



**2016**

**NEEDS AND ASSETS REPORT**

 **FIRST THINGS FIRST**

San Carlos Apache Region

# **San Carlos Apache Regional Partnership Council**

**2016**

## **Needs and Assets Report**

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**Funded by**

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February 10, 2017

Message from the Chair:

The past two years have been rewarding for the San Carlos Apache Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families.

The San Carlos Apache Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the San Carlos Apache Region. These reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The San Carlos Apache Regional Partnership Council owes special gratitude to the San Carlos Apache Tribal Council, the San Carlos Apache Tribe Education Committee, community agencies, service providers and key stakeholders. We would also like to thank our report vendor, The University of Arizona Community Research, Evaluation & Development, The Frances McClelland Institute for Children, Youth, and Families, John & Doris Norton School of Family and Consumer Sciences, College of Agricultural and Life Sciences, for their knowledge, expertise and analysis of the San Carlos Apache Region.

Going forward, the First Things First San Carlos Apache Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,

Vernon Poncho, Chair

## Introductory Summary and Acknowledgments

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

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

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

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

### ***Acknowledgments:***

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

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

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## Executive Summary

### ***Regional Description***

The boundaries of the First Things First San Carlos Apache Region are defined to be those of the San Carlos Apache Indian Reservation. The region covers almost 3,000 square miles in east-central Arizona. Most of the region lies within Gila and Graham counties, although there is a small, uninhabited section in Pinal County. The reservation, which was established in 1871, is divided into four districts: Seven Mile Wash, Gilson Wash, Peridot, and Bylas.

### ***Data Sources***

The information contained in this report comes from a variety of sources. Much of the data was provided to First Things First by other state agencies: the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition, regional data from the 2014 First Things First Parent and Caregiver Survey are included.

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

### ***Population Characteristics***

According to the U.S. Census the San Carlos Apache Region had a population of 10,068 in 2010, of whom 1,435 (14%) were children ages birth to 5 years. Thirty-six percent of households in the region included a young child.

Forty-three percent of the households with young children (birth to 5) in the region are single-female households. The proportion of young children living in a grandparent's household in the region (47%) is substantially higher than the percentage statewide (14%), and also higher than the percentage in all Arizona reservations combined (40%). For those children living in a grandparent's household in the region, 49 percent live with a grandparent who is financially responsible for them, but only five percent of the children have no parent present in the home.

The vast majority (98%) of young children (ages 0-4) in the San Carlos Apache Region are American Indian. This proportion is similar to that of all Arizona reservations combined (92%), but differs greatly from the statewide percentage of six percent. The percentage of young children who are Hispanic or Latino in the San Carlos Apache Region is five percent, compared to nine percent in Arizona reservations overall and 45 percent in the state as a whole. The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (95%), and a somewhat smaller proportion of adults than children identifying as Hispanic or Latino (3% versus 5%). In the state, however,

only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino. The ethnic composition in the San Carlos Apache Region is also reflected in a higher proportion of households that report speaking a Native North American language (36%) compared to households statewide (2%). This proportion, however, is lower in the San Carlos Apache Region compared to the proportion in all Arizona reservations combined (51%). Apache is the predominant native language spoken in the San Carlos Apache Region.

### ***Economic Circumstances***

Poverty rates for both the overall population and the population of young children are higher in the San Carlos Apache Region than across all Arizona reservations combined and the state as a whole. For the overall population, 51 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide. In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Fifty-nine percent of the children in the region live in poverty, a slightly higher proportion than that in all Arizona reservations combined and substantially higher than the state percentage (56% and 28%, respectively). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region, and across all Arizona reservations are low income, i.e., near but not below the federal poverty level (FPL). Eighty-three percent of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677 a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state. The median family income in the region (\$30,263) is about half of the median family income in the state of Arizona (\$58,897). The average unemployment rate in the region for the 2009-2013 period is 29.8 percent, higher than both the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent.

Given the high poverty levels in the region, safety net programs such as the San Carlos Apache Nnee Bich'ó Nii Tribal Temporary Assistance to Needy Families program (TANF), the Supplemental Nutrition Assistance Program (SNAP) and the school-based free or reduced-price lunch program, are used by many families. In 2014, 27 percent of children in the region received TANF benefits, while only four percent of children statewide did. There was, however, a decline in the proportion of children receiving TANF benefits between 2012 and 2014. In 2014, 1,644 children birth to 5 received SNAP benefits in the region. This represents more than 100 percent of the children in this age range reported to be living in the region according to U.S. Census 2010 (1,435). In comparison, only half of young children statewide (51%) participated in SNAP. Three-quarters (75%) of the children attending the San Carlos Unified School District, and nearly 90 percent (87%) of those in the Fort Thomas Unified School District, the only Arizona Department of Education districts with 90 percent or more of their boundaries wholly contained within in the region, were eligible for free or reduced lunch.

### ***Educational Indicators***

Adults aged 25 and older in the San Carlos Apache Region report similar levels of educational attainment as all Arizona reservations combined, but lower levels than the state as a whole. Twenty-eight percent of adults in the region have no high school diploma or GED compared to 29 percent in all Arizona reservations and 14 percent in the state. An estimated four percent of adults in the region have a Bachelor's or higher degree.

Children from the region attend schools in a number of Arizona Department of Education school districts, but as noted above only two, the San Carlos Unified School District and the Fort Thomas Unified School District, have 90 percent or more of their boundaries within the regional boundaries. San Carlos Unified School District includes Rice Elementary and San Carlos Secondary School. Fort Thomas Unified School District includes Fort Thomas Elementary, Fort Thomas Junior/High School, Mount Turnbull Elementary and Mount Turnbull Academy. Data are provided for both of these districts.

Students pass Arizona's Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the San Carlos Unified School District, about one quarter (24%) of third grade students passed the AIMS math test and 39 percent passed the AIMS reading test. In the Fort Thomas Unified School District, 61 percent passed the AIMS math test and 59 percent passed the AIMS reading test.

### ***Early Learning***

Early care and education options available to parents of young children in the San Carlos Apache Region include the Apache Kid Child Care Center, San Carlos Child Readiness Program, San Carlos Head Start Program, and the school-based preschool at San Carlos Unified School District.

### **Center and home-based care**

Apache Kid Child Care Center provides services to children in the region at two sites, one in San Carlos and the other in Bylas. Eligibility criteria for services include income (with preference for low-income families), teen parents enrolled in high school, Tribal TANF clients, and parents in the workforce. Cost of care is based on a sliding scale fee (in FY2012-2013 the average monthly copayment per child was \$58).

A recent addition to the early childhood education system in the region is the San Carlos Child Readiness Program, funded through a four-year grant by the U.S. Department of Education as part of the Demonstration Grants for Indian Children program. The Child Readiness Program started to operate in the summer of 2013 and serves four year-old children at two sites, one in Gilson Wash District and the other in Seven-Mile Wash District. There are no fees associated with participating in the Child Readiness Program and it is not based on income.

Families in the region also utilize the services of unregulated home-based providers. Recognizing the importance of high-quality home-based services, the San Carlos Apache

Regional Partnership Council funds the Family, Friend and Neighbor strategy. Through this program, which is managed by the Apache Kid Child Care Center, home-based providers who care for children ages 0 to 5 receive trainings from qualified Early Childhood Education specialists. Training topics include: child safety, first aid/CPR, nutrition/food handlers class, and child development among others. In addition, the program helps providers develop job-related skills such as resume writing, computer literacy, and also planning for higher-education courses. Providers also receive financial support for finger printing and drug testing so they can eventually become regulated providers. According to program staff, transportation for participants is one of the main barriers they encounter, as well as finding more families who are willing to take advantage of services provided by program participants.

### **San Carlos Apache Head Start Program**

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The San Carlos Apache Region is served by the San Carlos Apache Head Start, which is a tribally-operated program providing services in Seven Miles Wash, Gilson Wash, Peridot and Bylas. The San Carlos Apache Head Start serves a total of 233 children ages 3 and 4, although the vast majority of children enrolled in the program (88%) are 4 years old. The program provides half-day double sessions, four days a week in 12 classrooms. The San Carlos Apache Head Start also has a kindergarten transition program.

### **Children with Special Needs**

In the San Carlos Apache Region, the number of Division of Developmental Disabilities (DDD) service visits for children aged 0-2 increased from 210 in 2013 to 263 in 2014.

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. In 2014, First Things First conducted a modified version of the Family and Community survey in six tribal regions including the San Carlos Apache Region, known as the First Things First Parent and Caregiver Survey. This survey, conducted face-to-face with parents and caregivers of young children living in the region, included a sub-set of items from the First Things First Family and Community Survey, as well as additional questions that explored health needs in tribal communities. A total of 224 parents and other caregivers responded to the survey at a variety of locations across the San Carlos Apache Region.

The 2014 First Things First Parent and Caregiver Survey included a set of questions aimed at gauging parents' and caregivers' concerns about their children's development. Respondents were asked to indicate how concerned they were about several developmental events and stages in eight key areas. The three areas which revealed the greatest degree of concern for respondents were "How well your child behaves" (42% worried), "How well your child talks and makes speech sounds" (32% worried), and "How well your child gets along with others" (32%

worried). Across the eight areas, 16 percent of the respondents reported being “worried a lot” about one or more areas, and 43 percent were “not worried at all” about all eight areas. The remaining 41 percent were “worried a little” about at least one of the eight areas.

### ***Child Health***

In 2013, there were 293 babies born to women residing in the region. Almost half (48%) of pregnant women in the region had no prenatal care during the first trimester; this percentage does not meet the Healthy People 2020 objective of fewer than 22.1 percent without care. Over one quarter of pregnant women in the region (27%) had fewer than five prenatal care visits, compared to five percent in the state. A higher proportion of babies in the region (12%) were premature (less than 37 weeks) compared to the state (9%). The region’s percentage is slightly above the Healthy People 2020 objective of fewer than 11.4 percent premature.

The vast majority of births in the region (90%) were paid for by a public payor (AHCCCS, Arizona’s Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category. Of the babies born in 2013 to women in the region, nine percent were low birth weight (2.5 kg or less). This percentage was higher than the seven percent statewide, placing it over the Healthy People 2020 objective of fewer than 7.8 percent. Four percent of babies in the region were placed in neonatal intensive care, a similar proportion to the state as a whole (5%).

According to the American Community Survey, over half (51%) of the young children in the San Carlos Apache Region are estimated to be uninsured. This percentage is substantially higher than those of all Arizona reservations combined (20%) and the statewide rate (10%).

Healthy People 2020 sets a target of 80 percent for full vaccination coverage among young children (19-35 months). Data for the San Carlos Apache Tribe (FY2013) from the Indian Health Service indicate that 74.7 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is below the Healthy People objective.

While immunizations rates vary by vaccine, the vast majority of children in kindergarten in the region had been immunized; these rates, which represent only three schools in the region, are higher than those of the state. While there were no religious/personal belief exemptions, there were medical exemptions from immunizations in the San Carlos Apache Region schools for which data were available at 0.5%.

### ***Family Support and Literacy***

The 2014 Parent and Caregiver Survey collected data about parent and caregiver knowledge of children’s early development and their involvement in a variety of behaviors known to contribute positively to healthy development, including two items about home literacy events.

Twenty-one percent of survey participants reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly larger proportion (30%)

reported that the child was not read to, or read to only once or twice during the week. In comparison, telling stories or singing songs took place more frequently. In more than three-quarters of the homes (78%), children were hearing stories or songs three or more days per week.

The First Things First 2014 Parent and Caregiver Survey also included an item aimed at eliciting information about parents' and caregivers' awareness of their influence on a child's brain development. Just under half of the respondents in the region recognized that they could influence brain development prenatally or right from birth. A sizeable proportion (27%) responded that a parent's influence would not begin until after the infant was 7 months old.

### **Raising young children in the region: positive aspects and challenges**

Parents and caregivers of young children who participated in the First Things First 2014 Parent and Caregiver Survey were asked what they liked best about raising young children in their community. Their responses are summarized below in order of most to least cited. The majority of survey respondents indicated the thing they liked best about raising children in their community was the ability to teach children about Apache culture, Apache heritage, and the Apache language. Parents and caregivers also appreciated the ability to raise children in a community where other members of their family were close by to offer support and guidance. Survey participants also highlighted the fact that their community is "close-knit," with many indicating that they felt safe and supported in their community and that their children had friends to play with. Parents also pointed out that they value the programs available to young children, specifically the Boys and Girls Club and Young Warriors. Lastly, respondents indicated that they enjoyed being able to take their children outdoors to do recreational activities, including participating in sporting events, playing at parks and playgrounds, and going hunting and fishing.

Parents and caregivers were also asked about the most difficult aspects of raising children in the San Carlos Apache Region. The majority of survey participants perceive the high rates of drug and alcohol use in the community as one of the most challenging aspects of raising young children in the region. Many survey respondents shared a sense that drugs and alcohol impeded on parents' ability to raise their children, and blamed drugs and alcohol use for making the community less safe. Other safety concerns named by parents and caregivers included peer pressure, violence and gang activity, bullying in schools, and other environmental concerns such as driving too fast through areas where children are present, stray dogs, and hazardous trash. Many parents and caregivers indicated that poverty in general poses a large challenge to families raising children young children in the region. For example, survey respondents expressed concerns about being unable to find work, adequate housing, and being able to access other needed goods and services. Other respondents specifically mentioned the difficulties they experience being single-parents or being a grandparent raising grandchildren. Parents and caregivers reported that lack of available childcare, services for children with special needs, and opportunities to teach children more about the Apache culture are also

challenging aspects of raising young children in the region. Additionally, while some respondents indicated they liked the programs and activities available for children and families in their community, other survey participants pointed out that there are not enough programs and activities for children and families in their community. The differences in opinion in regards to activity opportunities, community safety, and other issues, are likely due to the fact that parents and caregivers who participated in the survey reside in different areas of the San Carlos Apache Region.

### **Most important things that would improve young children's lives**

The First Things First 2014 Parent and Caregiver Survey also included an item asking parents what they thought were the most important things that should happen in order to improve the lives of children and families in the San Carlos Apache Region. The need for parents to be actively involved in the lives of their children was the most common response to this question. In relation to parent involvement, a handful of survey respondents stated they felt parenting classes for parents would be beneficial for the children and families in the community. In addition to parent involvement, many survey respondents felt that providing children with a safe environment was very important. More specifically, parents and caregivers felt children should be given the opportunity to grow up in adequate housing and in an environment free from violence. Some survey respondents recommended increasing the number of law enforcement officials in order to increase feelings of security in the community. Survey respondents also felt that the community would benefit from additional activities for children and families, including activities where elders could interact with children. Parents and caregivers also indicated that culture preservation programs were important and needed so that children could have more opportunity to learn the Apache language and culture. Additionally, some survey respondents reported feeling that the community would benefit from more healthcare services and activities that promoted living a healthy lifestyle. Increasing the number of childcare facilities was also highly recommended by survey takers who indicated that many families with young children struggle when their children are on waiting lists for childcare. Other recommendations made by parents and caregivers included: providing more opportunities for job training and higher education, better/additional transportation services in the community, providing more areas for children to play, building more playgrounds and parks or repairing and cleaning-up the playgrounds and parks that already exist. Lastly, some respondents recommended increasing awareness about the public services and programs that are available in the community so that community members will know more about the services that exist and how to access those services.

### ***Communication, Public Information and Awareness***

In SFY2016 the San Carlos Apache Regional Partnership Council coordinated the production of the 2016 Resource Calendar, which provides contact information for all the programs, departments and agencies providing services to young children in the region. The calendar has

been distributed to parents in the region and can be accessed online at [http://www.azftf.gov/RC029/Documents/2014\\_SCA\\_Resource\\_Calendar.pdf](http://www.azftf.gov/RC029/Documents/2014_SCA_Resource_Calendar.pdf).

***Systems Coordination among Early Childhood Programs and Services***

Key informants indicated that an asset in the region is the ability of programs serving young children to work together in the organization of successful community events such as health fairs. At the same time, key informants also pointed out that additional collaboration among service providers and agencies in the region could be enhanced. Information sharing is often a barrier to collaboration among programs and services in the region.

The San Carlos Apache Regional Partnership Council supports coordination efforts in the region through its San Carlos Apache Early Childhood Development and Health Collaborative. The Collaborative brings together representatives from tribal, state and federal programs serving families in the region. Members meet every other month to exchange information about their programs, network and strengthen collaborative relationships among them. Services and programs funded by the San Carlos Apache Regional Partnership Council are also showcased during the Collaborative meetings. In addition, the Collaborative produces a newsletter that provides information about their activities, upcoming events and meetings, and also includes relevant information on various early childhood-related topics. During SFY2016, members of the Early Childhood Development and Health Collaborative have also engaged in series of discussion around building the early childhood system in the region.

## The San Carlos Apache Region

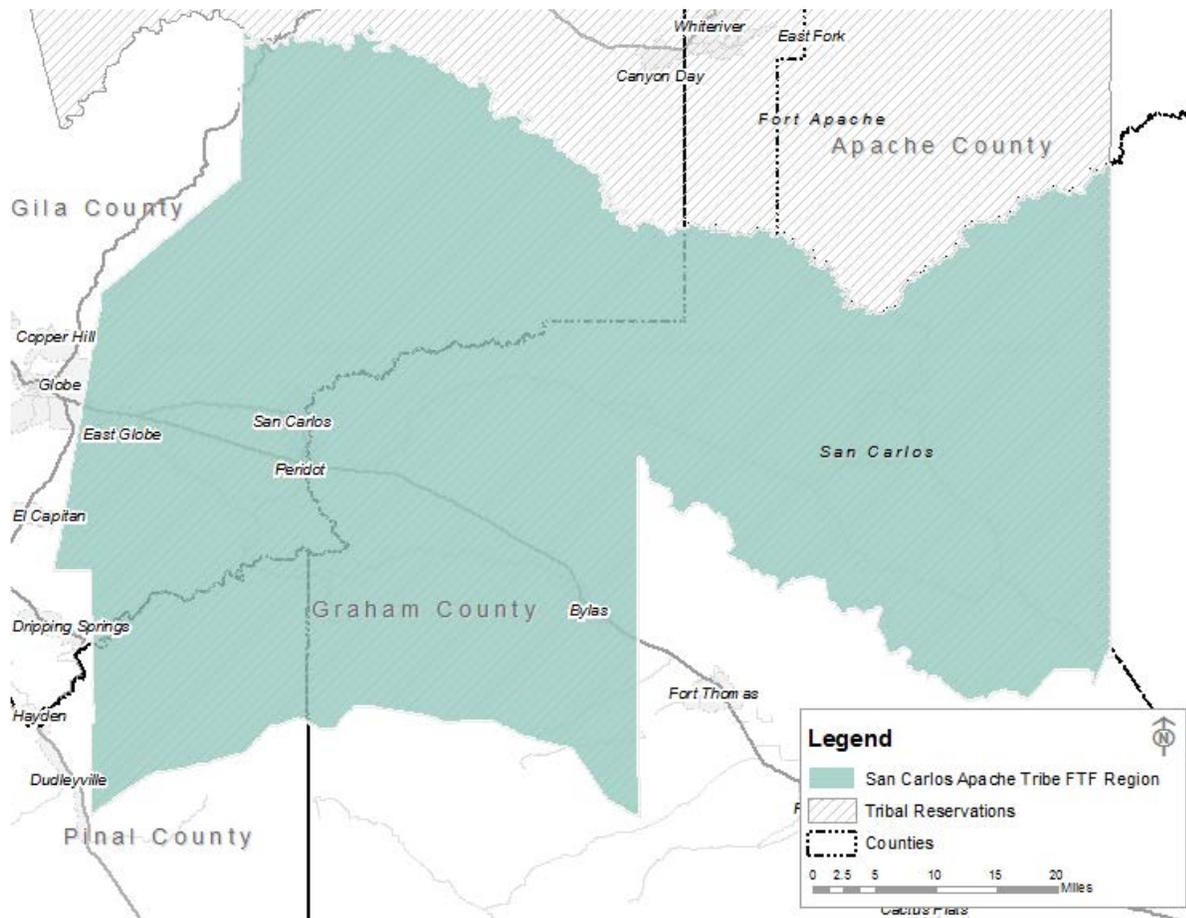
### Regional Description

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

The boundaries of the First Things First San Carlos Apache Region are defined to be those of the San Carlos Apache Indian Reservation. The region covers almost 3,000 square miles in east-central Arizona. Most of the region lies within Gila and Graham counties, although there is a small, uninhabited section in Pinal County. The reservation, which was established in 1871, is divided into four districts: Seven Mile Wash, Gilson Wash, Peridot, and Bylas.

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

**Figure 1. The San Carlos Apache Region**



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

## Data Sources

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

(ADOA). In addition, regional data from the 2014 First Things First Parent and Caregiver Survey are included.

The U.S. Census<sup>1</sup> is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the San Carlos Apache Region presented in this report were calculated by identifying each block in the region, and aggregating the data over all of those blocks. (Note that the Census 2010 data in the current report may vary to a small degree from census data reported in previous Needs & Assets reports. The reason is that in the previous reports, the Census 2010 data were aggregated by zip code; the current report uses aggregation by census blocks.)

The American Community Survey<sup>2</sup> 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 San Carlos Apache Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the San Carlos Apache Region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2009 to 2013. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than ten, and preclude our reporting data related to health or developmental delay if the count is less than twenty-five. In addition, some data

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

<sup>2</sup> U.S. Census Bureau (April, 2013). *American Community Survey Information Guide*. Retrieved from [http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS\\_Information\\_Guide.pdf](http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf)

received from state agencies may be suppressed according to their own guidelines. The Arizona Department of Health Services, for example, does not report counts less than six. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of “N/A” in the data tables.

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

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: the U.S. Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”<sup>3</sup> In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). As noted above, the ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report<sup>4</sup> this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS

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<sup>3</sup> U.S. Census Bureau (May, 2012). *Estimates of Undercount and Overcount in the 2010 Census*. [www.census.gov/newsroom/releases/archives/2010\\_census/cb12-95.html](http://www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html)

<sup>4</sup> Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs (2013). *The State of Indian Country Arizona. Volume 1*. Retrieved from [http://outreach.asu.edu/sites/default/files/SICAZ\\_report\\_20130828.pdf](http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf)

failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona Report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve.

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

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project<sup>5</sup> began at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

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<sup>5</sup> [http://aipi.clas.asu.edu/Tribal\\_Indicators](http://aipi.clas.asu.edu/Tribal_Indicators)

## Population Characteristics

### Why it Matters

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

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

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

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

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

Children living with and being cared for by relatives or caregivers other than parents, is increasingly common.<sup>9</sup> Extended, multigenerational families and kinship care are more typical in Native communities.<sup>10,11</sup> The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.<sup>12</sup> Grandparents are often central to these multigenerational households. However, when caring for children not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family, grandparents may be in need of specialized assistance and resources to support their grandchildren.<sup>13</sup>

Understanding language use in the region can also contribute to being better able to serve the needs of families with young children. Language preservation and revitalization have been recognized by the U.S. Department of Health & Human Services as keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.<sup>14</sup> Special consideration should be given to respecting and supporting the numerous Native languages spoken by families, particularly in tribal communities.

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

<sup>10</sup> Harrison, A. O., Wilson, M. N., Pine, C. J., Chan, S. Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development, 61*(2), 347-362.

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

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

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

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

## What the Data Tell Us

According to the U.S. Census the San Carlos Apache Region had a population of 10,068 in 2010, of whom 1,435 (14%) were children ages birth to 5 years (see Table 1). Thirty-six percent of households in the region included a young child.

Forty-three percent of the households with young children (birth to 5) in the region are single-female households (Figure 3). The proportion of young children living in a grandparent's household in the region (47%) is substantially higher than the percentage statewide (14%), and also higher than the percentage in all Arizona reservations combined (40%) (see Table 3). For those children living in a grandparent's household in the region, 49 percent live with a grandparent who is financially responsible for them, but only five percent of the children have no parent present in the home (see Table 4).

The vast majority (98%) of young children (ages 0-4) in the San Carlos Apache Region are American Indian. This proportion is similar to that of all Arizona reservations combined (92%), but differs greatly from the statewide percentage of six percent. The percentage of young children who are Hispanic or Latino in the San Carlos Apache Region is five percent, compared to nine percent in Arizona reservations overall and 45 percent in the state as a whole (see Table 5). The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (95%), and a somewhat smaller proportion of adults than children identifying as Hispanic or Latino (3% versus 5%) (see Table 6). In the state, however, only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino (Table 6). The ethnic composition in the San Carlos Apache Region is also reflected in a higher proportion of households that report speaking a Native North American language (36%) compared to households statewide (2%). This proportion, however, is lower in the San Carlos Apache Region compared to the rate in all Arizona reservations combined (51%) (see Figure 4). Apache is the predominant native language spoken in the San Carlos Apache Region.

## Population and Households

**Table 1. Population and households, 2010**

	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
San Carlos Apache Region	10,068	1,435	2,320	844	36%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Arizona	6,392,017	546,609	2,380,990	384,441	16%

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

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

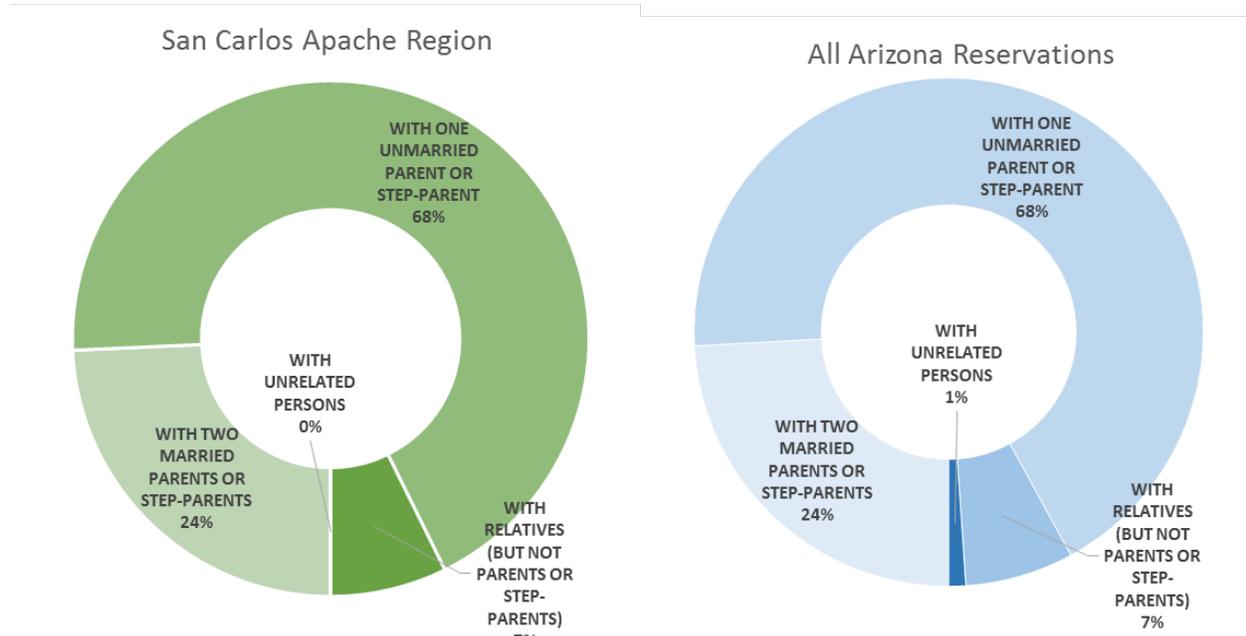
	AGES 0-5	AGE 0	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
San Carlos Apache Region	1,435	238	282	242	212	232	229
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Arizona	546,609	87,557	89,746	93,216	93,880	91,316	90,894

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

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

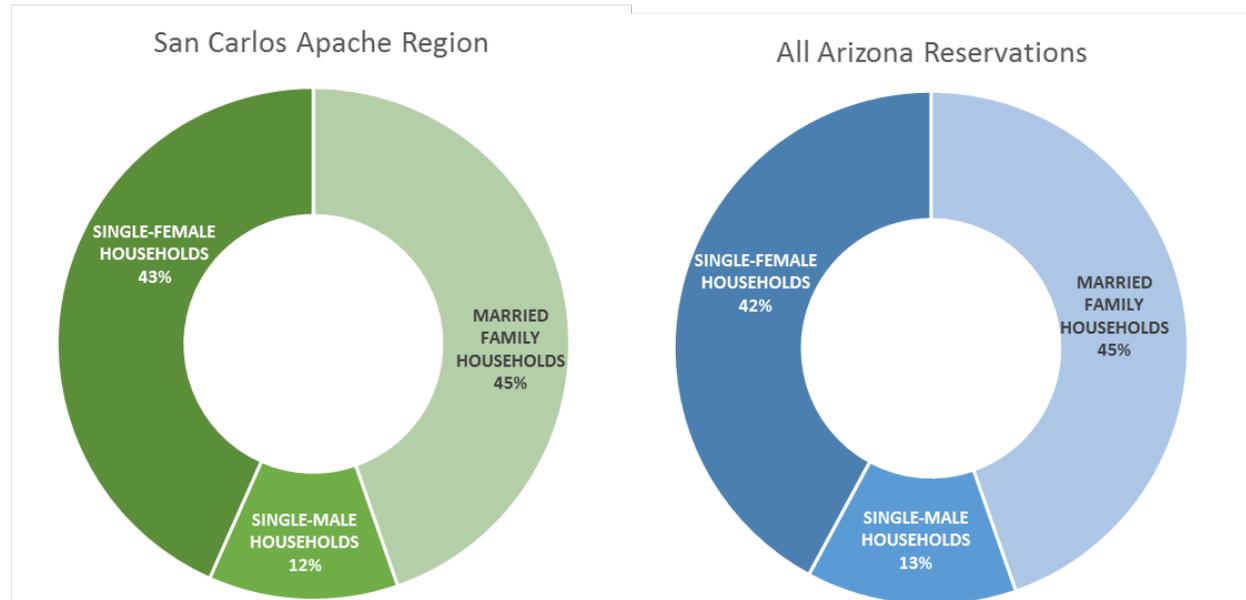
## Living Arrangements for Young Children

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



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

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



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

**Table 3. Children (ages 0-5) living in the household of a grandparent, 2010**

CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	
San Carlos Apache Region	47%
All Arizona Reservations	40%
Arizona	14%

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

**Table 4. Grandparents responsible for grandchildren (ages 0-17) living with them, 2009-2013 five-year estimate**

	GRANDCHILDREN (0-17) LIVING WITH GRANDPARENT HOUSEHOLDER	GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17)		GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17) WITH NO PARENT PRESENT	
San Carlos Apache Region	1,152	566	49%	60	5%
All Arizona Reservations	17,142	10,120	59%	2,013	12%
Arizona	137,753	73,467	53%	20,102	15%

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

## Race, Ethnicity, and Language

**Table 5. Race and ethnicity of the population of young children (ages 0-4), 2010**

	Total Population (ages 0-4)	Hispanic or Latino	White, not Hispanic	Black or African American	American Indian	Asian or Pacific Islander
San Carlos Apache Region	1,206	5%	1%	0%	98%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Arizona	455,715	45%	40%	5%	6%	3%

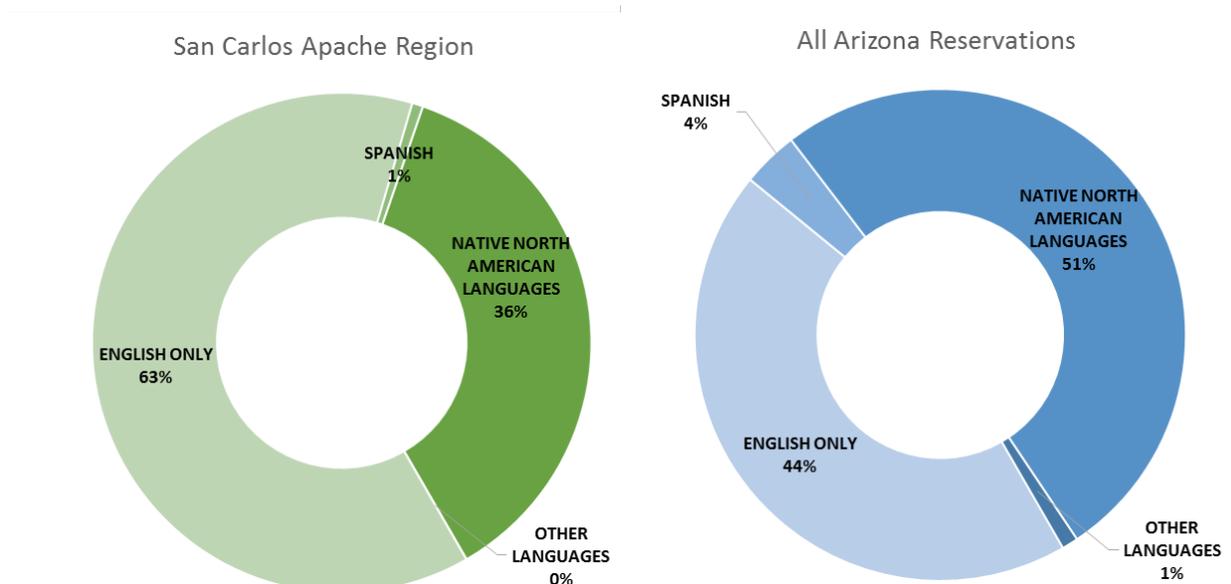
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P12A-H.  
Retrieved from: <http://factfinder.census.gov>

**Table 6. Race and ethnicity of the adult population (ages 18 and older), 2010**

	Total Population (ages 18+)	Hispanic or Latino	Not Hispanic or Latino				
			White	Black or African American	American Indian	Asian or Pacific Islander	Other
San Carlos Apache Region	6,214	3%	2%	0%	95%	0%	1%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

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



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

**Table 7. Household use of languages other than English, 2009-2013 five-year estimate**

	NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LIMITED ENGLISH SPEAKING HOUSEHOLDS (TOTAL)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (SPANISH)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (NOT SPANISH)
San Carlos Apache Region	2,284	73%	9%	0%	9%
All Arizona Reservations	47,351	80%	1%	0%	1%
Arizona	2,370,289	27%	5%	4%	1%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B16002.

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

## Economic Circumstances

### Why it Matters

Many economic factors contribute to a child's well-being, including family income, parent employment status, and the availability of safety-net programs such as housing and nutrition assistance.<sup>15,16</sup> Understanding the economic context in which families with young children live is crucial when designing programs and policies intended to assist them.

Employment rates and income are common indicators of economic well-being. Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors.<sup>17</sup> Parental job loss can also impact children's school performance (shown by lower test scores, poorer attendance, and higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)<sup>18</sup> Unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality.

Employment rates and job opportunities contribute to the income families have available. It is estimated that families need an income of about twice the federal poverty level (FPL)<sup>19</sup> to meet basic needs.<sup>20</sup> Families earning less may experience unstable access to basic resources like food and housing. Food insecurity – the lack of reliable access to affordable, nutritious food –

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<sup>15</sup> Annie E Casey Foundation. (2015). *Kids Count 2015 Data Book – State Trends in Child Well-being*. Retrieved from <http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-2015-em.pdf>

<sup>16</sup> Kalil, A. (2013). Effects of the Great Recession on Child Development. *The Annals of the American Academy of Political and Social Science*, 650(1), 232-250. Retrieved from <http://ann.sagepub.com/content/650/1/232.full.pdf+html>

<sup>17</sup> Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

<sup>18</sup> Ibid.

<sup>19</sup> U.S. Department of Health and Human Services. (2015). *2015 Poverty Guidelines*. The 2015 FPL for a family of four is \$24,250. Retrieved from: <http://aspe.hhs.gov/2015-poverty-guidelines>

<sup>20</sup> National Center for Children in Poverty. (2015). *Arizona Demographics of Low-income Children*. Retrieved from [http://www.nccp.org/profiles/AZ\\_profile\\_6.html](http://www.nccp.org/profiles/AZ_profile_6.html)

negatively impacts the health and well-being of children, including a heightened risk for developmental delays.<sup>21</sup> High housing costs, relative to income, are associated with increased risk for homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while parents are at work, and low cognitive achievement.<sup>22</sup> Even when housing is affordable, housing *availability* is typically lower on tribal land, due to the legal complexities of land ownership and the lack of rental properties, often leading to a shortage of safe, quality housing.<sup>23</sup> Low income and poverty, especially among children, can have far reaching negative consequences, including an effect on brain development and later cognitive ability.<sup>24</sup>

Public assistance programs are one way of combating the effects of poverty and providing supports to children and families in need. Temporary Assistance for Needy Families<sup>25</sup> (TANF, which has replaced previous welfare programs) provides cash assistance and services to the very poor and can help offset some of the economic circumstances of families that may have a detrimental effect on young children. In recognition of tribal sovereignty, the federal agency in charge of overseeing the TANF program, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), gives federally-recognized tribes the option to

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<sup>21</sup> Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., Heeren, T., Levenson, S. M., Meyers, A. F., & Frank, D. A. (2008). *Household food insecurity: associations with at-risk infant and toddler development*. *Pediatrics*, 121(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>

<sup>22</sup> The Federal Interagency Forum on Child and Family Statistics. (2015). *America's Children: Key National Indicators of Well-Being, 2015*. [http://www.childstats.gov/pdf/ac2015/ac\\_15.pdf](http://www.childstats.gov/pdf/ac2015/ac_15.pdf)

<sup>23</sup> Housing Assistance Council. (2013). *Housing on Native American Lands*. Retrieved from [http://www.ruralhome.org/storage/documents/rpts\\_pubs/ts10\\_native\\_lands.pdf](http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_lands.pdf)

<sup>24</sup> Noble, K.G., Houston, S.M., Brito, N.H., Bartsch, H. Kan E., et. al. (2015). Family Income, parental education and brain structure in children and adolescents. *Nature Neuroscience*, 18, 773–778. Retrieved from <http://www.nature.com/neuro/journal/v18/n5/full/nn.3983.html#close>

<sup>25</sup> In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 annually for a family of four, and has recently undergone significant changes. Beginning in 2016, Arizona will become the first and only state that limits a person's lifetime benefit to 12 months. In addition, since 2009, a steadily decreasing percentage of Arizona TANF funds have been spent on three of the key assistance categories: cash assistance to meet basic needs, helping connect parents to employment opportunities, and child care; in 2013, Arizona ranked 51<sup>st</sup>, 47<sup>th</sup>, and 46<sup>th</sup> respectively in proportional spending in those categories across all states and the District of Columbia. Meanwhile, since 2009, an increasing percentage of Arizona TANF funds have been spent on other costs such as child protection, foster care, and adoption. [Sources: Reilly, T., and Vitek, K. (2015). *TANF cuts: Is Arizona shortsighted in its dwindling support for poor families?* Retrieved from: [https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc\\_0.pdf](https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc_0.pdf) ; Floyd, I., Pavetti, L., and Schott, L. (2015). *How states use federal and state funds under the TANF block grant*. Retrieved from: <http://www.cbpp.org/research/family-income-support/how-states-use-federal-and-state-funds-under-the-tanf-block-grant>;

administer their own TANF program. Some Tribal TANF program requirements are different from those in state programs (e.g. time limit on receipt of TANF cash assistance). Tribal TANF programs also have more flexibility in determining program requirements, which allows them, for instance, to incorporate socially and culturally appropriate activities into their self-sufficiency plans for clients.<sup>26</sup> The San Carlos Apache Tribe is one of the six Arizona tribes that operate a Tribal TANF program,<sup>27</sup> called San Carlos Apache Nnee Bich’o Nii or “Helping the People.”

Another safety net program, the Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.<sup>28</sup> SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by ten to 20 percent.<sup>29</sup> Similarly, the National School Lunch Program<sup>30</sup> provides free and reduced-price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the federal poverty level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch.

## What the Data Tell Us

Poverty rates for both the overall population and the population of young children are higher in the San Carlos Apache Region than across all Arizona reservations combined and the state as a whole. For the overall population, 51 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide (see Figure 5). In all these geographies, young children are consistently more likely to be in poverty than members

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<sup>26</sup> Hahn, H., Healy, O., Hillabrant, W., and Narducci, C. (2013). *A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs*. OPRE Report # 2013-34, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

<sup>27</sup> [https://az.db101.org/az/programs/income\\_support/tanf/program.htm](https://az.db101.org/az/programs/income_support/tanf/program.htm)

<sup>28</sup> Food Research and Action Center. (2013). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Retrieved from [http://frac.org/pdf/snap\\_and\\_public\\_health\\_2013.pdf](http://frac.org/pdf/snap_and_public_health_2013.pdf)

<sup>29</sup> Ibid.

<sup>30</sup> United States Department of Agriculture, Food and Nutrition Service. (2015). *National School Lunch Program (NSLP)*. Retrieved from <http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

of the total population. Fifty-nine percent of the children in the region live in poverty, a slightly higher proportion than that in all Arizona reservations combined and substantially higher than the state percentage (56% and 28%, respectively). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region, and across all Arizona reservations are low income, i.e., near but not below the federal poverty level (FPL). Eighty-three percent of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677<sup>31</sup> a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state (see Table 8). The median family income in the region (\$30,263) is about half of the median family income in the state of Arizona (\$58,897) (see Figure 6). The average unemployment rate in the region for the 2009-2013 period is 29.8 percent, higher than both the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent (see Figure 7).

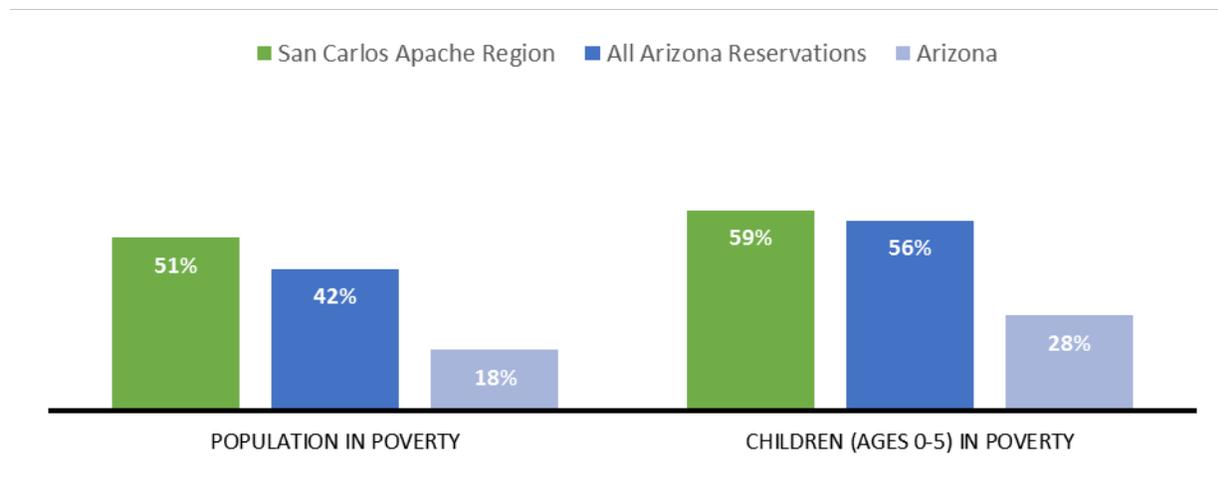
Given the high poverty levels in the region, safety net programs such as the San Carlos Apache Nnee Bich’o Nii Tribal Temporary Assistance for Needy Families program (TANF), the Supplemental Nutrition Assistance Program (SNAP) and the school-based free or reduced-price lunch program, are used by many families. In 2014, 27 percent of children in the region received TANF benefits, while only four percent of children statewide did. There was, however, a decline in the proportion of children receiving TANF benefits between 2012 and 2014 (see Table 12). In 2014, 1,644 children birth to 5 received SNAP benefits in the region. This represents more than 100 percent of the children in this age range reported to be living in the region according to U.S. Census 2010 (1,435). In comparison, only half of young children statewide (51%) participated in SNAP (see Table 13 and Table 1). Three-quarters (75%) of the children attending the San Carlos Unified School District, and nearly 90 percent (87%) of those in the Fort Thomas Unified School District, the only Arizona Department of Education districts with 90 percent or more of their boundaries wholly contained within in the region, were eligible for free or reduced lunch (Table 14).

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<sup>31</sup> Based on 2014 FPL Guidelines, see <http://aspe.hhs.gov/2014-poverty-guidelines>

## Poverty and Income

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



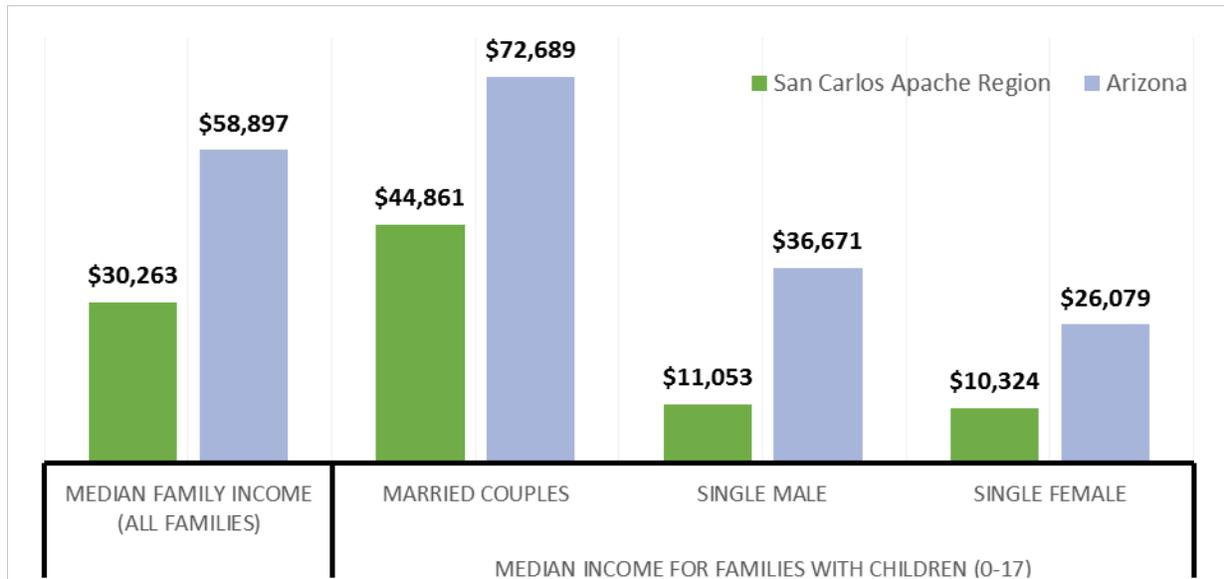
Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B17001.  
Retrieved from: <http://factfinder.census.gov>

**Table 8. Federal poverty levels for families with young children (ages 0-4), 2009-2013 five-year estimate**

	FAMILIES WITH CHILDREN 0-4	FAMILIES WITH CHILDREN 0-4			
		BELOW POVERTY	BELOW 130% POVERTY	BELOW 150% POVERTY	BELOW 185% POVERTY
San Carlos Apache Region	701	54%	69%	74%	83%
All Arizona Reservations	9,660	52%	63%	69%	77%
Arizona	307,126	26%	35%	40%	48%

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

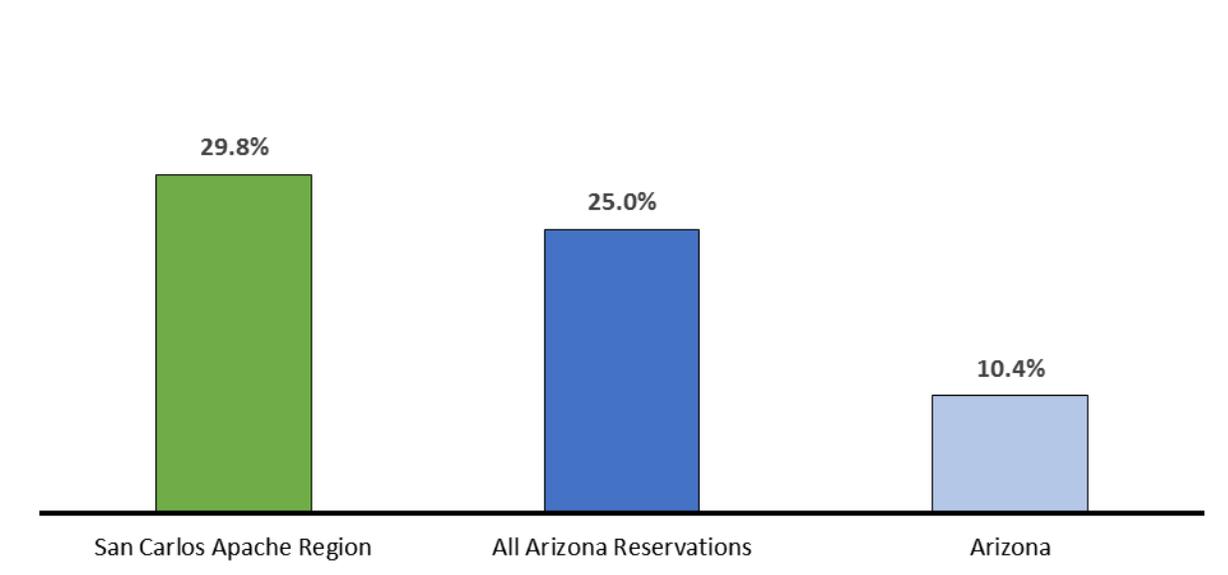
**Figure 6. Median annual family incomes, 2009-2013 five-year estimate**



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

## Employment and Housing

**Figure 7. Average annual unemployment rates, 2009 to 2013<sup>32</sup>**



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

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<sup>32</sup> Please note that the source for the unemployment data presented in this report is different than that used in previous Needs and Assets Reports for the region. The previous estimates are no longer available, so the data in this figure are the most recent available for the region. According to the Arizona Department of Administration Office of Employment and Population Statistics, these unemployment rates are calculated using a fixed ratio method derived from the 2009-2013 American Community Survey. Previous unemployment statistics for Arizona reservations were obtained using a fixed ratio derived from the 2000 Decennial Census. Source: Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Arizona Department of Administration, Office of Employment and Population Statistics (2015). *2009 to 2015 Special Unemployment Report*. Retrieved from <https://laborstats.az.gov/local-area-unemployment-statistics>

**Table 9. Parents of young children (ages 0-5) who are or are not in the labor force, 2009-2013 five-year estimate**

	ESTIMATED NUMBER OF CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO PARENTS	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH ONE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
San Carlos Apache Region	1,424	14%	12%	0%	36%	38%
All Arizona Reservations	18,682	13%	11%	2%	40%	34%
Arizona	517,766	31%	29%	1%	29%	10%

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

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

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

**Table 10. Vacant and occupied housing units, 2009-2013 five-year estimate**

	TOTAL HOUSING UNITS	OCCUPIED HOUSING UNITS	VACANT HOUSING UNITS (NON-SEASONAL)	
			VACANT HOUSING UNITS (NON-SEASONAL)	VACANT HOUSING UNITS (SEASONAL)
San Carlos Apache Region	2,871	80%	15%	6%
All Arizona Reservations	68,118	70%	15%	15%
Arizona	2,859,768	83%	10%	7%

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

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

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

**Table 11. Occupied housing units and costs relative to income, 2009-2013 five-year estimate**

	NUMBER OF OCCUPIED HOUSING UNITS	UNITS WHICH COST THE OWNER OR RENTER MORE THAN 30% OF THEIR INCOME	
		NUMBER OF UNITS	PERCENTAGE
San Carlos Apache Region	2,284	328	14%
All Arizona Reservations	47,351	8,030	17%
Arizona	2,370,289	847,315	36%

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

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

## Economic Supports

**Table 12. Children (ages 0-5) receiving Temporary Assistance to Needy Families (TANF)**

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING TANF			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
San Carlos Apache Region	1,435	34%	30%	27%	-21%
All Arizona Reservations	NA	NA	NA	NA	NA
Arizona	546,609	5%	5%	4%	-26%

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

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

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

**Table 13. Children (ages 0-5) in the Supplemental Nutrition Assistance Program (SNAP)**

	CHILDREN (AGES 0-5) RECEIVING SNAP			CHANGE FROM 2012 TO 2014
	2012	2013	2014	
San Carlos Apache Region	1,588	1,628	1,644	+4%
All Arizona Reservations	N/A	N/A	N/A	N/A
Arizona	296,686	290,513	277,345	-7%

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

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

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

**Table 14. Students eligible for free or reduced-price lunch, 2012-2014**

	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH		
	2012	2013	2014
Fort Thomas Unified School District	83%	87%	87%
San Carlos Unified School District	88%	80%	75%
Arizona	57%	57%	58%

*Source: The Arizona Department of Education (July 2015). [Education Dataset]. Unpublished data.  
 Note: Data for the Fort Thomas Unified School District include the new Mount Turnbull Elementary*

## Educational Indicators

### Why it Matters

Characteristics of educational involvement and achievement in a region, such as school attendance, standardized tests scores, graduation rates, and the overall level of education of adults, all impact the developmental and economic resources available to young children and their families. Education, in and of itself, is an important factor in how able parents and caregivers are to provide for the children in their care. Parents who graduate from high school earn more and are less likely to rely on public assistance programs than those without high school degrees.<sup>33,34</sup> Higher levels of education are associated with better housing, neighborhood of residence, and working conditions, all of which are important for the health and well-being of children.<sup>35,36</sup>

By third grade, reading ability is strongly associated with high school completion. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.<sup>37</sup> In recognition of the importance of assuring that children are reading by the third grade, legislators enacted the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) which states that as of school year 2013-2014 a student shall not be promoted from the third grade if the student obtains a score on the

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<sup>33</sup> Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., KewalRamani, A., & Kemp, J. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, Washington, D.C. Retrieved from: <http://nces.ed.gov/pubs2008/2008031.pdf>

<sup>34</sup> Waldfogel, J., Garfinkel, I. and Kelly, B. (2007). Welfare and the costs of public assistance. In C.R. Belfield and H.M. Levin (Eds.). *The price we pay: Economic and social consequences for inadequate education*. Washington, DC: The Brookings Institution, 160-174.

<sup>35</sup> Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

<sup>36</sup> Lynch, J., & Kaplan, G. (2000). Socioeconomic position (pp. 13-35). In *Social Epidemiology*. Berkman, L. F. & Kawachi, I. (Eds.). New York: Oxford University Press. Retrieved from <http://deepblue.lib.umich.edu/bitstream/handle/2027.42/51520/Lynch;jsessionid=6B74BA11DC47266133239FB7703042DD?sequence=1>

<sup>37</sup> Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

statewide reading assessment “that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments.

From 2000-2014, the primary in-school performance of students in the public elementary schools in the state has been measured by Arizona’s Instrument to Measure Standards (AIMS).<sup>38</sup> AIMS scores were used to meet the requirement of *Move on When Reading*.

However, a new summative assessment system which reflects Arizona’s K-12 academic standards, Arizona’s Measurement of Educational Readiness to Inform Teaching (AzMERIT), was implemented in the 2014-2015 school year.<sup>39</sup> This assessment replaced the reading and mathematics portions of the AIMS test. Although it is not a graduation requirement, it will still be used to determine promotion from the third grade in accordance with Arizona Revised Statute §15-701.<sup>40</sup>

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

In order for children to be prepared to succeed on tests such as the AIMS or AzMERIT, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.<sup>41</sup>

## What the Data Tell Us

Adults aged 25 and older in the San Carlos Apache Region report similar levels of educational attainment as adults in all Arizona reservations combined, but lower levels than adults in the state as a whole. Twenty-eight percent of adults in the region have no high school diploma or

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<sup>38</sup> For more information on the AIMS test, see <http://arizonaindicators.org/education/aims>

<sup>39</sup> For more information on AzMERIT, see <http://www.azed.gov/assessment/azmerit/>

<sup>40</sup> For more information on Move on When Reading, see <http://www.azed.gov/mowr/>

<sup>41</sup> First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf) (April, 2012).

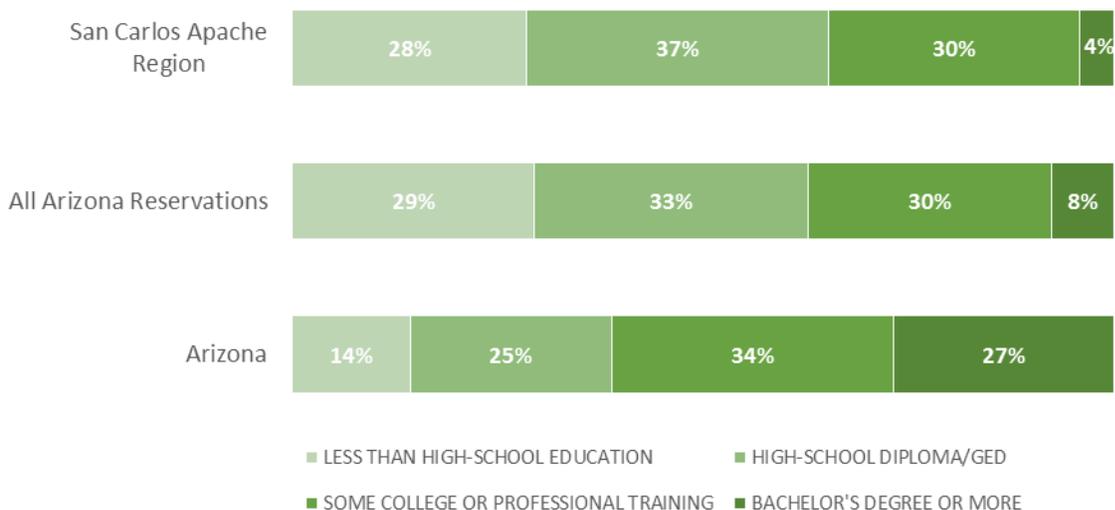
GED compared to 29 percent in all Arizona reservations and 14 percent in the state. An estimated four percent of adults in the region have a Bachelor's or higher degree (Figure 8).

Children from the region attend schools in a number of Arizona Department of Education school districts (see Appendix 3), but as noted above, only two, the San Carlos Unified School District and the Fort Thomas Unified School District, have 90 percent or more of their boundaries within the regional boundaries. San Carlos Unified School District includes Rice Elementary and San Carlos Secondary School. Fort Thomas Unified School District includes Fort Thomas Elementary, Mount Turnbull Elementary School, Fort Thomas Junior/High School and Mount Turnbull Academy. Data are provided for both of these districts.

Students pass Arizona's Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the San Carlos Unified School District, about one quarter (24%) of third grade students passed the AIMS math test and 39 percent passed the AIMS reading test (see Table 15 and Table 16). In the Fort Thomas Unified School District, 61 percent passed the AIMS math test and 59 percent passed the AIMS reading test.

## Educational Attainment of the Adult Population

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



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

## Third-grade Test Scores

**Table 15. Results of the 2014 third-grade AIMS Math test**

	RESULTS OF THIRD-GRADE AIMS MATH (2014)				
	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSES
Fort Thomas Unified School District	9%	30%	46%	15%	61%
San Carlos Unified School District	39%	38%	22%	1%	24%
Arizona	10%	21%	42%	27%	70%

Source: Arizona Department of Education, Research and Evaluation, "AIMS Assessment Results"

Retrieved from: [www.azed.gov/research-evaluation/aims-assessment-results](http://www.azed.gov/research-evaluation/aims-assessment-results)

Note: Data for Fort Thomas Unified School District do not include the new Mount Turnbull Elementary School.

**Table 16. Results of the 2014 third-grade AIMS Reading test**

RESULTS OF THIRD-GRADE AIMS READING (2014)					
	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSES
Fort Thomas Unified School District	2%	39%	57%	2%	59%
San Carlos Unified School District	9%	53%	38%	1%	39%
Arizona	3%	20%	66%	12%	78%

Source: Arizona Department of Education, Research and Evaluation, "AIMS Assessment Results"

Retrieved from: [www.azed.gov/research-evaluation/aims-assessment-results](http://www.azed.gov/research-evaluation/aims-assessment-results)

Note: Data for Fort Thomas Unified School District do not include the new Mount Turnbull Elementary School.

## Early Learning

### Why it Matters

Early childhood marks a time of peak plasticity in the brain, and early adversity can weaken the foundation upon which future learning will be built; in other words, positive developmental experiences in early life are crucial.<sup>42</sup> Research has shown that the experiences that children have from birth to five years of age influence future health and well-being, and that supporting children during this time has a great return on investment.<sup>43</sup> Investing in high-quality early childhood programs, particularly for disadvantaged children, provides substantial benefits to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.<sup>44,45</sup> Children whose education begins with high-quality preschool repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.<sup>46</sup>

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. The annual cost of full-time center-based care for a young child in Arizona is only slightly less than a year of tuition and fees at a public college.<sup>47</sup> Although the Department of Health and Human Services recommends that parents spend no more than 10

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<sup>42</sup> Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

<sup>43</sup> Executive Office of the President of the United States. (2014). *The Economics of Early Childhood Investments*. Retrieved from [https://www.whitehouse.gov/sites/default/files/docs/early\\_childhood\\_report1.pdf](https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf)

<sup>44</sup> The Heckman Equation. (2013). *The Heckman Equation Brochure*. Retrieved from <http://heckmanequation.org/content/resource/heckman-equation-brochure-0>

<sup>45</sup> The Heckman Equation. (n.d.). *Research Summary: Abecedarian & Health*. Retrieved from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>

<sup>46</sup> Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyreport-2013.pdf>

<sup>47</sup> Child Care Aware® of America. (2014). *Parents and the High Cost of Child Care. 2014 Report*. Retrieved from [https://www.ncsl.org/documents/cyf/2014\\_Parents\\_and\\_the\\_High\\_Cost\\_of\\_Child\\_Care.pdf](https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf)

percent of their family income on child care,<sup>48</sup> the cost of center-based care for a single infant, toddler, or 3-5 year old is an estimated 17, 15 and 11 percent, respectively, of an average Arizona family's income.<sup>49</sup>

Child care subsidies can help families who otherwise would be unable to access early learning services.<sup>50</sup> However, the availability of this type of support is also limited. The number of children receiving Child Care and Development Fund (CCDF) subsidies in Arizona is low. In 2014, only 26,685 children aged birth to 5 (about 5% of Arizona's children in this age range) received CCDF vouchers. With half of young children in Arizona living below the federal poverty level, the number in need of these subsidies is likely much higher than those receiving them.

The availability of services for young children with special needs is an ongoing concern across the state, particularly in more geographically remote communities. The services available to families include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),<sup>51</sup> the Arizona Early Intervention Program (AzEIP)<sup>52</sup> and the Division of Developmental Disabilities (DDD).<sup>53</sup> These programs help identify and assist families with young children who may need additional support to meet their potential. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and social/emotional development. It also reduces educational costs by decreasing the need for special education.<sup>54,55,56</sup>

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<sup>48</sup> U.S. Department of Health and Human Services, Child Care Bureau (2008). *Child Care and Development Fund: Report of state and territory plans: FY 2008-2009*. Section 3.5.5 – Affordable co-payments, p. 89. Retrieved from <http://www.researchconnections.org/childcare/resources/14784/pdf>

<sup>49</sup> The cost of center-based care as a percentage of income is based on the Arizona median annual family income of \$58,900.

<sup>50</sup> For more information on child care subsidies, see [https://www.azdes.gov/child care/](https://www.azdes.gov/child%20care/)

<sup>51</sup> For more information on AZ FIND, see <http://www.azed.gov/special-education/az-find/>

<sup>52</sup> For more information on AzEIP, see <https://www.azdes.gov/azeip/>

<sup>53</sup> For more information on DDD, see [https://www.azdes.gov/developmental\\_disabilities/](https://www.azdes.gov/developmental_disabilities/)

<sup>54</sup> The National Early Childhood Technical Assistance Center. (2011). *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families*. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

<sup>55</sup> Hebbeler, K, Spiker, D, Bailey, D, Scarborough, A, Mallik, S, Simeonsson, R, Singer, M & Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services and outcomes. Final Report of the National*

## What the Data Tell Us

Early care and education options available to parents of young children in the San Carlos Apache Region include the Apache Kid Child Care Center, San Carlos Child Readiness Program, San Carlos Head Start Program, and the school-based preschool at San Carlos Unified School District.

### Center and home-based care

Apache Kid Child Care Center provides services to children in the region at two sites in San Carlos and Bylas. Eligibility criteria for services include income (with preference for low-income families), teen parents enrolled in high school, Tribal TANF clients, and parents in the workforce. Cost of care is based on a sliding scale fee (in FY2012-2013 the average monthly copayment per child was \$58).<sup>57</sup>

A recent addition to the early childhood education system in the region is the San Carlos Child Readiness Program, funded through a four-year grant by the U.S. Department of Education as part of the Demonstration Grants for Indian Children program. The Child Readiness Program started to operate in the summer of 2013 and serves four year-old children at two sites. There are no fees associated with participating in the Child Readiness Program.<sup>58</sup>

Families in the region also utilize the services of unregulated home-based providers. Recognizing the importance of high-quality home-based services, the San Carlos Apache Regional Partnership Council funds the Family, Friend and Neighbor strategy. Through this program, which is managed by the Apache Kid Child Care Center, home-based providers who care for children ages 0 to 5 receive trainings from qualified Early Childhood Education specialists. Training topics include: child safety, first aid/CPR, nutrition/food handlers class, and

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*Early Intervention Longitudinal Study (NEILS)*. Retrieved from [http://www.sri.com/sites/default/files/publications/neils\\_finalreport\\_200702.pdf](http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf)

<sup>56</sup> NECTAC Clearinghouse on Early Intervention and Early Childhood Special Education. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Retrieved from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

<sup>57</sup> First Things First. (2014). *First Things First San Carlos Apache Regional Partnership Council 2014 Needs and Assets Report*. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20San%20Carlos%20Apache.pdf>

<sup>58</sup> Ibid.

child development among others. In addition, the program helps providers develop job-related skills such as resume writing, computer literacy, and also planning for higher-education courses. Providers also receive financial support for finger printing and drug testing so they can eventually become regulated providers. According to program staff, transportation for participants is one of the main barriers they encounter, as well as finding more families who are willing to take advantage of services provided by program participants.<sup>59</sup>

### **San Carlos Apache Head Start Program**

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The San Carlos Apache Region is served by the San Carlos Apache Head Start, which is a tribally-operated program providing services in Seven Miles Wash, Gilson Wash, Peridot and Bylas. The San Carlos Apache Head Start serves a total of 233 children ages 3 and 4, although the vast majority of children enrolled in the program (88%) are 4 years old. The program provides half-day double sessions, four days a week in 12 classrooms. The San Carlos Apache Head Start also has a kindergarten transition program.<sup>60</sup>

In the San Carlos Apache Region, the number of Division of Developmental Disabilities (DDD) service visits for children aged 0-2 increased from 210 in 2013 to 263 in 2014 (see Table 19).

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. In 2014, First Things First conducted a modified version of the Family and Community survey in six tribal regions including the San Carlos Apache Region, known as the First Things First Parent and Caregiver Survey. This survey, conducted face-to-face with parents and caregivers of young children living in the region, included a sub-set of items from the First Things First Family and Community Survey, as well as additional questions that explored health

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<sup>59</sup> Ibid

<sup>60</sup> Ibid

needs in tribal communities. A total of 224 parents and other caregivers responded to the survey at a variety of locations across the San Carlos Apache Region.<sup>61</sup>

The 2014 First Things First Parent and Caregiver Survey included a set of questions aimed at gauging parents’ and caregivers’ concerns about their children’s development. Respondents were asked to indicate how concerned they were about several developmental events and stages in eight key areas. The three areas which revealed the greatest degree of concern for respondents were “How well your child behaves” (42% worried), “How well your child talks and makes speech sounds” (32% worried), and “How well your child gets along with others” (32% worried). Across the eight areas, 16 percent of the respondents reported being “worried a lot” about one or more areas, and 43 percent were “not worried at all” about all eight areas. The remaining 41 percent were “worried a little” about at least one of the eight areas (Figure 9).

## Early Care and Education

**Table 17. Participation in center-based early childhood education programs**

EARLY CHILDHOOD EDUCATION PROGRAM	AGES	STUDENTS ENROLLED
<b>TOTAL</b>		<b>338</b>
San Carlos Head Start	3-4	233
Apache Kid Child Care Center	3-4	42
San Carlos Apache Child Readiness Program	4	37
San Carlos Unified School District Preschool	3-4	26

Source: *First Things First San Carlos Apache Regional Partnership Council 2014 Needs and Assets Report*. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20San%20Carlos%20Apache.pdf>

<sup>61</sup> For more information about the 2014 Parent and Caregiver Survey, see the First Things First San Carlos Apache Regional Partnership Council 2014 Needs and Assets Report. Available at: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20San%20Carlos%20Apache.pdf>

## Families with Children Who Have Special Needs

**Table 18. AzEIP referrals and children served, 2014**

	NUMBER OF AzEIP REFERRALS DURING FISCAL YEAR 2014			NUMBER OF CHILDREN BEING SERVED BY AzEIP ON OCTOBER 1, 2014		
	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD
San Carlos Apache Region	N/A	N/A	N/A	N/A	N/A	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	2,651	3,669	5,421	746	1,659	2,843

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

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression (<25), or are otherwise not available.

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

	CHILDREN (AGES 0-2) REFERRED TO DDD		CHILDREN (AGES 0-2) SCREENED BY DDD		CHILDREN (AGES 0-2) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 0-2)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
San Carlos Apache Region	N/A	N/A	0	0	N/A	N/A	210	263
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	2,186	2,479	314	216	2,693	2,341	158,496	130,486

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

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression (<25), or are otherwise not available.

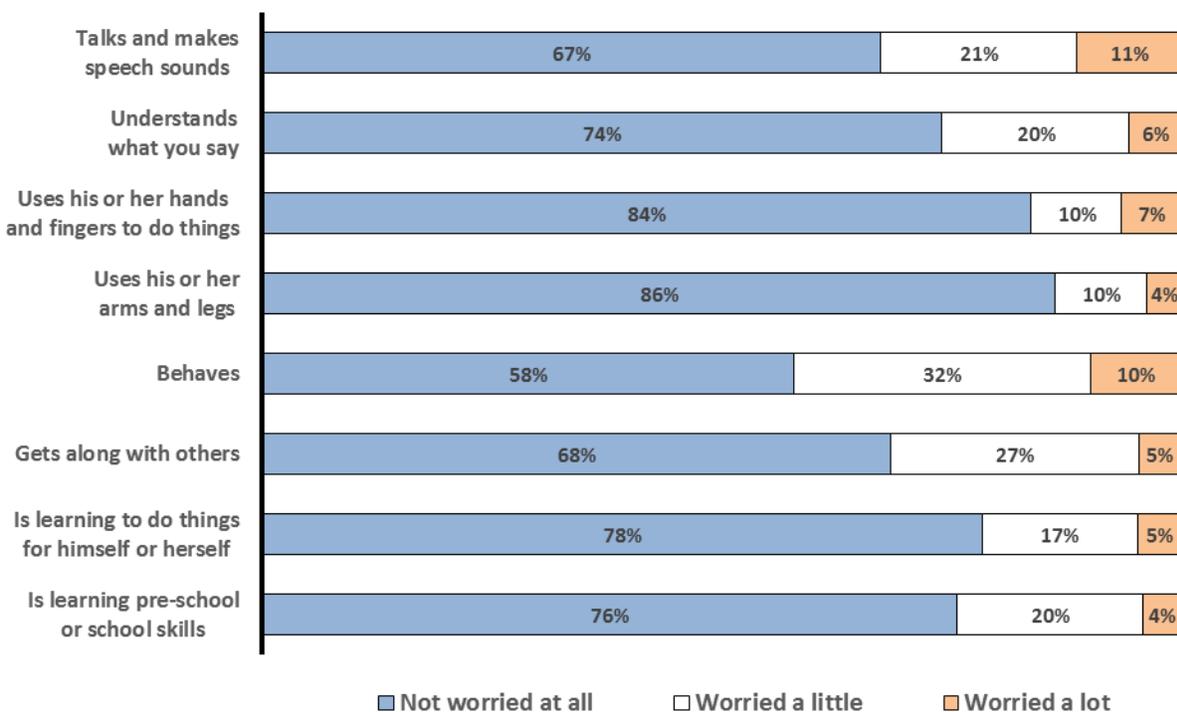
**Table 20. Division of Developmental Disabilities (DDD) services to children (ages 3-5), 2013-2014**

	CHILDREN (AGES 3-5) REFERRED TO DDD		CHILDREN (AGES 3-5) SCREENED BY DDD		CHILDREN (AGES 3-5) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 3-5)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
San Carlos Apache Region	0	N/A	0	N/A	0	N/A	0	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,401	1,804	731	727	2,600	2,533	374,440	367,590

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

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression (<25), or are otherwise not available.

**Figure 9. Parents' and caregivers' reported levels of concern for how well their children are meeting developmental milestones (Parent and Caregiver Survey, 2014).**



Source: FTF Parent and Caregiver Survey, 2014

## Child Health

### Why it Matters

The Institute of Medicine defines children’s health as the extent to which children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to successfully interact with their biological, physical, and social environments.<sup>62</sup> Health therefore encompasses not only physical health, but also mental, intellectual, social, and emotional well-being. Children’s health can be influenced by their mother’s health and the environment into which they are born and raised.<sup>63,64</sup> The health of a child in utero, at birth, and in early life can impact many aspects of a child’s development and later life. Factors such as a mother’s prenatal care, access to health care and health insurance, and receipt of preventive care such as immunizations and oral health care all influence not only a child’s current health, but long-term development and success as well.<sup>65,66,67</sup>

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific

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<sup>62</sup> National Research Council and Institute of Medicine. (2004). *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: National Academies Press. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK92198/#ch2.s3>

<sup>63</sup> The Future of Children. (2015). *Policies to Promote Child Health*, (25) 1. Retrieved from <http://www.princeton.edu/futureofchildren/publications/docs/FOC-spring-2015.pdf>

<sup>64</sup> Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

<sup>65</sup> Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d.). *Prenatal services*. Retrieved from <http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>

<sup>66</sup> Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health*, 6(Suppl 1), S4. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>

<sup>67</sup> Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118s(1), 405-420. Retrieved from <http://pediatrics.aappublications.org/content/118/1/405.full>

improvement. Understanding where Arizona mothers and children fall in relation to these national benchmarks can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant and child health objectives for which data are available at the regional level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm births; and increasing abstinence from cigarette smoking among pregnant women.<sup>68</sup> Although not a target of a Healthy People 2020 objective, high-birth weight, or macrosomia, is also associated with health risks for both the mother and infant during birth. These children are also at increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).<sup>69</sup>

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings. Without health insurance, each visit can be prohibitively expensive and may be skipped.<sup>70</sup> Health care services to members of federally-recognized Indian tribes are available from Indian Health Service (IHS) facilities and other tribally-administered health care facilities.<sup>71</sup> Being eligible for IHS services alone, however, does not meet the minimum essential coverage requirement under the Affordable Care Act.<sup>72</sup>

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<sup>68</sup> Arizona Department of Health Services. (2013). *Arizona Health Status and Vital Statistics 2013 Annual Report. Table 6A: Monitoring Progress Toward Arizona and Selected Healthy People 2020 Objectives: Statewide Trends*. Retrieved from: [http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1\\_10.pdf](http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1_10.pdf)

<sup>69</sup> Mayo Clinic Staff. (2015) *Fetal macrosomia*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/basics/complications/con-20035423>

<sup>70</sup> Yeung, LF, Coates, RJ, Seeff, L, Monroe, JA, Lu, MC, & Boyle, CA. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *Morbidity and Mortality Weekly Report 2014*, 63(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>

<sup>71</sup> As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to their members. The tribes can then utilize these funds to directly provide services to tribal members. This process is often

## What the Data Tell Us

In 2013, there were 293 babies born to women residing in the region. Almost half (48%) of pregnant women in the region had no prenatal care during the first trimester; this percentage does not meet the Healthy People 2020 objective of fewer than 22.1 percent without care (see Figure 10). Over one quarter of pregnant women in the region (27%) had fewer than five prenatal care visits, compared to five percent in the state (Table 21). A higher proportion of babies in the region (12%) were premature (less than 37 weeks) compared to the state (9%). The region's percentage is slightly above the Healthy People 2020 objective of fewer than 11.4 percent premature (Figure 11).

The vast majority of births in the region (90%) were paid for by a public payor (AHCCCS, Arizona's Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category (see Table 21). Of the babies born in 2013 to women in the region, nine percent were low birth weight (2.5 kg or less). This percentage was higher than the seven percent statewide, placing it over the Healthy People 2020 objective of fewer than 7.8 percent. (see Figure 11). Four percent of babies in the region were placed in neonatal intensive care, a similar percentage to the state as a whole (5%) (Table 22).

According to the American Community Survey, over half (51%) of the young children in the San Carlos Apache Region are estimated to be uninsured. This percentage is substantially higher than those of all Arizona reservations combined (20%) and the statewide rate (10%) (Figure 12).

Healthy People 2020 sets a target of 80 percent for full vaccination coverage among young children (19-35 months). Data for the San Carlos Apache Tribe (FY2013) from the Indian Health

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known as 638 contracts or compacts. Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The Changing Landscape of Health Care Provision to American Indian Nations. *American Indian Culture and Research Journal*, 39(1), 1-24.

In 2015, the San Carlos Apache Tribe Health Center opened in the town of Peridot, Arizona. Pursuant to Indian Self-Determination and Education Assistance Act (PL-93-638), the San Carlos Apache Tribe will manage the operations of this new facility. <https://www.ihs.gov/newsroom/index.cfm/pressreleases/2015pressreleases/sancarlosapachehealthcenter/>

<sup>72</sup> <https://www.ihs.gov/aca/index.cfm/thingstoknow/>

Service indicate that 74.7 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is below the Healthy People objective.<sup>73</sup>

While immunizations rates vary by vaccine, the vast majority of children in kindergarten in the region had been immunized; these rates, which represent only three schools in the region, are higher than those of the state (see Table 23). While there were no religious/personal belief exemptions, there were medical exemptions from immunizations in the San Carlos Apache Region schools for which data were available at 0.5%.

## Mothers Giving Birth

**Table 21. Selected characteristics of mothers giving birth, 2013**

	TOTAL NUMBER BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	HAD FEWER THAN 5 PRENATAL VISITS	HAD NO PRENATAL CARE IN FIRST TRIMESTER	MOTHER REPORTED SMOKING DURING PREGNANCY	MOTHER REPORTED DRINKING DURING PREGNANCY	MOTHER HAD LESS THAN A HIGH SCHOOL-EDUCATION*	MOTHERS YOUNGER THAN 20 YEARS OLD	BIRTH WAS PAID FOR BY AHCCCS OR IHS (PUBLIC PAYOR)
San Carlos Apache Region	293	27%	48%	2% to 3%	1%	37% to 38%	23%	90%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,963	5%	19%	4%	0%	18%	9%	55%

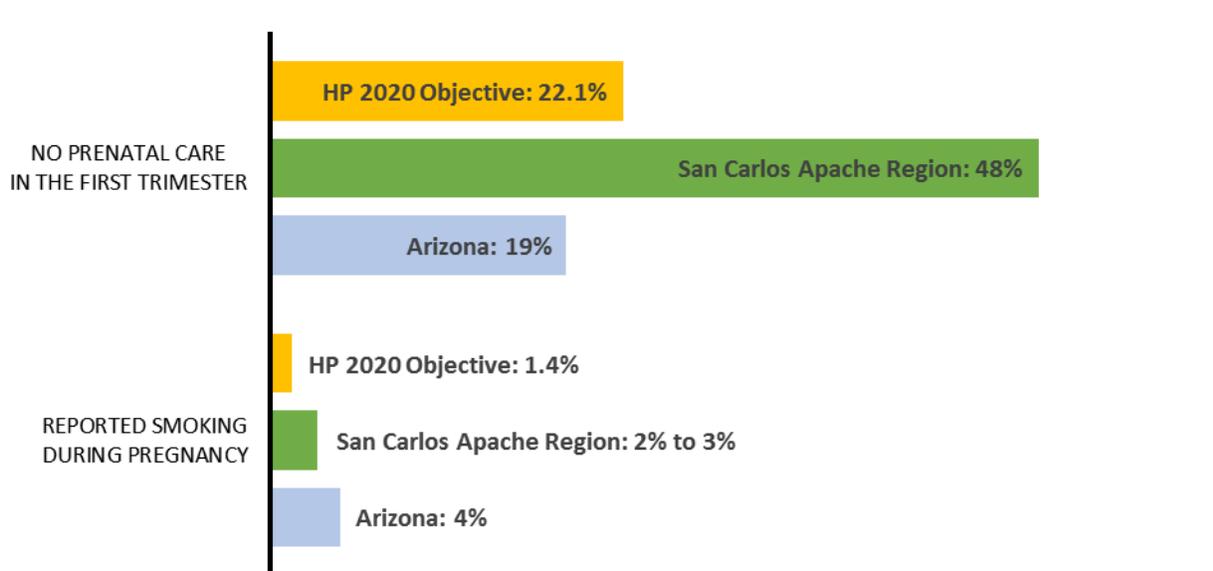
Source: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data.

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

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

<sup>73</sup> First Things First San Carlos Apache Regional Partnership Council 2014 Needs and Assets Report. Retrieved from: <http://www.aztf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20San%20Carlos%20Apache.pdf>

**Figure 10. Healthy People 2020 objective for mothers, compared to 2013 region and state data**



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

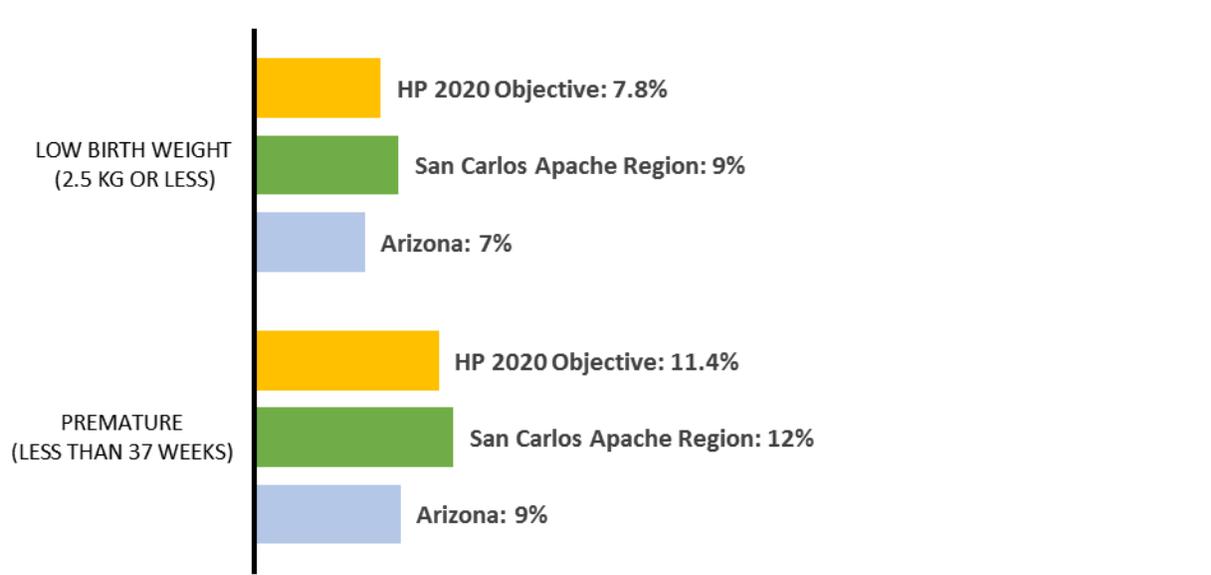
## Infant Health

**Table 22. Selected characteristics of babies born, 2013**

	TOTAL NUMBER OF BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	BABY HAD LOW BIRTH WEIGHT (2.5 kg OR LESS)	BABY HAD HIGH BIRTH WEIGHT (4 kg OR MORE)	BABY WAS PREMATURE (LESS THAN 37 WEEKS)	BABY WAS IN NEONATAL INTENSIVE CARE
San Carlos Apache Region	293	9%	7%	12%	4%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Arizona	84,963	7%	8%	9%	5%

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

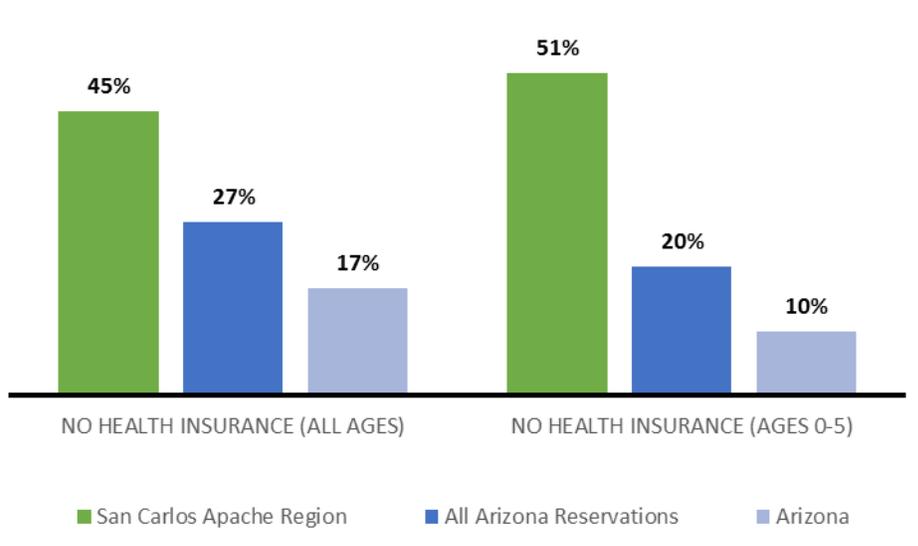
**Figure 11. Healthy People 2020 objectives for babies, compared to 2013 region and state data**



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

## Health Insurance

**Figure 12. Estimated percent of population without health insurance, 2009-2013 five-year estimate**



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

## Immunizations

**Table 23. Immunizations for children in kindergarten, school year 2014-15\***

	NUMBER OF STUDENTS	DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES	POLIO, 3 OR MORE DOSES	MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES	PERSONAL BELIEFS EXEMPTIONS	MEDICAL EXEMPTIONS
San Carlos Apache Region	200	99%	100%	99%	0.0%	0.5%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,651	94%	95%	94%	4.6%	0.3%

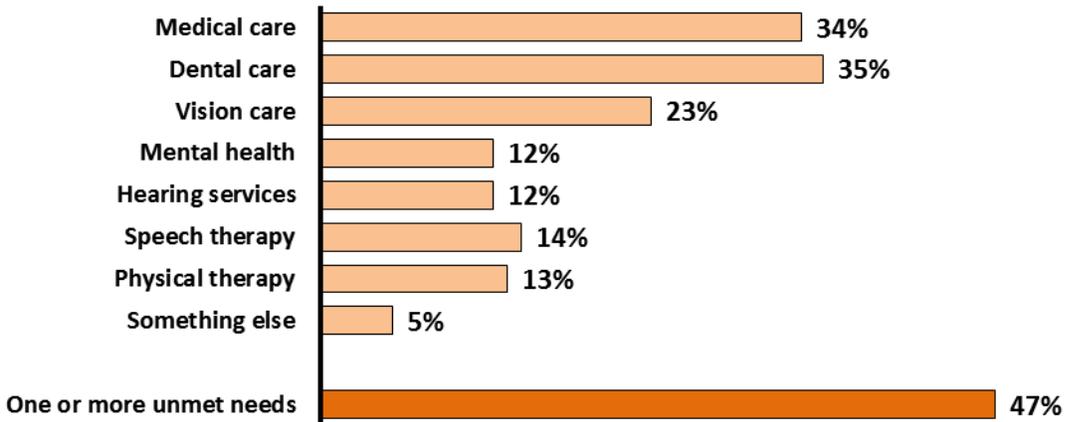
\*Regional data included in this table are from Peridot Our Savior's Lutheran School, Rice Elementary and St. Charles Apache Mission. Please note that data from some of these schools were not available for other indicators.

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

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

## Access to care

**Figure 13. Percent of respondents who reported that necessary health care was delayed or not received (Parent and Caregiver Survey, 2014).**



Source: FTF Parent and Caregiver Survey, 2014

## Family Support and Literacy

### Why it Matters

Parents and families have a crucial role in providing nurturing and stable relationships for optimal brain development during their child's first years.<sup>74,75,76</sup> When children experience nurturing, responsive caregiving, they face better life prospects across a number of social, physical, academic and economic outcomes.<sup>77,78</sup> Consequently, healthy development depends on positive relationships between children and their caregivers from an early age.<sup>79</sup> For parents of young children, reading aloud, singings songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. Such interactions not only support literacy skills, but also offer exposure to a range of ideas, including recognizing and naming emotions, an important socio-emotional skill. Parents and family are children's first teachers; the most rapid expansion in vocabulary happens between ages one and three.<sup>80</sup> In fact, literacy promotion is so central to a child's development that the American Academy of

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<sup>74</sup> Evans, G. W., & Kim, P. (2013). Childhood Poverty, Chronic Stress, Self-Regulation, and Coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cdep.12013/abstract>

<sup>75</sup> Shonkoff, J. P., & Fisher, P. A. (2013). *Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy*. *Development and Psychopathology*, 25, 1635- 1653. Retrieved from [http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25\\_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e](http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e)

<sup>76</sup> Shonkoff, J. P. & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press. Retrieved from <http://www.nap.edu/read/9824/chapter/1>

<sup>77</sup> Magnuson, K. & Duncan, G. (2013). Parents in poverty (95-121) In Bornstein, M. *Handbook of Parenting: Biology and Ecology of Parenting Vol. 4: Social Conditions and Applied Parenting*. New Jersey: Lawrence Erlbaum.

<sup>78</sup> Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>

<sup>79</sup> National Scientific Council on the Developing Child. (n.d.). Category: Working Papers. Retrieved from <http://developingchild.harvard.edu/resourcecategory/working-papers/>

<sup>80</sup> Read On Arizona. (n.d.). *As a parent what can I do at home to support early literacy?* Retrieved from <http://readonarizona.org/about-us/faq/>

Pediatrics has recently focused on it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.<sup>81</sup>

Data on the amount and quality of the interaction parents typically have with their children can be useful to inform programs and policies to encourage positive engagement. Communities may employ many resources to support families in engaging with their children.

### **What the Data Tell Us<sup>82</sup>**

The 2014 Parent and Caregiver Survey collected data about parent and caregiver knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development, including two items about home literacy events.

Twenty-one percent of the 224 survey participants reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly larger proportion (30%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs took place more frequently. In more than three-quarters of the homes (78%), children were hearing stories or songs three or more days per week (Figure 14).

The First Things First 2014 Parent and Caregiver Survey also included an item aimed at eliciting information about parents' and caregivers' awareness of their influence on a child's brain development. Just under half of the respondents in the region recognized that they could influence brain development prenatally or right from birth. A sizeable proportion (27%) responded that a parent's influence would not begin until after the infant was 7 months old (Figure 15).

#### **Raising young children in the region: positive aspects and challenges**

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<sup>81</sup> American Academy of Pediatrics. (n.d.). *Pediatric Professional Resource: Evidence Supporting Early Literacy and Early Learning*. Retrieved from [https://www.aap.org/en-us/Documents/booksbuildconnections\\_evidencesupportingearlyliteracyandearlylearning.pdf](https://www.aap.org/en-us/Documents/booksbuildconnections_evidencesupportingearlyliteracyandearlylearning.pdf)

<sup>82</sup> Please note that the data presented in this section are from the 2014 San Carlos Apache Regional Partnership Council Needs and Assets Report and are the most recent data available. The report is available at <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20GRIC.pdf>

Parents and caregivers of young children who participated in the First Things First 2014 Parent and Caregiver Survey were asked what they liked best about raising young children in their community. Their responses are summarized below in order of most to least cited. The majority of survey respondents indicated the thing they liked best about raising children in their community was the ability to teach children about Apache culture, Apache heritage, and the Apache language. Parents and caregivers also appreciated the ability to raise children in a community where other members of their family were close by to offer support and guidance. Survey participants also highlighted the fact that their community is “close-knit,” with many indicating that they felt safe and supported in their community and that their children had friends to play with. Parents also pointed out that they value the programs available to young children, specifically the Boys and Girls Club and Young Warriors. Lastly, respondents indicated that they enjoyed being able to take their children outdoors to do recreational activities, including participating in sporting events, playing at parks and playgrounds, and going hunting and fishing.

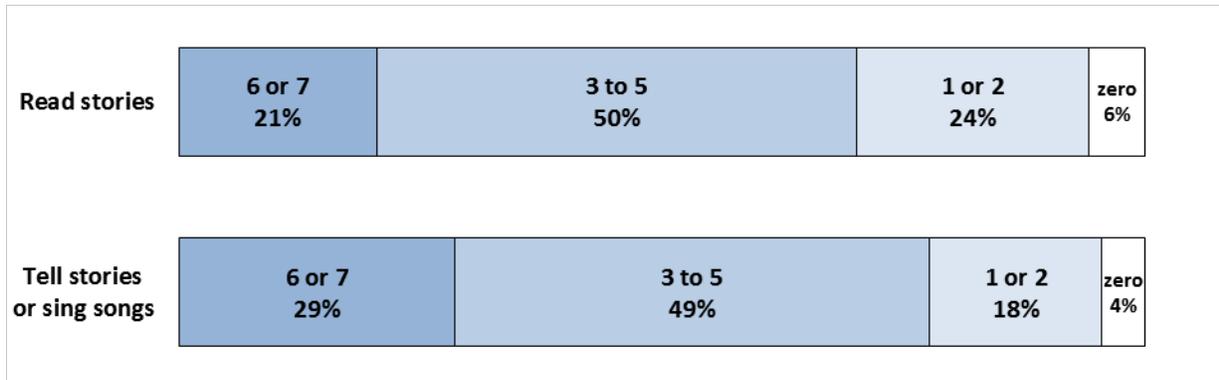
Parents and caregivers were also asked about the most difficult aspects of raising children in the San Carlos Apache Region. The majority of survey participants perceive the high rates of drug and alcohol use in the community as one of the most challenging aspects of raising young children in the region. Many survey respondents shared a sense that drugs and alcohol impeded on parents’ ability to raise their children, and blamed drugs and alcohol use for making the community less safe. Other safety concerns named by parents and caregivers included peer pressure, violence and gang activity, bullying in schools, and other environmental concerns such as driving too fast through areas where children are present, stray dogs, and hazardous trash. Many parents and caregivers indicated that poverty in general poses a large challenge to families raising children young children in the region. For example, survey respondents expressed concerns about being unable to find work, adequate housing, and being able to access other needed goods and services. Other respondents specifically mentioned the difficulties they experience being single-parents or being a grandparent raising grandchildren. Parents and caregivers reported that lack of available childcare, services for children with special needs, and opportunities to teach children more about the Apache culture are also challenging aspects of raising young children in the region. Additionally, while some respondents indicated they liked the programs and activities available for children and families in their community, other survey participants pointed out that there are not enough programs and activities for children and families in their community. The differences in opinion in regards to activity opportunities, community safety, and other issues, are likely due to the fact that

parents and caregivers who participated in the survey reside in different areas of the San Carlos Apache Region.

**Most important things that would improve young children’s lives**

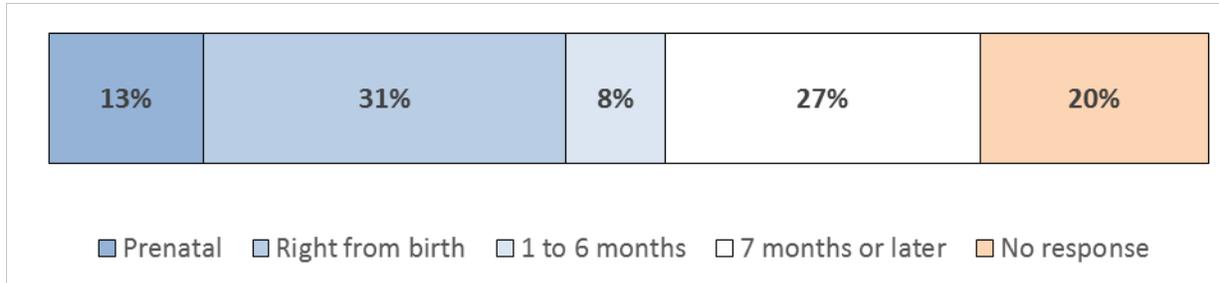
The Parent and Caregiver Survey also included an item asking parents what they thought were the most important things that should happen in order to improve the lives of children and families in the San Carlos Apache Region. The need for parents to be actively involved in the lives of their children was the most common response to this question. In relation to parent involvement, a handful of survey respondents stated they felt parenting classes for parents would be beneficial for the children and families in the community. In addition to parent involvement, many survey respondents felt that providing children with a safe environment was very important. More specifically, parents and caregivers felt children should be given the opportunity to grow up in adequate housing and in an environment free from violence. Some survey respondents recommended increasing the number of law enforcement officials in order to increase feelings of security in the community. Survey respondents also felt that the community would benefit from additional activities for children and families, including activities where elders could interact with children. Parents and caregivers also indicated that culture preservation programs were important and needed so that children could have more opportunity to learn the Apache language and culture. Additionally, some survey respondents reported feeling that the community would benefit from more healthcare services and activities that promoted living a healthy lifestyle. Increasing the number of childcare facilities was also highly recommended by survey takers who indicated that many families with young children struggle when their children are on waiting lists for childcare. Other recommendations made by parents and caregivers included: providing more opportunities for job training and higher education, better/additional transportation services in the community, providing more areas for children to play, building more playgrounds and parks or repairing and cleaning-up the playgrounds and parks that already exist. Lastly, some respondents recommended increasing awareness about the public services and programs that are available in the community so that community members will know more about the services that exist and how to access those services.

**Figure 14. Reported frequencies of home literacy events: “How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?” (Parent and Caregiver Survey, 2014).**



Source: FTF Parent and Caregiver Survey, 2014

**Figure 15. Responses to the question “When do you think a parent can begin to make a big difference on a child's brain development?” (Parent and Caregiver Survey, 2014).**



Source: FTF Parent and Caregiver Survey, 2014

## Communication, Public Information and Awareness

### Why it Matters

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

### What the Data Tell Us

In SFY2016 the San Carlos Apache Regional Partnership Council coordinated the production of the 2016 Resource Calendar, which provides contact information for all the programs, departments and agencies providing services to young children in the region. The calendar has been distributed to parents in the region and can be accessed online at [http://www.azftf.gov/RC029/Documents/2014\\_SCA\\_Resource\\_Calendar.pdf](http://www.azftf.gov/RC029/Documents/2014_SCA_Resource_Calendar.pdf).

## Systems Coordination among Early Childhood Programs and Services

### Why it Matters

Through system-building, First Things First is focused on developing approaches to connect various components of the early childhood system. This is done in an effort to create a more holistic system that operates to promote shared results for children and families. Agencies that work together and achieve a high level of coordination and collaboration are often easier for families to access and the services provided are more responsive to the needs of the families. Coordination efforts may also result in an increased capacity to deliver services because of the work that organizations do to identify and address gaps in the service delivery continuum. By supporting a variety of coordination efforts, First Things First aims to create a high quality, interconnected, and comprehensive early childhood service delivery system that is timely, culturally responsive, family driven, community based, and directed toward enhancing children's overall development. Determining how these efforts are impacting regions and the families within them can help inform service, program and policy decisions that will benefit families and young children across the state.

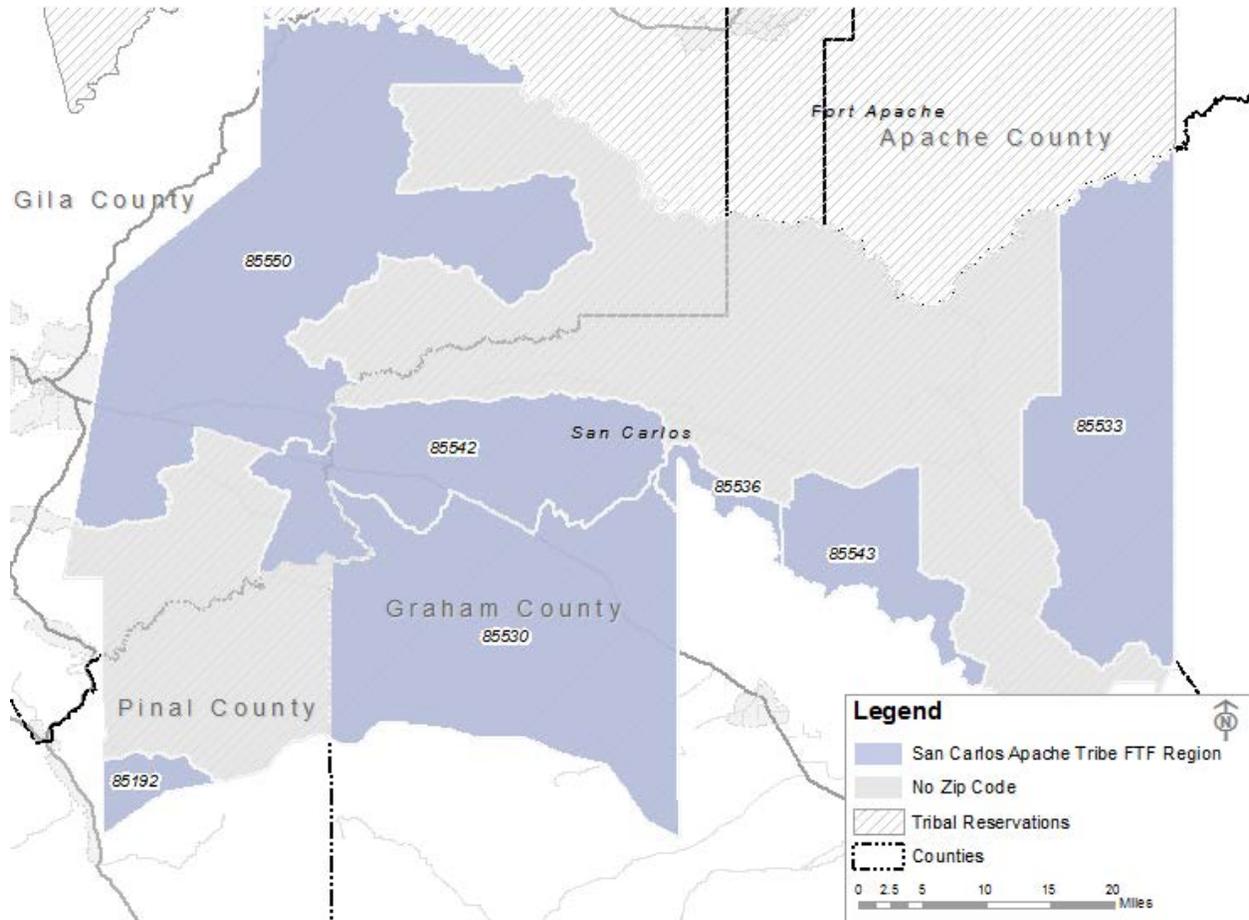
### What the Data Tell Us

Key informants indicated that an asset in the region is the ability of programs serving young children to work together in the organization of successful community events such as health fairs. At the same time, key informants also pointed out that additional collaboration among service providers and agencies in the region could be enhanced. Information sharing is often a barrier to collaboration among programs and services in the region.

The San Carlos Apache Regional Partnership Council supports coordination efforts in the region through its San Carlos Apache Early Childhood Development and Health Collaborative. The Collaborative brings together representatives from tribal, state and federal programs serving families in the region. Members meet every other month to exchange information about their programs, network and strengthen collaborative relationships among them. Services and programs funded by the San Carlos Apache Regional Partnership Council are also showcased during the Collaborative meetings. In addition, the Collaborative produces a newsletter that provides information about their activities, upcoming events and meetings, and also includes relevant information on various early childhood-related topics. During

SFY2016 members of the Early Childhood Development and Health Collaborative have also engaged in series of discussion around building the early childhood system in the region.

## Appendix 1: Map of zip codes of the San Carlos Apache Region



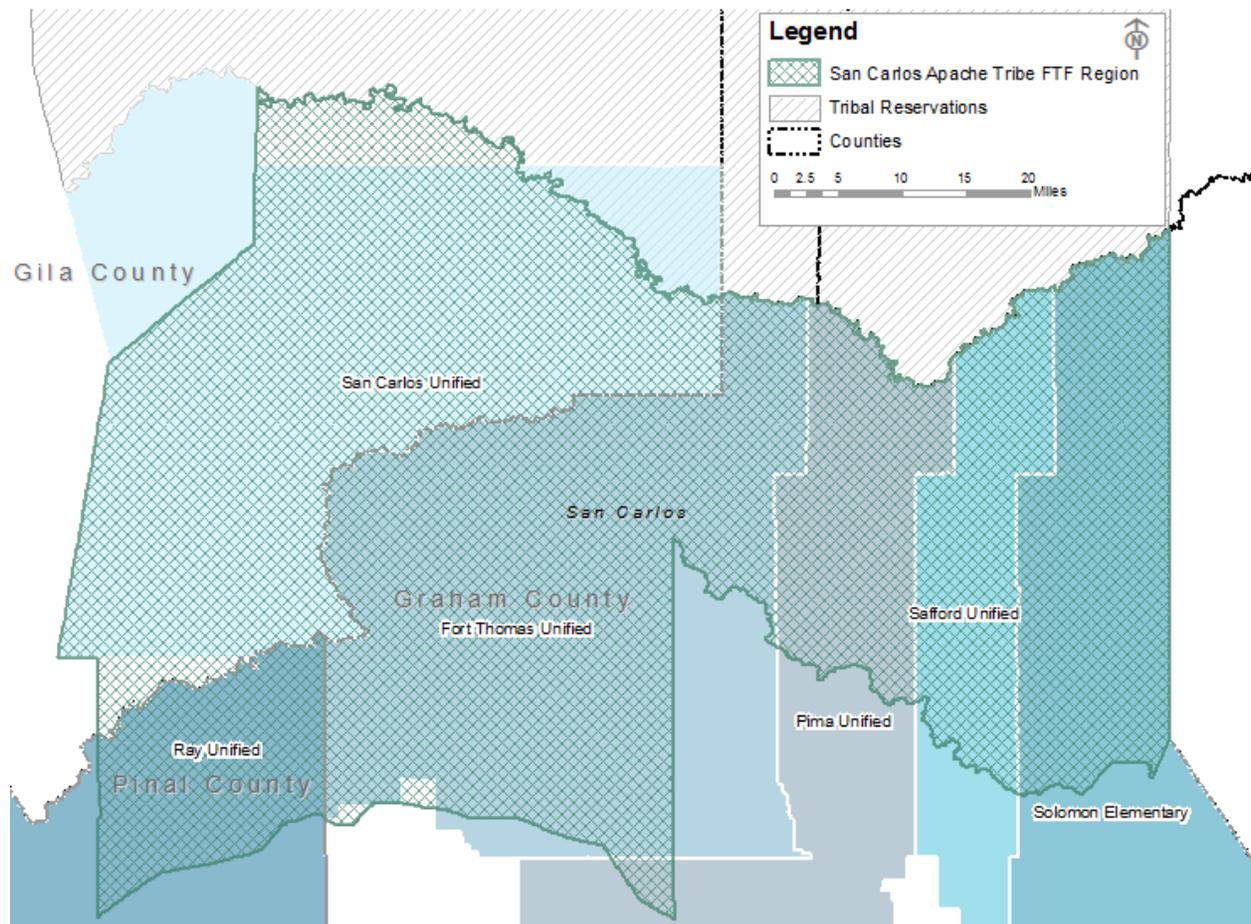
Source: U.S. Census Bureau (2010). TIGER/Line Shapefiles: ZCTAs, Counties, American Indian/Alaska Native Homelands. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

## Appendix 2: Zip codes of the San Carlos Apache Region

ZIP CODE TABULATION AREA (ZCTA)	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF ZCTA'S TOTAL POPULATION LIVING IN THE SAN CARLOS APACHE REGION	THIS ZCTA IS SHARED WITH
<b>San Carlos Apache Region</b>	<b>10,068</b>	<b>1,435</b>	<b>2,320</b>	<b>844</b>		
85530	2,069	274	476	175	100%	
85533	9	3	3	1	0.3%	Graham/ Greenlee
85542	3,196	497	721	273	100%	
85543	1	0	1	0	0.03%	Graham/ Greenlee
85550	4,790	661	1,118	395	100%	
Other	3	0	1	0		

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

## Appendix 3: Map of Elementary and Unified School Districts in the San Carlos Apache Region



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

## Appendix 4: Data Sources

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