TOHONO O'ODHAM NATION

REGIONAL PARTNERSHIP COUNCIL

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

Funded by the

First Things First Tohono O'odham Nation Regional Partnership Council

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About this Report Supplement

As part of additional work for the First Things First 2022 Needs and Assets Report cycle, the Tohono O'odham Nation Regional Partnership Council allocated funding for additional data collection and reporting specific to the impact of the COVID-19 pandemic on the programs and services for families with children ages birth to 5 in the region.

Regional Partnership Council members were interested in how the pandemic had impacted families with young children in the community. However, due to the limitations imposed by the pandemic and restricted access to the community by outside entities, the CRED team proposed to indirectly assess this impact through key informant interviews with the heads of programs that serve those families. These interviews could be conducted remotely via phone or virtual conferencing platforms, making it feasible for data collection to happen amidst the uncertainty and challenges related to the ongoing public health emergency. The CRED team worked closely with the Regional Partnership Council and Regional Director to develop a list of Tohono O'odham Nation departments and programs who were asked for interviews. Below is the list of programs that participated in the interviews:[1]

- Tohono O'odham Nation Department of Education: Child Care Program
- Indian Oasis Primary Elementary School: Preschool Program
- Santa Rosa Ranch School
- San Simon Elementary School
- Tohono O'odham Nation Women, Infants and Children (WIC) Program
- Tohono O'odham Nation Health Care
- Tohono O'odham Nation Department of Health and Human Services
- Tohono O'odham Nation Enrollment Program
- Tohono O'odham Ki:Ki Association

Although interviewees were asked to speak about their experiences as program directors and leaders, several of them are also members of the Tohono O'odham Nation and thus were able to share their perspectives as community members as well.

Interviews for this report supplement were conducted in the winter and spring of 2022. The ongoing pandemic has had different phases, with various waves of heightened transmission but also with increasing access to testing and vaccines. The views expressed by key informants reflect the circumstances they faced early in the pandemic but also at the time of the interview. Those circumstances have continued to change from the time of the interviews to the writing of this report.

Policies and procedures might be different from those described in this report due to the passing of time, shifting pandemic-related circumstances, and changes in leadership. In addition, this report supplement reflects the views of a selected number of individuals affiliated with tribal departments and programs,

[1] *The 2022 First Things First Tohono O'odham Nation Regional Partnership Council Needs and Assets Report includes more background information on many of the programs included in this supplement, as well as some data from 2020 that reflect early pandemic circumstances. Please see this report for more information.*

many of which provided critical services during the pandemic emergency. Their views may differ from those of other community members. Lastly, Tohono O'odham Nation families also access services from non-tribal entities (e.g. off-reservation child care, public schools, health care); the perspectives of these programs are not included in this supplement.

Pandemic response by the tribal government

This section summarizes the Tohono O'odham Nation's coordinated response to the COVID-19 pandemic, as described by key informants.

COVID-19 Unified Command Structure– When the COVID-19 pandemic began, the Tohono O'odham Nation activated a unified command structure, which temporarily reorganized the Nation's health system under the Office of Emergency Management[2] to direct the incident response. The unified command was activated during the early stages of the pandemic and during the Delta variant wave when workforce transmission was peaking. Key informants indicated that the unified command was made possible by the existing infrastructure of the Public Health Emergency Preparedness (PHEP) program, a collaboration between Tohono O'odham Nation Health Care (TONHC) and the Tohono O'odham Nation Department of Health and Human Services which addresses infectious disease threats in the Nation.[3] The unified command allowed the Nation to protect community members by isolating people who were infected in emergency housing; prioritizing hospital care and communications related to COVID-19; and directing testing and vaccination efforts. The Nation also issued stay-at-home orders, mask mandates and public office closures. As of the time of the interviews, public offices were still closed by executive order.

Key informants indicated that a strong, centralized response was needed because of the high proportion of multi-generational households including older family members as well as high numbers of community members with underlying medical conditions, increasing risk of transmission and severe illness:[4] *"On the Nation there are high rates of diabetes and other health problems, so they are extra cautious."* Another key informant noted: *"I think they have taken more safety measures in making sure everyone is safe."* The caution of the incident response was seen to have resulted in fewer COVID-related deaths in the region: *"Of course there is always room for improvement, but we've been taking care of everyone as best as possible. We have had to deal with a lot of deaths but, compared to nationally, we're still at a very low level on the Tohono O'odham Nation."*

Vaccine incentives– Once vaccines became available, the Nation offered a tax-free payment incentive to all enrolled members who were fully vaccinated as of November 2021.[5] As the vaccine was approved for adolescents and then young children, the incentive was also extended to these age-groups.[6] Key

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[2] *For more information, see: http://www.tonation-nsn.gov/public-safety/office-of-emergency-management/*
[3] *For more information, see: http://www.tonation-nsn.gov/health-human-services/public-health-emergency-preparedness/*
[4] Centers for Disease Control and Prevention. (May 17, 2022). *Diabetes and COVID-19.* Retrieved from: https://www.cdc.gov/diabetes/library/reports/reportcard/diabetes-and-covid19.html
[5] *For more information, see: http://www.tonation-nsn.gov/wp-content/uploads/2021/09/Final-FAQs-Tribal-Member-COVID-Vaccine-Incentive-Program-9.13.21.pdf*
[6] *The incentive offered for children ages 5 to 11 was a Nintendo Switch, Switch Lite or Amazon Tablet. All members 12-years-old or older qualified for the payment.*

informants said that outreach around vaccines, coordination of the points of distribution (PODs) and incentives *"have been instrumental in getting the community vaccinated, and now [as of March 2022] there is huge outreach to get young kids 5 and older."*

Communication – Key informants noted the difficulty of reaching community members across the large area of the reservation with different communication needs. Departments and programs within the Tohono O'odham Nation used numerous channels to communicate timely COVID-19 updates to as many residents as possible. TONHC created a webpage[7] to house continuously-updated data (including a monthly "COVID-19 Situation Update"), executive orders, public health guidance, informational videos and other community announcements. Key informants indicated that the radio station covers most of the reservation's land-base and was a major source of pandemic-related information. TONHC also gave a radio update via the legislative council once a week, and other programs shared public service announcements (PSAs) over the radio. Most programs reported posting updates via their social media sites, email lists, and tele-text systems. PSAs were also posted in the long-standing community newspaper called The Runner.[8]

According to key informants, it was difficult for some residents to access up-to-date information on program operations and other COVID-related guidance, even with these varied efforts. Key informants felt that improved infrastructure and a dedicated communications department would have been needed to communicate efficiently during such states of emergency.

Existing infrastructure and additional accommodations provided by the Nation – Key informants spoke to the advantages of having tribally-operated and coordinated departments, programs and services prior to the onset of the pandemic: "*There's been a system in place for providing transportation, health care and these kinds of things to Nation members. It was already in place before the pandemic, and that was very helpful. That infrastructure was already a strength."* This infrastructure for taking care of Tohono O'odham Nation members transferred into the emergency situation: *"Each District has leadership that also provided whatever was needed – PPE [personal protective equipment] supplies, food boxes, virtual events and activities to get involved in. Different programs under the Nation had different activities and strategies to support basic needs and wellbeing."*

Key informants noted that the Tohono O'odham Nation made special efforts to provide for members' basic needs and help employees keep their jobs, including issuing an extra 5 days' leave per quarter and hazard pay for essential workers:

> *As a Nation as a whole, we have had to amend policies and procedures to accommodate situations arising from the pandemic. There is a special leave that has been awarded to help employees deal with situations beyond their control; we are very fortunate to have that. Just to be employed – the Nation has taken measures to try to accommodate everyone, to try to not let people go or lay anyone off. We are already struggling as it is, and being able to support your family is a big priority for members. Members who are working are very happy to still have a job, even if it's a struggle to go day-by-day. There are agencies that have been assisting by*

[7] *For more information, see: http://www.tonhc.org/coronavirus/*
[8] *Key informants shared that, like many staff during the pandemic, the publisher of The Runner retired and printed copies are no longer being produced. Tohono O'odham Nation news continues to be shared via "The Runner News" Facebook page.*

providing food donations and supplies like diapers for children, a lot of members were able to benefit from these distribution events. [We] have been dealing with this pandemic very well.

Pandemic-era funding to improve infrastructure, services and access **–** The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided funding to tribal, state and local governments to navigate the COVID-19 pandemic and its impacts. Tribal governments were required to submit supporting documentation to a web portal, and the distribution of funding was determined by a formula.[9] As of August 2021, the Arizona legislature documented that the Tohono O'odham Nation had received $321,270,473 total in federal COVID-19 funding, described in Table 1 below. Many key informants mentioned the impact of this funding on the COVID-related needs of both programs and community members. This included being able to prioritize longstanding infrastructure needs such as internet service across the reservation and emergency housing units*: "The permanency of the on-reservation emergency housing – this was needed before COVID, but COVID made it a pressing need, and so we were able to get it in place."* From another key informant: *"Utilities received a grant to lay out fiber to the entire Nation. This has been a goal for the Nation for a while, but this motivated them to try to complete it. They are working diligently on that one to get it completed."*

Table 1. Federal COVID-19 Funding to the Tohono O'odham Nation, August 2021

Program	Amount
Coronavirus Relief Funds (CRF)	$ 61,115,398
Coronavirus State Fiscal Recovery Funds	$ 166,315,563
Aid to Tribal Governments	$ 2,407,613
Welfare Assistance	$ 288,792
Bureau of Indian Education (BIE)	$ 480,290
Education Stabilization Fund (ESF) Tribal Colleges and Universities (TCU) Set-Aside	$ 817,579
Head Start	$ 510,900
Centers for Disease Control (CDC)	$ 585,602
Behavioral Health Grants	$ 97,402
Rural Tribal COVID-19 Response	$ 298,403
IHS Self-Determination and Self-Governance	$ 67,221,234
Child Care and Development Block Grant (CCDBG)	$ 17,480,504
Child Welfare Services	$ 22,882
Promoting Safe and Stable Families	$ 50,955
Family Violence Prevention and Services Formula Grant (FVPSA)	$ 362,146
Older Americans Act (OAA)	$ 370,640
Community Development Block Grant (CDBG)	$ 1,500,000
Indian Housing Block Grant (IHBG)	$ 1,303,136
Byrne Justice Assistance Grants (JAG)	$ 41,434
TOTAL	**$ 321,270,473**

Source: https://www.azleg.gov/jlbc/FederalCOVIDFunding083121.pdf

Key informants indicated that many community members benefitted from the COVID-19 Emergency Assistance Program, which was created by the Tohono O'odham Nation to provide welfare assistance to

[9] *For more information, see: https://www.bia.gov/covid-19/cares-act*

enrolled members who have been impacted by the pandemic.[10] The program helped eligible members pay for rent/mortgage, utility payments, internet service, computing devices, student tuition and other education-related expenses. Many members continued to benefit from programs under the Family Assistance Division of the Tohono O'odham Nation Department of Health and Human Services. A reported 2,858 food boxes were distributed in 2020, and the General Assistance Program was able to increase families' cash benefits because of the additional COVID-funding they received. Finally, Membership Services, the Health and Human Services Department and TONHC worked together to verify the enrollment status for people with COVID-related deaths and provided burial service assistance if families could not afford it.

Additionally, the federal government issued economic impact payments and a child tax credit to eligible individuals in 2020 and 2021.[11] Other payments that Tohono O'odham Nation members may have received included the non-gaming per capita[12] of $1,000 issued in March 2020 and the vaccine incentive mentioned above. The non-gaming per capita was coincidentally issued at the beginning of the pandemic, which was an advantage because of the increased economic hardship and uncertainty at that time but also a challenge for members attempting to apply for this benefit. Tribal offices were closed, so residents were not able to pick up an application or request missing documentation in person. In response to the difficulty some members had with providing their social security number for the non-gaming per capita application, the Tohono O'odham Nation Enrollment Program now requires a social security card as part of the enrollment process so that they have a copy on record for future needs.

Pandemic impact on families with children: Challenges and strengths

Key informants shared their perspectives on the main challenges experienced by families during the pandemic as well as the strengths that helped them cope with the situation. Because not all individuals interviewed for this report worked with families with young children, the summary below includes references to families with children of all ages.[13]

Family stress **–** At the time the interviews for this project were conducted, the Tohono O'odham Nation region had recently experienced a peak in COVID-19 transmission due to the Omicron variant. Schools had begun the 2021-22 school year in-person but transitioned back to remote learning due to the increase in cases. Many other facilities remained closed by executive order, and few programs were offering in-person services. Key informants spoke about the wide range of concerns and struggles faced by families in the community because of pandemic-related circumstances, many of which will be discussed in the following sections of this report supplement. These included the stress of:

- Grief due to the loss of family and community members

[10] *For more information, see: http://www.tonation-nsn.gov/wp-content/uploads/2021/02/COVID-19-Emergency-Assistance-Updatee.pdf*
[11] *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. For more information, see: https://www.irs.gov/newsroom/questions-and-answers-about-the-first-economic-impact-payment-topic-a-eligibility*
[12] *For more information, see: http://www.tonation-nsn.gov/membership-services/enrollment-program/percapitainfo/*
[13] *Additional challenges faced by programs and families, and community responses to these challenges, are listed in the* Community responses to COVID-19 early education challenges *section of the supplement.*

- Risk of COVID-19 transmission in multi-generational households
- Balancing the need to work (sometimes in person) with the need to protect oneself and one's family from infection
- Coping with a lack of basic necessities early in the pandemic
- Family members together at home, with children participating in remote learning
- Lack of activities for young children and the closure of recreation spaces

"The trauma of the pandemic in general has taken a toll on the community. It seems like it has touched everyone now, either directly or second-hand."

Child health and development– As mentioned in the *Access to child care services* section of this supplement, key informants believed that the lack of early care and learning opportunities for infants and toddlers during the COVID-19 pandemic has contributed to an increase in speech and learning delays in the region. Key informants also felt that the lack of options for recreation and healthy activity paired with the increased use of electronics by young children seems to be resulting in rising obesity, earlier development of Type II diabetes, cognitive development challenges, and mental health problems: "*Kids coming back to appointment have huge increases in BMI [body mass index] post-pandemic, and baseline rates were already so high. This will be a huge change in 10-15 years. We are already seeing Type II diabetes in 10- to 12-year-olds."* Another key informant noted:

> *A huge need is more recreation, more healthy activities available. But that also means transportation to get to them and encouragement to go. Rec. centers may start opening more and have more availability, but the lack of activity during COVID was a huge detriment. There is a high use of electronics in young age groups. We see 1-year-olds on tablets in appointment, and it is hard to pull them away from it. Parents aren't aware of the benefits of providing other activities and the detriments of screen use.*

Additionally, key informants considered that decreased clinical capacity, delays to dental care, and lack of healthcare transportation affected families' ability to engage in preventive care measures: *"Dental care was postponed. [Tohono O'odham Nation Health Care] had a robust pediatric fluoride program, but now we're seeing much more dental decay. We have also documented lower immunization rates, which have historically been above the US average."*

Cellular service, internet connection, and computer literacy – Key informants highlighted the fact that Tohono O'odham Nation students were able to access computers and WiFi hotspots through schools and federally-funded pandemic programs. However, connectivity remained an issue, and many families had higher data and bandwidth needs when multiple family members had to access school, work and other services online:

> *Connectivity was an issue. We could send computers that we purchased for the students; all BIE schools got infusions of money to that extent. We're grateful, but connectivity is a huge issue. We had to purchase hot spots with funds from federal government, but a hot spot is only as good as telephone reception in the area – we are very isolated in the Nation, and there are many dead zones. Literally one of our informational parent notices on how to troubleshoot your connection was to walk around the house to find a spot with better connection. It was a big challenge. When*

> *we provided hot spots, we didn't realize it wasn't enough data for all the things the kids were doing with it; maybe it was ok for schoolwork but then not enough for other uses. We needed to get another subscription for unlimited data, and that has helped a lot. I wish we had known from the get-go, but it was all a learning experience.*

Even with functioning IT in place, many community members still lacked computer literacy, which greatly impacted families' ability to seek remote services, find information online and support children with online learning. As noted by key informants, computer literacy was specially challenging for grandparents and other, older caregivers raising grandchildren: *"Engagement and technology were immediate issues with the preschoolers. Learning how to use the computer, navigate Google Classroom, use Zoom to raise hand and mute/unmute. Grandparents raising grandchildren sometimes had trouble helping with the technology."*

Strong sense of community and family– Key informants spoke of the importance of intergenerational families and neighbors supporting each other as a sign of community resilience. For example, many key informants said that neighbors, friends and extended family stepped in to help with child care and remote learning when parents had to work or take care of other things. They also noted that, despite the hardship imposed by the circumstances, the pandemic gave families an opportunity to spend more quality time together: *"The biggest benefit is family bonding. Parents have gotten to know their children better getting to spend extra time with them at home."*

Key informants also highlighted the strong sense of community within the Tohono O'odham Nation, which is facilitated by multi-generational relationships, shared experiences and culture: *"People are doing a lot of collaborating with each other, they support each other. The Nation is a small community, made up of a lot of small communities. People know each other. That would be a strength."* Another key informant spoke of the high levels of parental and staff engagement at Santa Rosa Ranch School due to this sense of trust and family:

> *Parent engagement was definitely a strength before the pandemic. This sense of community has always been there, with generations of students going to school at the ranch, a sense of trust is built. The school has done a wonderful job of having two-way relationships and building trust and community. The school frequently asks for parental input. The teachers are willing to go to the houses, they know the history of the school, the families, what families struggle with. The teachers consider the students their kids, and they teach to the best of their ability because of this sense of family. If there's any emotional strain on the students, like the parents are splitting up, the teachers know and want to support them.*

While key informants noted the difficulties posed by some family circumstances in the region, they also emphasized the dedication of staff working to support children and families as though they were their own.

Increased outreach and flexibility of programs– The innovation and flexibility of staff to keep programming available to families was mentioned repeatedly by key informants: *"Staff flexibility has been so key, they keep it moving!"*

"It's been trial-and-error… if it doesn't work, we're going to keep trying and figure out a different way! Programs have been really innovative, but it's taken time to get there."

Staff found that, through pandemic-related innovations, programs were able to support families in new ways: *"[When the pandemic is over, we will provide] continued support and relationships with the families so they are able to get different resources, sharing information on a regular basis to families, increased outreach. If not a weekly packet, maybe it's just an extra activity or event that can be shared."* New methods of communication and outreach even reduced some barriers for parental participation:

> *We will probably keep some virtual meeting options. For example, when we're having the 8th grade graduation, we will have a ceremony in person but also live-stream it so that it's accessible for more people. Now we're using ClassDojo and virtual reminders to parents that work well, the Google Classroom platform, and we will probably keep virtual meeting opportunities with parents because this increases accessibility. Parents have been interested and excited about the new virtual platforms. All the parents attended the science fair, they were on the platform until 9pm!*
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> *We will be keeping all the communication platforms and the online meetings with parents. We've found new and better avenues of communicating with parents. I will now be able to have a larger network of communication with parents than before the pandemic. Now when we have an open house or a meeting, everyone will be able to attend, many more than before because they will be able to join online, and they use the chat box for ideas and suggestions. It's a great silver lining, I have no clue why we didn't do it before.*

Pandemic impact on program operations and service access

This section summarizes information provided by key informants on how the COVID-19 pandemic impacted the operation of programs in the community and how those programs adapted and responded to the emergency circumstances. Key informants approached for this project included individuals representing a variety of programs in the Tohono O'odham Nation. Some of these programs specifically serve families with children ages birth to 5; others provide services to all families in the community.

Access to child care and early learning services

Tohono O'odham Nation families rely on child care at tribal child care centers (4), tribally-approved home providers and off-reservation providers where children are enrolled with financial support from the tribe's Child Care Program. Seven Head Start Centers in the Tohono O'odham Nation Region provide early education opportunities for young children. When the pandemic forced families to shelter in place, access to early care and education became a big challenge. All tribal offices, including child care and Head Start[14] centers, had to close and transition to remote operations.

Child Care center staff continued to support enrolled children and their families through creative, weekly take-home packets for both infants and toddlers. Families also received a food box every week.

[14] *Key informants indicated that Head Start centers closed during the pandemic, but no further information was able to be provided for this supplemental report.*

Key informants noted that the lack of in-person care was a major concern for caregivers. However, families gave positive feedback about the packets and were glad to have guidance around engaging their children in developmentally-appropriate learning activities, both for themselves and others helping out with care. Data from the Child Care Program indicate that fewer than 40 children were enrolled in center-based child care in 2019 (30 toddlers and <10 infants). Key informants indicated that fewer children were enrolled as of March 2020 (N= 21), and this number declined to 4 in March 2022 due to changes to services and many enrolled children aging out of child care. The Child Care Program is launching recruitment efforts for when executive orders allow for the return to in-person care.

Child Care Program staff attempted to stay in contact with enrolled children and their families as much as possible: *"We stayed connected with most families. Sometimes contact was disrupted or delayed, or their child turned 3 and they needed to turn to other resources like Head Start or the public-school preschool program. Now that people are starting to come out, there is some contact with staff and families outside of the school time because it is a small community."* As of March 2022, the program was considering whether it could be possible to implement virtual learning: *"We are still in the planning stages of seeing how we can have virtual meetings with the children to be able to see the staff and to see each other. But this is still going to involve the parent being there or a caregiver helping get them set up. We have just been limited in how contact could happen."*

Key informants felt that the closure of the tribally-operated child care and early learning facilities limited the tribe's ability to support working caregivers. Many parents relied on their extended networks to step in for care, which became a source of stress about COVID-19 transmission:

> *"For the parents, they were faced with how they were going to get care for their children because the centers were all closed. They had to turn to alternative means including family members, friends, neighbors. When the cases increased, of course there were challenges of how to keep themselves protected. They had mental health challenges because they couldn't go anywhere and had to provide everything for the family in the home."*

Key informants additionally noted that children were missing out on socialization and exposure to the learning environment, which was perceived to be detrimental to child development: *"For the children, missing the social engagement with their peers and the early learning. That type of service was challenging to provide safely."* From another key informant: *"Head Start is outstanding, a great resource for families and children. As Head Start was closed, kids haven't had the opportunity to interact with other kids, learning. We're seeing more speech and language delays."*

Transition to remote learning

Baboquivari Unified School District

Schools on the Tohono O'odham Nation closed in March 2020 due to the COVID-19 pandemic. Baboquivari Unified School District (BUSD) schools were able to transition to virtual learning quickly because the district already had laptops and WiFi hotspots available for every student. During the 2020-21 school year, children could participate in schooling 100% virtually or through a hybrid model in

which two cohorts of students were in school on alternating days of the week, with Friday classes provided virtually so schools could be sanitized. During the 2021-22 school year, vaccinated students were first allowed to return to in-person learning, and then all students could choose to attend school in-person. Following safety protocols, BUSD transitioned back to virtual learning for periods of time in 2022 when COVID-19 cases spiked due to new virus variants.

According to key informants, teachers boosted student morale by always letting them know they were happy to see them on video, and preschool teachers made classes as different and fun as possible including dancing and other tactile learning experiences. In addition to the Google Classroom platform, BUSD staff explored additional technologies to meet unique family needs and keep children engaged. Some classes were recorded and could be viewed asynchronously. Indian Oasis Primary School created a TikTok channel, and the school's librarian used FlipGrid to engage students in reading a book and answering questions about it. To maintain their emphasis on early literacy, Indian Oasis also instituted "Book of the Week," where staff or students would record themselves talking about a favorite book.

Bureau of Indian Education (BIE) Schools[15]

San Simon Elementary School – San Simon Elementary relied on learning packets for several months until they were able to purchase computers and hotspots with federal grant funding. In addition to virtual classes, kindergarteners and 1st graders continued to receive weekly packets to practice handwriting and other hands-on activities. At the beginning of the 2021-22 school year, San Simon implemented a hybrid model, with one-third of students attending in-person each day on a rotating schedule. Due to increasing COVID-19 cases, San Simon returned to 100% virtual learning beginning in January 2022 with the plan to return to hybrid and then in-person learning as soon as possible.

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 three 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 nation since the COVID-19 pandemic began.[16]

Santa Rosa Ranch School – Santa Rosa Ranch School used learning packets until they initiated virtual learning in 2020. They already had 1:1 computers available for students, and, when the pandemic hit, all employees became certified in Google classroom. Employees were additionally trained in problem-solving, and teachers and support staff learned to troubleshoot computer issues to provide IT support to families. The 2021-22 school year began via a hybrid model, but the school has transitioned back to 100% virtual learning during periods of higher transmission.

Key informants indicated that there is a strong sense of community within the Santa Rosa Ranch School, and the high level of investment from both teachers and parents was instrumental to successfully

[15] *Information about Santa Rosa Day School was not able to be included in this supplemental report.*
[16] https://www.nationsreportcard.gov/highlights/ltt/2022/

transitioning to and from remote learning. Communication systems such as ClassDojo, the Google classroom platform, virtual meetings and event streaming were seen to reduce barriers to parental engagement at both Santa Rosa Ranch School and San Simon Elementary School.

COVID-19 early education challenges

There were significant challenges to early learning throughout the COVID-19 pandemic, but also creative responses to meet family needs. The following tables introduce challenges expressed by key informants as well as ways that services adapted in response.

Coordination between school districts and the COVID-19 Taskforce

Challenge: During the pandemic, schools had to make decisions that affected the safety of their staff, students and families.
Community response: At the community-level, the Tohono O'odham Nation created a COVID-19 Taskforce, which key informants felt strengthened and opened up new lines of communication with the school districts. Throughout the pandemic, schools had to create and present plans to the Council about how they were going to provide distance learning and return to in-person learning safely. The taskforce would also attend school board meetings to hear about plans, protocols, and other updates. This increased coordination and ensured safety protocols were in place. Key informants also cited the collaboration between BUSD and the Tohono O'odham Nation Department of Health and Human Services as key to getting school meals to families during the pandemic.

Adapting to remote and hybrid teaching modes

Challenges: Early on, teachers had to adapt to teaching via virtual platforms, and several older teachers who were less familiar with the technology decided to retire. Both BUSD and BIE schools transitioned multiple times between 100% virtual, hybrid, and in-person learning based on COVID-19 transmission rates, which was challenging for both teachers and students. In-person communication with parents and guardians was also severed with the transition to virtual learning.
Response: Key informants perceived that the teachers took on the challenge and learned to effectively manage virtual and hybrid teaching. Teachers also set up networks of communication that worked well for families, including using their own cellphones and programs like ClassDojo or Remind. School staff found that virtual parent-teacher conferences were much easier on parents, noting that they will keep virtual options for meetings and open houses in the future. School-distributed laptops were also perceived as a significant benefit, allowing teachers to supplement their lessons with online curricula and resources.

Concentrating on remote learning

Challenge: Key informants noted that some children had a hard time concentrating on virtual learning due to space limitations and distractions from other family members: *"There are a lot of families*

living inter-generationally, so you have grandparents, parents, and lots of children of different ages. It's hard when the children are all in virtual class in the same room together, getting distracted by each other and the noise of the other classes. There is not enough room in the houses for them to spread out." Another key informant posed, *"If you are living in a household with 16 other family members and your child is trying to do online learning, how can this work? Especially with the lack of housing and resources, this is what we are facing. That made it especially challenging for members residing on the reservation."*
Response: To help minimize distractions, BUSD was able to provide headsets and also worked to create staggered class schedules so that siblings were less likely to be online at the same time.

Infrastructure

Challenge: Key informants noted that, despite the provision of WiFi hotspots and devices, families in some areas of the reservation still experienced connectivity issues that made it difficult for children to participate in virtual learning: *"For virtual online learning- this goes directly back to infrastructure on-reservation. There are some areas that don't get good connection, how well can those families and children receive services?"*
Response: One key informant indicated that some students with working parents or poor connection at home were able to access WiFi for virtual class at a recreation center. This did not appear to be a universal option, as others mentioned that all public spaces including recreation centers were closed during the stay-at-home orders. Pandemic-era funding was also designated for improving internet infrastructure across the reservation, which key informants recognized as a lasting benefit.

Information Technology (IT) support

Challenge: Many parents relied on extended friend and family networks to facilitate virtual learning, and key informants indicated that grandparents and older foster parents especially struggled with the new technologies.
Response: Inventively, Santa Rosa Ranch School trained bus drivers to help families along their routes troubleshoot computer issues, and BIE created a help desk hotline to answer IT questions.[17] BUSD also provided technology support for students and their caregivers: *For single parents who still had to go into work, it was hard to find child care and help students engage in virtual learning. A lot of grandparents often help them get online. When they disseminated the computers to students, they held a training for students and their legal guardians, but then [the district] realized that they should offer more trainings for alternative caregivers like grandparents. A lot of older students also help their younger siblings.*

[17] *https://www.bie.edu/topic-page/bie-help-desk-hotline*

Hands-on help for younger students

Challenge: Key informants noted that there were unique remote learning challenges for families with younger children. Children in preschool and kindergarten required adult assistance to navigate technology and keep them engaged, which was especially hard for working parents. Because preschool is not mandatory, participation in remote learning for the youngest children was inconsistent.
Response: As mentioned above, the preschool teachers at Indian Oasis Primary Elementary incorporated tactile and active lesson components and creatively used technology to try to engage their students in early literacy practices. San Simon Elementary continued to distribute learning packets to young students to provide physical learning opportunities in addition to virtual classes. Even with these resources available, direct supervision by caregivers was required and a challenge for young children to engage in early learning during the pandemic.

Learning challenges for older students

Challenge: While it appeared that older students required less hands-on assistance, key informants reported that parents had a hard time monitoring older children to attend virtual class, and a few children were dropped for non-attendance. Key informants said that, because of lower engagement in virtual learning, a significant learning gap has emerged. Many children would have benefited from additional caregiver assistance to keep up with classwork, but families were often unavailable or did not feel they had the skills to assist. According to key informants, this was especially true of young parents, caregivers who were balancing work and family, and caregivers with substance use disorders or other mental health challenges.
Response: The new testing system and individualized curricula implemented at San Simon school may help address some of the learning gap at this school, however all school systems in the region will need to address learning, social and other challenges that were exacerbated by the pandemic.

School meals

Challenge: Many children in the region rely on breakfasts, lunches, and snacks provided by their schools via federal meal programs. Over 98% of students in the region were eligible for free and reduced-price meals in 2019-20. When schools closed, it was unclear how students would maintain access to these meals.
Response: All schools in the region were able to continue providing meals to their students, which were available to be picked up or delivered via bus routes. 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. 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. In the same year, schools also provided 174,576 meals through the National School Lunch Program (NSLP), and child care and Head Start centers served 9,376 meals through the Child and Adult Care Feeding Program (CACFP) including 2,263 delivered by the GuVo bus route. According to key informants, school meal delivery was a significant asset to families.

Additionally, key informants highlighted the Sunrise House (Si' Alig Ki), a service through BUSD that provides food, hygiene products and diapers to families which was able to maintain operations through the pandemic.

Access to nutritious food and nutrition education

The Tohono O'odham Nation Women, Infants and Children (WIC) program offers funds for nutritious food, breastfeeding and nutrition education for income-eligible families with children ages birth to four. Key informants noted that in the early days of the pandemic, families in the WIC program faced a lot of challenges. Families were often unable to redeem their benefits in stores because items on the food list were not available, transportation to get to stores was not running and community members were worried about being in crowded, public places. During the pandemic, changes were made to WIC program administration to better meet the needs of families in a time of crisis.[18] Certain food package substitutions were allowed (such as milk of any available fat content), and participants were allotted extra monthly funds to use on fruits and vegetables.

The U.S. Department of Agriculture (USDA) also allowed benefits to be issued and nutrition education to be provided remotely. Key informants indicated that some parents had technology challenges around required contact with the program and paperwork submission:

> *Some people don't have cell phones or service, and that is the way that WIC is currently providing services. If you have to purchase [cell phone] minutes, your WIC appointment takes away from these minutes. Older foster parents especially have technology challenges. We are asking documents to be sent in by taking a picture on their phone or emailing it, but some of our clients don't know how to do that. We make exceptions sometimes, for example if a mother is newly pregnant and is already at the clinic, or if they don't have a phone.*

According to key informants, the goal of the WIC program is 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 included mandatory quarterly nutrition education for participants who are considered high-risk as well as monthly check-ins with foster parents.

[18] *Food and Nutrition Service, U.S. Department of Agriculture. (2021).* Getting food on the table. *Retrieved August 24, 2021 from* https://www.fns.usda.gov/coronavirus

The Inter Tribal Council of Arizona (ITCA) issued timely guidelines to each participating tribal WIC program, which key informants indicated was helpful to staff amidst ever-changing policies. Enrollment in the Tohono O'odham Nation WIC program has been decreasing in recent years, and limited staff capacity required a further decrease in caseload from approximately 600 in 2021 to about 500 in 2022. However, key informants highlighted the accommodations staff made to keep the program running during the pandemic:

> *We're proud of the staff being willing to come in and make all those phone calls. In the beginning it felt overwhelming. There were a lot of appointments on the schedule, and we were trying to get them done and enter notes. We've had to communicate more, like with our SNAP-Ed contact, to try to figure out how to reach clients. They really stepped up and made those phone calls and communicated with each other.*

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 sought out trainings and information in order to better provide participant-centered nutrition education telephonically. 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 has been able to integrate some of these lessons learned into their operations moving forward to meet the needs of both staff and participants.

Challenges in other programs serving Tohono O'odham Nation families

Despite the innovation and creativity of tribal programs when attempting to provide services to the community during the lockdown, some programs faced substantial limitations. This section outlines some of the main challenges that other departments and programs serving Tohono O'odham Nation families faced during the pandemic. It also describes successful strategies they developed in response to these challenges, some of which will be maintained by programs after the threat of the pandemic has subsided.

Shifting to meet immediate needs – When COVID-19 began, health care services had to concentrate their attention on addressing and communicating about the pandemic. This meant that other services were de-prioritized by necessity. Key informants voiced that there were additional barriers due to the relatively recent transition of TONHC from Indian Health Services (IHS) to tribal administration and the accompanying staffing turnover: *"Everyone has made efforts, but during the transition not all of the pieces were together yet before COVID hit. The hospital system could be more effective in providing services that aren't COVID-related. It turned into a priority system, like triage, and we could only deal with the dire circumstances."*

At the beginning of the pandemic, other programs including Tohono O'odham Nation WIC also shifted focus to making sure families could meet their basic needs: *"There was a shift in the department when*

COVID started; how do we make sure families have masks, PPE [personal protective equipment], cleaning supplies, diapers, all of their basic needs met? It was a massive shift to emergency needs. Later into the pandemic we focused more on other services." This was a significant benefit to community members, but it also meant that many services that were available before the pandemic became unavailable for a period of time.

Services being substantially limited or completely unavailable – Key informants noted that the ability for programs to continue operating in the early pandemic days varied substantially. Health care transportation services were not operating, which affected patients' ability to seek in-person care and access resources such as the food boxes provided by the Tohono O'odham Nation WIC program, which had to be picked up in-person. Pediatric dental services were delayed, resulting in reported increases in dental caries.

Speech therapy was provided by Zoom, and early intervention evaluations were conducted over the telephone.[19] Key informants felt that this not only affected the patient experience but also the ability for staff to identify unsafe home situations and other children who might benefit from services: *"Usually, when children are identified by Child Find, someone from Special Services on the Nation would go with someone from Dynamite Therapy to do an evaluation at the home, and services would then be provided in the home, where they may be able to identify other children who are in the home, see the domestic conditions, other ripple effects that were able to happen."*

Similarly, the Family Spirit Home Visiting Program was not able to conduct programming in the home, and other behavioral health and child protective services were severely limited by in-person restrictions. Concurrently, family stress related to the state of emergency further increased the demand for those services.

> *We had to completely stop programming or figure out how to provide some version of it. Virtual platforms weren't so effective. For example, the Family Preservation Program, the mother and father classes, they turned the curriculum into workbooks and would just do phone contact with participants. I'm not sure how effective that was, but it was the only option to keep families engaged. I think about CPS [child protective services], there was a decrease in reporting as school was virtual. Home checks only happened if it was a high-priority case, so we weren't catching cases early.*

Even when services were available remotely, some community members did not have sufficient cellular service, internet or video technology. Programs and departments experienced lower caseloads and reported losing contact with a portion of their clients. Some services were provided by phone without a video component, but a key informant noted that the quality was different from in-person interaction: *"Having to do things over the phone, you really had to be more descriptive and practice more*

[19] *One key informant indicated that developmental screenings were paused for a period of time during the pandemic due to the difficulty and client discomfort of performing them over the telephone.*

participant-centered services. Now we have a participant-centered services lead who provides in-services on ways to do things, explain things to clients verbally."

Workforce needs – As offices closed and transitioned to remote services, staff members experienced challenges related to managing work from home. Like community members, staff had inconsistent cell and internet service at home, and many programs were unable to provide devices until new funding became available. Beyond IT challenges, key informants indicated that some programs struggled with the lack of in-person contact and experienced a substantial decrease in their ability to respond to requests for services from community members.

> *Working remotely was difficult because of confidential nature of records. A lot of families also didn't have access to internet, but a lot have since gotten it because of their child's virtual learning. Even so, they have to spend money to get internet or increase their plans to get enough bandwidth. Still staff prefer being able to pick up a file and do what they need to do rather than working remotely. People are so used to coming into office to get the services they need- we have had to make changes to still be able to serve them.*

> *In the beginning when the EO [Executive Order] came out, there was limited staff working in the office which is not a good thing, it's a challenge to be able to provide services from home. We only had one program cell phone and had to ask staff to use their personal phones. Eventually the Inter Tribal Council of Arizona was able to fund the cell phones, laptops, jet packs, and a zoom account. So we were able to get cell phones for every staff member to call clients, also laptops to use out in the field and for staff to use from home.*

Key informants also spoke about staff members balancing work and family demands:

> *In the office, we have a lot of staff with young children. They have to take time off to care for their children. Staff need extra time off now. We have to be respectful for our employees and let them take care of their families. The Nation has provided some assistance in terms of issuing leave for people who have become positive, but this only lasts so long (an extra 5 days per quarter), and hazard pay is no longer in effect.*

Disruptions to collaboration and outreach – Collaborations between departments or programs were also disrupted when offices closed, staff left or assumed new roles and regular lines of communication were broken: "*Previous to COVID, everyone had each other's cell phones and could reach out immediately to touch base. Now we need to re-establish these relationships, which is hard with few staff to dedicate outside of direct patient care."*

Additionally, key informants noted that joint outreach events that were unable to be held during the pandemic. For example, early childhood programs usually collaborate on a "Kindergarten round-up" event to help prepare young children and their families for the transition to kindergarten. During this event, other programs would have presentations and tables set up with resources for the families to explore. Key informants shared that most program promotion during COVID has had to happen online, and it is much less clear how many families are being reached.

However, key informants also pointed out ways in which collaboration has increased within and across departments of the Nation: "*We have absolutely seen increased collaboration [since the pandemic], and I think this will continue. Now they're working on redoing Indian Route 15, and all of the schools are participating in forums held by the Roads Department to determine where the route will go to help serve their school and families. There are monthly meetings held for any department.*"

Moving forward technologically and perceived benefits of remote services – Despite the infrastructure challenges mentioned, key informants also highlighted how some aspects of remote operations made life easier for both program staff and community members seeking services. The new-found option to perform **administrative tasks** securely online was specifically mentioned as a benefit:

> *There is a struggle with infrastructure even in the city center of Sells, but people have now figured out how to put forms online, taking things telephonically. Now if somebody in the household has access to a cellphone, if they get a phone, they can get us forms without having to physically bring them to us. We've added protections to email to be able to send social security cards, get signatures through DocuSign, death certificates, etc. These are things that are moving the Nation forward – it has forced them to do things they weren't prioritizing earlier.*
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> *Even when we are open to the public, we will probably stay with [the new] appointments [system] because it's easier to know who is coming and be able to pre-screen and prepare before they come. Some children are having to be placed with aunts and uncles, and the enrollment process requires additional documents for them, so it is helpful to be able to prepare for these kinds of appointments in particular. It just helps things run more smoothly. At most it takes about 5 minutes once they're in the office to get their cards. If members are coming from out of state, we can let them know exactly what they need before they drive all that way to the office without something they need.*

Key informants in **healthcare** indicated that, while it is beneficial to have initial visits and establish new patient relationships in-person, handling other visits remotely can reduce barriers for families and actually increase rates of follow-up care. Spring 2020 legislation allowed providers to bill public insurance for telephone visits,[20] and new infrastructure and protocols around audio-visual visits made both of these options viable for TONHC during the pandemic:

> *Our hands were forced to provide phone visits, but now I love it for families I know well. For follow-up visits, the kid doesn't have to leave school, parents don't have to drive – we can communicate the results quickly and come up with a plan of action with the family. Before, we could call a patient but could not bill for it as a visit. There are still calls that aren't [classified as] visits, but now because of COVID legislation, HHS [Health and Human Services] can bill for the phone visits and make this a sustainable option. It's a huge silver lining. As far as video, we didn't have the infrastructure, the protocols, the right form to fill out for that sort of visit including consent and who's present, etc. The infrastructure for that is superb now, so we can continue to use that option as well.*

[20] *For more information, see: https://www.acponline.org/practice-resources/business-resources/telehealth/telephone-visits*

Within the **schools**, key informants felt that there was a forced "*elevation in teaching in order to get over these different hurdles"* presented by the pandemic. Staff and families were obligated to become more computer literate, and remote learning provided new opportunities to use various virtual learning platforms and supplement curricula with online materials: *"The teachers were extremely creative to keep students engaged. They learned to use technology to its fullest extent, and computer/technology literacy has increased across the board."* While there were certainly challenges to remote learning, key informants also noted that families thought it was a safer option during COVID, and many students liked aspects of remote learning: *"We're a little nervous about returning to in-person learning [because of the continued COVID risks]. My nieces and nephews miss the 1-1, but they also like the technology."*

Like remote learning, staff of different programs and departments were able to participate in **training opportunities** from across the state and country that were newly offered online. In some cases, key informants found that the **flexibility of working from home** has also provided unexpected benefits and will try to keep that as an option for their staff moving forward: *"I think about the workforce- my workforce is also my priority, and I'm advocating for the mental health of our workforce, trying to allow work-from-home as possible because this has been helpful for rejuvenation, there's a lot of research on the positive benefits of work-from-home options."*

Summary

An important goal of this report supplement was to document both the challenges imposed by the COVID-19 pandemic on Tohono O'odham Nation programs that serve families in the community and the strengths that helped service providers and families cope with an unprecedented public health emergency. While it is clear that the pandemic brought immense challenges to Tohono O'odham Nation families, this report also highlights the community's resilience and collective strengths in the midst of a very difficult time.

- From the perspective of key informants, the **response of the tribal government** to the COVID-19 pandemic was strong and cautious. Strict stay-at-home orders meant that offices were closed to the public and services became unavailable or less accessible for community members without internet and technology. However, the response was also seen as necessary for protecting vulnerable community members such as those living in multi-generational households and those with pre-existing conditions. Key informants felt that the COVID-19 Taskforce as well as participatory meetings about roads and internet infrastructure opened up new lines of communication within and between departments on the Tohono O'odham Nation.
- Importantly, the **infusion of federal CARES Act funding** allowed the Nation to prioritize infrastructure needs such as emergency housing and internet access as well as purchasing devices for program staff and students. Key informants saw this technological advancement as a lasting benefit, especially when paired with new systems and protocols for conducting services online.
- The pandemic forced many tribal programs to find **creative and flexible ways to continue serving community members.** These included innovative ways of conducting administrative

business and staying in touch with program participants. Many programs were surprised to see the positive effect of a few of these changes and are planning on making them permanent going forward. Unexpected benefits included increased parental participation in school events and follow-through with pediatric doctor's appointments, from the point of view of key informants.

- However, **limitations to some services** and the **widespread stress of the pandemic** were challenging for families in the Tohono O'odham Nation Region. Families especially struggled with a lack of in-person child care and school, and key informants noted the detriments to child development as well as a learning gap that emerged in older children. While community safety and immediate needs posed by COVID-19 were necessarily prioritized by the health care system, it was more difficult to engage in preventive health measures including childhood immunizations, fluoride applications and dental cleaning, healthful nutrition and active recreation. Other services like behavioral health, developmental screenings, speech therapy and home visitation programs were also limited due to restrictions on providing services in close 1:1 proximity. Key informants posited that this lack of contact further affected the number of referrals for screenings and the child welfare system during the pandemic.

Key informants emphasized the advantage of existing tribal departments and programs designed to take care of Tohono O'odham Nation members, tight-knit families and communities and dedicated staff working to support families as though they were their own. Moving forward, it will be important for services to consider the challenging circumstances young children and families have experienced during the pandemic, and the possible longer-term effects of these. Finding ways to help mitigate these effects will be an ongoing challenge for the Tohono O'odham Nation, one that they will face with the knowledge gained from going through such arduous times together, centering the wellbeing of families and children.