

**TOHONO O'ODHAM NATION
REGIONAL PARTNERSHIP COUNCIL
2022
NEEDS AND ASSETS
REPORT**

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First Things First Tohono O'odham Nation Regional Partnership Council

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EXECUTIVE SUMMARY

The Tohono O’odham Nation Region. The Tohono O’odham Regional Partnership Council boundaries include the 8 contiguous Districts covering Western Pima County and small portions of southern Maricopa and Pinal Counties, namely GuVo, Hickiwan, Sif Oidak, Gu Achi, Pisinemo, Chukut Kuk, Sells, Schuk Toak, and Baboquivari. It also includes the noncontiguous San Xavier District, San Lucy District, and Florence Village.

Population Characteristics. According to new redistricting data from the U.S. 2020 Census, the estimated total population in the region decreased by 6%, from 10,201 in 2010 to 9,561 in 2020. The estimated number of children under 18 decreased by 15%, from 3,348 in 2010 to 2,848 in 2020. The 2020 Census population estimates are much lower than the number of enrolled members living on the reservation as recorded by the Tohono O’odham Nation Enrollment Program in 2019 (N=12,949), which may suggest that there was a Census undercount in the region. Based on the number of births each year, the proportion of young children who were enrolled increases with age from 57% of 2-year-olds to 92% of 4-year-olds in 2019.

American Community Survey (ACS) data indicate that Native language use may be lower in the region than on other Arizona reservations, with 30% speaking languages other than English or Spanish at home. Only 4% of persons ages 5 and older speak a language other than English at home and do not speak English very well, indicating that English-language proficiency is very high in the region. The proportion of the region’s population identifying as Hispanic or Latino (9%) is greater than the proportion across all Arizona reservations (6%). Almost 2 out of 3 young children in San Xavier District identify as Hispanic or Latino (63%). Correspondingly, more families speak Spanish in the Tohono O’odham Nation Region (8%) than across all Arizona reservations (3%).

In 2018, about half (54%) of children enrolled in Tohono O’odham Nation Head Start were living in a 2-parent family, 27% were living in a 1-parent family, 16% were living with relative caregivers, and 2% were living with non-relative caregivers. This contrasts with ACS data from 2015-19, which estimate that only 14% of young children were living with 2 married parents.¹ The ACS also estimates that multi-generational households are common in the region, with half of young children living in their grandparent’s household. Almost 500 grandparents are estimated to be responsible for 1 or more grandchild; a quarter of these grandparents do not have the child’s parent(s) living in the household.

Economic Circumstances. In the Tohono O’odham Nation Region, the median family income for all households (\$31,700) and the median income for families with a married couple and at least 1 child (\$52,000) are both lower than the 2021 self-sufficiency standard for a 2-parent family with an infant and a preschooler in Pima County (\$58,282), Pinal County (\$62,033), and Maricopa County (\$66,908).

¹ *Tohono O’odham Nation Head Start and the ACS have different definitions for household composition, which are described further in the Family and Household Composition section of this report.*

Eligibility for some public assistance programs is determined by the 185% poverty threshold; more than 4 out of 5 young children in the region are estimated to be living in households with incomes below this threshold. Despite high eligibility, enrollment in public assistance programs (including Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and the Tohono O’odham Nation Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)) is decreasing in the region.

During the pandemic, children continued to receive meals through the National School Lunch Program (NSLP) and Child and Adult Care Feeding Program (CACFP), and the number of meals served through the Summer Food Service Program increased. Food boxes were also distributed by WIC, the Head Start and Child Care Programs, and the Family Assistance Program. There are many grassroots efforts to increase local food sovereignty, a major asset to the region.

Both the labor force participation rate (49%) and the unemployment rate (24%) for the Tohono O’odham Nation Region were higher than across all Arizona reservations. Unemployment spiked during the pandemic; in July 2020, unemployment claims peaked at 107 total claims, 37 of which were found eligible and paid. Over half of children ages birth to 5 in the region live in households where all parents present are in the workforce, including the 43% living with a single parent in the labor force and 11% in 2-parent households where both parents work. This suggests that there is ample need for early care and education, and key informants said that working parents often rely on extended family networks and neighbors for care.

Key informants (comprised of Tohono O’odham Nation partners, programs and departments leads) indicated that the biggest housing challenge in the Tohono O’odham Nation Region is insufficient housing opportunities. Over a third of households are reported to be severely overcrowded (34%), and many families live “doubled up” with other related or unrelated families. A positive listed by key informants was that COVID-related funding was allocated to the construction of dedicated emergency housing units, which will be a lasting benefit. Insufficient infrastructure including electric, water/sewer, internet, and transportation were listed as additional challenges across the large area of the reservation. The ACS estimates that 57% of children under 18 had access to both a computer and internet at home in 2015-19, a necessity for connecting to virtual schooling during the pandemic.

Educational Indicators. Elementary education is available within the region at the public Indian Oasis Elementary Primary School (pre-K through 3rd grade), Indian Oasis Elementary Intermediate School (4th through 6th grades), San Simon Day School (K through 8th grade), and Santa Rosa Ranch School (K through 8th grade). Tohono O’odham Nation students also attend nearby district schools. In 2018, chronic absences were significantly lower for kindergarten through 3rd graders at Indian Oasis Elementary (5%) than for American Indian students in off-reservation schools serving Tohono O’odham students (29%) and the state as a whole (13%). During the same school year, passing rates on 3rd grade English Language Arts (ELA, 5%) and math (7%) assessments were very low at Indian Oasis

Elementary. Between 2015 and 2018, the passing rates on standardized assessments varied between 5% and 25% for English Language Arts (ELA) and between 7% and 23% for math.

Four- and 5-year graduation rates at Baboquivari High School (76% and 78%, respectively) were higher than for American Indian students at all Arizona schools (69% and 75%, respectively). However, educational attainment for adults aged 25 and older in the Tohono O’odham Nation Region was slightly lower than that of adults in all Arizona reservations. Mothers giving birth in 2018 and 2019 were more likely to have less than a high-school education (30-39%) or a high school diploma/GED (41-45%) and less likely to have any college or higher education (19-25%). Several programs including Tohono O’odham Community College (TOCC), the Native American Advancement Foundation (NAAF) and programs through the Tohono O’odham Nation Department of Education support adult educational attainment and vocational training in the region.

Early Care and Education. Child care and early education services in the Tohono O’odham Nation Region are licensed and regulated by the Division of Early Childhood Education within the Education Department. Early care and education options for families in the Tohono O’odham Nation include tribal child care centers (4 locations), Head Start centers (7 locations), tribally-approved home providers, and the Baboquivari Unified School District Pre-K program at Indian Oasis Primary Elementary. The Division of Early Childhood Education also contracts with private child care centers and home-based providers licensed by the Department of Economic Security (DES) in the Tucson area.

Including the 31 in-home and group-home providers licensed through the Child Care Program, early care and education providers in the region can serve about 55% of young children ages 0 to 4. Most of the early care and education capacity in the region is for the preschool age group. Together, the Tohono O’odham Nation Head Start Program and Indian Oasis Preschool Program can serve 99% of the 3- and 4-year-olds in the region; in 2019, 89% of these children were enrolled.

In 2019, 97 children were receiving certificates from the Child Care Program. The number of children eligible for and receiving child care subsidies from the Department of Economic Security (DES) increased from 12 in 2018 to 29 in 2019. These subsidies reduce the monthly cost of care from \$210 to \$100. As of 2021, 2 of the 8 early care and education providers in the region met quality standards (3-star rating or higher). Of the 286 children enrolled at a center, 84 of them were enrolled at a Quality First provider site (29%). Quality First providers can receive higher reimbursement for serving children with DES child care subsidies.

Young children with disabilities or developmental delays in the region are served by the Arizona Early Intervention Program (AZEIP), the Division of Developmental Disabilities (DDD), special education services at Indian Oasis Primary Elementary and Head Start, and the Division of Special Needs. Studies indicate that between 52 and 77 young children in the region would likely benefit from early intervention services each year. In 2020, 40 were referred to AZEIP, and fewer than 10 were found eligible for services. Fourteen preschoolers and 48 kindergarten through 3rd graders at Indian Oasis Elementary were enrolled in special education; 28 children at Head Start had an Individualized Education Program (IEP). The most common diagnosis across educational settings was speech or language impairment.

Child Health. According to 2015-19 ACS estimates, only 8% of young children and 11% of the total population in the region did not have health insurance. More residents of the non-contiguous San Lucy District were without health insurance (29% of children 0-5 and 26% of the total population). All children enrolled in Head Start in 2019 had health insurance, 94% through Arizona Medicaid (AHCCCS). From 2014 to 2019, more births were paid by Indian Health Service (IHS) and fewer births were paid by AHCCCS in the region than across all Arizona reservations.

There were 122 births in the Tohono O’odham Nation Region in 2019, of which almost half were to mothers who had inadequate prenatal care (36% with fewer than 5 prenatal visits, 11% with no prenatal care at all). Between 2015 and 2019, the proportion of births to teenage mothers was highest at 6.1% in 2015 and lowest at 2.8% in 2018. A high proportion of births were to mothers with pre-pregnancy obesity (59% in 2019) or gestational diabetes (21%). Births to mothers who used tobacco during pregnancy were highest in 2017 at 6.7%, higher than the Healthy People 2020 target (1.4% or less) and the rate on all Arizona reservations (between 3.2 and 4.5%). Despite these maternal characteristics and rates of inadequate prenatal care, fewer newborns were preterm (9.8% compared with 11.5% across all Arizona reservations) and only slightly more newborns were low birthweight (9.0% compared with 8.3% across all Arizona reservations) in 2019. More than 1 out of every 7 newborns (13.1%) were admitted to the Neonatal Intensive Care Unit (NICU), much higher than the rate across Arizona (7.7%).

In the Tohono O’odham Nation Region, a similar portion of WIC-enrolled infants were ever breastfed as across all ITCA WIC programs, but fewer were breastfed at 6 months. The percent of WIC-enrolled toddlers with obesity increased steadily from 27% in 2016 to 40% in 2020; key informants corroborated that rates of childhood obesity and adolescent diabetes were increasing and a concern in the region. Key informants also noted that dental services through Tohono O’odham Nation Health Care (TONHC), including a robust pediatric fluoride program, were not available during the pandemic and dental caries are increasing as a result. In 2019, only 39% of children enrolled in Head Start were up to date on required immunizations, however 100% of preschoolers and kindergarteners at Indian Oasis Primary Elementary had completed the 3 major vaccine series. This high rate of vaccination is an asset to public health in the region.

Family Support and Literacy. Key informants indicated that substance abuse posed a concern for family wellness in the region. Between 2016 and 2020, 28 newborns in the region were affected by in-utero opioid use, however the average length of hospital stay was only 4.3 days (compared with 6 days on average). For the total population, there were fewer than 10 deaths with opiates or opioids contributing from 2017 to 2020. The Behavioral Health Program provides treatment for people with substance use disorders, family therapy, and a program providing targeted outreach around Fetal Alcohol Spectrum Disorder (FASD). For other behavioral health needs, Cenpatico Integrated Care serves as the Regional Behavioral Health Authority, and the Division of Behavioral Health under the Tohono O’odham Nation Department of Health and Human Services provides myriad, culturally-adapted services.

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. Child welfare services in the region are overseen by the Tohono O’odham Nation Department of Health and Human Services. In

2021, 121 children were under the care of the Department's Child Welfare Division. Most of these children were placed in contract facilities off of the Tohono O'odham Nation, with 35% in off-Nation foster homes and 28% in off-Nation group homes. Only 9% were placed in foster homes run by the Nation, 4% placed with relatives and 3% placed with the tribally-operated Children's Home Program. The low proportion of children placed with relatives and low availability of foster care options on the reservation (11 total beds) may be of concern. In 2021 there were also 123 children in Indian Child Welfare Act (ICWA) placements under the care of the state.

There are several programs on the Tohono O'odham Nation that support healthy family dynamics and home literacy practices, which can help create more Positive Childhood Experiences (PCEs) and support healthy brain development. The Tohono O'odham Nation Head Start Program includes a Family and Community Partnership component, which assesses families' needs, recommends resources and provides services that build upon their strengths and needs. TONHC participated in the Reach Out and Read Program until the pandemic, and the Indian Oasis Primary Elementary School participates in Read On Arizona. The two home visitation programs (Maternal and Child Health Advocates Program and Family Spirit Home Visiting Program) were named as underutilized assets in the region. The Family Preservation Program (through the Child Welfare Division) and Fatherhood is Sacred Program (run by the Division of Behavioral Health) also help promote family well-being, parental responsibility, and stability for young children.

ABOUT THIS REPORT

The data contained in this report come from a variety of sources including regional, state and federal agencies. Federal government sources include limited data from the 2010 U.S. Census and the 2020 U.S. Census. Because the 2010 U.S. Census is now a decade old, it is used minimally in this report. The Census Bureau expects to release detailed tables from the 2020 U.S. Census in early 2023,ⁱⁱ therefore only data for total population counts and the number of children birth to 17 are included. This report also uses data from the 2015-2019 American Community Survey (ACS) 5-Year Estimates. Important information about the limitations of U.S. Census and American Community Survey data in tribal communities is included in *Appendix 2*: .

Data were provided to First Things First (FTF) by state agencies including the Arizona Department of Health Services, the Arizona Department of Education, and the Arizona Department of Economic Security. In most cases, the data in this report were calculated especially for the Needs & Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report uses data tailored to the region, but in some cases, there are only county-level or statewide data available to report.

In addition to these public sources this report includes: 1) Quantitative data obtained from various Tohono O’odham Nation departments and programs with approval from the Tohono O’odham Nation Council by Resolution No. 21-439; and 2) Findings from qualitative data collection conducted in 2021 and 2022 specifically for this report through key informant interviews with service providers and stakeholders in the region. Not all data will be available at a FTF regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

First Things First Tohono O’odham Nation Regional Partnership Council members, community members, and local program and department heads participated in a facilitated discussion on August 22, 2022 of selected data included in this report. During this session they shared their local knowledge and perspective in interpreting the data collected. Perspectives and feedback from participants are included as key informant perspectives within this report.

In most tables in this report, the top rows of data correspond to the FTF Tohono O’odham Nation Region. When available, the next rows show data that are useful for comparison purposes: all Arizona reservations combined, the state of Arizona and national estimates or targets where available. The all Arizona reservations comparison includes data for all persons with home addresses listed on a federally recognized tribal reservation in Arizona. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation "N/A." State agencies have varying policies about reporting small values. Entries such as "<10" or "<11" are used when the count is

ⁱⁱ U.S. Census Bureau (2021). *About 2020 Census Data Products, Demographic and Housing Characteristics File*. Accessed at <https://www.census.gov/programs-surveys/decennial-census/decade/2020/planning-management/release/about-2020-data-products.html>

too small to be reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as "[11 to 27]" because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of "DS" indicate that data have been suppressed and we are unable to provide a useful range of possible values.

For more detailed information on data sources, methodology, suppression guidelines, and limitations, please see also *Appendix 2*: .

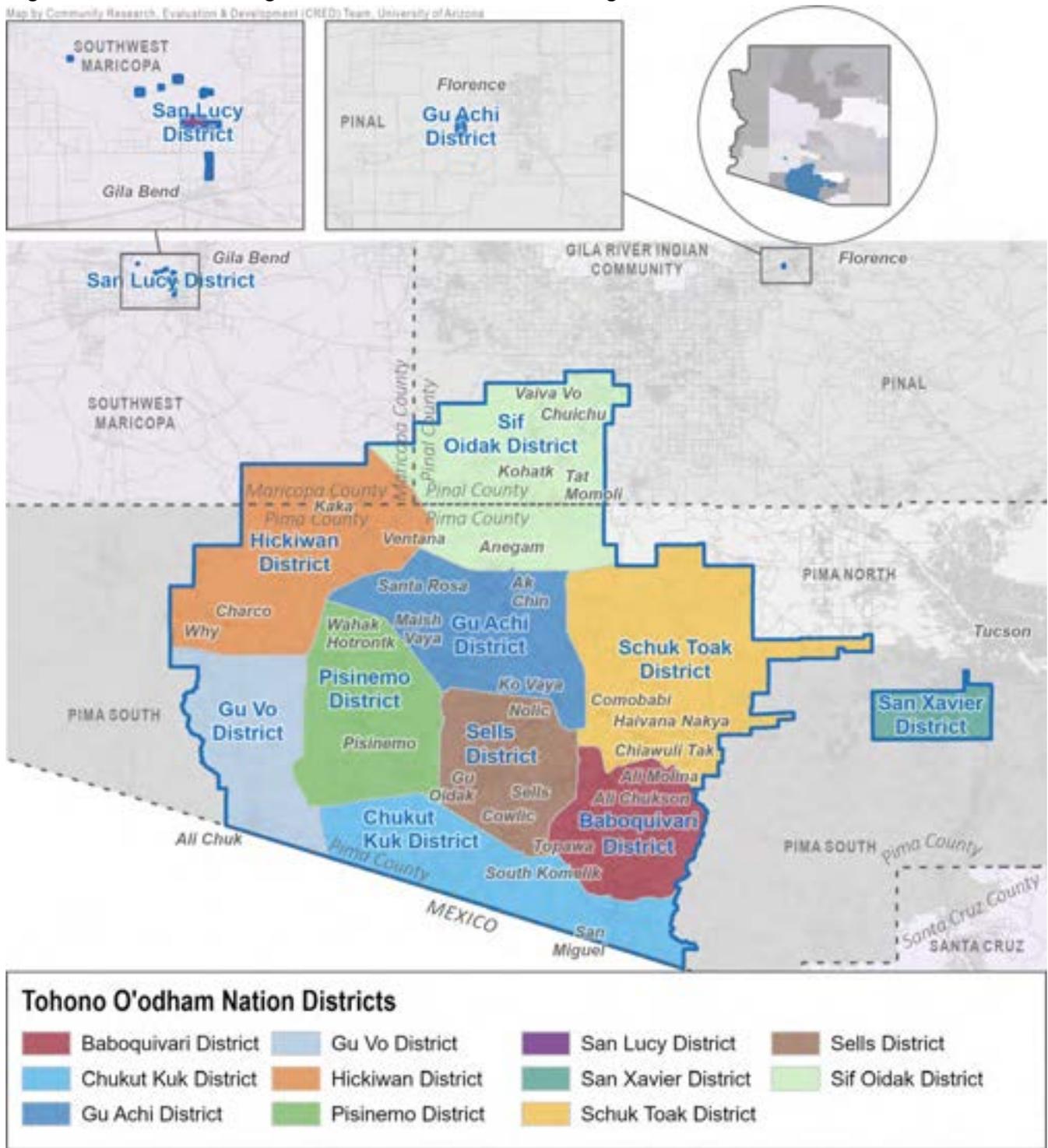
THE TOHONO O'ODHAM REGION

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Tohono O'odham Nation was one of 10 tribes that chose to be designated as its own region. Tribes have the opportunity every two years to change this designation, and the Tohono O'odham Nation has opted to continue as its own region.

The Tohono O'odham Nation's lands are located within the Sonoran Desert in south central Arizona. The Tohono O'odham Regional Partnership Council boundaries are the same as the Nation's federally-recognized reservation boundaries. These include the 8 contiguous Districts of GuVo, HICKIWAN, SIF Oidak, Gu Achi, Pisinemo, Chukut Kuk, Sells, Shuck Toak, and Baboquivari that make up the majority of Western Pima County and small Southern portions of Maricopa and Pinal Counties. They also include the noncontiguous San Xavier (Tucson) and San Lucy (Gila Bend & Glendale) Districts, as well as Florence Village (outside the City of Florence in Pinal County).

Error! Reference source not found. on the next page shows the geographical area covered by the Tohono O'odham Nation Region.

Figure 1. The First Things Tohono O'odham Nation Region



Source: 2010 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CREd.



POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Families with young children often utilize community resources such as early education, health care facilities and social services to help their children thrive.^{1,2,3,4,5} Accurate and up-to-date information about the characteristics of families is critical for ensuring policy makers and program providers can determine what resources are needed in their regions, including where these services should be located and how to tailor offerings to the specific needs of those who are likely to use them. Having reliable access to child care, health care and social services has been shown to improve children's health and educational outcomes.^{6,7,8,9}

Knowing the languages spoken and linguistic heritage of a community also helps decision-makers and program providers understand what families with young children need. Households where multiple languages are spoken pose a unique balance of benefits for child learning and barriers to parental engagement. 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} 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.^{12,13} Special consideration should be given to respecting and supporting the numerous Native American languages spoken, particularly in tribal communities around the state.

In addition to growing racial, ethnic and social diversity, U.S. and Arizona families are becoming more diverse in terms of family structure.¹⁴ Many children live in single-parent households, and it is increasingly common for children to live in kinship care (care of children by someone other than their parents, such as relatives or close friends).^{15,16} Though it varies from one Native community to another, extended, multigenerational families, and kinship care are common in Native communities.^{17,18} 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.¹⁹ Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history, and culture.^{20,21}

As family structure changes, so can family strengths and challenges that impact child development, such as poverty, access to health and education resources and the quality of a child's interactions with adult caregivers.^{22,23,24,25} Regardless of their family structure, all young children benefit from nurturing relationships with adults. Research has identified that these early relationships are a primary influence on brain development.²⁶ Ensuring that children have adult caregivers who consistently engage in high quality interactions beginning in infancy can help protect young children from negative effects of stress and adversity and builds a foundation in the brain for all the learning, behavior and health that follow.^{27,28} Program and policy decisions that are informed by data on the structure and stability of

children’s home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

What the Data Tell Us

Population, Race and Ethnicity

According to the 2010 U.S. Census, the Tohono O’odham Nation had a population of 10,201, of whom 1,180 were children birth to five years old (12%) (Table 1). The percent of households in the region with at least 1 young child (27%) is similar to what is seen across reservation lands in Arizona (26%). The largest number of children live in Sells (n= 355), San Xavier (n= 236), and Gu Achi (n= 114).

Table 1. Population and households in the 2010 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
Tohono O’odham Nation	10,201	1,180	2,781	738	27%
Baboquivari District	755	76	238	55	23%
Chukut Kuk District	347	35	99	25	25%
Gila Bend District	388	40	79	25	32%
Gu Achi District	1,201	114	295	73	25%
GuVo District	419	50	117	32	27%
Hickiwan District	576	80	152	45	30%
Pisinemo District	568	71	169	44	26%
San Xavier District	1,885	236	575	145	25%
Schuk Toak District	397	42	126	27	21%
Sells District	2,963	355	755	216	29%
Sif Oidak District	702	81	176	51	29%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
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, P14, & P20

As of the writing of this report, limited redistricting data have been released from the 2020 Census. These estimates show that the total population in the Tohono O’odham Nation region as 9,561, a decrease of 6% from the 2010 Census estimate (Table 2). This compares with a 3% decrease in population across all Arizona Tribal lands. The estimated number of children under the age of 18 in the region decreased by 15% from 2010 to 2020, a larger decrease than for the total population. Children

ages 0 to 17 represent 30% of the region’s population, which is equal to the proportion seen on all Arizona reservation lands.

Table 2. Population and households, U.S. Census 2010 and 2020

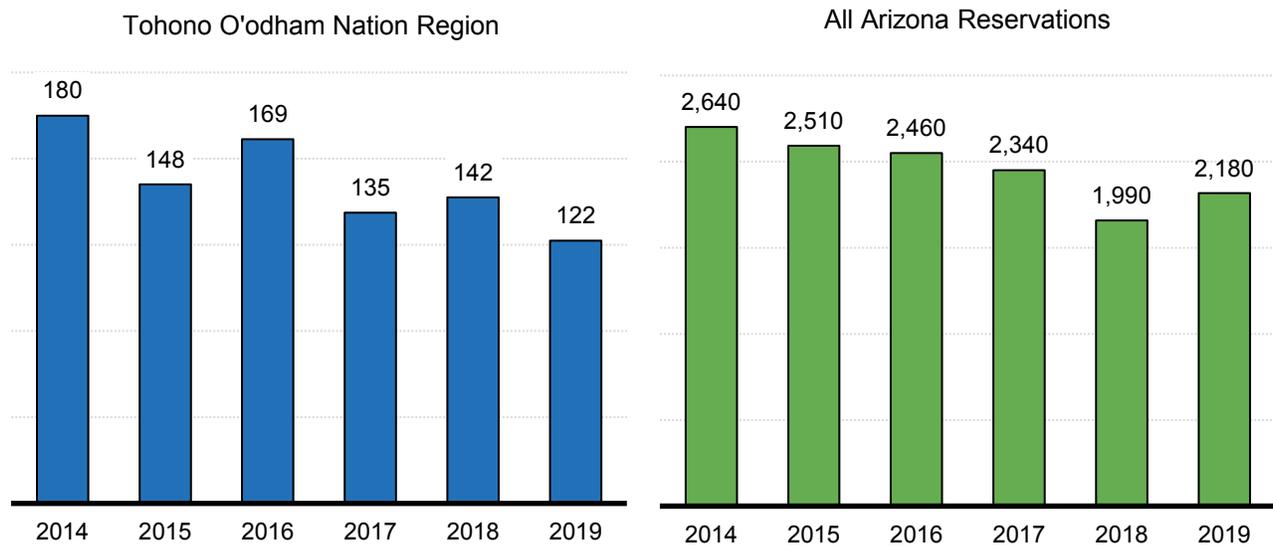
Geography	Total 2010 population	Total 2020 population	Change from 2010 to 2020	2010 Children (ages 0-17)	2020 Children (ages 0-17)	Change from 2010 to 2020
Tohono O’odham Nation	10,201	9,561	-6%	3,348	2,848	-15%
All Arizona Reservations	178,131	173,499	-3%	61,082	51,848	-15%
Pima County	980,263	1,043,433	+6%	225,316	209,168	-7%
Arizona	6,392,017	7,151,502	+12%	1,629,014	1,609,526	-1%
United States	308,745,538	331,449,281	+7%	74,181,467	73,106,000	-1%

Sources: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20. U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.

Note: These data are drawn from the redistricting file, which is the only Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023.

This estimated decrease in the number of children in the region is supported by data on the number of births in the region from Arizona Department of Health Services (ADHS). The number of births decreased from 180 babies born in 2014 to 122 born in 2019 (Figure 2). Averaged across the 6 years, the number of births decreased by 6.5% annually. The number of births on all Arizona reservations also decreased from 2014 to 2019, averaging 3.4% fewer births per year. The decreases in natality seen in the Tohono O’odham Nation Region and across all Arizona reservations are steeper than what is seen across the state of Arizona (-2%) and the U.S. as a whole over the same time period.²⁹

Figure 2. Number of babies born, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

Appendix 2: Methods and Data Sources at the end of this report outlines important considerations related to Census undercounts in tribal communities. Because of these limitations often seen in Census data for individuals residing on reservations, tribal enrollment is another important source of data regarding population counts in these communities. According to data provided by the Tohono O’odham Nation Enrollment Program, there were 35,213 enrolled members of the Tohono O’odham Nation as of 2019 (Table 3). Nearly two-thirds of enrolled members live off-reservation (n=22,264, 63%). Of the 12,949 enrolled members living on the reservation, about 5% were children ages 0 to 5 (n= 618), and 24% were school-age children (ages 6 to 17, n= 3,072). There is a notable difference between the number of children (birth to 17) in the 2020 Census estimates (n=2,848) and the number of children enrolled as members of the Nation residing on-reservation as of 2019 (n=3,690). This discrepancy may suggest that the 2020 Census, which took place under very challenging circumstances related to the COVID-19 pandemic, may have undercounted the population in the region.

Table 3. Tohono O'odham Nation Enrollment, 2019 to 2020

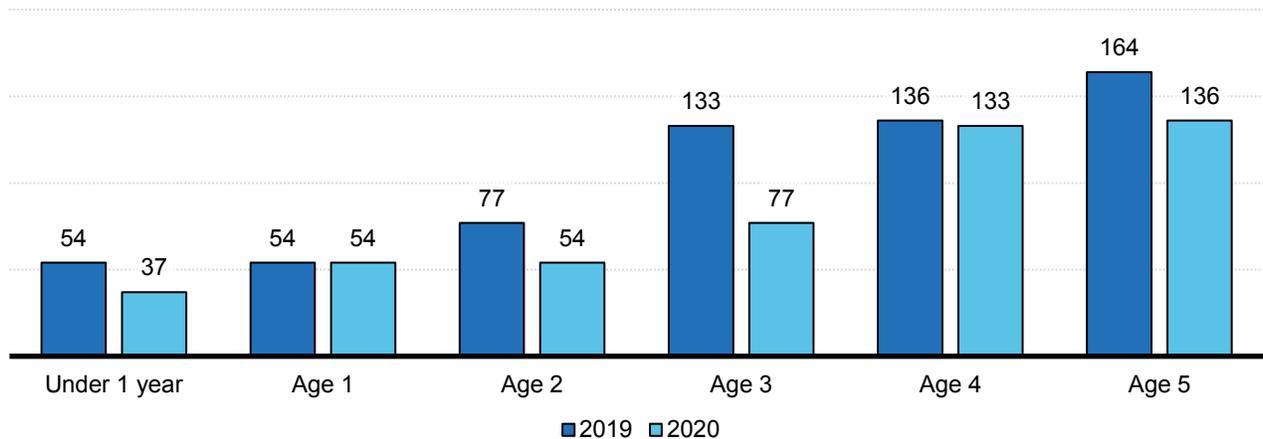
Age (Years)	On Reservation (2019)	Off Reservation (2019)	Total (2019)	On Reservation (2020)	Off Reservation (2020)	Total (2020)
Young children (ages 0-5)	618	2,047	2,665	491	1,792	2,283
School-age children (ages 6-17)	3,072	5,465	8,537	2,891	5,519	8,410
Total children (ages 0-17)	3,690	7,512	11,202	3,382	7,311	10,693
Adults (ages 18 and older)	9,259	14,752	24,011	9,604	15,076	24,680
Total membership	12,949	22,264	35,213	12,986	22,387	35,373

Source: Tohono O'odham Nation Enrollment Program. (2021). [Enrollment dataset]. Unpublished tribal data received by request.

Figure 3 below shows the number of young children in the region who were enrolled as Tohono O'odham Nation members in 2019 and 2020. Based on the number of births reported by ADHS from 2014 to 2019 (Figure 2, n= 896), approximately 69% of young children ages 0 to 5 were enrolled. However, the proportion of children who are enrolled increases from age 2 (57%) to 3 (79%), and again from age 3 to 4 (92%). This indicates that most three- and almost all four-year-olds are able to access early care and education opportunities offered by the Tohono O'odham Nation Child Care and Head Start Programs, for which proof of tribal enrollment (such as a Tribal ID) is a requirement.

According to key informants (comprised of Tohono O'odham Nation partners, programs and departments leads), the enrollment process is generally completed quickly (within 2 to 3 months) as long as the required documentation is available. However, there were additional delays during the pandemic because offices were closed, and any issues with the application or missing documents required back-and-forth communication by mail. According to data provided by the Tohono O'odham Nation Enrollment Program, 382 fewer children ages 0 to 5 were enrolled as members in 2020 (N= 2,283) than in 2019 (N= 2,665). Families who were delayed in enrolling their children as members during the pandemic may have been unable to access services on the Nation. If a child was enrolled as a member but missing a tribal ID card (or had not received one yet), proof of membership could be requested by the provider. Key informants indicated that the number of membership verification memos increased during the pandemic.

Figure 3. Tohono O'odham Nation Enrollment for children birth to 5, 2019 to 2020



Source: Tohono O'odham Nation Enrollment Program. (2021). [Enrollment dataset]. Unpublished tribal data received by request.

The U.S. Census Bureau made design improvements to the race and ethnicity questions in the Census 2020 to allow individuals to more accurately and thoroughly report how they self-identify.³⁰ Overall, these changes show that the U.S. population as a whole is more diverse than what the Census Bureau had measured in the past: the multi-racial population in the country changed substantially since 2010, showing a 276% increase in the Census 2020. For the American Indian and Alaska Native population specifically, between 2010 to 2020 there was a 27% increase in the number of individuals who identify as American Indian or Alaska Native alone. In that same period, the number of people reporting their race as American Indian or Alaska Native in combinationⁱⁱⁱ grew by 160% nationally.³¹

As of the writing of this report, U.S. Census 2020 data were available for the racial and ethnic breakdown of the Tohono O'odham Nation population as a whole, but not for that of young children. According to the released data, 90% of the region's population identifies as American Indian or Alaska Native, either alone or in combination with another race or ethnicity, which is lower than the percentage seen in all Arizona reservations (93%) (Table 4). A larger portion of residents identify as Hispanic or Latino (9%) than across all reservations in Arizona (6%). Four percent identify as White, 4% identify as multi-racial, and 1% or less identify their race as Black or Asian or Pacific Islander.

ⁱⁱⁱ "Alone" refers to individuals who reported only American Indian/Alaska Native as their race. "In combination" means that these individuals selected American Indian/Alaska Native as their race and one or more other races such as Black/African American or White.

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

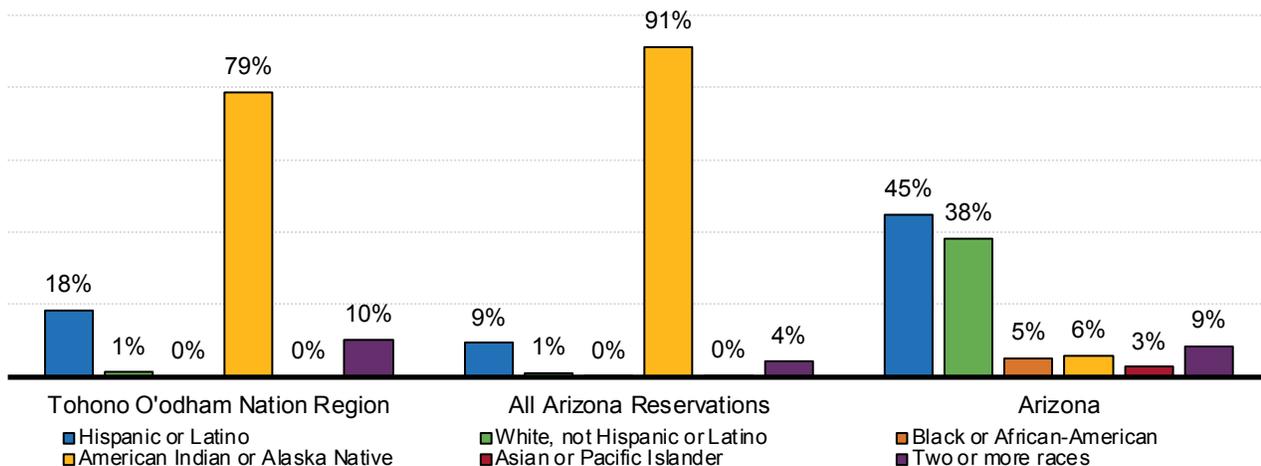
Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino (alone or in combination)	Black or African-American (alone or in combination)	American Indian or Alaska Native (alone or in combination)	Asian or Pacific Islander (alone or in combination)	Two or more races (alone or in combination)
Tohono O'odham Nation	9,561	9%	4%	1%	90%	0.5%	4%
All Arizona Reservations	173,499	6%	5%	1%	93%	1%	3%
Arizona	7,1515,02	31%	57%	6%	6%	5%	14%
United States	331,449,281	19%	62%	14%	3%	8%	10%

Source: U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.

Note: These data are drawn from the redistricting file, which is the only Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023. The total across rows will sum to more than 100% because each individual is counted in every category they identify in (thus someone who identifies as American Indian and Hispanic is counted in both the Hispanic and American Indian columns).

The racial and ethnic breakdown for young children under 5 varied slightly from the total population. A smaller portion identified as American Indian or Alaska Native (79% compared with 90% for the total population). Larger proportions identified as Hispanic or Latino (18%) and multi-racial (10%) (Figure 4). Almost 2 thirds of young children in San Xavier District identified as Hispanic or Latino (63%) (Figure 5).

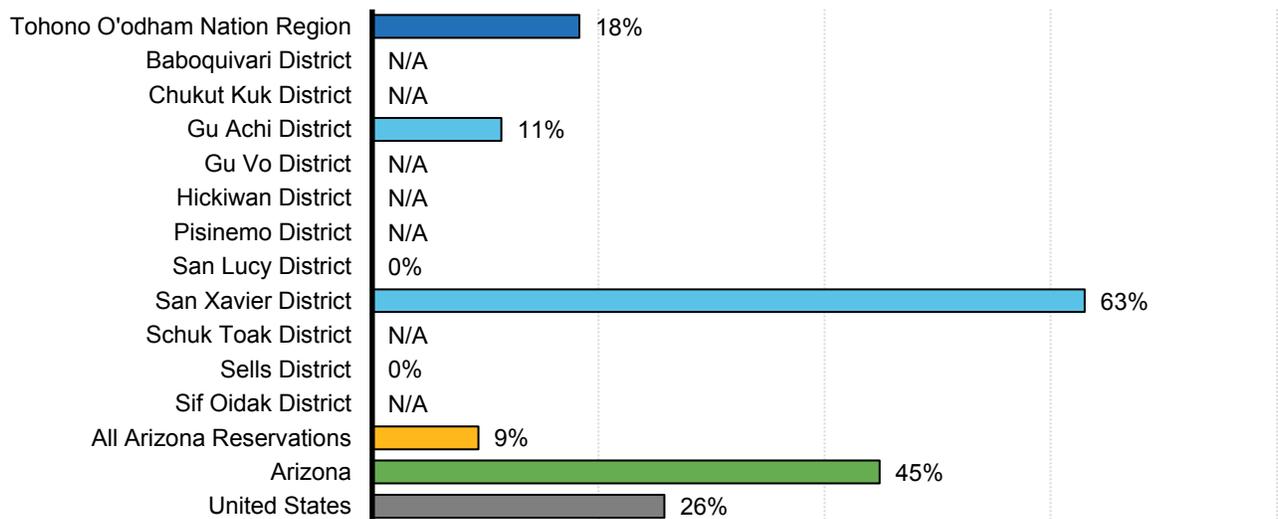
Figure 4. Race and ethnicity for children birth to 4, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

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

Figure 5. Percentage of children birth to 4 who identify as Hispanic or Latino, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001 & B01001i

Language Use and Preservation

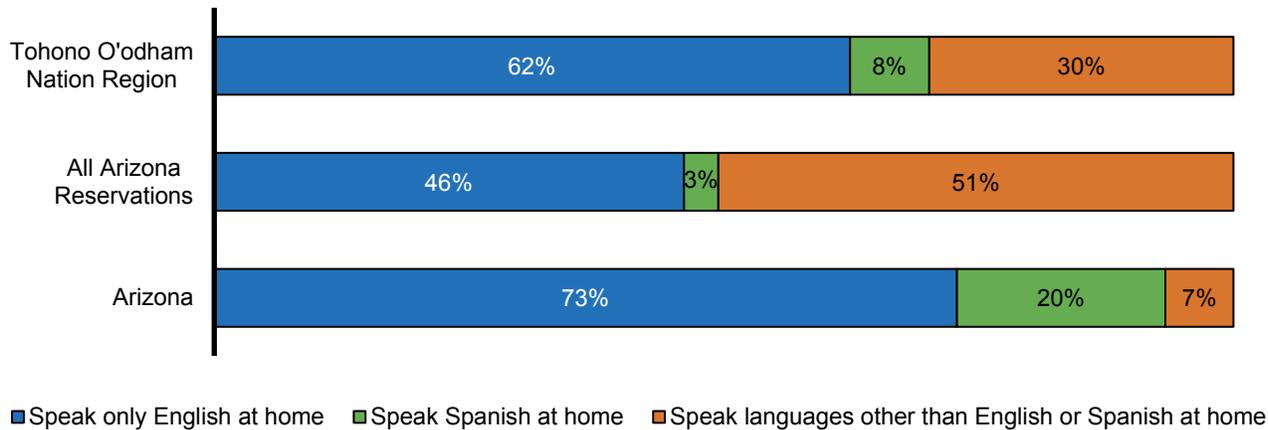
The American Community Survey (ACS) estimates that 62% of the Tohono O’odham Nation Region’s residents speak only English at home, 8% speak Spanish at home, and 30% speak languages other than English or Spanish at home (Figure 6). While the ACS no longer specifies the proportion of the population who speak a Native North American Language for geographies smaller than the state, based on previous ACS data it is possible to assume that the 30% of people who speak a language other than Spanish or English at home speak a Native North American language.³² This suggests that Native language usage at home is much lower in the Tohono O’odham Nation Region than across all reservations in Arizona (51%), and that language preservation may be a priority for efforts in the region. There are important differences in language use at the district level: the Sif Oidak, Schuk Toak, GuVo and Baboquivari Districts have higher proportions of residents who speak a language other than English or Spanish at home (presumably a Native North American language). In the San Xavier District, an estimated 30% of the population speak Spanish at home, a proportion that is notably higher than that across the region as a whole (8%) (Table 5). The higher use of the Spanish language in this district is consistent with the larger share of the population of young children who are identified as Hispanic or Latino (63%) (Figure 7). The smallest proportions of residents speak Native languages in Chukut Kuk District (5%) and San Xavier District (11%).

One program working on language preservation in the GuVo District is the Native American Advancement Foundation’s Ce:ce:m A’al o O’odham Ñeñok program, which means “The Little Children Speak O’odham.”^{iv} Ce:ce:m A’al o O’odham Ñeñok is an immersion program for children 2 to

^{iv} <https://www.naafnow.org/education>

4 years old that focuses on the O’odham Himdag (or way of life), literacy, and elementary school preparedness. It also has a garden where children learn about planting and life sciences. Additionally, the Language Center at the Tohono O’odham Community College (TOCC) is training 8 Head Start educators who are fluent in O’odham to work with other teachers in the region on bringing the language into the classroom.

Figure 6. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each row may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O’odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Table 5. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

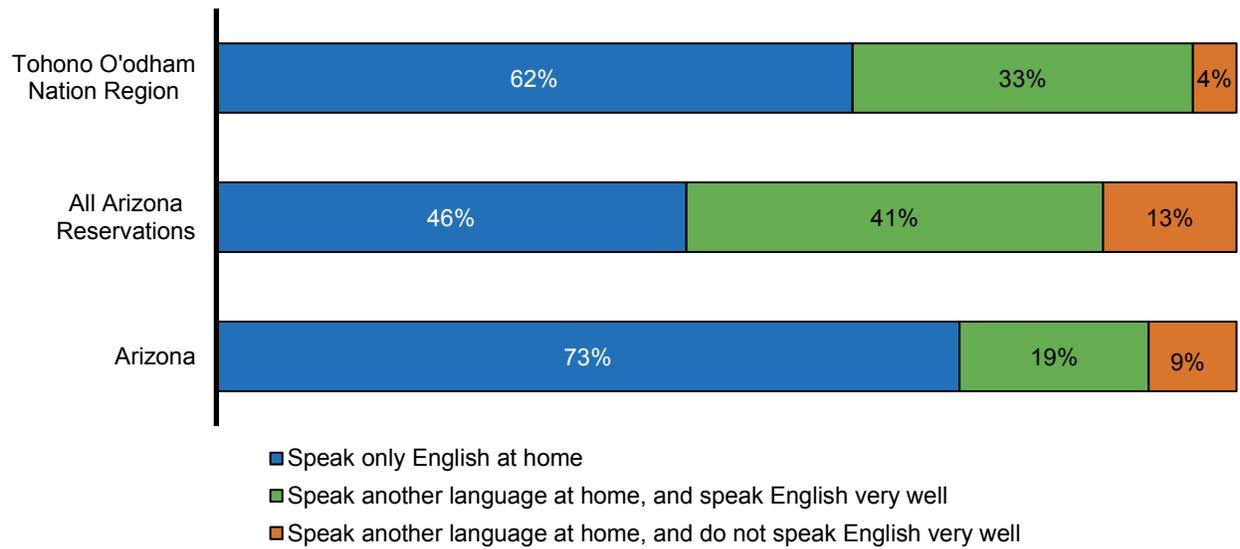
Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
Tohono O'odham Nation Region	9,874	62%	8%	30%
Baboquivari District	921	59%	0%	41%
Chukut Kuk District	416	95%	0%	5%
Gu Achi District	1,067	61%	4%	35%
GuVo District	398	58%	0%	42%
Hickiwan District	661	61%	0%	39%
Pisinemo District	464	70%	1%	29%
San Lucy District	370	58%	10%	31%
San Xavier District	2,027	60%	30%	11%
Schuk Toak District	472	55%	0%	45%
Sells District	2,610	69%	1%	30%
Sif Oidak District	468	29%	12%	60%
All Arizona Reservations	170,803	46%	3%	51%
Arizona	6,616,331	73%	20%	7%
United States	304,930,125	78%	13%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each row may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Almost all residents who speak a language other than English at home report that they speak English “very well,” meaning that 33% of Tohono O’odham Nation Region’s population is proficiently bi- or multi-lingual (Figure 7). This is lower than the proportion on all Arizona reservation lands (41%) but higher the state as a whole (19%). Young children can benefit from this 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.^{33,34,35,36}

Figure 7. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

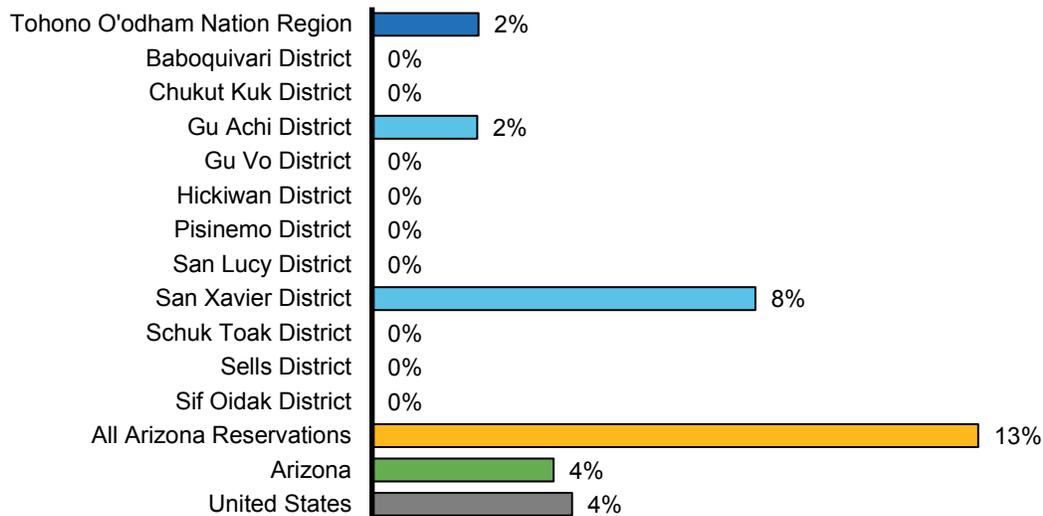


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

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

A “limited-English-speaking” household is one in which no one over the age of 13 speaks English very well. Data from the ACS indicate that only 2% of Tohono O’odham Nation Region households are limited-English-speaking, compared with 13% in all Arizona reservations combined and 4% across the state (Figure 8). However, San Xavier District has a higher proportion of limited-English-speaking households (8%). Since 30% of persons aged 5 and older speak only Spanish at home in San Xavier District, households in this community might benefit from materials and services offered in Spanish as well as English to help ensure they have access to available resources.

Figure 8. Proportion of households that are limited-English-speaking, 2015-2019 ACS



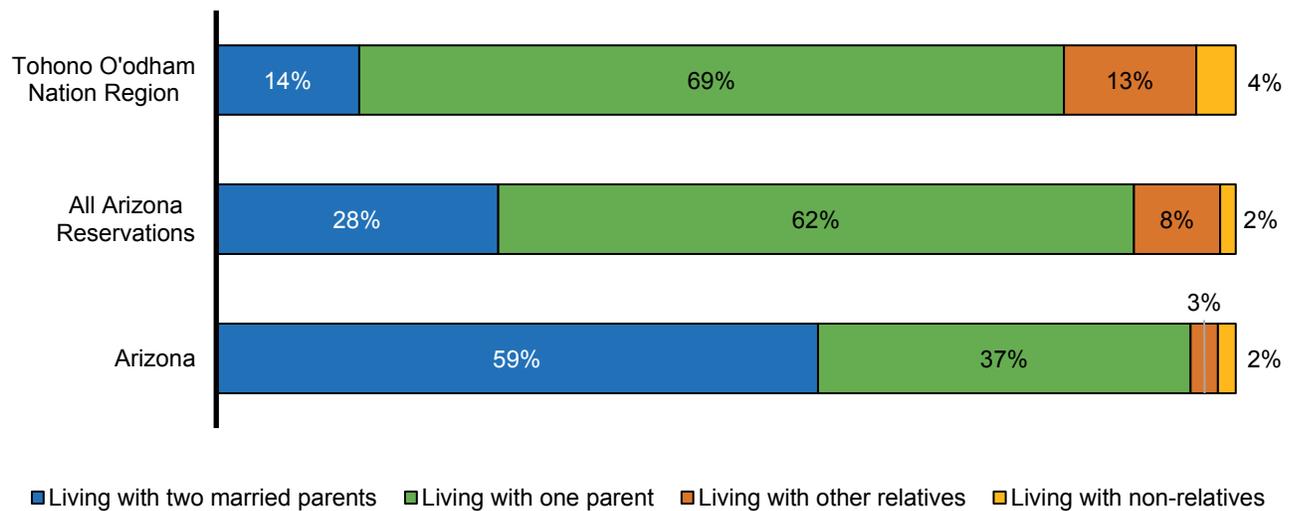
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

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

Family and Household Composition

Based on data from the American Community Survey (ACS), 14% of young children in the Tohono O'odham Nation Region live with 2 married parents, which is half the proportion across all Arizona reservations (28%) (Figure 9). Over two-thirds of young children in the region are estimated to be living with 1 parent (69% compared with 62% in all Arizona reservations). However, it is important to note that, based on definitions used by the ACS, this percentage could include young children living with cohabitating (but not married) parents and may present an overestimate of the number of single-parent households in the region. A full count of the number of children living with both parents is not available from ACS data.³⁷

Figure 9. Living arrangements for children ages birth to 5, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

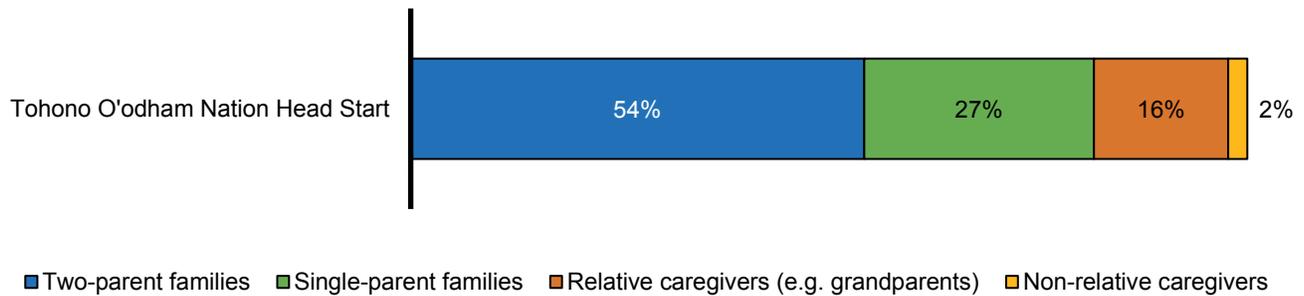
Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category)..

The ACS also reports on households where the householder had their own, minor children residing in the home.^v In the Tohono O’odham Nation Region, 633 householders were estimated to have their own child under 18 living in their household. Of these households, 192 were a married-couple family (30%), 101 were a cohabitating couple household (16%), 267 were single-female-headed households (42%), and 73 were single-male-headed households (12%). In sum, 54% of these were single-parent households, and 46% were households with both partners present (regardless of marital status). There are other households in the region with resident children where the householder is not the parent such as kinship care arrangements, foster care, or cases where a grandparent or another relative is considered the householder. These households are not included in the 633 total count.

The Tohono O’odham Nation Head Start program collects information about the living arrangements of children enrolled in their program. During the 2018-19 school year, 54% of children enrolled in Head Start were living in a two-parent household, and 27% were living in a one-parent household (Figure 10). The Head Start application form only asks whether the child lives with a “one-parent family” or a “two-parent family,” making it easier for parents who are cohabitating to indicate that theirs is a “two-parent family” regardless of the legal status of their relationship. Key informants felt that this may be a more accurate portrayal of living situations for young children in the region than what is captured in the ACS estimates above.

^v Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table DP02

Figure 10. Living arrangements for children enrolled in Head Start, 2018-19



Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

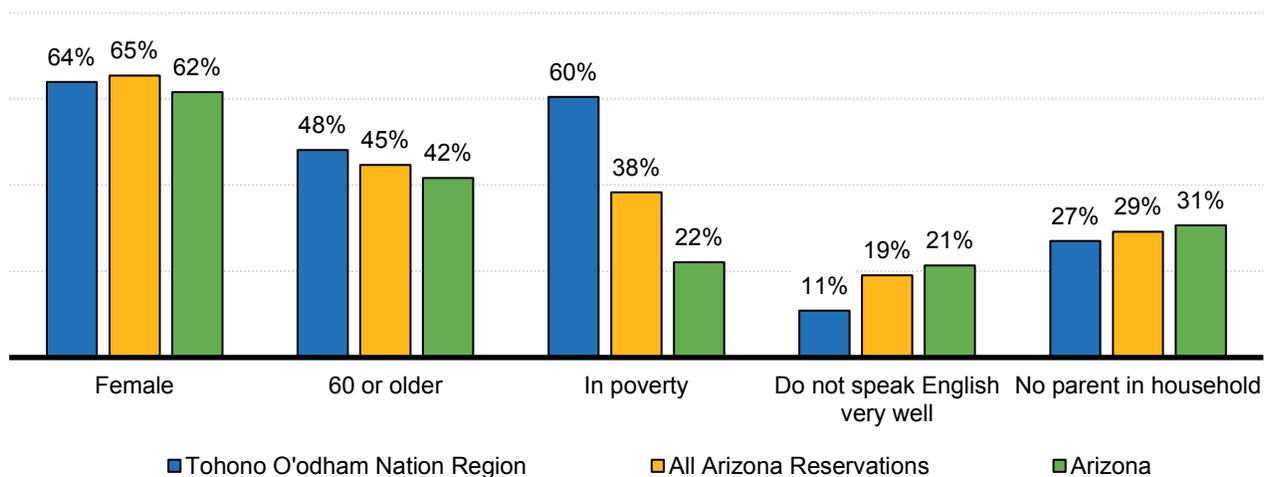
Even if the number of young children living with only one parent is lower than the ACS data suggest, single-parent families in the region may need additional support. With the move to remote learning during the pandemic, parents and caregivers took on the challenging role of assisting with children’s online learning. The burden was particularly taxing for single-parent households, with more than three-quarters (78%) of single parents surveyed nationally managing children’s online learning. Single-parent households were more likely to experience unemployment, food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children during the pandemic.^{38,39,40} Single-parent households were also more likely to rely on grandparents to take on primary caregiving (37%) and support of children’s remote learning (20%) compared to the overall population (26% and 11%, respectively).⁴¹

The ACS estimates that 13% of young children in the region are living with relatives other than their parents, and the remaining 4% are living with non-relatives including foster parents (Figure 9). This is higher than the 8% of children in kinship arrangements and 2% living with non-relatives across all Arizona reservations. A smaller share of children enrolled in the Tohono O’odham Nation Head Start program in 2018-19 were in kinship care (16%) or living with non-relative caregivers (2%) (Figure 10). Children living in kinship or foster care can 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. These families can face unique challenges, including navigating the logistics of informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and addressing the challenges of being an ageing caregiver for a young child. In some situations, children in kinship care may also face special needs as a result of trauma and could benefit from additional support and assistance to help them adjust and to ensure they have a stable and nurturing home environment.⁴²

Grandparents are considered to be responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in their household. An estimated 488 grandparents in the Tohono O’odham Nation Region are responsible for raising one or

more grandchildren (ages birth to 17) who live with them. Over a quarter of these grandparents (27%) do not have the child's parent(s) living in the household (Figure 11). Furthermore, 64% are female, 48% are in their sixties or older, 60% are living in poverty and 11% percent are not proficient English speakers. Compared to all Arizona reservations and the state as a whole, rates of poverty for responsible grandparents are markedly higher in the region, indicating that these grandparents may need additional financial support to meet their grandchildren's needs. Understanding the circumstances of grandparents living with their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Grandparents who care for their grandchildren may require targeted outreach and information about resources, support services, benefits and policies available to aid in their caregiving role.⁴³ For example, key informants indicated that grandparents who were caring for their grandchildren during the pandemic often had a more difficult time navigating technology to help them with remote learning or access services provided online. These families may have had more limited access to services due to these challenges.

Figure 11. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS



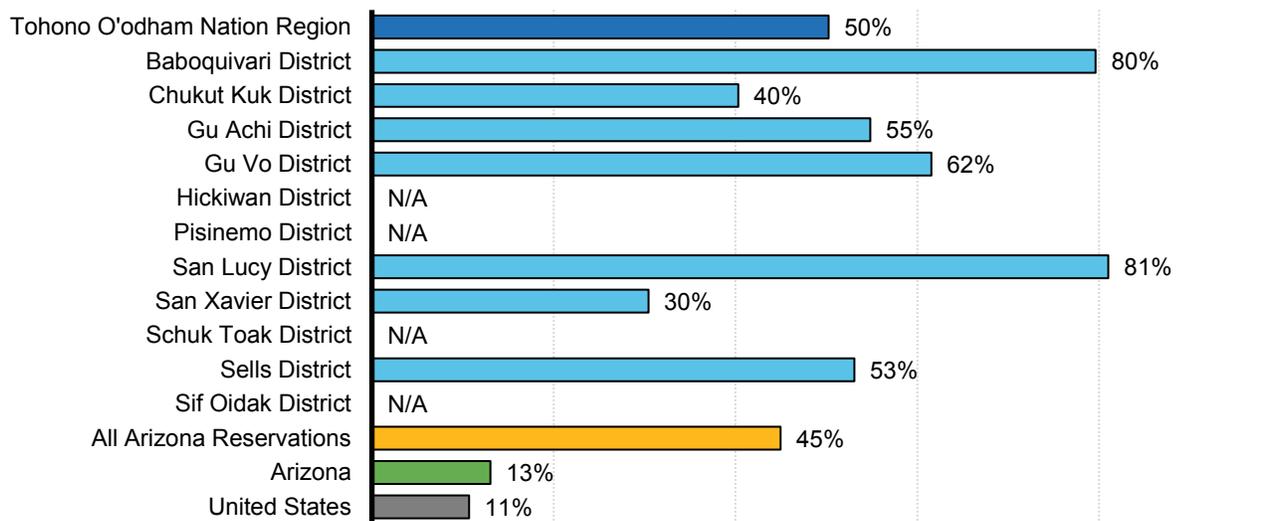
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household.

Beyond grandchildren who live with their grandparents in kinship care arrangements, many young children live in multi-generational households. The ACS estimates that 50% of children birth to 5 in the Tohono O'odham Nation Region live in their grandparent's household, compared to 45% across all Arizona reservations and 13% in Arizona (Figure 12). More children live in their grandparent's household in San Lucy (81%) and Baboquivari (80%) Districts. Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the

household. Although multigenerational households can enhance family bonds and provide additional financial and caregiving resources, children’s risk of living in poverty is higher for those living with grandparents, and grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors.^{44,45,46,47} Grandparents in multigenerational households have also been at heightened risk of COVID-19 infection, especially those living with essential workers.^{48, 49}

Figure 12. Proportion of children ages birth to 5 living in a grandparent's household, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

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

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



ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

Poor economic conditions are a threat to child well-being across a range of indicators including academic achievement, physical health, and mental health.⁵⁰ Poverty can affect the way children grow and develop, even including changes to their brains.^{51,52} As such, children in impoverished homes are at a greater risk of problems that include being born at a low birth weight, lower school achievement and poor health.^{53,54,55,56,57,58,59} They are also more likely to remain poor later in life, passing along these challenges to future generations.^{60,61} On the other hand, children raised in families with higher incomes tend to do better in a variety of ways across their lives. This includes being less likely to have health problems like depression and diabetes and more likely to finish high school and earn higher wages.^{62,63,64,65}

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.⁶⁶ 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.⁶⁷

Economic resources are important for meeting basic needs, like providing nutrition. Food security, defined by the U.S. Department of Agriculture (USDA) as “access at all times to enough food for an active, healthy life for all household members”⁶⁸ is linked with many aspects of child well-being, and yet households with young children experience food insecurity at nearly twice the rate (15.3%) of households with no children (8.8%).⁶⁹ Safety-net programs aim to minimize the impacts of poverty on child and family well-being.^{70,71,72} These programs include:

- The Supplemental Nutrition Assistance Program (SNAP; also referred to as “nutrition assistance” and “food stamps”),^{vi}
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC),^{vii}
- The National School Lunch Program^{viii} and Summer Food Service Program,^{ix}
- Temporary Assistance for Needy Families (TANF),^x

^{vi} For more information see: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

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

^{viii} For more information see: <https://www.fns.usda.gov/nslp>

^{ix} For more information see: <https://www.fns.usda.gov/sfsp/summer-food-service-program>

^x For more information see: <https://www.acf.hhs.gov/ofa/programs/tanf>

- KidsCare (the state children’s health insurance program),^{xi}
- Child care assistance from the Arizona Department of Economic Security,^{xii}
- Tribal food distribution programs,
- Tribal child care assistance programs, such as the Tribal Child Care and Development Fund, and
- Tribal housing programs.

Other factors related to economic stability include employment and housing.⁷³ Unemployment (and underemployment)^{xiii} can limit access to resources like health insurance – typically provided by employers – that support children’s health and well-being. Unemployment can also contribute to family stress, conflict, homelessness and child abuse.^{74,75} Similarly, housing instability can harm the physical, social-emotional and cognitive development of young children.⁷⁶ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{77,78} This high relative cost leaves inadequate funds for other necessities, such as food and utilities.⁷⁹

What the Data Tell Us

Income and Poverty

The median family income for the Tohono O’odham Nation Region is estimated to be \$31,700, which means that half of the region’s families have incomes less and the other half have incomes greater than that amount (Figure 13). This includes all families of at least 2 people, whether or not they have children, and compares with a median income of \$70,200 across all Arizona families. For families with a married couple and at least 1 child, the median income (\$52,000) is higher than that of all families, likely because many such families are dual-income. However, the 2021 self-sufficiency standard for a 2-parent family with an infant and a preschooler in the surrounding counties^{xiv, 80} suggests that families in the region may face difficulties affording services, especially those located outside of the regional boundaries, and require support to meet all of their families’ needs. Median incomes are lower for single-headed households at \$10,400 for unmarried men and \$20,800 for unmarried women.

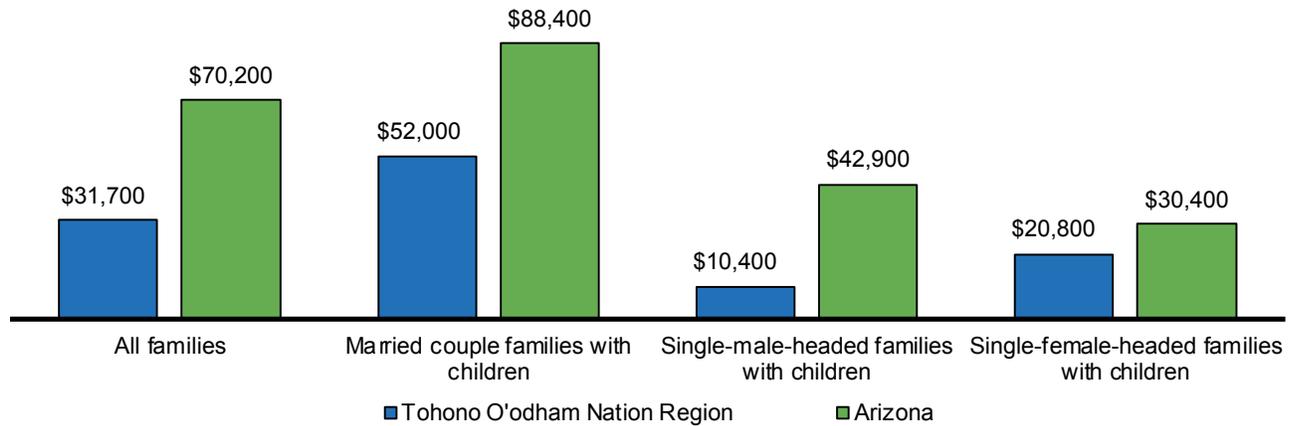
^{xi} For more information see: <https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.htm>

^{xii} For more information see: <https://des.az.gov/services/child-and-family/child-care>

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

^{xiv} Self-sufficiency standard for a 2-parent family with an infant and a preschooler: Pima County (\$58,282), Pinal County (\$62,033), Maricopa County (\$66,908).

Figure 13. Median family income, 2015-2019 ACS

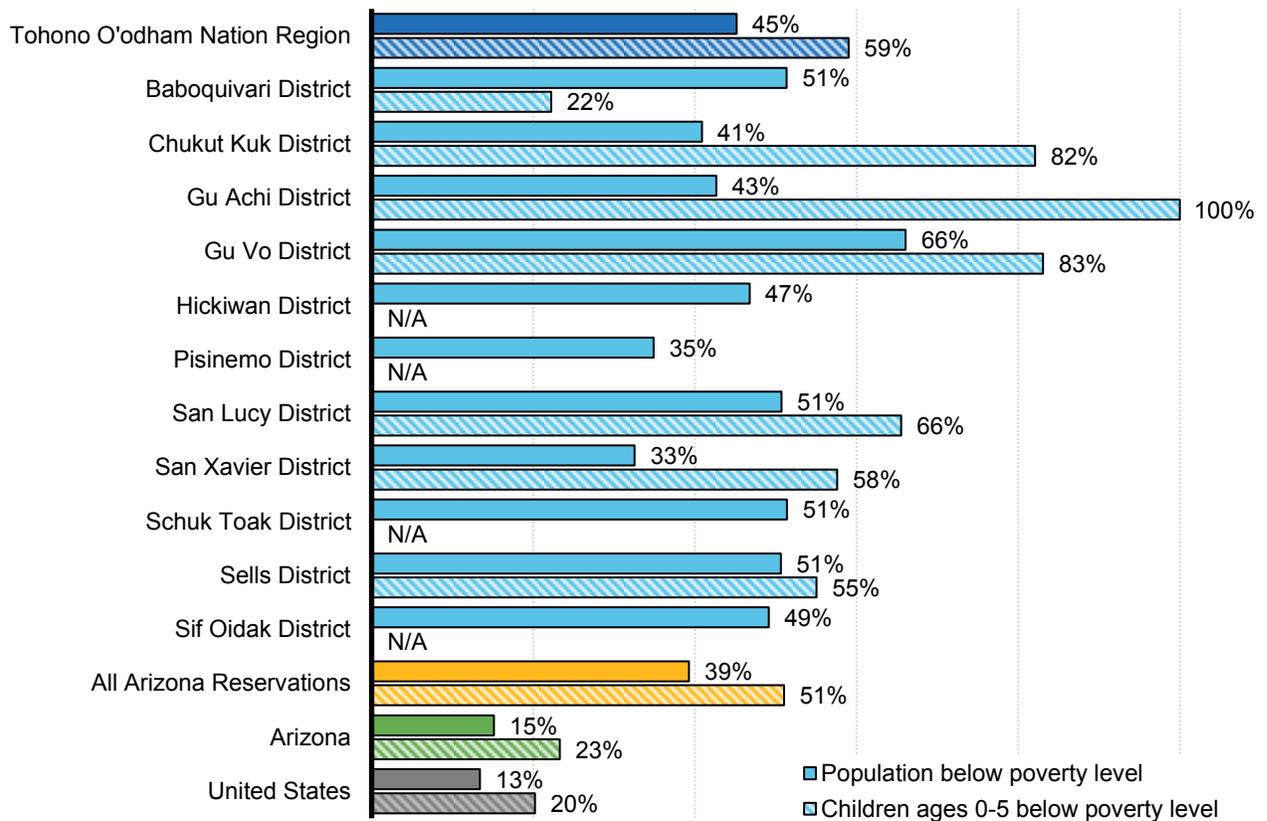


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children ages birth to 17.

In the Tohono O’odham Nation Region, the rate of poverty in the population is estimated to be 45%, or more than 2 out of every 5 persons (Figure 14). Among young children, the poverty rate is higher with over half of children under the age of 6 (59%) living in families with incomes below the poverty level. In some districts, the rates of child poverty are even higher, namely in Gu Achi (100%), GuVo (83%), Chukuk Kuk (82%), and San Lucy (66%).

Figure 14. Rates of poverty by district, 2015-2019 ACS

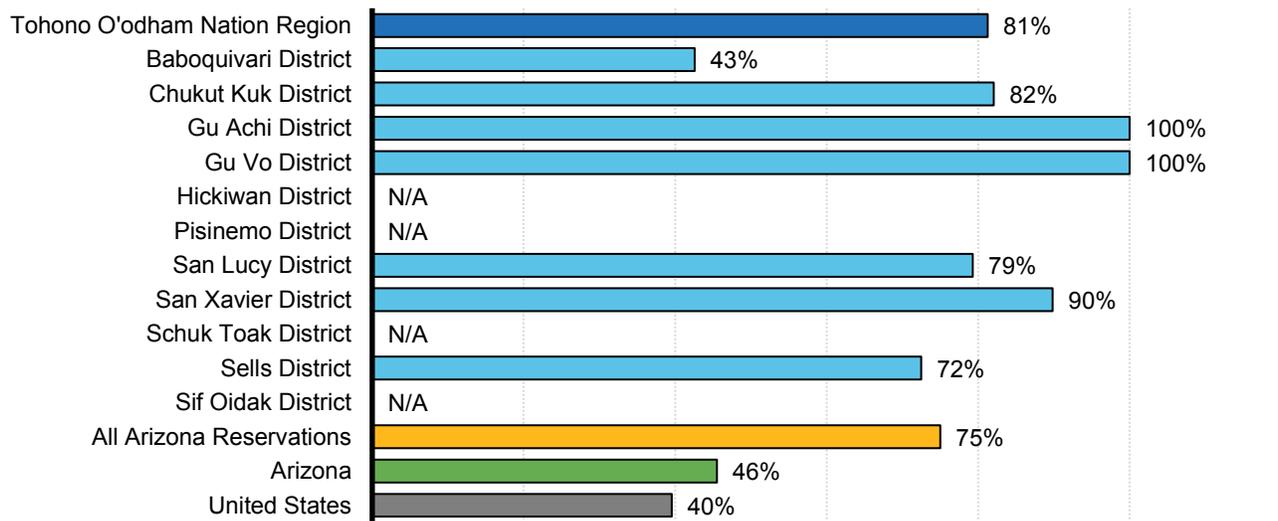


Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

The 185% of poverty level threshold is commonly used for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and free or reduced-price school meals. More than 4 out of every 5 young children in the region (81%) are estimated to live in households with incomes under 185% of the poverty level, totaling 807 children ages birth to 5 according to ACS estimates (Figure 15). This is above the percentage seen across reservations in Arizona (75%), and far exceeds the rate in the state (46%). Further, all children living in Gu Achi and GuVo Districts were estimated to be living in households with incomes under 185% of the poverty level.

Figure 15. Children ages birth to 5 living below 185% of the poverty threshold, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

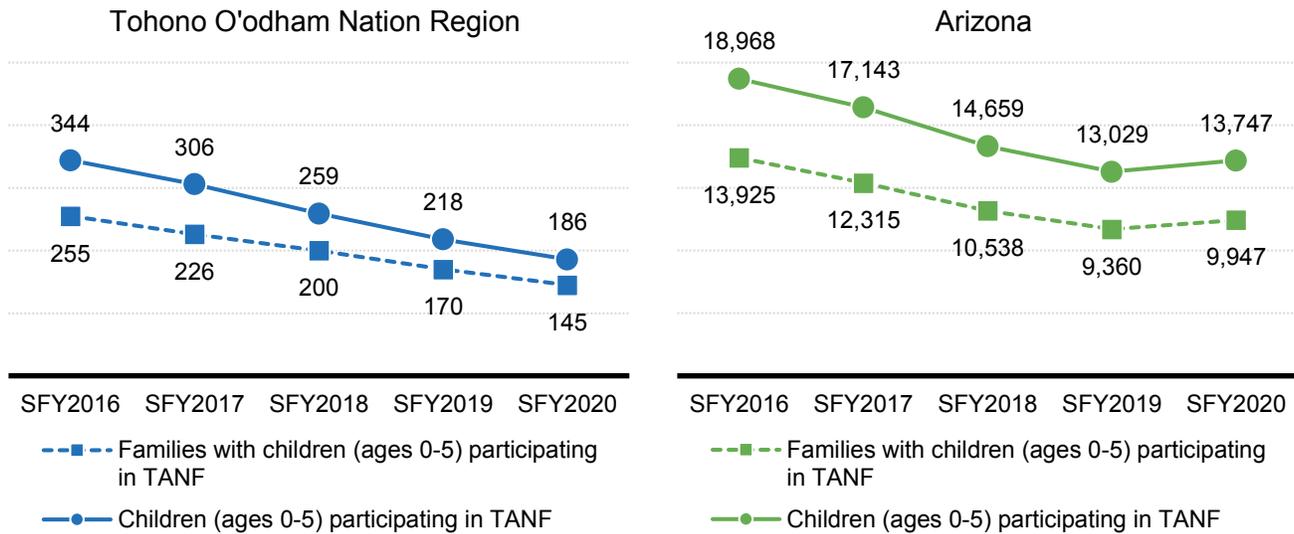
Note: In 2019, the 185% threshold for a family of two adults and two children was \$47,963; for a single parent with one child, it was \$32,600.

Public Assistance Programs

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Family Assistance Division of the Tohono O’odham Nation Department of Health and Human Services provides general financial assistance, burial assistance, home energy assistance, and food distribution services to all eligible Tohono O’odham individuals and families. Data received by request for this report indicate that the number of children ages 0 to 17 who received financial assistance for basic living needs from the General Assistance Program increased from 89 in FY 2019 to 107 in FY 2020. Key informants indicated that the General Assistance Program was able to increase families’ cash benefits because of federal COVID funding they received.

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 recent years, the number of young children supported by TANF in the Tohono O’odham Nation Region has steadily declined. The number of children ages birth to 5 years who received TANF benefits fell from 344 children in SFY 2016 to 186 children in SFY 2020 (Figure 16).

Figure 16. Number of children ages birth to 5 and families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Over the same time period, participation in TANF also decreased across Arizona, rebounding slightly when the pandemic began in 2020. The immediate, widespread economic hardship induced by the pandemic resulted in shifts in existing cash assistance programs and the development of additional economic supports. For example, between February and July 2020, the number of families using TANF rose 35% in Arizona (up to 13,747). During the state of emergency order, Arizona suspended the TANF work requirement⁸¹ and lifetime eligibility limit of 12 months,⁸² which had been the shortest in the nation,⁸³ thereby allowing more families to tap into these emergency funds.

To help alleviate the financial need brought on by the COVID-19 pandemic, the federal government also issued three Economic Impact Payments to eligible individuals in 2020 and 2021. These funds were available to U.S. citizens or permanent residents whose adjusted gross incomes were no more than \$75,000 for single adults, \$112,500 for heads of household, and \$150,000 for married couples filing jointly.⁸⁴ Eligible families received \$1,200 per adult and \$500 per child in April 2020; \$600 per family member in December 2020/January 2021; and \$1,400 per person in March 2021. Just prior to the pandemic, the Tohono O’odham Nation also issued a non-gaming per capita of \$1,000 for all enrolled members beginning in March 2020.^{xv} The Tohono O’odham Nation also offered incentives for members receiving the COVID-19 vaccine once it was available. Both payments required residents to provide their membership ID and social security card.

^{xv} <http://www.tonation-nsn.gov/membership-services/enrollment-program/percapitainfo/>

Food Insecurity

Many families struggle with consistent access to “enough food for an active, healthy life,” a problem known as food insecurity.⁸⁵ This limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays⁸⁶ and having obesity.⁸⁷ To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),⁸⁸ the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),⁸⁹ the National School Lunch Program (NSLP),⁹⁰ the School Breakfast Program,⁹¹ the Summer Food Service Program (SFSP)⁹² and the Child and Adult Care Food Program (CACFP).⁹³

Food Distribution on Indian Reservations (FDPIR)

Through FDPIR, families meeting eligibility requirements based on income and household size can receive a monthly package of USDA foods from an Indian Tribal Organization (ITO) or state agency.⁸⁹ The Tohono O’odham Nation Department of Health and Human Services Family Assistance Program administers FDPIR in the region and distributed 6,577 food boxes between 2019 and 2020 through a tailgate distribution system on and near reservation towns (Table 6). Families choosing not to participate in FDPIR may enroll in SNAP and receive monthly benefits to purchase food at participating retailers.

Table 6. Tohono O’odham Nation Food Distribution Program on Indian Reservations (FDPIR) services, 2019 to 2020

	FY2019	FY2020
Certified persons	3,772	3,330
Certified households	3,011	2,665
Persons participating	4,101	3,492
Household participating	3,011	2,665
Boxes Distributed	3,719	2,858

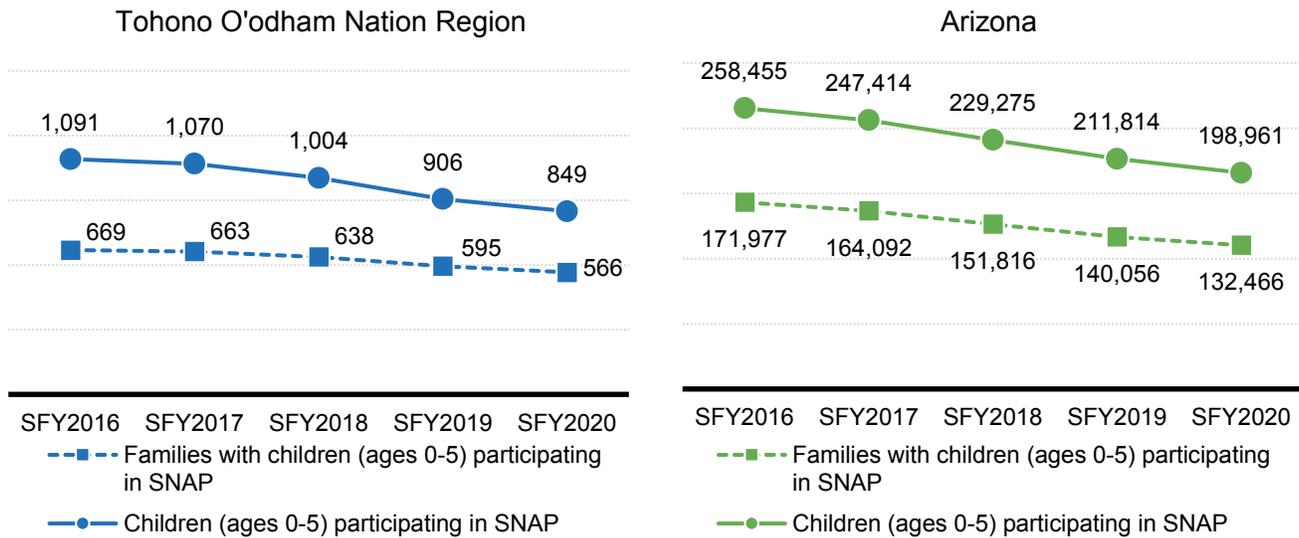
Source: Family Assistance Division (2022) [FDPIR Dataset]. Unpublished data received by request.

Supplemental Nutrition Assistance Program (SNAP)

Administered by the Arizona Department of Economic Security and also referred to as “Nutrition Assistance” and “food stamps,” SNAP is designed to combat food insecurity. The program has been shown to help reduce hunger and improve access to healthier food.⁹⁴ In the years prior to the pandemic, there was an overall decline in the number of families with young children who participate in SNAP across both the Tohono O’odham Nation Region and Arizona as a whole. In the Tohono O’odham Nation Region, the number of households with young children ages birth to 5 receiving SNAP fell from

a high of 669 in SFY 2016 to 566 in SFY 2020. The total number of young children receiving SNAP declined from 1,091 (29.2% of young children) in SFY 2016 to 849 (15.8% of young children) in SFY 2020 (Figure 17).

Figure 17. Number of children ages birth to 5 and families with children birth to 5 participating in SNAP, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

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 3-person family with 1 person who earns a minimum wage, SNAP benefits can boost take-home income by 10-20 percent.⁹⁵ However, even among those accessing SNAP benefits, nearly half of households in poverty still struggle with food security.⁹⁶

During the pandemic, changes were made to SNAP program administration to better meet the needs of families in a time of crisis. Beginning in December 2020, participants received a 15% increase in benefits. Among other administrative changes, interviews were waived, certification periods were extended and online shopping was approved, making it easier for families to access benefits. WIC also adjusted administrative guidelines, and participants were allotted extra monthly funds to use on fruits and vegetables. Beginning October 2021, the USDA also instituted a roughly 27% increase in SNAP benefits, the largest permanent increase in the program's history.

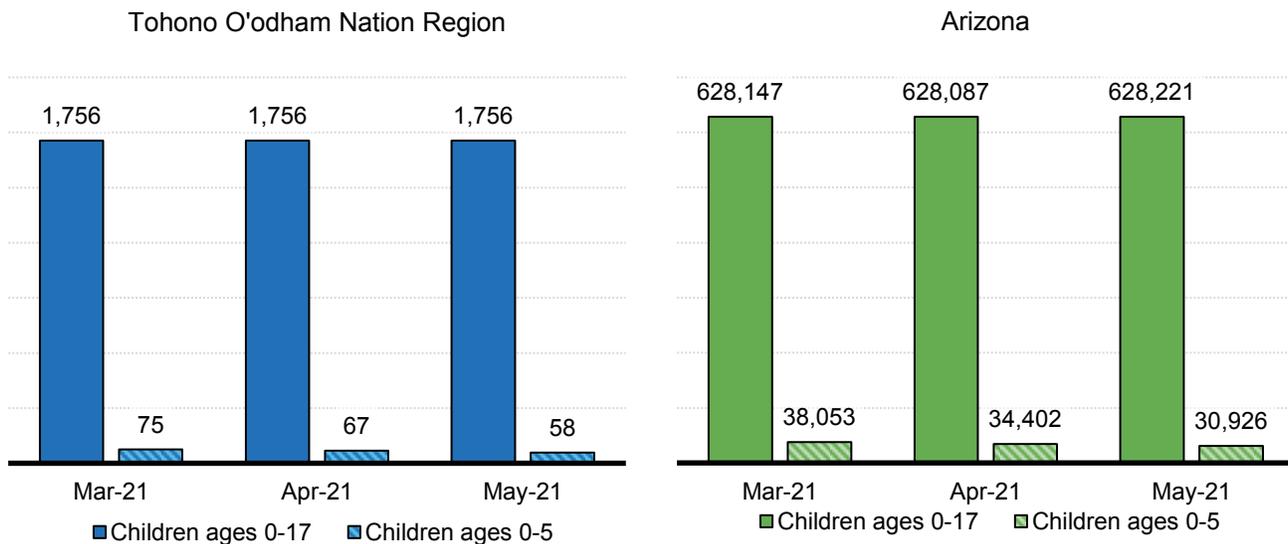
Despite these efforts to adapt SNAP benefits to the pandemic, in a survey of SNAP users in Arizona, nearly half (46%) of respondents found their benefits insufficient to meet their family's needs, due to barriers such as issues paying for online groceries and not being able to use a full month's benefit due to COVID-19 related shopping difficulties, such as stores running out of food items. Individuals with fewer financial resources are less able to stock up on necessities needed for a quarantine, and formula stocking shortages were a particular concern for families with young children.^{97, 98}

Pandemic Electronic Benefit Transfer Program (P-EBT)

The Pandemic Electronic Benefit Transfer Program (P-EBT), a collaboration between the Arizona Department of Education, the Arizona Department of Economic Security and the USDA Food and Nutrition Service, was established to offset the loss of meals normally received for free at schools or in child care settings. Eligible families included those participating in SNAP with a child birth to 5 and families with a child of any age who received free or reduced-price school lunch. Over 520,200 children were eligible for the program in Arizona, which ended on September 24, 2021.

Each month from March through May 2021, 1,756 children ages birth to 17 in the Tohono O’odham Nation Region received P-EBT, but very few of these were children ages birth to 5 (Figure 18). Compared to the number of young children receiving SNAP in 2020 (n=849), only between 7% and 9% of eligible young children received P-EBT during these months (n=75, 67, 58). This is even less than the proportion statewide; about 38,000, or less than a third, of the 132,000 young children enrolled in SNAP in Arizona received P-EBT. The low participation rates for young children are largely attributed to automatic enrollment only extending to families with a school-age child, which may have limited the participation of families without a school-age child.

Figure 18. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The WIC program is administered by the Arizona Department of Health Services (ADHS) and by the Inter Tribal Council of Arizona (ITCA) for 21 tribal nations in the state, including the Tohono O’odham Nation. The WIC program serves pregnant, postpartum and breastfeeding women, as well as infants and young children (ages birth to 4) who are low-income (i.e., family incomes at or below 185% of the

federal poverty level). The program offers funds for nutritious food; breastfeeding and nutrition education; and referrals to health and social services.^{xvi} 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.⁹⁹

The program serves tribal and non-tribal members in Pima County. Families living within the Tohono O’odham Nation Region boundaries may choose to enroll in the WIC program operated by the state of Arizona rather than the Tribally-operated program because their offices or authorized stores may be more convenient to where family members work or live. The Tohono O’odham Nation WIC program’s main office is located in Sells, but services are offered at Sells Hospital, San Simon Health Center, San Xavier Health Center, Santa Rosa Health Center, and in many communities across the reservation via a mobile unit. The mobile unit visits communities either once a month or once every other month, depending on caseloads, and is parked at a central location in the village or near a Head Start or recreation center to provide easy walking access. In several districts, the WIC program uses a community space for scheduled appointments, such as San Lucy’s health modular, Pisinemo’s district office, San Xavier’s multipurpose room, Santa Rosa’s Head Start center, and off-reservation sites like the Tucson Indian Center.

In 2020, the most recent year for which data were available, 965 individuals were enrolled in the Tohono O’odham Nation WIC program, including 194 women, 236 infants, and 535 children ages 1 to 4 (Table 7). WIC participation rates in the region, meaning the percent of women, infants and children who actively received benefits during the calendar year, were slightly lower in the Tohono O’odham Nation WIC program than in all ITCA WIC programs overall for all eligible groups. Participation rates were highest among infants (94%), followed by women (91%) and finally children ages 1 to 4 (84%) (Table 8). Please note that, as indicated above, these numbers reflect all program participants including those who are not members of the Tohono O’odham Nation.

^{xvi} For more information on the ITCA WIC Program, visit <https://itcaonline.com/programs/wic-program/>

Table 7. Enrollment in the Tohono O’odham Nation WIC Program, 2020

	Women enrolled	Infants enrolled	Children enrolled	Total enrolled
Tohono O’odham Nation	194	236	535	965
All ITCA WIC programs	2,865	3,095	6,247	12,207

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 8. Participation rates in the Tohono O’odham Nation WIC Program, 2020

	Women Participating (2020)	Infants Participating (2020)	Children Participating (2020)	Total Participating (2020)
Tohono O’odham Nation	91%	94%	84%	88%
All ITCA WIC programs	91%	96%	90%	92%

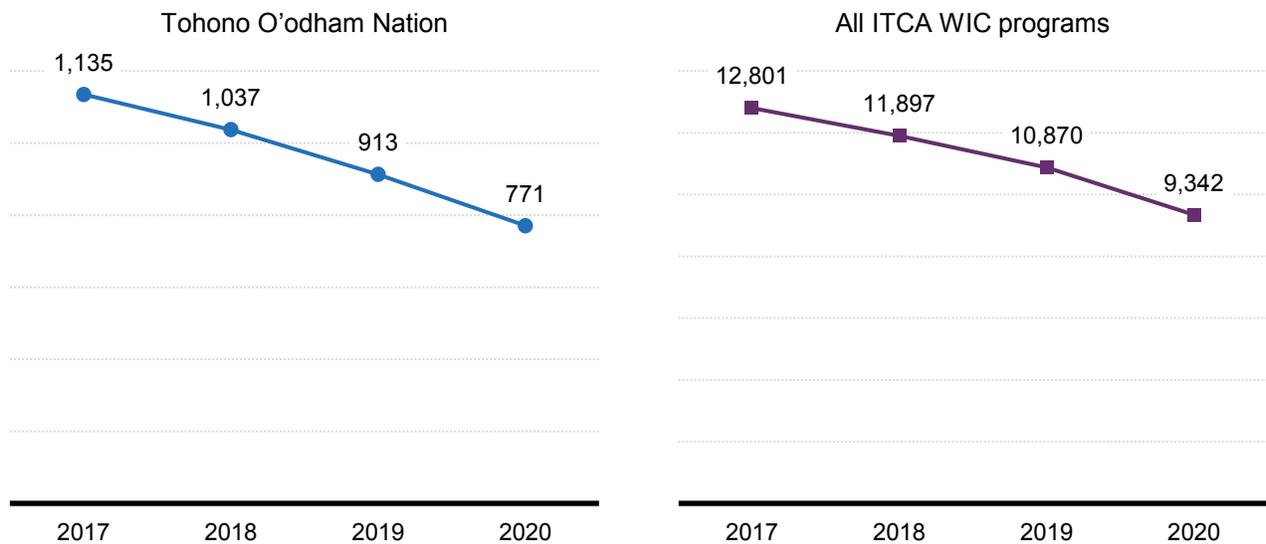
Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

The number of children and infants enrolled in the Tohono O’odham Nation WIC program has been steadily declining, a trend that mirrors enrollment across all ITCA WIC programs. From 2017 to 2020, the number of infants and children enrolled in the Tohono O’odham Nation WIC program fell from 1,135 to 771, a 32% decrease (Figure 19). Key informants noted that the decline in program enrollment could be due to a variety of reasons, including that some families may gain employment and no longer meet the income eligibility requirement. This would be a positive development if families were becoming self-sufficient and no longer needed extra support such as WIC; however, key informants indicated that annual income adjustments to account for inflation are not sufficient, and many families who could still benefit from social supports may not be able to access them. Key informants also pointed out the declining number of births in the region, as well as the trend of families moving off of the reservation for jobs who may be seeking services through other WIC programs.

One barrier to participation that is always listed in client surveys is transportation to and from appointments. Tohono O’odham Nation Health Care (TONHC) provides free transportation to WIC appointments, but the ride has to be scheduled ahead of time and will only transport the mother and infant to the appointment, making it difficult for families who do not have child care options for other children in the family. Some families find that it is difficult to complete the paperwork required for participation, and many also have trouble accessing authorized vendors and using the food lists.

Despite these challenges, there are some positive developments that support active participation in the WIC program. Key informants noted that there are several new authorized vendors in the region, and electronic WIC cards that automatically refill each month have reportedly made it easier for participants to redeem their benefits. Key informants also reported that fathers have become more involved in bringing infants and children to appointments, a change that is attributed in part to the Fatherhood is Sacred program offered through the Tohono O’odham Nation Division of Behavioral Health.

Figure 19. Children (ages 0-4) enrolled in the Tohono O’odham Nation WIC program, 2017 to 2020



Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

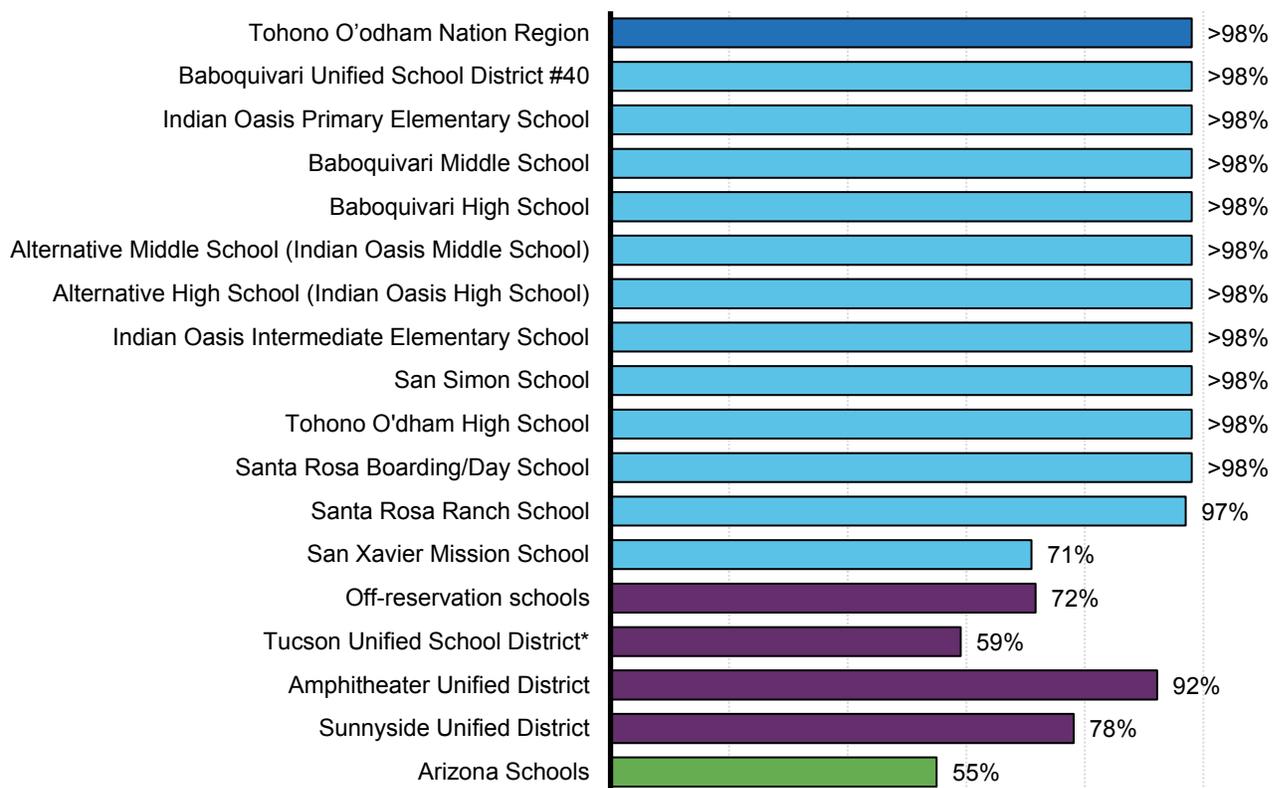
During the pandemic, public offices on the Tohono O’odham Nation were mandated to close and provide services remotely as much as possible. The Tohono O’odham Nation WIC program completed visits and provided the mandatory nutrition education by telephone, and paperwork had to be submitted by emailing or texting photographs of the documents. Key informants indicated that some people do not have cell phones or adequate service where they live, and some parents (especially older, foster parents) had technology challenges around submitting the required paperwork. Prior to the pandemic, the goal of the WIC program was to have contact with clients at least once every quarter. With the pandemic-related restrictions for in-person contact, participants who were not able to be reached by phone were able to continue their benefits for up to 3 quarters without contact before having to re-enroll. Exceptions to this include mandatory quarterly nutrition education for participants who are considered high-risk as well as monthly check-ins with foster parents.

It is important to highlight the resourcefulness of the Tohono O’odham Nation WIC program staff to continue providing services to families throughout the challenges of the pandemic. The program started out with one cell phone, which meant that staff opted to use their personal phones until ITCA was able to fund additional cell phones, laptops, jet packs, and a Zoom account for the program to use. Staff found that they had to be much more descriptive when completing visits over the phone, and the program has even sought out training on how to provide “participant-centered services.” After a period of adjustment, staff found that the ability to participate in meetings and in-service trainings via Zoom was often helpful and reduced travel costs, and that some participants also found it easier to complete visits over the phone. The Tohono O’odham Nation WIC program was able to integrate some of these lessons learned into their operations moving forward to meet the needs of both staff and participants.

School Meal Programs

Schools play an important role in the nutrition assistance system, especially for children who are food insecure. Administered by the Arizona Department of Education (ADE), the National School Lunch Program (NSLP) provides free and reduced-price meals at school for students whose family incomes are at or below 130% of the federal poverty level for free lunch, and 185% of the federal poverty level for reduced-price lunch. Nearly all students (>98%) who attend school in the Tohono O’odham Nation Region were eligible for free or reduced-price lunch in the 2019-20 school year. This greatly exceeds eligibility rates in off-reservation schools attended by Tohono O’odham Nation students (71%) and schools statewide (55%) (Figure 20).

Figure 20. Percent of students eligible for free or reduced-price lunch, 2019-2020



Source: Arizona Department of Education (2021). [Health & Nutrition dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: The “Tohono O’odham Nation Region” bar on this figures shows combined data from all individual schools displayed in the light blue bars. The “off-reservation schools” bar includes combined data from all individual schools displayed in the purple bars.

Schools in the Tohono O’odham Nation Region served over 250,000 lunches per school year through the NSLP in 2017-18 and 2018-19 (Table 9). Annually, the most NSLP meals were served at Indian Oasis Primary Elementary School. When the COVID-19 pandemic began, district and Bureau of Indian Education (BIE) schools in the region closed and transitioned to remote learning. Due to this transition, the number of meals served through NSLP dropped in 2019-20 as schools pivoted to new meal delivery modalities in response.

Table 9. Lunches served through the National School Lunch Program, 2017 to 2020

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Tohono O’odham Nation Region Schools	10	10	10	253,611	253,563	174,576
Alternative High School (Indian Oasis High School)	1	1	1	1,945	3,395	2,556
Alternative Middle School (Indian Oasis Middle School)	1	1	1	461	1,339	715
Baboquivari High School	1	1	1	23,279	19,266	16,687
Baboquivari Middle School	1	1	1	17,518	16,452	11,391
Indian Oasis Intermediate Elementary School	1	1	1	37,485	38,406	28,318
Indian Oasis Primary Elementary School	1	1	1	76,843	73,518	51,610
San Simon School	1	1	1	47,156	51,372	33,118
Santa Rosa Boarding School	1	1	1	20,137	17,373	12,333
Santa Rosa Ranch School	1	1	1	9,713	11,857	8,816
San Xavier Mission School	1	1	1	19,074	20,585	9,032
Arizona Schools	18,190	18,202	14,767	101,727,112	102,012,129	76,454,370

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Also funded by the USDA, the Summer Food Service Program (SFSP) works to keep all children birth to 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. The SFSP program unites community sponsors like camps, faith-based organizations, schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.¹⁰⁰ The number of meals served through the SFSP increased from 162 in the summer of 2018 to 2,781 in the summer of 2019 (Table 10). In response to school closures in March 2020, the USDA issues waivers allowing year-round operation of the Summer Food Service Program (SFSP) to serve meals to children of all ages engaging in remote learning. Due to differences in program requirements between NSLP and SFSP, using the SFSP mechanism allowed regional schools to offer breakfasts and lunches to all children ages birth to 18 in the community and to receive more reimbursement funds for every meal served. Schools in the Tohono O’odham Nation Region served 79,950 SFSP meals to families in the 2019-20 school year. According to the data provided by the Arizona Department of Education, some of these meals (2,960) were available at the San Lucy bus stop.

Table 10. Lunches served through the Summer Food Service Program, 2017 to 2020

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Tohono O’odham Nation Region Schools	3	2	4	162	2,781	79,950
Indian Oasis Intermediate Elementary School	1	1	0	25	770	0
Indian Oasis Primary Elementary School	1	0	1	45	0	68,172
San Xavier Mission Summer School	1	1	1	92	2,011	3,340
San Xavier Mission School	0	0	1	0	0	5,478
Gila Bend USD- San Lucy Bus Stop	0	0	1	0	0	2,960
Arizona Schools	2,199	1,845	9,136	1,870,111	1,868,539	21,786,393

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Administered by ADE and funded by the United States Department of Agriculture (USDA), the Child and Adult Care Food Program (CACFP) gives reimbursements to participating child care centers, preschools, emergency centers, and after school programs for nutritious meals and snacks served to eligible children. Eligible providers include non-profit providers or for-profit child care centers serving at least 25% free or reduced-price lunch participants. Providers must complete a renewal each year.¹⁰¹ In the Tohono O’odham Nation Region, 6 of the 7 Head Start centers and all 4 tribal child care centers participated in CACFP. The total number of meals served through CACFP decreased from 13,133 in 2017-18, to 10,637 in 2018-19 and 9,376 in 2019-20 (Table 11). While the number of meals served at Head Start and tribal child care centers in 2019-20 decreased due to the COVID-19 pandemic, 2,263 meals were delivered via the GuVo Bus Route, which may have alleviated transportation and safety barriers to accessing these meals during the pandemic.

Table 11. Meals served through the Child and Adult Care Feeding Program (CACFP), 2017 to 2020

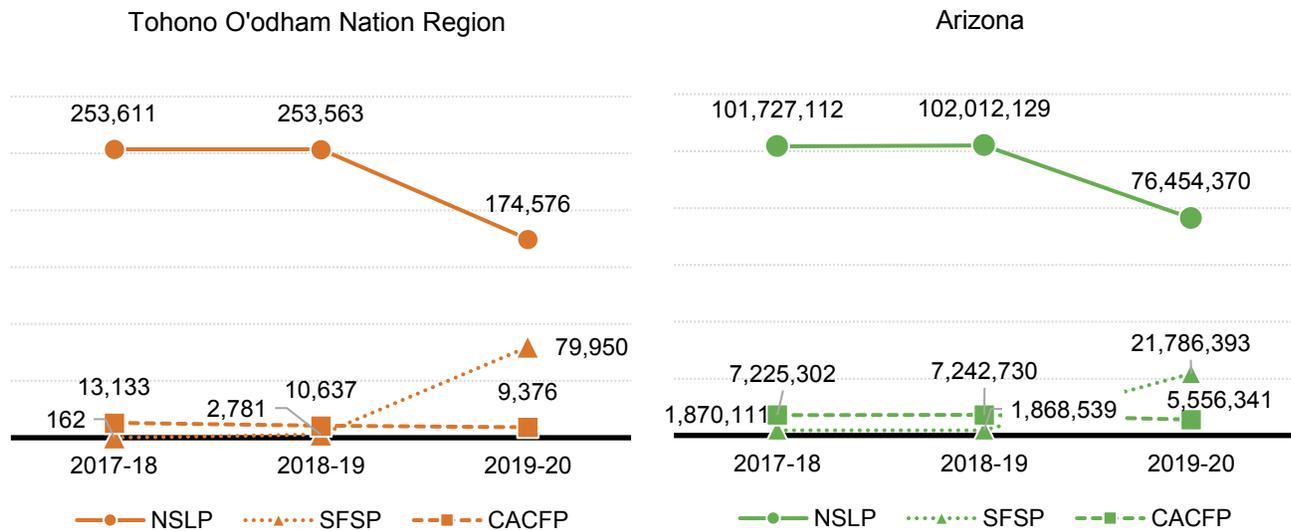
Geography	Number of sites			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Tohono O’odham Nation Region	12	11	12	13,133	10,637	9,376
Al Jek Recreation Center	1	1	1	62	0	0
North Komelic Head Start	1	1	1	1,419	965	533
Pisinemo Child Care	1	1	1	119	85	184
San Lucy Center Head Start	1	1	1	554	397	244
San Xavier Child Care	1	1	1	878	794	680
San Xavier Head Start	1	1	1	2,020	2,241	1,659
Santa Rosa Child Care	1	1	1	357	497	237
Santa Rosa Head Start	1	1	1	1,087	766	581
Sells Child Care	1	1	1	1,139	985	964
Sells Head Start	1	1	1	4,178	2,859	1,721
Vaya Chin Child Care	1	0	0	215	0	0
Vaya Chin Head Start	1	1	1	1,105	1,048	310
GuVo Bus Route - Native American Advancement Foundation (NAAF)	0	0	1	0	0	2,263
Arizona Schools	7,693	7,336	6,305	7,225,302	7,242,730	5,556,341

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Al Jek Rec Center only served evening snacks and suppers in 2018-19 and 2019-20

Figure 21 summarizes the number of school meals served through all three programs (NSLP, SFSP and CACFP), from school year 2017-18 to 2019-20.

Figure 21. Lunches served through the National School Lunch Program (NSLP), the Summer Food Service Program (SFSP), and the Child and Adult Care Feeding Program (CACFP), 2017-18 to 2019-20



Source: Arizona Department of Education (2021). [Health & Nutrition dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Local Food Sovereignty

Beyond federal nutrition assistance program, there are efforts within the Tohono O’odham Nation to build food sovereignty and restore traditional food ways in the community. In 1971, landowners in San Xavier created a cooperative farm to reconstruct their community lands and return to shared farming practices.^{xvii} The Tohono O’odham Nation farmers were pivotal in the passing of the Southern Arizona Water Rights Settlement Act (1982), which granted Central Arizona Project (CAP) water to San Xavier and restored the farm to productivity. Today, the San Xavier Cooperative Association continues to produce traditional crops, grows hay and alfalfa, offers educational workshops through its Wild Harvest Program, and even provides catering with farm-to-table foods.

Founded in 1996, Tohono O’odham Community Action (TOCA) is a community-based organization dedicated to creating a healthy, sustainable community by revitalizing the O’odham Himdag – the Desert People’s Way.^{xviii} One of its 4 primary program areas is traditional food systems, through which TOCA established a 180-acre farm to grow healthy, desert-adapted foods as well as the Desert Rain Café. Traditional foodway knowledge is shared with the community through foods served at the café and in the schools, demonstrations, harvest festivals, and apprenticeship opportunities. Although TOCA

^{xvii} For more information, see: <https://www.sanxaviercoop.org/about/>

^{xviii} For more information, see: <https://www.mokinative.com/tohono-o-odham-community-action-toc> and <https://learninglab.si.edu/collections/tohono-o-odham-women-s-contributions-to-foodways/ZD8qdVYtmpokH4Ci>

has disbanded, it still supports organizations with similar missions including San Xavier Co-op Farm described above, Ajo Center for Sustainable Agriculture (CSA), and Mission Garden in Tucson.

The Land Grant Office for Sustainability at Tohono O’odham Community College (TOCC) has also supported traditional agricultural through support for new, beginning farmers and curricula that emphasize O’odham ethnobotany, sustainable agriculture, and agricultural business economics.^{xix} Produce grown through experiential learning courses at the Student Learning Farm is served at a restaurant on campus. The LGOS also produces educational information that is available to the wider O’odham community to help develop the local food system.

As mentioned in the *Language Use and Preservation* section of the report, GuVo District’s Native American Advancement Foundation (NAAF) has an outdoor gardening space called Ruth’s Oidag, where children of all ages can learn about traditional foods planting and harvesting practices.^{xx} Young children in the language immersion program experience culture and life sciences through hands-on lessons in the garden. The children’s garden and 7-acre Ali Chugk Farm Site produce vegetables and fruits that are shared with the community. NAAF also runs a small grocery store in the GuVo Village, which addresses food scarcity in the region, provides job training opportunities, and funds the non-profit’s educational activities.

Employment

Tribal Enterprises

The Tohono O’odham Nation invests in tribal enterprises that provide financial resources to support day-to-day government operations as well as the governmental infrastructure.^{xxi} Revenue producing ventures operated by the Nation include the Tohono O’odham Utility Authority (TOUA), Tohono O’odham Economic Development Authority (TOEDA), and the Tohono O’odham Gaming Enterprise (TOGE). The gaming industry is a major source of revenue for the Tohono O’odham Nation that also provides capital for other forms of economic development. The Desert Diamond Casino has become one of the employers in the area, representing over 1,200 jobs across 4 locations. The Nation has also established Hi:kdan Industrial Park located in the San Xavier District near Tucson.

In addition, the Tohono O’odham Nation promotes economic development among tribal members with business plans intended to contribute to the Tohono O’odham Nation’s growing self-sustainability through micro-loans available from the Credit and Finance Program. These tribal enterprises provide much-needed resources to support the wellbeing of tribal members. Nevertheless, economic indicators show that many families in the region face financial challenges.

^{xix} For more information, see: <https://tocc.edu/land-grant-office-of-sustainability/>

^{xx} For more information, see: <https://www.naafnow.org/food>

^{xxi} For more information, see: <http://www.tonation-nsn.gov/enterprises/>

According to American Community Survey 2016-20 estimates,^{xxii} most people in the workforce in the Tohono O’odham Nation Region are employed by the government (57%), followed by private wage and salary workers (40%) and self-employed (3%). The top industries are educational services, health care/ social assistance (26%); public administration (23%); and entertainment, recreation, accommodation, food services and arts (12%). The largest portion of workers are in service occupations (27%), followed by management, business, science and arts occupations (24%).

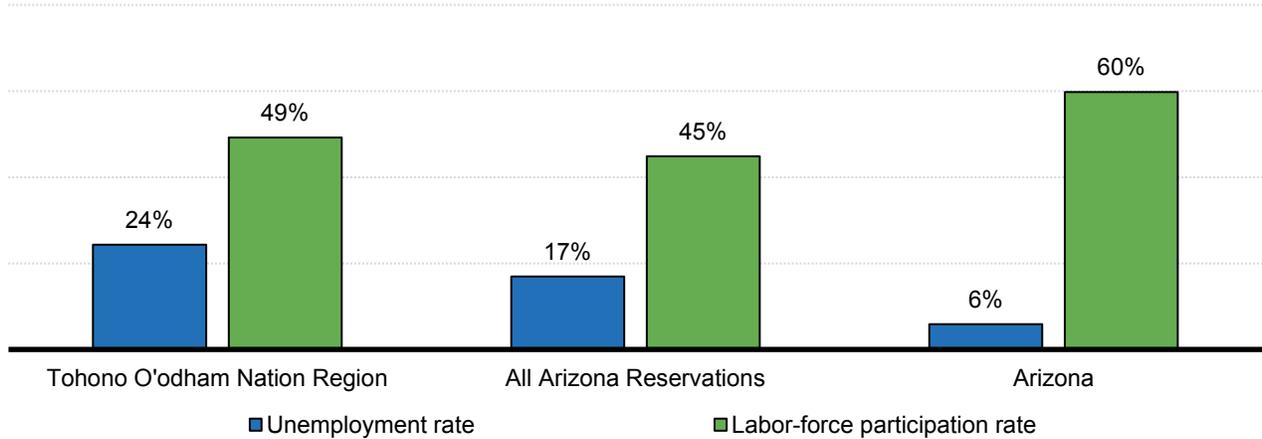
Unemployment

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.¹⁰² Unemployment can also put families at greater risk for stress, family conflict, and homelessness.¹⁰³ The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Note that unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to but could not find suitable work and so have stopped looking for employment.¹⁰⁴ An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed.

The American Community Survey estimates that the average unemployment rate for the Tohono O’odham Nation Region from 2015 to 2019 was 24% (Figure 22). This exceeds both the unemployment rate across all Arizona reservations (17%) and Arizona overall (6%). Unemployment was highest in GuVo District (59%) and Hickiwan District (51%) and lowest in Schuk Toak District (0%) and San Xavier District (11%) (Figure 23). The labor force participation rate in the region is higher than across all Arizona reservations (49% compared with 45%). This means that just under half of working-age teens and adults are working or actively looking work, while the other half are not (which includes students, retirees, stay-at-home parents, and others). It is important to note that 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.¹⁰⁵

^{xxii} <https://www.census.gov/tribal/?aianihh=4200>

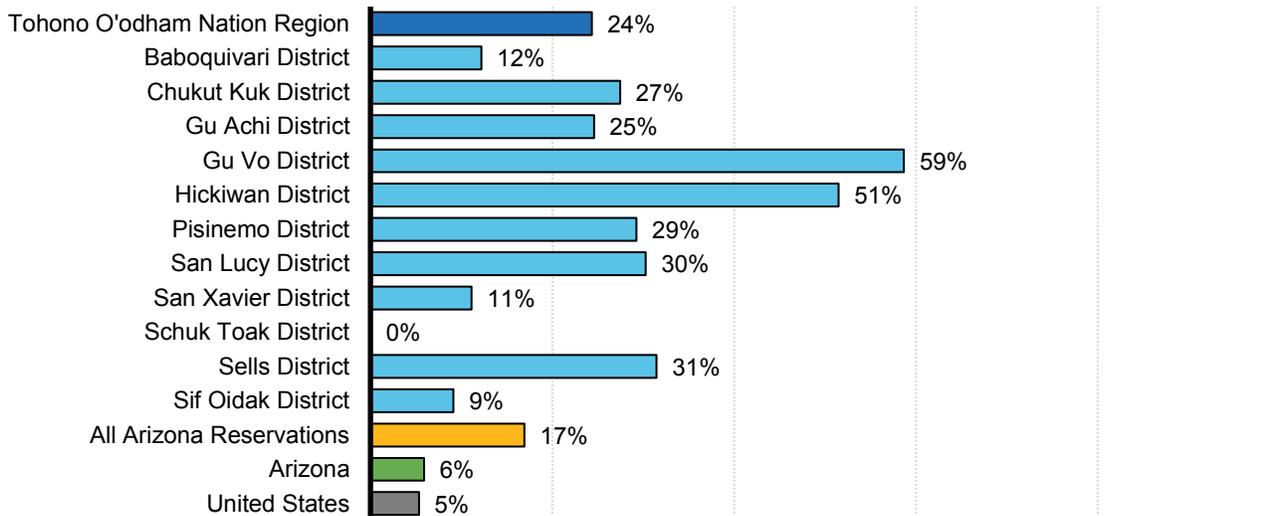
Figure 22. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

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

Figure 23. Unemployment rates by district for the adult population (ages 16 and older), 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

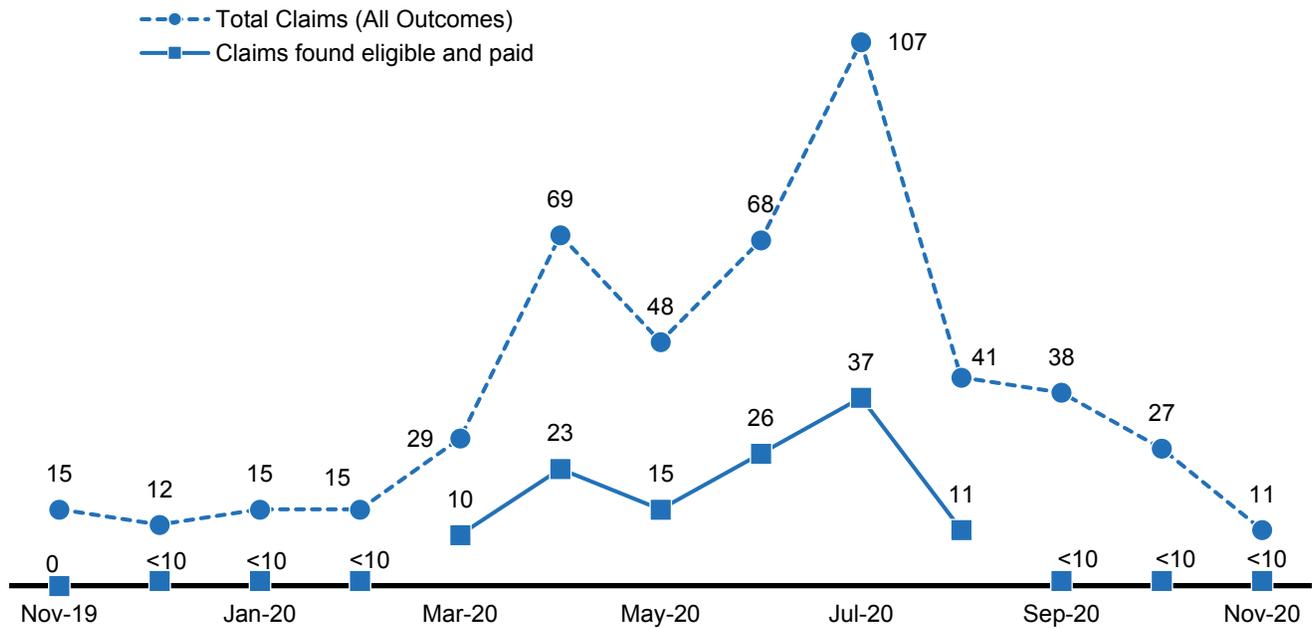
Note: The labor force is all persons who are working (employed) or looking for work (unemployed). The "unemployment rate" is the fraction of the civilian labor force which are unemployed.

The COVID-19 pandemic shocked the labor market. Statewide, unemployment insurance claims peaked at 262,523 the week of May 16, 2020. This is over twice the number of claims at the peak of the Great Recession in 2009.¹⁰⁶ In March 2020, the Pandemic Unemployment Assistance (PUA) program temporarily expanded unemployment insurance eligibility to categories of workers who were not previously eligible for unemployment, including self-employed workers, freelancers, independent contractors and part-time workers. The Pandemic Emergency Unemployment Assistance (PEUC) program extended benefits for those who had already used the 26 weeks of benefits usually allowed in Arizona.¹⁰⁷ In addition to expanded eligibility, federal provisions granted unemployed workers nationwide supplemental funds during the pandemic - \$600 additional per week through July 31, 2020, and \$300 additional per week through September 5, 2021.¹⁰⁸

The demand for these programs in the Tohono O’odham Nation Region is highlighted in Figure 24. The number of unemployment claims jumped substantially, from about 15 in any given month prior to March 2020, to a high of 107 in July 2020. Claims remained elevated above pre-pandemic levels through October 2020. Notably, there is a consistent and wide gap between the number of claims filed and the number of claims found eligible and paid. For example, when unemployment claims were the highest in July 2020, only 35% of claims were paid (N=37 out of 107). This suggests there may be widespread economic challenges in families with lost incomes who requested but did not receive unemployment benefits. By November of 2020, unemployment claims were already similar to pre-pandemic times.

In May 2021, the governor announced that supplemental unemployment funding would end early in Arizona, on July 10, 2021, and instead launched Arizona's Back to Work Program which offered financial incentives for returning to work (\$2000 for full-time, \$1000 for part-time for eligible workers) as well as scholarships for community colleges.^{109,110}

Figure 24. Unemployment claims in the Tohono O’odham Nation Region, Nov 2019 -Nov 2020

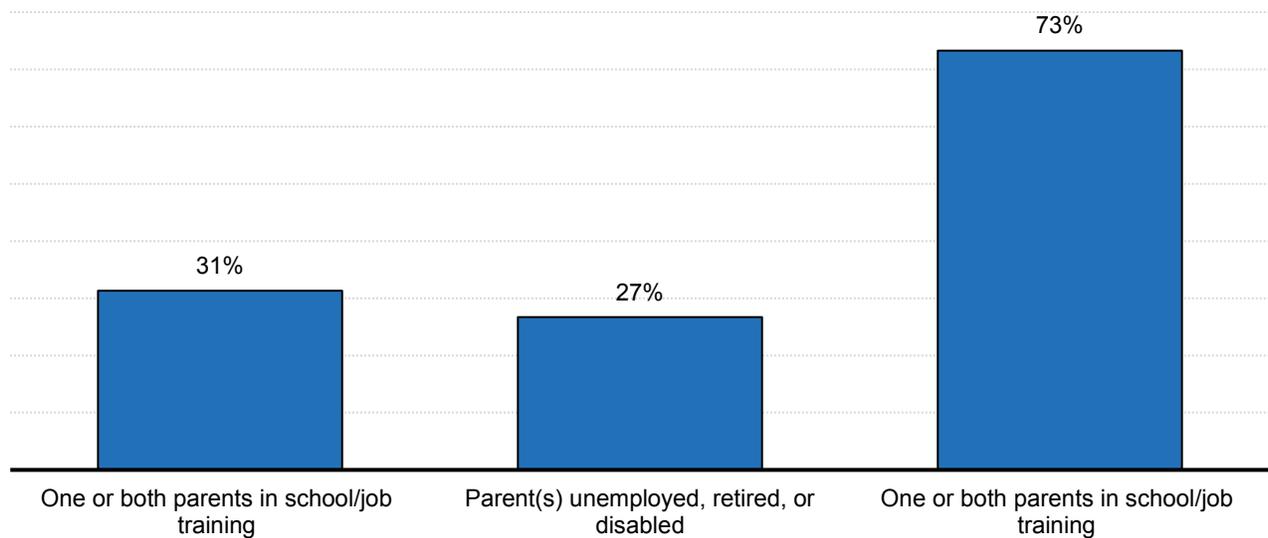


Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Note: The unfilled data markers on this figure represent data that are only available in ranges due to data suppression

For parents of young children, employment decisions may be influenced by the availability and affordability of child care. About half (54%) of children birth to 5 in the Tohono O’odham Nation Region, live in households where all present parents are in the workforce (that is, are employed or actively seeking paying work) (Figure 25). This includes children in households with a single parent who is in the labor force (43%) and two-parent households where both parents work (11%). In other words, a high portion of households with young children likely require some form of child care. The need for child care to support working parents is also evident in data from the Tohono O’odham Nation Head Start program. Of children enrolled in 2018-19, 73% had one or both parents/caregivers with employment, and 31% had one or both parents/caregivers in an education or job training program. Key informants noted that working parents in the region often rely on extended family networks and friends for care. For working families, early care and education center closures during the pandemic created a new challenge, and many family members, friends and neighbors stepped in to care for children and help manage remote learning.

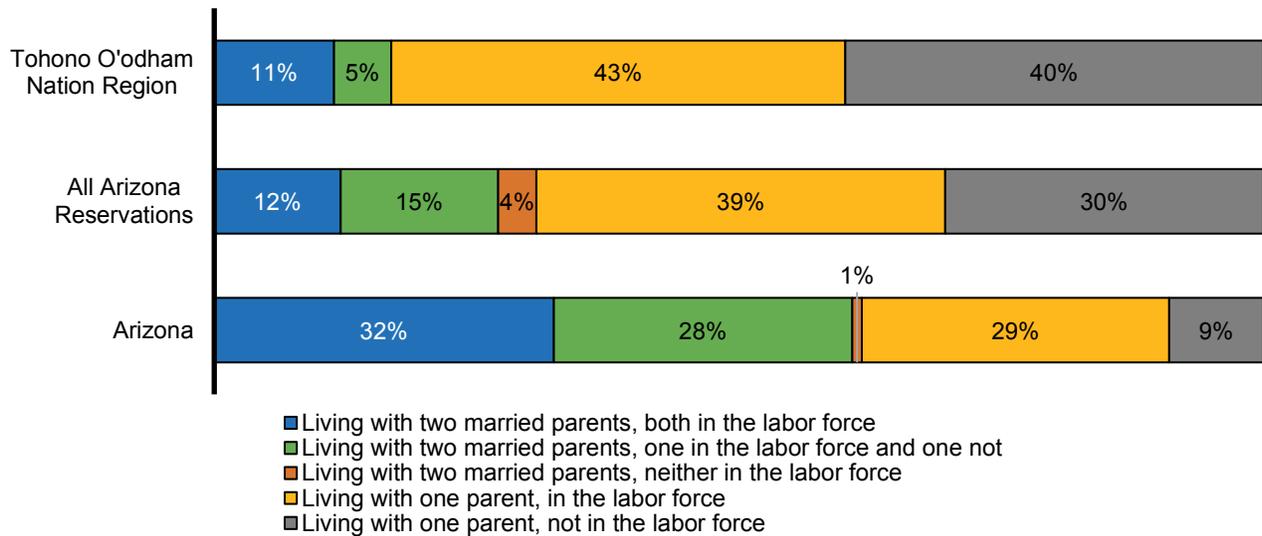
Figure 25. Employment status, job training and school status of families of children enrolled in the Tohono O’odham Nation Head Start program, 2018-19



Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Over a third of young children in the region live with a single parent who is not in the labor force (40%), and a small portion live with 2 parents 1 of whom is not in the labor force (5%) (Figure 26). According to the U.S. Census Bureau’s Household Pulse survey, during the pandemic, about 1 in 5 non-working adults in households with children reported that their main reason for not working was because of children not in school or child care. For the majority (16 of 27 weeks) of the survey, caring for children not in school or daycare was the top reason given why non-retired adults were not working in Arizona. This suggests that access to child care is essential for parents and other caregivers in Arizona to access employment opportunities. The pandemic only reinforced the importance of supports for parental mental health and wellbeing in order to also support the wellbeing of their young children. Key informants indicated that parents at home during the pandemic experienced mental and emotional hardships, but many families also appreciated increased time together, especially with the activity packets and supports provided by the child care and Head Start programs.

Figure 26. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Housing Affordability and Stability

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.¹¹¹ Traditionally, housing is considered affordable if it costs less than 30% of a family’s annual income.¹¹² Arizona is perceived to have a relatively low cost of living compared to many areas of the U.S., but still about one-third of households spend more than 30% of their income on housing. Spending this amount on housing leaves less available for food, utilities, early education programs and other supports that help young children thrive. Additionally, high housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{113,114}

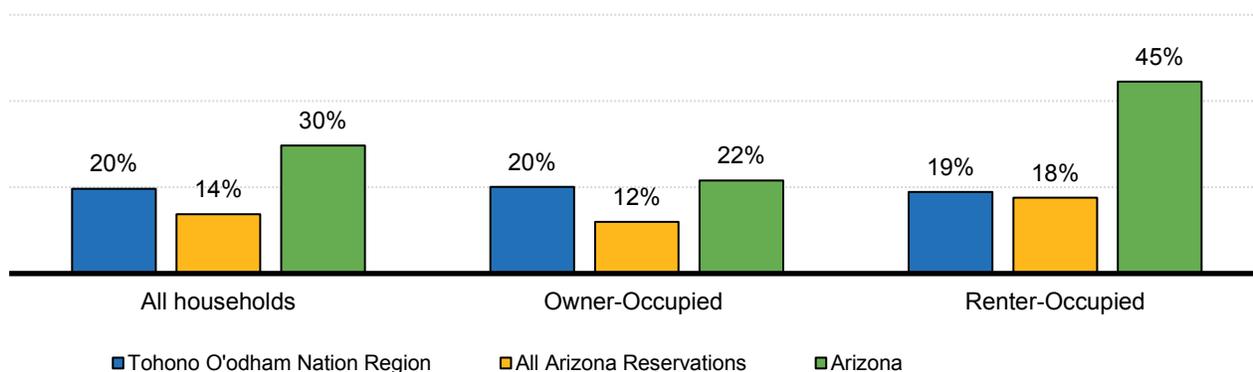
The Tohono O’odham Ki:Ki Association was established in 1962 with the mission to “promote and develop affordable, quality housing opportunities in a safe and healthy environment; promote and establish homeownership opportunities; operate the housing program in efficient and effective manner; improve and strengthen relations with residents; and promote partnerships with community and private sector for private mortgage capital financing to maximize housing opportunities for all eligible Tohono

O’odham tribal members.”^{xxiii} Tribal housing authorities such as the Ki:Ki Association have been able to make housing affordable for community members through low-cost rentals and rental assistance, as well as support homeownership through rent-to-own programs and mortgage assistance. Over 60 years of operation, the Ki:Ki Association has built over 1,000 single and multi-family units in Sells, Pisinemo, and Gu-Achi District. The Ki:Ki Association also offers courses, including a family self-sufficiency program and homeownership classes that are required before taking ownership of a home. According to key informants, participants benefit greatly from these classes.

The ACS estimates that roughly the same portion of owners (20%) and renters (19%) in the region are housing cost-burdened, meaning they spend 30% or more of their income on housing (Figure 27). This is higher than housing cost-burden experienced across all Arizona Reservations (12% for owners, 18% for renters). Housing cost burden is highest in the San Lucy (27%) and San Xavier (28%) Districts (Figure 28).

Low-income households experiencing housing cost burden can get assistance with utility costs through the Tohono O’odham Nation Family Assistance Program’s Low Income Home Energy Assistance Program (LIHEAP). The number of households participating in the program increased from 1,100 in 2019 to 1,298 in 2020. The number of children participating similarly increased from 751 in 2019 to 919 in 2020. With the influx of COVID-related federal funding, the Tohono O’odham Nation was able to implement emergency assistance programs to help cover rent and utility costs. The Ki:Ki Association also instituted rent moratoria during the state of emergency.

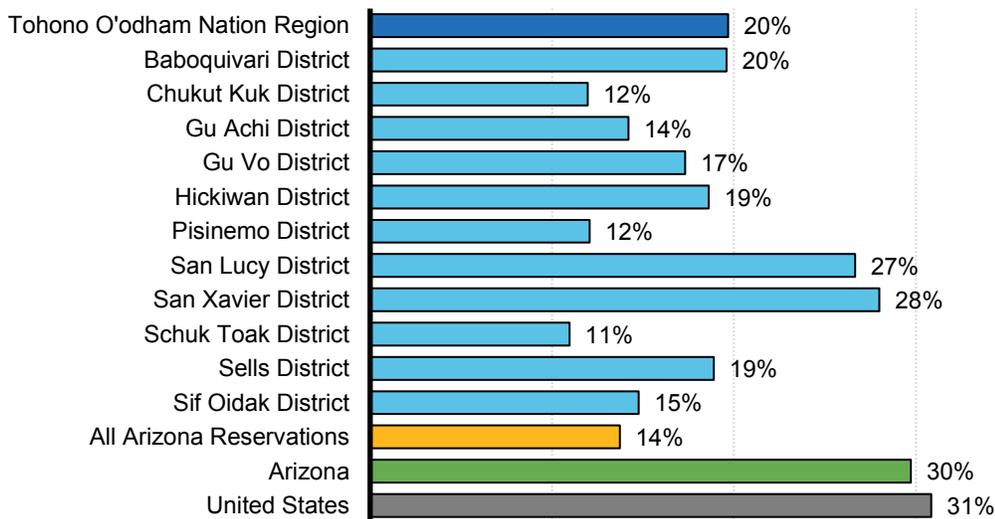
Figure 27. Percent of households with housing costs of 30 percent or more of household income by home ownership status, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

^{xxiii} <https://tokahousing.org/aboutus/>

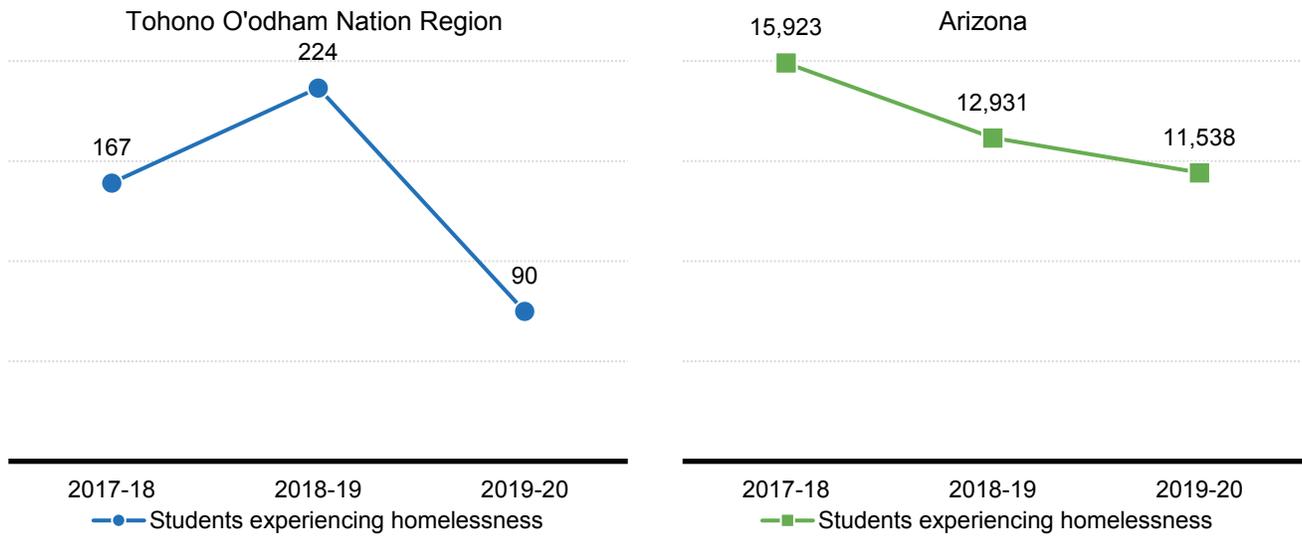
Figure 28. Percent of households with housing costs of 30 percent or more of household income, by subregion, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

The McKinney-Vento Act provides funding and supports to ensure that children and youth who are unhoused have access to education. Under the McKinney-Vento Act, children are counted as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living “doubled up” with another family.¹¹⁵ Under this definition, the number of children experiencing homelessness who were enrolled in schools in the region increased from 167 in the 2017-18 school year to 224 in 2018-19, but then dropped significantly to 90 in 2019-20 (Figure 29). Key informants were unsure why this number decreased during the pandemic but suggested it may have been related to challenges to reporting. Rates of students experiencing homelessness in the Baboquivari Unified School District were more than 7 times higher than in off-reservation school districts serving Tohono O’odham Nation students (Figure 30).

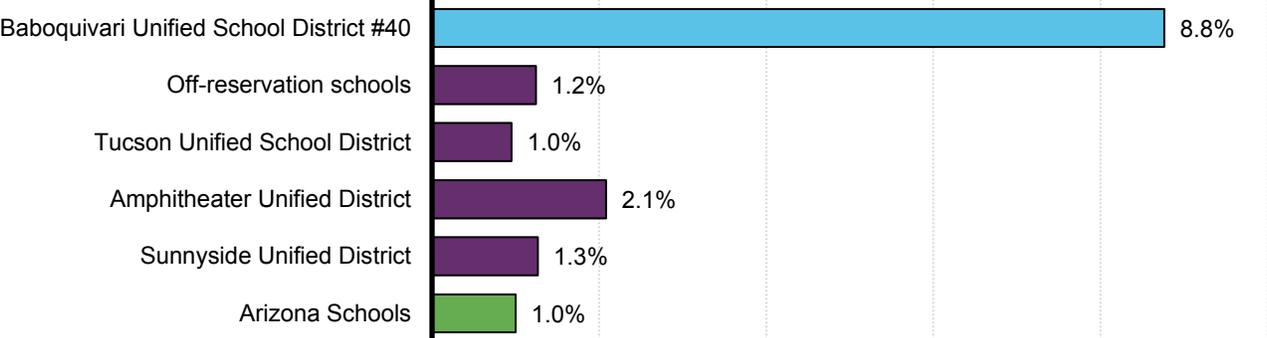
Figure 29. Homeless students (McKinney-Vento definition) enrolled in public and charter schools, 2017-18 to 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

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

Figure 30. Students experiencing homelessness (McKinney-Vento definition) enrolled in public and charter schools, 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: Off-reservation schools include only those schools identified as serving a substantial number of Tohono O’odham Nation students. The McKinney-Vento Act provides funding and supports to ensure that homeless children and youth have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship. More information can be found on the ADE website: <https://www.azed.gov/homeless>

Key informants indicated that the biggest housing challenge is insufficient housing opportunities on the Nation. The current waitlist for housing (through both rental and homeownership programs) is over 400, and it was noted that sometimes applicants are on the waitlist for decades. Key informants reported that over one-third of Tohono O’odham Nation households are severely overcrowded (34%), where related or unrelated families are living “doubled up” in one residence. While the Tohono O’odham Nation reservation is the second largest in the state by land-base, the lack of infrastructure across the reservation presents a major challenge to building new homes. Current population centers are mostly built-out, and utilities are already inadequate to serve the current residential load. For example, residents are likely to experience power outages during peak electricity use in the summer, posing major health risks. However, building in less-populated areas is very costly because it requires building new roads, water and electrical lines. The Ki:Ki Association has been trying to leverage funds to create as many housing opportunities as possible while weighing these challenging factors.

Tribal housing authorities are consistently underfunded by the federal government relative to community needs, however the American Rescue Act has helped to fund some important housing projects during the coronavirus pandemic. According to key informants, COVID-related funding was allocated to building new emergency transitional housing units, to be operated by the Ki:Ki Association (10 units) and Tohono O’odham Nation Health Care (6 units). Prior to these units being available, the Nation used dormitories at Tohono O’odham Community College, recreation centers in San Xavier and Sells, and housing near the San Simon Health Center to isolate members who had tested positive for COVID-19. The Ki:Ki Association also helped members procure off-reservation housing for up to 30 days for emergency isolation. This emergency housing is especially vital in multi-generational and “doubled-up”

households where it is difficult to quarantine sick family members. The Ki:Ki Association is using Indian Community Development Block Grant (ICDBG) funding to build 2 new homes as well as roads and infrastructure between 4 villages.^{xxiv} Funds through the Low Income Housing Tax Credit (LIHTC), Hardship Credits, and other competitive grants will fund the construction of 14 new 3-bedroom homes, 16 4-bedroom homes, and infrastructure including a new water line to the development site south of Sells.^{xxv}

Transportation

Transportation remains a major challenge in the region, especially because of the large land area encompassed by the reservation. Figure 31 below shows households in the region by block group that do not have access to a vehicle. Beyond lack of access to a vehicle, the cost of gas and maintenance of older vehicles can be a challenge for low-income families. Key informants in the region identified transportation as a major barrier to accessing services and participating in classes across the reservation.

Local services are aware of, and responsive to, residents' transportation needs. The Tohono O'odham Nation Division of Health Transportation Service provides free, non-emergency transportation to medical appointments for members living anywhere on the reservation. However, this service can be difficult for families to utilize if they have multiple children because transport is only provided to the patient and the patient's parent or guardian, not the entire family. Key informants also noted that the Health Transportation Service was not running for periods during the pandemic (except for dialysis patients), which was seen as a barrier to families keeping up their children's preventive care such as vaccinations. The Division of Special Needs also provides transportation to off-reservation appointments with specialty providers.

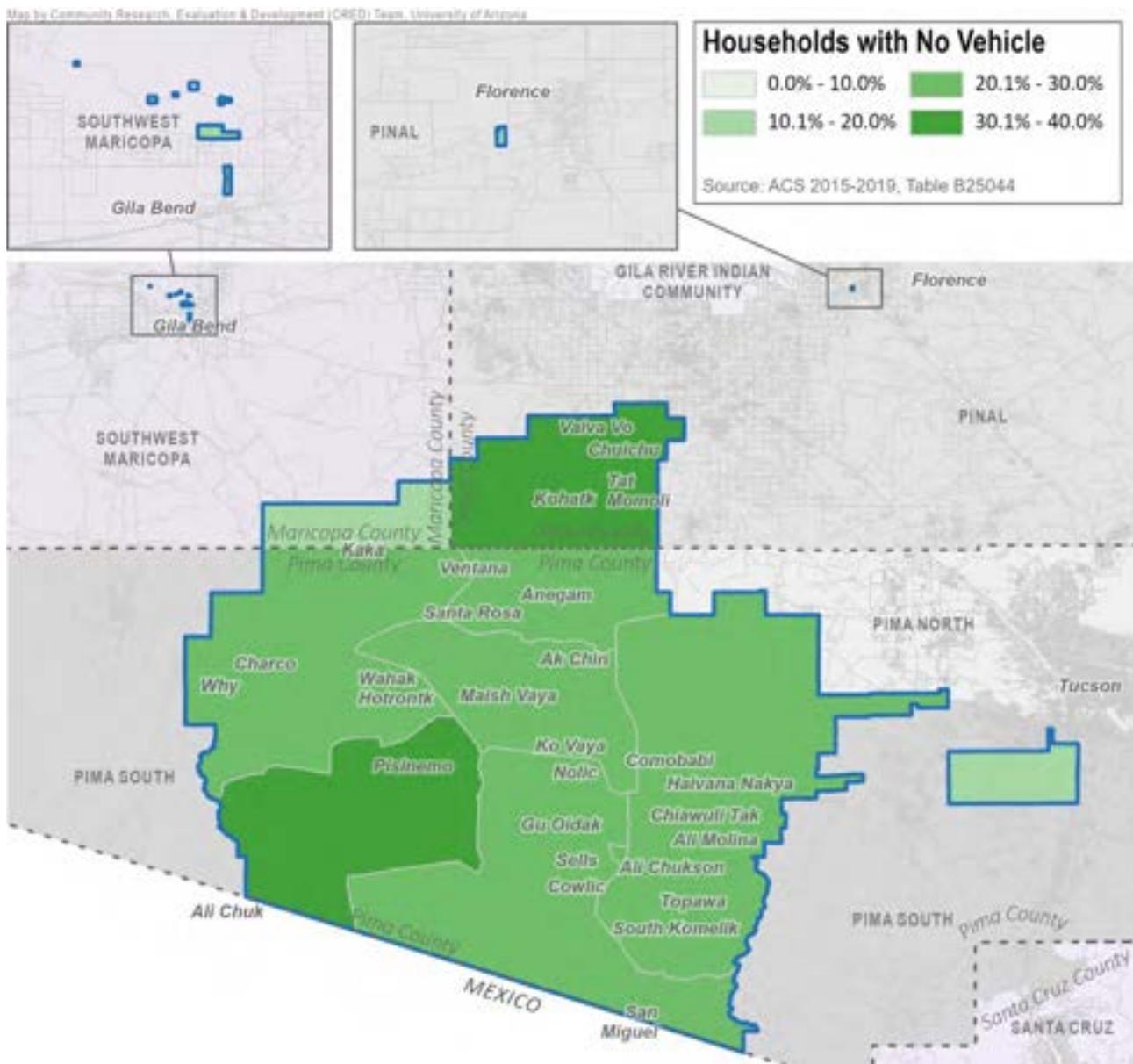
Both Tohono O'odham Nation Head Start and Indian Oasis Preschool Program provide bus service for enrolled children. When young children are identified by Child Find and referred for early intervention evaluation, the Division of Special Services and Dynamite Therapy travel to the family's home to provide assessment and subsequent services. Other services, such as the Maternal and Child Health Advocates Program and Family Spirit Home Visiting Program, also provide in-home options to eliminate the need for families to travel. A few families in the region receive in-home child care with providers licensed by the Child Care Program (Table 16), but transportation and travel distances to available child care facilities were listed as barriers to access.

While regional transportation solutions will require a broad effort on the part of multiple regional stakeholders, programs seeking to reach and serve families with young children need to remain cognizant of the challenges in this area and, where possible, design programs and outreach strategies that minimize the need for families to travel long distances.

^{xxiv} <https://www.indiangaming.com/u-s-rep-grijalva-of-az-announces-3-4-million-for-tohono-oodham-kiki-housing-association/>

^{xxv} <https://travois.com/articles/tohono-oodham-kiki-association-to-build-affordable-housing-in-new-subdivision/>

Figure 31. Map of Households with No Vehicles Available, by Census Designated Place



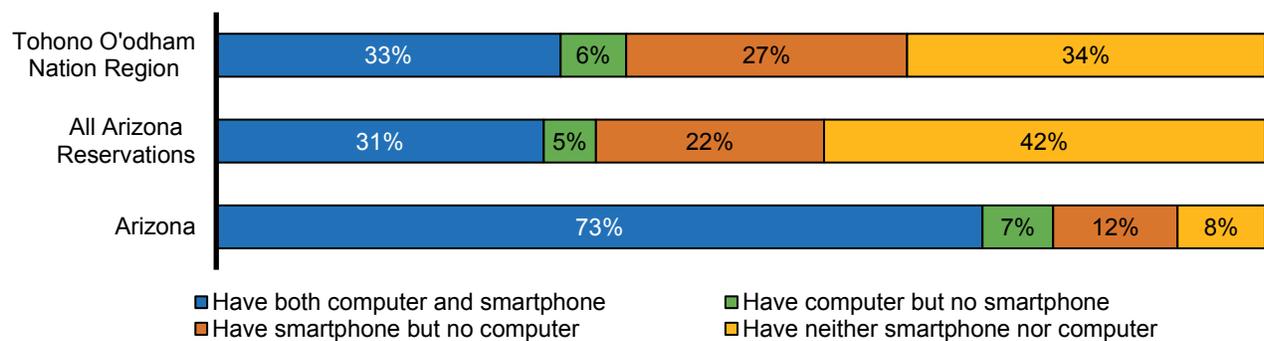
Information Access Through Computers and Internet

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.¹¹⁶ During the pandemic, a reliable internet connection was essential for a successful transition to remote work and school, as well as access to telehealth and other remote social services. The term “digital divide” refers to disparities in communication and information technologies,¹¹⁷ and the lack of sustained access to

information and communication technologies in low-income communities is associated with economic and social inequality.¹¹⁸ Low-income households may experience regular disruptions to this increasingly important service when they can't pay bills, repair or update equipment or access public locations that may offer connectivity (e.g., computers at local libraries).¹¹⁹ 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.^{120, 121, 122}

According to the American Community Survey, one-third of households (33%) in the Tohono O’odham Nation Region have both a computer and a smartphone in their home. An estimated 6% have a computer but no smartphone, 27% have a smartphone but no computer, and the remaining 34% have neither (Figure 32). About half of households in Schuk Toak District (53%) and Gu Achi District (48%) have neither a smartphone nor a computer (Figure 33).

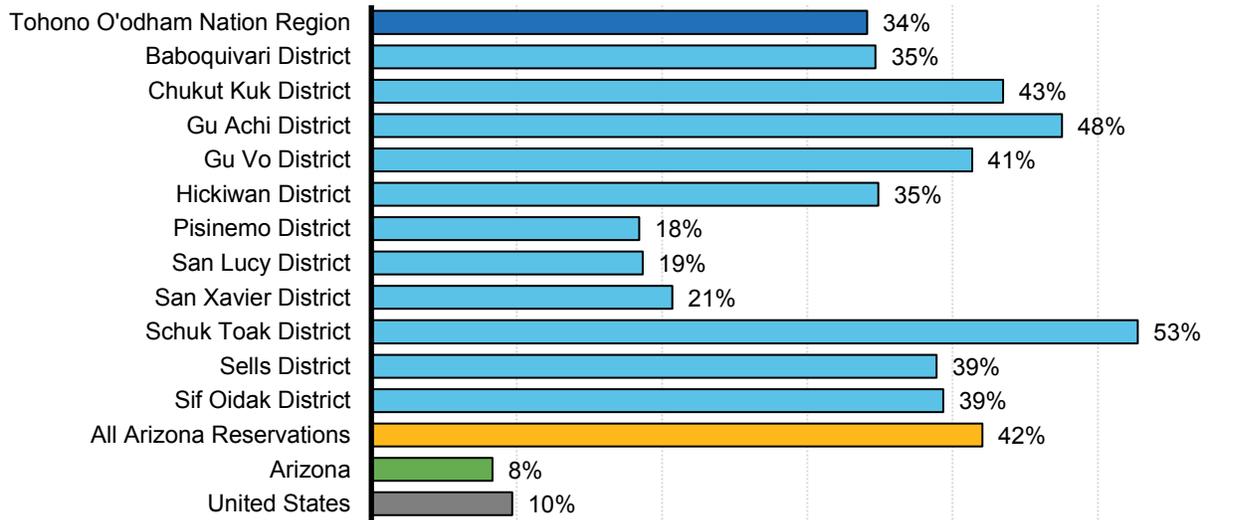
Figure 32. Households with and without computers and smartphones, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this figure, “computer” includes both desktops and laptops; “smartphone” includes tablets and other portable wireless devices.

Figure 33. Percent of households with neither a smartphone nor a computer, by subregion, 2015-2019 ACS

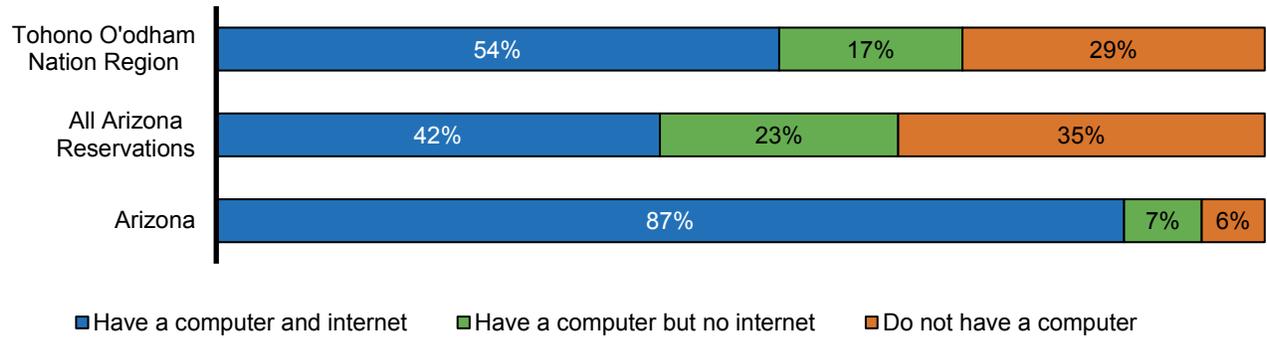


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this figure, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices.

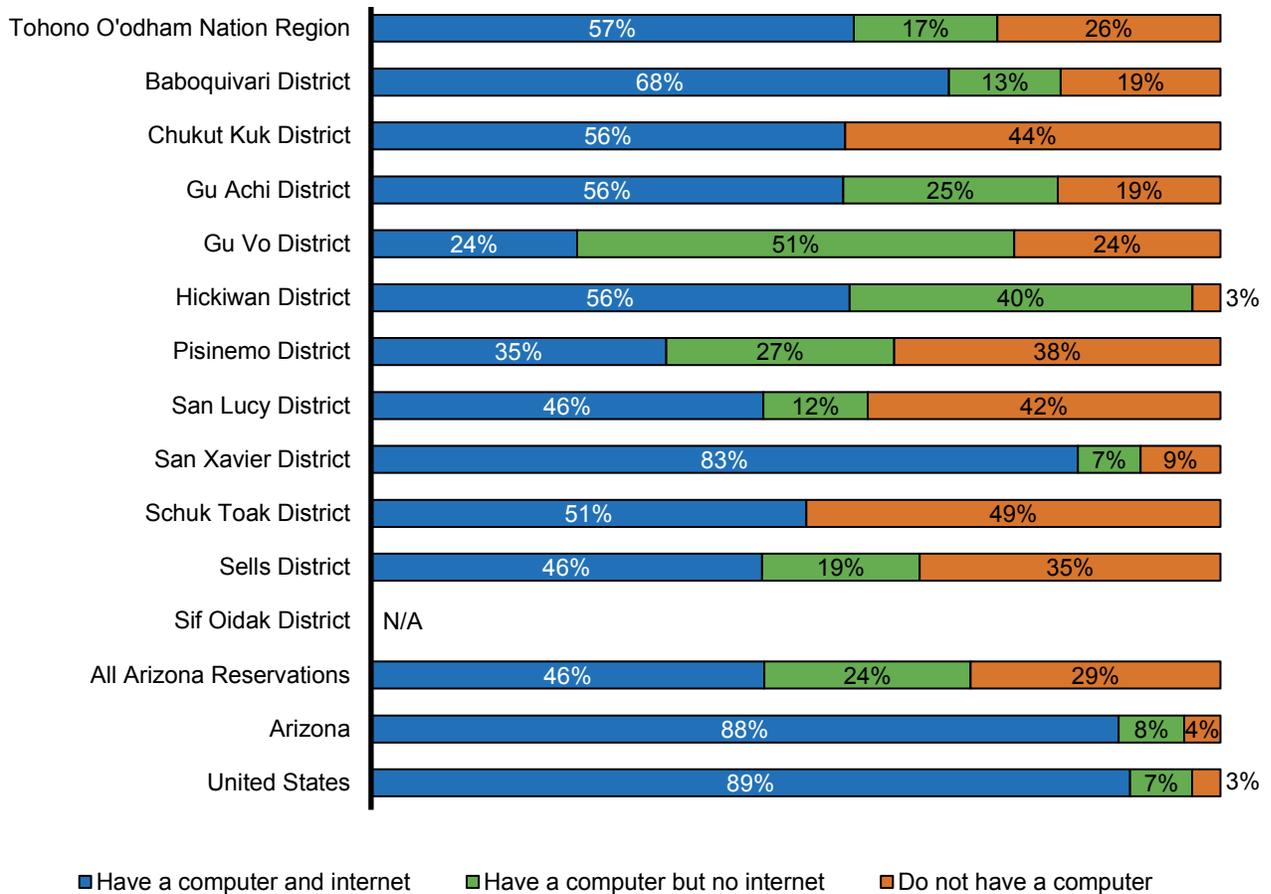
As schools and social services transitioned to remote operations during the COVID-19 pandemic, access to a computing device and the internet became increasingly important. In the Tohono O’odham Nation Region, just over half (54%) of residents are estimated to have access to both a computer and internet connection, 17% have a computer without internet and 29% have no computer (Figure 34). Among children birth to 17, rates of computer and internet access at home were slightly higher (57%) than for all residents (Figure 35). Children in some areas of the region, such as in GuVo District (22%) and Pisinemo District (35%), had lower rates of access to both a computer and internet. Computer and internet access for children living in reservations across Arizona (46%) is estimated to be much lower than Arizona as a whole (88%), meaning that these children were less poised to adapt to remote learning than many of their peers across the state.

Figure 34. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

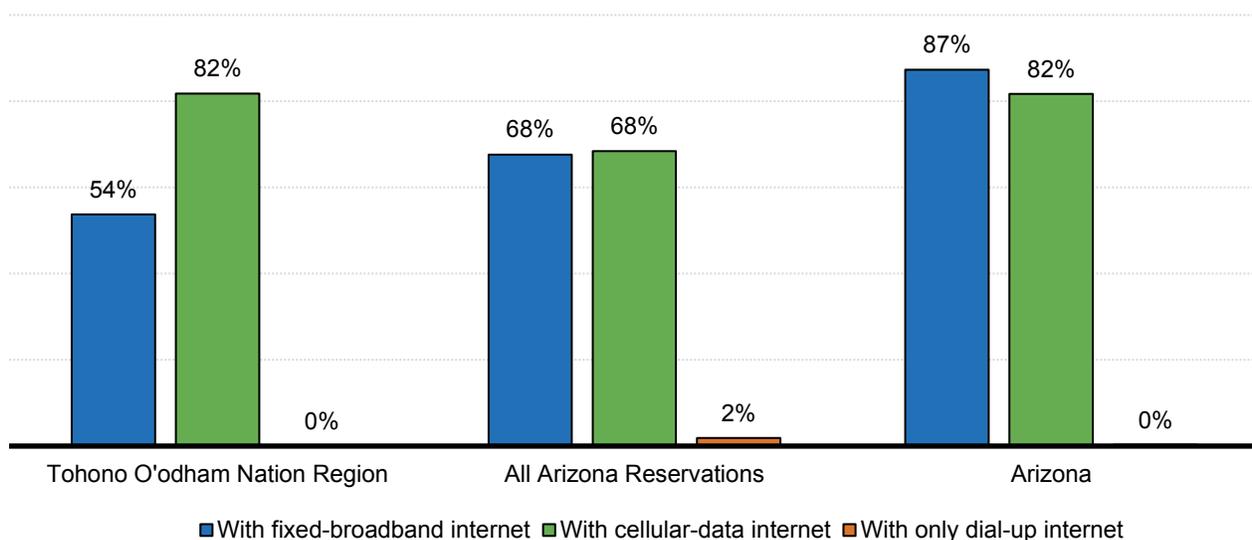
Figure 35. Children ages birth to 17 in households with and without computers and internet connectivity, by subregion, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

American households 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.¹²³ In the Tohono O’odham Nation Region, the 2015-19 American Community Survey estimates that 82% of individuals living in households with a computer and internet access the internet through cellular data, whereas only 54% have fixed-broadband internet access (Figure 36). Across all Arizona reservations, 68% of persons in households had fixed broadband internet, and the same proportion had internet access through cellular data. This indicates that, while the region had higher connectivity than across all Arizona reservations, the quality of the internet connection may be less reliable.

Figure 36. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28008

Key informants indicated that Baboquivari Unified School District was able to transition quickly to remote learning because they already had laptops for every student and were able to provide WiFi hotspots to every family. BIE schools were also able to purchase computers and hotspots with federal CARES Act funding. Key informants noted that, despite these efforts, internet and cell service were still inadequate across the reservation, especially if multiple people in one household needed to be online at the same time. Recreation centers were kept open so that students could access WiFi for class, especially if they had working parents or poor connection at home.

Support services such as the Tohono O’odham Nation Women Infants and Children (WIC) program indicated that they lost touch with clients who did not have cell phones, computers, or adequate service, and that some staff and clients had to pay for extra cellular minutes in order to access remote services. One silver lining to the pandemic is the extra federal funding that was dedicated to addressing the digital

divide in rural and tribal lands. Tohono O’odham Utility Authority (TOUA) received a grant to expand internet across the Nation, a goal towards which they have been working for years. Key informants highlighted that the pandemic has forced programs to improve and update their systems, which has turned out to be a lasting benefit in many cases. For example, departments within the Tohono O’odham Nation worked to add extra protections so that clients could send and sign sensitive documents via email and phone pictures, which reduces travel barriers and follow-up time on these administrative tasks.

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



EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children and their families, as well as the economic well-being of the entire community. Individuals with higher levels of education are less likely to live in poverty and tend to live longer and healthier lives.¹²⁴ Graduating from high school, in particular, is associated with better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to dropping out of high school.^{125,126} Parents with more education are also more likely to have children with positive outcomes related to school readiness and educational achievement, with children of parents who have at least a high school diploma or GED scoring higher in reading, math and science in their first four years of school.^{127,128} The educational achievement of adults within a region speaks to the assets and challenges of a community's workforce, including those that are working with or on behalf of young children and their families.

High-quality early learning experiences lay a foundation for children's learning in kindergarten, early elementary school and beyond.¹²⁹ Participation in high-quality early education has been linked to better school performance in elementary and high school.¹³⁰ Reading skills in third grade, specifically, are an important predictor of later academic learning and success measured in standardized tests. Students who are at or above grade-level reading in third grade are more likely to graduate high school and attend college.¹³¹ Given these intergenerational impacts of educational attainment and 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

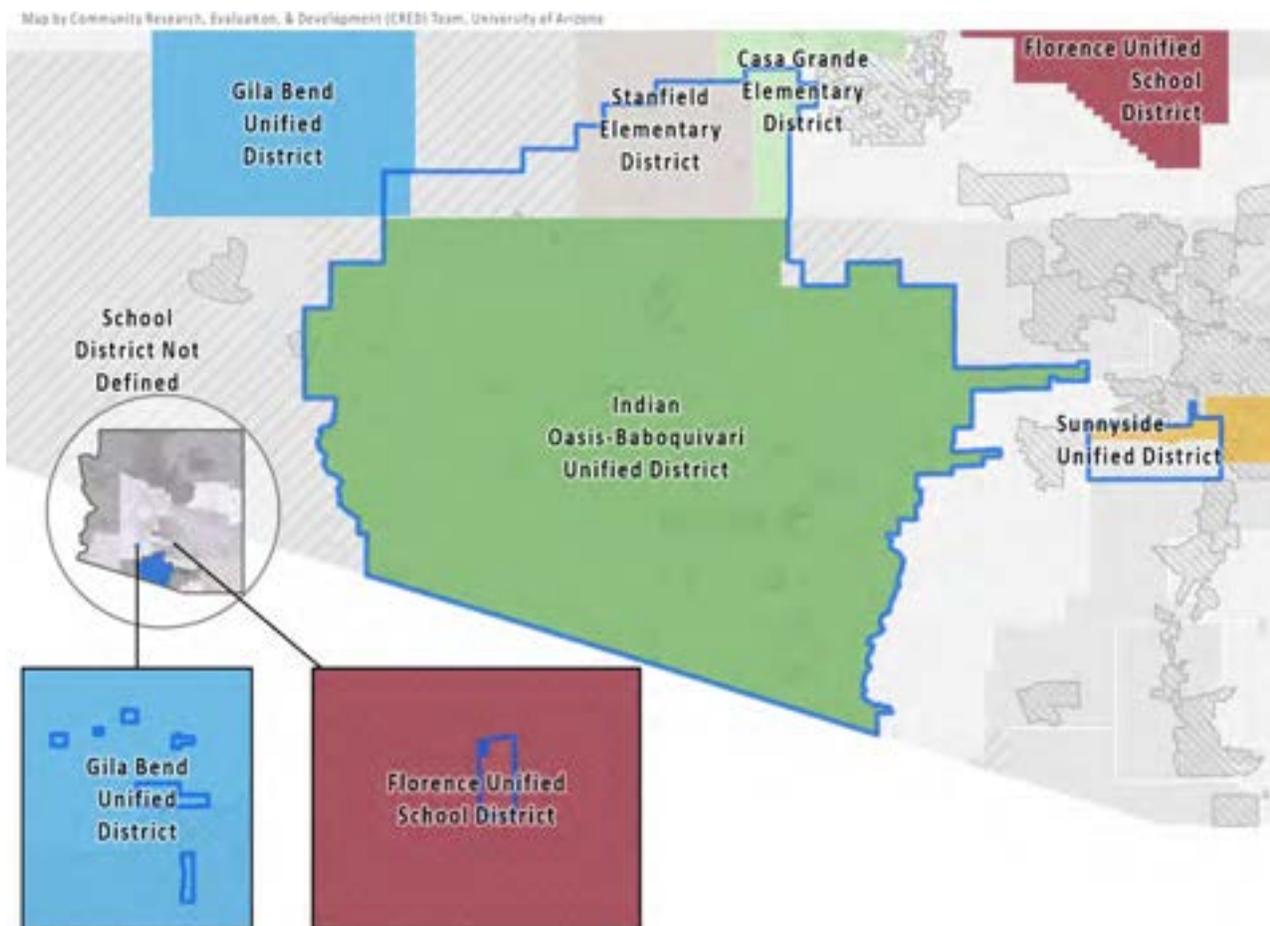
School Attendance and Absenteeism

Children from the Tohono O'odham Nation attend schools overseen by the Arizona Department of Education (ADE); Bureau of Indian Education (BIE) schools, which include San Simon Day School (K-8th grade), Santa Rosa Day School (K-8th grade), Santa Rosa Ranch School (K-8th grade), and Tohono O'odham High School; one private charter school, the Ha:san Preparatory & Leadership School, located off the reservation in Tucson;⁶ and out-of-state Tribal boarding schools.⁷ There are also Tohono O'odham Nation students attending schools in other Arizona Department of Education (ADE) school districts outside of the reservation including Tucson Unified School District, Ajo School District, Altar Valley Elementary District, Marana Unified School District, Eloy Elementary District and Toltec Elementary District.

Figure 37 shows a map of Arizona Department of Education school districts within the Tohono O'odham Nation Region. Baboquivari Unified School District (BUSD) is the only public school district that is entirely within the regional boundaries. This district includes Indian Oasis Elementary Primary

School (pre-K-3rd grade), Indian Oasis Elementary Intermediate School (4th -6th grades), and Baboquivari Secondary Campus (7th -12th grades). The district’s Indian Oasis Middle School and High School serve students through an alternative, hybrid model (computer-based and direct instruction).⁴ Additionally, the boundaries of the Tohono O’odham Nation include portions of the following school districts: Casa Grande Elementary District, Florence Unified School District, Gila Bend Unified District, Stanfield Elementary, Casa Grande Unified District, Sunnyside School District, and Sahuarita Unified District. The San Xavier District, which includes parts of Sunnyside and Sahuarita Unified School Districts, provides additional educational support to district residents through its Education Department.⁵ Pre K- through 3rd grade enrollment in the Bavoquivari Unified School District is described in Table 12.

Figure 37. School Districts in the Tohono O’odham Nation Region



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

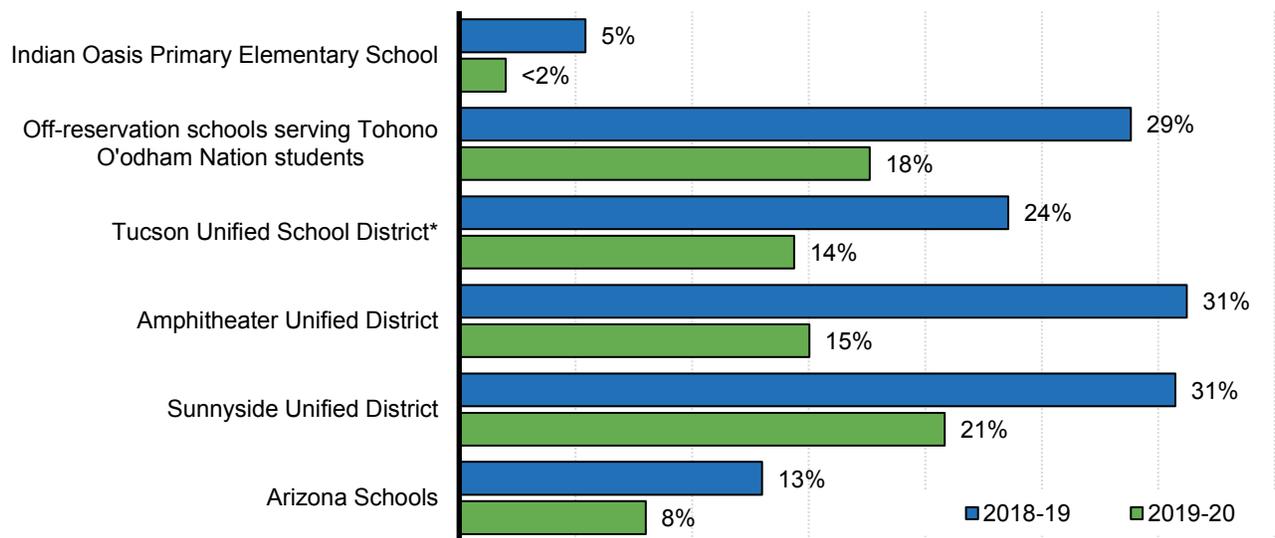
Table 12. Students enrolled in preschool through 3rd grade, 2019-20 school year

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Baboquivari Unified School District #40	16	77	106	90	79
Indian Oasis Primary Elementary School	16	77	106	90	79
Off-reservation schools serving Tohono O'odham Nation students (American Indian Students)	DS	70	101	82	75
Tucson Unified School District (American Indian Students)	DS	DS	DS	DS	DS
Amphitheater Unified District (American Indian Students)	N/A	DS	DS	DS	DS
Sunnyside Unified District (American Indian Students)	N/A	DS	12	14	DS
Arizona Schools (American Indian Students only)	905	3,290	3,260	3,262	3,452
Arizona schools	21,867	81,606	82,386	82,305	83,003

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Only 5% of students in kindergarten through 3rd grade were chronically absent at Indian Oasis Elementary in 2018-19, which decreased to less than 2% during the 2019-20 school year (Figure 38). Chronic absenteeism at Indian Oasis Elementary is also lower than what is seen for American Indian students in off-reservation schools serving Tohono O'odham Nation students (29% in 2018-19, 18% in 2019-20) as well as the state as a whole (13%, 8%). Key informants indicated that BUSD has been working on attendance for a number of years and is very proud of these efforts, especially during the pandemic. It is important to note that rates of chronic absences are lower for all geographies in 2019-20, likely due to reporting challenges during the COVID-19 pandemic.

Figure 38. Percent of kindergarten through 3rd grade students with chronic absences, 2018-19 and 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Achievement on Standardized Testing

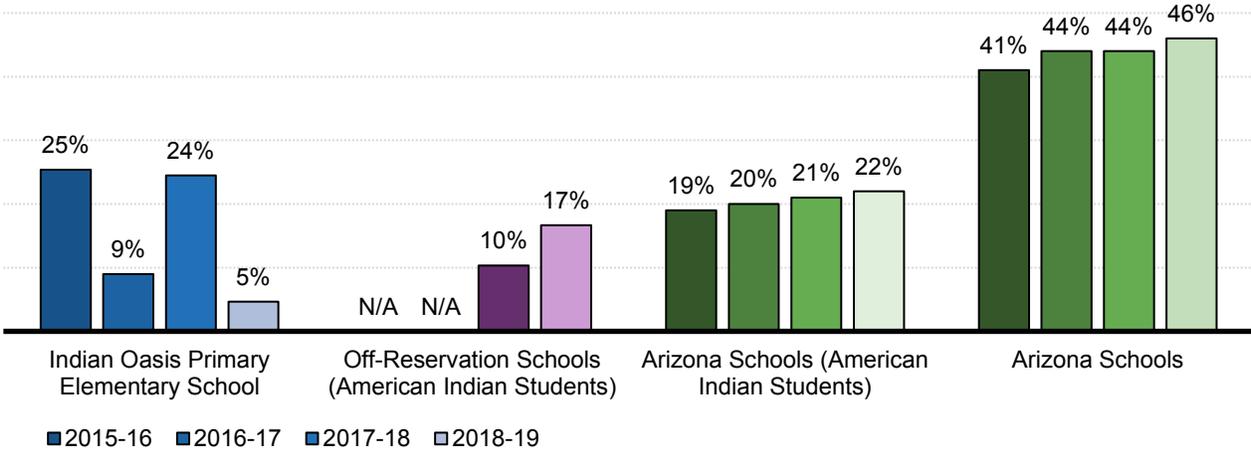
A child’s 3rd grade reading skills have been identified as a critical indicator of future academic success.¹³² Students who are at or above grade level reading in 3rd grade are more likely to go on to graduate high school and attend college.¹³³ The link between poor reading skills and risk of dropping 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 3rd grade did not finish high school. This is more than 6 times the high school dropout rate of proficient readers.¹³⁴

In 2010, the Arizona legislature, recognizing the importance of early identification and targeted intervention for struggling readers, enacted legislation called *Move on When Reading*. This law states that a student shall not be promoted to fourth grade if their standardized testing reading score falls far below the third-grade level, as established by the State Board of Education.¹³⁵ As of 2019, the statewide assessment tool for English language arts (ELA), including reading and writing, is Arizona’s Statewide Achievement Assessment for English Language Arts and Math (AzM2).^{xxvi,136,137} In March 2020, Arizona cancelled statewide AzM2 testing and other statewide assessments for the 2019-20 school year.¹³⁸ Thus, the most recent data available for this report are from the 2018-19 school year, when the AzMERIT assessment was administered.

^{xxvi} AzMERIT was renamed to AzM2 during the 2019-2020 school year. In 2022, AzM2 will be replaced by AASA (Arizona’s Academic Standards Assessment).

In the 2018-19 school year, only 5% of 3rd grade students at Indian Oasis Elementary achieved passing scores on the ELA assessment, which is the lowest passing rate between 2016 and 2019 (Figure 39). Almost 9 out of 10 students scored minimally proficient on the ELA test (87%), a portion of whom are at risk for retention in 3rd grade based on Arizona’s Move on When Reading law. Similarly, 7% of 3rd grade students achieved passing scores on the math assessment, also the lowest passing rate between 2016 and 2019 (Figure 40).

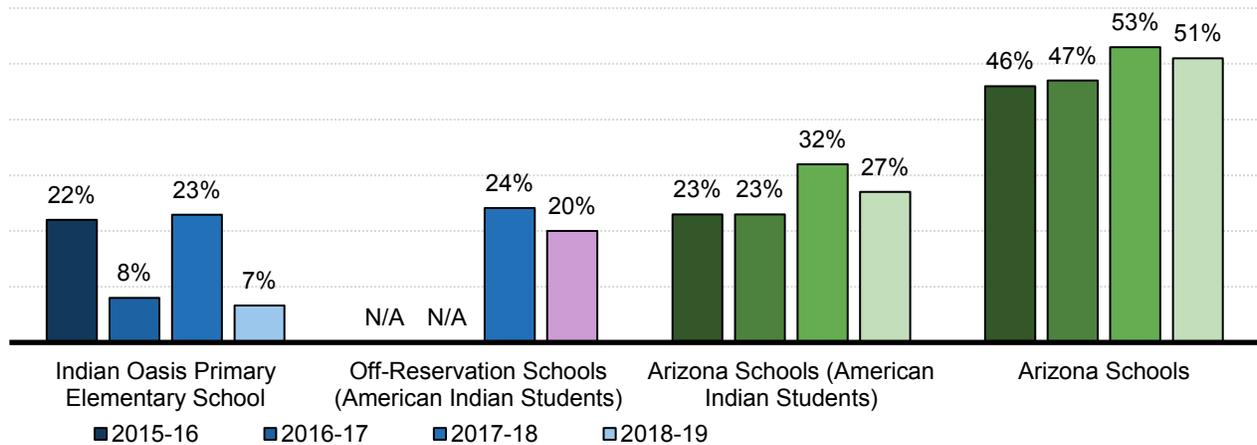
Figure 39. Trends in passing rates for American Indian students: Third Grade English Language Arts 2015-16 to 2018-19



Source: Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: Due to the way ADE data were accessed for this report, data for American Indian students attending off-reservation schools were not available for 2015-16 or 2016-17.

Figure 40. Trends in passing rates for American Indian students: Third Grade Math 2017-18 to 2018-19



Source: Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

AZMERIT scores were also provided for the San Simon BIE School. In 2018-19, passing rates for San Simon School were higher on the ELA assessment at 12% but lower on the math assessment (0%). During the pandemic and the switch to remote learning, the San Simon School implemented a benchmark assessment and progress tool from the Northwestern Evaluation Association (NWEA). It involves testing 3 times a year, which feeds into individualized curricula for each student through electronic vendors such as Achieve 3000 (used at San Simon School). Key informants indicated that, in early 2022, testing rates on the NWEA assessments were improving in both math and ELA for students using the online supplemental curricula. These improvements are important to highlight because scores on standardized testing have declined across the US since the COVID-19 pandemic began.^{xxvii}

In March 2020, the Bureau of Indian Education (BIE) announced that it had published its Standards, Assessments and Accountability Systems (SAAS) Final Rule under the *Every Student Succeeds Act* (ESSA). Under the new SAAS rule, BIE will be able to use a single unified assessment in all BIE funded schools.¹³⁹ Previously, BIE schools across the country used a variety of standardized assessments; Arizona’s BIE funded schools had used the same assessment administered at public schools under the Arizona Department of Education. Starting in school year 2020-21, BIE approved Pearson as the vendor for the new unified assessment for English Language Arts (ELA) and Mathematics in grades 3-8 and 11.¹⁴⁰ Future Needs and Assets Reports for the region are expected to present data from the new Pearson ELA and Math tests.

^{xxvii} <https://www.nationsreportcard.gov/highlights/ltr/2022/>

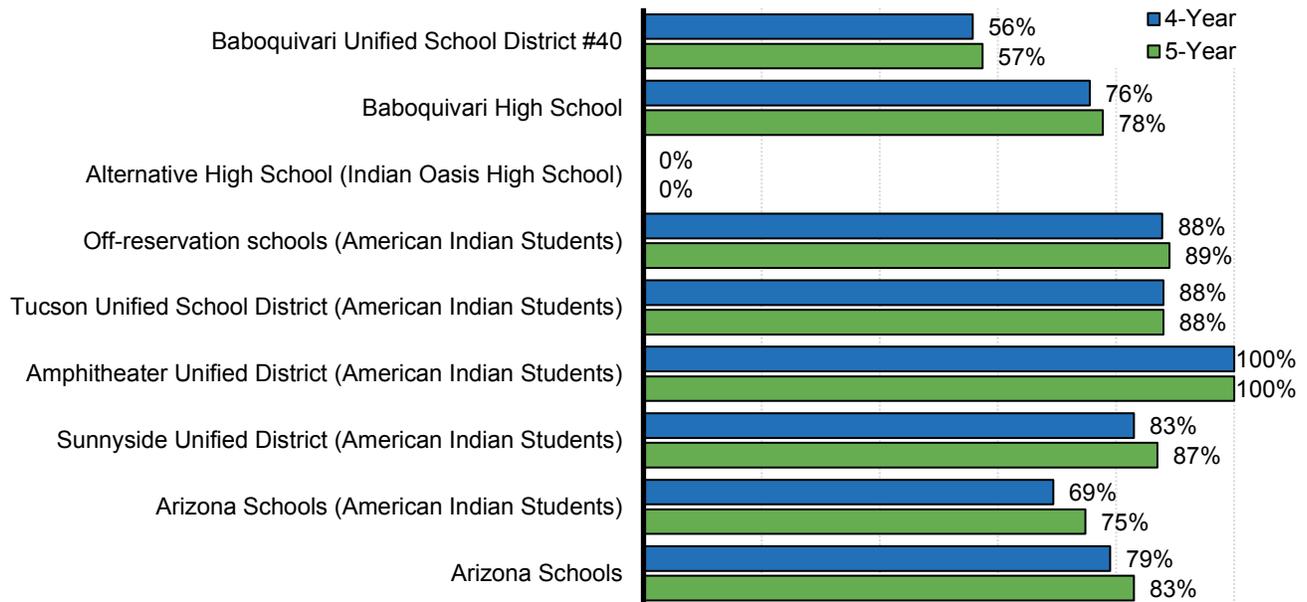
For more information about how schools in the region adapted and continued to provide services during the COVID-19 pandemic, see *The impact of the COVID-19 pandemic on services for families with young children in the Tohono O’odham Nation: A supplement to the 2022 Needs and Assets Report*.

Graduation Rates and Adult Educational Attainment

Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. Adults who 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.^{141,142} Increasingly, a high school education is necessary for employment in the U.S., with nearly two-thirds of all jobs in 2020 requiring more than a high school education.¹⁴³ Adults with lower educational attainment also tended to experience more economic challenges during the pandemic; adults with less than a high school diploma experienced more than twice the unemployment rate of adults with a bachelor’s degree or higher.¹⁴⁴

Graduation rates were available for Arizona Department of Education district schools in the Tohono O’odham Nation Region. In 2019, 76% of high school seniors at Baboquivari High School graduated in 4 years, and an additional 2% graduated in 5 years (Figure 41). This is slightly lower than the 4- and 5-year graduation rates across Arizona (79% and 83%, respectively) and for American Indian students at off-reservation schools attended by Tohono O’odham students (88% and 89%, respectively). Both 4- and 5-year graduation rates appear as 0% for the Indian Oasis (Alternative) High School. Key informants indicated that this likely reflects students transferring to Baboquivari High School, which is one of the goals of Indian Oasis High School.

Figure 41. Four- and five-year graduation rates, 2019



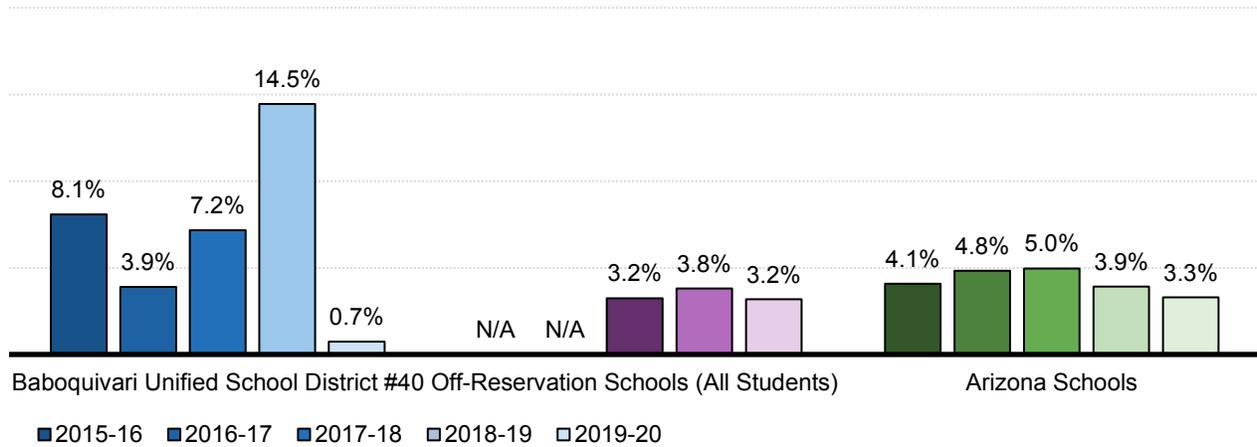
Source: Arizona Department of Education (2021). [Graduation dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CREDE) team

Note: The “Off-reservations schools” bars include data for American Indian Students attending schools in Tucson Unified School District, Amphitheater Unified District, and Sunnyside Unified District.

Drop-out rates in the BUSD varied between the 2015-16 and 2019-20 school years, from a high of 14.5% in 2018-19 to a low of less than 1% in 2019-20 (Figure 42

). Especially high drop-out rates at Alternative Indian Oasis Middle and High Schools in 2018-19 (22% and 52%, respectively) contributed to the high regional rates that year (Table 13). Drop-out rates at BUSD schools were higher than rates at schools across Arizona and off-reservation schools attended by Tohono O’odham students. Drop-out rates appeared to decrease across the board in 2019-20, likely due to changes to tracking and reporting when schools closed and transitioned to remote learning in early 2020.

Figure 42. Trends in drop-out rates, 2015-16 to 2019-20



Source: Arizona Department of Education (2021). [Dropout dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: Tucson Unified School District dropout rates are missing data from Cholla High School. Due to the way data were accessed from ADE, dropout rates for off-reservation schools were not available in 2015-16 or 2017-17.

Table 13. Trends in drop-out rates, 2017 to 2019

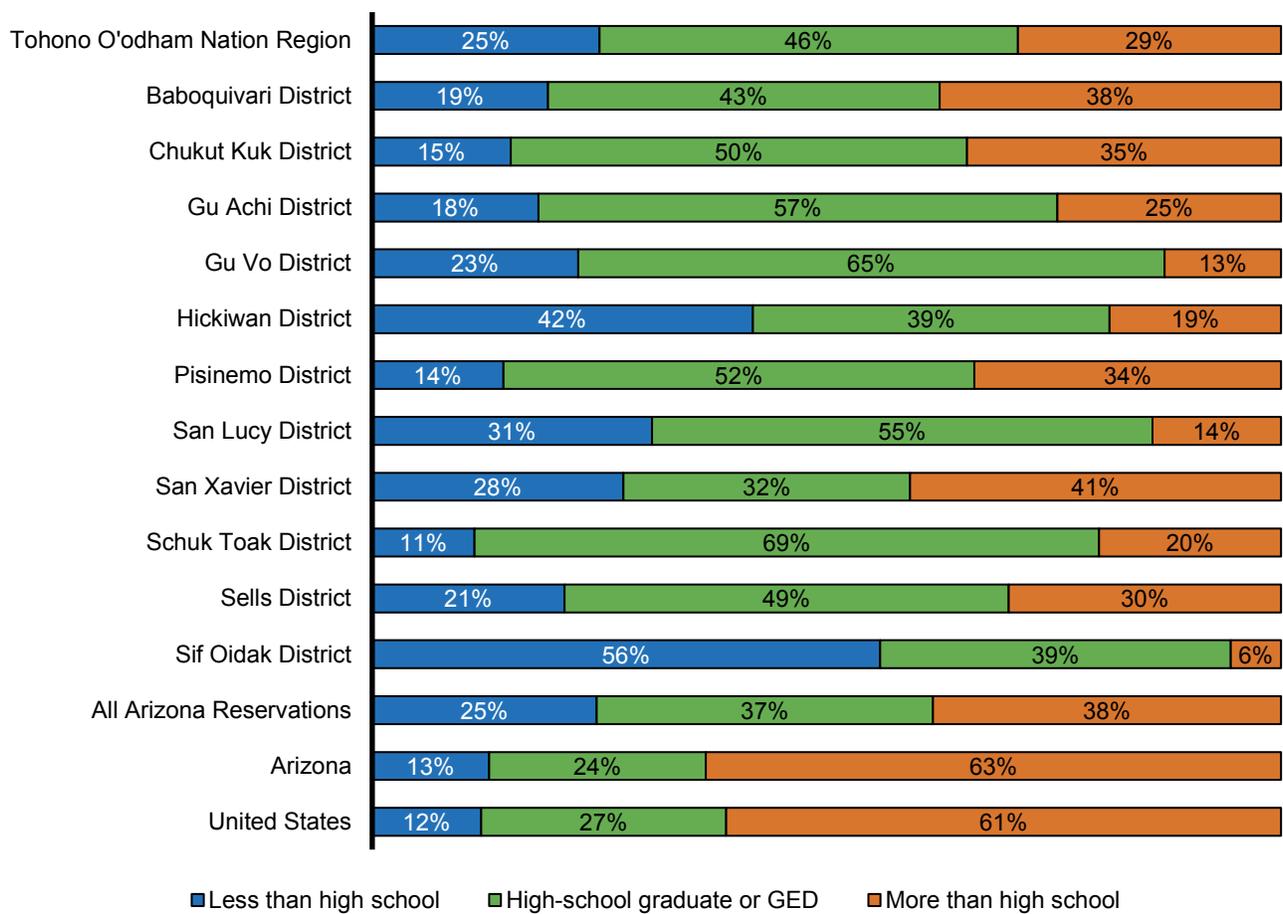
	2017	2018	2019
Baboquivari Unified School District #40	7%	14%	1%
Baboquivari Middle School	3%	7%	1%
Baboquivari High School	10%	13%	0%
Alternative Middle School (Indian Oasis Middle School)	13%	22%	0%
Alternative High School (Indian Oasis High School)	10%	52%	3%
Off-Reservation Schools serving Tohono O'odham Nation students (All Students)	3%	4%	3%
Tucson Unified School District* (All Students)	2%	3%	2%
Amphitheater Unified District (All Students)	6%	7%	8%
Sunnyside Unified District	3%	4%	3%
Arizona schools	5%	4%	3%

Source: Arizona Department of Education (2021). [Dropout dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: Tucson Unified School District dropout rates are missing data from Cholla High School.

Parental educational attainment has been shown to influence child educational outcomes.¹⁴⁵ Education is also a key mechanism for upward mobility; parents with higher educational levels typically secure higher incomes to support their families.¹⁴⁶ Higher maternal education, in particular, is linked to both cognitive and socio-emotional development as well as general health in young children.¹⁴⁷ According to the American Community Survey, educational attainment for adults aged 25 and older in the Tohono O’odham Nation Region is slightly lower than that of adults in all Arizona reservations (Figure 44). In both the Tohono O’odham Nation Region and across all Arizona reservations, one out of 4 adults did not complete high school. A smaller share of adults in the region completed more schooling than high school or a GED compared with all Arizona reservations (29% and 38%, respectively).

Figure 43. Level of education for the adult population (ages 25 and older)



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B15002

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

Data from the Arizona Department of Health Services (ADHS) indicate that, in 2018 and 2019, mothers giving birth had lower educational attainment than the general adult population in the region. A larger portion of mothers had less than a high school degree (30-40% compared with 25%), and a smaller

portion had completed high school (41-45% compared with 46%) or at least some college (19-25% compared with 29%) (Table 14, Figure 43).

Table 14. Level of education for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Tohono O’odham Nation Region	2018	142	[30% to 32%]	45%	[23% to 25%]
	2019	122	[36% to 39%]	41%	[19% to 22%]
Arizona	2018	80,539	17%	26%	57%
	2019	79,183	16%	27%	57%

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

Note: Mothers of twins are counted twice in this table.

With the high proportion of mothers with less than a high-school education, the region may benefit from programs that aim to simultaneously serve both young children and their parents. Such *two-generation programs* are designed to provide family-centered supports to low-income parents and their young children by providing access to education and workforce development for parents and high-quality early education for young children.^{148,149} Providing resources and programming to support parental and youth education can help grow the human capital of both.^{150,151}

A community-based program supporting educational success in the region is the Native American Advancement Foundation (NAAF), which was founded by a GuVo mother her son in 2010 in order to improve literacy in their village.^{xxviii} NAAF has since grown to include programs focused on education, health, housing, the environment, O’odham language and culture, food sovereignty, and animal welfare. NAAF offers after-school programming for the GuVo District and is working with other Districts to expand this model. After-school programming includes tutoring and study hours; traditional O’odham arts and craft classes; fitness classes and wellness counseling offered by the Healthy O’odham Promotion Program (HOPP); and team sports. As mentioned in the *Language Use and Preservation* section, NAAF also has a language immersion program for 2- to 4-year-olds that addresses school readiness. NAAF’s Summer Adventure program has a dual educational and cultural focus, including field trips to Kitt Peak Observatory, Pima Air & Space Museum, Biosphere 2 and cultural sites on the reservation. NAAF also supports adult education in the region. In partnership with Tohono O’odham Nation’s One Stop Division, NAAF offers GED classes 3 times a week along with laptops, internet, transportation, and testing preparation and administration. These additional supports can help overcome barriers young parents in the region experience in pursuing schooling and better job opportunities.

^{xxviii} For more information, see: <https://www.naafnow.org/education>

In addition to the One Stop Division, the Tohono O’odham Nation Department of Education has a Vocational Rehabilitation program and Education Assistance/ Higher Education services. The San Xavier Education Department also supports both child and adult educational attainment in the district through close collaboration with educational agencies, social services and families. It offers academic support through tutoring, summer programs, after-school programs, staff trainings, adult education, and financial assistance with books, stipends and other needed supplies.^{xxix}

The Tohono O’odham Community College (TOCC) is another significant asset in the region supporting educational attainment. TOCC is a 2-year college with diverse options for those who want to further their education. It offers a pre-college high school equivalency program, transfer programs, direct degrees and certificate programs.^{xxx} Student can obtain Associate degrees in early childhood education (AAECE), elementary education (AAEE) and social work as well as stackable certificates in early childhood education and social services, all of which can help create a high-quality early care and education workforce in the region.

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

^{xxix} For more information, see: <http://www.waknet.org/education.htm>

^{xxx} For more information, see: <https://tocc.edu/degrees/>



EARLY LEARNING

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.^{152,153} 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 two and a half years of age;¹⁵⁴ those disparities that persist until kindergarten tend to predict later academic problems.¹⁵⁵

Quality early care and education can positively influence children's overall development.^{156,157} This is particularly true for children in poverty.¹⁵⁸ Access to quality child care and classroom environments can provide enriching experiences children might not have access to at home. Children who attend 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.¹⁵⁹ Furthermore, early childhood programs help identify children with special needs and can provide targeted interventions that may reduce their risk of developmental delays and prevent preschool expulsion.^{160, 161} Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,^{162,163} as they are more likely to experience more adverse childhood experiences than typically developing children,¹⁶⁴ and are at an increased risk for maltreatment and neglect.^{165,166}

A statewide early care and education system that is accessible, affordable and high-quality is essential for the social and economic health of Arizona. Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to keep steady jobs and support their families.¹⁶⁷ Investment in programs for young children leads to increased education and employment, reduced crime and better overall health.^{168,169} The investment in early childhood is also potentially one of the most productive investments a community can make, with experts estimating that society gets back about \$8.60 for every \$1 spent on early learning programs.¹⁷⁰

What the Data Tell Us

Early Care and Education Programs

Child care and early education services in the Tohono O'odham Nation Region are licensed and regulated by the Division of Early Childhood Education within the Education Department. Early care and education options for families in the region include tribal child care centers, the Tohono O'odham Nation Head Start program, tribally-approved home providers, and the Baboquivari Unified School District Pre-K program. The Division of Early Childhood Education also contracts with private child care centers and home-based providers licensed by the Department of Economic Security (DES) in the

Tucson area. Key informants view these programs as strong advocates and messengers for positive early childhood development in the region.

Tohono O’odham Child Care Program

The Tohono O’odham Child Care Program assists tribal members with locating child care and accessing certificates or DES subsidies for which they might be eligible. To be eligible for child care and certificates, parents have to be employed or in a school or training program.

There are 4 tribally-operated child care centers that provide services to children 6 months to 3 years old under the Early Childhood Division. In 2019, the Child Care Program enrolled fewer than 40 children (<10 infants, 30 toddlers) while having a capacity to serve 48 (14 infants, 34 toddlers) (Table 15). Child Care Program centers are located in the communities of Sells, San Xavier, Santa Rosa, and Pisinemo. Key informants noted that the Sells and San Xavier centers, which are closer to urban areas where most parents work and live, operate at full capacity and often have waiting lists. There is no child care center in the northern region where demand is usually much lower. When families in this area need child care, they are usually recommended services off of the reservation in Casa Grande.

The Child Care Program also regulates home-based child care providers in the region. Providers need to have a background check, cardiopulmonary resuscitation (CPR) certification, food handler’s certification, and 40 hours of professional developmental training each year of operation. The Education Department assists applicants in completing these certifications, locating appropriate trainings, and paying any associated costs. In 2019, fewer than 10 children were served by in-home providers, 25 were served by group home providers, and 97 received certificates for child care (Table 16).

Table 15. Children enrolled in Child Care Program Centers, 2019

Center	2019				
	Infant Capacity	Infants Enrolled	Toddler Capacity	Toddlers Enrolled	Waitlist
Center-based care	14	<10	34	30	<10
Sells	<10	<10	12	12	<10
San Xavier	<10	<10	10	10	0
Santa Rosa	<10	<10	<10	<10	0
Pisinemo	<10	<10	<10	<10	0

Source: Tohono O’odham Nation Division of Special Needs (2022) [Child Care Program Dataset]. Unpublished data received by request.

Note: No preschool-age children are enrolled in these programs. *The child care centers closed in March 2020 during the pandemic. Enrolled children were provided weekly take-home packets and food boxes during the pandemic, but the program did not recruit or accept any new families.

Table 16. Children enrolled with other Child Care Program providers, 2019

Provider type	Ages Served	Enrollment
Total children enrolled with other providers	0-5	128
In-home providers	0-5	<10
Group home providers	0-5	25
Certificates	0-5	97

Source: Tohono O’odham Nation Division of Special Needs (2022) [Child Care Program Dataset]. Unpublished data received by request.

Note: In-home providers travel to the client’s home to provide child care. Group home providers provide child care from their own residence, usually for more children from multiple families.

Tohono O’odham Nation Head Start

The Tohono O’odham Nation Head Start program serves children in 7 centers throughout the Nation in the communities of North Komelik, Pisinemo, San Lucy, San Xavier, Santa Rosa, Sells, and Vaya Chin. The Head Start program runs on a 4-day week to match the calendar of the local school district. According to the 2019 Office of Head Start Program Information Report, the Tohono O’odham Nation Head Start program had a funded enrollment of 215 children, and the same number of children were enrolled during the 2018-19 school year (Table 17). According to key informants, Head Start centers operated remotely throughout the pandemic, providing weekly packets and virtual instruction at some locations.

The Tohono O’odham Nation Head Start program collaborates with local schools to help students transition to kindergarten. For instance, at Santa Rosa Ranch School, Head Start staff, school staff, and parents of incoming kindergarteners all meet to discuss the curriculum and school expectations. Incoming kindergarteners are also able to spend a day at the school in April to get a feel for what it will be like, and they are able to participate in a summer science, technology, engineering and math (STEM)-oriented camp over the summer if they want.

Table 17. Head Start Enrollment, 2018-19

	Children (ages 3-4) enrolled in Head Start (cumulative)	Total Funded Enrollment
Tohono O’odham Nation Head Start	215	215

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 18. Staff credentials at Tohono O'odham Nation Head Start, 2018-19

	Total Staff	Child Development Associate (CDA) Credential	AA in Early Childhood Education or Related Field	BA in Early Childhood Education or Related Field	Advanced Degree in Early Childhood Education
Head Start Classroom Teachers	11	8	0	1	0
Assistant Teachers	11	6	0	0	0

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

School-based preschool

The preschool program, based at Indian Oasis Elementary, started in school year 2012-13. The preschool had 4 classrooms serving 66 children in the 2019-20 school year, which decreased to 2 classrooms serving 32 students in 2021-22 (Table 19). Indian Oasis Elementary initiated virtual learning when the COVID-19 pandemic began and then transitioned to a hybrid model during the 2021-22 school year.

Key informants noted that the Indian Oasis Preschool program has a strong emphasis on early literacy, participating in Read On Arizona and its Summer Reading Program (see the *Parent Education and Early Literacy* section). The school’s curriculum integrates Tohono O’odham culture and language, starting in the preschool classrooms. Children in the program enter kindergarten familiar with the school’s structure and culture and prepared with learning fundamentals.

Table 19. Indian Oasis Preschool program, 2019-20 and 2021-22

	2019-20	2021-22
Total licensed capacity	98	98
Number of actual children enrolled	66	32
Number of children on the waiting list	10	15
Number of classrooms	4	2
Classroom size	20	15
Days of service	Mon.-Fri.	Mon.-Fri.
Daily cost, if any (full day)	\$0	\$0

Source: Tohono O'odham Nation Indian Oasis Preschool (2022) [Program information]. Unpublished data received by request.

Community-based early childhood collaboration

Community members from the Tohono O’odham Nation, Ak-Chin Indian Community, Gila River Indian Community and Salt River Pima-Maricopa Indian Community are initiating a collaborative movement to support early childhood programs and planning across the 4 tribal communities.^{xxxii} The Inaugural Early Childhood Symposium (*Wecij ’A’Al Ha-Mamşcamdam Hemapig*) will be held in October 2022 at the Tohono O’odham Community College with the theme “We will speak for our children.” The symposium aims to reflect upon how the communities define the early learning experiences of their children, how early childhood programs can meet the needs of the communities’ young children, and how to develop early childhood leaders within these communities.

Early Care and Education Availability

Table 20 summarizes the 2019 capacity and enrollment at the three early care and learning programs described above: the Tohono O’odham Nation Child Care Program, the Tohono O’odham Nation Head Start program and the Indian Oasis Preschool Program. In 2019, these centers had a combined capacity to serve 361 children and had 319 children enrolled. Including the 31 in-home and group-home providers licensed through the Child Care Program, early care and education providers in the region can serve about 55% of young children ages birth to 4 (based on data on the number of births in the region from the Arizona Department of Health Services, Figure 2).

Most of the early care and education capacity in the region is for the preschool age group. The Tohono O’odham Nation Head Start program alone has the capacity to serve more than two-thirds of the three- and four-year-olds born in the region (n= 317, Figure 2). Combined with the Indian Oasis Preschool program, there are enough slots for all three- and four-year-olds (99%), and 89% of these children were enrolled. This is much higher than the 39% of three- and four-year-olds across the state who are estimated to be enrolled in some type of school, according to the ACS 2015-19. Children who begin their education in high-quality early care and education programs repeat grades less frequently, score higher on standardized tests, have fewer behavior problems and are more likely to graduate from high school.¹⁷¹ This provides a return on investment to society through increased educational achievement and employment, reductions in crime and better overall health of children as they mature into adults.^{172,173}

^{xxxii} For more information, see: <https://sites.google.com/view/oodhampeeposhecesymposium2022/home>

Table 20. Total Center-Based ECE Programs, 2019 (pre-pandemic)

	Ages served	Capacity	Enrollment
Child Care Program- Centers	Ages 0-2	48	38
Child Care Program- In-home and group home providers	Ages 0-5	31	31
Head Start	Ages 3-4	215	215
Indian Oasis Preschool	Ages 3-4	98	66
Total Enrollment in Center-Based Programs	Ages 0-5	361	319*

Source: Tohono O'odham Nation Division of Special Needs (2022) [Child Care Program Dataset]. Unpublished data received by request. Tohono O'odham Nation Indian Oasis Preschool (2022) [Program information]. Unpublished data received by request. Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

*Totals reflects capacity enrollment in center-based programs within the Tohono O'odham Nation Region only. The 31 children receiving in-home or group home care licensed through the Child Care Program are not included in these totals.

The Center for American Progress estimates that 48% of Arizonans live in a “child care desert,” defined as an area where there are at least 3 times as many children as there are child care slots, meaning that the absence of accessible, affordable child care may be a barrier to employment.¹⁷⁴ Even more low-income (59%) and rural families (67%) live in a child care desert, making them disproportionately impacted by barriers to child care and therefore barriers to employment.¹⁷⁵ In the Tohono O’odham Nation Region, it appears that there is sufficient preschool capacity in the region, however there are scarce opportunities for infant and toddler early care and education.

Aside from the number of spots available in programs, key informants listed transportation as a key barrier to accessing child care and early learning opportunities. For example, child care and Head Start programs in Sells and San Xavier, which are closer to city centers where many parents work, operate at full capacity and often have waitlists. In other parts of the region, there are either smaller programs or no available options for child care. This means that families may have to drive long distances to access care, and sometimes the nearest providers are located outside of reservation boundaries.

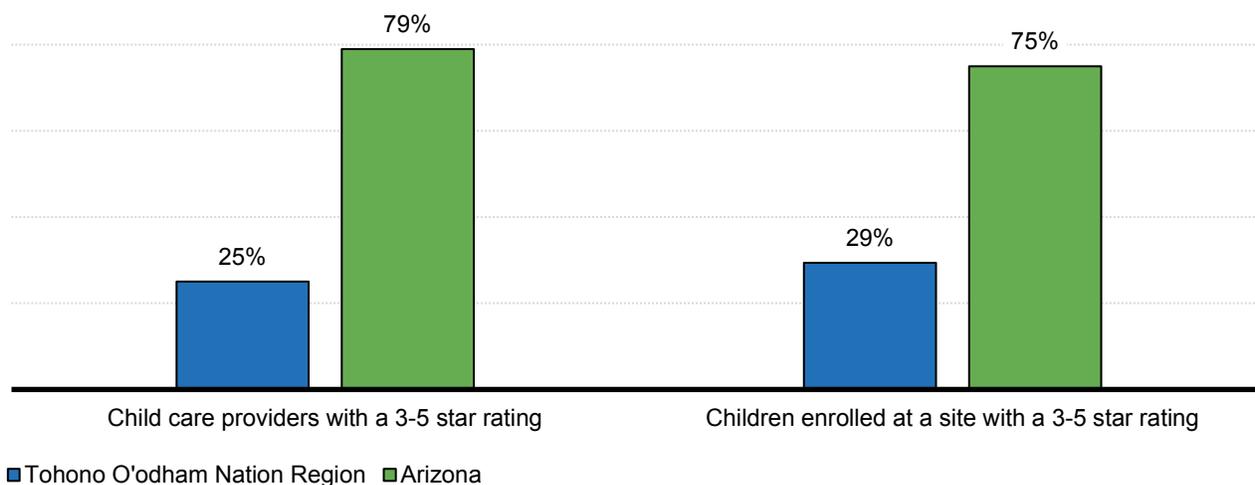
Quality First

All early care and learning centers in the Tohono O’odham Nation Region are enrolled in Quality First, Arizona’s Quality Rating and Improvement System (QRIS) for early child care and preschool providers. Beyond the basic goal of being a safe place for children, there are a number of different ways for a child care program to enrich a child’s experience. Quality settings include teachers and staff who know how to work with young children and offer hands-on activities, create learning environments that nurture the development of every child, and foster positive, consistent relationships and interactions that give children the individual attention they need.¹⁷⁶ The Quality First star rating system rates programs along a 1-5 continuum based on how they are implementing early childhood best practices. Providers are

considered quality educational environments by DES if they receive a Quality First 3-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).¹⁷⁷ Providers that meet these quality standards can receive higher reimbursement for serving children receiving child care subsidies from DES.¹⁷⁸

As of 2020, 2 of the 8 early care and education providers in the region met quality standards (3-star rating or higher). Of the 286 children enrolled at a center, 84 of them were enrolled in one of these Quality First provider sites (29%) (Figure 44).

Figure 44. Child care providers and children enrolled in sites with a 3–5-star rating, CY 2020



Source: *First Things First (2021). Quality First Summary Data. Unpublished data.*

Early Care and Education Affordability

The high cost of early care and education can place formalized care out of reach for many families. Child care subsidies provided by government agencies can help to offset families’ child care costs, reducing financial barriers to accessing child care and ensuring parents can remain employed and provide for their family’s needs.¹⁷⁹ Families in the Tohono O’odham Nation Region receive child care subsidies from the Tohono O’odham Nation Child Care Program, funded by the tribal Child Care and Development Fund (CCDF). Using a subsidy decreases the cost of care at a child care center in the region from \$310 per month to \$100 (

Table 21).

Table 21. Cost of care in the Child Care Program, 2019 to 2020

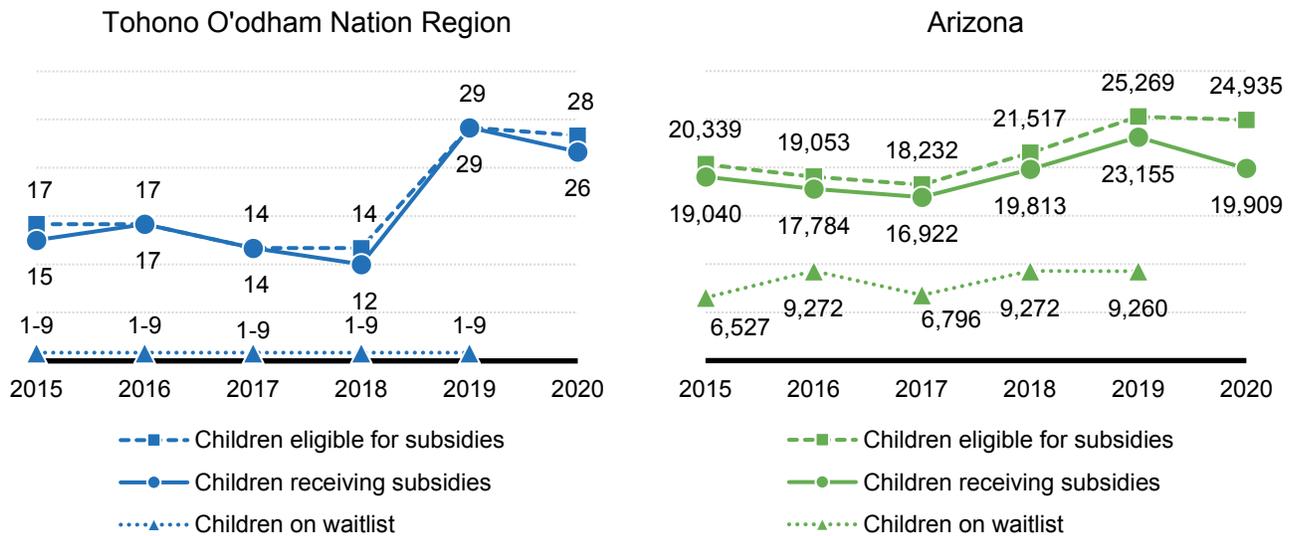
	2019	2020
Daily Cost	\$15	\$15
Average Monthly CCDF Subsidy	\$210	\$210
Average monthly parent co-pay for families receiving CCDF funding	\$100	\$100

Source: Tohono O'odham Nation Division of Special Needs (2022) [Child Care Program Dataset]. Unpublished data received by request.

In addition to the subsidies provided by the Tohono O’odham Child Care Program, some families in the region also receive child care subsidies from DES. Figure 45 shows data available on the number of young children eligible for and receiving child care subsidies from DES in the region. From 2015 and 2020, between 14 and 29 young children in the region were eligible for subsidies. Across these 6 years, nearly all children who were eligible for subsidies received them.

Between 1 and 9 children were on the waitlist for DES subsidies each year from 2015 to 2019, and no children were on the waitlist in 2020. In June 2019, the Arizona Department of Economic Security’s (DES) child care subsidy waiting list was suspended for the first time since the Great Recession. This means that all children who qualify for subsidies are able to receive them, assuming that they are able to find a provider.¹⁸⁰ This was due to \$56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the Arizona State Legislature. 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.¹⁸¹ With the suspension of the waiting list part way through the year, the number of children receiving DES child care subsidies increased substantially in 2019, both in the region and statewide (Figure 45). There was a notable decline from 2019 to 2020, reflecting the impact of the pandemic on out-of-home child care arrangements.¹⁸²

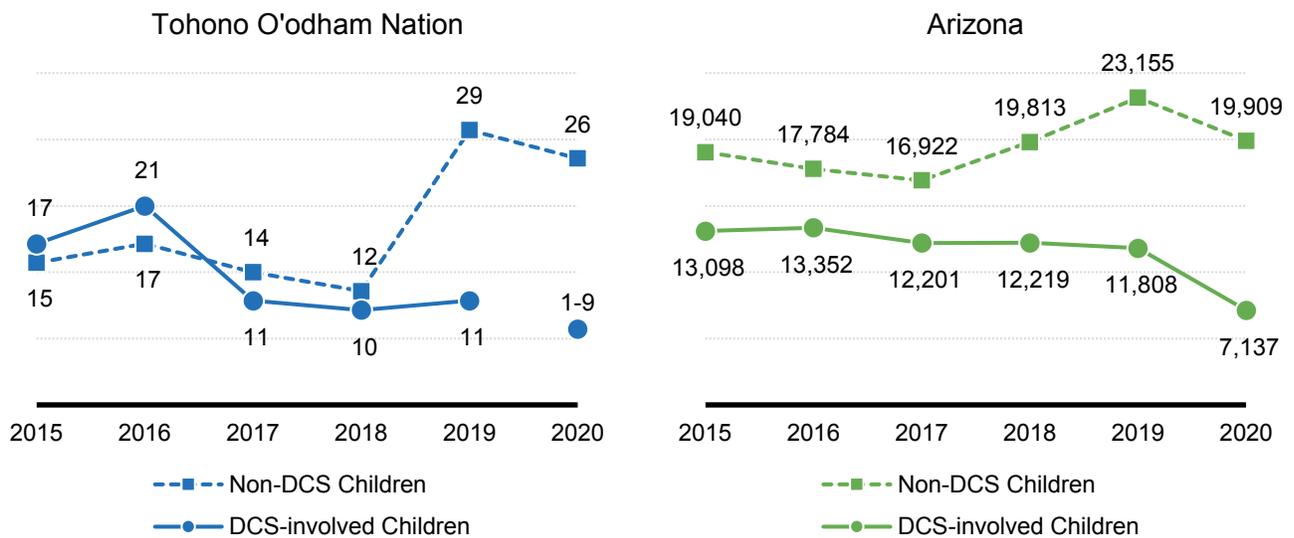
Figure 45. Numbers of children eligible for DES subsidies, receiving subsidies, or waitlisted, 2015 to 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

The Arizona Department of Child Safety (DCS) has a special arrangement with DES to prioritize child care subsidies to DCS-involved families. This partnership aims to help protect children from abuse and neglect by reducing caregiver stress and providing opportunities for children to interact with adults outside of the family who could help alert DCS to potential concerns.¹⁸³ In 2015 and 2016, more DCS-involved children than non-DCS-involved children were receiving DES subsidies in the region (Figure 46). However, this trend reversed in the following years. By 2020, fewer than 10 DCS-involved children were receiving DES subsidies.

Figure 46. Numbers of DCS and non-DCS involved children eligible for DES subsidies, receiving subsidies, or waitlisted, 2015 to 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Quality First scholarships are also available for eligible children ages 3 to 5 in the region to attend quality-rated programs.

Children with Special Health and Developmental Needs

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in more geographically remote and tribal communities. The U.S. Department of Health and Human Services defines children with special health care needs 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.”¹⁸⁴ Timely and appropriate developmental screenings can help to identify children who may have special needs. By identifying these children early, intervention can help young children with, or at risk for, developmental delays to improve language, cognitive and socio-emotional development.^{185,186} It also reduces educational costs by decreasing the need for special education.¹⁸⁷ In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),^{xxxii} the Division of Developmental Disabilities (DDD),^{xxxiii} and the Arizona Department of Education Early Childhood Special Education Program.^{xxxiv}

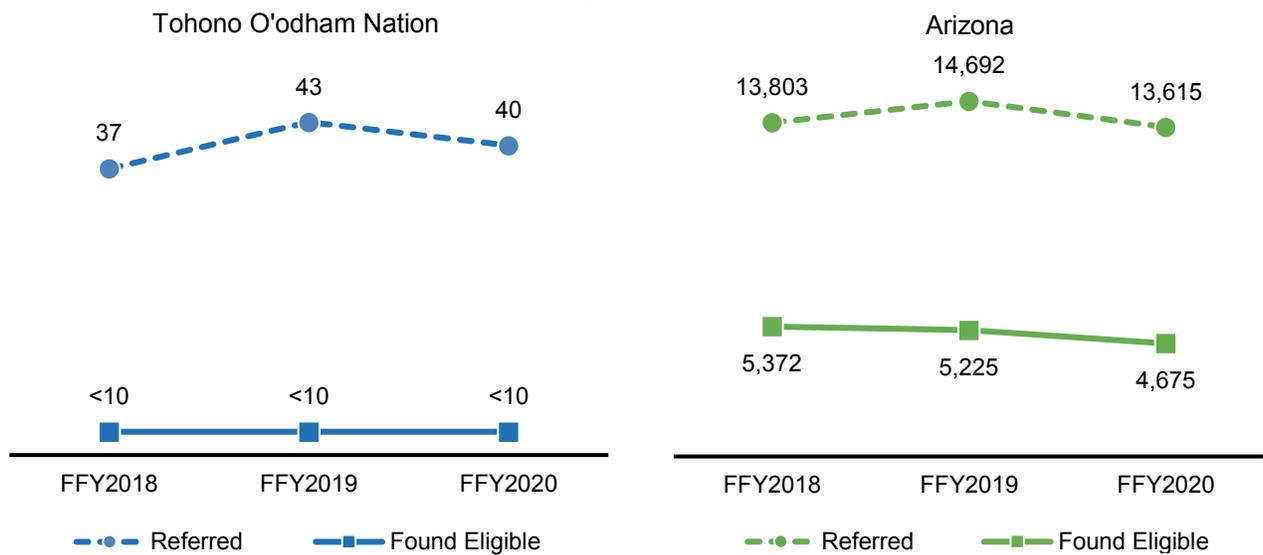
^{xxxii} For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

^{xxxiii} For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>

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

The Arizona Early Intervention Program (AzEIP)^{xxxv} is an interagency system of services and supports for families of young children (birth to 3) with disabilities or developmental delays in Arizona. AzEIP may refer families to the Division of Developmental Disabilities (DDD) if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.^{xxxvi,xxxvii} The Tohono O’odham Nation Region is served by three AzEIP providers: Arizona Cooperative Therapies, Dynamite Therapy and Easter Seals Blake Foundation. Depending on where on the reservation families reside, the AzEIP Central Referral System assigns cases to one of the providers listed above. An average of 40 children per year were referred to AzEIP between FY 2018 and FY 2020, and fewer than 10 children were served by AzEIP services each year (Figure 47). A national study suggests that about 13% of children ages 0 to 2 would typically qualify for early intervention services,¹⁸⁸ which suggests that between 52 and 77 young children in the region would be likely to benefit annually (based on estimated population numbers from ADHS on births in the region or the 2010 Census).

Figure 47. Children referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020



Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

AzEIP may refer families to the Division of Developmental Disabilities (DDD) if the child has, or is at risk for developing, a qualifying disability including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.^{xxxviii} DDD can provide services to individuals through

^{xxxv} For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

^{xxxvi} DDD provides services to individuals with qualifying disabilities through adulthood. Qualifying children may receive services from both AzEIP and DDD.

^{xxxvii} For more information on the Division of Developmental Disabilities (DDD) eligibility see <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

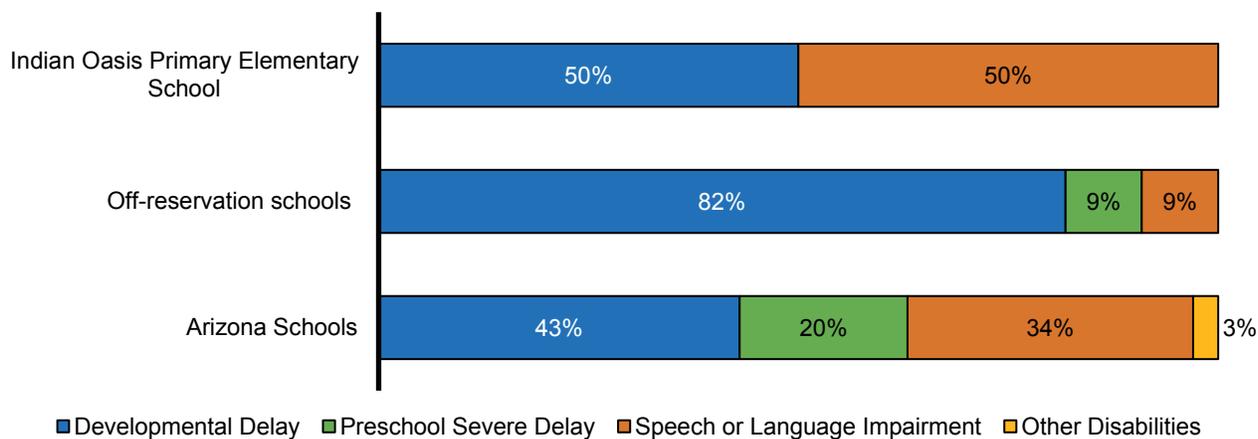
^{xxxviii} For more information, see <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

adulthood. Qualifying children may receive services from both AzEIP and DDD. In the Tohono O’odham Nation Region, fewer than 10 young children received services through DDD each year from FY 2017 to FY 2020.

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start. In the Tohono O’odham Nation Region, Child Find services are provided by the Baboquivari Unified School District, and by Sunnyside School District for those children living in the San Xavier District.

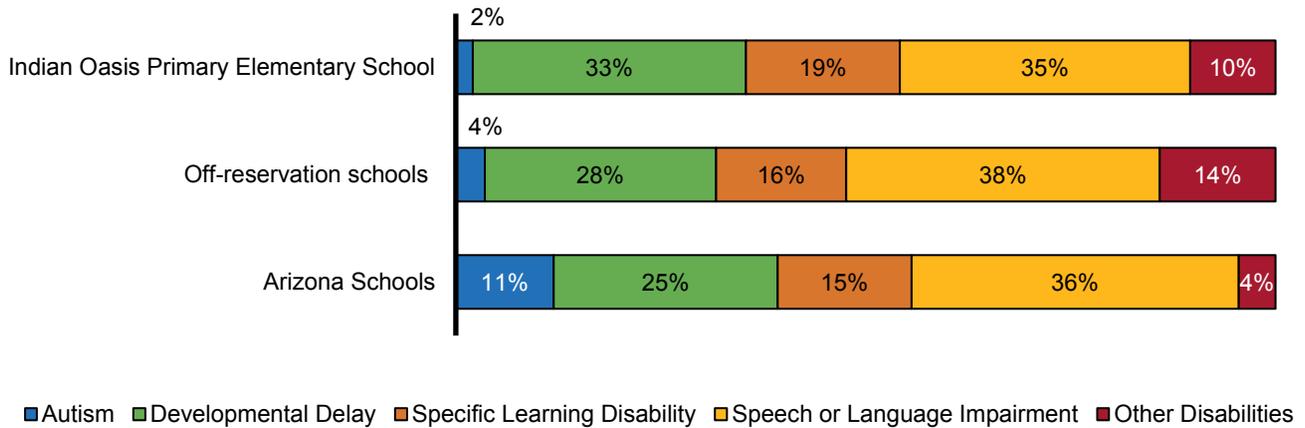
Within the Baboquivari School District, most of the preschoolers at Indian Oasis Elementary were enrolled in special education in the 2019-20 school year. Half of these children had a diagnosis of developmental delay, and half were diagnosed with speech or language impairment (Figure 48). This contrasts with the diagnoses of children attending off-reservation schools that serve Tohono O’odham students, where less than 10% of students enrolled in special education had a speech or language impairment. In the same year, 48 kindergarten through 3rd grade students at Indian Oasis Elementary were enrolled in special education (14% of K-3 students). More than one third of these students had a diagnosis of speech or language impairment (35%), 33% had a diagnosis of developmental delay, 19% had a specific learning disability diagnosis, and 10% were diagnosed with other disabilities (Figure 49).

Figure 48. Preschoolers with disabilities enrolled in special education at Indian Oasis Elementary School by disability type, 2019-20



Source: Arizona Department of Education (2021). [Special Needs dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Figure 49. Kindergarten to 3rd grade students with disabilities enrolled in special education at Indian Oasis Elementary School by disability type, 2019-20



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

Developmental screenings are also provided by the Tohono O’odham Nation Head Start program and the Special Services program under the Nation’s Department of Education. All newly-enrolled children in the Tohono O’odham Nation Head Start Program receive developmental, sensory, and behavioral screenings within the first 45 days (Table 22). Thirteen percent of children enrolled in 2020 (n=28) had an Individualized Education Program (IEP). All of those children were diagnosed with speech or language impairments as their primary disability (Table 23), the most common diagnosis across early care and education settings in the region. Key informants indicated that speech and language delays have increased since the start of the beginning of the pandemic and the resulting limitations to stimulating, in-person early care options.

Table 22. Screenings for children enrolled in Tohono O’odham Nation Head Start, FY2019

	Children (ages 3-4) newly enrolled in Head Start	Received developmental, sensory, and behavioral screening within 45 days	Required follow-up assessment or evaluation
Tohono O’odham Nation Head Start	101	100%	0%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 23. Children with disabilities enrolled in the Tohono O’odham Nation Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children with an IEP	Children with speech/language impairment	Children with developmental delay
Tohono O’odham Nation Head Start	215	28	100%	0%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Children with special needs in the Tohono O’odham Nation Region can also receive support from Tohono O’odham Nation Department of Health and Human Services Division of Special Needs, which served 18 children (ages 0 to 5) in 2019 and 10 children in 2020. Within the Division of Special Needs, the Special Needs Program provides patient advocacy and case management services, as well as transportation to off-reservation appointments with specialty providers. It also facilitates the coordination of services between Tohono O’odham Nation Health Care (TONHC) and Children Rehabilitative Services (CRS), currently being managed by Arizona’s Medicaid (AHCCCS), and provides specialty medical devices that patients’ insurance or AHCCCS may not cover. Staff with the Division of Special Needs serve as advocates to families in the region on a variety of areas including supporting parents whose children have an IEP in place. Special Needs program staff are able to accompany parents to IEP meetings and help families when children transition into the school system. Across 2019 and 2020, 15 children ages birth to 5 participated in this program (Table 24). The program provided 153 home visits and 28 instances of client support (including clothing and hygiene supplies) in addition to the advocacy, IEP support, and client team meetings provided for a portion of the 15 participants (Table 25).

Another program within the Division of Special Needs is the First Things First-funded Maternal and Child Health Advocates Program, which served 11 children between 2019 and 2020. Staff members in this program work closely with pregnant women and families with young children in the region to provide home-based educational activities. The program focuses on those families whose children are currently not participating in early childhood care and education programs. Using the ASQ Ages and Stages screening, the staff are able to identify developmental delays and refer families to AzeIP for further evaluation. In 2019 and 2020, all 11 children in the program were given an intake assessment, and fewer than 10 received the ASQ screening (Table 24). The program provided home learning toolkits, food boxes, diaper assistance, clothing, and books to participating families (Table 25). Additionally, the Maternal and Child Health Advocates Program advocates do community presentations and workshops throughout the different districts in the Tohono O’odham Nation. The topics of these workshops are determined based on the needs that they see in the program’s home-visits. Workshops are open to the community at large, and often both immediate caregivers and extended family members of young children participate. Staff from other programs in the region serving young children, such as the Child Care Program centers, also take advantage of the workshops.

The Division of Special Needs also runs the Family Spirit Home Visiting Program. The evidence-based Family Spirit model is a culturally-adapted behavioral intervention that supports parents beginning in pregnancy until the child is 3-years-old.^{xxxix} In 2019 and 2020, fewer than 10 children participated in home-based education through the Family Spirit program (Table 24). Key informants saw both the Maternal and Child Health Advocates Program and Family Spirit Program as assets in the region, especially for families who are not able to access out-of-home care. However, key informants also

^{xxxix} For more information, see: <https://cih.jhu.edu/programs/family-spirit-home-visiting-program/>

thought these services were underutilized in the community, and information about the benefits of participating could be advertised more.

Table 24. Children ages 0-5 with special needs by program, 2019 to 2020

	2019	2020	Total (2019-2020)
Total	18	10	28
Special Needs Program	12	<10	15
Maternal and Child Health Advocates Program	<10	<10	11
Family Spirit	<10	<10	<10

Source: Tohono O'odham Nation Division of Special Needs (2022) [Special Needs Dataset]. Unpublished data received by request.

Table 25. Services provided for children ages 0-5 with special needs, 2019 to 2020

Services provided	Program	2019	2020	Total (2019-2020)
Advocacy	Special Needs Program	<10	<10	<10
Home Visits	Special Needs Program	93	60	153
IEP/School Support	Special Needs Program	<10	<10	<10
Client Support: Clothing, Hygiene supplies	Special Needs Program	15	13	28
Client Team Meetings	Special Needs Program	<10	<10	<10
Food box	Special Needs Program & Maternal and Child Health Advocates Program	13	13	26
Diaper Assistance	Maternal and Child Health Advocates Program	<10	<10	<10
Clothing	Maternal and Child Health Advocates Program	0	0	0
Home Learning Toolkits	Maternal and Child Health Advocates Program	0	<10	<10
Book Distribution	Maternal and Child Health Advocates Program	<10	11	16
Home-based Education	Family Spirit Program	<10	<10	<10

Source: Tohono O'odham Nation Division of Special Needs (2022) [Special Needs Dataset]. Unpublished data received by request.

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



CHILD HEALTH

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. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.^{189,190} Experiences during the prenatal and early childhood period can result in lifelong impacts on immune functioning, brain development, and risk for chronic diseases.^{191,192} Early health also has lasting impacts on long-term economic well-being and the well-being of their future children, with poor childhood health potentially perpetuating the harmful cycle of intergenerational poverty.^{193,194} Therefore, adequate access to health insurance, preventive care and treatment services are not only vital to support a child's current health, but for their long-term development and future success.^{195,196,197}

One useful set of metrics 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 children and mothers fall in relation to these national benchmarks (Healthy People 2020)^{xl,198} 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 Healthy People 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.¹⁹⁹

What the Data Tell Us

Access to Care

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.^{200,201} 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.²⁰² 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.^{203,204} Access to health insurance is also an important indicator of children's access to health services. Children who lack health insurance are more likely to be hospitalized and to miss school.²⁰⁵

^{xl} Data included in this report are presented alongside Healthy People 2020 benchmarks because data are available through 2019. For more information about Healthy People 2030 visit <https://health.gov/healthypeople>

As a result of the Indian Self-Determination and Education Assistance Act (P.L. 93-638) (ISDEAA), federally-recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members through what are known as “638 contracts.” Through this process, ISDEAA enables tribes to self-determine how funding will be distributed based on the tribe’s own identified needs and priorities. Effective July 2016, the Tohono O’odham Nation entered into a self-governance compact with IHS. Through this compact, the Tohono O’odham Nation now directly manages Tohono O’odham Nation Health Care (TONHC, formerly Sells Service Unit) and operates the health care programs, services, functions and activities that were previously conducted by IHS. TONHC manages 4 health care centers: Sells Hospital, Santa Rosa Health Center, San Simon Health Center, and San Xavier Health Center.

Key informants noted that TONHC was faced with challenges occasioned by the pandemic while still in the midst of the organization’s adaptation to the administrative transition. Staff shortages regularly required clinical personnel to take on administrative roles, further diminishing clinical capacity. Key informants relayed that, prior to the pandemic, TONHC and the Department of Health and Human Services had established procedures to facilitate coordination and collaboration such as quarterly update meetings and partnership on emergency preparation, communicable diseases, community health, lactation programs through WIC, and special services. The pandemic, however, disrupted some of these efforts. As the pandemic-related circumstances allow for a return to more regular services, TONHC and the Department of Health and Human Services plan to continue working together on long term goals. Key informants believe that, after the acute needs of the pandemic level out, compacting will help health services in the region coordinate better and refocus from reactive to proactive health care.

Key informants reported that lower clinical capacity and transportation were the greatest barriers to accessing care during the pandemic. For instance, due to both staffing vacancies and the shifting of clinical functions toward the pandemic response, the availability of clinical staff to provide routine health care visits to children was significantly diminished. In order to concentrate available staff in areas of critical need, Santa Rosa Health Center closed early in the pandemic. Clinical care remained available at Sells Hospital, San Simon Health Center and San Xavier Health Center. Aside from clinical capacity, transportation was mentioned by key informants as a barrier to health care access because tribally-operated transportation was not available and many residents did not want to take public transportation with others who could potentially be sick.

In 2022, there were approximately 15,000 active users at TONHC (defined as those who had 1 or more visits during the previous 3 years) (

Table 26. Active users at Tohono O’odham Nation Health Care, 2022

	CY 2022
Children ages 0-5	1,871
Children ages 0-17	8,185
Total (all ages)	15,000

Source: Tohono O'odham Nation Health Care (2022) [Health Dataset]. Unpublished data received through correspondence.

Note: Active user is defined as someone who had one or more visits over the previous 3 years.

). Key informants reported that the majority of these patients were seen at San Xavier Health Center and Sells Hospital. Over half of these active users were children under 18 (8,185, 55%), and 1,871 (13%) were children under 6. The number of active users far exceeds the number of children estimated to be living within the reservation boundaries (3,690 children ages 0 to 17 based on tribal enrollment). This is likely due to the fact that TONHC serves Tohono O'odham children living on and off the reservation as well as children who may be affiliated with other tribal nations. Key informants indicated children seeking services at San Xavier Health Center were especially likely to live outside of the region's boundaries or have a different Tribal affiliation.

Table 26. Active users at Tohono O'odham Nation Health Care, 2022

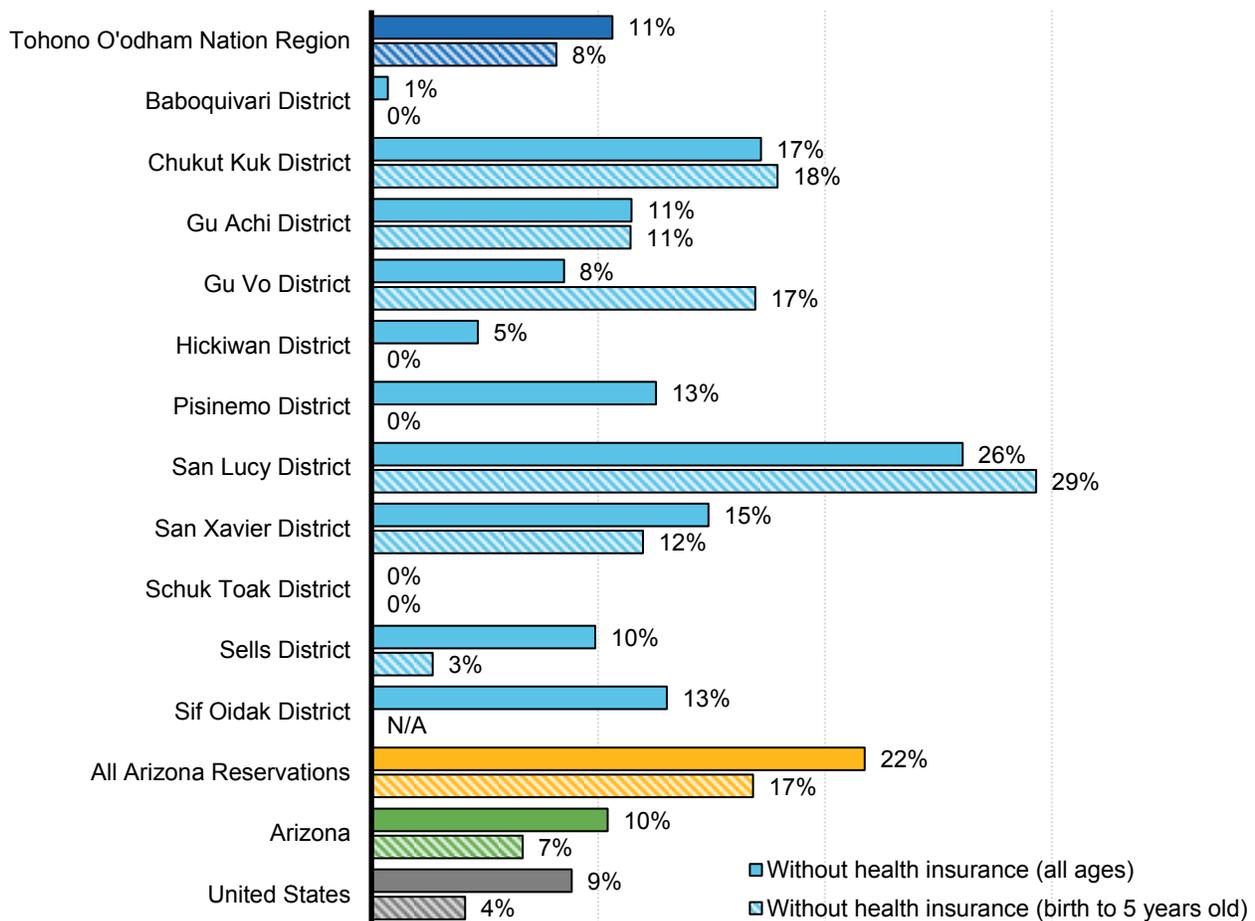
	CY 2022
Children ages 0-5	1,871
Children ages 0-17	8,185
Total (all ages)	15,000

Source: Tohono O'odham Nation Health Care (2022) [Health Dataset]. Unpublished data received through correspondence.

Note: Active user is defined as someone who had one or more visits over the previous 3 years.

A key factor to accessing health care is health insurance. According to estimates from the American Community Survey (ACS), 8% of young children and 11% of the region's total population were estimated to be uninsured (Figure 50). These proportions are similar to rates of uninsurance across the state (7% of young children and 10% of the total population, respectively) and much lower than across all Arizona reservations (17% and 22%, respectively). Rates of young children without health insurance varied by district, with larger shares of young children without health insurance in San Lucy District (29%), Chukut Kuk District (18%), and GuVo District (17%). It is important to note that the U.S. Census Bureau does not consider services provided by IHS, Tribally-operated 638 health care facilities, or Urban Indian Organizations (from now on referred to collectively as I/T/U) to be insurance coverage, and Tohono O'odham Nation members with or without health insurance may access all of their healthcare through TONHC, TONHC Purchased Referred Care, and through other I/T/U locations.

Figure 50. Health insurance coverage, 2015-2019 ACS

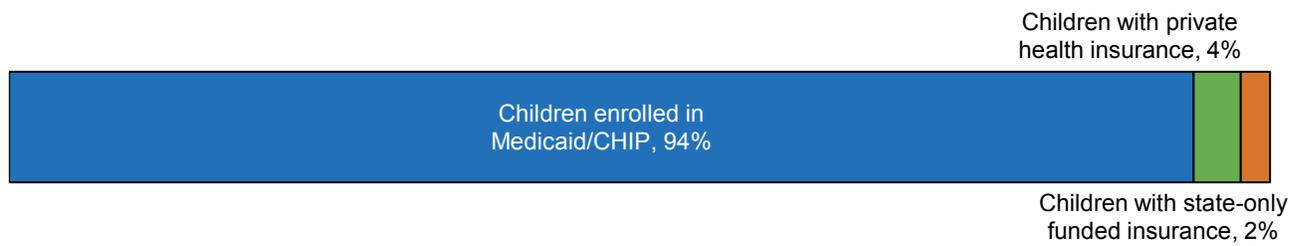


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

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" by the U.S. Census Bureau.

Data on health insurance status was also available from the Office of Head Start Program Information Report for 2019 for the Tohono O’odham Nation Head Start program. All of the 215 children enrolled, (100%) had health insurance, with the majority enrolled in AHCCCS (94%) (Figure 51). Of those children, almost all were up-to-date on age-appropriate preventive and primary health care (97%) and had an ongoing source of accessible care (94%) (Table 27). Key informants corroborated that almost all pediatric patients at TONHC are insured. In rare cases, young children may be temporarily uninsured due to changes in guardianship.

Figure 51. Health insurance status for children enrolled in Tohono O'odham Nation Head Start, FY2019



Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 27. Access to health care for children enrolled in Tohono O'odham Nation Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children with ongoing source of accessible health care	Children up to date on primary and preventative care
Tohono O'odham Nation Head Start	215	91%	97%

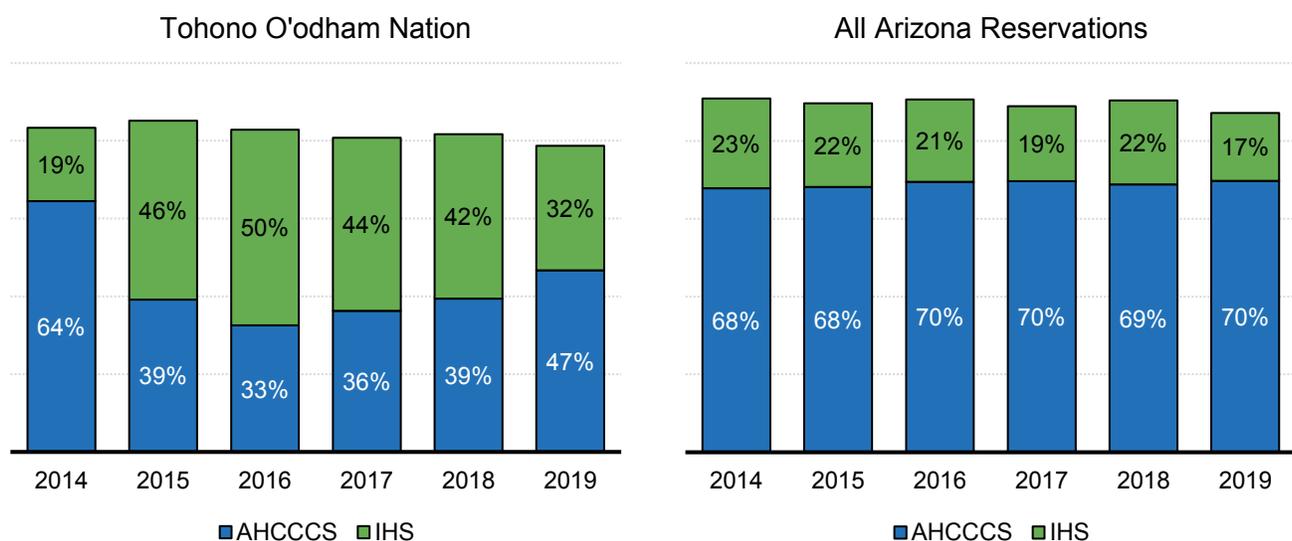
Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Key informants shared that a high portion of patients at TONHC are enrolled in AHCCCS, and the health care system has a department dedicated to facilitating enrollment in Medicare/Medicaid. High coverage rates through AHCCCS can offer benefits both at the individual and community levels. Community members who enroll in AHCCCS can gain increased access to health care services by being able to receive care through AHCCCS providers. Key informants shared that, because of the close proximity of the region to both Phoenix and Tucson, many members seek specialty care at facilities outside of the region including Phoenix Indian Medical Center (PIMC) and Tucson Medical Center (TMC). Tohono O'odham Nation residents who are enrolled in AHCCCS can get these referred services covered through TONHC Purchased Referred Care. Additionally, pregnant women and children up to age 19 can receive retroactive AHCCCS coverage for the previous quarter if they would have qualified in any one of the 3 months prior to applying for it. At the community level, tribes can benefit when their healthcare system bills AHCCCS, Medicare, or private insurance for health care services rendered and uses collections from these third-party payors to support and improve ongoing healthcare operations. The funds collected can therefore be of benefit to the tribal community as a whole.

Key informants indicated that, because there is no labor and delivery unit within the reservation, the vast majority of births to mothers in the region take place at the off-Nation facilities mentioned above. According to data from the Arizona Department of Health Services (ADHS) on the payor for births, in the 2014- 2019 period between 19% and 50% of births were paid for by IHS, and 33% to 64% of births were paid for by AHCCCS (Figure 52). Note that payor or birth data come from the birth certificate

form completed by hospital staff or other birth attendants at the time of delivery. Options for the principal source of payment for the delivery on the form do not explicitly include Tribally-operated 638 health care facilities, or Urban Indian Organizations. Key informants indicated that births paid for by Tohono O’odham Nation Health Care (TONHC), which transitioned from IHS to tribal administration in 2016, are likely to be included in the IHS option. While there may be lower rates of health insurance coverage at the time of birth, almost all young children in the region are quickly enrolled in health insurance, as depicted in Figure 50. Because of retroactive AHCCCS coverage available to pregnant and post-partum women, it is possible that a portion of the births indicated as paid for by IHS were actually paid for by AHCCCS.

Figure 52. Births paid by AHCCCS and IHS, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: These data are from the birth certificate form completed by hospital staff or other birth attendants at the time of delivery. Options for the principal source of payment for the delivery include: 1) AHCCCS (Medicaid or comparable State program), 2) CHAMPUS/TRICARE, 3) IHS (Indian Health Services), 4) Private insurance (Blue Cross/Blue Shield, Aetna, etc.), 5) Self-pay (No third party identified), 6) Unknown, or 7) Other. Key informants indicated that payments made by Tohono O’odham Nation Health Care (TONHC), which transitioned from IHS to tribal administration in 2016, are likely to be included in the IHS option on the Arizona Certificate of Live Birth Worksheet.

‘Tohono O’odham Nation’ data reflect births to all mothers whose home address is within the First Things First Tohono O’odham Nation Region boundaries. ‘All Arizona Reservations’ data reflect births to American Indian mothers residing on Arizona reservations.

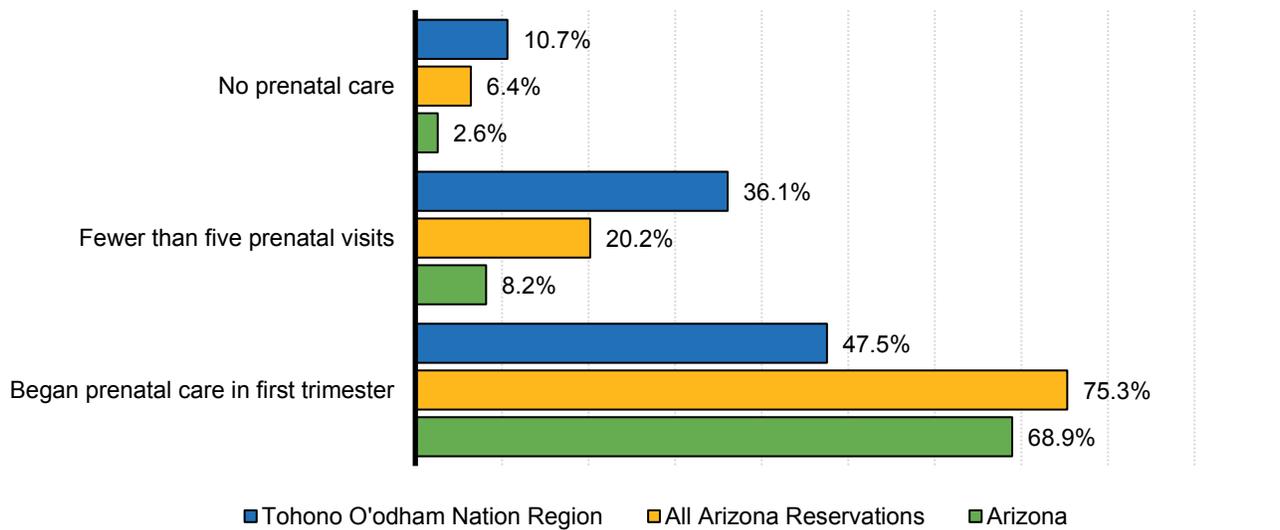
Prenatal care

Consistent and accessible health care during and after pregnancy is critical for supporting pregnant mothers and young children. Prenatal care, starting early in pregnancy and continuing at regular intervals to delivery, can improve health outcomes for mothers and infants and reduces the risk of prenatal smoking, pregnancy complications, prematurity, and maternal and infant mortality.^{206,207,208,209}

In 2019, there were 122 births in the Tohono O’odham Nation Region. Out of these births, just under

half (47.5%) were to mothers who began prenatal care in their first trimester, which is lower than the state overall (68.9%), all Arizona reservations (75.3%) and the Healthy People 2020 target (84.8%) (Figure 53). Over one-third of births (36.1%) were to mothers who had fewer than 5 prenatal visits, and 10.7% were to mothers who had no prenatal care at all. Inadequate prenatal care in the region suggests that mothers and infants are at higher risk of poor health outcomes. Looking at trends over time, births to mothers with inadequate prenatal care generally increased from 2015 to 2019 (Figure 54). Births to women who had no prenatal care were highest in 2018 at 13%, and births to women with fewer than 5 prenatal visits were highest in 2017, at almost 40%.

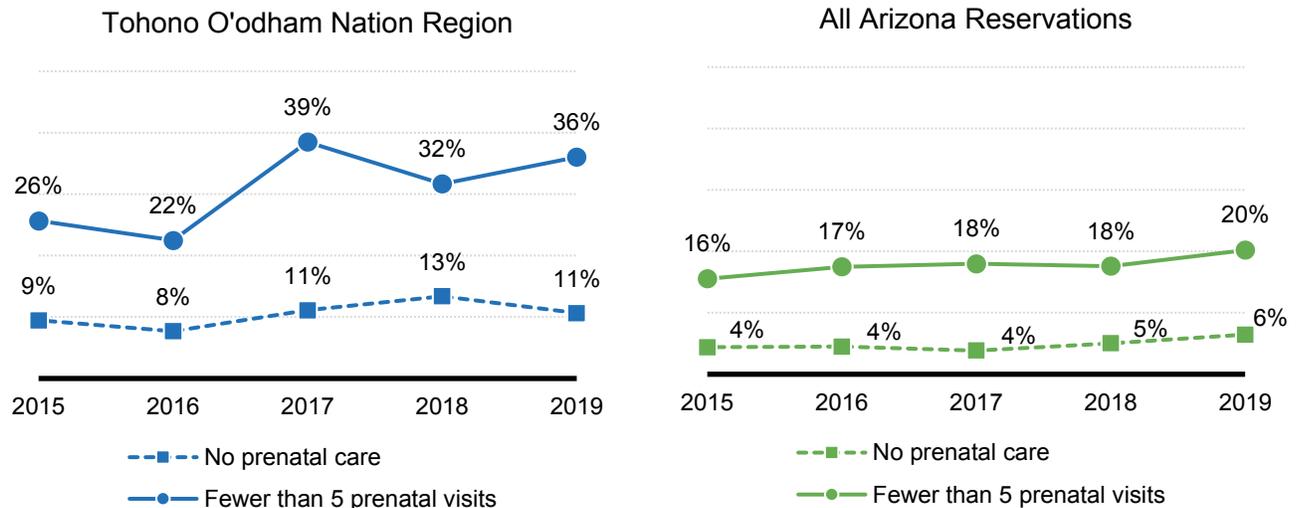
Figure 53. Prenatal care for the mothers of babies born in 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this figure.

Figure 54. Births to mothers with inadequate prenatal care, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in these figures.

Maternal characteristics

Certain maternal characteristics can increase the risk of poor health outcomes for both mothers and their babies. A mother's health status before, during and after pregnancy influences her child's health. A mother's use of substances, such as drugs and alcohol, has implications for her baby. Pregnancy during the teen years is also associated with a number of health concerns for children, including neonatal death, sudden infant death syndrome and child abuse and neglect.²¹⁰ Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden unexpected infant death (SUID), and have weaker lungs than babies born to mothers who do not smoke.^{211, 212}

Data on maternal characteristics are available from the Arizona Department of Health Services (ADHS) and the Inter-Tribal Council of Arizona Women Infants and Children (ITCA WIC) program. The percent of births to teenaged mothers in the Tohono O'odham Nation Region has fluctuated but generally declined, from a high of 6.1% in 2015 to a low of 2.8% in 2018 (Table 28). As of 2019, the percent of births to mothers under 18 was higher in the region (4.9%) than across all Arizona reservations (3.7%) and across the state (1.5%) (Figure 55).

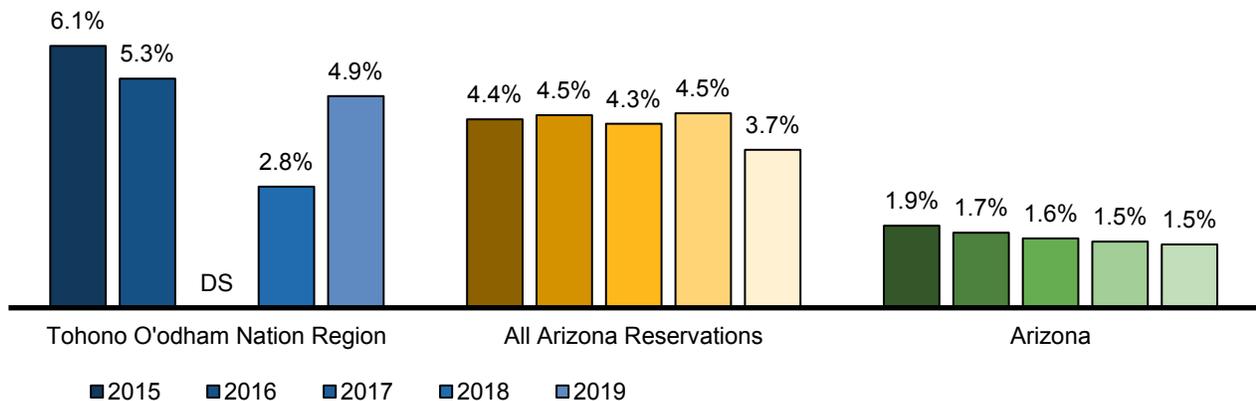
Table 28. Selected characteristics of mothers giving birth, 2018 to 2019

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Birth was covered by AHCCCS	Birth was covered by IHS	Mother had gestational diabetes	Mother had pre-pregnancy obesity	Mother used tobacco during pregnancy
Tohono O'odham Nation Region	2018	142	3%	8%	39%	42%	21%	21%	[1 to 4%]
	2019	122	5%	13%	47%	32%	21%	59%	[1 to 4%]
All Arizona Reservations	2018	1,990	5%	11%	69%	22%	N/A	N/A	4.0%
	2019	2,180	4%	10%	70%	17%	N/A	N/A	3.2%
Arizona	2018	80,539	2%	6%	50%	1%	8%	29%	4.5%
	2019	79,183	1%	5%	49%	1%	9%	30%	4.3%
Healthy People 2020 target									1.4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this table.

Figure 55. Births to mothers younger than 18, 2015 to 2019



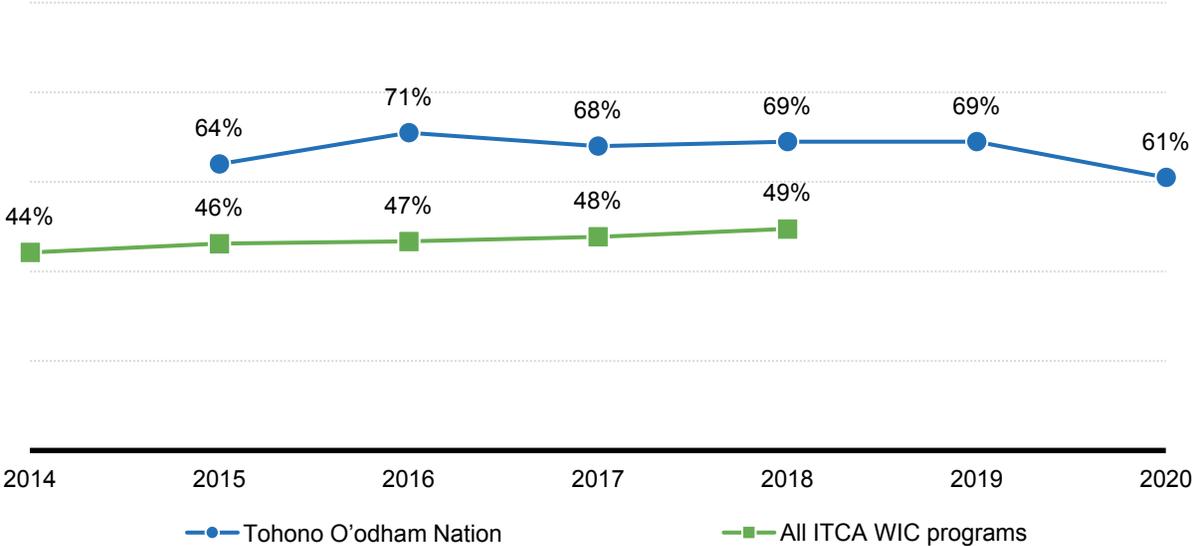
Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this figure.

Rates of gestational diabetes and pre-pregnancy obesity were also higher in the region than the state as a whole. In both 2018 and 2019, 21% of births were to mothers with gestational diabetes (compared with 8-9% statewide) (Table 28). The percent of births to mothers with pre-pregnancy obesity increased substantially from 21% in 2018 to 59% in 2019.^{xli} Maternal obesity is associated with increased risk of birth complications and neonatal and infant mortality.^{213,214} In addition to health implications early in life, babies of mothers with obesity are at an increased risk for chronic conditions in childhood and adulthood, including asthma, diabetes and heart disease.²¹⁵

Additional data on the pre-pregnancy weight status of women giving birth in the region were available from the Tohono O’odham Nation WIC program. From 2015 to 2020, pre-pregnancy obesity rates for WIC-enrolled women in the region were substantially higher than those for women in all ITCA WIC programs combined (Figure 56). The pre-pregnancy obesity rate for women in the region’s WIC program in 2019 was 10% higher than what was reported by ADHS for all women giving birth in the region that year (59%) (Table 28).

Figure 56. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018

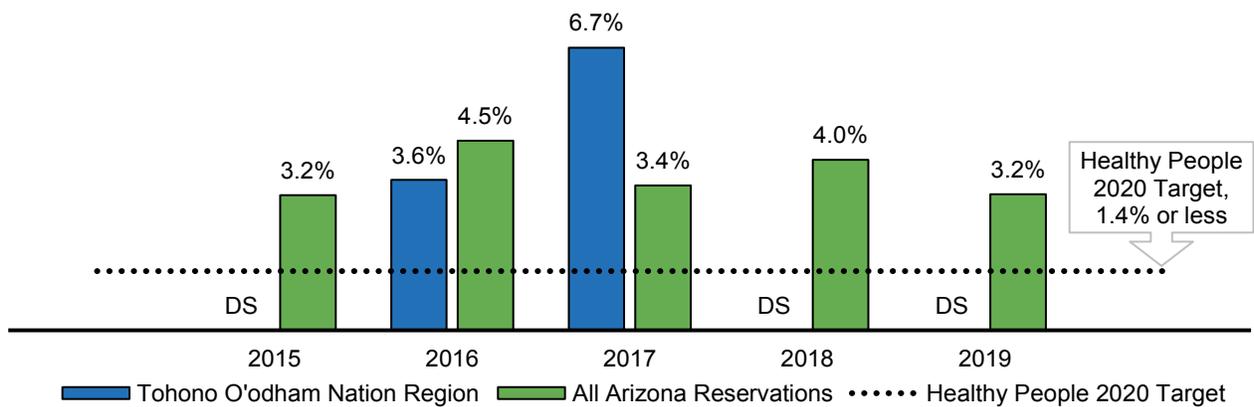


Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

^{xli} Between 2018 and 2019, the number of mothers giving birth who were considered overweight before pregnancy decreased from 65.5% to 18.9%. This indicates that the large increase in the proportion of mothers with pre-pregnancy obesity in these two years could reflect mothers who were very close to the 30.0 Body Mass Index (BMI) cut-off between overweight and obesity rather than a substantial change in nutrition.

Births to mothers who used tobacco during pregnancy decreased from a high of 6.7% in 2017 to between 1 and 4% (suppressed in 2018 and 2019), which encompasses the Healthy People 2020 target of no more than 1.4% (Figure 57). Data from the Tohono O’odham Nation WIC program differ from what is reported by ADHS, showing that less than 1% of WIC-enrolled children were exposed to tobacco in the household between 2016 and 2020 (Figure 58). Data from both sources are collected through self-reporting, and there may be reasons why parents would not want to report smoking in the household, especially to their regular WIC provider.

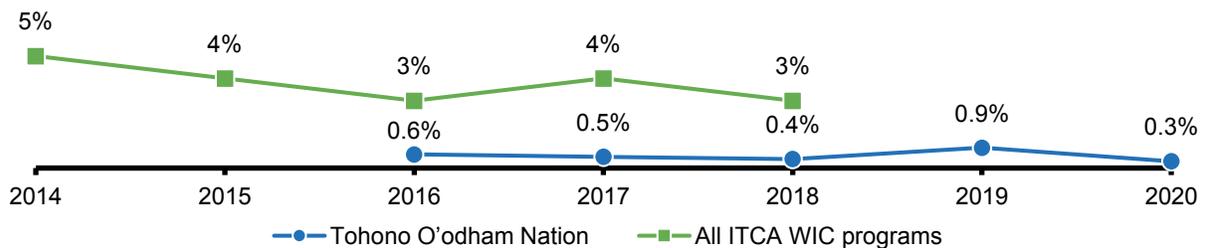
Figure 57. Births to mothers who used tobacco during pregnancy, 2015 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: ‘All Arizona Reservations’ reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this figure.

Figure 58. WIC-enrolled children exposed to smoking in the household



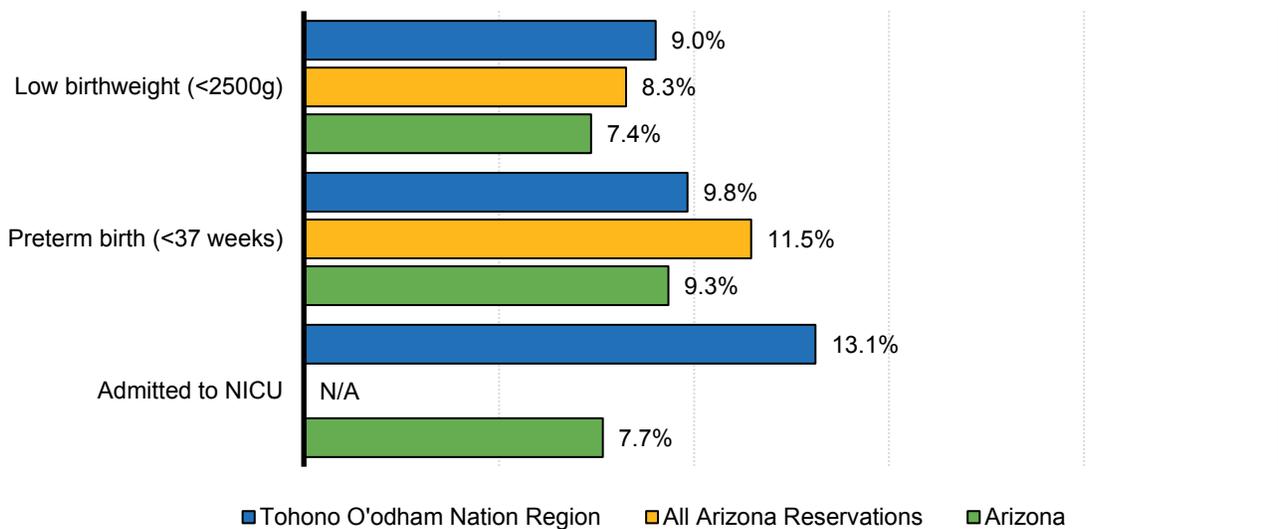
Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Birth outcomes

Babies born at a low birth weight (less than 5 lbs., 8 ounces) are at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.^{216,217} Preterm birth (less than 37 weeks' gestation) is associated with higher infant and child mortality and often results in longer hospitalization, increased health care costs and long-term impacts like physical and developmental impairments.^{218,219} Newborns are admitted into neonatal intensive care units (NICUs) for numerous reasons that can vary across medical providers and have implications for the short and long-term health of babies.²²⁰ While NICU admissions may be an indicator of important health concerns in newborns, including low birth weight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.²²¹

With regard to perinatal health, babies born in the Tohono O'odham Nation Region were doing slightly worse than babies born statewide. In 2019, about 1 in 11 babies born (9%) were low birthweight, about 1 in 10 (9.8%) were born before 37 weeks, and about 1 in 8 (13.1%) were admitted to the neonatal intensive care unit (NICU) (Figure 59). Rates of each of these birth outcomes was higher in the region than across the state.

Figure 59. Selected birth outcomes, calendar year 2019



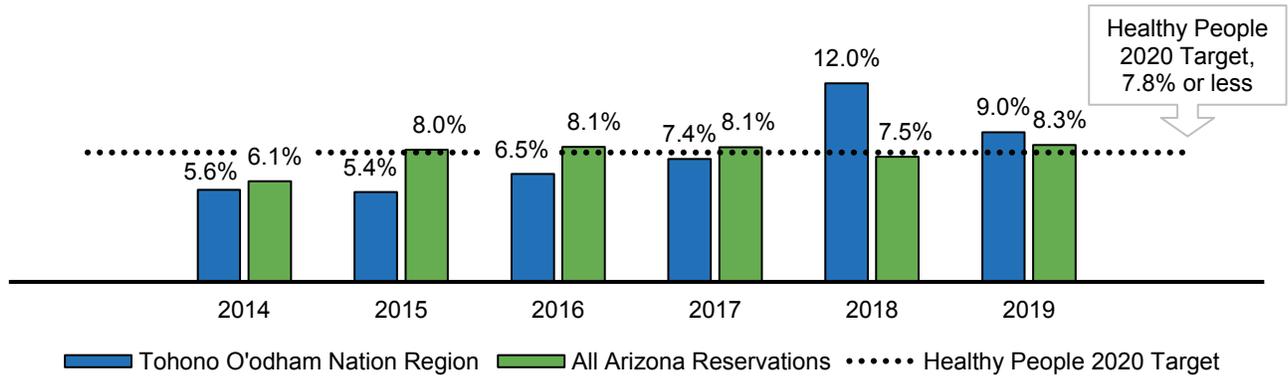
Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

From 2014 to 2017, rates of low birthweight births in the Tohono O'odham Nation Region were lower than across all Arizona reservations and met the Healthy People 2020 target of less than 7.8% of babies born at low birth weight (Figure 60). However, the portion of low birthweight births jumped to 12% in 2019 and remained higher than all Arizona reservations in 2019 (9%). Similarly, the percent of births that were preterm increased from below the Healthy People 2020 target of 9.4% or less to 15.5% in 2018 and remained higher in 2019 at 9.8% (Figure 61). This trend also held up for the proportion of babies

born who were admitted to the NICU, which was suppressed from 2014 to 2017 and increased to 13% in 2019 (Figure 62).

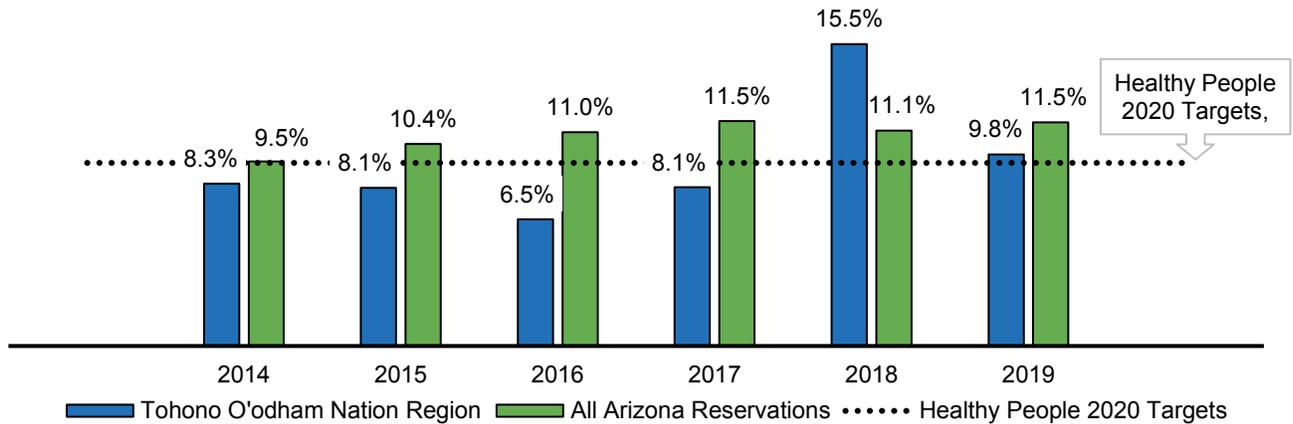
Figure 60. Low birthweight births (less than 2,500 grams), 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

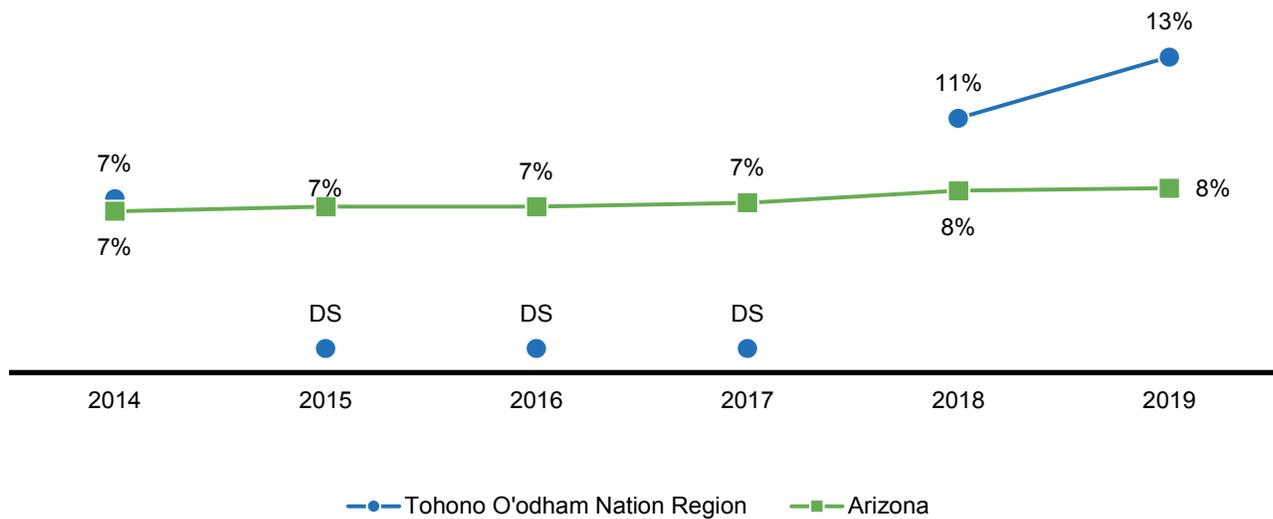
Figure 61. Preterm births (less than 37 weeks gestation), 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

Figure 62. Babies admitted to a neonatal intensive care unit (NICU), 2014 to 2020



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

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, SUID, overweight, and type 2 diabetes.²²² The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for one year or longer.²²³ In the Tohono O’odham Nation WIC program, nearly three out every four infants enrolled in WIC (73%) were ever breastfed or given human milk, and 16% were breastfed for 6 or more months (Table 29). Each year from 2016 to 2020, the percent of infants with breastfeeding initiated was slightly higher in the region than all ITCA WIC programs (Figure 63). However, the percent of infants breastfed at 6 months was lower in the region than across all ITCA WIC programs.

Higher rates of breastfeeding initiation may partly be due to collaboration between Tohono O’odham Nation Health Care (TONHC), the Tohono O’odham Nation WIC program, and the Tohono O’odham Nation Health and Human Services Maternal Child Health (MCH) Program. Part of the mission of the MCH program is to “promote and encourage breastfeeding for all prenatal and post-partum women.”^{xlii} The program does so by initiating phone calls and home visits with identified prenatal women, providing assistance and information about breastfeeding to post-partum women, and participating in breastfeeding meetings with TONHC and the Tohono O’odham Nation WIC program.

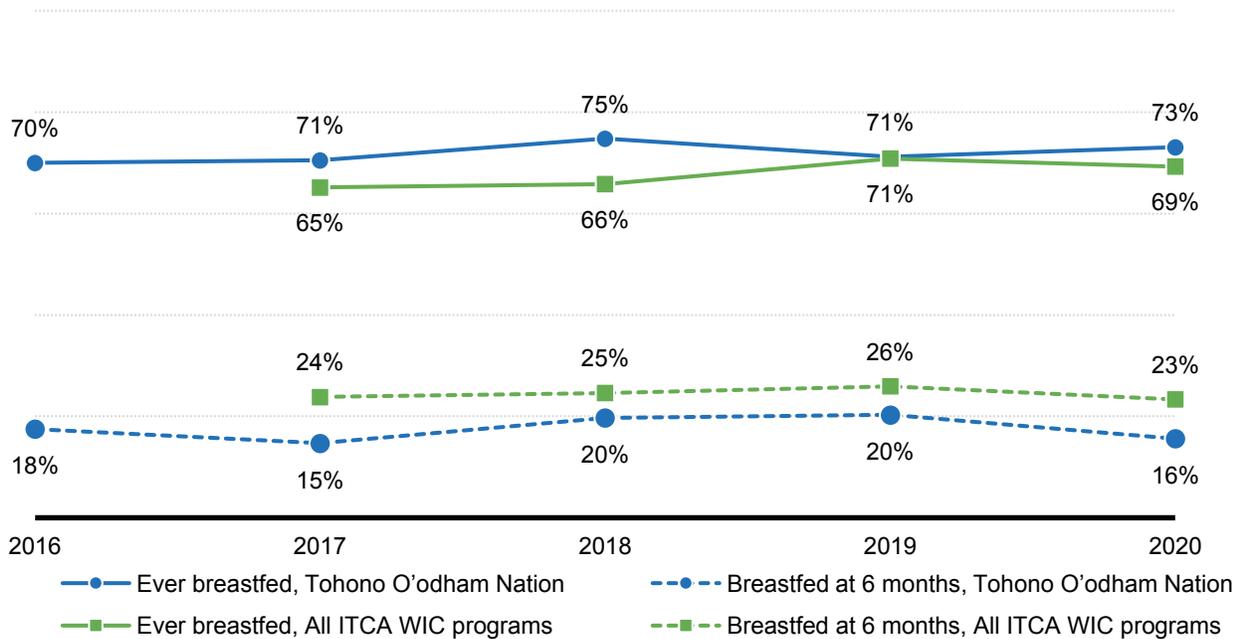
^{xlii} For more information, see: <http://www.tonation-nsn.gov/health-human-services/community-health-services/maternal-child-health-program/>

Table 29. Breastfeeding status for WIC enrolled infants, 2020

Geography	Infants For Whom Breastfeeding Status Is Determined (2020)	Infants Ever Breastfed (2020)	Infants Ever Breastfed (2020)	Infants Breastfed For 6+ Months (2020)
Tohono O’odham Nation	197	73%	144	16%
All ITCA WIC programs	1,754	69%	729	23%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Figure 63. Breastfeeding rates for WIC-enrolled infants



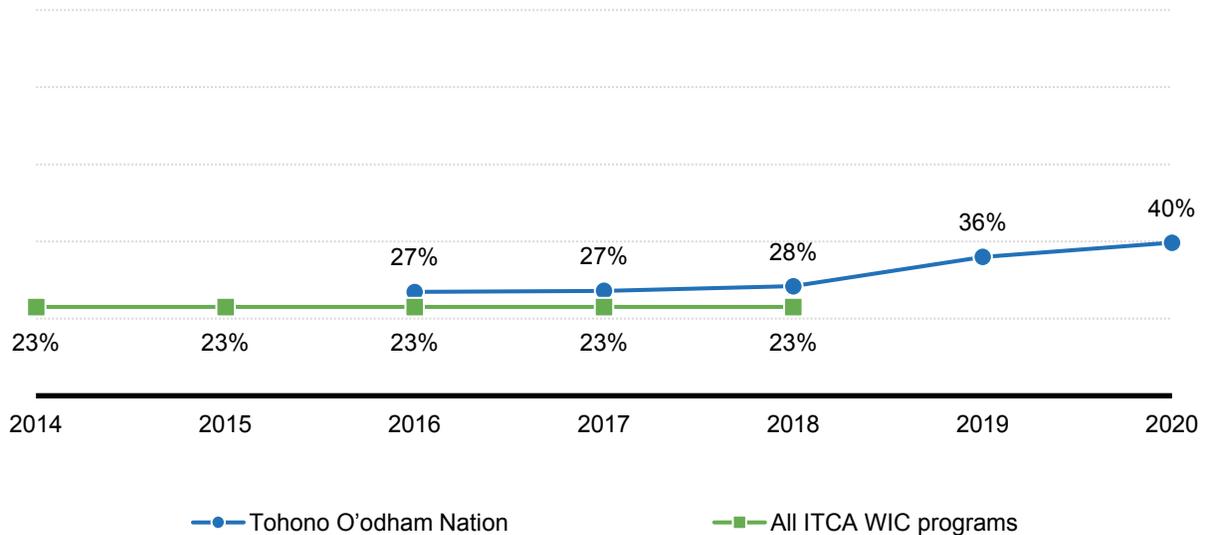
Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

A child’s weight status can have long-term impacts on health and well-being. Nationwide, an estimated 19% of children (ages 2-19) are obese and 4% are underweight, numbers that have both increased in recent years.^{224,225} Obesity can have negative consequences on physical, social and psychological well-being that begin in childhood and continue into and throughout adulthood.²²⁶ 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).^{227, 228}

From 2016 to 2020, the percent of two- to four-year-olds enrolled in the Tohono O’odham Nation WIC program with obesity steadily increased from 27% to 40%, while the percent remained the same across all ITCA WIC programs (23%) (Figure 64). This means that in 2020, approximately 154 WIC-enrolled

young children in the region had obesity. The Indian Health Service set a national target for young children with obesity of a 22.6% or lower, meaning that Tohono O’odham Nation Region has not met this target in recent years.

Figure 64. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018



Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Key informants spoke about the increase in childhood obesity, which is beginning to manifest as type 2 diabetes in adolescents in the region. Easy access to unhealthy, processed foods and sugar sweetened beverages is seen as an important contributor to overweight and obesity. It was also noted that there are few options for recreation and healthy activity, and recreation centers were closed during the pandemic.

One asset in the region is the Healthy O’odham Promotion (HOP) Program run by the Tohono O’odham Nation Department of Health and Human Services, which provides diabetes and nutrition education at wellness centers located in 9 communities across the reservation.^{xliii} A challenge the program is trying to tackle is changing perceptions of exercise from only running in a gym to any number of fun recreational activities that can also involve the whole family. During the pandemic, HOP put on innovative virtual events as well as food distribution services.

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.²²⁹ In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health

^{xliii} <http://www.tonation-nsn.gov/health-human-services/healthy-oodham-promotion-program/>

of American Indian and Alaska Native (AI/AN) children.²³⁰ Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate that is 3 times than that of non-Hispanic White children. The most recent data available from the 2018-19 IHS oral health survey of children ages 1 to 5 found that rates of cavities and untreated tooth decay are declining for AI/AN children nationwide. Despite this improvement, more than half of young children (54%) have early childhood cavities.

According to the Inter Tribal Council of Arizona’s Oral Health Surveillance report, access to dental care for active IHS users of all ages in Arizona remained steady between 2013 and 2018 with nearly 80% having at least 1 dental encounter. Access to care, however, was generally lower for children birth to 5 and decreased over time from 68% in 2013 to 53% in 2018. Dental sealant encounters for young children who were IHS active users in Arizona also decreased in this time period to less than 10% in 2018. Topical fluoride is another common tooth decay prevention method. Among Arizona young IHS users, about two-thirds of children ages 3 to 5 received at least 1 topical fluoride treatment each year between 2013 and 2018. In that same period, however, the proportion of children birth to 2 receiving topical fluoride treatments decreased sharply from 61% to 40%.²³¹ These data suggest that there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

Families with young children in the Tohono O’odham Nation Region can access dental services at each of TONHC’s 4 locations (Sells Hospital, San Simon Health Center, San Xavier Health Center, and Santa Rosa Health Center). Key informants relayed that TONHC had a robust pediatric fluoride program, however dental services were not available during the pandemic, and dental decay has been increasing as a result. Data were available on dental care for children enrolled in Tohono O’odham Nation Head Start (Table 30). In 2019, a high proportion of children enrolled had continuous, accessible dental care (89%). About 3 out of 4 children were receiving preventive dental care (77%) and had a professional dental exam (74%). Just under half of children enrolled at Head Start in 2019 needed dental treatment (47%), and a large portion of these children received the needed dental treatment (39%, 83% of the children needing dental treatment).

Table 30. Dental care for children enrolled in Tohono O'odham Nation Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children with continuous accessible dental care	Children receiving preventative dental care	Children with professional dental exam	Children needing dental treatment	Children receiving dental treatment
Tohono O'odham Nation Head Start	215	89%	77%	74%	47%	39%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Immunizations and Infectious Disease

Vaccination against preventable diseases protects children and the surrounding community from illness and potentially death. Childhood vaccinations also have long-term effects on the physical, social and economic welfare of children, their families and their communities.²³² In order to attend licensed child care programs and schools, children must obtain all required vaccinations or obtain an official

exemption, which can be requested based on a specific medical condition or based on personal or religious beliefs.²³³

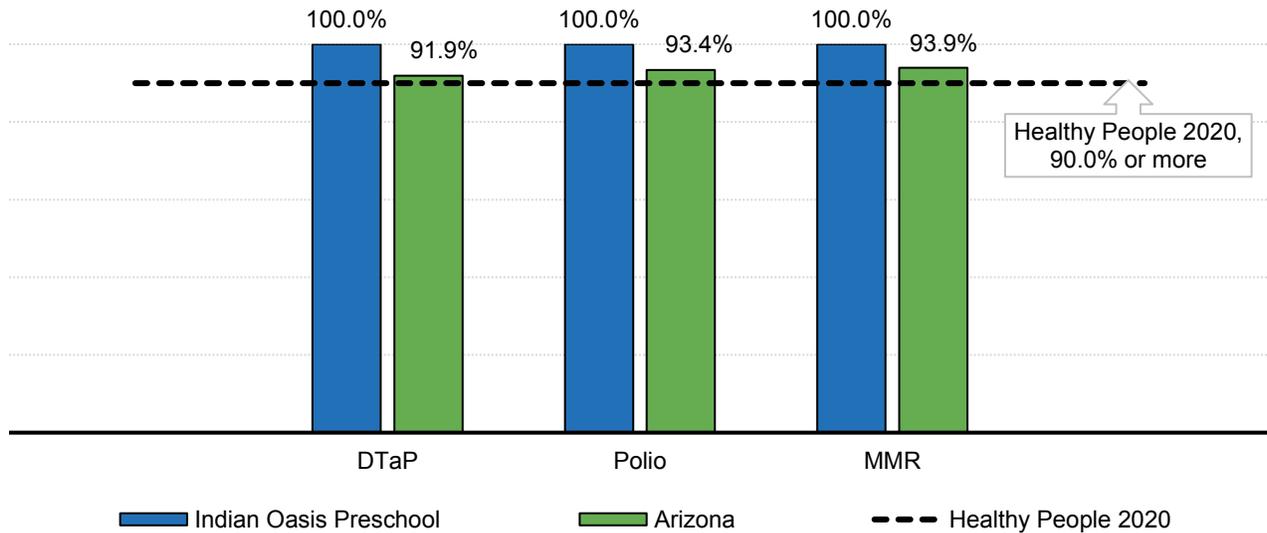
Data on the immunization rates for all young children in the Tohono O’odham Nation Region were not available for this report. This section includes information about children who have received all recommended immunizations available for their age in the Tohono O’odham Nation Head Start program, and for children enrolled in the child care centers most used by families in the region. These data suggest that young children in the region may be on slightly delayed immunization schedules. Among the students enrolled in Tohono O’odham Nation Head Start in the 2019-20 school year, only 39% were up-to-date on required immunizations for their age group (Table 31). However 100% of children enrolled in the Indian Oasis Preschool program in 2017-18 had received the 3 major vaccine series (DTAP, polio, and MMR), exceeding both Arizona child immunization rates and Healthy People 2020 targets (Figure 65). No preschoolers at Indian Oasis Elementary had religious or medical exemptions.

Table 31. Immunization rates for children enrolled in Tohono O'odham Nation Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children up to date on required immunizations
Tohono O'odham Nation Head Start	215	39%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

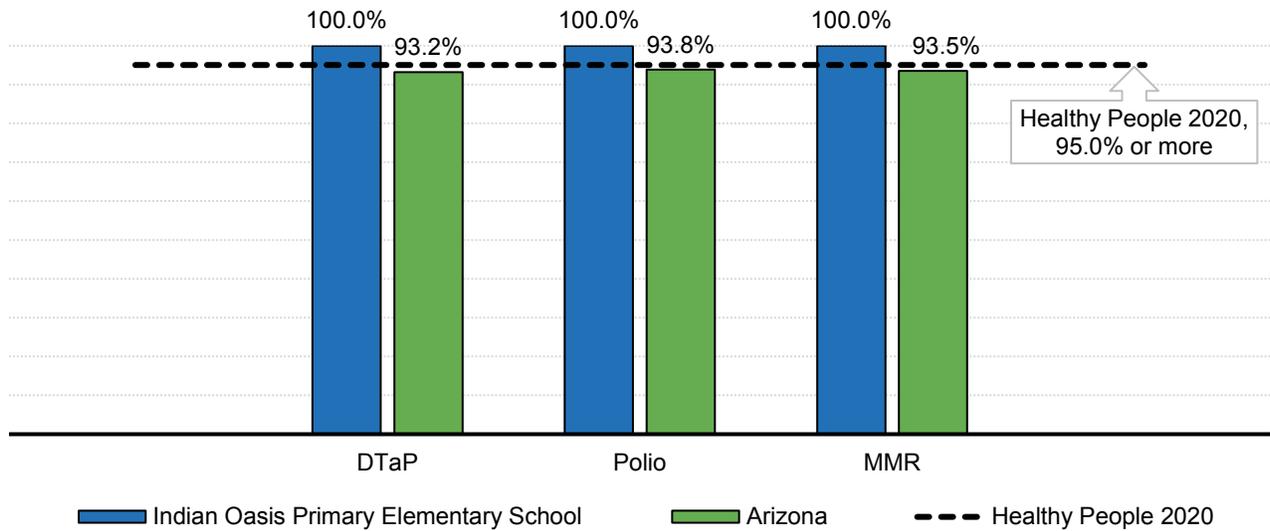
Figure 65. Children in child care with selected required immunizations, 2017-18



Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

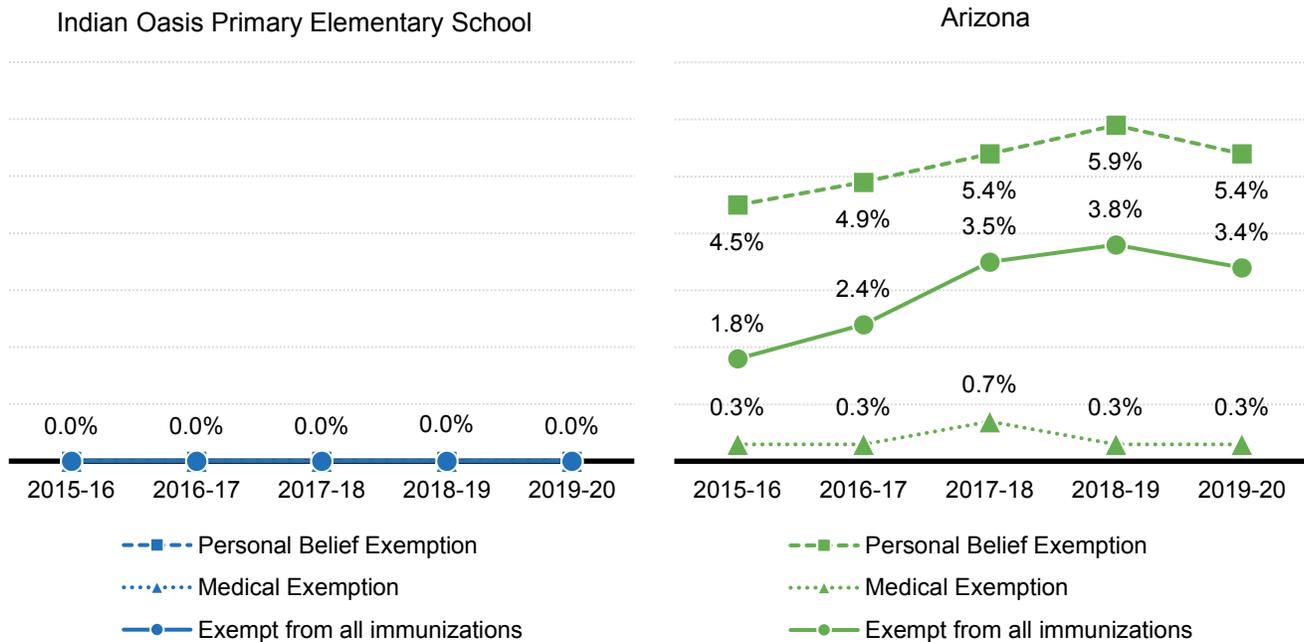
Among the 88 students enrolled in kindergarten at Indian Oasis Primary Elementary School, all (100%) had completed the 3 major vaccine series in the 2019-20 school year (Figure 66). This greatly exceeded the statewide immunization rates for these vaccines, as well as the Healthy People 2020 target (95%). No kindergarteners had religious or medical exemptions from required vaccines that school year, which has been the case since at least 2015 (Figure 67). The high rates of preschool and kindergarten immunization and low rates of exemption are an asset to public health for children in the region. Key informants posited that vaccination rates have fallen since the onset of the pandemic but are likely to rebound to these high rates.

Figure 66. Kindergarteners with selected required immunizations, 2018-19



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Figure 67. Kindergarten immunization exemption rates, 2015-16 to 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Illness, Injury and Mortality

Asthma is the most common chronic illness affecting children,²³⁴ and it is more prevalent among boys, Black children, American Indian or Alaska Native children, and children in low-income households.^{235, 236} 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.²³⁷

In the Tohono O’odham Nation Region, there were 47 emergency room visits due to asthma between 2016 and 2020 for children up to age 14 (Table 32). A subset of these children presented with cases severe enough to need hospitalization. Nineteen children ages birth to 4 (excluding newborns) and 8 children ages 5 to 14 were hospitalized during the same 4-year period. The average length of stay was 2.4 days, slightly longer than the statewide average (2.0).

Table 32. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined

Geography	Number of emergency department visits for asthma, children ages birth to 14	Number of inpatient asthma hospitalizations for children ages birth to 4 (except newborns)	Number of inpatient asthma hospitalizations for children ages birth to 14 (except newborns)	Average length of stay for asthma hospitalization for children ages birth to 14
Tohono O’odham Region	47	19	27	2.4
Arizona	41,103	2,214	5,672	2.0

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Unintentional injuries are the leading cause of death for children in Arizona and nationwide.^{238, 239} It is estimated that as many as 90% of unintentional injury-related deaths could be preventable through better safety practices, such as use of proper child restraints (i.e., car seats) in vehicles and supervision of children around water, including pools.²⁴⁰ Research has shown that 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.^{241, 242}

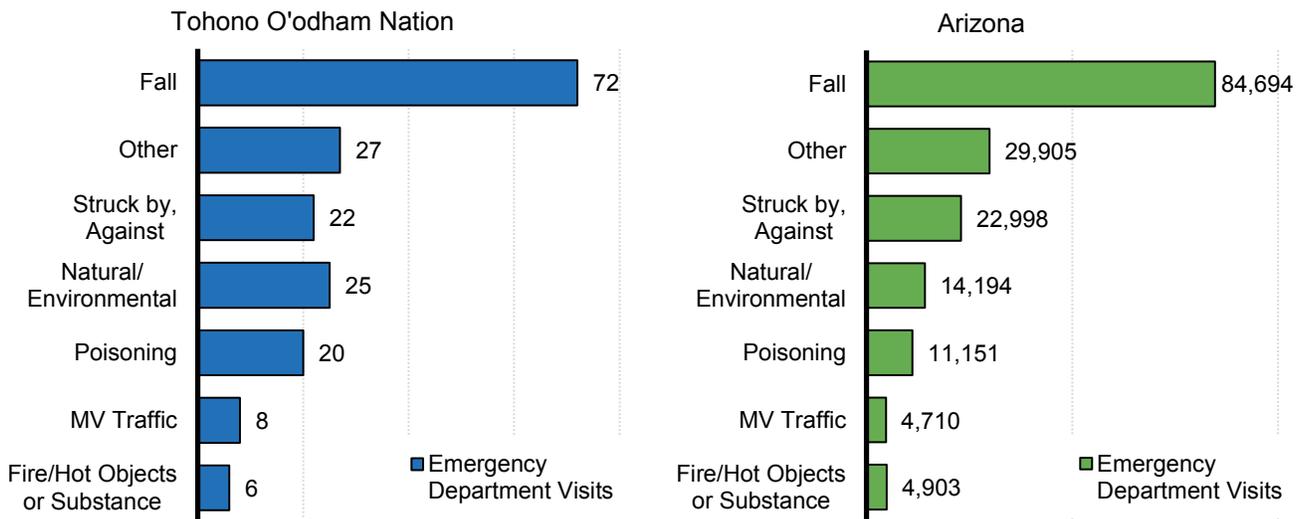
According to data from the Arizona Department of Health Services, between 2016 and 2020, there were 183 non-fatal emergency department visits and 11 non-fatal inpatient hospitalizations for unintentional injuries among children aged birth to 4 in the Tohono O’odham Nation Region (Table 33). The causes of unintentional injuries for young children in the region resemble what is seen across Arizona, with falls being the most common (N= 72) (Figure 68).

Table 33. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4, 2016-2020 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Tohono O’odham Nation Region	11	183
Arizona	2,890	181,035

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Figure 68. Non-fatal emergency department visits due to unintentional injuries for children ages birth to 4 by selected mechanism of injury, 2016-2020 combined



Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Infant mortality describes the number of deaths of children under 1 year of age relative to live births. Arizona ranks in the middle of U.S. states in terms of infant mortality, with the 20th lowest infant mortality rate nationwide in 2019.²⁴³ The most common causes of infant mortality in Arizona and the U.S. are congenital abnormalities, low birthweight and preterm birth, with a smaller proportion related to maternal pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.^{244,245} In the Tohono O’odham Nation Region, fewer than 10 children birth to 17 died in 2020 (Table 34). These very low death numbers mean that mortality rates and cause of death for children and infants cannot be reported to protect individual privacy.

Table 34. Numbers of deaths and mortality rates for infants, young children ages birth to 4, and all children ages birth to 17, 2018 to 2019

Geography	Calendar year	Number of infant deaths	Infant mortality rate (per 1,000 live births)	Number of young child deaths (ages 0-4)	Young child mortality rate (per 100,000 population)	All child deaths (0-17 years old)	All child mortality rate (per 100,000 population)
Tohono O’odham Nation	2018	<10	DS	<10	N/A	<10	N/A
	2019	0	0	<10	N/A	<10	N/A
Arizona	2018	447	5.6	562	127.4	824	65.2
	2019	430	5.4	513	117.4	777	61.6
Healthy People 2020 target			6.0				

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

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



FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. 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, academic skills, and literacy during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.^{246,247,248,249,250} 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.²⁵¹ Children benefit when their families have the knowledge, resources, and support to use positive parenting practices that support their child's healthy development, nutrition, early learning, and language acquisition. Specifically, parental knowledge of positive parenting practices and child development is one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.^{xliv,252}

Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)^{xlv} have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.^{253,254} Arizona is among the top ten states with the highest proportion of children birth to 5 who have experienced at least one ACE, with nearly one in three (31.8%) young children in Arizona having one or more ACEs.²⁵⁵ Future poor health outcomes are more likely as an individual's ACE score increases.²⁵⁶ Children in Arizona are nearly twice as likely to have experienced two or more ACEs (15.5%) compared to children across the country (8.6%).²⁵⁷ Very young children are most at risk for extremely adverse experiences, such as child abuse, neglect and fatalities from abuse and neglect. In 2019, children ages birth to five made up more than half (55%) of child maltreatment victims in Arizona.²⁵⁸ These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.²⁵⁹

^{xliv} 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.

^{xlv} 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.

What the Data Tell Us

Substance Use Disorders

A mother's use of substances such as drugs and alcohol 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.^{260,261} 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.²⁶² 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.²⁶³

Parental substance abuse also has other 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 US as a whole (9.8% compared to 4.5%).²⁶⁴ 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.^{265,266} Along with an increase in stress and mental health concerns among adults in the U.S., data from the Census Bureau's Household Pulse Survey show that more than 1 in 10 adults (12%) reported increases in alcohol consumption or substance use during the pandemic.²⁶⁷ Drug overdose deaths in the early months of the pandemic, when many states instituted stay at home or lockdown orders, were notably higher than pre-pandemic levels, particularly for synthetic opioids.²⁶⁸ While drug overdose deaths increased across all racial and ethnic groups during the pandemic, American Indian and Alaska Native, Black, and Hispanic individuals showed greater increases compared to White individuals.²⁶⁹

Caregiver substance abuse was named by key informants as one of the greatest challenges to family wellness in the region. Between 2016 and 2020, 28 newborns in the Tohono O'odham Nation Region were affected by in-utero opioid use. The average length of stay in the hospital for these newborns was 4.3 days, which is shorter than the statewide average stay of 6.0 days for newborns with NAS. From 2017 to 2020, there were fewer than 10 total deaths with opiates or opioids contributing (Table 35). For information about in-utero and childhood tobacco exposure, see the *Maternal characteristics* section of the report.

Table 35. Number of deaths with opiates or opioids contributing, 2017 through 2020

Geography	Number of deaths with opiates or opioids contributing, 2017 through 2020
Tohono O’odham Nation	<10
Arizona	5,455

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

Note: Over a third (35%) of overdose deaths were missing address information, so they could not be accurately assigned to a First Things First region. These deaths are reflected in county numbers.

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.²⁷⁰ In the Tohono O’odham Nation Region, the Behavioral Health Program under the Department of Health and Human Services provides both in-patient and outpatient treatment services for people with alcohol and substance use disorders, as well as therapy for families that include substance abusing family members. Additionally, Behavioral Health has a Fetal Alcohol Spectrum Disorder (FASD) Program which provides targeted outreach and education to women of childbearing age as well as diagnosing and coping with FASD. The Family Preservation Program through the Child Welfare Division also assists families who may be dealing with problems related to substance use.

Mental and Behavioral Health

Behavioral health supports, both for children and caregivers, are often needed to address exposure to adverse childhood events. The foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain. Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work, and community life.²⁷¹ When young children experience stress and trauma, there are often physical, psychological, and behavioral consequences. 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.²⁷² Improving supports available through coordinated, collaborative efforts are key to early identification and intervention with young children and their families.^{273,274}

In Arizona, the Arizona Health Care Cost Containment System (AHCCCS, Arizona’s Medicaid program) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer publicly-funded behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs or TRBHAs. Cenpatico Integrated Care serves as the RBHA for the Tohono O’odham Nation. Behavioral health services are also available for members of the Tohono

O’odham Nation through the Tribal Warm Line (TWL) operated by NurseWise, Cenpatico’s crisis line provider. The TWL offers over-the-phone support to American Indian residents and is staffed by Tribal Support Partners (TSP), who are tribal members living and working in their own communities. TWL is funded by the Arizona Department of Health Services/Division of Behavioral Health Services and AHCCCS.

The Division of Behavioral Health under the Tohono O’odham Nation Department of Health and Human Services also provides services to adults and children in the region.^{xlvi} Behavioral Health provides individual therapy for both children and adults; group therapy focusing on topics such as anger management, suicide prevention, grief and loss and domestic violence; and couples and family therapy. The program coordinates with native healers to incorporate traditional healing practices such as talking circles, sweat lodge ceremony and acupuncture.

Child Removals and Foster Care

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. 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.²⁷⁵ 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. The Families First Prevention Services Act (FFPSA), signed into law on February 9, 2018, includes reform to child welfare policies as well as federal investments to keep children safely with their families and avoid the traumatic experience of entering foster care when possible.²⁷⁶ The Act also aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. In Arizona, the Department of Child Safety (DCS) also led an agency-wide strategic effort to standardize and improve the quality of in-home preservation services, which contributed to improved outcomes for families and stronger relationships between DCS and service providers.²⁷⁷

Child welfare services in the region are overseen by the Tohono O’odham Nation Department of Health and Human Services.^{xlvii} In 2021, there were 22 cases of substantiated abuse and neglect which resulted in removals by Tribal CPS (Table 36). Most of the children who were wards of the court in 2021 were placed in contract facilities, with 35% in foster homes and 28% in group homes located off-Nation (Figure 69). Smaller portions were placed in foster homes licensed by the Tohono O’odham Nation Social Services Department (9%), with relatives (4%), or with the tribally-operated Children’s Home Program (3%).

^{xlvi} <http://www.tonation-nsn.gov/health-human-services/behavioral-health/>

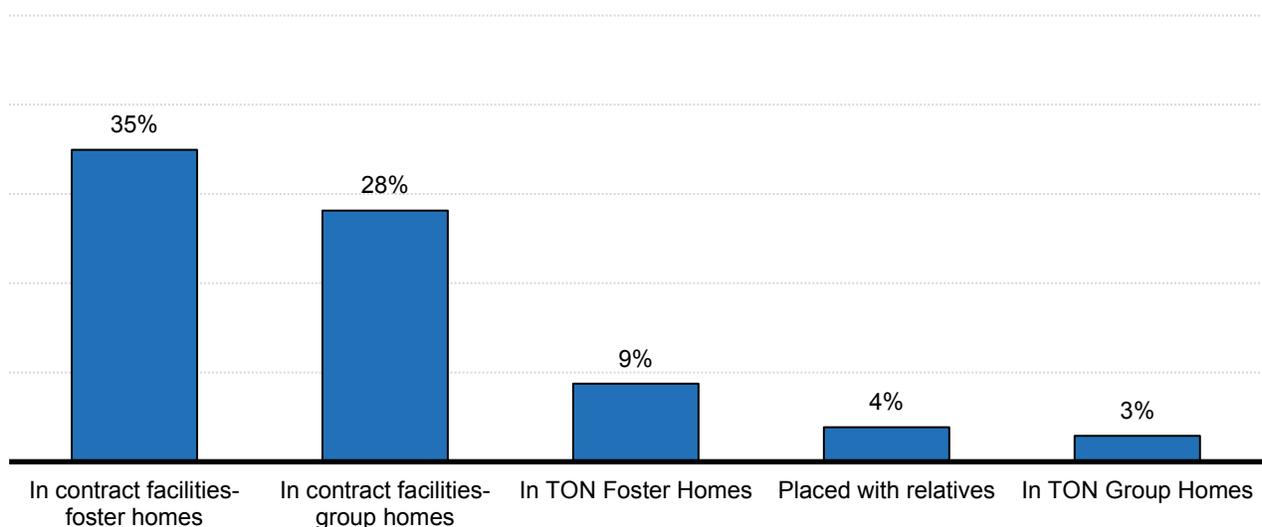
^{xlvii} For more information, see: <http://www.tonation-nsn.gov/health-human-services/child-welfare/>

Table 36. Children reported to and removed by Tribal CPS, 2021

	CY 2021
Substantiated cases of abuse or neglect	22
Children (ages 0-17) removed by Tribal CPS	22

Source: Tohono O'odham Nation Social Services Department (2022). [Child Welfare data]. Unpublished data.

Figure 69. Placement of Wards of the Court, 2021



Source: Tohono O'odham Nation Social Services Department (2016). [Child Welfare data]. Unpublished data.

The low proportion of children placed with relatives may be of concern to the region, since research shows that children in kinship care placements have better wellbeing, fewer mental health disorders, fewer behavioral problems, and less placement disruption than children in non-relative foster care.²⁷⁸ One goal of the FFPSA has been to increase kinship placements, while recognizing that kinship families may need additional supports navigating the child welfare system and accessing resources as they support children who have experienced trauma.²⁷⁹ Another issue of concern is the limited availability of foster care within the region. In 2021, there were only 2 foster homes located on the reservation with the combined capacity to care for 11 children (Table 37). An additional 2 foster homes licensed by the Tohono O'odham Nation Department of Health and Human Services were located off of the reservation with 9 total beds.

Table 37. Foster care availability, 2021

	On-reservation (CY 2021)	Off-reservation (CY 2021)	Total (CY 2021)
TON Foster Care Homes	2	2	4
TON Foster Care Beds	11	9	20

Source: Tohono O'odham Nation Social Services Department (2016). [Child Welfare data]. Unpublished data.

Special federal guidelines are currently in place to regulate how American Indian children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA) in response to a high rate of Indian children being removed from their families and adopted into non-Native families. 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 American Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and they may petition for tribal jurisdiction over the custody case. 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.²⁸⁰ In the region, the number of children in ICWA placement decreased from 123 in 2020 to 108 in 2021 (Table 38).

Table 38. Children in ICWA placements, 2020 to 2021

	CY 2020	CY 2021
Children (ages 0-17)	123	108

Source: Tohono O'odham Nation Social Services Department (2022). [Child Welfare data]. Unpublished data.

The Child Welfare Division provides preventive, family preservation services in addition to case management for children who are under the care of the state (under the Indian Child Welfare Act, ICWA), Tribal child protective services (CPS), foster care and residential placement for wards of the court.

Key informants raised concerns about fewer reports of abuse and neglect during the pandemic. The number of referrals from schools dropped when they transitioned to remote learning, and CPS was only able to follow up with high-priority cases. Federal COVID funding in the region was allocated to child welfare (\$22,882), promoting safe and stable families (\$50,955), and family violence prevention and

services (\$362,146), which can hopefully alleviate some of these negative effects of the pandemic on family welfare.^{xlvi}

Parent Education and Early Literacy

The counterpoint to Adverse Childhood Experiences (ACEs), Positive Childhood Experiences (PCEs) include positive parent-child relationships and feelings of safety and support. Like ACEs, PCEs have been shown to have cumulative, though positive, long-term impacts on mental and relational health.²⁸¹ Strategies for preventing ACEs include: strengthening economic supports for families; promoting social norms that protect against violence and adversity; ensuring a strong start for children; enhancing skills to help parents and children handle stress, manage emotions, and tackle everyday challenges; connecting youth to caring adults and activities; and intervening to lessen immediate and long-term harms.²⁸²

Home-based literacy practices between parents and caregivers and young children can help create PCEs and affect a child's brain development. 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.^{283,284} Parents and caregivers reading at home with young children, specifically, has been shown to improve children's reading and comprehension, as well as children's motivation to learn.^{285,286} 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.²⁸⁷ 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, statewide reading initiatives.²⁸⁸ Tohono O'odham Nation Health Care (TONHC) actively participated in the Reach Out and Read Program, which promotes family reading practices via information and books available at pediatricians' offices.^{xl} As mentioned in the *School-based preschool* section, Indian Oasis Primary School has a strong focus on early literacy and participates in Read On Arizona.¹

There are a number of other programs in the region focused on healthy families, parent education and early literacy. The Tohono O'odham Nation Head Start program includes a Family and Community Partnership component that assesses participating families' needs, provides services, and connects families with other resources available in the community. Services include family goal setting, parent involvement, and coordination with other special programs and the transition into kindergarten.

As described in the *Children with Special Health and Developmental Needs* section of the report, the Maternal and Child Health Advocates Program within the Division of Special Needs provides home-based education and activities for pregnant women and families with young children in the region. The program focuses on families whose children are not currently participating in early childhood care and

^{xlvi} Federal COVID funds distributed as of August 2021: <https://www.azleg.gov/jlbc/FederalCOVIDFunding083121.pdf>

^{xl} For more information, see: <https://reachoutandread.org/what-we-do/initiatives/>

¹ For more information, see: <https://readonarizona.org/about-us/>

education programs and emphasizes early literacy and the importance of reading at home. When behavioral, developmental or other health concerns (e.g., dental caries) are identified among young children in the program, staff are able to address some of those issues with the families and refer them out to services.

Key informants noted that, over the past 2 to 3 years, more dads have been supporting their family's participation in the Tohono O'odham Nation Women, Infants and Children (WIC) program by bringing children to appointments or attending along with the mothers. This change was attributed to the Fatherhood is Sacred program run by the Division of Behavioral Health. The program was developed by an Arizona non-profit, Native American Fatherhood and Families Association (NAFFA), and it places the ultimate importance on the family unit and learning to be a more caring and responsible parent.^{li}

Finally, the Family Preservation Program through the Child Welfare Division is also a culturally-based program that helps families build interpersonal skills that can help family members achieve well-being in the family unit and provide safety and stability for young children.^{lii} Key informants highlighted the work that the Family Preservation Program put in over the pandemic to continue providing mother and father classes during community lockdowns. The program turned their curriculum into workbooks for participants to use at home and kept contact with participants via phone calls. While this kind of virtual programming may be less effective than in-person or in-home sessions, it is important that this resource was still available to families during the COVID-19 pandemic.

Additional data tables related to *Family Support and Literacy* can be found in Appendix 1 at the end of this report.

^{li} For more information, see: <https://www.nativeamericanfathers.org/home>

^{lii} For more information, see: <http://www.tonation-nsn.gov/health-human-services/child-welfare/>

SUMMARY AND CONCLUSIONS

This Needs and Assets Report is the eighth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the Tohono O’odham Nation Region. The quantitative and qualitative data presented in this report show that the region has substantial strengths, which are highlighted in the following sections:

Population Characteristics

- Many young children in the region live in their grandparent’s household. Multigenerational families may pass on cultural values and help support young parents. Having close extended family networks was especially helpful when early care and education centers closed during the pandemic.
- English language proficiency is very high in the region. One-third of persons ages 5 and older speak a language other than English at home, namely Spanish or possibly a Native North American language, but also speak English “very well,” indicating that there is a high level of multilingualism. Exposure to multiple languages offers cognitive and social-emotional benefits for young children.

The Indian Oasis Preschool program and Native American Advancement Foundation’s (NAAF) Ce:ce:m A’al o O’odham Ñeñok program both focus on O’odham culture and language as well as literacy and elementary preparedness.

Economic Circumstances

- The Tohono O’odham Nation invests in tribal enterprises that provide financial resources to support day-to-day government operations as well as the governmental infrastructure. Revenue producing ventures operated by the Nation include the Tohono O’odham Utility Authority (TOUA), Tohono O’odham Economic Development Authority (TOEDA), and the Tohono O’odham Gaming Enterprise (TOGE). The Desert Diamond Casino has become one of the employers in the area, representing over 1,200 jobs across 4 locations. The Nation has also established Hi:kdan Industrial Park located in the San Xavier District near Tucson.
- Local efforts to build food sovereignty and restore traditional food ways in the community include the San Xavier Cooperative Association, the Tohono O’odham Community Action (TOCA) organization, the Land Grant Office for Sustainability at Tohono O’odham Community College (TOCC) and NAAF’s community garden and grocery in GuVo.
- Schools in the region continued to provide meals to young children in the region during the COVID-19 pandemic, mostly through the National School Lunch Program (NSLP) and Summer Food Service Program (SFSP). A portion of meals were delivered at the San Lucy bus stop, eliminating potential transportation barriers for families in that area. The Tohono O’odham Nation Child Care program, Tohono O’odham Nation Head Start program, Tohono O’odham Nation WIC Program, Division of Family Assistance and Division of Special Needs all provided food boxes during the pandemic for participating families in need.

- A high portion of housing units are owned. Tohono O’odham Ki:Ki Association, the tribal housing authority, has received significant funding for new construction and needed infrastructure. This included transitional housing units that were used for emergency COVID-19-isolation.
- Pandemic CARES Act funding helped to expand rural and tribal broadband access as well as provide WiFi hotspots and devices to children enrolled in schools in the region. This helped residents access education, health and other supportive services.

Educational Indicators

- There are multiple programs in the Tohono O’odham Nation region supporting educational attainment and success. The Tohono O’odham Nation Department of Education offers a Vocational Rehabilitation Program and Education Assistance/Higher Education Services to help adults return to school and access new workforce opportunities. The San Xavier Education Department provides academic support through adult education programs, after-school programs, tutoring, educational stipends, collaboration with educational and social services agencies, and more. In the GuVo District, the NAAF offers after-school programming, a Summer Adventure program, and a GED program. Tohono O’odham Community College (TOCC) additionally supports the early care and education workforce in the region by offering certificates and Associate degrees in early childhood education, elementary education, social work and social services.
- Rates of chronic absences for children in kindergarten through 3rd grade at Indian Oasis Primary Elementary were very low (5%) in the 2018-19 school year. Key informants indicated that the Baboquivari Unified School District has been working on attendance for many years and is very proud of these efforts.

Early Learning

- Early care and education options include tribal child care centers (4), Head Start centers (7), tribally-approved home providers, and the Indian Oasis Pre-K program. There are early care and education slots for a large proportion of three- and four-year-olds in the region. In 2019, 89% of these children were enrolled, which far exceeds the 39% of 3- and 4-year-olds across the state who are estimated to be enrolled in some type of school.
- In 2019, 97 children also received certificates for child care through the Tohono O’odham Nation Child Care Program.
- There is a continuum of services available to serve children with special developmental and health care needs in the region. In addition to the special education services offered by the school district and Head Start program, early intervention services are offered through the Special Services program and Division of Special Needs. The 2 home visitation programs under the Division of Special Needs were listed as major assets for the region, especially for families who are not able to access out-of-home options.

Child Health

- Effective July 2016, the Tohono O’odham Nation entered into a self-governance compact with the Indian Health Service and now directly manages the Tohono O’odham Nation Health Care (TONHC, formerly Sells Service Unit). As the pandemic-related circumstances allow for a return to more regular services, TONHC and the Department of Health and Human Services plan to work together on long term goals. Key informants believe that, after the acute needs of the pandemic level out, compacting will eventually help health services in the region coordinate better and refocus from reactive to proactive health care.
- Rates of health insurance coverage are much higher in the region (92% for young children, 89% for the total population) than across all Arizona reservations (83% for young children, 78% for the total population). All children enrolled at a Tohono O’odham Nation Head Start center also had health insurance, with the majority enrolled in Arizona Medicaid (AHCCCS, 94%). Key informants indicated that a high portion of patients at TONHC are enrolled in AHCCCS, and the health care system has a department dedicated to facilitating enrollment in Medicare/Medicaid.
- Key informants indicated that TONHC has a robust pediatric fluoride program and, prior to the COVID-19 pandemic, children had high rates of preventive dental care. Of children enrolled in the Tohono O’odham Nation Head Start Program, 89% had continuous accessible dental care and 77% were receiving preventive dental care.
- In 2019, all children in preschool and kindergarten at Indian Oasis Primary Elementary had completed the 3 major vaccine series (DTAP, polio, and MMR). This greatly exceeded the statewide immunization rates for these vaccines, as well as the Healthy People 2020 target (95%). No kindergarteners were exempt from required vaccines, which has been the case since at least 2015.

Family Support and Literacy

- Cenpatico Integrated Care serves as the Regional Behavioral Health Authority (RBHA) for the Tohono O’odham Nation. The Tohono O’odham Nation Division of Behavioral Health provides a variety of substance abuse and mental health services, including traditional healing practices such as talking circles and sweat lodge ceremony. Family wellness and stability are also supported by the Family Preservation Program, part of the Child Welfare Division, and the Fatherhood is Sacred Program run by the Division of Behavioral Health.

Even with substantial strengths in the region, there continue to be challenges to fully serving the needs of families with young children. These include:

Population Characteristics

- There is a notable difference between the number of children (birth to 17) in the 2020 Census estimates (n=2,848) and the number of children enrolled as members of the Nation residing on-reservation as of 2019 (n=3,690). This discrepancy suggests that the 2020 Census, which took place under very challenging circumstances related to the COVID-19 pandemic, may have

undercounted the population in the region. This suggests that publicly available data from the 2020 Census may not provide an exact representation of circumstances in the Tohono O’odham Nation Region.

- The American Community Survey (ACS) estimates that 30% of the Tohono O’odham Nation Region’s residents speak a language other than English or Spanish at home, likely a Native North American Language. This suggests that Native language usage at home is much lower in the Tohono O’odham Nation Region than across all reservations in Arizona (51%), and that language preservation may be a priority for efforts in the region. The smallest proportions of residents speak Native languages in Chukut Kuk District and San Xavier District.
- In the San Xavier District, almost one-third of the population speak Spanish at home. The higher use of the Spanish language in this district is consistent with the larger share of the population of young children who are identified as Hispanic or Latino (63%). A higher proportion of households in this district were considered limited-English-speaking (8%), so residents may benefit from resources offered in Spanish to ensure access for all families.
- The ACS estimates that larger shares of young children in the region are living with 1 parent, relatives other than their parents (kinship care) or non-relatives including foster parents than what is estimated across all Arizona reservations. These families may face unique challenges and may benefit from additional, targeted supports.

Economic Circumstances

- The median family income for the Tohono O’odham Nation Region (\$31,700) is less than half the median income across all Arizona families (\$70,200) and is lower than the self-sufficiency standards for Pima, Pinal, and Maricopa Counties. Over half of children under the age of 6 are estimated to be living in families with incomes below the poverty level. This suggests that families in the region, especially single-headed households, may face difficulties affording services and meeting all of their families’ needs.
- Despite high rates of poverty, participation in public assistance programs in the region has been declining. This includes Temporary Assistance for Needy Families (TANF); Supplemental Nutrition Assistance Program (SNAP); and Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Aside from challenges related to the COVID-19 pandemic, key informants listed barriers including changing eligibility criteria, transportation needs and burdensome participation requirements including paperwork and documentation.
- Unemployment was reportedly higher in the Tohono O’odham Nation region (24%) than across all Arizona reservations (17%) despite a higher labor force participation rate (49% compared with 45%). Key informants indicated that many residents seek employment opportunities in Tucson or Phoenix because of the limited opportunities on the reservation. Increased access to child care may also help parents and caregivers access employment opportunities.

- Key informants indicated that the biggest housing challenge is insufficient housing opportunities on the Nation. While the Tohono O’odham Nation reservation is the second largest in the state by land-base, the lack of infrastructure across the reservation presents a major challenge to building new homes. Key informants reported that over one-third of Tohono O’odham Nation households are severely overcrowded (34%), where related or unrelated families are living “doubled up” in one residence. A slightly larger share of residents were also housing cost-burdened than across all Arizona reservations.
- Transportation and long travel distances were listed as barriers to accessing employment, child care, health care and other supportive services. While regional transportation solutions will require a broad effort on the part of multiple regional stakeholders, programs seeking to reach and serve families with young children need to remain cognizant of the challenges in this area and, where possible, design programs and outreach strategies that minimize the need for families to travel long distances.

Educational Indicators

- Very few students at Indian Oasis Primary Elementary and San Simon Day School achieved passing scores on 3rd grade standardized tests. These scores can be important indicators of early reading and mathematical skills, which are predictors of high school graduation and college attendance.
- Drop-out rates in the Baboquivari Unified School District varied between 2015-16 and 2019-20, from a high of 14.5% to a low of less than 1%. The largest share of students dropped out of Alternative Indian Oasis Middle and High Schools in 2018-19 (22% and 52%, respectively). However, it appears that many students are transitioning from the alternative schools to Baboquivari High School, which is a goal of the alternative programs.
- Educational attainment for adults aged 25 and older in the Tohono O’odham Nation Region is slightly lower than across all Arizona reservations, with a small share of adults completing more schooling than high school or a GED (29%). Mothers giving birth in the region had lower educational attainment, with 30% or more having less than a high school education. Parental educational attainment is a key mechanism for upward mobility and family stability, and it has been shown to influence cognitive and socio-emotional development in young children.

Early Learning

- Licensed early care and education providers can serve about 55% of young children ages 0 to 4 in the region. While preschool capacity in the region is high, there are scarce opportunities for infant and toddler care. Key informants indicated that caregivers often rely on extended family networks, friends and neighbors for informal care and school assistance. Limited care opportunities can also make it more challenging for parents and caregivers to access employment.

Child Health

- Key informants noted TONHC was faced with challenges occasioned by the 2020-22 pandemic while still in the midst of the organization's adaptation to the administrative transition. Staff shortages regularly required clinical personnel to take on additional administrative roles, further diminishing clinical capacity. In order to concentrate available staff in areas of critical need, Santa Rosa Health Center closed early in the pandemic. Health care services remain available at Sells Hospital, San Simon Health Center, and San Xavier Health Center.
- Certain characteristics of mothers giving birth and low rates of prenatal care in the region indicate that there may be increased risk of birth complications and infant mortality as well as health implications into childhood and adulthood. The proportion of births with inadequate prenatal care (both no prenatal care and fewer than 5 visits) have generally increased from 2015 to 2019. Higher shares of births were to mothers with pre-pregnancy obesity and/or gestational diabetes than across all Arizona reservations. Births to mothers who used tobacco during pregnancy peaked at 6.7% in 2017, and 28 newborns in the region were reportedly affected by in-utero opioid use between 2016 and 2020.
- Obesity is increasing among WIC-enrolled toddlers in the Tohono O'odham Nation Region. Key informants reported that childhood obesity is beginning to manifest as type 2 diabetes in adolescents in the region. Easy access to unhealthy, processed foods and sugar sweetened beverages is seen as an important contributor to overweight and obesity. It was also noted that there are few options for recreation and healthy activity, and recreation centers were closed during the pandemic.

Family Support and Literacy

- Most children who were wards of the court in 2021 were placed in contract facilities (35% in foster homes and 28% in group homes). The low proportion of children placed with relatives may be of concern to the region, since research shows that children in kinship care placements have better wellbeing, fewer mental health disorders, fewer behavioral problems, and less placement disruption than children in non-relative foster care. Increasing kinship placements, however, requires recognizing that kinship families may need additional supports navigating the child welfare system and accessing resources as they support children who have experienced trauma. Another issue of concern is the availability of foster care within the region. In 2021, there were only 2 foster homes located on the reservation with the combined capacity to care for 11 children.

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 39. Tohono O'odham Nation Enrollment, 2019 to 2020

Age (Years)	On Reservation (2019)	Off Reservation (2019)	Total (2019)	On Reservation (2020)	Off Reservation (2020)	Total (2020)
Young children (ages 0-5)	618	2,047	2,665	491	1,792	2,283
Age 0	54	221	275	37	122	159
Age 1	54	295	349	54	222	276
Age 2	77	355	432	54	295	349
Age 3	133	405	538	77	355	432
Age 4	136	393	529	133	405	538
Age 5	164	378	542	136	393	529
School-age children (ages 6-17)	3,072	5,465	8,537	2,891	5,519	8,410
Total children (ages 0-17)	3,690	7,512	11,202	3,382	7,311	10,693
Adults (ages 18 and older)	9,259	14,752	24,011	9,604	15,076	24,680
Total membership	12,949	22,264	35,213	12,986	22,387	35,373

Source: Tohono O'odham Nation Enrollment Program. (2021). [Enrollment dataset]. Unpublished tribal data received by request.

Table 40. Race and ethnicity for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African-American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Tohono O'odham Nation Region	2018	142	1%	11%	0%	88%	0%
	2019	122	6%	8%	0%	85%	1%
All Arizona Reservations	2018	1,990	N/A	N/A	N/A	N/A	N/A
	2019	2,180	N/A	N/A	N/A	N/A	N/A
Arizona	2018	80,539	43%	41%	6%	6%	4%
	2019	79,183	43%	41%	6%	6%	4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table. Please note that 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

Table 41. Number of babies born, 2015 to 2019

Geography	2014	2015	2016	2017	2018	2019
Tohono O'odham Nation Region	180	148	169	135	142	122
All Arizona Reservations	2,640	2,510	2,460	2,340	1,990	2,180
Arizona	86,648	85,024	84,404	81,664	80,539	79,183

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

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

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino (alone or in combination)	Black or African-American (alone or in combination)	American Indian or Alaska Native (alone or in combination)	Asian or Pacific Islander (alone or in combination)	Two or more races (alone or in combination)
Tohono O'odham Nation	9,561	9%	4%	1%	90%	0.5%	4%
All Arizona Reservations	173,499	6%	5%	1%	93%	1%	3%
Arizona	7,151,02	31%	57%	6%	6%	5%	14%
United States	331,449,281	19%	62%	14%	3%	8%	10%

Source: U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.

Note: These data are drawn from the redistricting file, which is the only Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023. The total across rows will sum to more than 100% because each individual is counted in every category they identify in (thus someone who identifies as American Indian and Hispanic is counted in both the Hispanic and American Indian columns).

Table 43. Race and ethnicity of the population of all ages, 2015-2019 ACS

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African-American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Tohono O'odham Nation Region	10,747	12%	4%	0%	84%	0%	3%
Baboquivari District	964	7%	1%	0%	99%	0%	0%
Chukut Kuk District	460	0%	0%	0%	93%	0%	7%
Gila Bend District	1,137	10%	6%	0%	83%	0%	1%
Gu Achi District	424	10%	1%	0%	91%	0%	8%
GuVo District	682	1%	2%	0%	97%	1%	0%
Hickiwan District	510	10%	9%	1%	85%	0%	5%
Pisinemo District	422	9%	1%	1%	82%	4%	9%
San Xavier District	2,227	42%	10%	1%	51%	0%	8%
Schuk Toak District	502	0%	0%	0%	100%	0%	0%
Sells District	2,951	1%	3%	0%	95%	0%	1%
Sif Oidak District	468	0%	0%	0%	100%	0%	0%
All Arizona Reservations	185,988	6%	4%	0%	90%	1%	2%
Maricopa County	4,328,810	31%	55%	6%	2%	4%	4%
Pima County	1,027,207	37%	52%	4%	4%	3%	5%
Arizona	7,050,299	31%	55%	5%	5%	4%	4%
United States	324,697,795	18%	61%	13%	1%	6%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

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

Table 44. Race and ethnicity of children birth to 4, 2015-2019 ACS

Geography	Estimated number of children (birth to 4 years old)	Hispanic or Latino	White, not Hispanic or Latino	Black or African-American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Tohono O'odham Nation Region	873	18%	1%	0%	79%	0%	10%
Baboquivari District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chukut Kuk District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gu Achi District	70	11%	0%	0%	77%	0%	11%
GuVo District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hickiwan District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pisinemo District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
San Lucy District	52	0%	0%	0%	67%	0%	33%
San Xavier District	200	63%	0%	0%	45%	0%	16%
Schuk Toak District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sells District	341	0%	3%	0%	92%	0%	4%
Sif Oidak District	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All Arizona Reservations	15,185	9%	1%	0%	91%	0%	4%
Arizona	433,968	45%	38%	5%	6%	3%	9%
United States	19,767,670	26%	50%	14%	1%	5%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

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

Table 45. Children ages birth to 5 living with foreign-born parent(s), 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with one or two parents	Number and percent living with one or two foreign-born parents	
		Number	Percent
Tohono O'odham Nation Region	859	17	2%
Baboquivari District	N/A	N/A	N/A
Chukut Kuk District	67	0	0%
Gu Achi District	N/A	N/A	N/A
GuVo District	51	0	0%
Hickiwan District	N/A	N/A	N/A
Pisinemo District	N/A	N/A	N/A
San Lucy District	58	0	0%
San Xavier District	196	17	9%
Schuk Toak District	N/A	N/A	N/A
Sells District	327	0	0%
Sif Oidak District	N/A	N/A	N/A
All Arizona Reservations	16,370	277	2%
Arizona	494,590	126,082	25%
United States	22,727,705	5,631,005	25%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes step-parents.

Table 46. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
Tohono O'odham Nation Region	9,874	62%	33%	4%
Baboquivari District	921	59%	37%	4%
Chukut Kuk District	416	95%	5%	0%
Gu Achi District	1,067	61%	37%	2%
GuVo District	398	58%	37%	5%
Hickiwan District	661	61%	34%	5%
Pisinemo District	464	70%	30%	0%
San Lucy District	370	58%	40%	2%
San Xavier District	2,027	60%	27%	13%
Schuk Toak District	472	55%	45%	0%
Sells District	2,610	69%	30%	1%
Sif Oidak District	468	29%	68%	3%
All Arizona Reservations	170,803	46%	41%	13%
Arizona	6,616,331	73%	19%	9%
United States	304,930,125	78%	13%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

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

Table 47. Limited-English-speaking households, 2015-2019 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
		Number	Percent
Tohono O'odham Nation Region	2,820	66	2%
Baboquivari District	245	0	0%
Chukut Kuk District	92	0	0%
Gu Achi District	303	7	2%
GuVo District	104	0	0%
Hickiwan District	172	0	0%
Pisinemo District	141	0	0%
San Lucy District	75	0	0%
San Xavier District	700	59	8%
Schuk Toak District	146	0	0%
Sells District	720	0	0%
Sif Oidak District	122	0	0%
All Arizona Reservations	50,231	6,698	13%
Arizona	2,571,268	102,677	4%
United States	120,756,048	5,308,496	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

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

Table 48. Percent of English Language Learners enrolled in kindergarten to their grade, 2017-18 to 2019-20

	Percent of K-3 Students who were English Language Learners, 2017-18	Percent of K-3 Students who were English Language Learners, 2018-19	Percent of K-3 Students who were English Language Learners, 2018-19
Tohono O'odham Nation Region Schools	<2%	<2%	<2%
Arizona Schools	11%	11%	11%

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

Note: English Language Learners are students who do not score 'proficient' in the English language on the Arizona English Language Learner Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition.

Table 49. Number of English Language Learners enrolled in kindergarten to third grade, 2017-18 to 2019-20

	Total K-3 Students Enrolled (2017-18)	Total K-3 Students Enrolled (2018-19)	Total K-3 Students Enrolled (2019-20)	ELL K-3 Students (2017-18)	ELL K-3 Students (2018-19)	ELL K-3 Students (2019-20)
Tohono O'odham Nation Region Schools	DS	DS	DS	DS	DS	DS
Off-reservation schools serving Tohono O'odham Nation students	1,155	1,117	1,050	275	261	286
Arizona Schools	325,841	326,891	329,300	37,144	35,025	37,313

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

Note: English Language Learners are students who do not score 'proficient' in the English language on the Arizona English Language Learner Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition.

Table 50. Living arrangements for children ages birth to 5, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Tohono O'odham Nation Region	1,033	14%	69%	13%	4%
Baboquivari District	54	0%	80%	20%	0%
Chukut Kuk District	67	18%	82%	0%	0%
Gu Achi District	62	13%	32%	55%	0%
GuVo District	65	0%	78%	22%	0%
Hickiwan District	N/A	N/A	N/A	N/A	N/A
Pisinemo District	N/A	N/A	N/A	N/A	N/A
San Lucy District	58	0%	100%	0%	0%
San Xavier District	217	20%	71%	10%	0%
Schuk Toak District	N/A	N/A	N/A	N/A	N/A
Sells District	407	15%	65%	10%	10%
Sif Oidak District	N/A	N/A	N/A	N/A	N/A
All Arizona Reservations	18,182	28%	62%	8%	2%
Arizona	517,483	59%	37%	3%	2%
United States	23,640,563	63%	33%	2%	2%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Table 51. Living arrangements for children enrolled in Head Start, 2018-19

	Total Families	Two-parent families	Single-parent families	Relative caregivers (e.g. grandparents)	Non-relative caregivers
Tohono O'odham Nation Head Start	131	54%	27%	16%	2%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

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Table 52. Employment status of families of children enrolled in Head Start, 2018-19

	Total Families	One or both parent(s)/caregiver(s) employed	Parent(s)/caregiver(s) unemployed, retired, or disabled
Tohono O'odham Nation Head Start	131	73%	27%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 53. Job training or school status of families of children enrolled in Head Start, 2018-19

	Total Families	One or both parents in school/job training	Parent(s) not in school/job training
Tohono O'odham Nation Head Start	131	31%	69%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 54. Median annual family income, 2015-2019 ACS

Geography	Median annual income for all families	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Tohono O'odham Nation Region	\$31,700	\$52,000	\$10,400	\$20,800
All Arizona Reservations	N/A	N/A	N/A	N/A
Arizona	\$70,200	\$88,400	\$42,900	\$30,400
United States	\$77,300	\$100,000	\$45,100	\$29,000

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median. The medians have been rounded to the nearest hundred dollars.

Table 55. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019
ACS

Geography	Estimated population for whom poverty status can be determined (all ages)	Percent of the population below the poverty level	Estimated number of children for whom poverty status can be determined (birth to 5 years old)	Percent of children below the poverty level
Tohono O'odham Nation Region	10,482	45%	993	59%
Baboquivari District	964	51%	54	22%
Chukut Kuk District	460	41%	67	82%
Gu Achi District	1,055	43%	62	100%
GuVo District	395	66%	65	83%
Hickiwan District	682	47%	N/A	N/A
Pisinemo District	510	35%	N/A	N/A
San Lucy District	418	51%	58	66%
San Xavier District	2,227	33%	217	58%
Schuk Toak District	502	51%	N/A	N/A
Sells District	2,801	51%	367	55%
Sif Oidak District	468	49%	N/A	N/A
All Arizona Reservations	183,717	39%	17,906	51%
Arizona	6,891,224	15%	508,453	23%
United States	316,715,051	13%	23,253,254	20%

Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001

Note: This table includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

Table 56. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Tohono O'odham Nation Region	993	32%	27%	22%	19%
Baboquivari District	54	0%	22%	20%	57%
Chukut Kuk District	67	42%	40%	0%	18%
Gu Achi District	62	66%	34%	0%	0%
GuVo District	65	17%	66%	17%	0%
Hickiwan District	N/A	N/A	N/A	N/A	N/A
Pisinemo District	N/A	N/A	N/A	N/A	N/A
San Lucy District	58	47%	19%	14%	21%
San Xavier District	217	44%	14%	32%	10%
Schuk Toak District	N/A	N/A	N/A	N/A	N/A
Sells District	367	27%	28%	17%	28%
Sif Oidak District	N/A	N/A	N/A	N/A	N/A
All Arizona Reservations	17,906	31%	20%	24%	25%
Arizona	508,453	11%	13%	22%	54%
United States	23,253,254	9%	11%	19%	60%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

Table 57. Families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Tohono O'odham Region	738	255	226	200	170	145	20%
Arizona	384,441	13,925	12,315	10,538	9,360	9,947	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 58. Children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Tohono O'odham Region	1,180	344	306	259	218	186	16%
Arizona	546,609	18,968	17,143	14,659	13,029	13,747	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 59. Families participating in SNAP, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Tohono O'odham Region	738	669	663	638	595	566	77%
Arizona	384,441	171,977	164,092	151,816	140,056	132,466	34%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 60. Children participating in SNAP, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Tohono O'odham Region	1,180	1,091	1,070	1,004	906	849	48%
Arizona	546,609	258,455	247,414	229,275	211,814	198,961	36%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 61. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021

Geography	Children ages 0-17 receiving P-EBT			Children ages 0-5 receiving P-EBT		
	March 2021	April 2021	May 2021	March 2021	April 2021	May 2021
Tohono O'odham Nation Region	1,756	1,756	1,756	75	67	58
Arizona	628,147	628,087	628,221	38,053	34,402	30,926

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Table 62. Children (ages 0-4) enrolled in the Tohono O'odham Nation WIC Program, 2016 to 2020

	Children and infants in WIC, 2017	Children and infants in WIC, 2018	Children and infants in WIC, 2019	Children and infants in WIC, 2020
Tohono O'odham Nation	1,135	1,037	913	771
All ITCA WIC programs	12,801	11,897	10,870	9,342

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 63. Yearly participation rates in the Tohono O'odham Nation WIC Program, 2017 to 2020

	Participation Rate (2017)	Participation Rate (2018)	Participation Rate (2019)	Participation Rate (2020)
Tohono O'odham Nation	91%	94%	91%	88%
All ITCA WIC programs	90%	94%	91%	92%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 64. Percent of students eligible for free or reduced-price lunch, 2018 to 2020

	2017-18	2018-19	2019-20
Tohono O’odham Nation Region	95%	93%	>98%
Baboquivari Unified School District #40	95%	95%	>98%
Indian Oasis Primary Elementary School	>98%	>98%	>98%
Baboquivari Middle School	87%	87%	>98%
Baboquivari High School	89%	89%	>98%
Alternative Middle School (Indian Oasis Middle School)	80%	80%	>98%
Alternative High School (Indian Oasis High School)	96%	96%	>98%
Indian Oasis Intermediate Elementary School	>98%	>98%	>98%
San Simon School	>98%	>98%	>98%
San Xavier Mission School	76%	71%	71%
Tohono O’odham High School	>98%	>98%	>98%
Santa Rosa Boarding/Day School	>98%	>98%	>98%
Santa Rosa Ranch School	>98%	>98%	97%
Off-reservation schools serving Tohono O’odham Nation students	71%	69%	72%
Tucson Unified School District*	61%	55%	59%
Amphitheater Unified District	85%	85%	92%
Sunnyside Unified District	77%	78%	78%
Arizona schools	57%	56%	55%

Source: Arizona Department of Education (2021). [Health & Nutrition dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 65. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	Percent of working-age population in the labor force and employed	Percent of working-age population in the labor force but unemployed	Percent of working-age population not in the labor force
Tohono O'odham Nation Region	7,861	24%	49%	37%	12%	51%
Baboquivari District	737	12%	33%	29%	4%	67%
Chukut Kuk District	297	27%	65%	47%	18%	35%
Gu Achi District	954	25%	50%	38%	12%	50%
GuVo District	288	59%	42%	17%	25%	58%
Hickiwan District	494	51%	48%	23%	25%	52%
Pisinemo District	363	29%	56%	40%	17%	44%
San Lucy District	281	30%	54%	38%	16%	46%
San Xavier District	1,610	11%	55%	49%	6%	45%
Schuk Toak District	352	0%	36%	36%	0%	64%
Sells District	2,035	31%	51%	35%	16%	49%
Sif Oidak District	450	9%	41%	38%	4%	59%
All Arizona Reservations	136,151	17%	45%	37%	8%	55%
Arizona	5,600,921	6%	60%	56%	3%	40%
United States	259,662,880	5%	63%	60%	3%	37%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

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

Table 66. Monthly unemployment insurance claims, Nov 2019 to Nov 2020

Month	Tohono O’odham Nation Region			Arizona		
	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid
Nov 2019	15	0	0%	7,787	2,275	29%
Dec 2019	12	[1-9]	DS	7,906	2,312	29%
Jan 2020	15	[1-9]	DS	9,892	2,712	27%
Feb 2020	15	[1-9]	DS	7,185	1,919	27%
Mar 2020	29	10	34%	110,129	66,655	61%
Apr 2020	69	23	33%	186,217	93,529	50%
May 2020	48	15	31%	98,786	33,481	34%
Jun 2020	68	26	38%	94,720	30,465	32%
July 2020	107	37	35%	78,744	26,081	33%
Aug 2020	41	11	27%	46,360	16,028	35%
Sept 2020	38	[1-9]	DS	39,660	9,464	24%
Oct 2020	27	[1-9]	DS	30,032	7,807	26%
Nov 2020	11	[1-9]	DS	15,835	1,812	11%

Sources: Arizona Department of Economic Security (2021). [Unemployment Insurance dataset]. Unpublished data.

Table 67. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Tohono O'odham Nation Region	859	11%	5%	0%	43%	40%
Baboquivari District	N/A	N/A	N/A	N/A	N/A	N/A
Chukut Kuk District	67	18%	0%	0%	82%	0%
Gu Achi District	N/A	N/A	N/A	N/A	N/A	N/A
GuVo District	51	0%	0%	0%	8%	92%
Hickiwan District	N/A	N/A	N/A	N/A	N/A	N/A
Pisinemo District	N/A	N/A	N/A	N/A	N/A	N/A
San Lucy District	58	0%	0%	0%	45%	55%
San Xavier District	196	16%	6%	0%	61%	17%
Schuk Toak District	N/A	N/A	N/A	N/A	N/A	N/A
Sells District	327	12%	7%	0%	24%	57%
Sif Oidak District	N/A	N/A	N/A	N/A	N/A	N/A
All Arizona Reservations	16,370	12%	15%	4%	39%	30%
Arizona	494,590	32%	28%	1%	29%	9%
United States	22,727,705	39%	25%	1%	27%	7%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Table 68. Housing-cost burden for all households, and for owners and renters separately, 2015-2019 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
Tohono O'odham Nation Region	2,820	20%	1,803	20%	1,017	19%
Baboquivari District	245	20%	186	20%	59	17%
Chukut Kuk District	92	12%	59	0%	33	33%
Gu Achi District	303	14%	171	16%	132	12%
GuVo District	104	17%	65	17%	39	18%
Hickiwan District	172	19%	115	28%	57	0%
Pisinemo District	141	12%	56	0%	85	20%
San Lucy District	75	27%	32	9%	43	40%
San Xavier District	700	28%	544	29%	156	24%
Schuk Toak District	146	11%	55	29%	91	0%
Sells District	720	19%	417	14%	303	25%
Sif Oidak District	122	15%	103	17%	19	0%
All Arizona Reservations	50,231	14%	34,358	12%	15,873	18%
Arizona	2,571,268	30%	1,656,756	22%	914,512	45%
United States	120,756,048	31%	77,274,381	22%	43,481,667	46%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

Note: An "occupied housing unit" is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied as separate living quarters. Buildings such as dormitories, bunkhouses and motel rooms are not counted as housing units. The number of households is equal to the number of occupied housing units.

Table 69. Students experiencing homelessness (McKinney-Vento definition) enrolled in public and charter schools, 2017-18 to 2019-20

	Students experiencing homelessness			Percent of students who were experiencing homelessness		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Baboquivari Unified School District #40	167	224	90	17%	21%	9%
Off-reservation schools serving Tohono O'odham Nation students	417	228	192	3%	1%	1%
Tucson Unified School District	205	85	69	3%	1%	1%
Amphitheater Unified District	DS	47	49	DS	2%	2%
Sunnyside Unified District	212	96	74	4%	2%	1%
Arizona Schools	15,923	12,931	11,538	1%	1%	1%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

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

Table 70. Households with and without computers and smartphones, 2015-2019 ACS

Geography	Estimated number of households	Have both computer and smartphone	Have computer but no smartphone	Have smartphone but no computer	Have neither smartphone nor computer
Tohono O'odham Nation Region	2,820	33%	6%	27%	34%
Baboquivari District	245	40%	4%	22%	35%
Chukut Kuk District	92	32%	0%	25%	43%
Gu Achi District	303	17%	10%	25%	48%
GuVo District	104	32%	0%	27%	41%
Hickiwan District	172	28%	0%	37%	35%
Pisinemo District	141	42%	0%	40%	18%
San Lucy District	75	49%	0%	32%	19%
San Xavier District	700	43%	6%	30%	21%
Schuk Toak District	146	27%	8%	12%	53%
Sells District	720	29%	6%	26%	39%
Sif Oidak District	122	14%	33%	14%	39%
All Arizona Reservations	50,231	31%	5%	22%	42%
Arizona	2,571,268	73%	7%	12%	8%
United States	120,756,048	71%	7%	13%	10%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this table, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices. The four percentages in each row should sum to 100%, but may not because of rounding.

Table 71. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Tohono O'odham Nation Region	10,527	54%	17%	29%
Baboquivari District	964	51%	17%	31%
Chukut Kuk District	460	68%	0%	32%
Gu Achi District	1,018	43%	21%	35%
GuVo District	424	18%	50%	32%
Hickiwan District	682	44%	37%	19%
Pisinemo District	510	58%	15%	27%
San Lucy District	422	53%	16%	31%
San Xavier District	2,212	76%	7%	17%
Schuk Toak District	502	38%	17%	45%
Sells District	2,865	50%	17%	33%
Sif Oidak District	468	44%	26%	30%
All Arizona Reservations	184,145	42%	23%	35%
Arizona	6,892,175	87%	7%	6%
United States	316,606,796	86%	7%	6%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

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

Table 72. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Tohono O'odham Nation Region	3,312	57%	17%	26%
Baboquivari District	266	68%	13%	19%
Chukut Kuk District	172	56%	0%	44%
Gu Achi District	214	56%	25%	19%
GuVo District	136	24%	51%	24%
Hickiwan District	213	56%	40%	3%
Pisinemo District	164	35%	27%	38%
San Lucy District	171	46%	12%	42%
San Xavier District	733	83%	7%	9%
Schuk Toak District	162	51%	0%	49%
Sells District	1,056	46%	19%	35%
Sif Oidak District	N/A	N/A	N/A	N/A
All Arizona Reservations	55,802	46%	24%	29%
Arizona	1,632,019	88%	8%	4%
United States	73,225,376	89%	7%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

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

Table 73. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households with computer and internet	With fixed-broadband internet	With cellular-data internet	With only dial-up internet
Tohono O'odham Nation Region	5,652	54%	82%	0%
Baboquivari District	493	65%	71%	0%
Chukut Kuk District	315	67%	64%	0%
Gu Achi District	442	34%	80%	0%
GuVo District	75	63%	100%	0%
Hickiwan District	301	26%	86%	0%
Pisinemo District	297	30%	87%	0%
San Lucy District	223	95%	92%	0%
San Xavier District	1,674	50%	92%	0%
Schuk Toak District	190	41%	100%	0%
Sells District	1,436	57%	72%	0%
Sif Oidak District	206	96%	79%	0%
All Arizona Reservations	77,951	68%	68%	1.8%
Arizona	5,968,639	87%	82%	0.3%
United States	273,795,622	88%	82%	0.3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28008

Note: The percentages in each row sum to more than 100% because many households use both fixed-broadband and cellular-data internet.

Educational Indicators

Table 74. Kindergarten through 3rd grade chronic absence rates, 2018-19 and 2019-20

	Total K-3 students enrolled (2018-19)	Number of K-3 students with chronic absences (2018-19)	Chronic absence rate for K-3 students (2018-19)	Total K-3 students enrolled (2019-20)	Number of K-3 students with chronic absences (2019-20)	Chronic absence rate for K-3 students (2019-20)
Baboquivari Unified School District #40	369	20	5%	DS	DS	<2%
Indian Oasis Primary Elementary School	369	20	5%	DS	DS	<2%
Off-reservation schools serving Tohono O'odham Nation students (American Indian Students)	1,117	322	29%	1,050	185	18%
Tucson Unified School District (American Indian Students)	74	314	24%	45	313	14%
Amphitheater Unified District (American Indian Students)	79	253	31%	35	233	15%
Sunnyside Unified District (American Indian Students)	169	550	31%	105	504	21%
Arizona schools	326,891	43,773	13%	329,300	25,382	8%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 75. Migrant students (grades K-12) enrolled in public and charter schools, 2017-18 to 2019-20

	Migrant Students (2017-18)	Migrant Students (2018-19)	Migrant Students (2019-20)	Percent of students who were Migrant (2017-18)	Percent of students who were Migrant (2018-19)	Percent of students who were Migrant (2019-20)
Tohono O'odham Nation Region Schools	DS	DS	DS	DS	DS	DS
Off-reservation schools serving Tohono O'odham Nation students	DS	DS	DS	DS	DS	DS
Arizona Schools	4,023	3,426	4,498	0%	0%	0%

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

Note: Migrant students are those students participating in the Arizona Migrant Education Program, a federally-funded, state-run program that provides supplemental services to the children of migrant farmworkers.

Table 76. AzMERIT assessment results: 3rd grade English Language Arts, 2018-19

	Number of students tested	Falls far below	Approaches	Meets	Exceeds	Passing
Baboquivari Unified School District #40	DS	87%	8%	5%	<2%	5%
Indian Oasis Primary Elementary School	DS	87%	8%	5%	<2%	5%
Off-reservation schools serving Tohono O'odham Nation students (American Indian Students only)	DS	77%	7%	13%	3%	17%
Tucson Unified School District (American Indian Students only)	DS	67%	<2%	22%	11%	33%
Amphitheater Unified District (American Indian Students only)	DS	75%	<2%	25%	<2%	25%
Sunnyside Unified District (American Indian Students only)	DS	82%	12%	6%	<2%	6%
Arizona Schools (American Indian Students only)	3,497	66%	13%	18%	4%	22%
Arizona schools	82,653	40%	14%	32%	14%	46%

Source: Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CREd) team

Table 77. AzMERIT assessment results: 3rd grade Math, 2018-19

	Number of students tested	Falls far below	Approaches	Meets	Exceeds	Passing
Baboquivari Unified School District #40	DS	69%	24%	6%	<2%	7%
Indian Oasis Primary Elementary School	DS	69%	24%	6%	<2%	7%
Off-reservation schools serving Tohono O'odham Nation students (American Indian Students)	DS	43%	37%	20%	<2%	20%
Tucson Unified School District (American Indian Students)	DS	33%	44%	22%	<2%	22%
Amphitheater Unified District (American Indian Students)	DS	75%	<2%	25%	<2%	25%
Sunnyside Unified District (American Indian Students)	DS	41%	41%	18%	<2%	18%
Arizona Schools (American Indian Students only)	3,525	42%	31%	21%	5%	27%
Arizona schools	83,042	23%	26%	33%	18%	51%

Source: Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CREd) team

Table 78. 3rd grade AzMERIT passing rates for students enrolled in San Simon School, 2018-19

	Number of students tested	Passing rate
English Language Arts, Spring 2019	34	12%
Mathematics, Spring 2019	33	0%

Source: San Simon School (2022) [Assessment results]. Unpublished data received by request.

Table 79. Four- and five-year graduation rates, 2019

Geography	4-Year Senior Cohort (2019)	4-Year Graduates (2019)	4-Year Graduation Rate (2019)	5-Year Graduates (2019)	5-Year Graduation Rate (2019)
Baboquivari Unified School District #40	61	34	56%	35	57%
Baboquivari High School	45	34	76%	35	78%
Alternative High School (Indian Oasis High School)	DS	DS	0%	DS	0%
Off-reservation schools serving Tohono O'odham Nation students (American Indian Students)	82	72	88%	73	89%
Tucson Unified School District (American Indian Students)	45	51	88%	45	88%
Amphitheater Unified District (American Indian Students)	DS	DS	100%	DS	100%
Sunnyside Unified District (American Indian Students)	19	23	83%	20	87%
Arizona Schools (American Indian Students)	3,772	2,617	69%	2,846	75%
Arizona Schools	86,355	68,393	79%	71,610	83%

Source: Arizona Department of Education (2021). [Graduation dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 80. Trends in graduation rates, 2017 to 2019

	Four-year graduation rates			Five-year graduation rates		
	2017	2018	2019	2017	2018	2019
Baboquivari Unified School District #40	61%	56%	56%	62%	57%	57%
Baboquivari High School	72%	64%	76%	74%	65%	78%
Alternative High School (Indian Oasis High School)	24%	11%	0%	24%	11%	0%
Off-reservation schools serving Tohono O'odham Nation students (American Indian Students)	73%	89%	88%	82%	95%	89%
Tucson Unified School District (American Indian Students)	76%	91%	88%	86%	98%	88%
Amphitheater Unified District (American Indian Students)	40%	78%	100%	60%	100%	100%
Sunnyside Unified District (American Indian Students)	73%	86%	83%	77%	86%	87%
Arizona Schools (American Indian Students)	67%	67%	69%	72%	73%	75%
Arizona schools	78%	78%	79%	82%	82%	83%

Source: Arizona Department of Education (2021). [Graduation dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 81. School enrollment for children ages 3 to 4, 2015-2019 ACS

Geography	Estimated number of children (3-4 years old)	Number and percent enrolled in school	
Tohono O'odham Nation Region	371	162	44%
Baboquivari District	N/A	N/A	N/A
Chukut Kuk District	N/A	N/A	N/A
Gu Achi District	N/A	N/A	N/A
GuVo District	N/A	N/A	N/A
Hickiwan District	N/A	N/A	N/A
Pisinemo District	N/A	N/A	N/A
San Lucy District	N/A	N/A	N/A
San Xavier District	89	31	35%
Schuk Toak District	N/A	N/A	N/A
Sells District	143	71	50%
Sif Oidak District	N/A	N/A	N/A
All Arizona Reservations	6,575	2,836	43%
Arizona	183,386	71,233	39%
United States	8,151,928	3,938,693	48%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B14003

Note: In this table, "school" may include nursery school, preschool, or kindergarten. Reliable estimates were not available for Cedar Creek, Hoday-McNary, Rainbow City, or Remainder of the Region due to sample size limitations.

Early Learning

Table 82. Preschoolers with disabilities enrolled in special education in public and charter schools, 2017-18 to 2019-20

Geography	Preschoolers enrolled in special education, 2017-18	Preschoolers enrolled in special education, 2018-19	Preschoolers enrolled in special education, 2019-20
Baboquivari Unified School District #40	DS	DS	14
Indian Oasis Primary Elementary School	DS	DS	14
Off-reservation schools serving Tohono O'odham Nation students	15	15	DS
Arizona Schools	10,123	10,314	10,521

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CREd Team

Table 83. Preschoolers with disabilities enrolled in special education in public and charter schools by disability type, 2019-20

Geography	Number of preschoolers enrolled	Developmental Delay	Preschool Severe Delay	Speech or Language Impairment	Other Disabilities
Baboquivari Unified School District #40	DS	50%	<2%	50%	<2%
Indian Oasis Primary Elementary School	DS	50%	<2%	50%	<2%
Off-reservation schools serving Tohono O'odham Nation students	DS	82%	9%	9%	<2%
Arizona Schools	10,521	43%	20%	34%	3%

Source: Arizona Department of Education (2021). [Special Needs dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Table 84. Kindergarten to 3rd grade students with disabilities enrolled in special education in public and charter schools, 2017-18 to 2019-20

Geography	K-3 students enrolled in special education, 2017-18	K-3 students enrolled in special education, 2018-19	K-3 students enrolled in special education 2019-20
Baboquivari Unified School District #40	[32-42]	[28-38]	48
Indian Oasis Primary Elementary School	[32-42]	[28-38]	48
Off-reservation schools serving Tohono O'odham Nation students	163	210	[140-150]
Arizona Schools	36,807	38,115	39,071

Source: Arizona Department of Education (2021). [Special Needs dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 85. Kindergarten to 3rd grade students with disabilities enrolled in special education in public and charter schools by disability type, 2019-20

Geography	Number of K-3 students enrolled	Autism	Developmental Delay	Specific Learning Disability	Speech or Language Impairment	Other Disabilities
Baboquivari Unified School District #40	48	2%	33%	19%	35%	10%
Indian Oasis Primary Elementary School	48	2%	33%	19%	35%	10%
Off-reservation schools serving Tohono O'odham Nation students	[140-150]	4%	28%	16%	38%	14%
Arizona Schools	39,071	11%	25%	15%	36%	4%

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

Table 86. Children referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020

Geography	Number of children (ages 0-2) referred to AzEIP			Number of children (ages 0-2) eligible for AzEIP			Percent of referrals found eligible		
	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020
Tohono O'odham Region	37	43	40	[1-9]	[1-9]	[1-9]	DS	DS	DS
Baboquivari District	0	[1-9]	0	0	0	0	N/A	0%	N/A
Chukut Kuk District	0	0	0	0	0	0	N/A	N/A	N/A
Gu Achi District	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GuVo District	0	0	0	0	0	0	N/A	N/A	N/A
Hickiwan District	[1-9]	0	0	0	0	0	0%	N/A	N/A
Pisinemo District	0	0	0	0	0	0	N/A	N/A	N/A
San Lucy District	0	0	0	0	0	0	N/A	N/A	N/A
San Xavier District	[1-9]	12	[1-16]	0	[1-9]	[1-9]	0%	DS	DS
Schuk Toak District	0	0	0	0	0	0	N/A	N/A	N/A
Sells District	29	27	23	[1-9]	[1-9]	[1-9]	DS	DS	DS
Sif Oidak District	[1-9]	0	0	0	0	0	0%	N/A	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	13,803	14,692	13,615	5,372	5,225	4,675	39%	36%	34%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 87. Children (ages 0-5) receiving services from DDD, state fiscal years 2017 to 2020

Geography	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Percent change from 2017 to 2020
Tohono O'odham Region	[1-9]	[1-9]	[1-9]	[1-9]	DS
Baboquivari District	0	0	0	0	N/A
Chukut Kuk District	0	0	0	0	N/A
Gu Achi District	0	0	0	0	N/A
GuVo District	0	0	0	0	N/A
Hickiwan District	0	0	0	0	N/A
Pisinemo District	0	0	0	0	N/A
San Lucy District	0	0	0	0	N/A
San Xavier District	[1-9]	[1-9]	[1-9]	[1-9]	DS
Schuk Toak District	0	0	0	0	N/A
Sells District	[1-9]	[1-9]	[1-9]	[1-9]	DS
Sif Oidak District	0	0	0	0	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Arizona	5,520	6,123	4,005	4,078	-26%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 88. Total children (ages 0-2) receiving services from AzEIP and/or DDD, state fiscal years 2019 and 2020

Geography	SFY 2019	SFY 2020	Percent change from 2019 to 2020	2010 US Census population of children (ages 0-2)	Percent of children (ages 0-2) receiving AzEIP or DDD services, SFY 2020
Tohono O'odham Region	[1-9]	[1-9]	DS	593	DS
Baboquivari District	0	0	N/A	45	0.0%
Chukut Kuk District	0	0	N/A	14	0.0%
Gu Achi District	0	0	N/A	63	0.0%
GuVo District	0	0	N/A	29	0.0%
Hickiwan District	0	0	N/A	42	0.0%
Pisinemo District	0	0	N/A	37	0.0%
San Lucy District	0	0	N/A	105	0.0%
San Xavier District	[1-9]	[1-9]	DS	23	DS
Schuk Toak District	0	0	N/A	180	0.0%
Sells District	[1-9]	[1-9]	DS	33	DS
Sif Oidak District	0	0	N/A	22	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Arizona	6,376	5,721	-10%	270,519	2.1%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 89. Quality First Providers, CY2020

Geography	Child care providers	Child care providers with a 3-5 star rating	Percent of child care providers with a 3-5 star rating
Tohono O'odham Nation Region	8	2	25%
Arizona	1,045	824	79%

Source: First Things First (2021). Quality First Summary Data. Unpublished data.

Table 90. Children enrolled at a Quality First Provider, CY 2020

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a 3-5 star rating	% of Children in a Quality-Level Setting (3-5 Stars)
Tohono O'odham Nation Region	286	84	29%
Arizona	60,927	45,822	75%

Source: First Things First (2021). Quality First Summary Data. Unpublished data.

Table 91. Percent of families not using child care subsidies, 2015-20

Geography	2015	2016	2017	2018	2019	2020
Tohono O'odham Region	10%	0%	0%	17%	0%	DS
Arizona	6%	6%	7%	8%	8%	18%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Child Health

Table 92. Health insurance status for children enrolled in Tohono O'odham Nation Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children with health insurance	Children enrolled in Medicaid/CHIP	Children with state-only funded insurance	Children with private health insurance
Tohono O'odham Nation Head Start	215	100%	94%	2%	4%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 93. Prenatal care for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Tohono O'odham Nation Region	2018	142	13%	32%	50.7%
	2019	122	11%	36%	47.5%
All Arizona Reservations	2018	1,990	5%	18%	64.4%
	2019	2,180	6%	20%	75.3%
Arizona	2018	80,539	3%	8%	68.8%
	2019	79,183	3%	8%	68.9%
Healthy People 2020 target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this table.

Table 94. Pre-pregnancy weight status for mothers enrolled in WIC, 2018

Geography	Women With BMI Determined	Underweight	Obese
Tohono O'odham Nation	147	0%	69%
All ITCA WIC programs	2,184	2%	49%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 95. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018

Geography	Maternal Obesity (2014)	Maternal Obesity (2015)	Maternal Obesity (2016)	Maternal Obesity (2017)	Maternal Obesity (2018)	Maternal Obesity (2019)	Maternal Obesity (2020)
Tohono O’odham Nation	N/A	64%	71%	68%	69%	69%	61%
All ITCA WIC programs	44%	46%	47%	48%	49%	N/A	N/A

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 96. Selected birth outcomes, 2018 to 2019

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Tohono O’odham Nation Region	2018	142	12.0%	15.5%	11%
	2019	122	9.0%	9.8%	13%
All Arizona Reservations	2018	1,990	7.5%	11.1%	N/A
	2019	2,180	8.3%	11.5%	N/A
Arizona	2018	80,539	7.6%	9.5%	8%
	2019	79,183	7.4%	9.3%	8%
Healthy People 2020 targets			7.8%	9.4%	

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: ‘All Arizona Reservations’ row reflects only births to American Indian mothers residing on Arizona reservations.

Table 97. Newborns hospitalized because of maternal drug use during pregnancy, January 2016 to June 2020 cumulative

Geography	Newborns hospitalized	Average length of stay (days)
Tohono O’odham Nation	28	4.3
Arizona	11,027	6.0

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Table 98. WIC-enrolled children exposed to smoking in the household, 2014 to 2018

Geography	2014	2015	2015	2017	2018	2019	2020
Tohono O’odham Nation	N/A	N/A	0.6%	0.5%	0.4%	0.9%	0.3%
All ITCA WIC programs	5%	4%	3%	4%	3%	N/A	N/A

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 99. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020

Geography	2017	2018	2019	2020
Tohono O’odham Nation	70%	71%	75%	71%
All ITCA WIC programs	65%	66%	71%	69%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 100. Breastfeeding rates for WIC-enrolled infants

Geography	Ever Breastfed (2016)	Ever Breastfed (2017)	Ever Breastfed (2018)	Ever Breastfed (2019)	Ever Breastfed (2020)
Tohono O’odham Nation	70%	71%	75%	71%	73%
All ITCA WIC programs	N/A	65%	66%	71%	69%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 101. Percent of WIC-enrolled infants breastfed at 6 months, 2016 to 2020

Geography	2016	2017	2018	2019	2020
Tohono O’odham Nation	18%	15%	20%	20%	16%
All ITCA WIC programs	N/A	24%	25%	26%	23%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 102. Weight status of WIC-enrolled children (ages 2-4), 2018

Geography	Children (Ages 2-4) For Whom Weight Determined (2018)	Underweight (2018)	Obese (2018)
Tohono O’odham Nation	387	4%	28%
All ITCA WIC programs	4,176	2%	23%

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 103. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018

Geography	2014	2015	2016	2017	2018	2019	2020
Tohono O’odham Nation	N/A	N/A	27%	27%	28%	36%	40%
All ITCA WIC programs	23%	23%	23%	23%	23%	N/A	N/A

Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 104. Children in child care with selected required immunizations, 2017-18

Geography	Number enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
Indian Oasis Preschool	68	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Arizona	89,996	92.5%	94.2%	94.8%	4.3%	0.7%	2.9%
Healthy People 2020 targets		90.0%	90.0%	90.0%			

Source: Arizona Department of Health Services (2021). Childcare Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Childcare Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Table 105. Kindergarteners with selected required immunizations, 2019-20

Geography	Number enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
Indian Oasis Primary Elementary School	88	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Arizona	82,358	93.2%	93.8%	93.5%	5.4%	0.3%	3.4%
Healthy People 2020 targets		95.0%	95.0%	95.0%			

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Table 106. Kindergarten immunization exemption rates, 2015-16 to 2019-20

Geography	Kindergarteners with personal belief exemptions					Kindergarteners exempt from all vaccines				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
Indian Oasis Primary Elementary School	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Arizona	4.5%	4.9%	5.4%	5.9%	5.4%	1.8%	2.4%	3.5%	3.8%	3.4%

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Family Support and Literacy

Table 107. Placement of Wards of the Court, 2021

	All Children (ages 0-17)
Total Wards of the Court	101
In contract facilities- foster homes	35%
In contract facilities- group homes	28%
In TON Foster Homes	9%
Placed with relatives	4%
In TON Group Homes	3%

Source: Tohono O'odham Nation Social Services Department (2016). [Child Welfare data]. Unpublished data.

APPENDIX 2: METHODS AND DATA SOURCES

The data contained in this report come from a variety of sources, including publicly available datasets; data requested from Arizona state agencies; data obtained from various Tohono O’odham Nation departments and programs with approval from the Tohono O’odham Nation Council by Resolution No. 21-439 and qualitative data gathered through key informant interviews. Specific sources and methods used in this report are enumerated below.

U.S. Census and American Community Survey Data

The U.S. Census²⁸⁹ is an enumeration of the population of the United States. It is conducted every 10 years, and includes information about housing, race, and ethnicity. The 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. Both the 2010 and 2020 Census data for the Tohono O’odham Nation Region presented in this report are drawn from the Census Geography for Tohono O’odham Reservation. The Census Bureau is expected to publish new population estimates and detailed tables from the 2020 Census for tribal geographies later in 2023.

In March of 2022 the U.S. Census Bureau released its estimates of undercount and overcount in the 2020 Census. Analyses conducted by the Bureau show that several groups that have been historically undercounted were also undercounted in the 2020 Census. This includes the Black or African American population, the American Indian/Alaska Native population residing on reservations, the Hispanic or Latino population and individuals who indicated being of “Some other race.” Among age groups, the Census 2020 also undercounted children ages birth to 17, especially children birth to 4. According to the Census Bureau, the undercount rate among American Indian/Alaska Native people living on reservations was 5.64% (a percentage that was not statistically different from the undercount rate of 4.88% in the 2010 U.S. Census).²⁹⁰

The American Community Survey (ACS)²⁹¹ is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Tohono O’odham Nation Region were also drawn from the Census Geography for the Tohono O’odham Reservation. Data in this report from the ACS summarize the responses from samples of residents taken between 2015 and 2019, which is notably before the COVID-19 pandemic began. Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. 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 tribal geographies. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report.

Education Data from ADE

Education data from the Arizona Department of Education (ADE) included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the spring of 2021. The vendor worked with the regional director to create a list of all public and charter schools that serve students from the region. This list was used to aggregate school-level data to the “Off-reservation schools serving the Tohono O’odham Nation Region” level. This methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system and business rules over the past three years, some indicators could not be presented as a time series.

Data Suppression

To protect the confidentiality of program participants, the First Things First (FTF) Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than six. In addition, some data received from state agencies are suppressed according to their own guidelines. The Arizona Department of Health Services (ADHS) does not report counts less than six; the Arizona Department of Economic Security (DES) does not report counts between one and nine; and ADE does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines 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 or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only TANF and 12 children enrolled in a household with TANF, the entry in the table would read “13 to 21.” This is because the suppressed number of children in Child-only TANF is between one and nine, so the possible range of values is the sum of the two known numbers plus one on the lower bound to the sum of the two known numbers plus nine on the upper bound. Ranges that include numbers below the suppression threshold of less than six or 10 may still be included if the upper limit of the range is above six or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

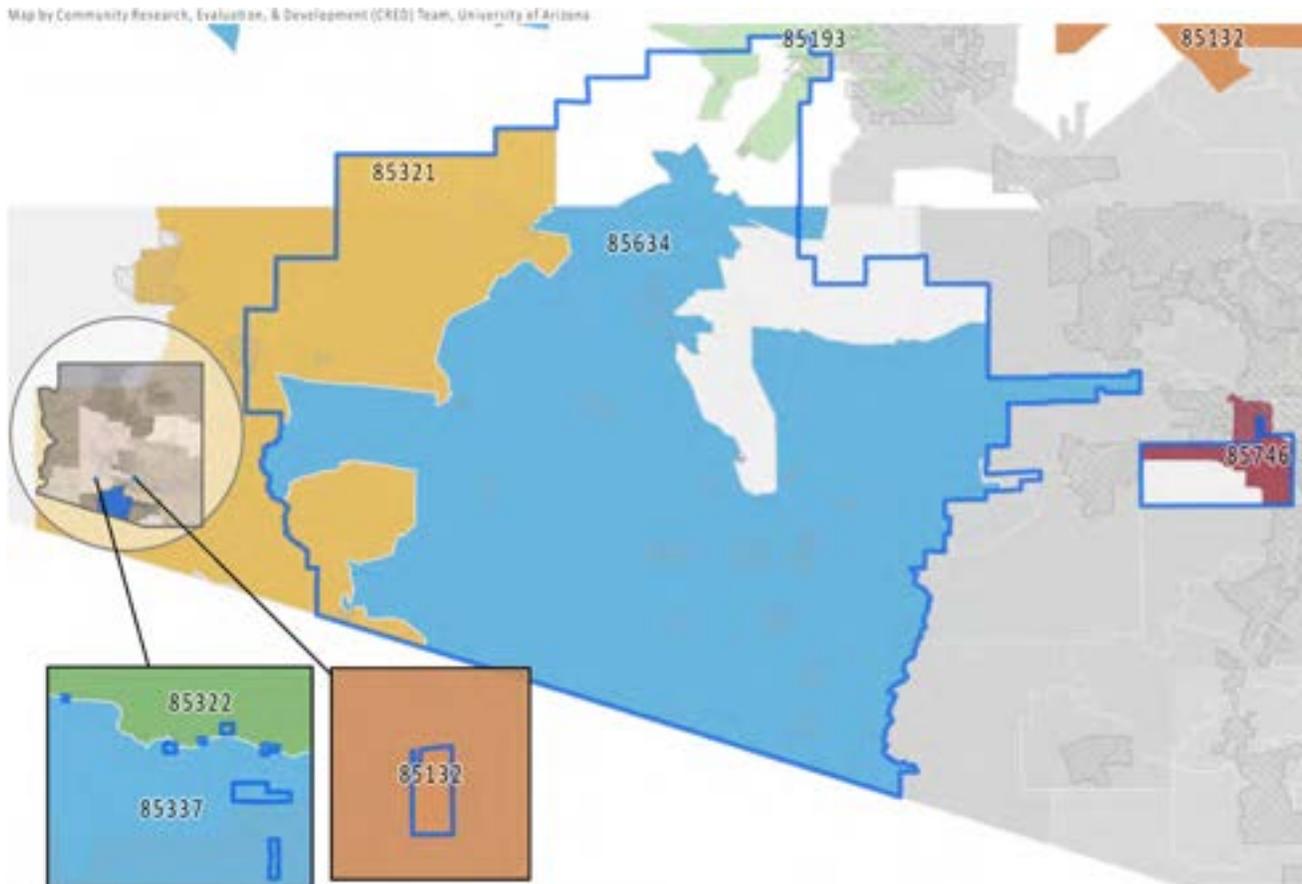
The Report Process.

This report was the product of collaboration between the vendor, the regional director, the regional partnership council and the FTF Evaluation team. The vendor worked with the FTF Evaluation team to identify and review indicators for the report and prepare data requests to submit to state agencies. The

Regional Partnership Council, Regional Director, and the vendor collaboratively defined priority areas, identified appropriate key informants, and submitted tribal data requests. The vendor worked to process, compile, analyze, and visualize data gathered as well as to review data for quality and accuracy. The vendor then facilitated a data interpretation session with the Regional Director, the Regional Partnership Council, and key stakeholders in the region. This session aimed to gather local knowledge and perspectives regarding the data collected. The vendor finally synthesized the findings from the data interpretation session into this report, which has been reviewed by the Regional Director, Regional Partnership Council, and Tohono O’odham Nation Council prior to publication.

APPENDIX 3: ZIP CODES OF THE TOHONO O'ODHAM NATION REGION

Figure 70. Zip Code Tabulation Areas (ZCTAs) in the Tohono O'odham Nation Region



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

Table 108. Zip Code Tabulation Areas (ZCTAs) in the Tohono O’odham Nation Region

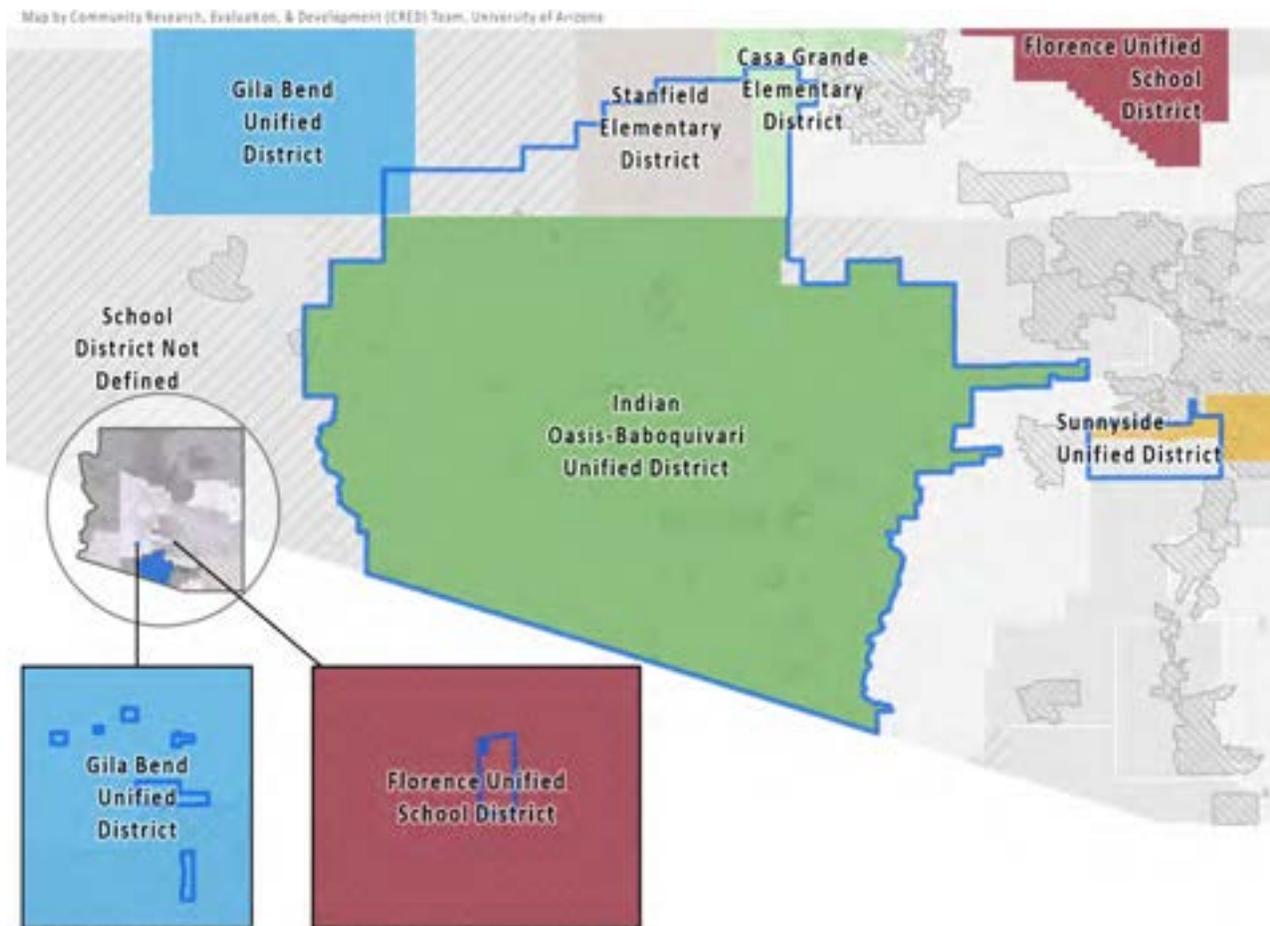
Zip Code Tabulation Area (ZCTA)	Population (all ages)	Population (ages 0-5)	Total number of households	Households with young children (ages 0-5)	Percent of this ZCTA's total population living in the Tohono O'odham Nation Region	This ZCTA is shared with
Tohono O'odham Region	10,201	1,180	2,781	738		
85123	14	0	5	0	0%	Pinal
85132	58	2	21	1	0%	Pinal
85193	422	46	104	28	9%	Pinal
85321	951	121	257	71	21%	Pima South
85337	388	40	79	25	14%	Southwest Maricopa
85634	6,479	735	1,738	468	100%	Pima North
85746	1,181	161	314	99	3%	Pima North & Pima South
85756	704	75	261	46	2%	Pima South
Other	4	0	2	0		

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

Note: The Zip Code Tabulation Area 85322 (shared with Southwest Maricopa) overlaps the lands of the Tohono O’odham Nation region but none of the ZCTA’s population lives in the Tohono O’odham Nation Region.

APPENDIX 4: SCHOOL DISTRICTS OF THE TOHONO O'ODHAM NATION REGION

Figure 71. School Districts in the Tohono O'odham Nation Region



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

Table 109. School Districts and Local Education Authorities (LEAs) in the Tohono O’odham Nation Region

Name of district or Local Education Agency (LEA)	Number of schools	Number of students in kindergarten through third grade
Tohono O’odham Nation Region	7	352
Baboquivari Unified School District #40	7	352
Indian Oasis Primary Elementary School	1	352
Baboquivari Middle School	1	N/A
Baboquivari High School	1	N/A
Alternative Middle School (Indian Oasis Middle School)	1	N/A
Alternative High School (Indian Oasis High School)	1	N/A
Indian Oasis Intermediate Elementary School	1	N/A
Tucson Unified School District (American Indian Students)	6	45
Amphitheater Unified District (American Indian Students)	3	35
Sunnyside Unified District (American Indian Students)	4	105

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

Note: N/A indicates that a school had no K-3 students enrolled. The following off-reservation schools were identified as serving Tohono O’odham Nation Students: Miller Elementary, Wakefield Middle, Pueblo High Magnet, Cholla High and Tucson Magnet High Schools in TUSD; EC Nash, Amphitheatre Middle and Amphitheatre High Schools in AUSD; and Summit View Elementary, Santa Clara Elementary, Challenger Middle, Desert View High and Sunnyside High Schools in SUSD. BIE schools in the region that do not report data beyond school meal service into the ADE data system include San Simon School, San Xavier Mission School, Santa Rosa Boarding/Day School, Santa Rosa Ranch School, and Tohono O’odham High School.

APPENDIX 5: DATA SOURCES

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