt River Pima-Maricopa Indian Community. (2017). [Funded Enrollment Data]. Unpublished data provided through correspondence

Figure 14. Early Care and Education Center Funding by Source



Source: Salt River Pima-Maricopa Indian Community (2016). Early Childhood Education Center Annual Report 2014-2015. Received through correspondence.

Figure 15. Progress on Teaching Strategies GOLD Objectives for Development and Learning, 2014-2015



Source: Salt River Pima-Maricopa Indian Community (2016). Early Childhood Education Center Annual Report 2014-2015. Received through correspondence.

Table 30. Salt River Elementary FACE Participation

	Participants Who Received Center-based Services		Participants Who Received Home-based Services		Unduplicated Participants Who Received Any Service		Total Unduplicated Participants
	Adults	Children	Adults	Children	Adults	Children	
PY2015	17	16	34	34	43	48	91
PY2016	19	19	30	30	29	48	77

Source: Research & Training Associates, Inc. (2015). BIE Family and child education program, 2015 report. U.S. Department of the Interior Bureau of Indian Affairs, Bureau of Indian Education; Salt River Elementary FACE Program, PY2016 FACE Enrollment Data, Received through correspondence.

Table 31. Capacity of Early Care and Education Programs in the Salt River Pima-Maricopa Indian Community Region

	Center-based		Home-based		Total Capacity
	Ages	Capacity	Ages	Capacity	
Early Childhood Education Center	0-5	248	prenatal-2	20	268*
Certificate Program	0-5	162	N/A	N/A**	162
FACE Program***	3-5	13	0-2	30	43
Early Enrichment Program	3-5	12	N/A	N/A	12
Total		435		50	485

Source: Salt River Pima-Maricopa Indian Community. (2017). Early Childhood Education Center [Enrollment Data]. Unpublished data received through correspondence; Research & Training Associates, Inc. (2015). BIE Family and child education program, 2015 report. U.S. Department of the Interior Bureau of Indian Affairs, Bureau of Indian Education; Early Enrichment Program. (2017). [Enrollment Data]. Unpublished data received through correspondence

Note: *ECEC's total capacity might change slightly depending on the children's age, as the child/teacher ratio is lower for the older preschoolers.

**The Certificate Program allows for in home care for children with severe disabilities and with an IEP/IFSP in place. Less than 1% of children enrolled in the program (ages 0-12) use this option.

*** Table 30 above indicates that a total of 19 children received center-based services at the Salt River Elementary FACE program. However, only 13 of these children are part of the early childhood program. The remaining six children are part of the FACE program but enrolled in grades K-3rd. Therefore, in the current table, only the 13 children in the early childhood program are included

Cost of Care

As mentioned above, child care services in the Salt River Pima-Maricopa Indian Community Region are provided on a sliding-scale fee at the Early Childhood Education Center (ECEC). Other early learning programs in the Community are available free-of-cost such as the Early Enrichment and FACE programs.

Parents of children enrolled full-time at the Early Childhood Education Center (ECEC) are billed for the child care services their child receives. Bills are due and payable at the Finance office on the 25th of each month and are for services rendered the previous month. Parents may elect to use payroll deductions (if employed by Salt River Pima-Maricopa Indian Community) or Per Capita deductions. As indicated above, parents are not billed for the Head Start/Early Head Start hours between 8:00 a.m. and 1:00 p.m. The recent changes in the Head Start program hours (e.g. from four to five, and eventually to six-hour days) means that families are now paying less for care because the additional hour of Head Start services is provided free-of-cost to them.

The billing structure for child care services before and after the Head Start hours is dependent upon the current year's Federal Poverty Levels and the Arizona State Median Income levels which are updated annually. Some families living under the poverty guidelines are exempt from paying a co-payment and these families include children placed in protective care, including foster placement, homeless children, and children of teen parents who are attending high school.

In addition to the child care subsidies provided by the ECEC, some families in the Salt River Pima-Maricopa Indian Community Region also receive subsidies from the Arizona Department of Economic

Security (DES). Table 32 shows the number of young children receiving child care subsidies from DES in the region, which ranged from 51 in 2013 to 70 in 2015. Fewer than 25 children were placed in the waiting list for DES child care subsidies during those years. Table 33 shows that 71 percent of the 34 children involved with the Arizona Department of Child Safety who were eligible for child care subsidies in the region received a subsidy in 2015. Key informants suggested that children may be under the custody of the state of Arizona even though they reside within the reservation boundaries. Currently, no early learning centers in the Salt River Pima-Maricopa Indian Community Region are participating in the Quality First Program.

Table 32. Department of Economic Security (DES) Child Care Subsidies for Children (Ages 0 to 5), 2013 to 2015

	Children eligible for subsidy during 2013	Children eligible for subsidy during 2014	Children eligible for subsidy during 2015	Children receiving subsidy during 2013	Children receiving subsidy during 2014	Children receiving subsidy during 2015	Children on waiting list during 2013	Children on waiting list during 2014	Children on waiting list during 2015
Salt River Pima-Maricopa Indian Community	51	70	70	43	55	53	<25	0	<25
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	17,165	18,031	27,042	16,439	16,448	23,851	2,836	3,123	2,989
ARIZONA	28,429	29,180	43,860	27,041	26,685	38,855	5,094	5,195	5,140

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

Table 33. DES Child Care Subsidies for Children Involved in the Department of Child Safety (DCS) During 2015

	Number of DCS-involved children eligible for subsidy	Number of DCS-involved children receiving subsidy	Percent of DCS-involved children receiving subsidy
Salt River Pima-Maricopa Indian Community	34	24	71%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A
Maricopa County	11,506	9,858	86%
ARIZONA	18,417	15,785	86%

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

Child Care Professionals

Standards for staff credentials at the Early Childhood Education Center are established by the Salt River Pima-Maricopa Indian Community Education Board. Table 34 shows the credentials of the classroom teachers at the ECEC, all of whom had a degree or were credentialed in early childhood education.

Professional development opportunities are regularly available to ECEC staff, including conference presentations and in-service training days set each month with topics that have included among others:

- Positive Behavior Intervention
- Internal Procedures for Exceptional Students Services referral process
- Mass evacuation
- Arizona Early Learning Standards
- Infant/toddler developmental guidelines
- Teaching Strategies Gold curriculum and assessments
- Health and safety

The center based early childhood classroom teacher at the Salt River Elementary FACE program has a MA in early childhood education while the co-teacher has an MA as well. The Adult Education teacher has an adult education certificate through the Arizona Department of Education.

Table 34. Staff Credentials for the Salt River Pima-Maricopa Early Childhood Education Center, 2014-2015

	Total Staff	Child Development Associate (CDA) Credential	AA in Early Childhood Education or Related Field	BA in Early Childhood Education or Related Field	Advanced Degree in Early Childhood Education
Head Start Classroom Teachers	23	3	9	9	2
Head Start Assistant Teachers	11	3	0	0	0
Early Head Start Classroom Teachers	24	4	7	10	1
Early Head Start Assistant Teachers	8	2	0	0	0

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

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

The Department of Economic Security Arizona Early Intervention Program (AzEIP) provides services to children from birth to 36 months of age who are developmentally delayed or at high risk of developmental delay.⁹⁹ There are three different contracted agencies providing AzEIP services in the Salt River Pima-Maricopa Indian Community Region. From FY 2013 to FY 2015, the number of children served by AzEIP ranged from 3 to 27 to 27 to 35. Exact numbers of children referred and served by AzEIP were not available due to the small numbers of children referred or receiving services; instead,

ranges are provided to protect the privacy of program participants. Fewer than 25 children were served by the AzEIP providers in the region in FY 2013 and FY 2015, and between 3 and 27 children were served in FY 2014. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services,¹⁰⁰ which suggests that at least 39 young children in the region would be likely to benefit annually (based on Table 1).

The Arizona Department of Economic Security Division of Developmental Disabilities (DDD) provides services to individuals in the state with a cognitive disability, cerebral palsy, autism, epilepsy or who are at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development: physical, cognitive, communication, social emotional or self-help.¹⁰¹ Fewer than 25 children from the Salt River Pima-Maricopa Indian Community Region were referred to DDD each year from FY 2012 to FY 2015 in both the 0-2 and 3-5 age ranges, with the exception of FY 2013 and FY 2014 when no children were referred to DDD in the region. During this same time period, only in FY 2012 fewer than 25 children birth to 2 were screened by DDD and fewer than 25 children birth to 3 were screened in FY 2015. In the remaining years, no children birth to 5 were screened by DDD. Fewer than 25 young children received services by DDD between FY 2012 and FY 2015, with the exception of FY 2013 and FY 2014 when no children in the 0-3 age category were served (see Table 36, Table 37, and Table 38).

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start. In the Salt River Pima-Maricopa Indian Community Region, Child Find services are provided through Mesa Unified School District and the tribal Child Find program.

At the Early Childhood Education Center, the Exceptional Student Services (ESS) Department is in charge of early identification of children with special needs and of ensuring that children receive the necessary intervention to support their healthy development. The ESS team includes a full-time ESS Coordinator, a Behavior Intervention Counselor, a part-time speech/language pathologist for infants and toddlers and a part-time occupational therapist who works with all students. The ESS Coordinator plays an important role as a liaison between the child's family and the agencies providing intervention services to children with special needs (i.e. AzEIP or Mesa Public Schools). Therapies can be provided at the ECEC classrooms which allows the teachers to participate in the sessions and provide follow-up activities to the children in between sessions. As part of a Memorandum of Understanding with Mesa Public Schools (MPS), a full-time speech/language pathologist is available to preschool students enrolled at ECEC. MPS also provides ECEC with a full time early childhood special education teacher to work with eligible children in the center, providing the support they need as established in their IEPs. A part-time occupational therapist is available from MPS for children with require these services, and a physical therapist is also available through MPS on an as-needed basis.¹⁰²

The Salt River Pima-Maricopa Indian Community Child Find Program conducts developmental screenings for young children in the region. When children are screened and found to be in need of early intervention services they can be referred to AzEIP if they are under the age of 3, or Mesa Unified

District if they are 3 to 5 years old. Preschool-age children with special needs in the region can attend the Community's Early Childhood Education Center (ECEC) in the morning and IDEA preschool programs in Mesa Unified District in the afternoon based on their individual need.

Families who qualify for services through either AzEIP or the school district receive additional support from the Child Find program staff, who are able to walk them through the evaluation and the establishment of the child's Individualized Education Program (IEP). Child Find staff can also accompany (and transport) parents to off-reservation evaluation and intervention appointments (e.g. to Phoenix Indian Medical Center). Child Find staff are also able to come into other off-reservation private child care centers where children from the Community are enrolled to provide services to them. Figure 16 below shows the type of disabilities that children in the Child Find program were diagnosed with. "Developmental delay" was the main category of disabilities in 2013, 2014 and 2015. Please note that in 2015 the category of "Intellectual Disability" was changed to "Developmental delay."

According to data provided by the Salt River Pima-Maricopa Indian Community Education Department, in school year 2015-2016 there were 147 students with special needs enrolled in Salt River Elementary in grades kindergarten to 12th (see Table 39).

A new initiative to improve the early detection of developmental delays was launched in the region in the fall of 2016. The Celebrating Measuring Milestones Awareness Campaign aims at increasing awareness of the importance of regular developmental screenings among parents, families, community members and employees within the Salt River Pima-Maricopa Indian Community. The campaign is an ongoing collaborative approach that involves the Child Find Program, Social Services Department, Fatherhood programs, Behavioral Health services and all early learning programs within the Community. It will focus on the positive aspects of healthy developments and on celebrating developmental milestones to combat the stigma often associated with developmental screenings. The campaign's goal is to increase developmental screenings in the Community by 20 percent each year. As part of this effort, educational materials aimed at parents and caregivers will be revised to provide a positive message that focuses on developmental milestones. This will replace information about potential problems that children may face, or the referral process after developmental delays are identified, all of which can have a negative tone that may overwhelm parents. The campaign will also create a Community of Action with the stakeholders mentioned above to increase collaboration and communication among the various programs working with young children in the region. In conjunction with the positive developmental milestones, the campaign will develop promotional materials that will serve as incentives for parents participating in the developmental screening opportunities that will be scheduled regularly in the Community (e.g. sippy cups for babies six months old; cups with straws for children 1-2 years old; and water bottles for preschoolers). It is expected that this campaign will not only increase awareness of appropriate developmental milestones but will also reduce negative perceptions regarding developmental screenings among parents and caregivers in the region.

Table 35. Arizona Early Intervention Program (AzEIP) Referrals and Services for Children (Ages 0 to 2), 2013 to 2015

	Children (ages 0-2) referred to AzEIP during FY2013	Children (ages 0-2) referred to AzEIP during FY2014	Children (ages 0-2) referred to AzEIP during FY2015	Children (ages 0-2) served by AzEIP during FY2013	Children (ages 0-2) served by AzEIP during FY2014	Children (ages 0-2) served by AzEIP during FY2015
Salt River Pima-Maricopa Indian Community	3 to 27	19 to 35	27 to 35	<25	3 to 27	<25
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	6,495	7,499	9,212	3,077	3,474	6,704
ARIZONA	10,715	11,741	14,450	4,799	5,248	10,039

Source: Arizona Department of Economic Security (2016). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: An exact number of children ages 0 to 2 referred to or served by AzEIP was not available because this number was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines. Instead, a range of possible numbers is provided, where the true number lies within this range. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

Table 36. Children (Ages 0 to 5) Referred to the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) referred in FY2012	Number of children (ages 0-2) referred in FY2013	Number of children (ages 0-2) referred in FY2014	Number of children (ages 0-2) referred in FY2015	Number of children (ages 3-5) referred in FY2012	Number of children (ages 3-5) referred in FY2013	Number of children (ages 3-5) referred in FY2014	Number of children (ages 3-5) referred in FY2015
Salt River Pima-Maricopa Indian Community	<25	<25	<25	<25	<25	0	0	<25
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	1,044	1,538	1,763	1,747	957	963	1,266	1,386
ARIZONA	1,439	2,186	2,479	2,484	1,393	1,401	1,804	1,969

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

Table 37. Children (Ages 0 to 5) Evaluated by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) screened in FY2012	Number of children (ages 0-2) screened in FY2013	Number of children (ages 0-2) screened in FY2014	Number of children (ages 0-2) screened in FY2015	Number of children (ages 3-5) screened in FY2012	Number of children (ages 3-5) screened in FY2013	Number of children (ages 3-5) screened in FY2014	Number of children (ages 3-5) screened in FY2015
Salt River Pima-Maricopa Indian Community	<25	0	0	0	0	0	0	<25
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	536	217	157	180	474	506	509	698
ARIZONA	732	314	216	238	669	731	727	958

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

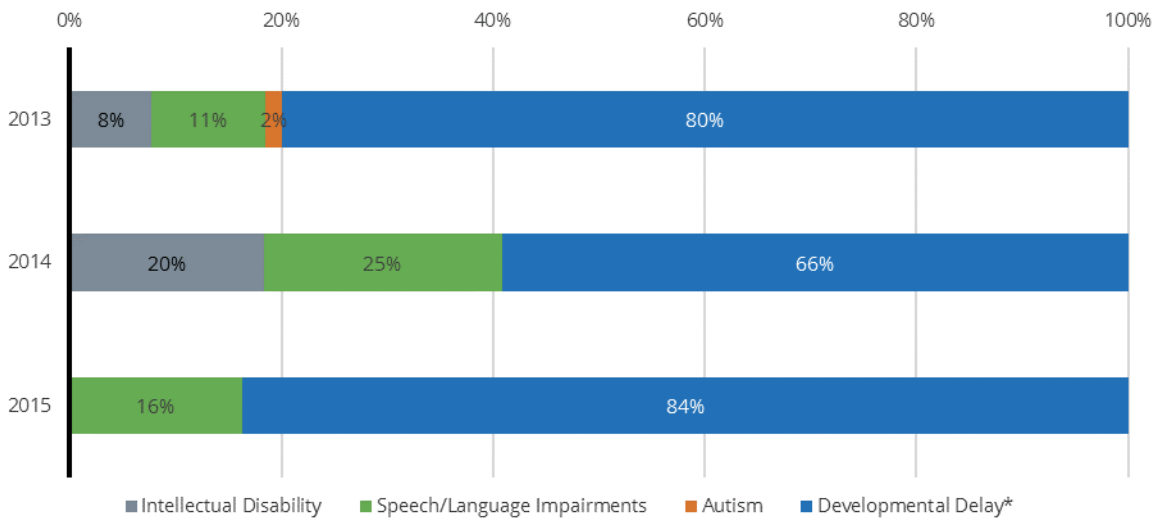
Note: Screening is defined by DES as including “children who DDD had paid for an evaluation, not including occupational therapy, physical therapy, or speech therapy, during state fiscal year 2015.”

Table 38. Children (Ages 0 to 5) Served by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) served in FY2012	Number of children (ages 0-2) served in FY2013	Number of children (ages 0-2) served in FY2014	Number of children (ages 0-2) served in FY2015	Number of children (ages 3-5) served in FY2012	Number of children (ages 3-5) served in FY2013	Number of children (ages 3-5) served in FY2014	Number of children (ages 3-5) served in FY2015
Salt River Pima-Maricopa Indian Community	<25	<25	<25	<25	<25	0	0	<25
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	1,926	1,918	1,662	1,647	1,866	1,891	1,847	1,826
ARIZONA	2,646	2,693	2,341	2,336	2,563	2,600	2,533	2,540

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

Figure 16. Children (ages 3-5) Identified by Type of Disability, 2013 to 2015



Source: Salt River Pima-Maricopa Indian Community Child Find (2016). [Child Find Data]. Unpublished Data
 Notes: The data presented in this table is unduplicated (i.e., children diagnosed with multiple disabilities are counted only one time in the Federal Primary Need (FPN) category).
 The percentages above may not add to 100% due to rounding.

Table 39. Kindergarten to 12th Grade Students in Special Education Programs, 2015-2016

	Students Enrolled in School (K-12)	Students in Special Education (K-3)
Salt River Pima-Maricopa Indian Community Region	704	147

Source: Salt River Pima-Maricopa Indian Community Education Division, ESS Department (2016). [Education Data]. Unpublished data.



CHILD HEALTH

Why Child Health Matters

Optimal development encompasses intellectual, social, emotional, and physical health. The extent to which children can achieve optimal development depends on the everyday environment and supports which surround them, as well as access to additional resources and services that support healthy development.^{103,104} The health of a child in utero, at birth, and in early life sets the stage for health and well-being throughout their life. Factors such as access to health care and health insurance, a mother's receipt of prenatal care, and receipt of preventive care such as immunizations and oral health care all influence not only a child's current health, but long-term development and future health as well.^{105,106,107}

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

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings.¹⁰⁸ Families without health insurance are more likely to skip these visits, and so are less likely to receive preventive care for their children, or to receive care for health conditions and chronic diseases.^{109,110} Children who lack health insurance are also more likely to be hospitalized and to miss school.¹¹¹ 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.¹¹²

Low income children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid. AHCCCS coverage is available for children in families with income up to 147 percent of the Federal Poverty Level (FPL) for those under age 1, and up to 141 percent of FPL for those ages 1 to 5 (and 133% for those from 6-19 years). Across the nation, state-run Children's Health Insurance Programs (CHIP) have provided health insurance to children up to age 19 in families with incomes too high to qualify them for Medicaid (AHCCCS). Enrollment in the Arizona version of CHIP, KidsCare, was suspended as of January 1, 2010, a particularly vulnerable time for families, following on the heels of the Great Recession.¹¹³ Arizona became the only state without an active CHIP program. However, in May 2016, the Arizona legislature voted to lift the freeze on KidsCare,¹¹⁴ and in July 2016 applications began to be accepted for the first time in six years, with coverage beginning September 1, 2016.¹¹⁵ Expanding health insurance availability for lower-income children can lead to health improvements, and to longer-term benefits such as increased high school and college graduation rates and higher lifetime earnings.¹¹⁶

Because a number of factors influence the health of a child before conception and in utero, the characteristics of women giving birth can have a substantial impact on the birth and developmental outcomes for their children. For instance, pregnancy during the teen years is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.¹¹⁷ Teenaged mothers (and fathers) themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not parents.^{118,119,120}

A mother's weight status can also influence her child's health. Women who are obese before they become pregnant have pregnancies with a higher risk of birth complications and neonatal and infant mortality.^{121,122} Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.¹²³ Maternal smoking is another factor that can greatly affect child outcomes. Babies born to mothers who smoke are more likely to be born early (pre-term), be low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than other babies.¹²⁴

One potentially harmful birth outcome that can have long-lasting effects are preterm births – births before 37 weeks of gestation. Preterm birth, in addition to being associated with higher infant and child mortality, often results in longer hospitalization, increased health care costs, and longer-term impacts such as physical and developmental impairments. Babies born at a low-birth weight (less than 2,500 grams or 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.¹²⁵

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

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.¹²⁶ The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for 1 year or longer.¹²⁷ Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.¹²⁸ Immunization against preventable diseases is another factor that protects children from illness and potentially death. In order to assure community immunity (also known as “herd immunity”), which helps to protect unvaccinated children and adults from contracting vaccine- preventable diseases, rates of vaccination in a community need to remain high.¹²⁹ Research shows that higher exemption rates of vaccines at the school-level have been associated with school-based outbreaks of preventable diseases such as measles and pertussis.¹³⁰

Oral health and good oral hygiene practices are also very important to children's overall health. According to the National Survey of Children's Health, the percentage of children in Arizona with excellent or very good oral health (65.7%) falls below the national level of 71.3 percent.¹³¹ Tooth decay and early childhood caries can have short and long term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.¹³²

In early childhood, illness and injury can cause not only trauma to a child but added stress for a family. Non-fatal unintentional injuries substantially impact the well-being of children,¹³³ and injuries are the leading cause of death in children in the United States.¹³⁴ Common causes of visits to the emergency

department for children 0-5 in Arizona include falls (particularly from furniture), collisions with an object, and natural events like bites and stings. Common causes for hospitalization of young children in Arizona include falls, poisoning, and assault/abuse.¹³⁵ Many of these injuries are preventable, prompting the Centers for Disease Control and Prevention to produce a National Action Plan for Child Injury Prevention, which outlines evidence-based strategies for addressing the challenge of keeping children safe.¹³⁶ The Arizona Department of Health Services has recognized the need to focus on reducing childhood injuries in Arizona, and identified that as one of their priorities in the Bureau of Women's and Children's Health Strategic Plan¹³⁷, as well as included it as part of their Arizona Injury Prevention Plan.¹³⁸

A child's weight status can have long-term impacts on health and well-being; in the United States, areas of concern tend to center around malnutrition and obesity, rather than undernutrition and underweight. Nationwide, it is estimated that about 3.8 percent of children ages 2-19 are underweight, 16.2 percent are overweight, and 17.2 percent are obese.^{139,140} Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.¹⁴¹ The first two years of life are seen as critical to the development of childhood obesity and its resultant negative consequences. Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships have all been shown to be related to higher childhood weight.¹⁴² One component of establishing a healthy weight – physical activity – also promotes improved visual-motor integration skills and object manipulation skills which in turn lead to improved executive function, social behaviors and ultimately school readiness for young children.¹⁴³ The availability and accessibility of recreational facilities and resources that promote physical fitness can impact the ability of both child and adult community members to reap the benefits of physical activity.

What the Data Tell Us

Access to Care

Health care services are available to residents from the Salt River Pima-Maricopa Indian Community Region through the Indian Health Service (IHS) Salt River Health Center, located in the region, and the IHS Phoenix Indian Medical Center (PIMC), a 127-bed hospital in Phoenix that offers a wide range of health care services, including obstetrics and gynecology, pediatrics, internal medicine, surgery, emergency medicine, psychiatry, optometry, physical therapy, and dental services. Phoenix Indian Medical Center has Centers of Excellence for Diabetes, Endocrinology, HIV, and Oncology and provides services to over 140,000 patients.¹⁴⁴ Local pediatric services are available through the Salt River Health Center.

Between October 2013 and September 2015 there were 7,045 IHS active users^{vii} (as defined by those who had one or more visits during the previous two years, were identified as members of the Salt River

^{vii} Please note that the number of active users represents all members of the Salt River Pima-Maricopa Indian Community (overall and for young children birth to 5) who received services at least once at the IHS Phoenix Service Unit during the stated time period, regardless of their place of residence. This is also the case with all other indicators included in this report where the Indian Health Service is the source. This means that some of the children and adults considered "active users" may not be living within the reservation boundaries but in the

Pima-Maricopa Indian Community and received services in the IHS Phoenix Service Unit).¹⁴⁵ Of those, 977 were children ages birth to 5 (Table 40). Figure 17 shows the number of well child visits by age at IHS facilities during that same time period. It is important to note that according to key informants in the region, the way IHS defines “tribal members” differs from the formal definition of tribal enrollment in the Salt River Pima-Maricopa Indian Community. Key informants noted that IHS only requires a Certificate of Indian Blood, and a declaration of affiliation with a tribe, but not necessarily proof of membership of that specific tribe. Additionally, patients from the Salt River Pima-Maricopa Indian Community seen at the IHS Phoenix Service Unit may reside off-reservation in the greater Phoenix Area, so the IHS data on active users is not fully equivalent with the population residing in the region.

A key factor in accessing health care is health insurance. According to estimates from the American Community Survey (ACS), 15 percent of young children in the region were estimated to be uninsured, along with 32 percent of the total population in the Salt River Pima-Maricopa Indian Community Region (Table 41). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage. Nevertheless, it is likely that ACS numbers shown in Table 41 below underestimate the number of children without health insurance in the region. The 2014 First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council Needs and Assets Report included data on the insurance status of young children from the Salt River Pima-Maricopa Indian Community Region for those served by IHS. According to this report, 29 percent of young children in the region did not have third-party insurance coverage in addition to the services provided by IHS.

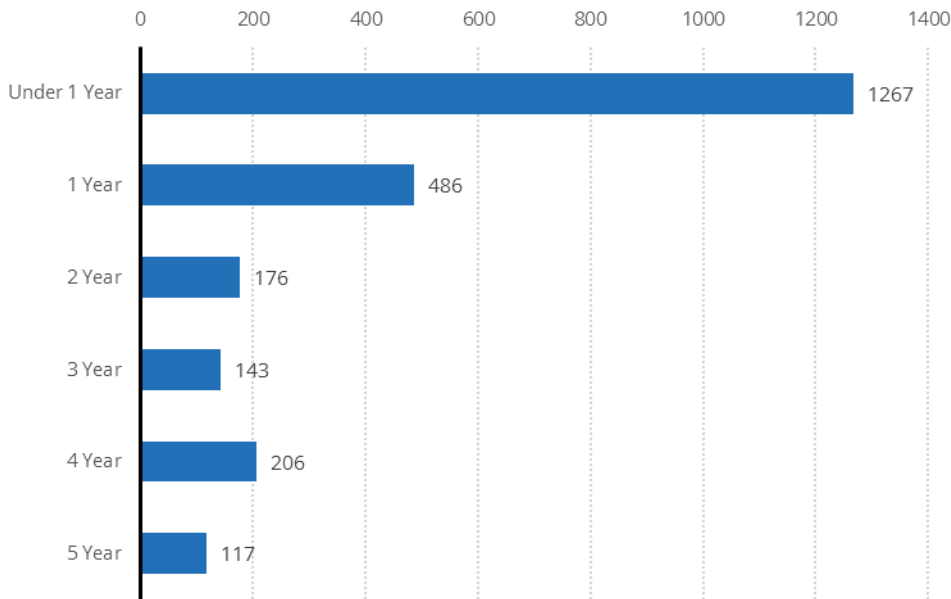
Table 40. Number of Active IHS Users from the Salt River Pima-Maricopa Indian Community, October 2013 to September 2015

	Young Children (Ages 0-5)	All Children (ages 0-17)	All Ages
Salt River Pima-Maricopa Indian Community	977	2,828	7,045

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

surrounding areas, which include the greater Phoenix metropolitan area.- Personal Communication, Indian Health Service – Phoenix Area, September 2016

Figure 17. Well Child Visits by Age at IHS Facilities, October 2013 to September 2015



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

Table 41. Estimated Proportion of Population Without Health Insurance

	Estimated population (ages 0-5)	Children (ages 0-5) without health insurance	Estimated population (all ages)	Persons (all ages) without health insurance
Salt River Pima-Maricopa Indian Community	488	15%	6,102	32%
ALL ARIZONA RESERVATIONS	19,868	18%	184,327	26%
Maricopa County	332,425	9%	3,918,121	16%
ARIZONA	531,825	10%	6,453,706	16%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B27001
Please note that the US Census does not consider eligibility for Indian Health Services as health insurance

Maternal Characteristics

In 2014, 120 babies were born to mothers residing in the Salt River Pima-Maricopa Indian Community Region (Table 42). Of the mothers who gave birth in the Salt River Pima-Maricopa Indian Community Region in 2014, the majority (86%) were American Indian or Alaska Native, while seven percent were Hispanic or Latina, and eight percent were non-Hispanic white (Figure 18). New mothers in the Salt River Pima-Maricopa Indian Community had lower educational attainment than mothers statewide; 38

percent had a high school education (31% statewide), whereas 23 percent had at least some college or professional education (23% statewide). Only one to four percent of mothers in the region had a Bachelor's degree or more, compared to 23 percent of mothers statewide (Table 43).

Most (83%) mothers were not married in the region, and 13 percent were aged 19 or younger (8% statewide) (Table 44). Six percent of mothers giving birth were aged 17 or younger, triple the percentage of teen mothers in the county or state. Key informants expressed concern about the high number of teen mothers in the region. They indicated that additional services are needed in the region both to help prevent teen pregnancy and also to support teens who have become parents at a young age. They suggested that parenting skills can be emphasized among high school youth in the community, even those who do not have children, because many of these youth have themselves been raised by young parents with limited parenting experience.

In the region, over 80 percent of births were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which was much higher than the statewide proportion of 55 percent. Of the births covered by a public payee (AHCCCS or IHS), the proportion of births covered by AHCCCS have dropped slightly from 2010 to 2014. Facilitating enrollment in AHCCCS can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through AHCCCS providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill a third-party insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing can then be used in other ways to benefit all tribal citizens. However, the SRPMIC only operates a health clinic and does not have a full service hospital.

With regards to tobacco use during pregnancy, a slightly lower proportion of mothers in the Salt River Pima-Maricopa Indian Community Region reported smoking while pregnant (4.2%) than across the state (4.6%), though this proportion was slightly higher than that reported in Maricopa County (3.7%). Smoking rates among pregnant women in all of these areas were higher than the Healthy People 2020 goal of 1.4 percent or less (Table 44). The percentage of children enrolled in the Salt River Pima-Maricopa Indian Community WIC program who were exposed to smoking in the household was between two and five percent between 2011 and 2015 (Figure 20. Children (ages 0-4) in the SRPMIC WIC Program Exposed to Smoking in the Household). Exposure to secondhand smoking puts children at a higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome.¹⁴⁶ Key informants noted that there continues to be a need to promote healthy behaviors during pregnancy such as stopping the use of tobacco and alcohol as well as seeking prenatal care early on.

Another aspect of maternal health that is linked to both birth outcomes and a child's subsequent health is maternal obesity. Among Arizonan women overall, about 51 percent were overweight or obese before pregnancy in 2014. Among women who participate in the state's WIC program, this rate was higher – 58 percent, which is to be expected given that low-income women are more likely to be obese in the United States. In the Salt River Pima-Maricopa Indian Community Region, this rate was higher still: 24 percent of women were overweight, and 49 percent were obese, for a total of 73 percent who were overweight or obese before becoming pregnant (Figure 21). The rate of pre-pregnancy obesity in the region has increased slightly from 2011 to 2015, though it decreased from its peak of 61 percent to 49

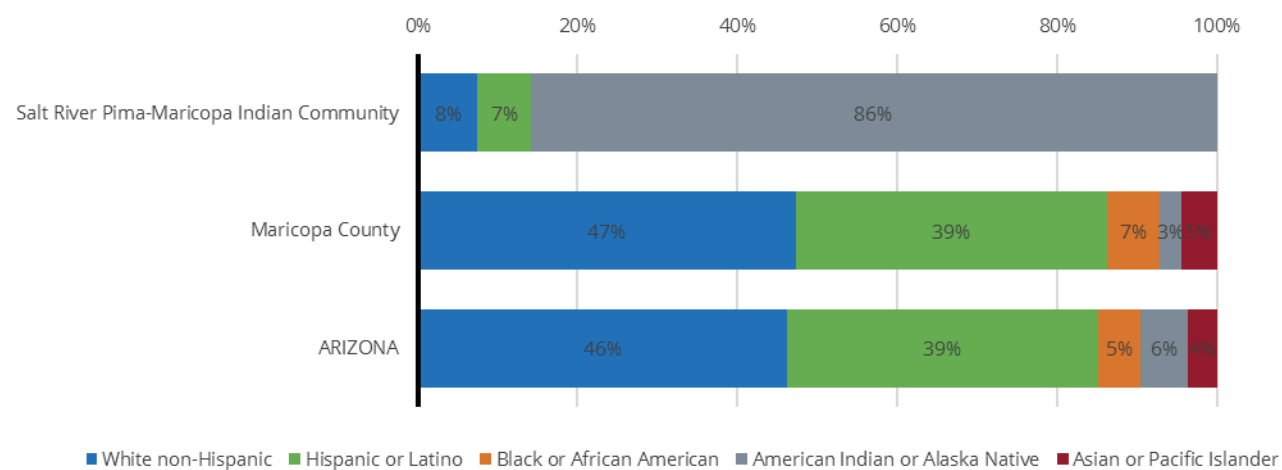
percent in 2015 (see Figure 22). In Arizona, pre-pregnancy obesity rates for women enrolled in WIC increased from 27 percent in 2012 to 31 percent in 2015.

Table 42. Live Births During Calendar Year 2014, by Mother's Place of Residence

	Total number of births to Arizona-resident mothers in 2014
Salt River Pima-Maricopa Indian Community	120
ALL ARIZONA RESERVATIONS	N/A
Maricopa County	55,285
ARIZONA	86,648

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

Figure 18. Race and Ethnicity of Mothers Giving Birth in 2014



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

Table 43. Live Births During Calendar Year 2014, by Mother's Educational Attainment

	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Salt River Pima-Maricopa Indian Community	34% to 38%	38%	23%	1% to 4%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
Maricopa County	20%	24%	30%	26%
ARIZONA	20%	25%	31%	23%

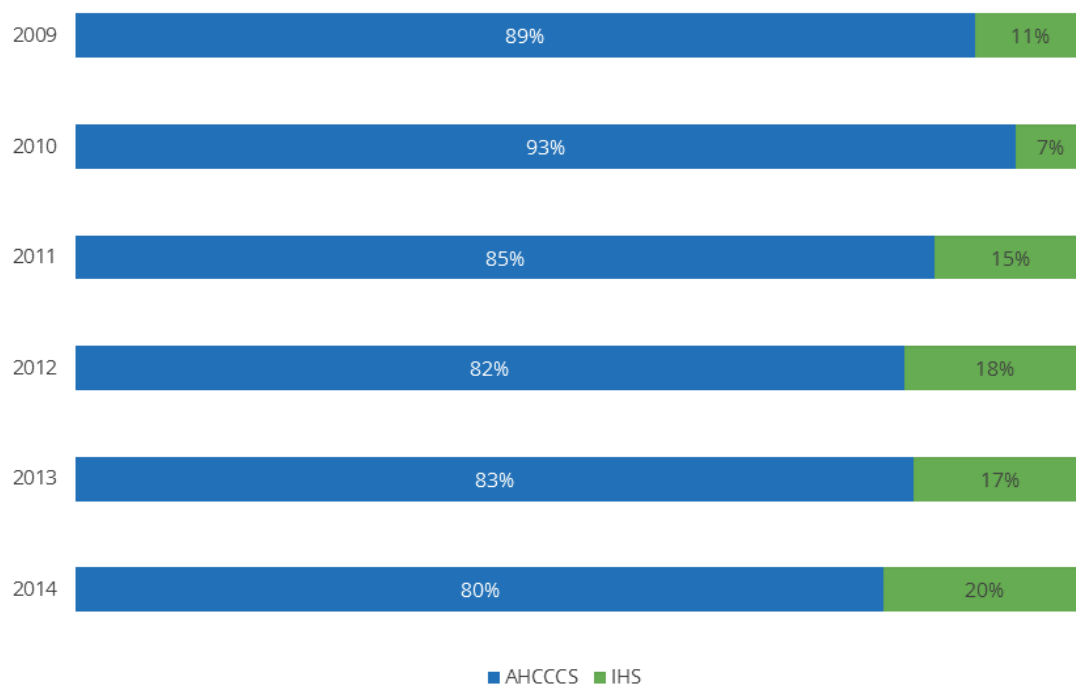
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data. Please note that due to the suppression guidelines, an exact percentage cannot be shown on the first and last columns for the region. Instead, a range of possible percentages is provided, where the true number lies within this range.

Table 44. Other Characteristics of Mothers Giving Birth in 2014

	Mother was not married	Mother was 19 or younger	Mother was 17 or younger	Birth was covered by AHCCCS or Indian Health	Tobacco use during pregnancy
Salt River Pima-Maricopa Indian Community	83%	13%	6%	84%	4.2%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
Maricopa County	43%	7%	2%	52%	3.7%
ARIZONA	45%	8%	2%	55%	4.6%

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

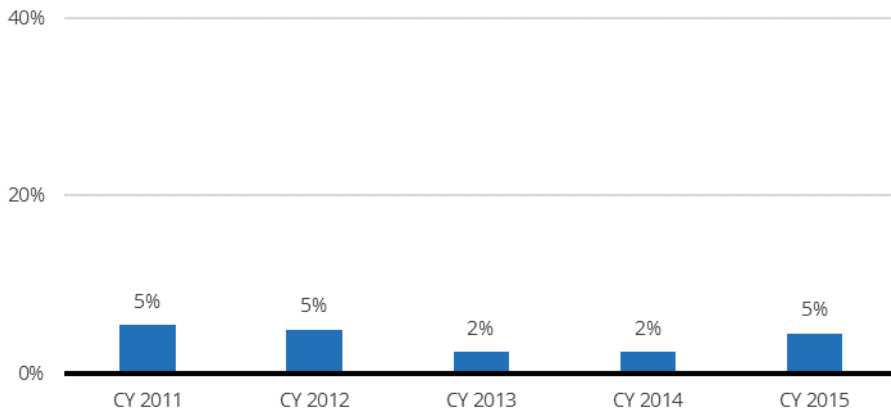
Figure 19. Percent of Public Payee Births covered by AHCCCS or IHS, 2009-2014



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

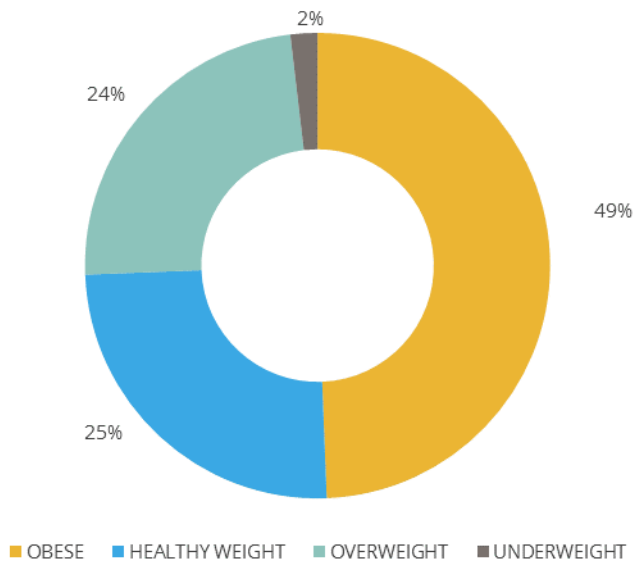
Note: This figure only represents births paid for by a public payee (AHCCCS or IHS). Births paid for through private insurance or some other form of payment are not included in this figure.

Figure 20. Children (ages 0-4) in the SRPMIC WIC Program Exposed to Smoking in the Household



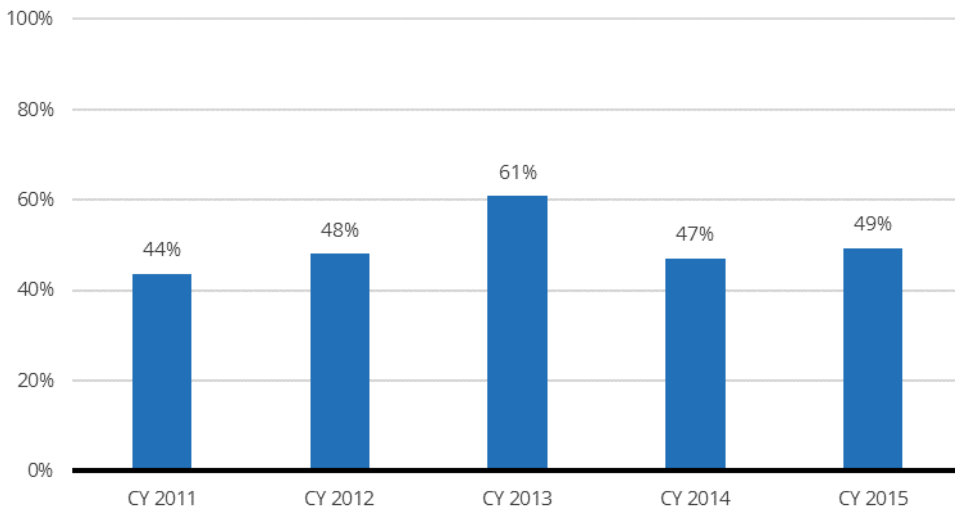
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 21. Pre-pregnancy Weight Status of Women in the SRPMIC WIC Program, 2015



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

Figure 22. Pre-pregnancy Obesity Rates for Women in the SRPMIC WIC Program



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

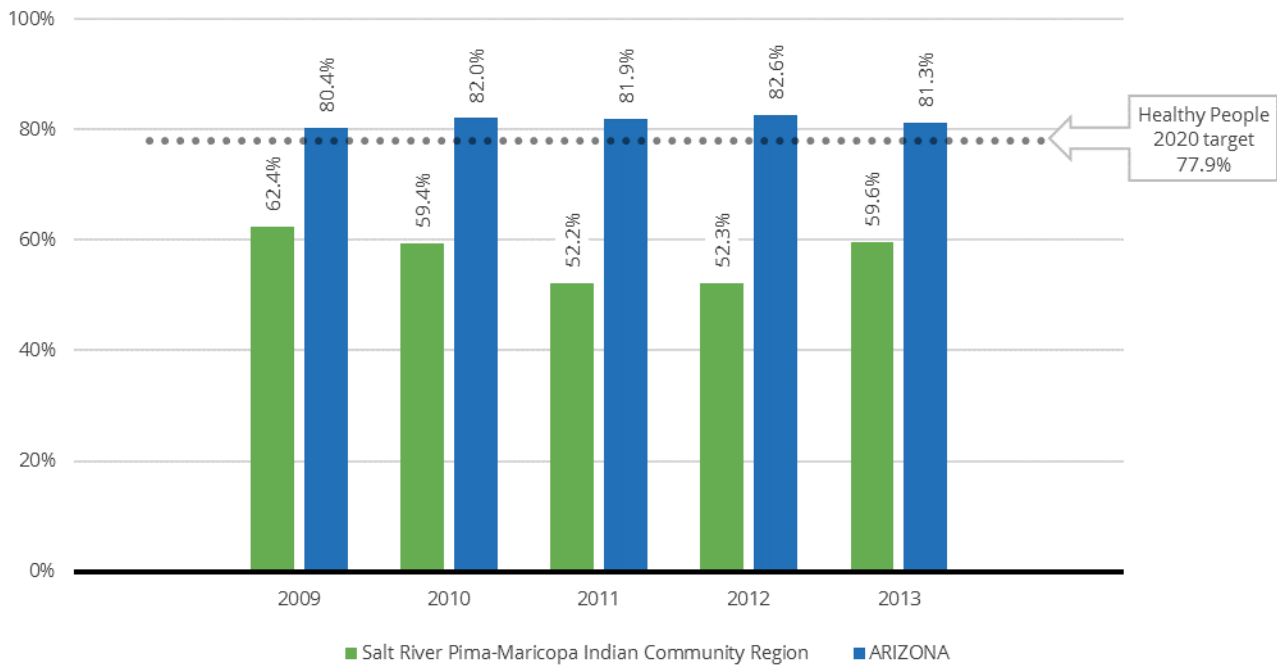
Prenatal Care

The Healthy People 2020 goal is that at least 77.9 percent of pregnant women receive prenatal care that begins in the first trimester of pregnancy. Prior to 2014, the percent of births with prenatal care beginning in the first trimester had ranged from 52.2 to 62.4 percent, far below the Healthy People 2020 target (Figure 23; Table 45). In 2014, the Arizona Department of Health Services introduced major changes in the way that prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates. The new calculations have resulted in a much higher number of birth certificates with “unknown” prenatal care status (9.2% in the Salt River Pima-Maricopa Indian Community Region). Of those with known prenatal care status, only 58.7 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state (Table 45). It is not clear if this represents an actual decline, or is an artifact of the new reporting system.

There is a downward trend in the proportion of Arizona women of child-bearing age (18-45) who report that a doctor, nurse or other health care worker ever talked with them about ways to prepare for a healthy pregnancy and baby (that is, discussed preconception health). Statewide, this rate has fallen from 47 percent in 2011, to 35 percent in 2014; in Maricopa County the rate in 2014 was 33 percent.¹⁴⁷

A high proportion of mothers lacked adequate prenatal care in the region; nearly one in five babies (17.5%) in the Salt River Pima-Maricopa Indian Community Region were born to mothers who had had fewer than five prenatal care visits, nearly three times the proportion in the state (Table 45). Seven percent of mothers in the region had no prenatal visits at all. This lack of prenatal care may have negative effects on maternal and infant health.

Figure 23. Percent of Births With Prenatal Care Begun in First Trimester, 2009-2013



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

Table 45. Live Births During Calendar Year 2014, by Number of Prenatal Visits

	No visits	1 to 4 visits	5 to 8 visits	9 to 12 visits	13 or more visits	Percent of births with fewer than five prenatal care visits	Percent of births with prenatal care begun in first trimester
Salt River Pima-Maricopa Indian Community	7%	11%	31%	30%	19%	17.5%	58.7%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	2%	3%	13%	49%	32%	4.9%	74.4%
ARIZONA	2%	4%	15%	47%	31%	6.5%	71.7%

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

Birth Outcomes

With regard to perinatal health, babies in the Salt River Pima-Maricopa Indian Community Region were doing slightly better than babies statewide in 2014. In 2014, only five percent of babies were low birth weight, compared to seven percent across the state (Figure 24). The percent of premature births was lower in the region than in the state, with 8.3 percent in the region, and 9.0 percent across the state

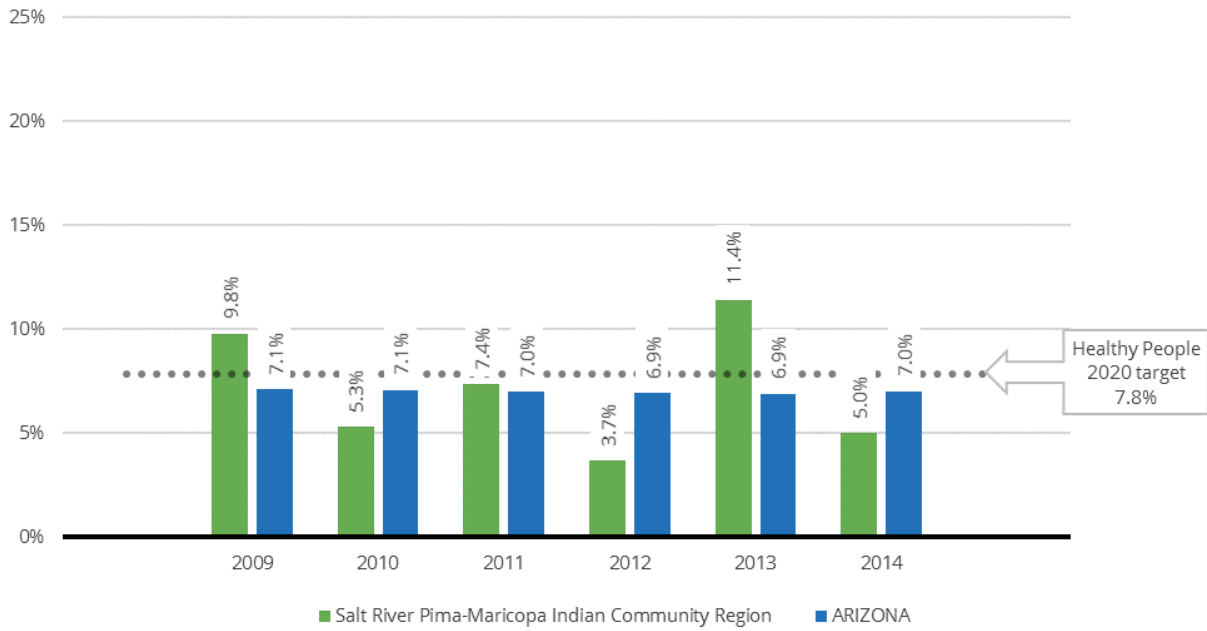
(Figure 25). Healthy People 2020 objectives include that fewer than 7.8 percent of babies are born at low birth weights and fewer than 11.4 percent are born preterm, meaning that the Salt River Pima-Maricopa Indian Community Region has achieved the Healthy People 2020 goal for both low birthweight and preterm births (Figure 24 and Figure 25). A higher proportion (10%) of newborns in the region were admitted to a Neonatal Intensive Care Unit (NICU) than in Maricopa County (7%) or across the state (7%).

In 2015, about 5 out of 100 newborns (5.1%) did not pass an initial hearing screen. While 3.1 percent of those screened required a diagnostic evaluation, none were found to have confirmed hearing loss (Figure 37). The rate of newborns requiring screening was much higher than that statewide, but a lower percentage were found to have hearing loss (Figure 26). According to this dataset, 93 percent of newborns from the Salt River Pima-Maricopa Indian Community Region were born at Phoenix Indian Medical Center, Honor Health- Scottsdale Osborn Medical Center, Banner Desert Medical Center, or Honor Health- Scottsdale Shea Medical Center in 2015. Other hospitals where Salt River Pima-Maricopa Indian Community Region births occurred included Abrazo Central Campus, Banner Baywood Medical Center, Banner University Medical Center-Phoenix, and Maricopa Medical Center.

Infants enrolled in the Salt River Pima-Maricopa Indian Community WIC program did not meet the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed in the Salt River Pima-Maricopa Indian Community Region (2015: 48%) (Figure 27). Statewide, 71.2 percent of WIC-enrolled infants were ever breastfed in 2015. Data on the complete (i.e., including those not participating in WIC) Salt River Pima-Maricopa Indian Community Region infant population are unavailable. However, data from the National Immunization Survey on children born in 2013 estimated the Arizona statewide rate of infants ever-breastfed was 85.0 percent, suggesting that WIC participants are less likely to be breastfed than other infants. The percent of infants in the Salt River Pima-Maricopa Indian Community WIC program who were ever breastfed decreased from 2011 to 2015. However, the percent of infants breastfed for six months or more has increased since 2011, with 18 percent of infants being breastfed for six months or more in 2015.

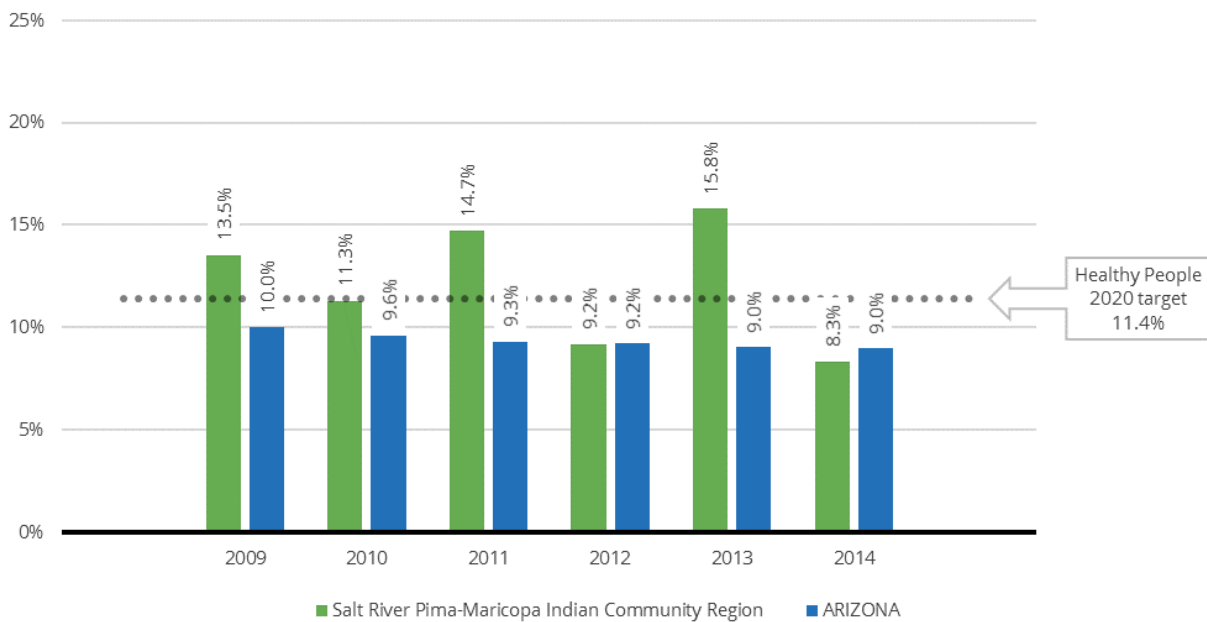
According to the 2015 National WIC Report, 12.3 percent of infants in the Salt River Pima-Maricopa Indian Community WIC program were fully breastfed and 5.8 percent were partially breastfed. This is lower than the average for all Inter-Tribal Council of Arizona (ITCA) WIC programs, where 13.2 percent of infants were fully breastfed and 9.7 percent were partially breastfed.¹⁴⁸ In recent years, IHS has undertaken the Baby-Friendly Hospital Initiative and increased the share of infants breastfed in many tribal communities.¹⁴⁹ All 13 IHS obstetric hospitals are now baby-friendly, including Phoenix Indian Medical Center.¹⁵⁰

Figure 24. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less)



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

Figure 25. Percent of Babies Born Premature in 2014 (37 Weeks or Less)



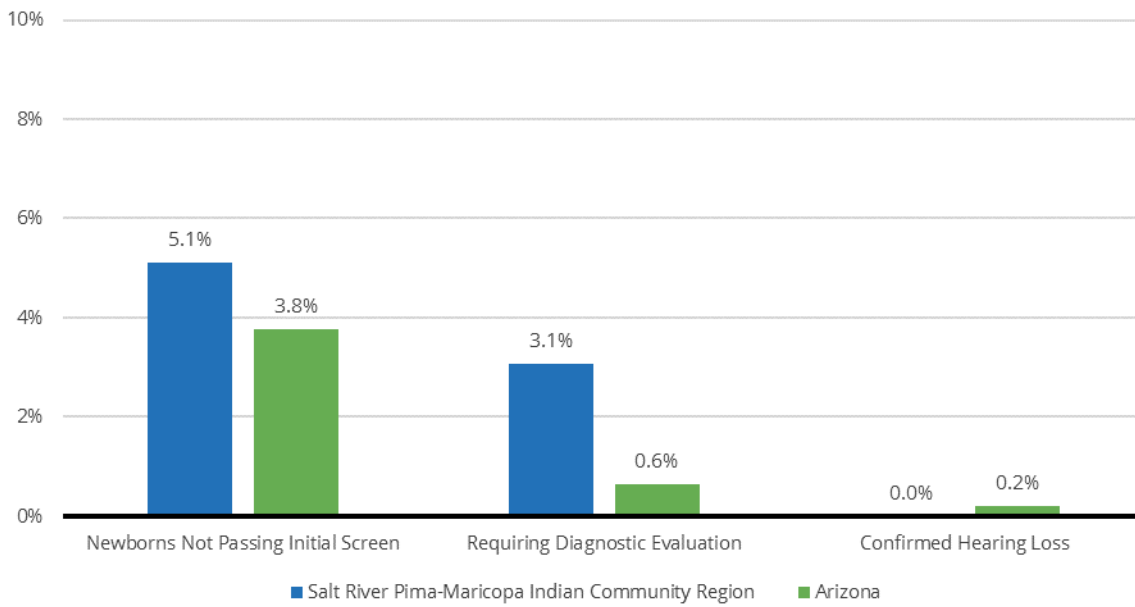
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 46. Newborn Intensive Care Unit Admissions

	Newborns admitted to intensive care unit
Salt River Pima-Maricopa Indian Community	10%
ALL ARIZONA RESERVATIONS	N/A
Maricopa County	7%
ARIZONA	7%

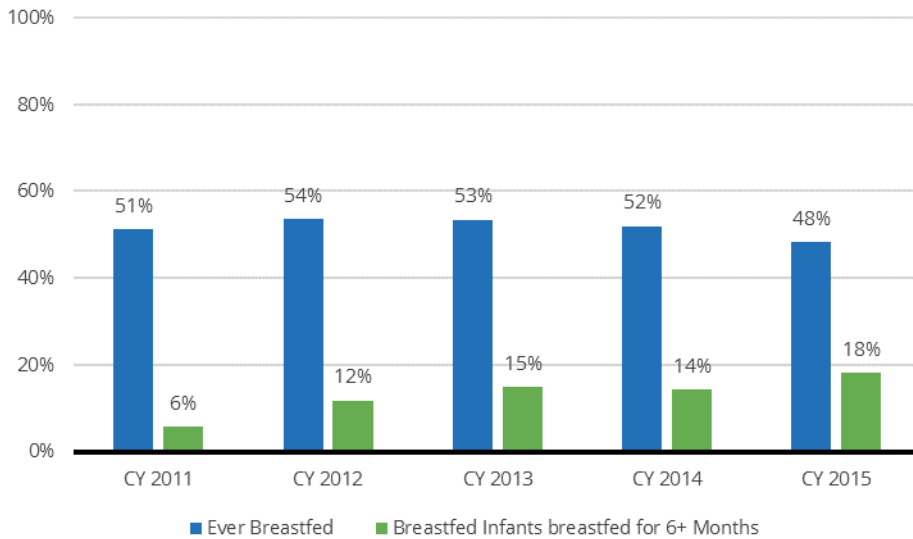
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 26. Newborn Hearing Screening Results



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

Figure 27. Breastfeeding Rates for Infants in the Salt River Pima-Maricopa Indian Community WIC Program



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

Immunizations

The Healthy People 2020 target for vaccination coverage of kindergarteners is 95 percent for the DTAP, MMR, Polio, Hepatitis B, and Varicella vaccines. Kindergarteners in the region are meeting the Healthy People 2020 goals for all immunizations except for MMR, whereas statewide kindergarteners are meeting this goal three of the five required vaccines. Rates of personal exemptions for vaccinations among children in kindergarten (2.1%) in the region were much lower than exemption rates at the state level (4.5%) (Table 47).

Table 47. Vaccination Rates and Exemption Rates for Kindergarteners

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more Hep B	One or more Varicella	Personal exemption	Medical exemption
Salt River Pima-Maricopa Indian Community	48	96%	96%	94%	98%	98%	2.1%	2.1%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	54,019	94%	94%	94%	95%	97%	4.9%	0.3%
ARIZONA	83,088	94%	95%	94%	96%	97%	4.5%	0.3%

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

Note: Data is for Salt River Elementary School

Oral Health

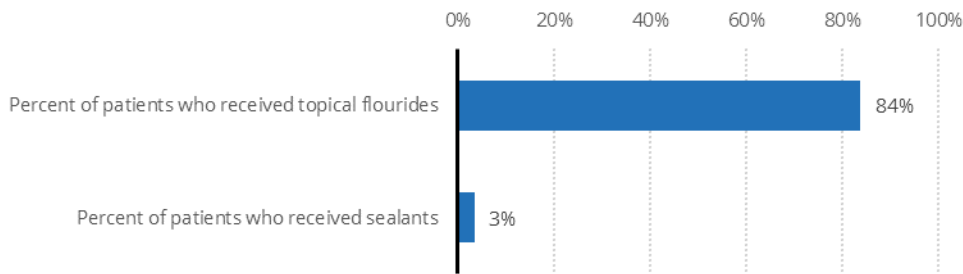
More children in kindergarten in Arizona (52%) have tooth decay compared to children across the nation (36%). Within Arizona, American Indian (76%) children are more likely to experience tooth decay than white children (34%).

In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate that is 4 times than that of White children. The IHS Oral Health Survey collected data from preschool-age children in 2012 and 2014. During this last year, survey data were collected from a total of 11,873 children ages 1 to 5 from all IHS Areas, including 796 children from the Phoenix Area which includes the Salt River Pima-Maricopa Indian Community. Results from the survey show that that 43 percent of AI/AN children ages 3 to 5 have untreated tooth decay. American Indian/Alaska Native children begin to experience tooth decay at an early age: 18 percent of the one-year old children participating in the survey already had tooth decay. In addition, the prevalence of decay experience in the primary teeth rises sharply with age, with 76 percent of five-year old children experiencing this condition. This means that prevention efforts are essential before the age of two in the reduction of tooth decay prevalence among AI/AN children. The survey also found that many AI/AN children were not receiving adequate dental care and there was an underutilization of dental sealants on AI/AN children's primary molars.¹⁵¹ While the state of Arizona has met its own 2020 benchmark of no more than 32% of children with untreated tooth decay and is on track towards the Healthy People's 2020 target (26%),¹⁵² there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

Data from the Indian Health Services show that a total of 816 unique children (84%) ages birth to 5 received topical fluoride applications between October 2013 and September 2015 from the Salt River Pima-Maricopa Indian Community (Figure 28). Thirty-three children (3%) received sealant applications in that same period, which is higher than that found in the 2014 IHS Oral Health Surveys discussed above: only six percent of American Indian/Alaska Native (AI/AN) children participating in the survey had at least one dental sealant on a primary molar tooth.

As discussed above, children enrolled in the Salt River Pima-Maricopa Indian Community Early Childhood Education Center receive access to dental screenings and preventative care. According to data from the 2014-2015 school year, 48 percent of preschoolers and 18 percent of infants and toddlers received dental exams.

Figure 28. Children (Ages 0-5) Receiving Oral Health Care through IHS



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

Childhood Injury, Illness and Mortality

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

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

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

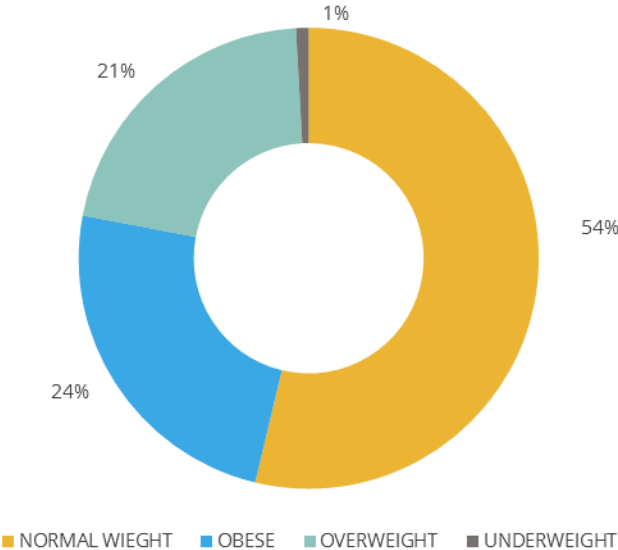
Weight Status

Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Data from the Indian Health Service for children from the Salt River Pima-Maricopa Indian Community indicate that 16.3 percent children (ages 2-5) are obese. According to data from the 2013-2014 National Health

and Nutrition Examination Survey (NHANES), 9.4 percent of children ages 2 to 5 were obese nationwide.¹⁵³

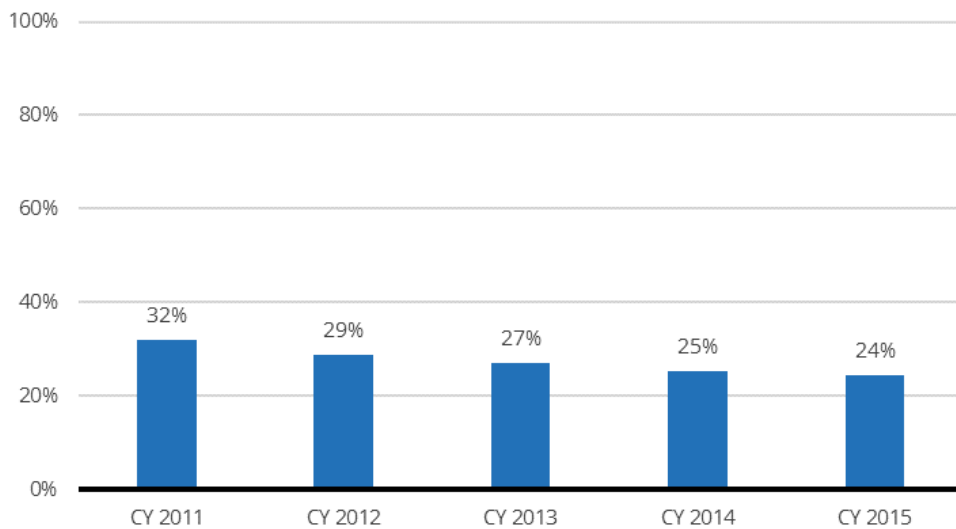
Data on the weight status of children in the region were also available from the Salt River Pima-Maricopa Indian Community WIC program. In 2015, 24 percent of the children (ages 2 to 4) participating in the program were obese and an additional 13 percent were overweight (Figure 29). The obesity rate for young children steadily decreased from 32 percent in 2011 to 24 percent in 2015 (Figure 30). Over a similar period of 2012 to 2015, statewide obesity rates for children ages 2 to 4 enrolled in WIC fell from 12.7 percent to 11.4 percent. The marked decrease in the proportion of children in the Salt River Pima-Maricopa Indian Community WIC program who are obese is a positive development in the region. Nevertheless, even with this decline in the obesity rates, the region appears to not be meeting the Healthy People 2020 target for childhood obesity.

Figure 29. Weight Status of Children (ages 2-4) in the SRPMIC WIC Program, 2015



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

Figure 30. Obesity Rates for Children (ages 2-4) in the SRPMIC WIC Program



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



FAMILY SUPPORT AND LITERACY

Why Family Support and Literacy Matter

Parents, caregivers and families who provide positive and responsive relationships support optimal brain development during a child's first years^{154,155} and promote better social, physical, academic and economic outcomes later in that child's life.^{156,157} Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.¹⁵⁸ Literacy promotion is so central to a child's development that the American Academy of Pediatrics has identified it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.¹⁵⁹ Reading aloud, singing songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. In 2014, First Thing First conducted the Parent and Caregiver survey, a face-to-face survey of parents and caregivers in tribal regions. This survey was based on a subset of items from the 2012 First Things First phone-based Family and Community Survey that inquired about a parent or caregiver's knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development. Data on the amount and quality of the interaction parents and caregivers typically have with their children can be useful to inform programs and policies to encourage positive engagement.

Not all children are able to begin their lives in the most positive, stable environments. Adverse Childhood Experiences (ACEs)¹⁶⁰ have been linked to risky health behaviors (such as smoking, drug use and alcoholism), chronic health conditions (such as diabetes, depression, obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.¹⁶¹

Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).¹⁶²

Children subject to maltreatment and neglect often suffer physical, psychological and behavioral consequences, and in fact are much more likely to have interactions with the criminal justice system in later life.¹⁶³ Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.¹⁶⁴

Behavioral health supports are often needed to address issues of domestic violence, maltreatment, abuse and neglect that children may face. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."¹⁶⁵ When young children experience stress and trauma they have limited responses available to react to those experiences.

Children exposed to alcohol and drugs neonatally also face a number of challenges. Newborns exposed to alcohol or drugs in Arizona had higher incidences of low birthweight (23.2% compared to 7% for all births), higher incidences of respiratory symptoms, and higher incidences of feeding difficulties. The median total charges related to care were also double that of other hospital births.¹⁶⁶ Opiate use during

pregnancy, both illegal and prescribed use, has been associated with neonatal abstinence syndrome (NAS), where infants born exposed to these substances exhibit withdrawal creating longer hospital stays, increased health care costs and increased complications for infants born with NAS.¹⁶⁷ Infants exposed to cannabis (marijuana) in utero often have a decrease in birth weight, and are more likely to be placed in neonatal intensive care, compared to infants whose mothers had not used the drug during pregnancy.¹⁶⁸ Research suggests that alcohol and drug exposure may be linked to behavioral issues and developmental delays as a child develops, creating a need for extra supports when a child enters school.¹⁶⁹

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

What the Data Tell Us

Family Involvement

Family involvement activities are also available in the Community through the various early learning programs in the region. For instance, the Early Enrichment Program puts a strong emphasis on parent participation and involvement. Parents of children in the program are encouraged to participate in program activities at any time, and monthly family activities are part of the regular curriculum. Staff with the program are able to stay in touch with the parents every day during pick-up and drop-off times. Parent participation is typically very good, and most parents (and often also extended family members) take part in the events organized by the program.

At the Early Childhood Education Center, the Family Services team is composed of a Family Services Coordinator, a Family Involvement Specialist, two Parent Educators, and five Family Advocates. Each Advocate works with an average of 50 families, and has approximately two contacts per family per month. The caseload for Parent Educators is ten families each, with about 44 home visits per year per family. Examples of family involvement activities organized by the Family Services team include several multi-session parenting classes including some that are geared towards teen parents, and other special events for specific groups of caregivers such as Mom's Club, Burritos for Dads, and Grandparents Breakfast among others.¹⁷⁰

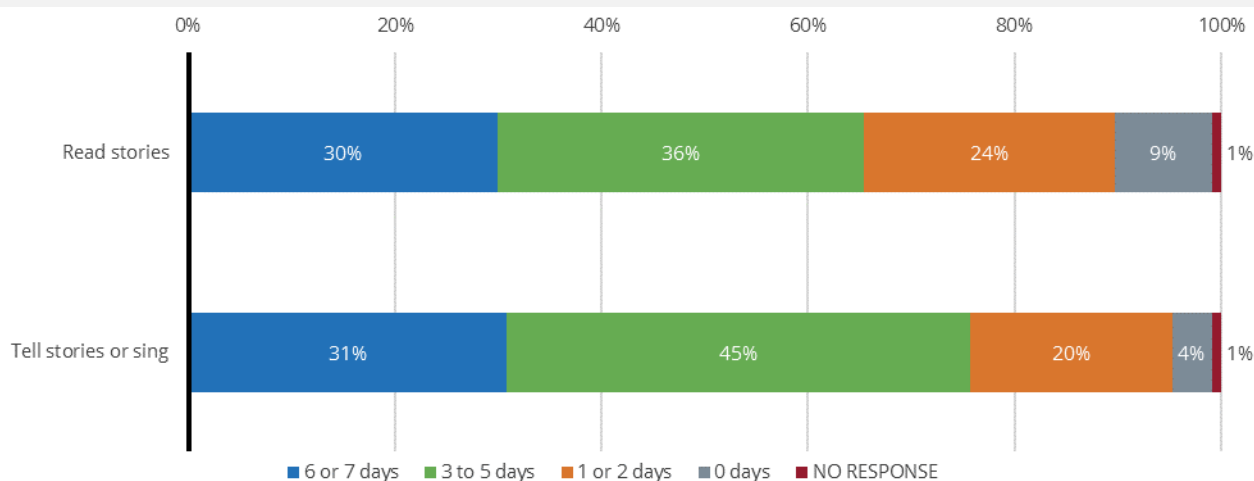
First Things First provides grant funds for parenting seminars through the Parent Outreach and Awareness Strategy. This strategy provides 124 parenting workshops through the SRPMIC Education Division. The workshops consist of the Community WISH adult parenting program, the Empowering You adult parenting program that utilizes the community college curriculum making participants eligible to obtain college credit, and the Student Parent Academy (SPA) teen parenting class. The WISH program and Student Parent Academy utilizes a variety of evidence based curriculums and Life Skills training.

The Tribal Social Services Department also offers parent education services. Programs offered include a 10-week parenting course, and a 6-week Advanced Parent Training which began in the fall of 2015 with more focused topics aimed at supporting more practical skills such as setting boundaries. The Life Enhancement and Resource network houses the Fatherhood program, an intensive 6-month program, as well as Healthy Relationships classes.

The First Things First Salt River Pima-Maricopa Indian Community Region Parent and Caregiver Survey, conducted with parents in the spring of 2014, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The survey included two items about home literacy activities. Figure 31 shows the distribution of responses to these two questions that asked parents about the frequency of reading and telling stories or singing to young children in the household.

Thirty percent of survey respondents reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly larger fraction (33%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was somewhat more frequent. In more than three-quarters of the homes (76%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 3.8 days per week, and singing songs or telling stories 4.2 days per week.

Figure 31. Number of Days Per Week for Home Literacy Activities



Source: FTF Parent & Caregiver Survey (2014).

Note: The survey questions were “How many days per week did someone read stories to your child?” and “How many days per week did someone tell stories or sing songs to your child?”

Key informants interviewed for this report highlighted the wide array of services available to families with young children in the Salt River Pima-Maricopa Indian Community Region as asset. Nevertheless, key informants also indicated that families are not always aware of the types of supports that they can access within the Community. The early learning programs in the region have in place mechanisms to encourage parent awareness of resources available to them. At the ECEC, for instance, a Family Involvement Specialist is in charge of partnering with other programs in the region, setting up events, and helping families access resources.

Child Welfare

Child Welfare services in the Salt River Pima-Maricopa Indian Community are provided by the Tribal Social Services Department, Tribal Child Protective Services (CPS) and the Family Advocacy Center. In 2014 and 2015, 711 youth (aged 0-17) became wards of the Salt River Pima-Maricopa Indian Community. Those children were most frequently placed in foster homes, (40% in 2014; 53% in 2015) or with relatives (32% 2014; 27% 2015) (Figure 32). Tribal CPS removals have been decreasing since 2012, from a high of 144 to a low of 51 in 2015 (Figure 33). Table 48 shows data specific to children aged 0-5, with a decrease in the number of tribal CPS removals for that age group from 42 in 2014 to 26 in 2015. Accompanying the decrease in removals was an increase in the number of available foster care beds from 2014 to 2015, with 14 on-reservation beds available in 2014 and 18 on and off-reservation beds available in 2015 (Table 49). The total number of foster care homes available remained at less than 10 during both years.

According to key informants, the recent decreases in tribal CPS removals may be the result of a change in approach. Decisions about removals are now made using Structured Decision Making, a safety and risk decision tool, and staff is trained in this assessment and works closely with the family, safety planning with families within the context of the resources they have. In addition, in 2014, a new prevention team, Circles of Support, began. Now two teams, with a therapist, case manager and behavior coach, work closely with families with CPS involvement for a period of approximately six months to provide in-home intensive services and link families to outside resources. The goal of this work is to more successfully maintain children in the home. In addition, the Tribal Permanency Ordinance ensures that children who have been removed from their homes by Tribal CPS do not 'age out of the system' before they find a permanent home.

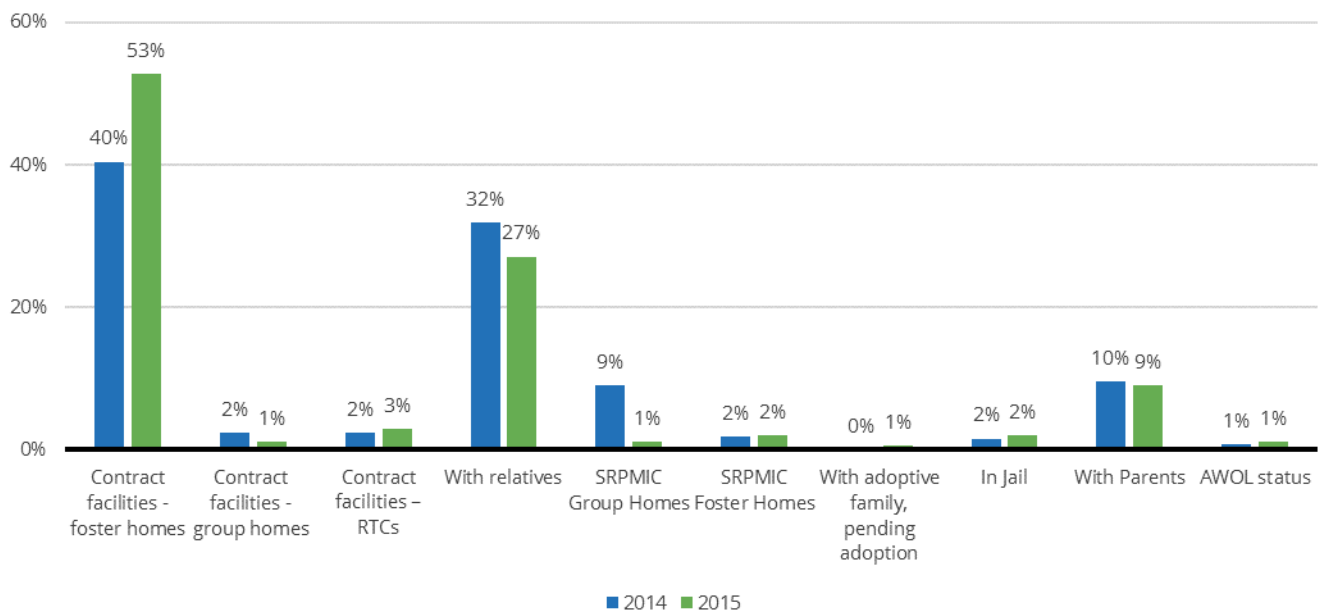
Under the Indian Child Welfare Act (ICWA), tribes must be notified of all minors who are enrolled or are eligible for enrollment and are under the custody of the state's child welfare system. The number of Salt River Pima-Maricopa Indian Community children in ICWA placements as reported by the Tribal Social Services department also shows a decrease in recent years, from a high of 110 in 2013, to 79 in 2015 (Figure 34). The SRPMIC Family Advocacy Center (FAC) mission statement says the FAC "provides a secure and healing environment for the investigation of case involving child abuse and neglect by utilizing a collaborative, multi-disciplinary team to reduce further harm to children and other vulnerable victims, while honoring the cultural values and traditions of the Salt River Pima-Maricopa Indian Community." The Family Advocacy Center opened in 2009 (although the multidisciplinary team approach was already in place, but the opening of the Center allowed for the team's co-location). The FAC multidisciplinary team housed in this one-stop location consists of: FAC staff, Tribal Child Protective Services, and tribal police and prosecution. The FAC facility is not a shelter for overnight stays, but it allows children to rest, bathe and eat as needed, and it includes a clean and welcoming play room where children are supervised while investigations are on-going. It also includes a forensic-interview room.

This unique multidisciplinary, co-location model allows the different agencies involved in a case of child neglect or abuse to cross-communicate quickly and accurately so that joint decisions regarding a case can be made promptly and based on all possible information available. Advantages of this approach include:

- Reducing the number of interviews a child victim must go through, limiting trauma to the child
- Creating a comfortable, child-friendly environment for the investigation (instead of a hospital ER or police station)
- Greatly reducing the time victims and their families spend assisting with the investigation
- Reducing Police and Child Protective Services investigative time
- Increasing communication between agencies; better understanding of their roles and case needs

The Crisis Response Team works with the tribally-run FAC as well as the Mesa FAC and Health and Human Services Crisis Team. Beginning in October, 2015, there is also a community contact who is now available 24/7 to respond to crisis calls.

Figure 32. Placement of Court Wards, 2014-2015



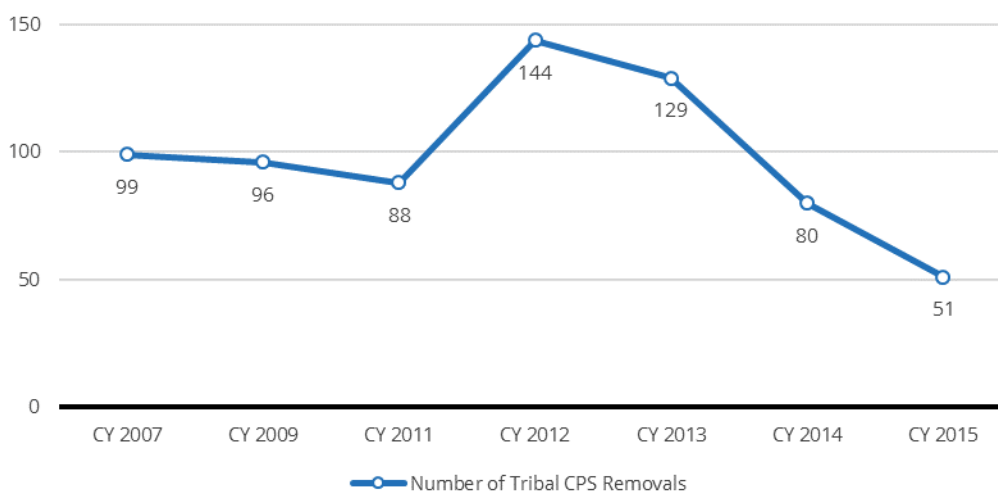
Source: Salt River Pima-Maricopa Indian Community Social Services Department (2016) [Child Welfare Dataset]. Unpublished data.

Table 48. Tribal CPS Removals

	2014	2015
Children (ages 0-5) Removed by Tribal CPS	42	26
Children (ages 0-17) Removed by Tribal CPS	80	51

Source: Salt River Pima-Maricopa Indian Community Social Services Department (2016). [Child Welfare]. Unpublished data.

Figure 33. Tribal CPS Removals of Children (ages 0-17), 2007-2015



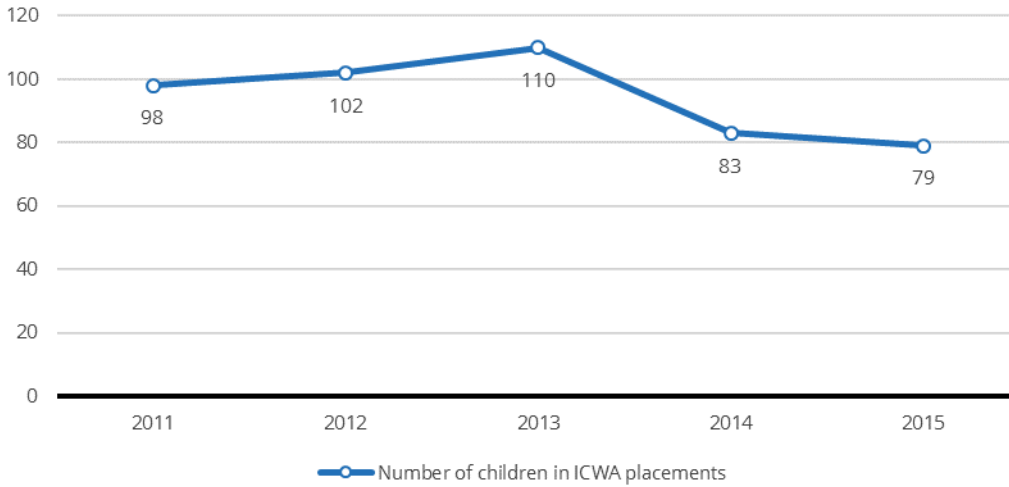
Source: Salt River Pima-Maricopa Indian Community Social Services Department (2016) [Child Welfare Dataset]. Unpublished data.

Table 49. Foster Care Availability

	2014 On-Reservation	2014 Off-Reservation	2014 Total	2015 On-Reservation	2015 Off-Reservation	2015 Total
SRPMIC Foster Care Homes	<10	0	<10	<10	<10	<10
SRPMIC Foster Care Beds	14	0	14	16	<10	18

Source: Salt River Pima-Maricopa Indian Community Social Services Department (2016). [Child Welfare]. Unpublished data.

Figure 34. Number of Children (ages 0-17) in ICWA Placements



Source: Salt River Pima-Maricopa Indian Community Social Services Department (2016) [Child Welfare Dataset]. Unpublished data.

Behavioral Health

In Arizona, the Arizona Health Care Cost Containment System (Arizona’s Medicaid program) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer publically-funded behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs.^{viii} Maricopa County, where the Salt River Pima-Maricopa Indian Community Indian Tribe is located, is served by the Central GSA, which is serviced by Mercy Maricopa Integrated Care (MMIC).

Each year from 2012 to 2015, fewer than 25 pregnant or parenting women received publically-funded behavioral health services through the Central GSA in the Salt River Pima-Maricopa Indian Community Region (Table 50). Fewer than 25 children ages 0 to 5 received behavioral health services in the region in that same period (Table 51).

^{viii} Arizona Regional Behavioral Health Areas. See <https://www.azahcccs.gov/img/BehavioralHealth/ARBHAMap.jpg>

Table 50. Number of Pregnant or Parenting Women Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Salt River Pima-Maricopa Indian Community	<25	<25	<25	<25	DS
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
Maricopa County	13,607	12,486	8,672	9,386	-31%
ARIZONA	19,134	17,731	13,657	14,546	-24%

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

Table 51. Number of Children (Ages 0 to 5) Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Salt River Pima-Maricopa Indian Community	<25	<25	<25	<25	DS
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
Maricopa County	7,000	8,019	6,250	8,515	22%
ARIZONA	13,110	14,396	12,396	14,374	10%

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



COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS^{ix}

^{ix} This section of the report was prepared by the First Things First Communications Division.

Why Communication, Public Information, and Awareness Matters

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

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

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

What the Data Tell Us

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

Results of these statewide efforts from SFY2011 through SFY2016 include:

- More than 2,000 formal presentations to community groups which shared information about the importance of early childhood;
- Nearly 230 tours of early childhood programs to show community members and community leaders in-person how these programs impact young children and their families;

- Training of almost 8,700 individuals in using tested, impactful early childhood messaging and how to best share that message with others;
- The placement of more than 2,400 stories about early childhood in media outlets statewide;
- Increased digital engagement through online platforms for early childhood information, with particular success in the growth of First Things First Facebook Page Likes, which grew from just 3,000 in 2012 to 124,000 in 2016.
- Statewide paid media campaigns about the importance of early childhood from FY10 through FY15 included traditional advertising such as television, radio and billboards as well as digital marketing. These broad-based campaigns generated millions of media impressions over that time frame; for example in FY15 alone, the media campaign yielded over 40 million media impressions.

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

Table 52. First Things First Engagement of Early Childhood supporters, SFY2014 through SFY2016

	Friends	Supporters	Champions
ARIZONA	21,369	3,102	908

In addition to these strategic communications efforts, First Things First has also led a concerted effort of policymaker awareness-building throughout the state. This includes meetings with all members of the legislature to build their awareness of the importance of early childhood. FTF sends emails to all policymakers providing information on the impact of early childhood investments (such as the FTF

annual report) and also has instituted a quarterly email newsletter for policymakers and their staff with the latest news regarding early childhood.

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

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



SYSTEM COORDINATION AMONG EARLY CHILDHOOD PROGRAMS AND SERVICES

Why System Coordination Matters

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. The early childhood development community can be disjointed, with efforts focused on individual topic areas, rather than aligned in coordinated efforts to mobilize resources and influence policy.¹⁷¹ 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 generating broad visibility and 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.

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

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

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

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

- Build stronger collaborative relationships among providers
- Increase availability and access of services for families and children
- Reduce duplication
- Maximize resources

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

- Assure long term sustainability
- Leverage existing assets
- Improve communication
- Reduce fragmentation
- Foster leadership capacity among providers
- Improve quality
- Share expertise and training resources
- Influence policy and program changes

What the Data Tell Us

There are a number of collaborative efforts undergoing in the Salt River Pima-Maricopa Indian Community Region. Staff with the Early Childhood Education Center Family Services Department work in close collaboration with the LEARN program, Social Services Department and various other programs in the region.

Similarly, the Early Enrichment Program collaborates with various departments in the Community including the tribal Child Find program, Recreation Department, Cultural Resources Department, among others. Both the ECEC and Early Enrichment Program work closely with the Fatherhood Program.

Collaboration between early childhood resources has increased in recent years. Nevertheless, key informants suggested that the level of collaboration and communication among the various early learning programs in the region could be further improved. Key informants indicated that a regularly scheduled meeting of the different providers could increase the coordination of services among these programs.

An important asset in the region in terms of coordination of services is the Celebrating Measuring Milestones Awareness Campaign. The Community of Action approach adopted by this campaign promotes close collaboration among the various stakeholders in the region that work with young children, facilitating the early identification of children at risk of developmental delays.

SUMMARY AND CONCLUSIONS

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

The data presented in this report, both quantitative and qualitative, show that the region has substantial strengths. Early care and education services are available to a large proportion of the young children in the region through a variety of early learning programs. These early learning opportunities include a strong emphasis on the Community's languages and cultures in their curricula. Tribal leadership supports families in the workforce by providing additional funding for child care slots. Programs in the region are responsive to the needs of community members and to feedback provided about how services could be improved.

A summary of identified regional assets has been included below:

Educational Indicators

- A decrease in **high school dropout rates**.
- An increase in high school graduation rates.
- An increase in the level of formal educational attainment among adults in the region.

Economic circumstances

- High availability of **WIC authorized retailers** nearby.

Early Learning

- **Child care services** for families in the workforce, in school or training whose income made them previously ineligible for services at the Early Childhood Education Center (ECEC) through the opening of two new classrooms.
- Early learning opportunities include a strong emphasis on the Community's **languages and cultures** in their curricula.
- ECEC **open to feedback from the community** and meeting their needs, now providing services during closure dates for families who have to work.
- Collaborative approach to improve the **early identification of developmental delays** through the Celebrating Measuring Milestones Awareness Campaign.

Child Health

- More infants enrolled in WIC are **being breastfed** for six or more months.
- **Obesity rates** for children ages 2 to 4 enrolled in WIC have been steadily declining over the past five years.

Family Support and Literacy

- A reduction in the number of **children removed by Tribal Child Protective Services**.
- Programs in the region are **responsive to the needs of community members and to feedback** provided about how services could be improved.

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

- **Connecting families with the ample array of resources available in the community** – As noted above, the vast amount of resources available to parents of young children in the region is a definite asset. However, key informants indicated that families are not always aware of the types of supports that they can access within the Community. The Family Resource Center strategy funded a Family Resource Navigator whose role was to connect families with programs available in the region. However this strategy is no longer funded by FTF in 2018.
- **Leveraging improvements in educational indicators by continuing to support early literacy** – High school dropout rates have decreased over time in the region, and graduation rates at Salt River High School have increased substantially in the past four years. Promoting early literacy can help the region sustain these positive developments. The Parenting Outreach and Awareness strategy funded in the region aims to help families be more involved in early literacy. Through the Reach Out and Read Program, health care providers at the local clinics are engaged in raising awareness about the importance of early language development by advising parents about the importance of reading, reaching early literacy developmental milestones, and giving developmentally appropriate books to children to take home. Other Parenting Outreach and Awareness programs also emphasize family literacy and the importance of reading to children by discussing brain development and encouraging reading in the home. The Summer Transition to Kindergarten strategy supports a smooth beginning in the new educational setting to those children who may not have had any prior preschool experience.
- **Providing wraparound support to families in the region** – To support families in the region that are under stress from poverty, the Nutrition/Obesity/Physical Activity strategy provides food boxes to families in need. Mental health consultation is being offered to child care providers at the largest early learning program in the region to assist them in supporting the healthy social and emotional development of children in their care.

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

Population characteristics

- Many **grandparents in the region are involved in caring for their young grandchildren** and may need additional support in the form of resources, social support groups, and educational workshops.

Economic Circumstances

- Limited **transportation** becomes a barrier for families accessing services available to them.
- A lack of **housing** on-reservation means that many families who would like to live in the region instead live off-reservation.

Child Health

- High rate of **teen pregnancies**.
- A high proportion of births to mothers who did not have adequate **prenatal care**.
- Rates of **pregnant women smoking** that are higher than the Healthy People 2020 target of 1.4 percent or less.
- High rates of pre-**pregnancy overweight and obesity**.

Early Learning

- There is a high demand for **child care services**, particularly for infants and toddlers, still unmet.
- Young children under the age of three years old cannot be **transported** to and from Early Childhood Education Center in the bus so it is difficult to transport them to the center if the family does not own its own vehicle.

System Coordination Among Early Childhood Programs and Services

- **Collaboration** between early childhood resources has increased in recent years. Nevertheless, key informants suggested that the level of collaboration and communication among the various early learning programs in the region could be further improved

Although there are challenges outlined in this report, the Salt River Pima-Maricopa Indian Community Region has substantial strengths to support parents and caregivers of young children. A continued adaptable approach that is responsive to feedback from community members in how to best address these challenges will ensure that young children grow up healthy and ready for school.

APPENDICES

Table of Regional Strategies

Salt River Pima-Maricopa Indian Community Regional Partnership Council Planned Strategies for Fiscal Year 2017

Strategy	Strategy description
Summer Transition to Kindergarten	The intent of this evidence informed strategy is to provide classroom experiences for children who may not have had any preschool experiences (and their families) in order to prepare for the transition to kindergarten. The expected result is that children and their families are more prepared for the school-based environment and learning activities upon entry into kindergarten.
Mental Health Consultation	The intent of this evidence informed strategy is to build the skills and capacity of early childhood education professionals to interact with children and their families. The expected result is the prevention, early identification, and reduction of challenging classroom behaviors and improved teacher skills. Further expected results are a decrease in negative outcomes for children, such as expulsion from preschool programs. Consultants are mental health professionals with expertise in children's social and emotional development working with early care and education providers. They engage in activities that promote enhanced early childhood practices and problem-solving through collaborative relationships with staff that interact with families and children. One primary focus is working within licensed child care centers or homes; however, services can also be provided to home visitation programs and contribute to professional development for family friend and neighbor (FFN) programs. Whether these expanded services are provided depends on strategy decisions made by a First Things First (FTF) Regional Partnership Council.
Family Resource Centers	The intent of this promising practice strategy is to provide a community hub for connecting families with children birth to age 5 to the information, resources, and services they need to support their child's optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and support for their child's school readiness.
Nutrition, Physical Activity, and Obesity Prevention	The intent of this strategy is to provide evidence based community and place-based interactive health education to support children birth to age 5 in achieving and maintaining a healthy weight. Interactive health education will focus on healthy nutrition and physical activity and be provided to children, families, early child care and education professionals, and others in the community who care for young children. The expected result is reduction in risk factors for poor nutrition and insufficient physical activity, which in turn can reduce the prevalence of overweight and obesity during early childhood. A healthy weight during early childhood is highly predictive of achieving a healthy weight at all ages, as well as reduction in psychosocial and health consequences of overweight and obesity.
Parenting Outreach and Awareness	The intent of this promising practice strategy is to increase families' awareness of positive parenting; child development including health, nutrition, early learning and language acquisition; and, knowledge of available services and supports to support their child's overall development. The expected result is an increase in knowledge and a change in specific behaviors addressed through the information and activities provided.

Methods and Data Sources

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

U.S. Census and American Community Survey Data.

The U.S. Census¹⁷² is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. Census data presented in the report is drawn from the Census Geography for the Salt River Reservation.

The American Community Survey¹⁷³ is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2010 to 2014. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level or estimates or estimates for small tribal communities.

These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”¹⁷⁴ According to the State of Indian Country Arizona report¹⁷⁵ there are particular challenges in using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census). Most important, the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, this report includes these estimates because they still are the most comprehensive publically-available data that can help

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

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project¹⁷⁶ begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments. Another important initiative currently undergoing to help improve the collection, use and interpretation of data related to tribal communities is the U.S. Indigenous Data Sovereignty Network (USIDSN) hosted by the Native Nations Institute at the University of Arizona. According to its website "USIDSN's primary function is to provide research information and policy advocacy to safeguard the rights and promote the interests of Indigenous nations and peoples in relation to data."¹⁷⁷

Data Suppression

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

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

Reporting Data over Time

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

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

Indian Health Services Data

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

2018 Report Process

For the 2018 Needs & Assets Report cycle, Regional Partnership Councils were asked to identify areas of particular focus, or priority areas. These priorities were developed during the spring of 2016, and potential data sources to address these priorities were identified collaboratively among the Council, The Regional Director, FTF Research and Evaluation staff, and CRED staff. For the current report, the Salt River Pima-Maricopa Indian Community Regional Partnership Council selected the grandparents raising grandchildren and coordination of care for children with special needs as the regional priorities.

In the fall of 2016, a participatory Data Interpretation Session was held to review preliminary results of the data received, compiled and analyzed as of August of 2016. Regional Partnership Council members and other participating key stakeholders were involved in facilitated discussion to allow them to share their local knowledge and perspective in interpreting the available data. The Salt River Pima-Maricopa Indian Community Region Data Interpretation Session was held on September 15, 2016 and included Regional Partnership Council members, Salt River Pima-Maricopa Indian Community Department Directors and Program Managers, and the Regional Director. Feedback from participating session members are included within the report, as appropriate.

2014 Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children birth to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008.

The Family and Community Survey was designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contained over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*.¹⁷⁸ Survey items explored multiple facets of parenting.

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

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey. The Norton School team obtained input from First Things First Regional Partnership Council members and other stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 107 surveys with parents and caregivers were conducted in the Salt River Pima-Maricopa Indian Community Region in the spring of 2014.

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

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