FIRST THINGS FIRST

Gila River Indian Community Region

2020 NEEDS AND ASSETS REPORT

Gila River Indian Community Regional Partnership Council

2020 Needs and Assets Report

Prepared by
Community Research, Evaluation & Development (CRED)
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Funded by
First Things First Gila River Indian Community Regional Partnership Council

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Introduction

Ninety percent of a child's brain growth occurs before kindergarten and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to arrive at kindergarten prepared to be successful. Understanding the critical role the early years play in a child's future success is crucial to our ability to foster each child's optimal development and, in turn, impact all aspects of wellbeing of our communities and our state.

This Needs and Assets Report for the FTF Gila River Indian Community Region helps community leaders and decision-makers understand the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. Data collection and analysis for the 2020 report were completed prior to the COVID-19 pandemic and, therefore, do not reflect the impact of COVID-19 on families with young children and the services that support them. The report is organized by topic areas pertinent to young children in the region, such as the population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The FTF Gila River Indian Community Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development of young children in their care. It is our sincere hope that this information also will help guide community conversations about how we can best support school readiness for all children in the Gila River Indian Community Region. To that end, this information may be useful to stakeholders in the area as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to 5 years old throughout the region.

Acknowledgements

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

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

LETTER FROM THE CHAIR

May 8, 2020

Message from the Chair:

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

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

The Gila River Indian Community Regional Council would like to thank our Needs and Assets vendor, University of Arizona, for their knowledge, expertise and analysis of the Gila River 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 Gila River 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 of the importance of the early years to the success of our children, our communities and our state.

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

Thank you for your continued support.

Sincerely,

Elisia Manuel

Elisia Manuel, Chair

GILA RIVER INDIAN COMMUNITY REGIONAL PARTNERSHIP COUNCIL

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Table of Contents

List of Tables

List of Figures

Executive Summary

Regional Boundaries

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

The Gila River Indian Community Region lies partly in Maricopa County and partly in Pinal County. The Gila River Indian Reservation was established on February 28, 1859, by an Act of Congress. Tribal membership includes the Akimel O'otham (Pima) and Pee Posh (Maricopa) tribes. The Community is divided into seven districts. The larger communities in the region are Sacaton (which is the seat of government), Casa Blanca, Blackwater, Komatke, Maricopa Colony, Stotonic Village, Gila Crossing, and Sacaton Flats Village.

Population Characteristics

According to the 2010 U.S. Census, the total population of the Gila River Indian Community Region was 11,712, of whom 1,530 were children ages birth to five years. About one-third (30%) of the 2,982 households in the region had one or more children ages birth to five years, which is higher than the proportion in all Arizona reservations combined (26%) and the state (16%). The number of births per year in the region has increased over time. In 2018 there were 163 births, almost twice as many as in 2013 (86 births).

The majority of young children (ages 0-4) in the Gila River Indian Community Region (93%) are American Indian. This proportion is similar to that in all Arizona reservations combined (92%) but substantially higher than in the state (6%). Similarly, the majority of adults in the region identify as American Indian (84%), while in Arizona only four percent of adult residents identify that way. The proportion of births to mothers in the region who are American Indian (80%) reflects the overall demographics of the area.

About one in seven (15%) individuals ages five or older in the region speak a language other than English or Spanish at home. This proportion is much lower than in all Arizona reservations

combined (50%). A very small proportion of households in the region (1%) are considered "limited English Speaking," compared to 12 percent in all Arizona reservations combined.

Nearly three-quarters (74%) of young children (ages 0-5) in the Gila River Indian Community Region live in a single-parent household, a higher proportion than in all Arizona reservations combined (64%). More than half (54%) of households with young children in the region are single-female households, a proportion more than twice that of Arizona overall (24%). Of the 1,155 children (ages 0 17) living in a grandparent's household in the region, close to two-thirds (65%) live with a grandparent who is responsible for them.

Economic Circumstances

Two-thirds (66%) of young children (ages 0-5) in the Gila River Indian Community Region live in poverty. This proportion is higher than that of young children in all Arizona reservations combined (54%) and much higher than the state (26%). A similar pattern is present in the poverty rates for the overall population in the region (49%), all Arizona reservations (40%) and the state (17%).

The median annual income for all families in the region is $28,836, less than half than in the state of Arizona ($63,812). Single female-headed families with children (ages 0-17) in the region have a median income that is about half of the income in married couple families ($19,148 and $40,298, respectively).

Eligibility for some public assistance programs is determined by different poverty thresholds. For example, family income at or below 141 percent of the federal poverty threshold is one criterion for eligibility for the Arizona Health Care Cost Containment System (AHCCCS) for children ages 1 to 5, and at or below 147 percent of the federal poverty threshold for children under 1 year old. In the Gila River Indian Community Region, the percentage of families with young children who may qualify for AHCCCS (83%) is substantially higher than in the state (38%) and also higher than in all Arizona reservations combined (67%).

From 2015 to 2018, there was a decrease in the number of families and young children receiving Temporary Assistance for Needy Families (TANF) benefits in the region. Even with this decrease in participation, in 2018 the estimated proportion of children receiving TANF benefits in the region (11%) was almost four times that in the state (3%). The number of families with young children receiving Supplemental Nutrition Assistance Program (SNAP) benefits remained stable in the Gila River Indian Community Region between Fiscal Year 2015 and Fiscal Year 2018, with a slight increase in participation in 2017. In 2018, the estimated proportion of families participating in SNAP in the region (97%) was substantially higher than in the state (39%). The number of young children participating in SNAP increased from 1,410 in 2015, to 1,600 in 2017, and declined slightly the following year to 1,519. In 2018 the estimated

proportion of young children receiving SNAP benefits was also notably higher in the region (99%) than in the state (42%). Between school year 2015-2016 and school year 2018-2019 the proportion of students (all grades) eligible for free or reduced-price lunches in the Gila River Indian Community increased from 83 percent to 98 percent. These percentages were also much higher in the region than in the state.

Sixty-one percent of young children in the Gila River Indian Community Region live in families with at least one parent in the labor force, compared to 67 percent in all Arizona reservations combined, and 89 percent in the state. The proportion of children who live with only one parent and such parent is not in the labor force is slightly higher in the region (36%) than in all Arizona reservations (31%). The average unemployment rate in the region for the 2013-2017 period was ten percent, equal to the rate in all Arizona reservations combined, and 2.5 times the average state rate of four percent.

Thirteen percent of households in the region spend 30 percent or more of their income on housing-related costs. This proportion is slightly lower than in all Arizona reservations (16%), and much lower than in the state (31%). Even though housing costs are relatively low in the region, tribal areas face other housing-related challenges such as housing availability.

About one-quarter (27%) of households in the region have both a smartphone and computer, which is slightly lower than in all Arizona reservations (30%) and much lower than in the state (67%). A higher proportion of residents in the Gila River Indian Community Region live in households with a computer and internet connectivity compared to all Arizona reservations (46% vs 38%). In both of these geographies, however, the proportion of people with a computer and internet-connectivity at home is much lower than in the state (82%). Similarly, the percentage of children (ages 0-17) living in households with a computer and internet-connectivity is higher in the region (48%) than in all Arizona reservations (41%), but lower than in the state (83%). Of people living in households with a computer and internet in the region, 20 percent rely solely on a cellular data plan.

Educational Indicators

The educational system in the Gila River Indian Community includes schools operated by the Arizona Department of Education (ADE), Bureau of Indian Education (BIE) schools, schools chartered under the Community, and parochial schools. The Sacaton School District, which includes Sacaton Elementary School and Sacaton Middle School, is the only Arizona Department of Education school district that lies fully within the reservation boundaries. Blackwater Community School, Casa Blanca Community School and Gila Crossing Community Schools are all Bureau of Indian Education grant schools. Akimel O'Otham Pee Posh Charter School and Blackwater Community School operate as one school under a unique partnership between

federal, state and tribal governments. Saint Peter Indian Mission School is a parochial school serving students from preschool to 8th grade elementary and middle school and Maricopa Christian School is another parochial school serving students in elementary and middle school grades.

Data on school absenteeism were available from the Arizona Department of Education for selected schools in the Gila River Indian Community Region (i.e. Sacaton Elementary, Blackwater Community School-Akimel O'otham Pee Posh Charter School). The combined chronic absence rate for students in kindergarten through 3rd grade in these selected schools remained relatively stable between school years 2015-2016 and 2018-2019. In this last year, the combined rate for the region was 31 percent, substantially higher than the rate for all schools in the state (12%).

In school year 2017-2018, 89 third-grade students in the region enrolled in schools under the Arizona Department of Education (ADE) completed the English Language Arts (ELA) component of the required statewide Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT). Sixteen percent of the students passed the ELA portion of the assessment, compared to 44 percent across the state. In school year 2017-2018, 93 third-grade students in the region (also enrolled in ADE schools) completed the math portion of the AzMERIT. Sixteen percent of the students passed the math assessment, compared to 53 percent of students across the state. The passing rate for 3rd graders in the region has declined over time, from 28 percent in 2015-2016, to 16 percent in 2017-2018.

The Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report included standardized test results for schools in the Community that operate under the Bureau of Indian Education (Blackwater Community School, Sacaton Elementary School, Casa Blanca Community School, and Gila Crossing Community School). In the 2014-2015 school year, six percent of third grade students enrolled in these schools passed the ELA test, and 12 percent passed the math test. These passing rates were lower than rates of passing in Arizona as a whole (41% for math and 40% for ELA). However, in its second year of implementation, third grade students in the region improved their scores on the AzMERIT math and ELA tests.

Recent estimates from the American Community Survey show that the proportion of adults (25 and older) who have more than a high-school education is lower in the Gila River Indian Community Region (30%) than in all Arizona reservations combined (38%). Similar proportions of adults in both the region and all Arizona reservations have a high-school education (36%). In 2017, almost half of the births in the region (46%) were to mothers who had less than a high school education.

Early Learning

Families in the Gila River Indian Community Region have access to early care and education options that include child care centers, home-based care, school-based preschools, Family and Child Education (FACE) programs, Head Start/Early Head Start Programs and off-reservation child care services.

According to the Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report, the Early Education Child Care Center (EECC) is a tribally owned and operated program that receives funding from the Tribal Child Care Development Fund (CCDF) and serves children from six weeks old until 5 years of age (or until they transition into kindergarten). The EECC is one of the child care options available to families in the region through the Gila River Indian Community Child Care and Development Services. The EECC operates 12 classrooms and has a total capacity to serve 124 children.

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three. The center-based component includes an early childhood education program for children aged three to five, adult education for the children's parents, and parent/child time. In the Gila River Indian Community Region FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools, with each program operating independently.

The Gila River Indian Community operates a Tribal Head Start and an Early Head Start program. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. The Gila River Indian Community Head Start has a funded enrollment of 203 children in four centers throughout the Community: Sacaton Head Start Center, San Tan Head Start Centers, Vah-Ki Head Start Centers and the Laveen Head Start Center.

There are three school-based preschool programs in the Gila River Indian Community: the Blackwater Community School preschool, the Sacaton Elementary School preschool, and the preschool program at St. Peter Indian Mission School.

According to the 2018 Needs and Assets Report, in 2016, all of these early care and learning education programs in the Gila River Indian Community Region enrolled a total of 156 children ages birth to three, and 579 children ages three to five. Recent estimates from the American Community Survey show that the proportion of young children (ages 3-4) enrolled in school (i.e.

nursery school, preschool, or kindergarten) in the Gila River Indian Community Region (40%) is similar to that in Arizona reservations combined (41%) and slightly higher than in the state (38%).

Child care subsidies are available in the region through the EECC with funds from the Tribal Child Care and Development Fund and scholarships from the First Things First Gila River Indian Community Regional Partnership Council. Other early learning programs in the Community are available free-of-cost such as the Head Start and FACE programs. Services at the Sacaton Elementary School preschool program are provided free-of-cost for children with special needs. In addition, some families in the Gila River Indian Community Region receive child care subsidies from the Arizona Department of Economic Security (DES). Fewer than ten young children received DES child care subsidies in 2015, 2017, and 2018, and 12 children received subsidies in 2016. Other children receiving DES child care subsidies in the region are those involved with the state's child welfare system through the Department of Child Safety (DCS). The proportion of young children who are eligible for DES subsidies and received them has increased over time, with 92 percent of eligible children using this benefit in 2018. All families in the Gila River Indian Community Region who were eligible for DES child care subsidies used this benefit in 2015, 2017 and 2018. In 2016, 10 percent of families in the region eligible for child care subsidies did not use them.

In Fiscal Year 2019, four child care providers in the Gila River Indian Community Region participated in Quality First, and all four were quality-level settings (public 3-5 stars). That same year, a total of 230 children were enrolled at these Quality First sites in the Gila River Indian Community Region and 48 children received Quality First scholarships. The Department of Economic Security (DES) defines early care and education "quality environments" as providers that are accredited by a national organization or providers that have received a state-approved quality indicator that is recognized by the department.[i] In 2018, ten young children in the region receiving DES child care subsidies but not involved with DCS were served in quality environments; the same number of children receiving subsidies and involved with DCS were enrolled at quality environment settings, as defined by DES.

In school years 2015-2016 to 2018-2019 the number of young children (ages 3-5) enrolled in special education in the Gila River Indian Community Region ranged from a high of 59 in school year 2015-2016 to a low of 49 in school year 2017-2018. During school year 2018-2019, almost half (49%) of the 55 young children (ages 3-5) enrolled in special education in the region were

[i] Providers are considered quality educational environments by the Arizona Department of Economic Security if they receive a Quality First three-star rating or higher or are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC).

diagnosed with a developmental delay, and over one-third (36%) were diagnosed with a pre-school severe delay (36%). The percent of students (grades 1-3) in the region enrolled in special education has increased over time. In school year 2018-2019, 24 percent of students were enrolled in special education, twice the proportion of students across the state (12%). In Federal Fiscal Year 2017, 58 children ages birth to two in the region were referred to the Arizona Early Intervention Program (AzEIP) and were found eligible. The proportion of children referred and found eligible for AzEIP services was higher in the region (71%) than in the state (60%). The number of active AzEIP cases in the region increased by 46 percent in the region from 54 cases in 2017 to 79 cases in 2018. The number of children ages birth to two in the region receiving services from the Division of Developmental Disabilities (DDD) remained stable from State Fiscal Year 2016 to State Fiscal Year 2018. There were 15 children in this age range served by DDD in 2018. Fewer than ten children ages three to five from the Gila River Indian Community Region were served by DDD in State Fiscal Years 2015, 2016 and 2017. There were no children receiving DDD services in the region in State Fiscal Year 2018.

Child Health

In the Gila River Indian Community Region, about one in three (31%) people lack health insurance coverage, a percentage that is higher than in all Arizona reservations (22%), and much higher than the state of Arizona (12%). The proportion of uninsured young children in the region (19%) is also higher than in all Arizona reservations combined (16%). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage. In 2017, AHCCCS (Arizona's Medicaid Program) paid for 52 percent of the 163 births in the region, while IHS paid for 37 percent of births.

A high proportion of births in the Gila River Indian Community Region in 2017 were to women who did not have adequate prenatal care. Over one-third (38.7%) of births were to women who had no prenatal care in their first trimester, a percentage that is substantially higher than the Healthy People 2020 target of not more than 22.1 percent. Similarly, about one-fifth (21%) of births were to women who had fewer than five prenatal visits, compared to eight percent in the state. Nine percent of the births in the region were to women who had no prenatal care at all, a proportion that is three times that in the state (3%). In 2017, the Gila River Indian Community Region met the Healthy People 2020 targets for low birth-weight and preterm births (i.e. less than 37 weeks). The percentage of births to mothers who used tobacco in the region (7.4%), however, did not meet the Healthy People 2020 target of 1.4 percent or less. A higher proportion of births in the region were to mothers who were younger than 18 (6%) and younger than 20 (15%) compared to births across the state (2% and 6%, respectively).

In school year 2018-2019 vaccination rates among children in childcare in the Gila River Indian Community Region were high. All children enrolled in childcare that year had the required

immunizations for DTAP and MMR. For polio, hepatitis-B and varicella, the immunization rates were 99.8 percent. The lowest vaccination rate was 92.3 percent for hepatitis-A. With these high rates, the region met all Healthy People 2020 vaccination targets. In school year 2018-2019 vaccination rates among kindergarteners in the Gila River Indian Community Region were also high and met the Healthy People 2020 targets. There were no personal belief exemptions nor exemptions from all required vaccinations among children in childcare in the region from school year 2016-2017 to 2018-2019. Immunization exemption rates were also low among kindergarteners in the region in the same time period, with no exemptions registered for school year 2018-2019.

From 2015 to 2018 there were 12 non-fatal inpatient hospitalizations for unintentional injuries of young children from the Gila River Indian Community Region. From 2015 to 2017 there were fewer than six inpatient hospitalizations and 28 emergency room visits for asthma among young children from the region. From 2015 to 2018 there were 237 non-fatal emergency room visits for unintentional injuries for young children in the region. The most common reasons for these non-fatal emergency room visits were falls (47%) and 'natural environment' (e.g., natural heat, natural cold, lightning strike, dog bites, and venomous creatures) (16%).

Between 2015 and 2017, there were nine deaths of children in the Gila River Indian Community Region, six of which were young children (ages 0-4).

Family Support and Literacy

According to the First Things First Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report, in the Gila River Indian Community Region, there are a number of home visitation programs that serve young children and their families. In addition to the home-based services provided by the FACE programs, other home visitation services are available in the region through the Baby Smarts program, funded by First Things First. The home visitation component of Baby Smarts provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health using the Parents as Teachers (PAT) curriculum. In addition to these services, the Public Health Nursing department at Gila River Health Care also offers home visits to members of the Gila River and Ak-Chin Indian Communities. Services are provided to individuals across the entire life span (from newborns to the elderly).

In 2019, 59 families received First Things First-funded home visitation services in the Gila River Indian Community Region, with one family graduating from the visitation program.

Child welfare services in the Gila River Indian Community are provided by the Gila River Indian Community Social Services Department. The First Things First Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report indicates that there is an initiative

called “Children in Crisis Coalition” in the region that aims at supporting families involved in the child welfare system. According to the 2018 Needs and Assets Report, the goal of the Coalition is to promote the wellbeing of children in the child welfare system and to reduce the recurrence of child abuse and neglect. The Coalition is led by Children’s Court judges and it is involved in monitoring case plans and supervising out-of-home placements of young children involved with the court system. As part of the Coalition’s work, children’s codes in the Gila River Indian Community have been refined, and policies and procedures within various departments have been revised.

Systems Coordination among Early Childhood Programs and Services

In the Gila River Indian Community Region, coordination efforts are driven by the need to increase quality, access, and awareness of services for families with young children. Both the Community and the regional council share this value, demonstrated by several efforts to work to connect and coordinate the many parts of the system. For example, the Community Children’s Court Judge convenes the Court Teams Collaborative Coalition in an effort to bring together all departments and individuals who may be serving children as their families are involved with the courts or early intervention services. Participation includes over 60 representatives from Community departments, First Things First, and the Casey Family Foundation. Tribal leadership supports the efforts: the Governor and Lieutenant Governor have attended meetings, addressing the group and reiterating the Community’s priority and commitment to deliver services and programming which demonstrate a respect for culture, for families, and most importantly, for the well-being of the children of the Community.

Another coordination and collaboration effort can be seen in the newly established “Early Childhood Coalition.” The Coalition is led by the Tribal Education Department, with representatives from First Things First, Head Start, and the Early Education Child Care Center all participating in the planning and goal setting. The overarching goal (shared by Tribal Education and First Things First’s regional council) is to increase the supply of high quality early care and education in the Community. To begin, the Coalition has focused on defining “quality” and sharing information about the importance of quality child care and education to the Community. Within the Community, there is no single governing body regulating or providing support for all preschool, child care, or early education facilities. Some are governed by Tribal Education, by Head Start Standards, by federal funding requirements, or are operating independently. The Coalition intends to expand its membership and to bring together all early childhood stakeholders, and establish shared values. The group plans to share resources, to review current data and policies, to identify opportunities for changes, and provide the support needed for making changes. All efforts are intended to increase the quality of programming and increase the number of children being served in quality early care and education programs.

Communication, Public Information and Awareness

First Things First regularly measures their progress toward building support for children birth to 5 through statewide surveys targeting both the general population and parents of young children. Their most recent statewide survey conducted in September 2018 found that, compared to previous surveys in 2012 and 2016, there was increased agreement in the general public and parents of young children with statements about the importance of early childhood health and development. These include: the state should ensure all children have access to early childhood services, a child who received early education and healthcare services before age 5 is more likely to succeed in school and beyond, and the state should put the same priority on early education as it does on K-12 education. While the survey also showed that awareness of First Things First has increased over time, there are still large portions of the general public (87%) and parents of young children (66%) who have never heard of First Things First.

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

First Things First has also led a concerted effort to build awareness among policymakers at all levels (federal, tribal, state, and municipal) of the importance of early childhood. In SFY19, FTF also launched ACT4KIDS, a text-based system that alerts participants to timely developments in early childhood policy and opportunities to engage with policymakers. In its first nine months of implementation, more than 700 Arizonans had signed up to participate in ACT4KIDS. In addition, FTF actively participates in the Arizona Early Childhood Alliance, comprised of more than 50 early childhood system leaders, which represents a united voice of the early childhood community in advocating for early childhood programs and services. For the past three years, the Alliance has also led an annual Early Childhood Day at the legislature, which draws hundreds of Arizonans to the state Capitol to engage with policymakers and show their support for early childhood development and health.

The Gila River Indian Community Region

Regional Boundaries

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

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

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Figure 1 shows the geographical area covered by the Gila River Indian Community Region. Additional information available at the end of this report includes a map of the region by zip code in Appendix 1, a table listing zip codes for the region in Appendix 2, and a map of school districts in the region in Appendix 3.

Figure 1. The First Things First Gila River Indian Community Region

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

Data Sources

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publicly available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). Where more recent data are not available, this report cites data from the 2018 First Things First Gila River Indian Community Regional Partnership Council Needs and Assets Report.

The U.S. Census[1] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. Census data presented in the report is drawn from the Census Geography for the Gila River Reservation.

The American Community Survey[2] is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including

income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data are available for the Gila River Reservation Census Geography. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2013 to 2017. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates or estimates for small tribal communities.

These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that "American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent." [3] According to the State of Indian Country Arizona report[4] there are particular challenges in using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as is the case with the decennial census). Most important, the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, this report includes these estimates because they still are the most comprehensive publicly-available data that can help begin to describe the families that First Things First serve.

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than ten and preclude our reporting data related to health or developmental delay if the count is less than six. In addition, some data received from state agencies may be suppressed according to their own guidelines. The Arizona Department of Health Services does not report counts less than six; the Arizona Department of Economic Security does not report counts between one and nine; and the Arizona Department of Education does not report counts less than eleven. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "<6" or "<10" or "<11" for counts, or "DS" (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a particular program did not operate in the region or

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

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 six or ten may still be included if the upper limit of the range is above six or ten. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

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

Population Characteristics

Why it Matters

To support the healthy development and learning of young children across Arizona, advocates and decision makers need to understand who those children and their families are. [5] Although parents are a child's first and most important teachers, families of young children often use community resources to help them promote positive outcomes for their children.[6] The number and characteristics of young children and families in a region can inform the range of services in a community, helping to guide where to locate child care, health care, and social services so that they are accessible to those who need them.[7,8] Tribal communities are often located in rural locations and often experience different economic conditions within the state such as access to jobs, food resources, schools, health care facilities and providers, and social services. These disparities have been associated with a number of poor outcomes for children including infant mortality and obesity, among others.[9]

Language use. Households with multiple languages spoken pose a unique balance of benefits for child learning and barriers to parental engagement, which counties with high rates of other languages spoken should specifically consider. Acknowledging and valuing linguistic heritage (such as through language preservation efforts) and recognizing needs for resources and services in languages other than English should remain important considerations for organizations and agencies across Arizona.[10,11,12,13] Awareness of the levels of English proficiency and of other home languages spoken within a region provides information about a community's assets and allows for identifying relevant supports. Young children can benefit from exposure to multiple languages; mastery of more than one language is an asset in school readiness and academic achievement, and offers cognitive and social-emotional benefits in early school and throughout their lifetime. [14,15,16,17] Although dual language learning is an asset, limited English speaking households (that is, households where none of the adult members speak English well) can face challenges. These families may experience barriers to accessing health care and social service information, as well as barriers to engaging in important parent-teacher interactions, all of which can impede their child's health and development.[18,19] Providing information about resources and services in languages accessible to families in the region can help remove those barriers. Although Spanish is the most common second language spoken, Arizona is also home to a large number of Native communities, with Native languages spoken by families in those communities. Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity, and to the promotion of social unity, community well-being, and Indigenous self-determination.[20, 21]

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

Family and household composition. In addition to growing racial, ethnic and social diversity, U.S. and Arizona families are becoming more diverse in terms of family structure.[22,23,24,25] Understanding the makeup of families in a region can help better prepare child care, school and agency staff to engage with families in ways that support positive interactions both within families and with staff to enhance each child's early learning and development.[26]

Multi-generational households, particularly those where grandparents live in the home with the child and parents, are common in some communities and cultures and can provide financial and social benefits.[27] The proportion of young children living in a grandparent's household in all Arizona reservations combined (40%) is more than double that of the state rate (14%).[28] It is important to note that these households may be multigenerational—i.e., the grandparent and the child's parent may live in the same household.[ii] However, parents are not always in the picture in these homes. Care of children by someone other than their parents, such as relatives or close friends, is known as kinship care and is increasingly common.[29] Children living in kinship care can also arrive in those situations for a variety of reasons, including a parent's absence for work or military service, chronic illness, drug abuse, or incarceration, or due to abuse, neglect, or homelessness. Understanding who is caring for children can help in identifying and creating specific supports for these families. Children in kinship care often face special needs as a result of trauma, and therefore these families often require additional support and assistance to help children adjust and provide the best possible home environment.[30] A child's risk of living in poverty is also higher for those living with grandparents, adding to the family stress. [31] These families are likely to require access to information on resources, support services, benefits, and policies available to aid in their caregiving role.[32] Though it varies from one Native community to another, extended, multigenerational families, and kinship care are common in Native communities.[33,34] The strengths associated with this family structure—mutual help and respect—can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.[35] Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history, and culture.[36, 37]

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

What the Data Tell Us

Population, Race, and Ethnicity

- According to the 2010 U.S. Census, the total population of the Gila River Indian Community Region was 11,712, of whom 1,530 were children ages birth to five years. About one-third (30%) of the 2,982 households in the region had one or more children ages birth to five years, which is higher than the proportion in all Arizona reservations combined (26%) and the state (16%) (Table 1).
- The number of births per year in the region has increased over time. In 2018 there were 163 births, almost twice as many as in 2013 (86 births) (Figure 2).
- The majority of young children (ages 0-4) in the Gila River Indian Community Region (93%) are American Indian. This proportion is similar to that in all Arizona reservations combined (92%) but substantially higher than in the state (6%) (Table 3).
- Similarly, the majority of adults in the region identify as American Indian (84%), while in Arizona only four percent of adult residents identify that way (Table 4).
- The proportion of births to mothers in the region who are American Indian (80%) reflects the overall demographics of the area (Table 5).

Language Use

- About one in seven (15%) of individuals ages five or older in the region speak a language other than English or Spanish at home. This proportion is much lower than that in all Arizona reservations combined (50%) (Table 7).[iii]
- The majority of the population ages five and older in the region (80%) speak only English at home. Two percent speak another language at home and do not speak English "very well." Similarly, a very small proportion of households in the region (1%) are considered "limited English Speaking," compared to 12 percent in all Arizona reservations combined (Table 8 & Table 9).

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

Family and Household Composition

- Nearly three-quarters (74%) of young children (ages 0-5) in the Gila River Indian Community Region live in a single-parent household, a higher proportion than in all Arizona reservations combined (64%) (Table 10).
- More than half (54%) of households with young children in the region are single-female households, a proportion more than twice that of Arizona overall (24%).
- Of the 1,155 children (ages 0-17) living in a grandparent's household in the Gila River Indian Community Region, close to two-thirds (65%) live with a grandparent who is responsible for them (Table 13).

Population, Race, and Ethnicity

Table 1. Population and households, 2010

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSE-HOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)
Gila River Indian Community Region	**11,712**	**1,530**	**2,982**	**905**	**30%**
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Pinal County	375,770	36,181	125,590	24,750	20%
Arizona	6,392,017	546,609	2,380,990	384,441	16%
United States	308,745,538	24,258,220	116,716,292	17,613,638	15%

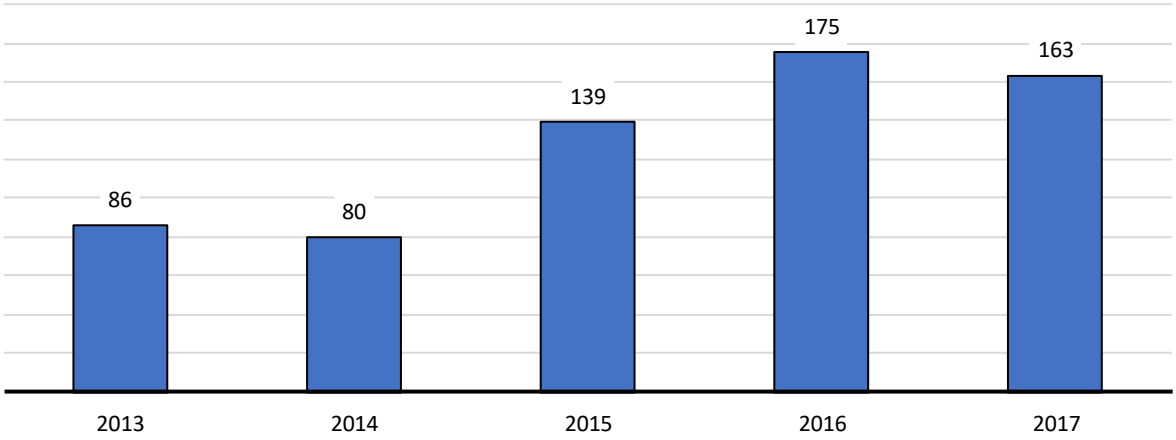
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P4, & P20

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

GEOGRAPHY	POPULATION (AGES 0-5)	AGE 0	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
Gila River Indian Community Region	**1,530**	**253**	**249**	**232**	**278**	**268**	**250**
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Maricopa County	339,217	54,300	55,566	57,730	58,192	56,982	56,447
Pinal County	36,181	5,627	6,041	6,166	6,366	5,982	5,999
Arizona	546,609	87,557	89,746	93,216	93,880	91,316	90,894
United States	24,258,220	3,944,153	3,978,070	4,096,929	4,119,040	4,063,170	4,056,858

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

Figure 2. Number of births per calendar year in the Gila River Indian Community Region, 2013 to 2017



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

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

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC	WHITE, NOT HISPANIC	BLACK OR AFRICAN-AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Gila River Indian Community Region	**1,280**	**22%**	**0%**	**<1%**	**93%**	**0%**
All Arizona Reservations	17,061	9%	1%	<1%	92%	<1%
Maricopa County	282,770	46%	40%	6%	3%	4%
Pinal County	30,182	38%	49%	4%	6%	2%
Arizona	455,715	45%	40%	5%	6%	3%
United States	20,201,362	25%	51%	14%	1%	5%

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

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

GEOGRAPHY	POPULATION 18 YEARS AND OVER	HISPANIC	WHITE, NOT HISPANIC	BLACK OR AFRICAN-AMERICAN, NOT HISPANIC	AMERICAN INDIAN, NOT HISPANIC	ASIAN OR PACIFIC ISLANDER, NOT HISPANIC	OTHER, NOT HISPANIC
Gila River Indian Community Region	**7,438**	**12%**	**2%**	**<1%**	**84%**	**<1%**	**1%**
All Arizona Reservations	117,049	5%	5%	<1%	88%	<1%	1%
Maricopa County	2,809,256	25%	64%	4%	1%	4%	1%
Pinal County	276,070	24%	63%	4%	5%	2%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%
United States	234,564,071	14%	67%	12%	1%	5%	1%

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

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

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	MOTHER WAS HISPANIC OR LATINA	MOTHER WAS WHITE, NOT HISPANIC	MOTHER WAS BLACK OR AFRICAN-AMERICAN	MOTHER WAS AMERICAN INDIAN OR ALASKAN	MOTHER WAS ASIAN OR PACIFIC ISLANDER
Gila River Indian Community Region	**163**	**12%**	**6%**	**DS**	**80%**	**DS**
Maricopa County	52,470	41%	45%	7%	3%	5%
Pinal County	4,384	35%	51%	5%	7%	2%
Arizona	81,664	41%	44%	6%	6%	4%

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

Table 6. Children (ages 0-5) living with parents who are foreign-born

GEOGRAPHY	YOUNG CHILDREN (AGES 0-5) LIVING IN FAMILIES OR SUBFAMILIES	YOUNG CHILDREN (AGES 0-5) LIVING IN FAMILIES OR SUBFAMILIES WITH ONE OR TWO FOREIGN-BORN PARENTS	PERCENT OF YOUNG CHILDREN (AGES 0-5) LIVING IN FAMILIES OR SUBFAMILIES WITH ONE OR TWO FOREIGN-BORN PARENTS
Gila River Indian Community Region	**929**	**25**	**3%**
All Arizona Reservations	16,902	457	3%
Maricopa County	319,871	95,916	30%
Pinal County	28,405	3,927	14%
Arizona	498,102	130,705	26%
United States	22,939,897	5,730,869	25%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table 05009

Note: Children living in subfamilies are children who live together with one or two of their parents in a relative's household (such as a grandparent or aunt or uncle).

Language Use

Table 7. Language spoken at home by persons ages 5 and older

GEOGRAPHY	POPULATION (AGES 5 AND OLDER)	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ONLY ENGLISH AT HOME	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK SPANISH AT HOME	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK OTHER LANGUAGES AT HOME
Gila River Indian Community Region	**11,339**	**80%**	**6%**	**15%**
All Arizona Reservations	171,213	46%	4%	50%
Maricopa County	3,878,139	73%	20%	6%
Pinal County	380,729	80%	17%	4%
Arizona	6,375,189	73%	21%	6%
United States	301,150,892	79%	13%	8%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table C16001

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

Table 8. English-language proficiency for persons ages 5 and older

GEOGRAPHY	POPULATION (AGES 5 AND OLDER)	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ONLY ENGLISH AT HOME	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ANOTHER LANGUAGE AT HOME, AND SPEAK ENGLISH "VERY WELL"	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ANOTHER LANGUAGE AT HOME, BUT DO NOT SPEAK ENGLISH "VERY WELL"
Gila River Indian Community Region	**11,339**	**80%**	**18%**	**2%**
All Arizona Reservations	171,213	46%	41%	13%
Maricopa County	3,878,139	73%	17%	9%
Pinal County	380,729	80%	14%	6%
Arizona	6,375,189	73%	18%	9%
United States	301,150,892	79%	13%	9%

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

Table 9. Limited-English-speaking households

GEOGRAPHY	TOTAL NUMBER OF HOUSEHOLDS	NUMBER OF "LIMITED ENGLISH SPEAKING" HOUSEHOLDS	PERCENT OF HOUSEHOLDS WHICH ARE "LIMITED ENGLISH SPEAKING"
Gila River Indian Community Region	**3,363**	**36**	**1%**
All Arizona Reservations	49,638	5,955	12%
Maricopa County	1,489,533	64,013	4%
Pinal County	133,513	3,399	3%
Arizona	2,482,311	108,133	4%
United States	118,825,921	5,305,440	4%

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

Family and Household Composition

Table 10. Living arrangements for children (ages 0-5)

GEOGRAPHY	CHILDREN (0-5) LIVING IN HOUSEHOLDS	CHILDREN (0-5) LIVING WITH TWO PARENTS OR STEPPARENTS	CHILDREN (0-5) LIVING WITH ONE PARENT OR STEPPARENT	CHILDREN (0-5) LIVING WITH RELATIVES (NOT PARENTS)	CHILDREN (0-5) LIVING WITH NON-RELATIVES
Gila River Indian Community Region	**1,057**	**14%**	**74%**	**11%**	**1%**
All Arizona Reservations	18,635	27%	64%	8%	1%
Maricopa County	332,790	61%	35%	2%	2%
Pinal County	30,069	57%	38%	3%	2%
Arizona	520,556	59%	37%	2%	2%
United States	23,817,787	62%	34%	2%	2%

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

Table 11. Heads of households in which children (ages 0-5) live, 2010

GEOGRAPHY	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	MARRIED FAMILY HOUSEHOLDS	SINGLE-MALE HOUSEHOLDS	SINGLE-FEMALE HOUSEHOLDS
Gila River Indian Community Region	**905**	**28%**	**18%**	**54%**
All Arizona Reservations	13,115	45%	13%	42%
Maricopa County	238,955	66%	11%	22%
Pinal County	24,750	68%	11%	20%
Arizona	384,441	65%	11%	24%
United States	17,613,638	67%	9%	24%

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

Table 12. Children (ages 0-5) living in the household of a grandparent, 2010

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	PERCENT OF CHILDREN (0-5) WHO LIVE IN A GRANDPARENT'S HOUSEHOLD
Gila River Indian Community Region	**1,530**	**719**	**47%**
All Arizona Reservations	20,511	8,239	40%
Maricopa County	339,217	40,250	12%
Pinal County	36,181	4,622	13%
Arizona	546,609	74,153	14%
United States	24,258,220	2,867,165	12%

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

Table 13. Grandparents responsible for grandchildren (ages 0-17) living with them

GEOGRAPHY	GRANDCHILDREN UNDER 18 LIVING WITH GRANDPARENT HOUSEHOLDER	PERCENT OF GRANDCHILDREN UNDER 18 LIVING WITH A GRANDPARENT HOUSEHOLDER WHO IS RESPONSIBLE FOR THEM
Gila River Indian Community Region	**1,155**	**65%**
All Arizona Reservations	18,864	55%
Maricopa County	78,289	48%
Pinal County	9,570	53%
Arizona	147,707	51%
United States	5,781,786	49%

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

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

Economic Circumstances

Why it Matters

A family's economic stability is a powerful predictor of child well-being and is one of the key social determinants of health.[38] Factors contributing to economic stability—or lack thereof—include **poverty**, **food insecurity, employment**, and **housing instability**.[39]

Economic circumstances in tribal communities can be much more complex than in other parts of the state. For many historical and legal reasons, economic development in tribal areas has followed a different trajectory than in other areas. Economic disparities between non-Native and Native communities have compounded over decades, affecting the poverty, employment, housing instability and food security in tribal areas.[40] At the same time, it is common for tribal governments to be involved in community and economic development, investing in forestry, fisheries, gaming, and many other economic arenas to strengthen the social and economic conditions of their people.[41]

Poverty. Childhood poverty can negatively affect the way children's bodies grow and develop, including fundamental changes to the architecture of the brain.[42] Children raised in poverty are at a greater risk of a host of negative outcomes including low birth weight, lower school achievement, and poor health.[43,44,45,46,47] They are also more likely to remain poor later in life.[48,49] As a benchmark, the 2019 Federal Poverty Guideline—the criterion used for establishing eligibility for some safety net programs—for a family of four was $25,750.[50] However the federal poverty guideline definition of poverty was developed in the 1950s, and estimates only what a family would need to earn to afford basic nutrition, without taking into account other costs of living;[51] it is widely considered to be well below what a family actually needs to earn to make ends meet.[52] The "self-sufficiency standard" attempts to estimate how much families need to earn to fully support themselves, accounting for local costs of housing, transportation, and childcare, and other budget items.[53] The 2018 self-sufficiency standard for an Arizona family with two adults, one preschooler, and one school-age child was $56,143—over twice the poverty threshold.[54]

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and support services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In recognition of tribal sovereignty, federally-recognized tribes have the option to administer their own TANF program.

Food insecurity. A limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays,[55] and overweight and obesity.[56] The USDA defines food deserts as areas that are low-income and have low access to sources of healthy food, specifically grocery stores and supermarkets.[iv,57] A large portion of tribal lands in Arizona are in food deserts, adding to food insecurity in tribal communities.[58] Sixty-five percent of populated tribal lands are considered food deserts, whereas only 17 percent of all populated areas in Arizona meet the definition of a food desert.[59] To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),[60] the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),[61] the National School Lunch Program,[62] the School Breakfast Program,[63] the Summer Food Service Program,[64] and the Child and Adult Care Food Program (CACFP).[65] However, only about 58 percent of food insecure households nationwide report participating in federally-funded nutrition assistance programs.[66] Income-eligible American Indians residing on some reservations in Arizona may have access to the federal Food Distribution Program on Indian Reservations (FDPIR).[67] On rural Indian reservations, the FDPIR exists to distribute food to eligible Native residents who do not have access to SNAP offices or SNAP-approved businesses.[68]

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

WIC. Administered by the Arizona Department of Health Services, this federally-funded program serves pregnant, postpartum, and breastfeeding women, as well as infants and young children (under the age of five) who are economically disadvantaged (i.e., family incomes at or below 185 percent of the federal poverty level). The program offers funds for nutritious food, breastfeeding and nutrition education, and referrals to health and social services.[71] Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care, and improved cognitive development and academic achievement for children.[72]

National School Lunch Program. Administered by the Arizona Department of Education, the National School Lunch Program provides free and reduced-price meals at school for students

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

whose family incomes are at or less than 130 percent of the federal poverty level for free lunch, and 185 percent of the federal poverty level for reduced price lunch.

Employment. Unemployment and underemployment can affect a family's ability to meet the expenses of daily living, as well as their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension, or expulsion.[73] Unemployment can also put families at greater risk for stress, family conflict, and homelessness. [74] Note that this does not include persons who have dropped out of the labor force entirely, including those who wanted to but could not find suitable work and thus have stopped looking for employment.[75] Due to many historical and legal reasons as well as differences in practical economic structures, employment rates in Native communities can vary greatly from state rates. [76]

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

One increasingly critical need for modern homes is a reliable means of internet access. Families often rely on communication and information technologies to access information, connect socially, pursue an education, and apply for employment opportunities. Parents are also more likely to turn to online resources, rather than in-person resources, for information about obtaining health care and sensitive parenting topics including bonding, separation anxiety, and managing parenting challenges.[82] The term "digital divide" refers to disparities in communication and information technologies, [83] and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.[84] Low-income households may experience regular disruptions to this increasingly important service when they cannot pay bills, repair or update equipment, or access public locations that may offer connectivity (e.g., computers at local libraries).[85] Nationally, Americans are increasingly reliant on smartphones as their sole source of internet access. Particularly for individuals who are younger, lower-income, and non-white, broadband

service at home is less common and smartphone-only internet use is more common.[86] Households in rural areas typically experience more limited coverage from mobile networks and slower-speed internet services, as well as limited internet provider options which can result in higher monthly costs.[87,88,89] This is especially true of the more rural Native American communities in the state, where broadband services are sometimes non-existent.[90, 91]

What the Data Tell Us

Poverty

- Two-thirds (66%) of young children (ages 0-5) in the Gila River Indian Community Region live in poverty. This proportion is higher than that of young children in all Arizona reservations combined (54%) and much higher than the state (26%). A similar pattern is present in the poverty rates for the overall population in the region (49%), all Arizona reservations (40%) and the state (17%) (Figure 3).
- The median annual income for all families in the region is $28,836, less than half than in the state of Arizona ($63,812). Single female-headed families with children (ages 0-17) in the region have a median income that is about half of the income in married couple families ($19,148 and $40,298, respectively) (Table 14).
- Eligibility for some public assistance programs is determined by different poverty thresholds. For example, family income at or below 141 percent of the federal poverty threshold is one criterion for eligibility for the Arizona Health Care Cost Containment System (AHCCCS)[v] for children ages 1 to 5, and at or below 147 percent of the federal poverty threshold for children under 1 year old.[92] In the Gila River Indian Community Region, the percentage of families with young children who may qualify for AHCCCS (83%) is substantially higher than in the state (38%) and also higher than in all Arizona reservations combined (67%) (Table 15 and Figure 4).
- From 2015 to 2018, there was a decrease in the number of families and young children receiving Temporary Assistance for Needy Families (TANF) benefits in the region. Even with this decrease in participation, in 2018 the estimated proportion of children participating in the TANF program in the region (11%) was almost four times that in the state (3%) (Table 16 and Table 17).

Food Insecurity

- The number of families with young children receiving Supplemental Nutrition Assistance Program (SNAP) benefits remained stable in the Gila River Indian Community Region between Fiscal Year 2015 and Fiscal Year 2018, with a slight increase in participation in 2017. In 2018, the estimated proportion of families participating in SNAP in the region (97%) was substantially higher than in the state (39%). The number of young children participating in SNAP increased from 1,410 in 2015, to 1,600 in 2017, and declined slightly the following year to 1,519. In 2018 the estimated proportion of young children

[v] AHCCCS is Arizona's Medicaid agency

receiving SNAP benefits was also notably higher in the region (99%) than in the state (42%) (Table 18 and Table 19).

- Between school year 2015-2016 and school year 2018-2019 the proportion of students (all grades) eligible for free or reduced-price lunches in the Gila River Indian Community increased from 83 percent to 98 percent. These percentages were also much higher in the region than in the state (Table 20).

Employment

- Sixty-one percent of young children in the Gila River Indian Community Region live in families with at least one parent in the labor force, compared to 67 percent in all Arizona reservations combined, and 89 percent in the state. The proportion of children who live with only one parent and such parent is not in the labor force is slightly higher in the region (36%) than in all Arizona reservations (31%) (Table 21).
- The average unemployment rate in the region for the 2013-2017 period was ten percent, equal to the rate in all Arizona reservations combined, and 2.5 times the average state rate of four percent (Table 22).

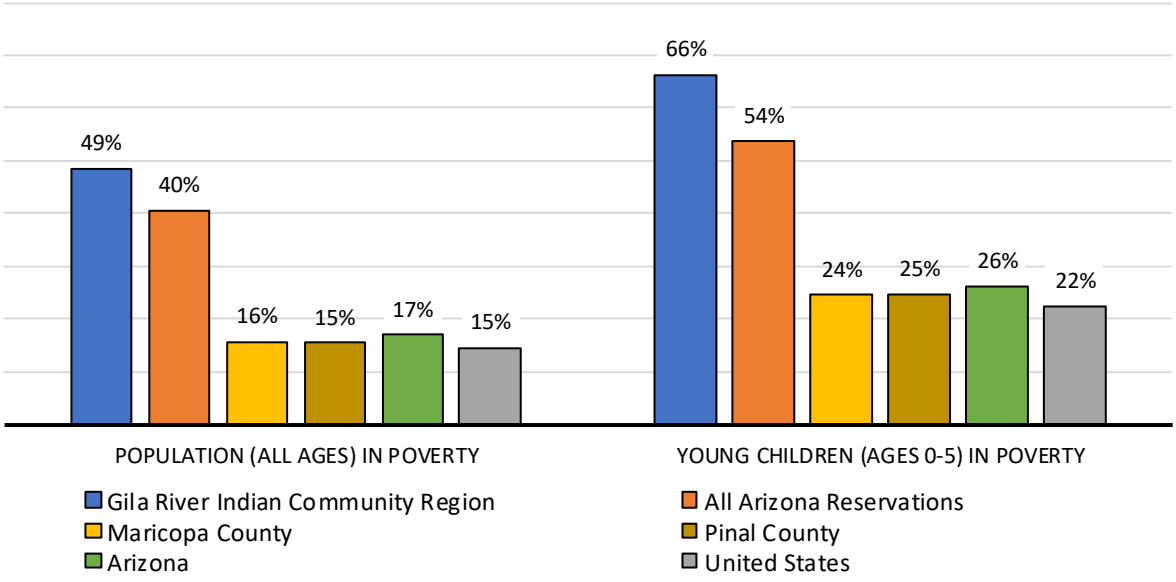
Housing Instability

- Thirteen percent of households in the region spend 30 percent or more of their income on housing-related costs. This proportion is slightly lower than in all Arizona reservations (16%), and much lower than in the state (31%) (Table 23). Even though housing costs are relatively low in the region, tribal areas face other housing-related challenges such as housing availability. According to the First Things First Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report, housing availability is a concern in the region, with some families having to wait up to ten years to have access to subsidized housing.[93]
- About one-quarter (27%) of households in the region have both a smartphone and computer, which is slightly lower than all Arizona reservations (30%) and much lower than in the state (67%) (Table 24).
- A higher proportion of residents in the Gila River Indian Community Region live in households with a computer and internet connectivity compared to all Arizona reservations (46% vs 38%). Both percentages, however, are much lower than in the state (82%) (Table 25). There is a similar pattern in the percentage of children (ages 0-17) living in households with a computer and internet connectivity in the region (48%), all Arizona reservations (41%), and the state overall (83%) (Table 26).

- Of people living in households with a computer and internet in the region, 20 percent rely solely on a cellular data plan (Table 27).

Poverty

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



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

Table 14. Median annual family income

GEOGRAPHY	MEDIAN INCOME FOR ALL FAMILIES	MEDIAN INCOME FOR MARRIED COUPLE FAMILIES WITH CHILDREN (0-17)	MEDIAN INCOME FOR FAMILIES WITH CHILDREN (0-17), SINGLE MALE HEAD	MEDIAN INCOME FOR FAMILIES WITH CHILDREN (0-17), SINGLE FEMALE HEAD
Gila River Indian Community Region	**$28,836**	**$40,298**	**$5,625**	**$19,148**
Maricopa County	$69,647	$86,236	$41,079	$29,285
Pinal County	$60,281	$73,204	$39,907	$24,801
Arizona	$63,812	$80,533	$38,650	$26,907
United States	$70,850	$91,621	$41,054	$26,141

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

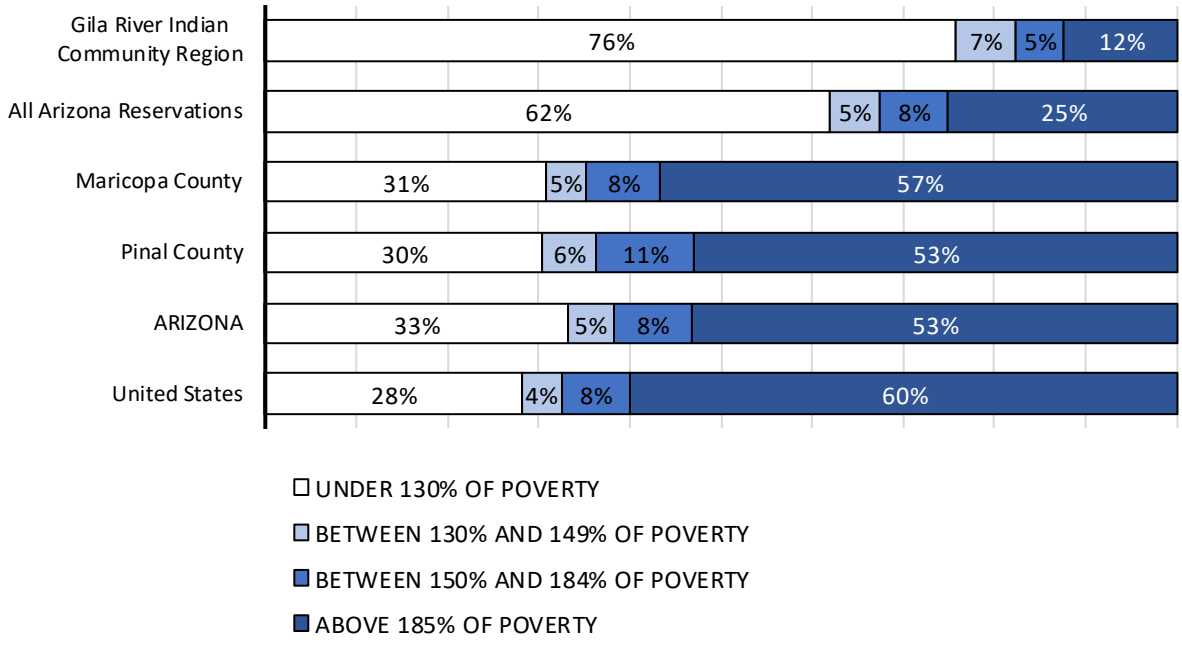
Table 15. Families with young children (ages 0-5) living at various thresholds above poverty

GEOGRAPHY	TOTAL NUMBER OF FAMILIES WITH YOUNG CHILDREN (AGES 0-5)	PERCENT OF FAMILIES WITH YOUNG CHILDREN (AGES 0-5) UNDER 130% OF POVERTY	PERCENT OF FAMILIES WITH YOUNG CHILDREN (AGES 0-5) BETWEEN 130% AND 149% OF POVERTY	PERCENT OF FAMILIES WITH YOUNG CHILDREN (AGES 0-5) BETWEEN 150% AND 184% OF POVERTY	PERCENT OF FAMILIES WITH YOUNG CHILDREN (AGES 0-5) ABOVE 185% OF POVERTY
Gila River Indian Community Region	**429**	**76%**	**7%**	**5%**	**12%**
All Arizona Reservations	8,812	62%	5%	8%	25%
Maricopa County	187,025	31%	5%	8%	57%
Pinal County	16,326	30%	6%	11%	53%
Arizona	295,926	33%	5%	8%	53%
United States	13,951,604	28%	4%	8%	60%

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

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

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



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

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

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

GEOGRAPHY	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	NUMBER OF FAMILIES PARTICIPATING IN TANF				PERCENT OF HOUSEHOLDS WITH YOUNG CHILDREN (0-5) PARTICIPATING IN TANF IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Gila River Indian Community Region	**905**	**173**	**159**	**122**	**107**	**12%**
Maricopa County	238,955	11,047	9,880	8,235	6,816	3%
Pinal County	24,750	1,026	913	858	727	3%
Arizona	384,441	18,165	16,399	14,188	12,042	3%

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

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

GEOGRAPHY	NUMBER OF YOUNG CHILDREN (AGES 0-5) IN THE POPULATION	NUMBER OF CHILDREN PARTICIPATING IN TANF				PERCENT OF YOUNG CHILDREN (0-5) PARTICIPATING IN TANF IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Gila River Indian Community Region	**1,530**	**247**	**237**	**174**	**165**	**11%**
Maricopa County	339,217	14,681	13,651	11,526	9,450	3%
Pinal County	36,181	1,395	1,303	1,229	1,050	3%
Arizona	546,609	23,862	22,326	19,614	16,634	3%

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

Food Insecurity

Table 18. Families participating in the SNAP program, Fiscal Years 2015 to 2018

GEOGRAPHY	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	NUMBER OF FAMILIES PARTICIPATING IN SNAP				PERCENT OF HOUSEHOLDS WITH YOUNG CHILDREN (0-5) PARTICIPATING IN SNAP IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Gila River Indian Community Region	**905**	**877**	**882**	**919**	**879**	**97%**
Maricopa County	238,955	105,526	100,064	93,996	86,368	36%
Pinal County	24,750	9,811	9,508	9,415	8,809	36%
Arizona	384,441	179,988	172,014	164,092	151,819	39%

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

Table 19. Children participating in the SNAP program, Fiscal Years 2015 to 2018

GEOGRAPHY	NUMBER OF YOUNG CHILDREN (AGES 0-5) IN THE POPULATION	NUMBER OF CHILDREN PARTICIPATING IN SNAP				PERCENT OF YOUNG CHILDREN (0-5) PARTICIPATING IN SNAP IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Gila River Indian Community Region	**1,530**	**1,410**	**1,591**	**1,600**	**1,519**	**99%**
Maricopa County	339,217	146,960	151,113	142,732	131,502	39%
Pinal County	36,181	14,250	15,205	14,997	13,910	38%
Arizona	546,609	249,707	258,556	247,418	229,291	42%

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

Table 20. Students (all grades) eligible for free or reduced-price lunch, 2015-16 to 2018-19

GEOGRAPHY	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2015-16)	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2016-17)	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2017-18)	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2018-19)
Gila River Indian Community Region	**83%**	**96%**	**98%**	**98%**
Maricopa County	55%	54%	54%	53%
Pinal County	65%	64%	64%	62%
Arizona	58%	57%	57%	56%

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Free & Reduced-Price Lunch Data. Custom tabulation of eligibility data.
Note: Data on this table reflect eligibility for students enrolled at Blackwater Community School, Casa Blanca Elementary School, Gila Crossing Community School, Sacaton Elementary, Sacaton Middle, Skyline D5, and Saint Peter Indian Mission School.

Employment

Table 21. Parents of young children (ages 0-5) who are or are not in the labor force

GEOGRAPHY	TOTAL NUMBER OF CHILDREN (AGES 0-5) LIVING IN FAMILIES or SUBFAMILIES	WITH TWO PARENTS, BOTH IN LABOR FORCE	WITH TWO PARENTS, ONE IN LABOR FORCE AND ONE NOT	WITH TWO PARENTS, NEITHER IN LABOR FORCE	WITH ONE PARENT, IN LABOR FORCE	WITH ONE PARENT, NOT IN LABOR FORCE
Gila River Indian Community Region	**929**	**5%**	**8%**	**2%**	**48%**	**36%**
All Arizona Reservations	16,902	13%	14%	3%	40%	31%
Maricopa County	319,871	33%	30%	1%	27%	9%
Pinal County	28,405	29%	30%	1%	32%	8%
Arizona	498,102	31%	29%	1%	29%	10%
United States	22,939,897	38%	26%	1%	27%	8%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B23008

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

Table 22. Adult population (ages 16 and older) who are employed, unemployed, or not in the labor force

GEOGRAPHY	TOTAL POPULATION (AGES 16 AND OLDER)	PERCENT WHICH IS EMPLOYED	PERCENT WHICH IS UNEMPLOYED	PERCENT WHICH IS NOT IN THE LABOR FORCE
Gila River Indian Community Region	**9,014**	**33%**	**10%**	**57%**
All Arizona Reservations	136,081	37%	10%	54%
Maricopa County	3,240,638	60%	4%	36%
Pinal County	319,302	45%	4%	51%
Arizona	5,371,341	55%	4%	40%
United States	255,797,692	59%	4%	37%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B23025

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

Housing Instability

Table 23. Households who are paying thirty percent or more of their income for housing

GEOGRAPHY	TOTAL NUMBER OF OCCUPIED HOUSING UNITS	PERCENT OF HOUSING UNITS FOR WHICH HOUSING COSTS 30% OF INCOME OR MORE
Gila River Indian Community Region	**3,363**	**13%**
All Arizona Reservations	49,638	16%
Maricopa County	1,489,533	32%
Pinal County	133,513	27%
Arizona	2,482,311	31%
United States	118,825,921	32%

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

Table 24. Households with and without computers and smartphones

GEOGRAPHY	TOTAL NUMBER OF HOUSEHOLDS	PERCENT WITH COMPUTER (BUT NO SMARTPHONE)	PERCENT WITH SMARTPHONE (BUT NO COMPUTER)	PERCENT WITH BOTH SMARTPHONE AND COMPUTER	PERCENT WITH NEITHER SMARTPHONE NOR COMPUTER
Gila River Indian Community Region	**3,363**	**9%**	**12%**	**27%**	**52%**
All Arizona Reservations	49,638	9%	14%	30%	47%
Maricopa County	1,489,533	11%	8%	71%	10%
Pinal County	133,513	13%	8%	65%	14%
Arizona	2,482,311	12%	9%	67%	12%
United States	118,825,921	12%	9%	66%	13%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B28010

Note: In this table, "computer" includes both desktops and laptops

Table 25. Persons (all ages) in households with and without computers and internet connectivity

GEOGRAPHY	NUMBER OF PERSONS (ALL AGES) LIVING IN HOUSEHOLDS	PERCENT IN HOUSEHOLDS WITH COMPUTER AND INTERNET	PERCENT IN HOUSEHOLDS WITH COMPUTER BUT NO INTERNET	PERCENT IN HOUSEHOLDS WITHOUT COMPUTER
Gila River Indian Community Region	**11,851**	**46%**	**14%**	**40%**
All Arizona Reservations	185,192	38%	21%	40%
Maricopa County	4,103,358	84%	8%	8%
Pinal County	380,293	81%	9%	10%
Arizona	6,656,124	82%	9%	9%
United States	312,916,765	83%	9%	9%

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

Table 26. Children (ages 0-17) in households with and without computers and internet connectivity

GEOGRAPHY	NUMBER OF CHILDREN (AGES 0-17) LIVING IN HOUSEHOLDS	PERCENT IN HOUSEHOLDS WITH COMPUTER AND INTERNET	PERCENT IN HOUSEHOLDS WITH COMPUTER BUT NO INTERNET	PERCENT IN HOUSEHOLDS WITHOUT COMPUTER
Gila River Indian Community Region	**3,545**	**48%**	**19%**	**33%**
All Arizona Reservations	57,156	41%	24%	35%
Maricopa County	1,029,584	83%	9%	7%
Pinal County	96,768	83%	9%	8%
Arizona	1,619,346	83%	10%	8%
United States	73,392,369	85%	9%	5%

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

Table 27. Households by type of internet access (broadband, cellular data, and dial-up)

GEOGRAPHY	PEOPLE LIVING IN HOUSEHOLDS WITH COMPUTER AND INTERNET (ALL AGES)	PERCENT WITH FIXED BROADBAND WITH CELLULAR DATA PLAN	PERCENT WITH FIXED BROADBAND WITHOUT CELLULAR DATA PLAN	PERCENT WITH CELLULAR DATA PLAN, WITHOUT FIXED BROADBAND	PERCENT WITH DIAL-UP INTERNET ONLY
Gila River Indian Community Region	**5,431**	**41%**	**33%**	**20%**	**6%**
All Arizona Reservations	71,139	29%	42%	25%	3%
Maricopa County	3,443,076	56%	34%	9%	<1%
Pinal County	308,343	49%	40%	11%	1%
Arizona	5,475,311	54%	35%	10%	1%
United States	258,531,929	55%	35%	10%	1%

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

Educational Indicators

Why it Matters

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

School attendance and absenteeism. School attendance and academic engagement early in life can significantly impact the direction of a child's schooling trajectory. Chronic absenteeism is defined as missing more than 10 percent of the school days within a school year, and it affects even the youngest children, with more than 10 percent of U.S. kindergarteners and first graders considered chronically absent.[95] Poor school attendance can cause children to fall behind, leading to lower proficiency in reading and math and increased risk of not being promoted to the next grade.[96] Consistent school attendance is particularly important for children from economically disadvantaged backgrounds, the group of children most at risk for chronic absenteeism.[97,98]

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

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

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

established by the State Board of Education.[103] Exceptions exist for students identified with or being evaluated for learning disabilities and/or reading impairments, English language learners, and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education.

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

What the Data Tell Us

School Attendance and Absenteeism

- The educational system in the Gila River Indian Community includes schools operated by the Arizona Department of Education (ADE), Bureau of Indian Education (BIE) schools, schools chartered under the Community, and parochial schools. The Sacaton School District, which includes Sacaton Elementary School and Sacaton Middle School, is the only Arizona Department of Education school district that lies fully within the reservation boundaries. Blackwater Community School, Casa Blanca Community School and Gila Crossing Community Schools are all Bureau of Indian Education grant schools. Akimel O'Otham Pee Posh Charter School and Blackwater Community School operate as one school under a unique partnership between federal, state and tribal governments. Saint Peter Indian Mission School is a parochial school serving students from preschool to 8th grade elementary and middle school and Maricopa Christian School is another parochial school serving students in elementary and middle school grades. [107]
- Data on school absenteeism were available from the Arizona Department of Education for selected schools in the Gila River Indian Community Region (i.e. Sacaton Elementary, Blackwater Community School-Akimel O'otham Pee Posh Charter School). The combined chronic absence rate for students in kindergarten through 3rd grade in these selected schools remained relatively stable between school years 2015-2016 and 2018-2019. In this last year, the combined rate for the region was 31 percent, substantially higher than the rate for all schools in the state (12%) (Table 29 and Table 30).

Achievement on Standardized Testing

- In school year 2017-2018, 89 third-grade students in the region enrolled in schools under the Arizona Department of Education (ADE) completed the required statewide Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) English Language Arts (ELA) component. Sixteen percent of the students passed the ELA portion of the assessment, compared to 44 percent across the state (Table 32).
- In school year 2017-2018, 93 third-grade students in the region (also enrolled in ADE schools) completed the required statewide AzMERIT math test. Sixteen percent of the students passed the math assessment, compared to 53 percent of students across the state (Table 33). The passing rate for 3rd graders in the region has declined over time, from 28 percent in 2015-2016, to 16 percent in 2017-2018 (Figure 8).
- The Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report included standardized test results for schools in the Community that operate under the Bureau of Indian Education (Blackwater Community School, Sacaton Elementary School, Casa Blanca Community School, and Gila Crossing Community School). In the 2014-2015 school year, six percent of third grade students enrolled in

these schools passed the ELA test, and 12 percent passed the math test. These passing rates were lower than rates of passing in Arizona as a whole (41% for math and 40% for ELA). However, in its second year of implementation, third grade students in the region improved their scores on the AzMERIT math and ELA tests. Compared to six percent of students passing the ELA assessment in 2014-2015, 16 percent of third grade students in the Gila River Indian Community passed this test in the 2015-2016 school year. Similarly, 21 percent of third grade students passed the math test in the 2015-2016 school year, compared to 12 percent in 2014-2015[108] (Figure 9).

Adult Educational Attainment

- Recent estimates from the American Community Survey show that the proportion of adults (25 and older) who have more than a high-school education is lower in the Gila River Indian Community Region (30%) than in all Arizona reservations combined (38%). Similar proportions of adults in both the region and all Arizona reservations have a high-school education (36%) (Figure 10).
- In 2017, almost half of the births in the region (46%) were to mothers who had less than a high school education (Table 34).

School Attendance and Absenteeism

Table 28. Students enrolled in preschool through 3rd grade in selected schools in the region, 2018-19

GEOGRAPHY	PRESCHOOL	KINDERGARTEN	1ST GRADE	2ND GRADE	3RD GRADE
Gila River Indian Community Region	**60**	**89**	**79**	**63**	**75**
Maricopa County	13,795	53,211	54,509	54,333	55,157
Pinal County	1,008	3,863	4,048	4,026	4,038
Arizona	21,238	79,990	81,913	81,951	83,037

Source: Arizona Department of Education (2019). 2018-19 October 1 Enrollments. Custom tabulation of enrollment data facilitated by state agency staff.
Note: Data on enrollments were calculated at the district level and reflect K-3 students enrolled in Sacaton Elementary and Blackwater Community School-Akimel O'otham Pee Posh Charter School, Inc.

Table 29. Chronic absence rates for Kindergarten through 3rd grade in selected schools in the region, 2015-16 to 2018-19

GEOGRAPHY	CHRONIC ABSENCE RATE (2015-16)	CHRONIC ABSENCE RATE (2016-17)	CHRONIC ABSENCE RATE (2017-18)	CHRONIC ABSENCE RATE (2018-19)
Gila River Indian Community Region	**32%**	**29%**	**33%**	**31%**
Maricopa County	8%	9%	10%	10%
Pinal County	10%	11%	11%	12%
Arizona	9%	10%	11%	12%

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

Note: The definition of chronic absenteeism used in this table includes children who are absent due to chronic illness. Data reflect K-3 students enrolled in Sacaton Elementary and Blackwater Community School-Akimel O'otham Pee Posh Charter School, Inc.

Table 30. Chronic absences, Kindergarten through 3rd grade in selected schools in the region, 2018-19

GEOGRAPHY	TOTAL STUDENTS	STUDENTS WITH CHRONIC ABSENCES	CHRONIC ABSENCE RATE
Gila River Indian Community Region	**638**	**197**	**31%**
Maricopa County	266,377	26,761	10%
Pinal County	20,280	2,520	12%
Arizona	402,206	46,482	12%

Source: Arizona Department of Education (2019). 2018-19 Chronic Absenteeism Data. Unpublished data received by request.

Notes: The definition of chronic absenteeism used in this table includes children who are absent due to chronic illness. Data reflect K-3 students enrolled in Sacaton Elementary and Blackwater Community School-Akimel O'otham Pee Posh Charter School, Inc.

Table 31. Chronic absence rates for students by grade (Grade K-3) in selected schools in the region, 2018-19

GEOGRAPHY	CHRONIC ABSENCE RATE (KINDERGARTEN)	CHRONIC ABSENCE RATE (1ST GRADE)	CHRONIC ABSENCE RATE (2ND GRADE)	CHRONIC ABSENCE RATE (3RD GRADE)
Gila River Indian Community Region	**30%**	**36%**	**31%**	**25%**
Maricopa County	12%	11%	9%	8%
Pinal County	13%	13%	12%	11%
Arizona	13%	12%	11%	10%

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

Notes: The definition of chronic absenteeism used in this table includes children who are absent due to chronic illness. Data reflect K-3 students enrolled in Sacaton Elementary and Blackwater Community School-Akimel O'otham Pee Posh Charter School, Inc.

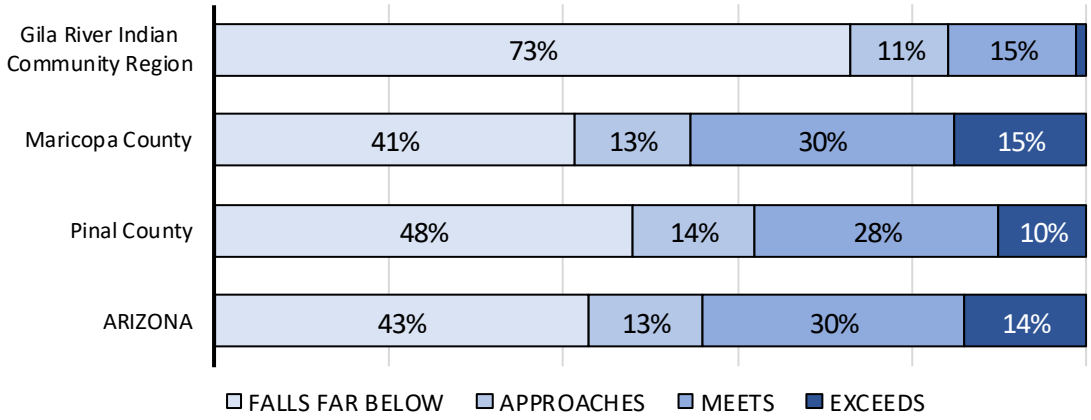
Achievement on Standardized Testing

Table 32. AzMERIT Assessment Results: 3rd Grade English Language Arts, 2017-18

GEOGRAPHY	STUDENTS TESTED	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSING
Gila River Indian Community Region	**89**	**73%**	**11%**	**15%**	**DS**	**16%**
Maricopa County	55,658	41%	13%	30%	15%	46%
Pinal County	4,220	48%	14%	28%	10%	38%
Arizona	84,922	43%	13%	30%	14%	44%

Source: Arizona Department of Education (2019). 2017-18 AzMERIT Assessment Results. Custom tabulation of assessment data.
Note: Data for the region only represent scores from the schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary.

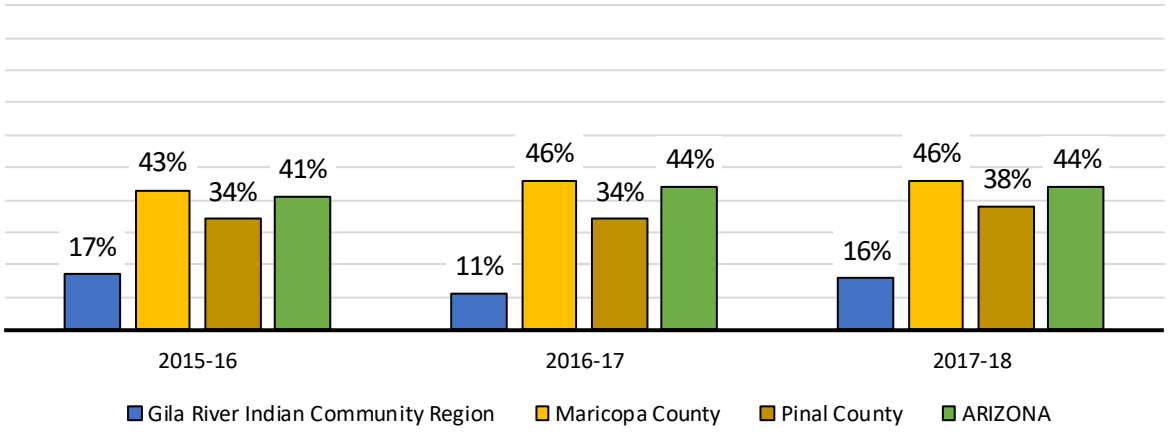
Figure 5. AzMERIT Assessment Results: 3rd Grade English Language Arts, 2017-18



Source: Arizona Department of Education (2019). 2017-18 AzMERIT Assessment Results. Custom tabulation of assessment data.

Note: Data for the region only represent scores from the schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary

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



Source: Arizona Department of Education (2019). 2015-16 to 2017-18 AzMERIT Assessment Results. Custom tabulation of assessment data.

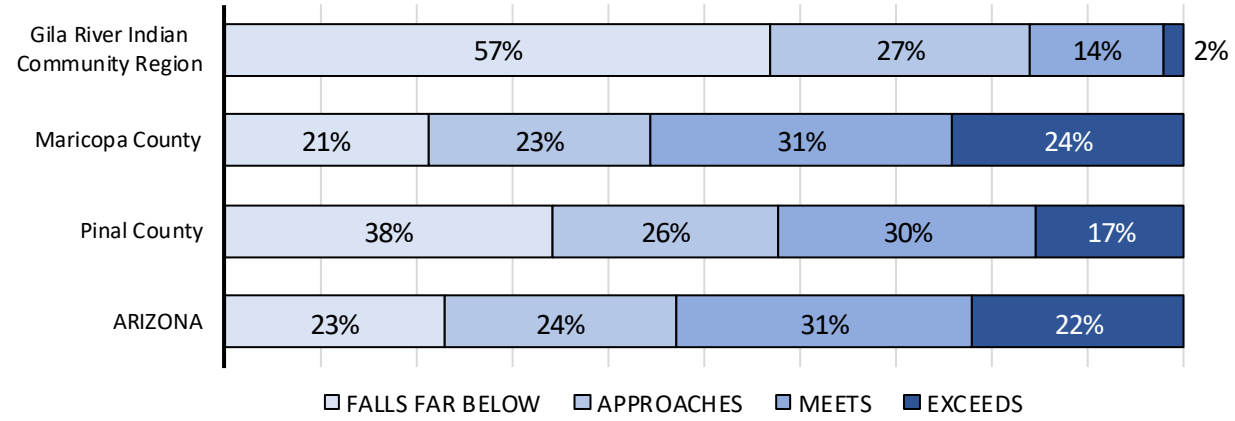
Note: Data for the region only represent scores from the schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary.

Table 33. AzMERIT Assessment Results: 3rd Grade Math, 2017-18

GEOGRAPHY	NUMBER OF STUDENTS TESTED	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSING
Gila River Indian Community Region	**93**	**57%**	**27%**	**14%**	**DS**	**16%**
Maricopa County	55,770	21%	23%	31%	24%	56%
Pinal County	4,241	28%	26%	30%	17%	47%
Arizona	85,105	23%	24%	31%	22%	53%

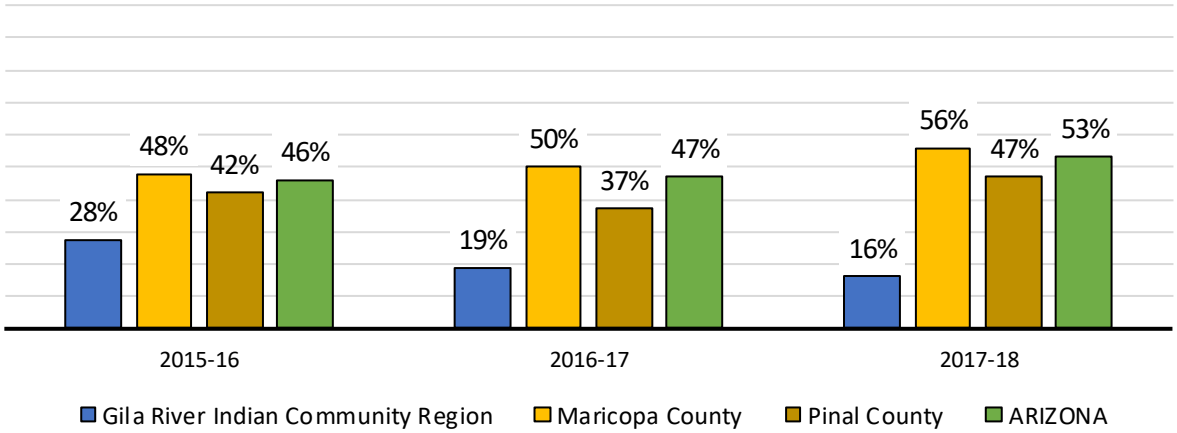
Source: Arizona Department of Education (2019). 2017-18 AzMERIT Assessment Results. Custom tabulation of assessment data.
Note: Data for the region only represent scores from the schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary.

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



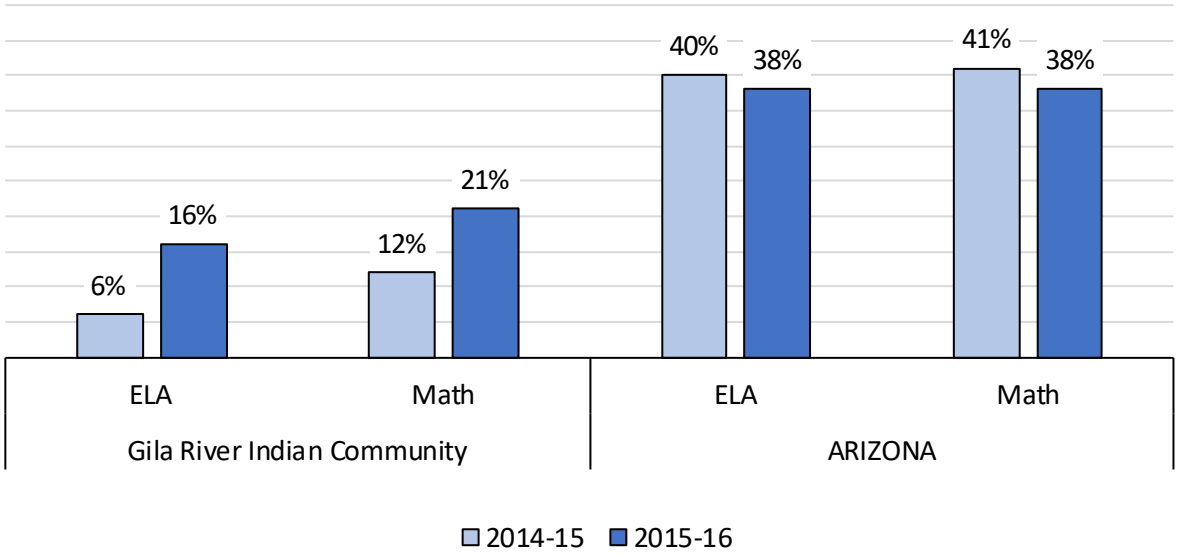
Source: Arizona Department of Education (2019). 2017-18 AzMERIT Assessment Results. Custom tabulation of assessment data.
Note: Data for the region only represent scores from the schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary

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



Source: Arizona Department of Education (2019). 2015-16 to 2017-18 AzMERIT Assessment Results. Custom tabulation of assessment data.
Note: Data for the region only represent scores from the schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary.

Figure 9. AzMERIT Passing Rates for Third Grade Students Enrolled in Blackwater Community School, Sacaton Elementary School, Casa Blanca Community School, and Gila Crossing Community School, 2014-2015 and 2015-2016

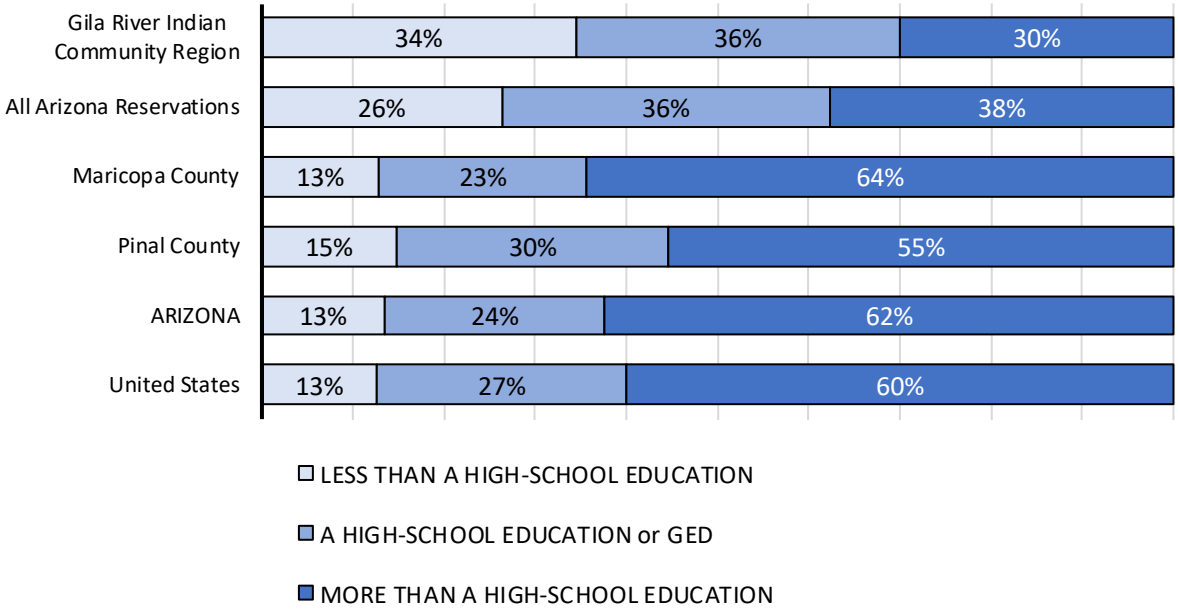


Source: First Things First. (2018). Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report.

Note: The data in this figure represent scores for students enrolled in the following schools: Blackwater Community School, Sacaton Elementary School, Casa Blanca Community School, and Gila Crossing Community School.

Graduation Rates and Adult Educational Attainment

Figure 10. Level of education for the adult population (ages 25 and older)



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

Table 34. Level of education for mothers giving birth during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	MOTHER HAD LESS THAN A HIGH-SCHOOL EDUCATION	MOTHER HAD HIGH-SCHOOL DIPLOMA OR GED	MOTHER HAD MORE THAN HIGH-SCHOOL
Gila River Indian Community Region	**163**	**46%**	**33%**	**21%**
Maricopa County	52,470	17%	25%	58%
Pinal County	4,384	17%	30%	53%
Arizona	81,664	17%	26%	56%

Source: ADHS Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.
Note: Due to a small number of births for which the mother's educational attainment is unknown, entries in this table may not sum to 100%.

Early Learning

Why it Matters

Early childhood is an exciting time of rapid physical, cognitive, and social-emotional development. The experiences young children have during these early years are critical for healthy brain development and set the stage for lifelong learning and well-being. [109,110] Just as rich, stimulating environments can promote development, early negative experiences can have lasting effects. For example, gaps in language development between children from disadvantaged backgrounds and their more advantaged peers can be seen by 18 months of age;[111] those disparities that persist until kindergarten tend to predict later academic problems.[112]

Access to early care and education. Though high-quality early care and education can promote development, families often face barriers in accessing these opportunities for their children. Families living in rural areas are more likely to face an inadequate child care supply, but Arizona families in both urban and rural areas face a gap between the number of young children and the availability of licensed child care.[113,114,115] In fact, Arizona has a deficit of about 22,230 licensed early care and education slots to meet the needs of working families, without accounting for parents continuing their own education, or those not in the workforce but seeking out early learning programs to help assure their preschool age children are able to make a strong start in school.[116] Even when early education is available, the cost can be prohibitive. According to the U.S. Department of Education, only 19 percent of four-year-olds in Arizona are enrolled in publicly-funded free or reduced cost preschool programs, compared to 41 percent nationally.[117] If not enrolled in publicly-funded programs, the annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of a year at a public college.[118,119]

Child care subsidies can be a support for families who have financial barriers to accessing early learning services.[120] In June 2019, for the first time since the Great Recession, the Arizona Department of Economic Security's (DES) child care subsidy waiting list was suspended, meaning all children who qualify for subsidies are able to receive them, assuming that they are able to find a provider.[121] This is due to $56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the State Legislature, and the funding increase has also allowed DES to increase provider reimbursement rates, which may make it easier for families to use their child care subsidies.[122]

High quality early care and education. In addition to the early experiences children have in their homes, high quality early care and education services can also promote physical,

cognitive, and social-emotional development and health, particularly for children from disadvantaged backgrounds.[123,124,125] Children whose education begins in high quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate from high school.[126] This translates into a return on investment to society through increased educational achievement and employment, reductions in crime, and better overall health of children as they mature into adults.[127,128] Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to maintain stable employment and support their families.[129] The early care education system in tribal communities often consists of a complex network of center-based and home-based care and education settings with funding from varied sources including tribal governments, federal grants, and the Arizona Department of Education.[130]

Establishing that available early care and education programs meet quality standards is important to ensure these early environments support positive outcomes for children's well-being, academic achievement, and success later in life.[131] Providers are considered quality educational environments by the Arizona Department of Economic Security if they receive a Quality First three-star rating or higher (see below) or are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC).[132]

High quality early education environments have teachers with more education, experience, and supports that increase their skills in developing positive teacher-child interactions, providing enriching age-appropriate experiences and guiding appropriate behaviors.[133] These quality environments may be particularly important for children with challenging behaviors, because lower teacher-child ratios and access to professional development and early childhood mental health consultation can help avoid preschool expulsion.[134,135,136]

Quality First is Arizona's Quality Improvement and Rating System (QIRS) for early child care and preschool providers.[137] A Quality First Star Rating represents where along the continuum of quality (1 to 5 stars) a program was rated and how they are implementing early childhood best practices. One star indicates a program is participating in Quality First, is regulated, in good standing, and is making the commitment to work on quality improvement. Three stars indicate that a program is of good quality care, and families can be confident that children are well cared for in such an environment. Five stars indicate the highest level of quality attainable, where families will find low staff-child ratios and group sizes, highly educated personnel, and strong curriculum which optimizes children's comprehensive development.[138] The number of providers across the state that meet quality standards (three-star rating or higher) has increased across the last 5 years such that 25 percent of the 857 participating providers in 2013

met or exceeded quality standards, and 76 percent of 1,032 participating providers in 2019 met or exceeded quality standards.[139]

High quality early care and education practices, including lower teacher-child ratios, access to professional development, and early childhood mental health consultation, can help avoid preschool expulsion.[140,141] Nationally, preschool expulsions and suspensions occur at high rates and disproportionately impact children of color, specifically young Black boys.[142,143] In 2016, an estimated 50,000 preschoolers were suspended and 17,000 preschoolers expelled nationwide, with Black children 2.2 times more likely to be suspended or expelled than other children.[144] The U.S. Department of Education Office of Civil Rights began collecting data on preschool suspension and expulsion in 2011 and, as a result of federal changes to the Child Care Development Block Grant in 2014, Arizona began collecting provider-reported data on early learning environment expulsion in 2017.[145,146] Given the positive impact of early educational experiences on children's cognitive and emotional development and the negative impact of suspension and expulsion on educational outcomes, it is essential to identify areas with higher rates of expulsion to provide targeted supports.[147]

As an alternative to expulsion, early education providers in Arizona have an opportunity to identify young children as being at risk for expulsion and to receive consultation from experts to help intervene in problem behaviors. Consultation is provided through on-site mental health consultation, available for Quality First and some non-Quality First providers in most but not all regions in the state, as well as through a statewide Department of Economic Security (DES)-managed hotline. If that child is then able to remain in the center, this is documented as a prevented expulsion and their case is closed out. The reported number of prevented expulsions of young children receiving subsidies increased from seven in 2017 to 45 in 2018.[148]

Young children with special needs. The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and some tribal communities. Children with special health care needs are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[149] According to the National Survey of Children's Health, children with special health care needs are more likely to experience more adverse childhood experiences (ACEs) [vii] than typically-developing children,[150]

[vii] ACEs include 8 categories of traumatic or stressful life events experienced before the age of 18 years. The 8 ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member, and parental divorce or separation.

and are at an increased risk for maltreatment and neglect,[151,152] suggesting they may particularly benefit from high quality teacher-child interactions in classrooms.[153,154] Nationally, American Indian/Alaska Native children receive special education services at the highest rates (18%) of any racial/ethnic group, with notably higher rates of services than their white (14%) and Hispanic (13%) peers.[155] Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level, suggesting that even if they can identify an appropriate provider, affording quality care is likely to be a burden.[156]

Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs can help improve outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and socio-emotional development.[157,158,] It also reduces educational costs by decreasing the need for special education. [159] In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),[160] the Arizona Department of Education Early Childhood Special Education program,[161] and the Division of Developmental Disabilities (DDD).[162]

What the Data Tell Us

Access to Early Care and Education

- Families in the Gila River Indian Community Region have access to early care and education options that include child care centers, home-based care, school-based preschools, Family and Child Education (FACE) programs, Head Start/Early Head Start Programs and off-reservation child care services.
- According to the Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report, the **Early Education Child Care Center (EECC)** is a tribally owned and operated program that receives funding from the Tribal Child Care Development Fund (CCDF) and serves children from six weeks old until 5 years of age (or until they transition into kindergarten). The EECC is one of the child care options available to families in the region through the Gila River Indian Community Child Care and Development Services. The EECC operates 12 classrooms and has a total capacity to serve 124 children.[163]
- **Family and Child Education (FACE)** is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three. The center-based component includes an early childhood education program for children aged three to five, adult education for the children's parents, and parent/child time. In the Gila River Indian Community Region FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools, with each program operating independently.[164]
- The Gila River Indian Community operates a Tribal **Head Start and an Early Head Start** program. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. The Gila River Indian Community Head Start has a funded enrollment of 203 children in four centers throughout the Community: Sacaton Head Start Center, San Tan Head Start Centers, Vah-Ki Head Start Centers and the Laveen Head Start Center.[165]
- There are three **school-based preschool programs** in the Gila River Indian Community: the Blackwater Community School preschool, the Sacaton Elementary School preschool, and the preschool program at St. Peter Indian Mission School.[166]
- According to the 2018 Needs and Assets Report, in 2016, all of these early care and learning education programs in the Gila River Indian Community Region enrolled a total

of 156 children ages birth to three, and 579 children ages three to five (Table 35 and Table 36).

- Recent estimates from the American Community Survey show that the proportion of young children (ages 3-4) enrolled in school (i.e. nursery school, preschool, or kindergarten) in the Gila River Indian Community Region (40%) is similar to that in Arizona reservations combined (41%) and slightly higher than in the state (38%) (Table 37).
- Child care subsidies are available in the region through the EECC with funds from the Tribal Child Care and Development Fund and scholarships from the First Things First Gila River Indian Community Regional Partnership Council. Other early learning programs in the Community are available free-of-cost such as the Head Start and FACE programs. Services at the Sacaton Elementary School preschool program are provided free-of-cost for children with special needs.[167] In addition, some families in the Gila River Indian Community Region receive child care subsidies from the Arizona Department of Economic Security (DES). Fewer than ten young children received DES child care subsidies in 2015, 2017, and 2018, and 12 children receive subsidies in 2016 (Table 38).
- Other children receiving DES child care subsidies in the region are those involved with the state's child welfare system through the Department of Child Safety (DCS). The proportion of young children who are eligible for DES subsidies and received them has increased over time, with 92 percent of eligible children using this benefit in 2018 (Table 39).
- All families in the Gila River Indian Community Region who were eligible for DES child care subsidies used this benefit in 2015, 2017 and 2018. In 2016, 10 percent of families in the region eligible for child care subsidies did not use them (Table 40).

High Quality Early Care and Education

- In Fiscal Year 2019, four child care providers in the Gila River Indian Community Region participated in Quality First, and all four were quality-level settings (public 3-5 stars). That same year, a total of 230 children were enrolled at these Quality First sites in the Gila River Indian Community Region and 48 children received Quality First scholarships (Table 41 and Table 42).
- The Department of Economic Security (DES) defines early care and education "quality environments" as providers that are accredited by a national organization or providers that have received a state-approved quality indicator that is recognized by the

department.[viii] In 2018, ten young children in the region receiving DES child care subsidies but not involved with DCS were served in quality environments; the same number of children receiving subsidies and involved with DCS were enrolled at quality environment settings, as defined by DES (Table 43).

Young Children with Special Needs

- In school years 2015-2016 to 2018-2019 the number of young children (ages 3-5) enrolled in special education in the Gila River Indian Community Region ranged from a high of 59 in school year 2015-2016 to a low of 49 in school year 2017-2018 (Table 44).
- During school year 2018-2019, almost half (49%) of the 55 young children (ages 3-5) enrolled in special education in the region were diagnosed with a developmental delay, and over one-third (36%) were diagnosed with a pre-school severe delay (36%) (Table 45).
- The percent of students (grades 1-3) in the region enrolled in special education has increased over time. In school year 2018-2019, 24 percent of students were enrolled in special education, twice the proportion of students across the state (12%) (Table 46).
- In Federal Fiscal Year 2017, 58 children ages birth to two in the region were referred to the Arizona Early Intervention Program (AzEIP) and were found eligible. The proportion of children referred and found eligible for AzEIP services was higher in the region (71%) than in the state (60%). The number of active AzEIP cases in the region increased by 46 percent in the region from 54 cases in 2017 to 79 cases in 2018 (Table 47 & Table 48).
- The number of children ages birth to two in the region receiving services from the Division of Developmental Disabilities (DDD) remained stable from State Fiscal Year 2016 to State Fiscal Year 2018. There were 15 children in this age range served by DDD in 2018 (Table 49).
- Fewer than ten children ages three to five from the Gila River Indian Community Region were served by DDD in State Fiscal Years 2015, 2016 and 2017. There were no children receiving DDD services in the region in State Fiscal Year 2018. (Table 50).

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

Access to Early Care and Education

Table 35. Center-based enrollment (children 3 to 5 years old) in early childhood education programs

	ENROLLMENT (AGES 0-5)
Early Education Childcare Center (EECC)	108
Blackwater Preschool Program	41
Blackwater FACE Program	15
Casa Blanca FACE Program	14
Gila Crossing Community School FACE Program	21
Head Start	203
Early Head Start	92
Sacaton Elementary School preschool	48
St. Peter's Indian Mission School	37
Total	579

Sources: Early Education Child Care Center. (2016). [Enrollment Data]. Unpublished data. Received through correspondence; Blackwater FACE program. (2016). Unpublished data. Received through correspondence; Casa Blanca FACE program. (2016). Unpublished data. Received through correspondence; Gila Crossing Community School FACE program. (2016). Unpublished data. Received through correspondence; Sacaton elementary School preschool. (2016). [Enrollment Data]. Unpublished data. Received through correspondence. St. Peter's Indian Mission School. (2016). through correspondence.

Table 36. Center-based infant and toddler enrollment (0-3)

	2016
Early Head Start	92
Early Education Childcare Center	64
Total Infant/Toddler Center-based Enrollment	156

Source: Early Education Child Care Center. (2016). [Enrollment Data]. Unpublished data. Received through correspondence; Gila River Early Head Start. (2016) [Enrollment Data]. Unpublished data Received through correspondence.

Table 37. School enrollment for children (ages 3 and 4)

GEOGRAPHY	POPULATION OF CHILDREN (AGES 3-4)	NUMBER ENROLLED IN SCHOOL	PERCENT ENROLLED IN SCHOOL
Gila River Indian Community Region	**342**	**136**	**40%**
All Arizona Reservations	6,574	2,673	41%
Maricopa County	118,295	44,210	37%
Pinal County	10,379	3,361	32%
Arizona	182,970	69,712	38%
United States	8,190,503	3,892,317	48%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B14003

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

Table 38. Children receiving DES child care subsidies, 2015 to 2018

GEOGRAPHY	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2015	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2016	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2017	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2018
Gila River Indian Community Region	**<10**	**12**	**<10**	**<10**
Maricopa County	11,369	10,786	10,420	12,264
Pinal County	1,093	972	893	965
Arizona	19,040	17,784	16,922	19,813

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

Note: This table reflects children receiving subsidies who are not DCS-involved.

Table 39. DCS-involved children receiving DES child care subsidies, 2015 to 2018

	NUMBER OF DCS CHILDREN RECEIVING SUBSIDIES				PERCENT OF ELIGIBLE DCS CHILDREN RECEIVING SUBSIDIES			
GEOGRAPHY	2015	2016	2017	2018	2015	2016	2017	2018
Gila River Indian Community Region	**<10**	**11**	**12**	**11**	**DS**	**79%**	**100%**	**92%**
Maricopa County	8,166	8,339	7,796	7,773	90%	89%	87%	81%
Pinal County	718	820	678	685	92%	90%	85%	84%
Arizona	13,098	13,352	12,201	12,219	91%	89%	88%	82%

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

Table 40. Eligible families not using DES child care subsidies, 2015 to 2018

GEOGRAPHY	FAMILIES NOT USING SUBSIDIES, 2015	FAMILIES NOT USING SUBSIDIES, 2016	FAMILIES NOT USING SUBSIDIES, 2017	FAMILIES NOT USING SUBSIDIES, 2018
Gila River Indian Community Region	**0%**	**10%**	**0%**	**0%**
Maricopa County	6%	7%	7%	8%
Pinal County	5%	6%	6%	8%
Arizona	6%	6%	7%	8%

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

High Quality Early Care and Education

Table 41. First Things First Quality First child data, State Fiscal Year 2019

GEOGRAPHY	QUALITY FIRST SCHOLARSHIPS: NUMBER OF CHILDREN SERVED	NUMBER OF CHILDREN ENROLLED AT A QUALITY FIRST PROVIDER SITE	NUMBER OF CHILDREN ENROLLED AT A QUALITY FIRST PROVIDER SITE WITH A PUBLIC 3-5 STAR RATING	PERCENT OF CHILDREN IN A QUALITY-LEVEL SETTING (PUBLIC 3-5 STARS)
Gila River Indian Community Region	**48**	**230**	**230**	**100%**
Arizona	9,179	62,215	45,278	73%

Source: First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request

Note: These data reflect regionally-funded Quality First provider sites and statewide- funded Quality First Redesign provider sites. Data reflect children enrolled at provider sites with a public rating. Star ratings are not publicly available when provider sites decline to publish their initial rating or when one has not yet been assigned.

Table 42. First Things First Quality First child care provider data, State Fiscal Year 2019

GEOGRAPHY	NUMBER OF CHILD CARE PROVIDERS SERVED	NUMBER OF CHILD CARE PROVIDERS SERVED WITH A PUBLIC 3-5 STAR RATING	PERCENT OF CHILD CARE PROVIDERS SERVED WITH A PUBLIC 3-5 STAR RATING
Gila River Indian Community Region	**4**	**4**	**100%**
Arizona	1,119	821	73%

Source: First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request

Note: These data reflect regionally-funded Quality First provider sites and statewide- funded Quality First Redesign provider sites. Data reflect children enrolled at provider sites with a public rating. Star ratings are not publicly available when provider sites decline to publish their initial rating or when one has not yet been assigned.

Table 43. Children receiving DES child care subsidies in quality educational environments, 2017 and 2018

GEOGRAPHY	TOTAL NUMBER OF CHILDREN IN QUALITY ENVIRONMENTS, 2017	TOTAL NUMBER OF CHILDREN IN QUALITY ENVIRONMENTS, 2018	TOTAL NUMBER OF DCS CHILDREN IN QUALITY ENVIRONMENTS, 2017	TOTAL NUMBER OF DCS CHILDREN IN QUALITY ENVIRONMENTS, 2018
Gila River Indian Community Region	**2 to 18**	**10**	**<10**	**10**
Maricopa County	8,545	11,156	3,746	4,435
Pinal County	571	682	270	311
Arizona	13,706	17,295	6,063	6,938

Source: Arizona Department of Economic Security (2019). Child Care Assistance Dataset. Unpublished data received by request.

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

Young Children with Special Needs

Table 44. Children (ages 3-5) Enrolled in Special Education, 2015-16 to 2018-19

GEOGRAPHY	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2015-16)	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2016-17)	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2017-18)	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2018-19)
Gila River Indian Community Region	**59**	**50**	**49**	**55**
Maricopa County	9,620	9,809	10,349	10,502
Pinal County	848	987	1,027	1,024
Arizona	14,295	15,257	16,159	16,432

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Special Education Enrollments. Unpublished data received by request.
Note: Due to the way in which data were aggregated for students with special needs in the FY2020 reporting cycle, the individual schools where students are receiving services could not be identified.

Table 45. Children (ages 3-5) Enrolled in Special Education by Type of Disability, 2018-19

GEOGRAPHY	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION	DEVELOP-MENTAL DELAY	SPEECH OR LANGUAGE IMPAIRMENT	PRE-SCHOOL SEVERE DELAY	AUTISM	HEARING IMPAIR-MENT	OTHER DIS-ABILITIES
Gila River Indian Community Region	**55**	**49%**	**DS**	**36%**	**DS**	**DS**	**DS**
Maricopa County	10,502	44%	37%	13%	3%	1%	3%
Pinal County	1,024	39%	44%	13%	2%	DS	2%
Arizona	16,432	42%	39%	12%	3%	1%	3%

Source: Arizona Department of Education (2019). 2018-19 Special Education Enrollments. Unpublished data received by request.
Note: Due to the way in which data were aggregated for students with special needs in the FY2020 reporting cycle, the individual schools where students are receiving services could not be identified.

Table 46. Percent of Students (Grade 1-3) Enrolled in Special Education, 2015-16 to 2018-19

GEOGRAPHY	STUDENTS IN SPECIAL EDUCATION (2015-16)	STUDENTS IN SPECIAL EDUCATION (2016-17)	STUDENTS IN SPECIAL EDUCATION (2017-18)	STUDENTS IN SPECIAL EDUCATION (2018-19)
Gila River Indian Community Region	**14%**	**22%**	**27%**	**24%**
Maricopa County	10%	11%	11%	12%
Pinal County	11%	12%	13%	14%
Arizona	11%	11%	12%	12%

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Special Education Enrollments. Unpublished data received by request.
Note: Data reflect students enrolled at Sacaton Elementary and Akimel O'otham Pee Posh 3-5

Table 47. Children referred to and found eligible for AzEIP, Federal Fiscal Years 2016 and 2017

GEOGRAPHY	NUMBER OF CHILDREN (AGES 0-2) REFERRED TO AzEIP, FFY2016	NUMBER OF CHILDREN (AGES 0-2) ELIGIBLE FOR AzEIP, FFY2016	PERCENT OF REFERRALS FOUND ELIGIBLE, FFY2016	NUMBER OF CHILDREN (AGES 0-2) REFERRED TO AzEIP, FFY2017	NUMBER OF CHILDREN (AGES 0-2) ELIGIBLE FOR AzEIP, FFY2017	PERCENT OF REFERRALS FOUND ELIGIBLE, FFY2017
Gila River Indian Community Region	**59**	**30 to 38**	**DS**	**82**	**58**	**71%**
Maricopa County	10,074	6,213	62%	10,235	6,338	62%
Pinal County	1,114	654	59%	1,135	703	62%
Arizona	16,063	9,383	58%	16,344	9,770	60%

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

Table 48. AzEIP caseloads, 2017 and 2018

GEOGRAPHY	CUMULATIVE ACTIVE AzEIP CASES, 2017	CUMULATIVE ACTIVE AzEIP CASES, 2018	PERCENT CHANGE IN AzEIP CASELOADS FROM 2017 TO 2018
Gila River Indian Community Region	**54**	**79**	**+46%**
Maricopa County	7,129	7,599	+7%
Pinal County	798	840	+5%
Arizona	10,934	11,600	+6%

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

Table 49. Children (ages 0-2) receiving services from DDD, State Fiscal Years 2015 to 2018

GEOGRAPHY	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2015	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2016	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2017	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2018	PERCENT CHANGE FROM 2015 TO 2018
Gila River Indian Community Region	**<10**	**14**	**13**	**15**	**DS**
Maricopa County	2,826	2,944	3,235	3,576	+27%
Pinal County	263	290	318	349	+33%
Arizona	3,948	4,095	4,505	5,012	+27%

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

Table 50. Children (ages 3-5) receiving services from DDD, State Fiscal Years 2015 to 2018

GEOGRAPHY	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2015	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2016	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2017	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2018	PERCENT CHANGE FROM 2015 TO 2018
Gila River Indian Community Region	**<10**	**<10**	**<10**	**0**	**DS**
Maricopa County	629	644	713	814	+29%
Pinal County	73	63	84	71	-3%
Arizona	887	898	1,049	1,154	+30%

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

Child Health

Why it Matters

The physical and mental health of both children and their parents are important for optimal child development and well-being. Starting with the mother's health before pregnancy, many factors influence a child's health.[168] Exposures and experiences in utero, at birth, and during the early years set the stage for health and well-being throughout a child's life.[169,170] Access to health insurance and preventive care influence not only a child's current health, but long-term development and future health.[171,172,173] Various health care services, depending on the region, are available to members of federally-recognized Indian tribes from Indian Health Service (IHS) facilities and/or other tribally-administered health care facilities.[174,175]

Access to health services. The ability to obtain health care is critical for supporting the health of pregnant mothers and young children. Health care during pregnancy, or prenatal care, can reduce maternal and infant mortality and complications during pregnancy.[176,177] In the early years of a child's life, well-baby and well-child visits allow clinicians to assess and monitor the child's development and offer developmentally appropriate information and guidance to parents.[178] Families without health insurance are more likely to skip these visits, and are less likely to receive preventive care for their children, or care for health conditions and chronic diseases.[179,180] Thus, access to health insurance is an indicator of children's access to health services. Children who lack health insurance are also more likely to be hospitalized and to miss school.[181] Despite being eligible to receive health care services through IHS facilities and/or tribally-operated facilities, Native communities often struggle to access adequate, high quality care. Services and funding are often limited at IHS facilities,[182] and eligibility for IHS services alone does not meet the minimum essential coverage requirement under the Affordable Care Act.[183] Transportation is a challenge in many rural tribal regions, which can also limit access to care. Close to one in 5 households on tribal lands do not have a vehicle available (17%), which is more than double the proportion of households without a vehicle statewide (7%).[184]

Maternal, infant, and child health. A number of factors occurring before conception and in utero influence child health, making characteristics of pregnant women important determinants of the birth and developmental outcomes of their children. Pregnancy during the teen years is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.[185] 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.[186,187,188]

In addition to age, a mother's health status before, during, and after pregnancy influences her child's health. Women who are obese before they become pregnant are at a higher risk of birth complications and neonatal and infant mortality than women who are normal weight before pregnancy.[189,190] Babies born to obese women are at risk for chronic conditions later in life such as diabetes and heart disease.[191] Preterm birth, in addition to being associated with higher infant and child mortality, often results in longer hospitalization, increased health care costs, and longer-term impacts such as physical and developmental impairments. Babies born at a low-birth weight (less than 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease. [192]

Maternal mental health is a factor for children's well-being as well. Maternal depression during and after pregnancy negatively influences the mother's ability to maintain a healthy pregnancy as well as meet the demands of motherhood and form a secure attachment with her baby.[193, 194] Quality preconception counseling and early-onset prenatal care can help reduce some of these risks for poor prenatal and postnatal outcomes by providing information, conducting screenings, and supporting an expectant mother's health and nutrition.[195]

Substance use disorders. A mother's use of substances such as drugs and alcohol also has implications for her baby. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than babies born to mothers who do not smoke.[196,197] Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.[198] This can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.[199]

Parental substance abuse also has significant impacts on family wellbeing. According to the National Survey of Children's Health, young children in Arizona are more than twice as likely to live with someone with a problem with alcohol or drugs than children in the U.S. as a whole (9.8 percent compared to 4.5 percent).[200] Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.[201,202] Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.[203] Because of the impact of historical trauma and adverse childhood experiences (ACEs), in Native American communities, interventions to address substance use among youth and adults are often trauma-informed, culturally-grounded and community-based.[204]

Nutrition and weight status. After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.[205] 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.[206] American Indians have the lowest breastfeeding rate nationwide. There is a movement to reclaim breastfeeding among Native women to benefit the health of the mother, child, and community. In one example of an effort to address this issue, the Indian Health Service (IHS) has been tasked to make all IHS birthing hospitals baby-friendly, which includes breastfeeding support as part of maternity care.[207]

A child's weight status can have long-term impacts on health and well-being. Nationwide, an estimated 3 percent of children ages 2-19 are underweight, 16.6 percent are overweight, and 18.5 percent are obese.[208,209] Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.[210] Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships, have all been shown to be related to higher childhood weight and increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).[211, 212]

Oral health. Oral health and good oral hygiene practices are important to children's overall health. Tooth decay and early childhood cavities can have short- and long -term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.[213] A national study showed that low-income children were more likely than higher income children to have untreated cavities.[214] Despite high percentages of young Arizona children who have preventative dental care visits (68.4%) compared to the national average (57.8%), there is a relatively high percentage who have had decayed teeth or cavities (11.1%) compared to those across the nation overall (7.7%).[215] Low-income children in Arizona, specifically, are more likely to have untreated cavities and less likely to have had an annual dental visit than their higher-income peers.[216] According to a 2015 study, among kindergarteners, American Indian children in Arizona had significantly higher incidences of decay (75% AIAN versus 52% all races), and untreated decay (48% AIAN versus 24% all races), relative to all kindergarteners.[217]

First Things First's Oral Health strategy was able to provide 24,664 children birth to age 5 with a dental screening, and 16,837 children with a fluoride varnish in the Arizona State Fiscal Year 2019.[218] Many children had untreated tooth decay and other oral health needs identified through the screenings. Further, attempts were made to connect children to dental homes who either did not already have a dental home or who needed dental care.

Childhood immunizations. Immunization against preventable diseases protects children and the surrounding community from illness and potentially death. In order to ensure community immunity of preventable diseases, which helps to protect unvaccinated children and adults, rates of vaccination in a community need to remain high.[219]

Illness and injury. Asthma is the most common chronic illness affecting children[220], and it is more prevalent among boys, Black children, American Indian or Alaska Native children, and children in low-income households.[221,222] The total healthcare costs of childhood asthma in the United States are estimated to be between $1.4 billion and $6.4 billion, but these costs could be reduced through better management of asthma to prevent hospitalizations.[223] Unintentional injuries are the leading cause of death for children in Arizona[224] and nationwide.[225] It is estimated that as many as ninety percent of unintentional injury- related deaths could be preventable through better safety practices, such as use of proper child restraints in vehicles and supervision of children around water.[226] Children in rural areas are at higher risk of unintentional injuries than those who live in more urban areas, as are children in Native communities, suggesting that injury prevention is an especially salient need in these areas.[227,228]

One useful metric for evaluating child health in Arizona are the Healthy People objectives. These science-based objectives define priorities for improving the nation's health and are updated every 10 years. Understanding where Arizona mothers and children fall in relation to these current national benchmarks (Healthy People 2020) can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant and child health objectives for which data are available at the county level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm births; and increasing abstinence from cigarette smoking among pregnant women.[229]

What the Data Tell Us

Access to Health Services

- In the Gila River Indian Community Region, about one in three (31%) people lack health insurance coverage, a percentage that is higher than in all Arizona reservations (22%), and much higher than the state of Arizona (12%). The proportion of uninsured young children in the region (19%) is also higher than in all Arizona reservations combined (16%). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage (Table 51 & Figure 11).
- In 2017, AHCCCS (Arizona's Medicaid Program) paid for 52 percent of the 163 births in the region, while IHS paid for 37 percent of births (Table 52).

Maternal, Infant, and Child Health

- A high proportion of births in the Gila River Indian Community Region in 2017 were to women who did not have adequate prenatal care. Over one-third (38.7%) of births were to women who had no prenatal care in their first trimester, a percentage that is substantially higher than the Healthy People 2020 target of not more than 22.1 percent. Similarly, about one-fifth (21%) of births were to women who had fewer than five prenatal visits, compared to eight percent in the state. Nine percent of the births in the region were to women who had no prenatal care at all, a proportion that is three times that in the state (3%) (Table 53).
- In 2017, the Gila River Indian Community Region met the Healthy People 2020 targets for low birth-weight and preterm births (i.e. less than 37 weeks). The percentage of births to mothers who used tobacco in the region (7.4%), however, did not meet the Healthy People 2020 target of 1.4 percent or less. A higher proportion of births in the region were to mothers who were younger than 18 (6%) and younger than 20 (15%) compared to births across the state (2% and 6%, respectively) (Table 54).

Child Immunizations

- In school year 2018-2019 vaccination rates among children in childcare in the Gila River Indian Community Region were high. All children enrolled in childcare that year had the required immunizations for DTAP and MMR. For polio, hepatitis-B and varicella, the immunization rates were 99.8 percent. The lowest vaccination rate was 92.3 percent for hepatitis-A. With these high rates, the region met all Healthy People 2020 vaccination targets (Table 55).

- In school year 2018-2019 vaccination rates among kindergarteners in the Gila River Indian Community Region were also high and met the Healthy People 2020 targets (Table 56).
- There were no personal belief exemptions nor exemptions from all required vaccinations among children in childcare in the region from school year 2016-2017 to 2018-2019 (Table 57). Immunization exemption rates were also low among kindergarteners in the region in the same time period, with no exemptions registered for school year 2018-2019 (Table 58).

Illness and Injury

- From 2015 to 2018 there were 12 non-fatal inpatient hospitalizations for unintentional injuries of young children from the Gila River Indian Community Region (Table 59).
- From 2015 to 2017 there were fewer than six inpatient hospitalizations and 28 emergency room visits for asthma among young children from the region (Table 60).
- From 2015 to 2018 there were 237 non-fatal emergency room visits for unintentional injuries for young children in the region. The most common reasons for these non-fatal emergency room visits were falls (47%) and 'natural environment' (e.g., natural heat, natural cold, lightning strike, dog bites, and venomous creatures) (16%) (Table 61).
- Between 2015 and 2017, there were nine deaths of children in the Gila River Indian Community Region, six of which were young children (ages 0-4) (Table 62).

Access to Health Services

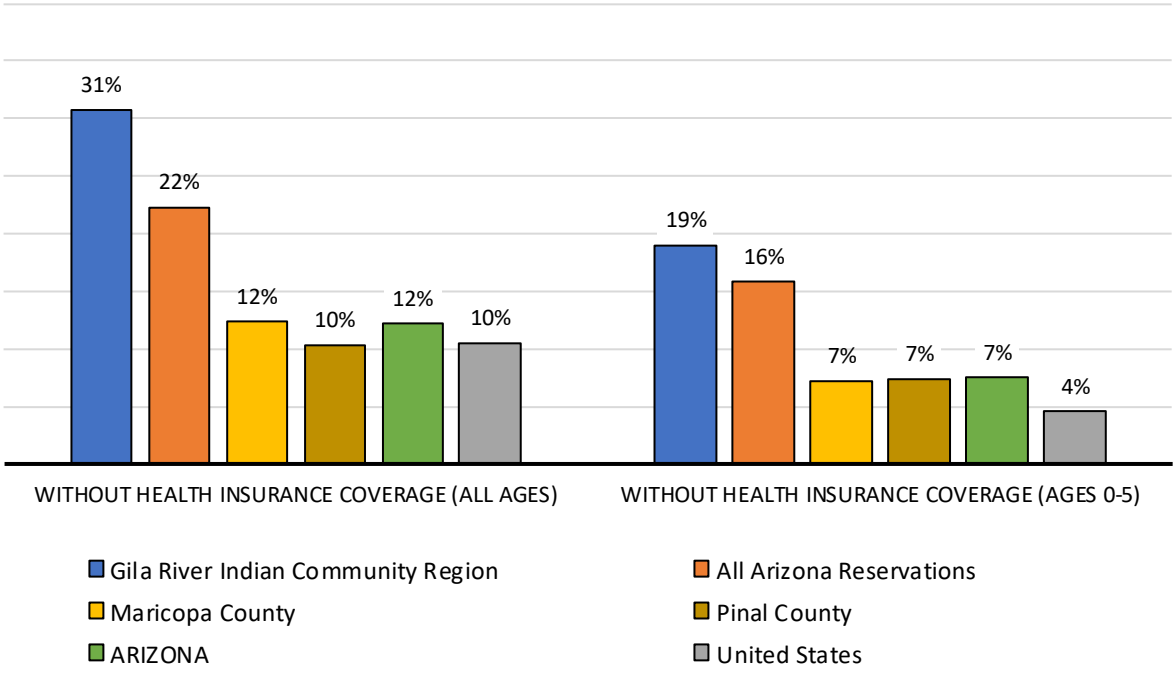
Table 51. Health insurance coverage

GEOGRAPHY	POPULATION (ALL AGES)	PERCENT WITHOUT HEALTH INSURANCE COVERAGE (ALL AGES)	POPULATION OF YOUNG CHILDREN (AGES 0-5)	PERCENT WITHOUT HEALTH INSURANCE COVERAGE (AGES 0-5)
Gila River Indian Community Region	**11,872**	**31%**	**1,057**	**19%**
All Arizona Reservations	186,018	22%	18,649	16%
Maricopa County	4,125,142	12%	332,831	7%
Pinal County	380,940	10%	30,069	7%
Arizona	6,701,990	12%	520,741	7%
United States	316,027,641	10%	23,832,080	4%

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

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

Figure 11. Health insurance coverage for the population (all ages) and for young children (ages 0 to 5)



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

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

Table 52. Payors for births during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	BIRTHS PAID BY AHCCCS	BIRTHS PAID BY IHS	BIRTHS SELF-PAY
Gila River Indian Community Region	**163**	**52%**	**37%**	**4%**
Maricopa County	52,470	52%	<1%	5%
Pinal County	4,384	49%	4%	4%
Arizona	81,664	53%	1%	5%

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

Maternal, Infant, and Child Health

Table 53. Prenatal care for mothers giving birth during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	MOTHERS WHO HAD NO PRENATAL CARE	MOTHERS WHO HAD NO PRENATAL CARE IN FIRST TRIMESTER	MOTHERS WHO HAD FEWER THAN FIVE PRENATAL VISITS
Gila River Indian Community Region	**163**	**9%**	**38.7%**	**21%**
Maricopa County	52,470	2%	23.9%	6%
Pinal County	4,384	1%	23.0%	5%
Arizona	81,664	3%	26.4%	8%
Healthy People 2020 target			22.1%	

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

Table 54. Various risk factors for births during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	LOW BIRTH-WEIGHT	PRETERM (LESS THAN 37 WEEKS)	NICU ADMISSIONS	MOTHER USED TOBACCO	MOTHER YOUNGER THAN 18	MOTHER YOUNGER THAN 20
Gila River Indian Community Region	**163**	**7.4%**	**8.6%**	**10%**	**7.4%**	**6%**	**15%**
Maricopa County	52,470	7.5%	9.4%	7%	3.6%	1%	6%
Pinal County	4,384	7.1%	9.6%	8%	6.9%	2%	7%
Arizona	81,664	7.5%	9.3%	7%	4.7%	2%	6%
Healthy People 2020 targets		7.8%	9.4%		1.4%		

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

Child Immunizations

Table 55. Children in child care with required immunizations, 2018-19

GEOGRAPHY	NUMBER OF CHILDREN ENROLLED IN CHILD CARE	DTAP	POLIO	MMR	HIB	HEPATITIS-A	HEPATITIS-B	VARICELLA
Gila River Indian Community Region	**415**	**100.0%**	**99.8%**	**100.0%**	**98.6%**	**92.3%**	**99.8%**	**99.8%**
Maricopa County	58,060	91.7%	93.6%	94.2%	93.5%	87.8%	92.3%	94.1%
Pinal County	2,740	92.4%	94.4%	95.6%	94.5%	86.4%	94.1%	95.3%
Arizona	86,829	92.4%	94.2%	94.9%	94.2%	85.5%	93.3%	94.7%
Healthy People 2020 targets		90.0%	90.0%	90.0%	90.0%	85.0%	90.0%	90.0%

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

Note: Data reflect Gila River Indian Community Head Start centers in Districts 3, 4, 5, & 6, the Early Education Child Care Center in Sacaton, and Saint Peter Indian Mission Catholic Preschool. The hepatitis A vaccine series (2 doses) is only required in Maricopa County child care settings, but is recommended in all other Arizona counties.

Table 56. Kindergarteners with required immunizations, 2018-19

GEOGRAPHY	ENROLLED (2018-19)	DTAP (2018-19)	POLIO (2018-19)	MMR (2018-19)	HEPATITIS B (2018-19)	VARICELLA (2018-19)
Gila River Indian Community Region	**301**	**95.7%**	**95.7%**	**96.0%**	**98.3%**	**100.0%**
Maricopa County	52,867	92.5%	93.1%	92.7%	94.1%	95.4%
Pinal County	3,986	91.4%	92.1%	92.2%	94.6%	95.3%
Arizona	79,981	92.7%	93.3%	93.0%	94.4%	95.6%
Healthy People 2020 targets		95.0%	95.0%	95.0%	95.0%	95.0%

Source: Arizona Department of Health Services (2019). 2018-19 Kindergarten Immunization Data. Custom data tabulation from requested data; Arizona Department of Health Services (2019). Kindergarten Immunization Coverage by County, 2018-2019 School Years. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage
Note: Data reflect kindergartens enrolled at Akimel O'Otham Pee Posh, Sacaton Elementary, Casa Blanca Community School, Gila Crossing Community School, Saint Peter Indian Mission School, and Maricopa Village Christian School.

Table 57. Child care immunization exemption rates, 2016-17 to 2018-19

GEOGRAPHY	RELIGIOUS EXEMPTION (2016-17)	RELIGIOUS EXEMPTION (2017-18)	RELIGIOUS EXEMPTION (2018-19)	EXEMPT FROM EVERY REQUIRED VACCINE (2017-18)	EXEMPT FROM EVERY REQUIRED VACCINE (2018-19)
Gila River Indian Community Region	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Maricopa County	4.5%	4.7%	5.2%	3.1%	3.3%
Pinal County	2.6%	3.0%	4.2%	2.8%	3.4%
Arizona	3.9%	4.3%	4.5%	2.9%	3.0%

Source: Arizona Department of Health Services (2019). 2016-2017 to 2018-19 Child Care Immunization Data. Custom data tabulation from requested data; Arizona Department of Health Services (2019). Childcare Immunization Coverage by County, 2016-17 to 2018-2019 School Years. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage
Note: Data reflect Gila River Indian Community Head Start centers in Districts 3, 4, 5, & 6, the Early Education Child Care Center in Sacaton, and Saint Peter Indian Mission Catholic Preschool.

Table 58. Kindergarten immunization exemption rates, 2016-17 to 2018-19

GEOGRAPHY	PERSONAL BELIEF EXEMPTION (2016-17)	PERSONAL BELIEF EXEMPTION (2017-18)	PERSONAL BELIEF EXEMPTION (2018-19)	EXEMPT FROM EVERY REQUIRED VACCINE (2017-18)	EXEMPT FROM EVERY REQUIRED VACCINE (2018-19)
Gila River Indian Community Region	**0.4%**	**0.4%**	**0.0%**	**0.8%**	**0.0%**
Maricopa County	5.4%	5.9%	6.5%	3.7%	4.0%
Pinal County	6.1%	5.0%	5.5%	3.4%	4.3%
Arizona	4.9%	5.4%	5.9%	3.5%	3.8%

Source: Arizona Department of Health Services (2019). 2016-2017 to 2018-19 Kindergarten Immunization Data. Custom data tabulation from requested data; Arizona Department of Health Services (2019). Kindergarten Immunization Coverage by County, 2016-17 to 2018-2019 School Years. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage
Note: Data reflect kindergartens enrolled at Akimel O'Otham Pee Posh, Sacaton Elementary, Casa Blanca Community School, Gila Crossing Community School, Saint Peter Indian Mission School, and Maricopa Village Christian School.

Illness and Injury

Table 59. Non-fatal hospitalizations of young children (ages 0-5) for unintentional injuries, 2015-2018 cumulative

GEOGRAPHY	NUMBER OF NON-FATAL INPATIENT HOSPITALIZATIONS FOR CHILDREN (AGES 0-5), 2015-2018 TOTALS	MOST COMMON REASON FOR HOSPITALIZATION	SECOND MOST COMMON REASON FOR HOSPITALIZATION
Gila River Indian Community Region	**12**	**DS**	**DS**
Maricopa County	1,847	Falls (35%)	Poisoning (15%)
Pinal County	195	Falls (32%)	Poisoning (15%)
Arizona	3,015	Falls (33%)	Poisoning (15%)

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

Table 60. Asthma hospitalizations and emergency-room visits, 2015-2017 cumulative

GEOGRAPHY	NUMBER OF INPATIENT HOSPITALIZATIONS FOR ASTHMA (AGES 0 TO 5, EXCEPT NEWBORNS), 2015-2017 TOTALS	AVERAGE LENGTH OF STAY (DAYS) FOR ASTHMA HOSPITALIZATION (AGES 0-5 EXCEPT NEWBORNS), 2015-2017	NUMBER OF EMERGENCY ROOM VISITS FOR ASTHMA (AGES 0 TO 5, EXCEPT NEWBORNS), 2015-2017 TOTALS
Gila River Indian Community Region	<6	**DS**	**28**
Maricopa County	1,376	1.7	9,616
Pinal County	148	1.8	584
Arizona	2,232	1.9	12,812

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

Table 61. Non-fatal emergency-room visits by young children (ages 0-5) for unintentional injuries, 2015-2018 cumulative

GEOGRAPHY	NUMBER OF NON-FATAL EMERGENCY ROOM VISITS FOR CHILDREN (AGES 0-5), 2015-2018 TOTALS	MOST COMMON REASON FOR EMERGENCY ROOM VISIT	SECOND MOST COMMON REASON FOR EMERGENCY ROOM VISIT
Gila River Indian Community Region	**237**	**Falls (47%)**	**Natural or environment (16%)**
Maricopa County	117,039	Falls (47%)	Struck by or against (14%)
Pinal County	10,866	Falls (45%)	Struck by or against (13%)
Arizona	181,068	Falls (46%)	Struck by or against (14%)

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

Note: "Struck" denotes being struck by or against an object or person, not including vehicles. "Natural or environmental" reasons include natural heat, natural cold, lightning strike, dog bites, and venomous creatures.

Table 62. Child mortality, 2015-2017 cumulative

GEOGRAPHY	TOTAL NUMBER OF CHILD DEATHS (AGES 0-4), 2015 TO 2017	TOTAL NUMBER OF CHILD DEATHS (AGES 0-17), 2015 TO 2017
Gila River Indian Community Region	**6**	**9**
Maricopa County	1,069	1,464
Pinal County	98	134
Arizona	1,682	2,357

Source: Arizona Department of Health Services (2019). 2018 Child Mortality Data. Unpublished data received by request.

Family Support and Literacy

Why it Matters

Families and caregivers play a critical role as their child's first and most important teacher. Positive and responsive early relationships and interactions support optimal brain development during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.[230,231,232,233] Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten, and elementary school.[234] Children benefit when their families have the knowledge, resources, and support to use positive parenting practices, and support their child's healthy development, nutrition, early learning, and language acquisition. Specifically, knowledge of positive parenting practices and child development has been identified as one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.[ix,235]

Early literacy. Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.[236] Early literacy promotion, through singing, telling stories, and reading together, is so central to a child's development that the American Academy of Pediatrics has emphasized it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.[237] A child's reading skills when entering elementary school have been shown to strongly predict academic performance in later grades, emphasizing the importance of early literacy for future academic success.[238,239] Home-based literacy practices between parents and caregivers and young children, specifically, have been shown to improve children's reading and comprehension, as well as children's motivation to learn.[240,241] However, low-income families may face additional barriers to home-based literacy practices, including limited free time with children, limited access to books at home, and a lack of knowledge of kindergarten readiness.[242] Communities may employ many resources to support families in engaging with their children, including through targeted programs like home visitation programs and "stay and play" programs, or participating in larger initiatives like Read On Arizona or the national "Reach Out & Read" program.[243]

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

Arizona children's reading scores are below the national average. Of all the students in Arizona, Native American students face the biggest need for improved literacy.[244] The Bureau of Indian Education (BIE)'s Family and Child Education (FACE) program was developed to address some of the unique early literacy needs of American Indian children. The program includes training for staff at child care centers, parenting education and support, Native American language and cultural learning, and reading and learning practices for the family and child.[245]

Adverse childhood experiences. Unfortunately, not all children are able to begin their lives in positive, stable environments. Experiences early in life can have lasting impacts on an individual's mental and physical health. Adverse Childhood Experiences (ACEs) have been linked to future risky health behaviors (such as smoking, drug use, and alcoholism), chronic health conditions (including diabetes, depression, and obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.[246] Alternatively, Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have similarly cumulative, though positive, long-term impacts on mental and relational health.[247] Nationally and in Arizona, very young children are most at risk for child abuse, neglect, and fatalities from abuse and neglect. In 2017, children five years old and younger made up more than half (55%) of child maltreatment victims in Arizona.[248] Future poor health outcomes are also more likely as an individual's ACE score increases.[249] Children in Arizona are considerably more likely to have experienced two or more ACEs (27.3%), compared to children across the country (8.3%).[250] These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.[251] In Native American communities, where historical trauma compounds the effects of ACEs, healing may take place through an integration of healthcare-based interventions (physical, behavioral, and mental health), and interventions that build on the strength of culture and community.[252, 253, 254]

Mental and behavioral health. Behavioral health supports, both for children and caregivers, are often needed to address exposure to adverse childhood events. Infant and toddler mental health development involves the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."[255] When young children experience stress and trauma they often suffer physical, psychological, and behavioral consequences and have limited responses available to react to those experiences. Understanding the behavioral health of mothers is also important for the well-being of Arizona's young children. Mothers dealing with behavioral health issues such as depression may not be able to perform daily caregiving activities, form positive bonds with their children, or maintain relationships that serve as family supports.[256]

Child removals and foster care. There are situations where the harm in remaining with their family is determined to be too great to a child and they are removed from their home, either temporarily or permanently. Children involved in foster care systems often have physical and behavioral health issues, in addition to the social-emotional needs brought on by being removed from a parent's care.[257] Foster parents often need education, support and resources to ensure they are able to successfully care for foster children who may have these added health needs. According to a 2015 Arizona Department of Child Safety Independent Review, focusing on evidence-based targeted interventions for families at risk of child removal—including home visitation, positive parenting programs, and family-based therapy—may help lower this risk, thus reducing placements in the foster care system.[258] In accordance with the Indian Child Welfare Act of 1978 (ICWA), many tribal governments manage their own child welfare systems and state systems must work cooperatively with them.[259] 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.[260]

What the Data Tell Us

Home Visitation

- According to the First Things First Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report, in the Gila River Indian Community Region, there are a number of home visitation programs that serve young children and their families. In addition to the home-based services provided by the FACE programs (see the Early Learning section above), other home visitation services are available in the region through the Baby Smarts program, funded by First Things First. The home visitation component of Baby Smarts provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health using the Parents as Teachers (PAT) curriculum. In addition to these services, the Public Health Nursing department at Gila River Health Care also offers home visits to members of the Gila River and Ak-Chin Indian Communities. Services are provided to individuals across the entire life span (from newborns to the elderly).[261]
- In 2019, 59 families received First Things First-funded home visitation services in the Gila River Indian Community Region, with one family graduating[x] from the visitation program (Table 63).

Child Removals and Foster Care

- Child welfare services in the Gila River Indian Community are provided by the Gila River Indian Community Social Services Department. The First Things First Gila River Indian Community Regional Partnership Council 2018 Needs and Assets Report indicates that there is an initiative called “Children in Crisis Coalition” in the region that aims at supporting families involved in the child welfare system. According to the 2018 Needs and Assets Report, the goal of the Coalition is to promote the wellbeing of children in the child welfare system and to reduce the recurrence of child abuse and neglect. The Coalition is led by Children’s Court judges and it is involved in monitoring case plans and supervising out-of-home placements of young children involved with the court system. As part of the Coalition’s work, children’s codes in the Gila River Indian Community have been refined, and policies and procedures within various departments have been revised.[262]

[x] Graduation rates do not necessarily reflect those retained in the program. Families who did not graduate may still be continuing in the program.

Home Visitation

Table 63. First Things First-funded home visiting program data, State Fiscal Year 2019

GEOGRAPHY	NUMBER OF FAMILIES SERVED	FAMILIES SUCCESSFULLY GRADUATED FROM HOME VISITATION PROGRAMS
Gila River Indian Community Region	**59**	**1**
Arizona	4,106	241

Source: First Things First. (2019). Home Visitation Program Data. Unpublished data received by request

Note: This is an unduplicated count of families who received home visitation services since the beginning of the contract year. Families are only counted one time during the year even if they enrolled in home visitation multiple times. Graduation rates do not necessarily reflect those retained in the program. Families who did not graduate may still be continuing in the program. Program completion/graduation is defined differently by home visitation models: PAT: Services are offered for 2 years or until the child ages out (age 6). HFAZ: Services are offered until the child is at least three years old and can continue up to age five. NFP: Services are offered prenatally until the child's 2nd birthday.

Systems Coordination among Early Childhood Programs and Services

Why it Matters

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

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

What the Data Tell Us

In the Gila River Indian Community Region, coordination efforts are driven by the need to increase quality, access, and awareness of services for families with young children. Both the Community and the regional council share this value, demonstrated by several efforts to work to connect and coordinate the many parts of the system. For example, the Community Children's Court Judge convenes the Court Teams Collaborative Coalition in an effort to bring together all departments and individuals who may be serving children as their families are involved with the courts or early intervention services. Participation includes over 60 representatives from Community departments, First Things First, and the Casey Family Foundation. Tribal leadership supports the efforts: the Governor and Lieutenant Governor have attended meetings, addressing the group and reiterating the Community's priority and commitment to deliver services and programming which demonstrate a respect for culture, for families, and most importantly, for the well-being of the children of the Community.

Another coordination and collaboration effort can be seen in the newly established "Early Childhood Coalition." The Coalition is led by the Tribal Education Department, with representatives from First Things First, Head Start, and the Early Education Child Care Center all participating in the planning and goal setting. The overarching goal (shared by Tribal Education and First Things First's regional council) is to increase the supply of high quality early care and education in the Community. To begin, the Coalition has focused on defining "quality" and sharing information about the importance of quality child care and education to the Community. Within the Community, there is no single governing body regulating or providing support for all preschool, child care, or early education facilities. Some are governed by Tribal Education, by Head Start Standards, by federal funding requirements, or are operating independently. The Coalition intends to expand its membership and to bring together all early childhood stakeholders, and establish shared values. The group plans to share resources, to review current data and policies, to identify opportunities for changes, and provide the support needed for making changes. All efforts are intended to increase the quality of programming and increase the number of children being served in quality early care and education programs.

Communication, Public Information and Awareness

Why it Matters

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

There is no single communications strategy that will achieve the goal of making early childhood an issue that more Arizonans value and prioritize. Therefore, integrated strategies that complement and build on each other are key to any successful strategic communications effort. Employing a range of communications strategies to share information—from traditional broad-based tactics such as paid media advertising to grassroots, community-based tactics such as community outreach—ensures that diverse audiences are reached more effectively across multiple media platforms. A thoughtful and disciplined combination of methods of delivering information is required to ensure multiple messaging touch-points for diverse audiences: families, civic organizations, faith communities, businesses, local leaders, and others.

What the Data Tell Us

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

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

Progress toward building support for children birth to age 5 can be measured by changes in awareness, attitudes and behaviors, as demonstrated through key results of a periodic statewide survey and through tactical impact measures. The most recent statewide survey was held in September 2018. Key results of this statewide survey—which was comprised of both a general phone survey and an online survey of parents of young children specifically—included the following:

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

While understanding and supporting early childhood in general is critical, it's also important that Arizonans have a trustworthy source of early childhood resources and know about the availability of early childhood resources, programs and tools. For this reason, building awareness of FTF as a credible source is critical. Results of the most recent statewide survey

show that, while some progress has been made, there is still more to be done to increase awareness about FTF.

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

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

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

Table 64. First Things First media awareness campaign impressions, SFY2017 to SFY2019

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

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

- In addition, targeted digital advertising allows geographically-based targeting of audiences within regions with the ability to measure the number of click-throughs that digital ads garnered. The click-throughs delivered viewers to the FTF website. In SFY19,

digital advertising led to a statewide total of 521,652 clicks-throughs to the FTF website where families could access more information and resources.

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

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

Table 65. FTF engagement of early childhood supporters and champions, SFY19

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

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

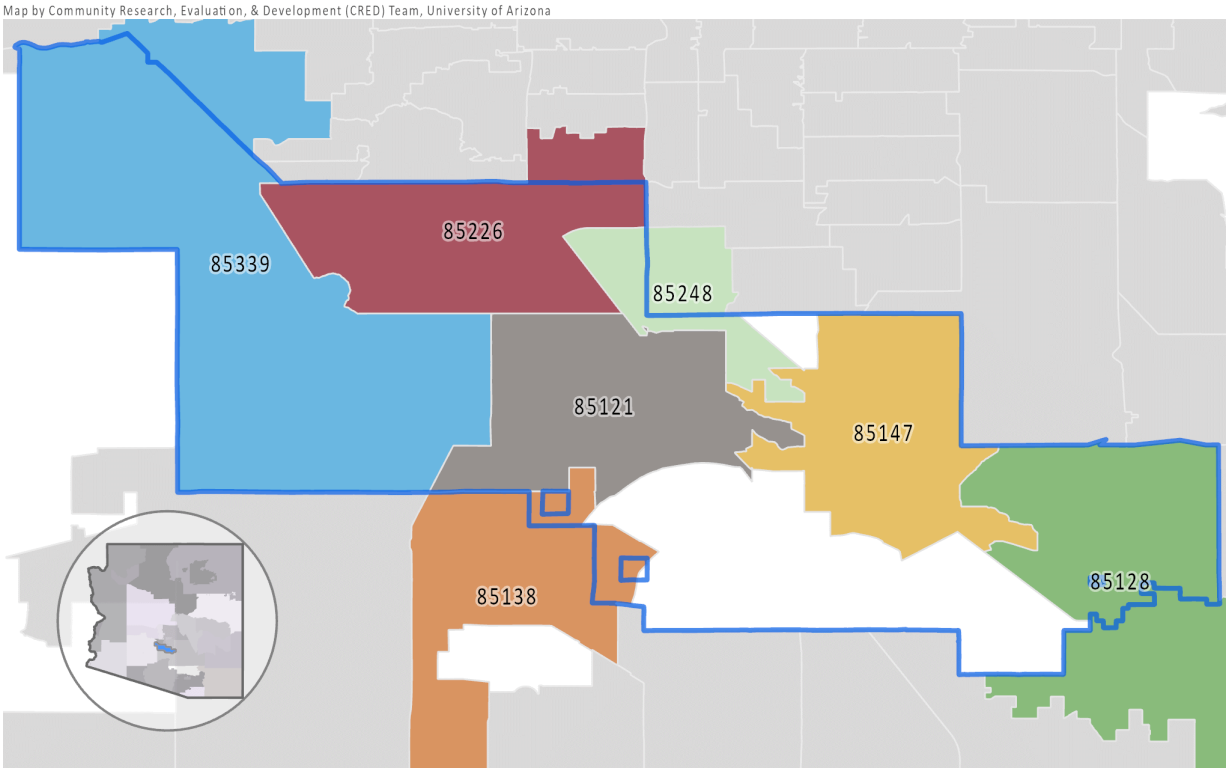
First Things First has also led a concerted effort to build awareness among policymakers at all levels (federal, tribal, state and municipal) of the importance of early childhood. This includes: in-office meetings with elected leaders to provide general information on early childhood, as well as discuss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

for policymakers and their staff); and site tours of FTF-funded programs to allow policymakers to see the impact of early childhood investments in their area. In SFY19, FTF also launched ACT4KIDS, a text-based system that alerts participants to timely developments in early childhood policy and opportunities to engage with policymakers. In its first nine months of implementation, more than 700 Arizonans had signed up to participate in ACT4KIDS.

In addition, FTF actively participates in the Arizona Early Childhood Alliance—comprised of more than 50 early childhood system leaders like the United Ways, the state affiliates of the National Association for the Education of Young Children, Southwest Human Development, Children's Action Alliance, Read On Arizona, Stand for Children, Expect More Arizona and the Helios Foundation—represent the united voice of the early childhood community in advocating for early childhood programs and services. For the past three years, the Alliance has also led an annual Early Childhood Day at the Legislature, which have drawn hundreds of Arizonans to the state Capitol to engage with policymakers and show their support for early childhood development and health.

Appendix 1: Map of Zip Codes of the Gila River Indian Community Region

Figure 12. Map of the ZIP codes in the Gila River Indian Community Region



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

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

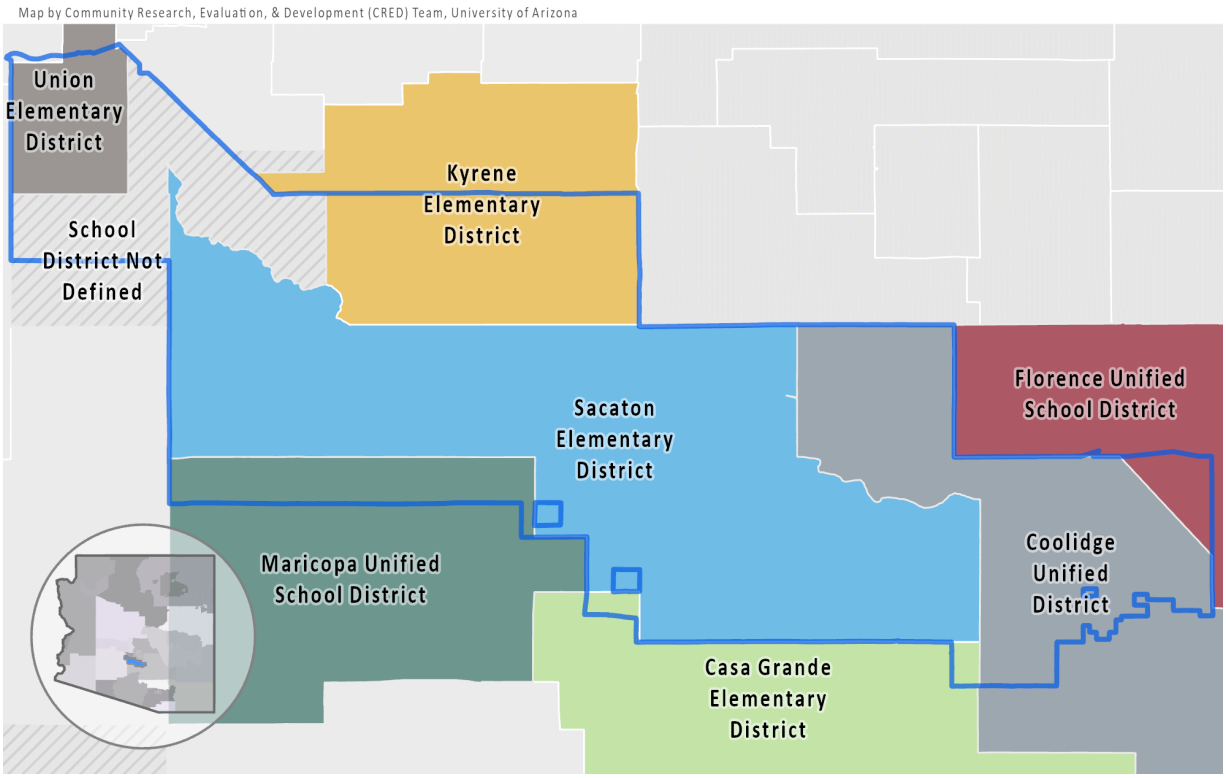
Table 66. Zip Code Tabulation Areas (ZCTAs) of the Gila River Indian Community Region

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

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

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

Figure 13. Map of the school districts in the Gila River Indian Community Region



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

Table 67. School Districts in the Gila River Indian Community Region

ZIP CODE TABULATION AREA (ZCTA)	SCHOOLS IN DISTRICT	K-3RD GRADE STUDENTS IN DISTRICT	PERCENT OF K-3RD GRADES STUDENTS IN REGION	THIS DISTRICT IS SHARED WITH
Gila River Indian Community Region	**5**	**302**		
Sacaton Elementary District	2	286	100%	
Akimel O Otham Pee Posh Charter School, Inc.	1	16	100%	
Akimel O'Otham Pee Posh Charter School, Inc.	1	<11	100%	

Source: Arizona Department of Education (2019). FY 2018 & FY 2019 Enrollment Data. Custom tabulation facilitated by agency staff.

Note: This table only contains Districts/LEAs with enrolled K-3rd grade students physically located within regional boundaries. It does not reflect the residence of students that attend these schools. It does not include high school districts. These are the districts and charter operators from which data on preschool to 3rd grade students were drawn for the tables and figures presented in this report. The percentage shown in the "Percent of K-3rd grade students in the region" column was used to apportion district-level enrollment counts to the region. All other data were aggregated at the school level. The "Schools in district/LEA" and "K-3rd grade students in district/LEA" columns reflect totals for the district, not only the portion within the region. Union Elementary, Kyrene Elementary, Maricopa Unified, Casa Grande Elementary, Coolidge Unified, and Florence Unified Districts all overlap the lands of the Gila River Indian Community Region but have no schools with enrolled K-3rd grade students located within the region.

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