FIRST THINGS FIRST

Gila River Indian Community Region

2018 NEEDS AND ASSETS REPORT

GILA RIVER INDIAN COMMUNITY REGIONAL PARTNERSHIP COUNCIL

2018

NEEDS AND ASSETS REPORT

Prepared by

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Funded by

First Things First Gila River Indian Community Regional Partnership Council

LETTER FROM CHAIR

January 26, 2018

Message from the Chair:

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

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

The Gila River Indian Community Regional Council would like to thank our Needs and Assets vendor, University of Arizona, for their knowledge, expertise and analysis of the Gila River Indian Community region. Their partnership has been crucial to our development of this report and to our understanding of the extensive information contained within these pages.

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

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

Thank you for your continued support.

Sincerely,

Chair, First Things First Gila River Indian Community Regional Council

GILA RIVER INDIAN COMMUNITY REGIONAL PARTNERSHIP COUNCIL

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INTRODUCTORY SUMMARY & ACKNOWLEDGMENTS

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

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

The First Things First Gila River Indian Community Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development of young children in their care. 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 Gila River Indian Community. 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 Gila River Health Care, IHS, Tribal Education Department, BIA Schools, Parochial Schools and Early Education Programs including, Early Education Center, Head Start/Early Head Start, FACE programs and School Based Pre-K's. Additional acknowledgments to 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 Gila River Indian Community Regional Partnership Council, your vision, dedication, and passion have been instrumental in improving outcomes for young children and families within the region. Our current efforts will build upon those successes with the ultimate goal of building a comprehensive early childhood system for the betterment of young children within the region and the entire state.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

EXECUTIVE SUMMARY

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

Population Characteristics

According to the U.S. Census, 1,530 children under the age of six resided in the Gila River Indian Community Region in 2010, representing approximately 13 percent of the regions total population. Just under one third (30%) of households in the region have at least one child under 6 years of age. Also according to the U.S. Census in 2010, 93 percent of young children (birth to age 4) in the region were identified as American Indian, similar to the percentage as in all Arizona reservations combined (92%).

According to the American Community Survey (ACS), 78 percent of children in the Gila River Indian Community Region live with a single parent, which is higher than both the proportion in all Arizona reservations (68%) and in the state as a whole (38%). Approximately four percent of children age birth to 5 are in kinship arrangements, with extended family members caring for them. The proportion of young children (0-5) living in a grandparent's household in the region (47%) is higher than that in all Arizona reservations combined (40%) and much higher than the state (14%). Twelve percent of children ages 0 to 17 living with grandparents in the region do not have a parent present in the household, and 70 percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent. Nearly two-thirds of grandparents raising their grandchildren who participated in a survey conducted by Three Precious Miracles had a court-ordered arrangement, either court ordered permanent custody or guardianship (42%), or court ordered temporary custody or guardianship (25%).

Estimates from the ACS indicate that 12 percent of residents age 5 and older in the Gila River Indian Community Region speak a Native North American language at home, a much lower proportion than across all Arizona reservations (50%). Thirty-six percent of households report speaking a language other than English, which is significantly lower than all Arizona reservations (73%) but higher than the state percentage (27%).

Economic Characteristics

The median income for all families in the Gila River Indian Community Region is $25,700, according to recent estimates from the American Community Survey (ACS). The median income for families with married parents (husband-wife) and children under age 18 was significantly higher ($35,500), whereas single-parent families make substantially less; $10,662 for single-female headed households and $14,531 for households headed by a single male. According to the ACS, over half (55%) of the total (all-age) population and nearly three-quarters (74%) of young children (birth to 5) in the Gila River Indian Community Region live in poverty. Almost nine in 10 (88%) families in the region with children aged four and under live below 185 percent of the FPL (i.e., earned less than $3,677 a month for a family of four), which is higher than the 77 percent across all Arizona reservations combined. In spite of this need, the number of young children supported by the TANF program has declined in recent years in

the region (-25%), similar to the decrease across Pinal County (-22%), but lower than the decreases across Maricopa County (-41%) and the state (-39%).

Recent estimates from the ACS indicate that the unemployment rate in the Gila River Indian Community was 33.4 percent; this rate is higher than the estimated unemployment rate for all Arizona reservations combined (26%) and much higher than that seen statewide (10%). Nearly half (49%) of young children live with one or more parents who are in the labor force, which is lower than that seen in all reservations (64%).

The number of young children participating in Supplemental Nutrition Assistance Program (SNAP) has fallen slightly since 2012 (-4%), with the program supporting about 1,300 young children in the region annually. In contrast, WIC enrollment has increased slightly from 2013 to 2015 (+3%). Utilizing SNAP and WIC benefits may be problematic for some, as the ratio of the regional population to SNAP retailers is lower than that available statewide or in all Arizona reservations, and there is only one WIC retailer within regional boundaries, located in Sacaton. The proportion of students enrolled in schools in the Gila River Indian Community Region that were eligible for free and reduced price lunch has remained relatively stable from 2012 (87%) to 2016 (86%). Over the past three years, nearly 400 households participated in the Gila River Indian Community Commodity Food Distribution program, and the number of Temporary Emergency Food Assistance Program distributed food boxes increased from 2,452 in FY2014 to 2,827 in FY2015.

Rates of home-ownership (54%) in the region are lower than in all Arizona reservations (69%) or the state (63%). Rates of home-ownership within the region were highest in District 2 (79%). Residents of the region have a similar housing cost burden to residents of all Arizona reservations, but lower than those statewide: 16 percent of housing units in the region require residents to contribute more than 30 percent of their household income toward housing, compared to 17 percent in all reservations and 34 percent statewide. However, transportation remains a challenge in the region. Of the 3,008 occupied houses, 23 percent did not have access to a vehicle, which is higher than all Arizona reservations combined (17%) and more than double that of the percentage across the state (7%).

Educational Indicators

In the 2014-2015 school year, 27 percent of third graders enrolled in Sacaton Elementary School passed the AzMERIT Math test (received a proficient or highly proficient score), while 14 percent of third grade students at Blackwater Community School (Akimel O'odham Pee Posh) received passing scores, lower passing rates than across Arizona as a whole (42%). Performance on the English language Arts (ELA) test was poorer, with only nine percent of students at Sacaton Elementary and 11 percent at Blackwater Community School (Akimel O'odham Pee Posh) demonstrating proficiency, compared to 40 percent statewide. The Gila River Indian Community Education Department also provided AzMERIT results data for all schools in the region, including Bureau of Indian Education Schools. In the 2014-2015 school year, six percent of third grade students enrolled in these schools passed the ELA test, and 12 percent passed the Math test.

The high school drop-out rate for two high schools in the region (that both closed in 2015) had increased slightly from 36 percent in 2012 to 40 percent in 2015. Between 2013 and 2014, the four-year high school graduation rates in these two schools had decreased from 27 percent in 2012 to nine percent in 2014. According to key informants, the closing of the two high schools represented a major

loss in the region. Three in ten adults (30%) have at least some college or professional education or a Bachelor's or advanced degree in the region, below the percentage across all Arizona reservations combined (37%). Just over a third (36%) of adults have less than a high school education, higher than across all Arizona reservations (28%). Key informants indicated that during the summer of 2017 the Community would engage in a five-year strategy plan for education where they will address the changes needed to improve the quality of education for all children in the region.

Early Learning

Families in the Gila River Indian Community Region have access to early care and education options that include Early Education Childcare Center, home-based care, school-based preschools, Family and Child Education (FACE) programs, Head Start/Early Head Start Programs and off-reservation child care services. In 2015, a total of 108 children 0-5 were enrolled at the Early Education Childcare Center (EECC), 64 of whom were infants and toddlers and 44 of whom were preschool-age children. In the Gila River Indian Community Region FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools, with each program operating independently. These programs enrolled a total of 117 young children in center and home-based programs in 2017. The Gila River Indian Community Head Start has a funded enrollment of 203 children in four centers throughout the Community: Sacaton Head Start Center, San Tan Head Start Centers, Vah-Ki Head Start Centers and the Laveen Head Start Center. The Early Head Start program provides direct services to 92 children birth to age three. The three school-based preschool programs in the Gila River Indian Community; the Blackwater Community School preschool, the Sacaton Elementary School preschool, and the preschool program at St. Peter's Indian Mission School, have a combined enrollment capacity to serve 114 children. As of June 2017, there were four Quality First sites in the Gila River Indian Community Region. Of those four child care providers, three have achieved 4-star ratings, and one is a 3-star rated site, indicating they are meeting or exceeding quality standards. Overall, availability of child care services in the region is most limited for children birth to 3: with 734 children in this age range, the 156 slots available provide services to 21 percent of those children.

Child care subsidies are available in the region through the EECC with funds from the Tribal Child Care and Development Fund and scholarships from the First Things First Gila River Indian Community Regional Partnership Council. Other early learning programs in the Community are available free-of-cost such as the Head Start and FACE programs. Services are also available free-of-cost at St. Peter's Indian Mission School's preschool program through funding provided by the Gila River Indian Community. Services at the Sacaton Elementary School preschool program are provided free-of-cost for children with special needs. In 2015, the most recent year for which data are available, 19 young children in the region were eligible for Arizona Department of Economic Security (DES) subsidies and 14 children actually received them.

The number of children served by Arizona Early Intervention Program (AzEIP) providers in the Gila River Indian Community Region varied from 17 to 25 in 2013 to 37 in 2015. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services, which suggests that at least 95 young children in the region would be likely to benefit annually. No

children from the region were evaluated by or served by the Division of Developmental Disabilities (DDD) in FY 2015, the most recent year for which data were available. Services for children with special needs in the Gila River Indian Community are also available through the Early Childhood Special Services (ECSS) program, housed under the Gila River Indian Community Tribal Education Department. According to data provided by ECSS in early 2015, a total of 250 families in the region were receiving services from the program.

Child Health

Gila River Health Care (GRHC) facilities include the Hu Hu Kam Memorial Hospital, Komatke Health Center, Ak-Chin Clinic, a skilled nursing facility, two dialysis centers and five locations providing behavioral health services. In addition, opening in 2018, the Hau'pal (Red Tail Hawk) Health Center, will add additional ambulatory care and emergency medical services to the region. In addition to these health facilities, mobile health units provide pediatric dental and health services to children in the region. In 2015 there were 16,060 active users in GRHC, 2,534 (16%) of whom were children aged birth to 5 [note that the number of young children seen at GRHC facilities is substantially higher than the number of children birth to 5 in the region according to the U.S. Census 2010 (1,530)]. According to estimates from the American Community Survey (ACS), 24 percent of young children, birth to age five, in the region were estimated to be uninsured, along with 28 percent of the total population in the Gila River Indian Community Region (the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage). District 1 had a much higher proportion of both young children (78%) and the all age population (50%) without health insurance. Data were also available from GRHC on patients seen with third party health insurance (Medicaid, private or other insurance). A large majority (89%) of young patients aged birth to 5 had third-party insurance coverage, meaning that only about 11 percent of young children seen at GRHC were uninsured.

In 2014, there were 80 babies born in the Gila River Indian Community Region, and 75 percent of mothers giving birth identified as being American Indian or Alaska Native. Eighty-three percent of new mothers in the region in 2014 were not married (45% statewide) and 10 percent were in their teens (8% statewide). A similar proportion of mothers in the region reported smoking (4%) compared to mothers across the state (5%). The percentage of children enrolled in WIC who were exposed to smoking in the household has decreased between 2011 and 2015, from a high of six percent in 2011 to a low of two percent in 2015. In the Gila River Indian Community Region, of the women enrolled in WIC in 2015, 60 percent were obese while 24 percent were overweight. Between 2010 to 2013, the rate of prenatal care begun in the first semester remained at or above 77.9 percent, with the highest rate of early prenatal care occurring in 2010 (85.1%). However, the fact that the 13 percent of women giving birth had fewer than five prenatal care visits suggests a continuing need for early prenatal care.

In 2014, 13.8 percent of babies in the region were born premature, compared to nine percent statewide. In the same year, approximately 7.5 percent of babies born in the region were low birth weight, compared to seven percent across the state. In 2015, seven percent of newborn babies did not pass the initial hearing screenings, which was higher than the overall statewide rate (3.8%). The percent of infants in the Gila River Indian Community WIC program who were ever breastfed has remained relatively constant between 2011 (66%) and 2015 (65%), however this proportion is lower than both the statewide proportion for infants enrolled in WIC (71.2%) and the Healthy People 2020 goal of 81.9 percent or higher.

Over 95 percent of children in child care and kindergarten in the Gila River Indian Community Region had completed each of the three major (DTAP, polio, and MMR) vaccine series; the regional rates were slightly higher than those of the state. Rates of personal exemptions for vaccinations among children in child care and kindergarten (both 0.0%) in the region were much lower than exemption rates at the state level (3.5% and 4.5% respectively).

Results from an Indian Health Service (IHS) survey, (including 796 children from the Phoenix Area which includes the Gila River Indian Community), show that 43 percent of AI/A children ages 3 and 5, have untreated tooth decay. Data was available from Gila River Health Care (GRHC) on young children receiving dental care through GRHC. In 2015, five year olds were the most likely to receive dental care (165 children made 322 visits). The number of dental patients and visits decreased with age: 64 one-year olds made 78 dental visits and only four infants (under one) had four dental visits in 2015.

In 2015, of children aged birth to five years, children aged one year were most likely to be seen at Gila River Health Care Emergency Departments for unintentional injuries, with 72 visits for that age group. The number of children aged birth to 5 seen for asthma did not vary widely between age groups, with 42 children under one year of age, and 45 aged 5 years seen for asthma at GRHC in 2015. Young children were much more often seen at GRHC for ear infections, with those visits most common for one year old children (n=177) and children under one (n=122).

In 2015, 30 percent of the children (ages 2 to 4) participating in the Gila River Indian Community WIC program were obese and an additional 22 percent were overweight. This obesity rate has remained relatively stable overall between 2011 and 2015 at 30 percent.

Family Support and Literacy

In the Gila River Indian Community Region, there are a number of home visitation programs that serve young children and their families. In addition to the home-based services provided by the FACE programs, other home visitation services are available in the region through the Baby Smarts program, funded by First Things First. Additional funding for home visitation services was awarded to Gila River Health Care from the Maternal, Infant and Early Childhood (MIECHV) program. Home visitation services are also provided by the Gila River Health Care Public Health Nursing Department for individuals across the life span. Members of the Community have identified a lack of coordination and communication among the programs providing parenting support/parenting classes in the region as a challenge, in addition to a lack of awareness of the importance of parent engagement among community members.

Child welfare services in the Gila River Indian Community are provided by the Gila River Indian Community Social Services Department. An important initiative currently in place in the region to support families involved in the child welfare system is the “Children in Crisis Coalition”, the goal of which is to promote the wellbeing of children in the child welfare system and to reduce the recurrence of child abuse and neglect. Support for families caring for children who have been removed from their homes is also available from Three Precious Miracles, (TPM), a non-profit organization that supports Native American children who are in foster care or are being raised by their grandparents.

The Gila River Regional Behavioral Health Authority (GRBHA) serves as the Tribal Regional Behavioral Health Authority (TRBHA) for the Gila River Indian Community. Behavioral health services offered through GRBHA include advocacy and case management, traditional healing, prevention, psychiatric services, medication consultation, assessment evaluation and diagnosis, individual service planning, transportation to treatment, home-based counseling, partial day treatment, residential treatment, group home treatment, inpatient hospitalization, 24 hour crisis management, and vocational rehabilitation referrals. Each year from 2012 to 2015, fewer than 25 pregnant or parenting women and children aged 0 to 5 received publically-funded behavioral health services in the Gila River Indian Community, provided by the RBHAs servicing the region: Mercy Maricopa Integrated Care (MMIC) and Cenpatico Integrated Care.

Communication, Public Information, and Awareness

Since state fiscal year 2011, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona. In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. In the state as a whole, these efforts have resulted in the recruitment of 21,369 Friends, 3,102 Supporters and 908 Champions during the period of FY2014 through 2016. In addition to these strategic communications efforts, First Things First has also led a concerted effort of policymaker awareness-building throughout the state. The Arizona Early Childhood Alliance represent the united voice of the early childhood community in advocating for early childhood programs and services. Finally, First Things First recently launched enhanced online information for parents of young children, including the more intentional and strategic placement of early childhood content and resources in the digital platforms that today's parents frequent.

System Coordination among Early Childhood Programs and Services

There are a number of collaborative efforts underway in the Gila River Indian Community Region to enhance system coordination around tribal legislative engagement, health, early literacy, and professional development. These include engaging tribal legislators in topics surrounding the current early childhood system in the region to help guide the Regional Partnership Councils work, health connections with GRHC, support for home visitation and family support programs in the region, efforts to increase access to quality, affordable early care and education, and collaboration with tribal departments and coalitions to enhance professional development opportunities in the region.

2018 NEEDS AND ASSETS REPORT

About this Report

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition to these public sources this report includes: 1) Quantitative data obtained from various Gila River Indian Community departments and agencies with approval from the Gila River Indian Community Tribal Council by Resolution Number GR-94-16 adopted on June 1, 2016; 2) Findings from qualitative data collection conducted in 2016 and 2017 specifically for this report through key informant interviews and group discussions with service providers in the region; 3) Data from the 2014 First Things First Gila River Indian Community Parent and Caregiver Survey. Not all data will be available at a First Things First (FTF) regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

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

In most of the tables in this report, the top row of data corresponds to the First Things First Gila River Indian Community Region. When available, the next several rows include data for each of the seven districts in the region. The next three rows show data that are useful for comparison purposes: all Arizona reservations combined, Maricopa County, Pinal County and the state of Arizona.

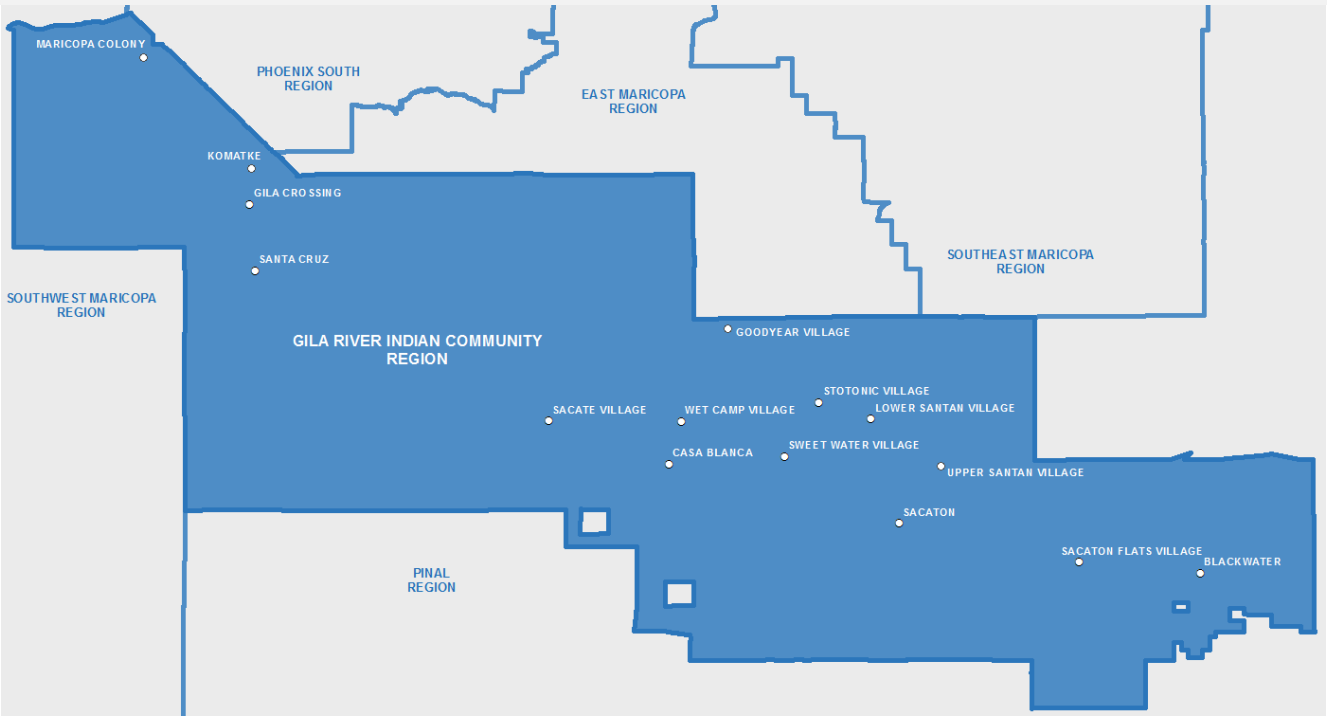
For more detailed information on data sources, methodology, suppression guidelines, and limitation, please see also the Appendices section.

Description of the Region

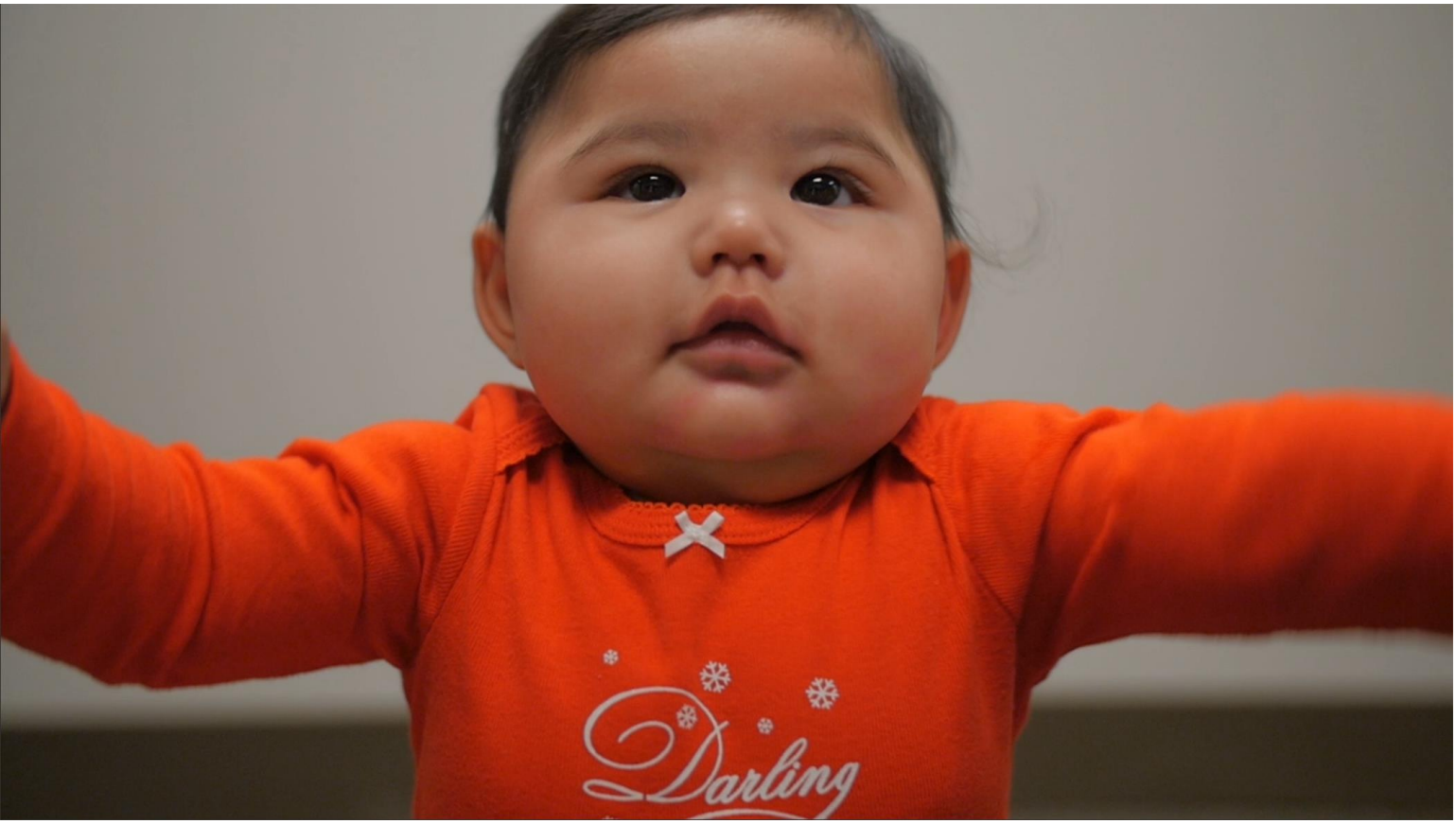
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Gila River Indian Community was one of 10 tribes that chose to be designated as its own region. This decision must be

ratified every two years, and the Gila River Indian Community has opted to continue to be designated as its own region.

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



Source: *First Things First* (2016).



POPULATION CHARACTERISTICS

Why Population Characteristics Matter

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

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

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

What the Data Tell Us

Demographics

According to the U.S. Census, 1,530 children under the age of six resided in the Gila River Indian Community in 2010 (Table 1). Overall, the region's population was 11,712 in the same year, meaning that thirteen percent of the residents were young children. The proportion of young children was highest, at 14 percent, in Districts 3, 4, and 6 (Table 3).

Since the turn of the century, Arizona as a whole saw a 19 percent increase in the number of young children. In the Gila River Indian Community Region, the population of young children increased by 7 percent between 2000 and 2010 (Table 2). It is important to note that this change reflects the number of children living within the regional boundaries as identified by the U.S. Census and does not capture children that live off the reservation but come into the community for services. It may also reflect an undercount of the population in tribal communities' described in the Methods and Data Sources section at the end of this report. The Arizona Department of Administration (ADOA) produces population estimates for counties and other sub-regions within the state. Population projections are not available from ADOA for the young children in the Gila River Indian Community Region.

According to the U.S. Census in 2010, 93 percent of young children (birth to 4) in the region were identified as American Indian, about the same percentage as in all Arizona reservations combined (92%) (Figure 2). In the Gila River Indian Community Region, however, the proportion of children identified as Hispanic or Latino (22%) was twice as high as in all Arizona reservations combined (9%) (Table 4).

Among adults, 84 percent of residents 18 and older identify as American Indian alone (not Hispanic or Latino), which is similar to the proportion in all reservations combined (88%) (Table 5). Additionally, the percentage of adults identified as Hispanic or Latino (12%) was twice as high as the percentage seen in all Arizona reservations (5%).

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

	Ages 0-5	Age 0	Age 1	Age 2	Age 3	Age 4	Age 5
Gila River Indian Community	**1,530**	**253**	**249**	**232**	**278**	**268**	**250**
District 1 – Blackwater	146	24	23	18	22	31	28
District 2 – Hashen Kehk	55	6	10	11	11	9	8
District 3 – Sacaton	363	65	49	63	64	55	67
District 4 – Santan	344	61	58	49	53	62	61
District 5 – Casa Blanca	226	36	39	35	51	38	27
District 6 - Komatke	301	51	52	43	55	51	49
District 7 – Maricopa Colony	95	10	18	13	22	22	10
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Maricopa County	339,217	54,300	55,566	57,730	58,192	56,982	56,447
Pinal County	36,181	5,627	6,041	6,166	6,366	5,982	5,999
ARIZONA	546,609	87,557	89,746	93,216	93,880	91,316	90,894

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

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

	Number of children (ages 0-5) in 2000 Census	Number of children (ages 0-5) in 2010 Census	Percent change in population (ages 0-5), 2000 to 2010
Gila River Indian Community	**1,429**	**1,530**	**7%**
All Arizona Reservations	N/A	20,511	N/A
Maricopa County	289,759	339,217	17%
Pinal County	14,552	36,181	149%
ARIZONA	459,141	546,609	19%

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

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

	All ages	Ages 0 to 5	Children (ages 0-5) as a percentage of the total population
Gila River Indian Community	**11,712**	**1,530**	**13%**
District 1	1,139	146	13%
District 2	555	55	10%
District 3	2,687	363	14%
District 4	2,378	344	14%
District 5	1,960	226	12%
District 6	2,180	301	14%
District 7	813	95	12%
All Arizona Reservations	178,131	20,511	12%
Maricopa County	3,817,117	339,217	9%
Pinal County	375,770	36,181	10%
ARIZONA	6,392,017	546,609	9%

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

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

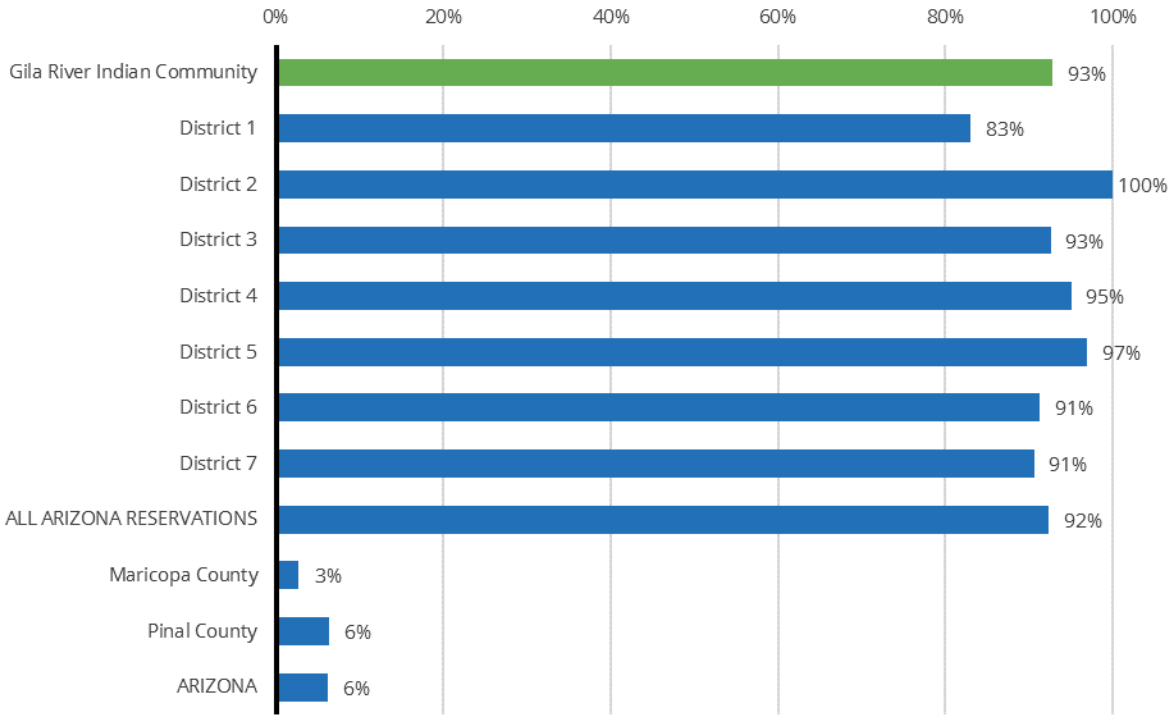
	Population of children (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian	African-American	Asian or Pacific Islander
Gila River Indian Community	**1,280**	**22%**	**0%**	**93%**	**0%**	**0%**
District 1	118	32%	0%	83%	0%	0%
District 2	47	11%	0%	100%	0%	0%
District 3	296	21%	0%	93%	0%	0%
District 4	283	25%	0%	95%	0%	0%
District 5	199	23%	0%	97%	0%	0%
District 6	252	19%	0%	91%	1%	0%

District 7	85	20%	0%	91%	0%	0%
All Arizona Reservations	17,061	9%	1%	92%	0%	0%
Maricopa County	282,770	46%	40%	3%	6%	4%
Pinal County	30,182	38%	49%	6%	4%	2%
ARIZONA	455,715	45%	40%	6%	5%	3%

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

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

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



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

Table 5. Race and Ethnicity of the Adult Population (Ages 18 and Older) in the 2010 Census

	Number of persons (ages 18 and older)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
Gila River Indian Community	7,438	12%	2%	84%	0%	0%
District 1	753	20%	3%	74%	1%	0%
District 2	369	9%	1%	88%	0%	0%
District 3	1,718	9%	1%	89%	0%	0%
District 4	1,475	14%	2%	82%	0%	0%
District 5	1,280	12%	1%	86%	0%	0%
District 6	1,308	12%	2%	83%	0%	0%
District 7	535	10%	1%	87%	0%	0%
All Arizona Reservations	117,049	5%	5%	88%	0%	0%
Maricopa County	2,809,256	25%	64%	1%	4%	4%
Pinal County	276,070	24%	63%	5%	4%	2%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

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

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

Living Arrangements

Based on data from the 2010 U.S. Census, in the Gila River Indian Community Region as a whole, 30 percent of households have at least one child under 6 years old, a similar proportion to all Arizona reservations (26%) and almost twice the proportion across the state (16%) (Table 6). According to the American Community Survey, 78 percent of young children in the Gila River Indian Community Region live with a single parent, which is higher than both the proportion in all Arizona reservations (68%) and in the state as a whole (38%) (Figure 3). About four percent of children ages birth to 5 are in kinship arrangements, with extended family members caring for them.

The proportion of young children living in a grandparent's household in the region (47%) is similar to that in all Arizona reservations (40%) but much higher than the state (14%) (Figure 4). It is important to note that these households may be multigenerational – i.e., the grandparent is considered the head-of-house, but the child's parent may also live there. Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect-

can provide members of these families with a network of support, which can be very valuable when dealing with socio-economic hardships.[13]

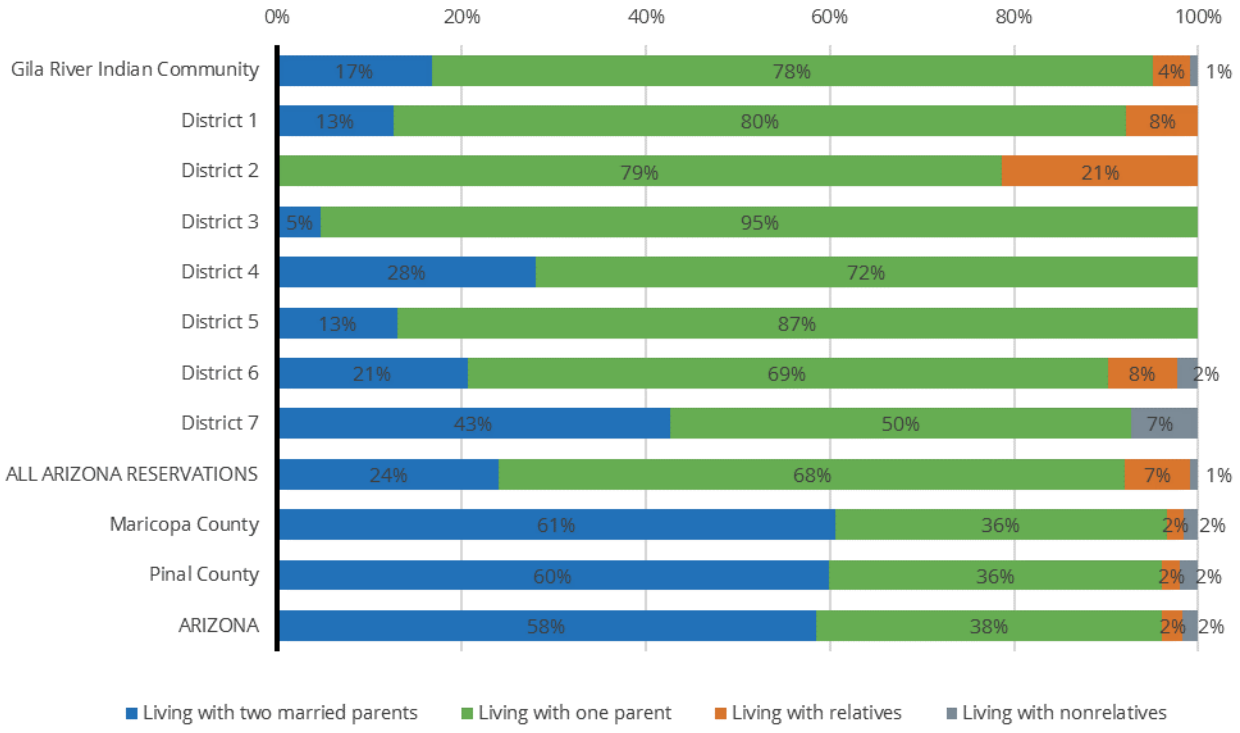
Table 7 provides more information about the estimated 1,366 children ages 0 to 17 living with grandparents in the Gila River Indian Community Region. Twelve percent of these children who live with their grandparents do not have a parent present in the household, and seventy percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent.

A survey of grandparents raising grandchildren in the region was conducted in November of 2016 by Three Precious Miracles (TPM), a non-profit organization that supports Native American children who are in foster care or are being raised by their grandparents.[14] The purpose of this survey was to learn about the needs of grandparents, their main concerns related to caring for their grandchildren and the types of supports that would be most helpful to them. A total of 36 grandparents participated in the survey, which took place during a Thanksgiving dinner for the grandparents organized by TPM.

Nearly two-thirds of the grandparents who participated in the survey had a court-ordered arrangement, either court ordered permanent custody or guardianship (42%), or court ordered temporary custody or guardianship (25%) (Figure 5). Just over one quarter (28%) had their grandchildren in their homes with no legal status. Approximately two-thirds (64%) of grandparents surveyed were under 60 years of age (40-49 years 22%; 50-59 years 42%) with another quarter aged between 60 and 69 years (Figure 6). Most grandparents surveyed were caring for either four or more grandchildren (42%) or two grandchildren (31%), with fewer caring for three grandchildren (19%) or one grandchild (8%) (Figure 7). The age of grandchildren being cared for was most often in the younger age ranges including elementary age (71%) and preschool age (43%). Almost three in 10 grandparents (29%) were caring for their infant grandchildren, with the same amount (29%) caring for middle-school aged grandchildren. Just over a quarter (26%) of the grandchildren being raised by grandparents surveyed were high school-age (Figure 8). The majority of grandparents raising grandchildren surveyed (57%) had been caring for their grandchildren for more than five years, with almost a quarter (23%) in that role for three to five years (Figure 9). Most of these grandparents were not in the workforce (48% not employed; 24% retired) with a smaller proportion currently working (21% full-time; 6% part-time) (Figure 10). Most cited family (58%) as their support system, followed by friends (27%), no support system (11%) or a local support group (4%) (Figure 11). Grandparents surveyed were asked what were their greatest concerns raising their grandchildren and half responded with finances, followed most commonly by their grandchild's emotional health (35%), legal issues (26%) and their grandchild's and their own physical health (24% each) (Figure 12). Consistent with these concerns, the most common training grandparents would like to be provided were on discipline and behaviors (81%), emotional support (46%), physical activity (42%) and finances (38%) (Figure 14). Over three-quarters of grandparents raising grandchildren surveyed indicated they would find a clothing allowance helpful (78%) and over half said the same for food boxes (56%) (Figure 13).

Very few young children in the region were living with foreign-born parents (2%), similar to all Arizona reservations (3%), but a much lower proportion than across the state (27%) (Table 8). In District 4, this proportion was highest, at seven percent.

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



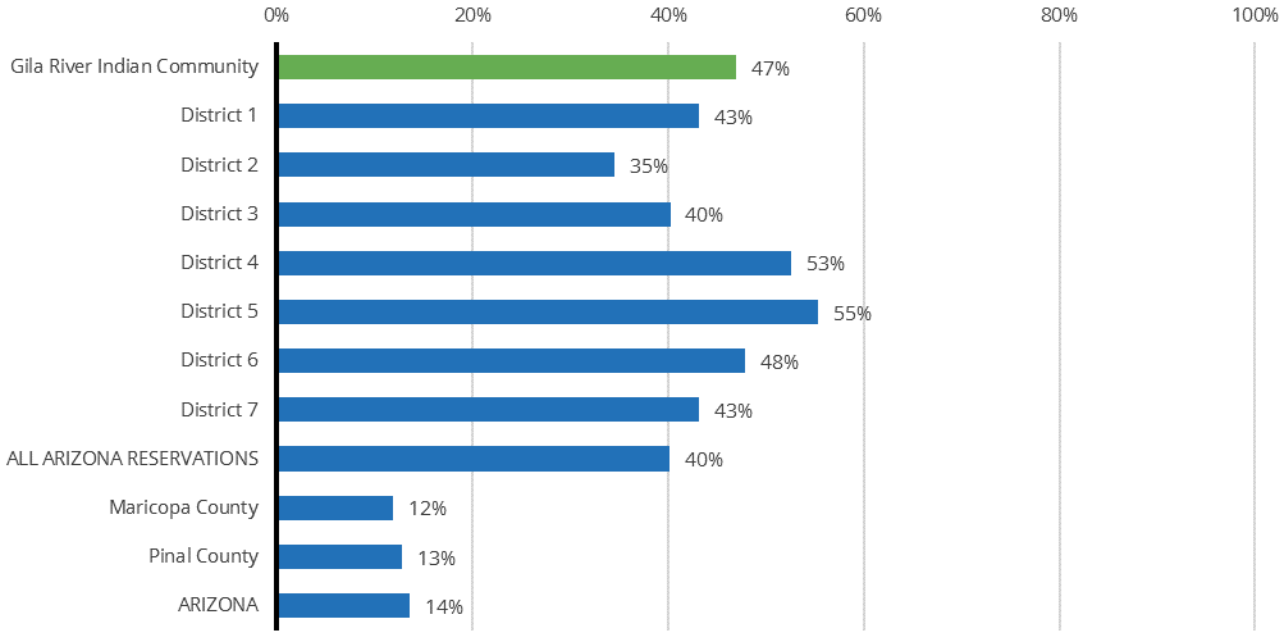
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Tables B05009, B09001, B17006

Table 6. Composition of Households in the 2010 Census

	Total number of households	Total number of households with child(ren) under 6 years old	Percent of households with child(ren) under 6 years old	Households with child(ren) under 6 years old, husband-wife householders	Households with child(ren) under 6 years old, single male householder	Households with child(ren) under 6 years old, single female householder
Gila River Indian Community	**2,982**	**905**	**30%**	**28%**	**18%**	**54%**
District 1	339	95	28%	37%	24%	39%
District 2	163	40	25%	23%	23%	55%
District 3	634	212	33%	23%	17%	61%
District 4	587	197	34%	32%	17%	51%
District 5	504	140	28%	33%	19%	48%
District 6	535	168	31%	21%	17%	62%
District 7	220	53	24%	26%	21%	53%
All Arizona Reservations	50,140	13,115	26%	45%	13%	42%
Maricopa County	1,411,583	238,955	17%	66%	11%	22%
Pinal County	125,590	24,750	20%	68%	11%	20%
ARIZONA	2,380,990	384,441	16%	65%	11%	24%

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

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



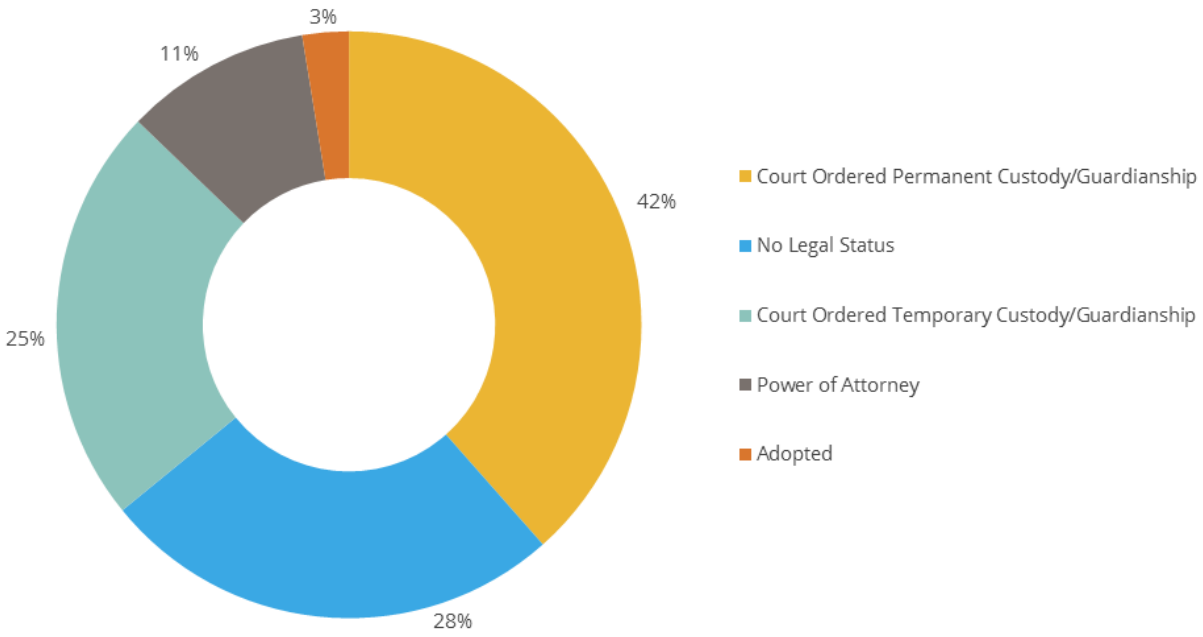
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P41

Table 7. Children (Ages 0 to 17) Living in a Grandparent's Household

	Number of children (ages 0-17) living in a grandparent's household	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child (with no parent present)
Gila River Indian Community	1,366	70%	12%
District 1	267	82%	9%
District 2	*	*	*
District 3	98	85%	13%
District 4	234	77%	0%
District 5	387	61%	27%
District 6	296	66%	9%
District 7	84	45%	0%
All Arizona Reservations	17,774	58%	12%
Maricopa County	74,058	50%	13%
Pinal County	8,258	62%	19%
ARIZONA	140,038	53%	14%

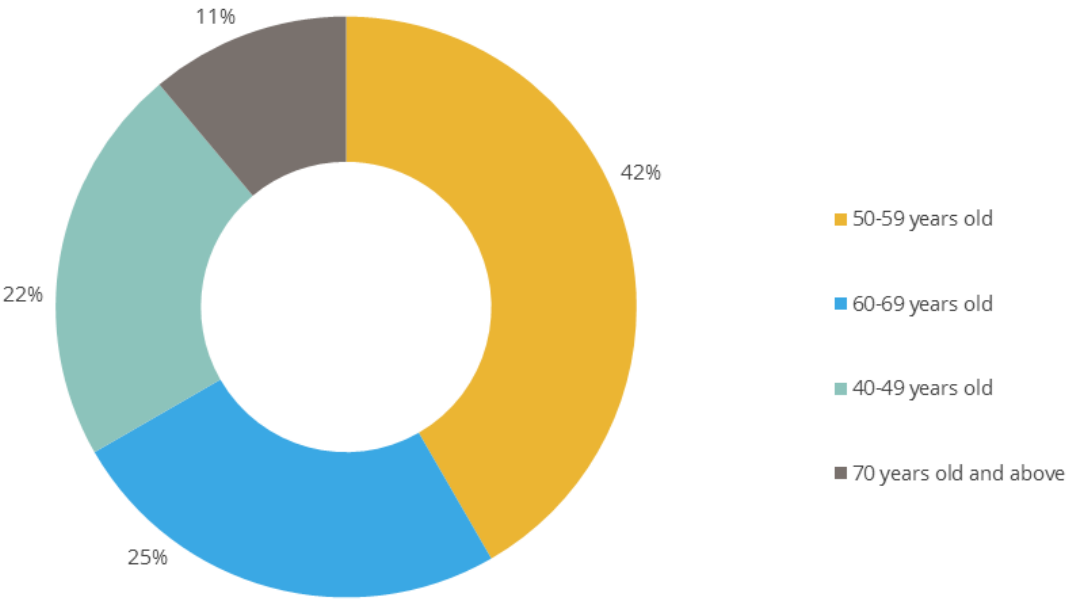
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10002
**Please note that the sample size for District 2 is too small to be reliable and has therefore not been included in this table.*

Figure 5. Legal Status of Grandchildren Being Raised by Grandparents



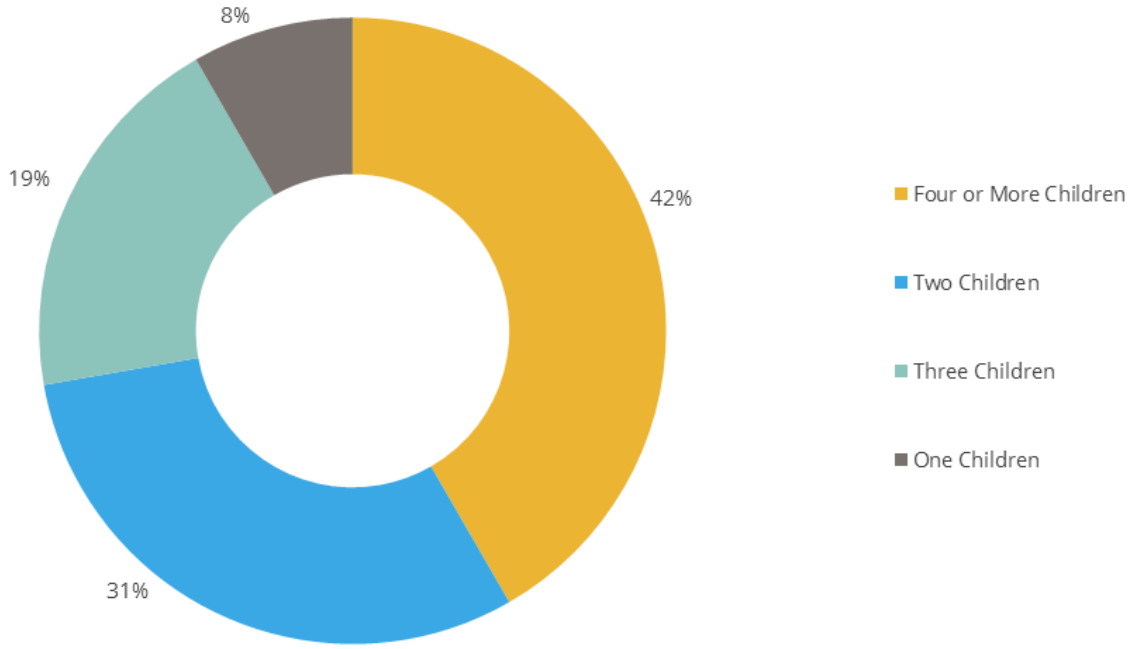
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 6. Age of Grandparents Raising Grandchildren



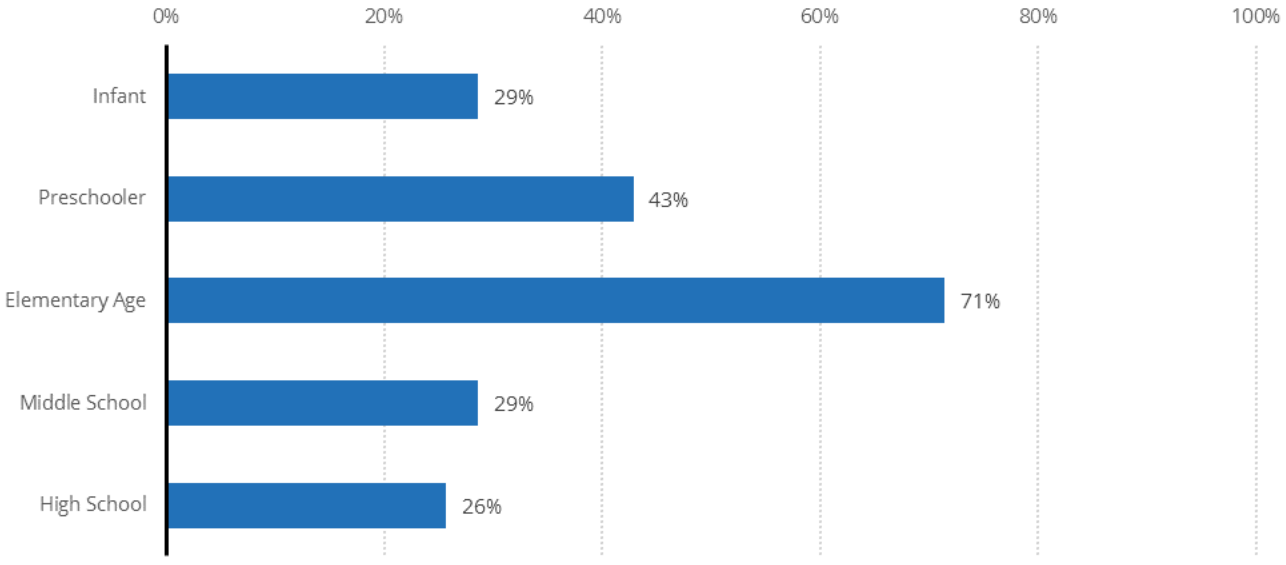
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 7. Number of Children in Grandparent Care



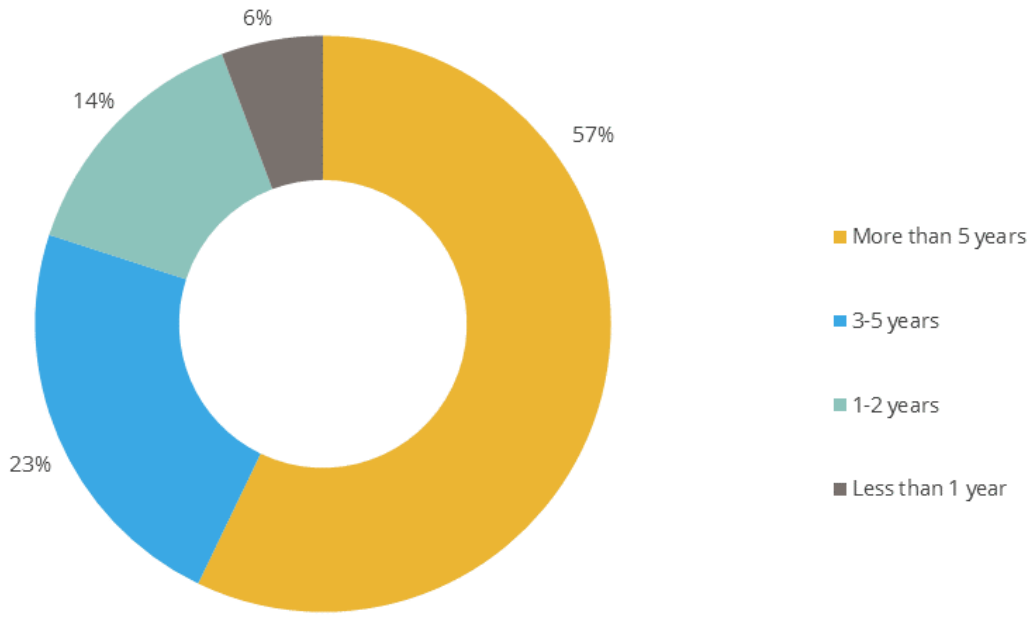
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 8. Age Group of Grandchildren in Grandparent Care



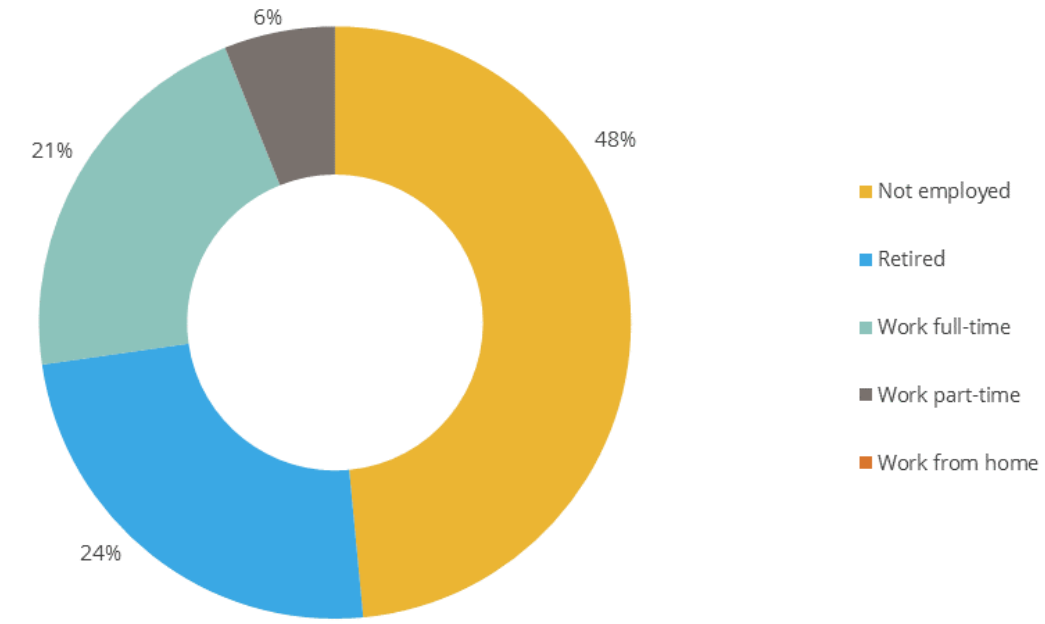
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 9. Length of Time Grandchildren Have Been in Grandparent Care



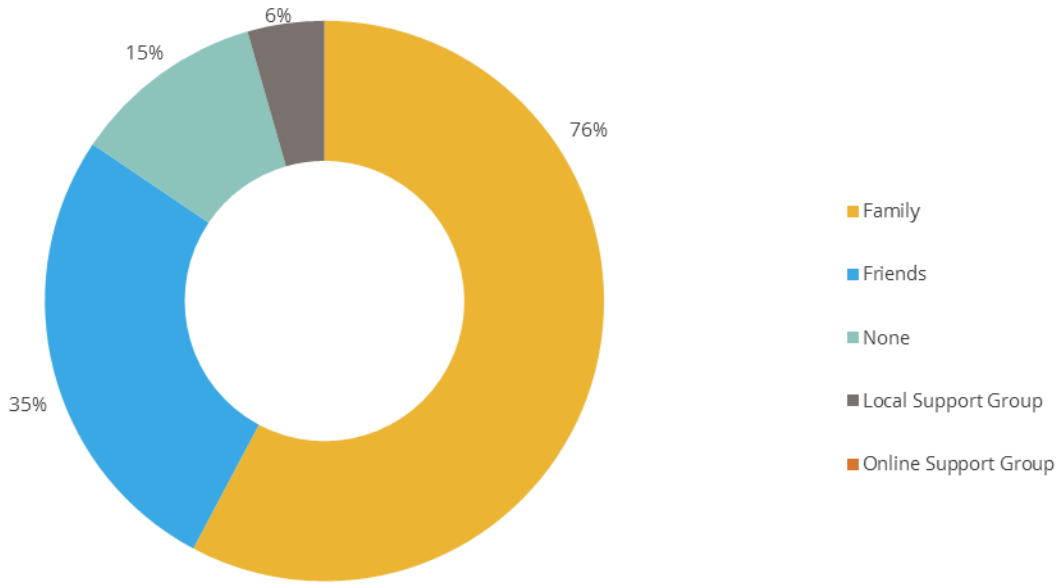
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 10. Work Status of Grandparents Caring for Grandchildren



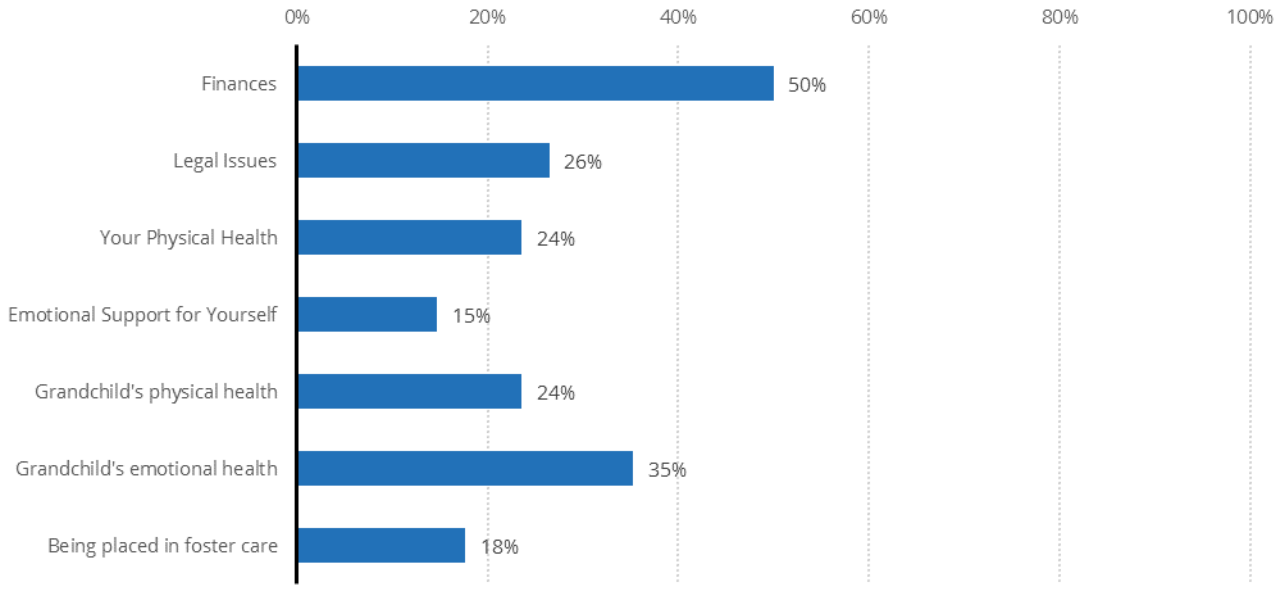
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 11. Support System of Grandparents Caring for Grandchildren



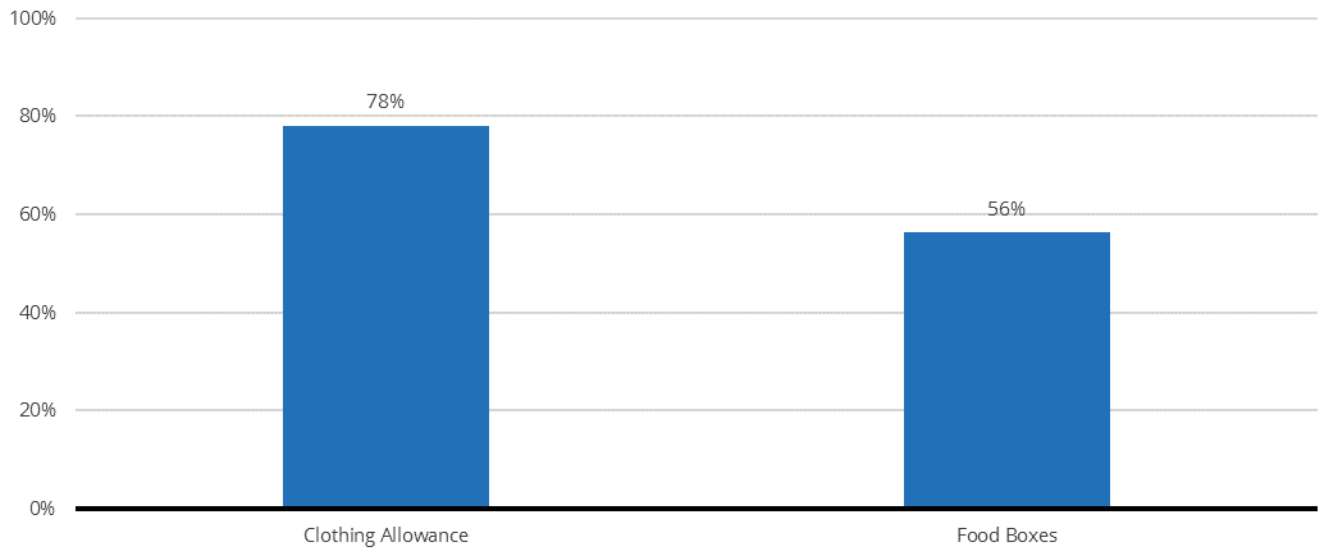
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 12. Greatest Concerns of Grandparents Caring for Grandchildren



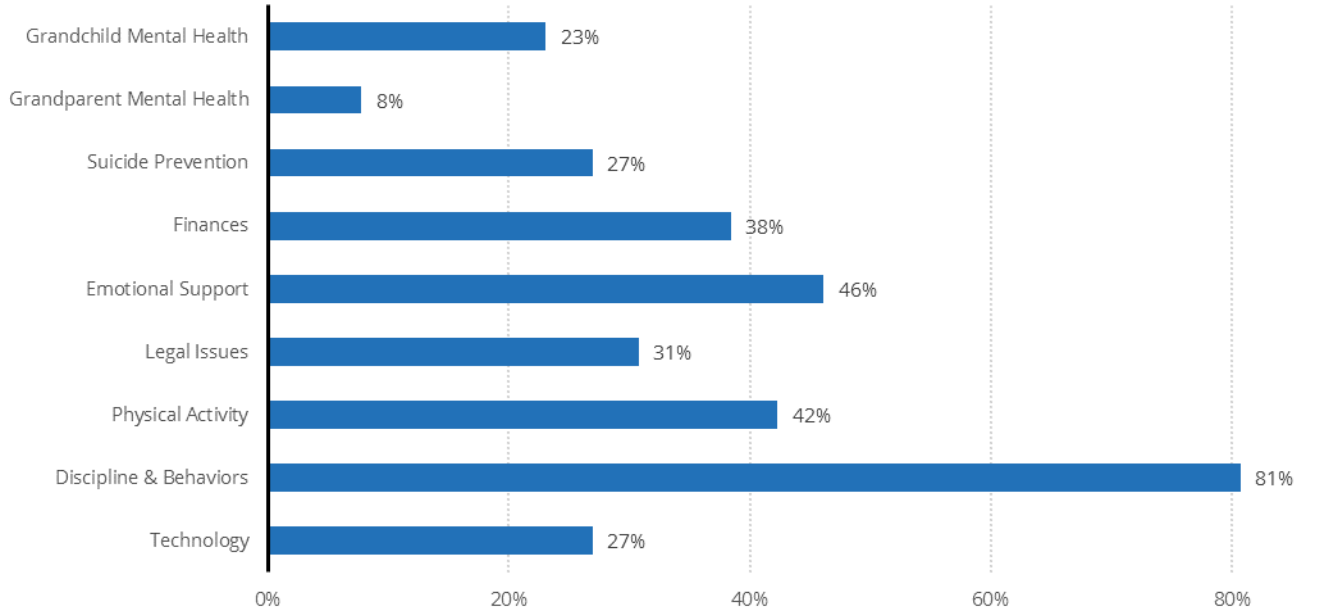
Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 13. Potential Resources Grandparents Raising Grandchildren Would Find Helpful



Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Figure 14. Trainings Grandparents Raising Grandchildren Would Like to be Provided



Source: Three Precious Miracles. (2017) [Grandparents Raising Grandchildren Survey Data]. Unpublished data.

Table 8. Children (Ages 0 to 5) Living with Foreign-Born Parents

	Children (ages 0-5) living with one or two parents	Children (ages 0-5) living with one or two foreign-born parents
Gila River Indian Community	1,523	2%
District 1	213	0%
District 2	48	0%
District 3	253	0%
District 4	246	7%
District 5	316	0%
District 6	384	3%
District 7	63	2%
All Arizona Reservations	18,293	3%
Maricopa County	320,911	31%
Pinal County	31,964	17%
ARIZONA	510,658	27%

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

Language Use

Estimates from the American Community Survey indicate that 12 percent of residents age 5 and older in the Gila River Indian Community Region speak a Native North American language at home,[i] a considerably lower rate than across all Arizona reservations (50%). An estimated five percent of residents speak Spanish at home and 79 percent speak English at home (Table 9). Two percent of those who speak a language other than English at home indicated that they do not speak English "very well," compared to 13 percent in all Arizona reservations combined (Table 10). At a household level, one percent of households in the region are classified as limited-English-speaking; in all Arizona reservations combined, the proportion is much higher (11%) (Table 11). Thirty-six percent of households report speaking a language other than English, which is significantly lower than all Arizona reservations (73%) but higher than the state percentage (27%).

[i] *Please note that the American Community Survey does not provide any further detail on what specific Native North American languages are spoken in the region*

Table 9. Language Spoken at Home (Ages 5 and Older)

	Estimated population (ages 5 and older)	Speak English at home	Speak Spanish at home	Speak a native North American language at home	Speak another language at home
Gila River Indian Community	**12,344**	**79%**	**5%**	**12%**	**4%**
District 1	1,621	91%	4%	5%	0%
District 2	388	82%	0%	18%	0%
District 3	2,936	68%	7%	13%	12%
District 4	2,023	77%	8%	13%	2%
District 5	2,638	83%	2%	13%	2%
District 6	2,135	81%	2%	16%	1%
District 7	603	88%	3%	9%	0%
All Arizona Reservations	169,020	45%	4%	50%	1%
Maricopa County	3,672,140	74%	20%	0%	6%
Pinal County	362,838	79%	18%	1%	3%
ARIZONA	6,120,900	73%	20%	2%	5%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16001

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

Table 10. Proficiency in English (Ages 5 and Older)

	Population (ages 5 and older)	Speak English at home	Speak another language at home, and speak English "very well"	Speak another language at home, and do not speak English "very well"
Gila River Indian Community	12,344	79%	19%	2%
District 1	1,621	91%	7%	1%
District 2	388	82%	18%	0%
District 3	2,936	68%	28%	3%
District 4	2,023	77%	20%	3%
District 5	2,638	83%	15%	3%
District 6	2,135	81%	19%	1%
District 7	603	88%	12%	0%
All Arizona Reservations	169,020	45%	42%	13%
Maricopa County	3,672,140	74%	17%	10%
Pinal County	362,838	79%	15%	6%
ARIZONA	6,120,900	73%	17%	9%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16001

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

Table 11. Limited-English-Speaking Households

	Number of households	Households which speak a language other than English	Limited-English-speaking households (Total)	Limited-English-speaking households (Spanish)
Gila River Indian Community	**3,008**	**36%**	**1%**	**0%**
District 1	420	24%	5%	0%
District 2	170	30%	0%	0%
District 3	655	29%	0%	0%
District 4	536	43%	2%	2%
District 5	562	43%	0%	0%
District 6	508	44%	1%	0%
District 7	157	31%	0%	0%
All Arizona Reservations	47,892	73%	11%	1%
Maricopa County	1,424,244	26%	5%	4%
Pinal County	126,128	22%	2%	2%
ARIZONA	2,387,246	27%	5%	4%

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

ECONOMIC CIRCUMSTANCES

Why Economic Circumstances Matter

The economic well-being of a family is a powerful predictor of child well-being. Children raised in poverty are at a greater risk of adverse outcomes including low birth weight, lower school achievement, and poor health.[15,16,17,18,19] They are also more likely to remain poor later in life.[20] More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.[21]

Poverty rates alone do not tell the full story of economic vitality in a region. Income and unemployment rates are also important indicators. According to the National Center for Children in Poverty, families typically need an income of about twice the federal poverty level to meet basic needs.[22] As a benchmark, the 2015 Federal Poverty Guideline for a family of four was $24,250; a typical family of four making less than $48,500 is likely struggling to make ends meet. Under- and unemployment can affect a family's ability to meet the expenses of daily living, and their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poor attendance, lower test scores, and higher risk of grade repetition, suspension or expulsion.[23] Unemployment can also put families at greater risk for stress, family conflict, and homelessness.[24]

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.[25] Housing that requires more than 30 percent of a household's income is an indicator of a housing affordability problem in a region, leaving inadequate funds for other family necessities, such as food and utilities.[26] High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition and homelessness.[27] Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of families in a region.

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In 2014, seven out of 10 TANF participants in Arizona were children, and the average monthly benefit was $93.[28]

Other public assistance programs available in Arizona affect access to food. Food insecurity – a limited or uncertain availability of food – is negatively associated with many markers of health and well-being for children, including a heightened risk for developmental delays.[29] Food insecurity is also associated with overweight and obesity.[30] 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.[31] SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income to access food from SNAP is substantial. For example, for a three-person family with one person whose wage is $10 per hour, SNAP benefits boost take-home income by 10 to 20 percent.[32]

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program[33] and Summer Food Service Program[34] are important resources aimed at addressing food insecurity by providing access to free and reduced-price food and meals in both community and school settings. The National School Lunch Program[35] provides free and reduced-price meals at school for students whose families' incomes are at or less than 130 percent of the federal poverty level (FPL) for free lunch and 185 percent of the FPL for reduced price lunch.

Another food and nutrition resource, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, is a federally-funded program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. The program offers supplemental nutritious food, breastfeeding and nutrition education, and referrals to health and social services.[36] In Arizona in 2015, half of all children aged birth through four were enrolled in WIC.[37] Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.[38]

What the Data Tell Us

Income

The median income for all families in the Gila River Indian Community Region is $25,700, according to recent estimates from the American Community Survey (Table 12). In comparison, the median income for families with married parents (husband-wife) and children under age 18 is significantly higher ($35,500). Single-parent families, on the other hand, make substantially less: The median income for households run by a single female in the Gila River Indian Community Region is $10,662, while the income for households run by a single male is $14,531; however, in a few of the Gila River Indian Community Districts (3, 6, & 7), the median income for single parent (male or female) households falls below $5,000. The low median income for single-householders in the region is a concern because the majority of young children (78%) live in single-parent households (Figure 3).

Table 12. Median Annual Family Income

	Median family income for all families	Median family income for husband-wife families with child(ren) under 18	Median family income for single-male-householder families with child(ren) under 18	Median family income for single-female-householder families with child(ren) under 18
Gila River Indian Community	$25,700	$35,500	$14,531	$10,662
District 1	$15,486	N/A	$3,906	N/A
District 2	$37,500	N/A	$43,571	N/A
District 3	$31,778	N/A	$31,758	$23,750
District 4	$25,833	$35,000	N/A	$11,875
District 5	$26,471	$50,500	$11,447	$11,029
District 6	$21,250	$30,313	$4,844	N/A
District 7	$25,625	$66,000	N/A	$3,750
All Arizona Reservations	N/A	N/A	N/A	N/A
Maricopa County	$64,072	$79,792	$38,614	$27,792
Pinal County	$55,513	$66,673	$37,711	$24,502
ARIZONA	$59,088	$73,563	$37,103	$25,787

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

Poverty

According to the American Community Survey (ACS), over half (55%) of the total population of the Gila River Indian Community Region lives in poverty, a proportion which is lower than across all Arizona reservations combined (42%) but substantially higher than the state (18%) (Table 13). Poverty rates are even higher among young children in the region (74%), which is much higher than the poverty rate among young children in all Arizona reservations (55%) and the rate statewide (29%). Similarly, a large proportion of older children ages 6 to 17 (64%) live in poverty. Figure 15 below shows a map of the population in poverty in the region.

In addition to the families whose incomes fall below the federal poverty level, a proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL). The majority of families in the region with children aged four and under (88%) live below 185 percent of the FPL (i.e., earned less than $3,677 a month for a family of four), which is higher than the 77 percent across all Arizona reservations combined (Table 14).

The TANF/Cash Assistance program can be an important short-term support to families in dire financial need. The number of young children in the Gila River Indian Community Region who received

TANF benefits fell from 218 children in 2012 to 164 in 2015, a 25 percent decrease (Table 15). This is a smaller decrease compared to Maricopa County (-41%) and across the state (-39%), but more similar to Pinal County's decrease (-22%) in the overall number of children receiving TANF benefits. Between 1996 and 2015, Arizona reduced TANF benefits more than any other state in the nation, and now ranks 42nd in the level of assistance to those participating in TANF.[39] In Arizona, TANF eligibility is capped at $335 per month, or $4,020 annually for a family of four. Beginning in 2016, Arizona became the first and only state that limits a person's lifetime benefit to 12 months. [40] 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 51st, 47th, and 46th 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.[41]

Table 13. Persons Living in Poverty

	Number of persons (all ages) for whom poverty status is known	Persons (all ages) below poverty level	Number of young children (ages 0-5) for whom poverty status is known	Young children (ages 0-5) below poverty level	Number of older children (ages 6-17) for whom poverty status is known	Older children (ages 6-17) below poverty level
Gila River Indian Community	13,266	55%	1,586	74%	2,541	64%
District 1	1,844	68%	231	76%	381	79%
District 2	436	51%	61	74%	92	85%
District 3	2,807	53%	253	85%	395	47%
District 4	2,223	49%	246	62%	313	52%
District 5	2,826	49%	316	66%	566	62%
District 6	2,488	61%	416	83%	629	71%
District 7	642	53%	63	48%	165	61%
All Arizona Reservations	183,508	42%	19,679	55%	38,821	48%
Maricopa County	3,895,963	17%	326,901	27%	669,565	23%
Pinal County	364,937	17%	32,592	26%	65,286	23%
ARIZONA	6,411,354	18%	522,513	29%	1,071,471	25%

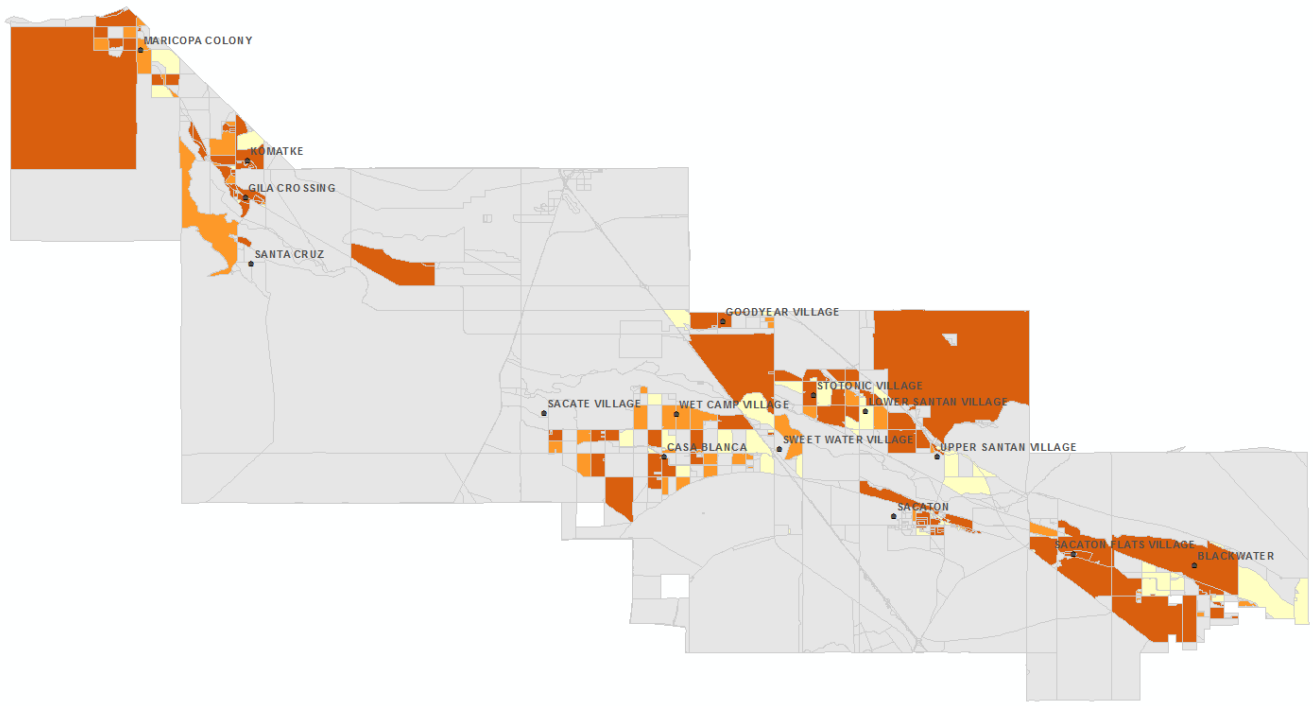
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B17001

Table 14. Ratio of Income to Federal Poverty Level (FPL) for Families with Young Children (Ages 0 to 4)

	Estimated number of families with children (ages 0-4)	Families with children (ages 0-4) below 100% FPL	Families with children (ages 0-4) below 130% FPL	Families with children (ages 0-4) below 150% FPL	Families with children (ages 0-4) below 185% FPL
Gila River Indian Community	**810**	**72%**	**80%**	**83%**	**88%**
District 1	149	79%	92%	100%	100%
District 2	37	49%	49%	49%	49%
District 3	111	76%	76%	76%	86%
District 4	141	71%	77%	77%	91%
District 5	153	67%	78%	78%	78%
District 6	173	80%	87%	96%	96%
District 7	46	57%	57%	57%	74%
All Arizona Reservations	9,560	51%	62%	68%	77%
Maricopa County	188,518	26%	34%	38%	46%
Pinal County	18,730	22%	30%	35%	47%
ARIZONA	301,165	27%	35%	41%	49%

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

Figure 15. Poverty in the Gila River Indian Community Region



Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
High Poverty-High Population	132	981	1,264	78%
High Poverty-Low Population	7	19	21	89%
Low Poverty-High Population	7	15	21	70%
Low Poverty-Low Population	132	158	219	72%
No Poverty	931	0	5	0%
Total	**1,209**	**1,172**	**1,530**	**77%**

Source: First Things First (2016).
Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children 0-5.

To establish the assignment of each geographical area to one of the categories listed below, the region's median number (children 0-5) for all census blocks was determined (census blocks with no children 0-5 were excluded from the analysis). Those census blocks with the number of children 0-5 below the median were assigned to the "low population" category, while census blocks with the number of children 0-5 above the median were assigned to the "high population" category. The same process was independently followed with the poverty indicator to arrive at the "low poverty" and "high poverty" categories (census blocks with "0 poverty" were excluded from the analysis). The combination of categories was ultimately used to assign a geographical area to one of the categories listed below.

Table 15. Number of Children (Ages 0 to 5) Receiving Temporary Assistance to Needy Families (TANF)

	CY 2012	CY 2013	CY 2014	CY 2015	Change from 2012 to 2015
Gila River Indian Community	218	219	188	164	-25%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Maricopa County	17,120	15,936	12,432	10,042	-41%
Pinal County	1,218	1,285	1,124	944	-22%
ARIZONA	26,827	24,889	19,884	16,336	-39%

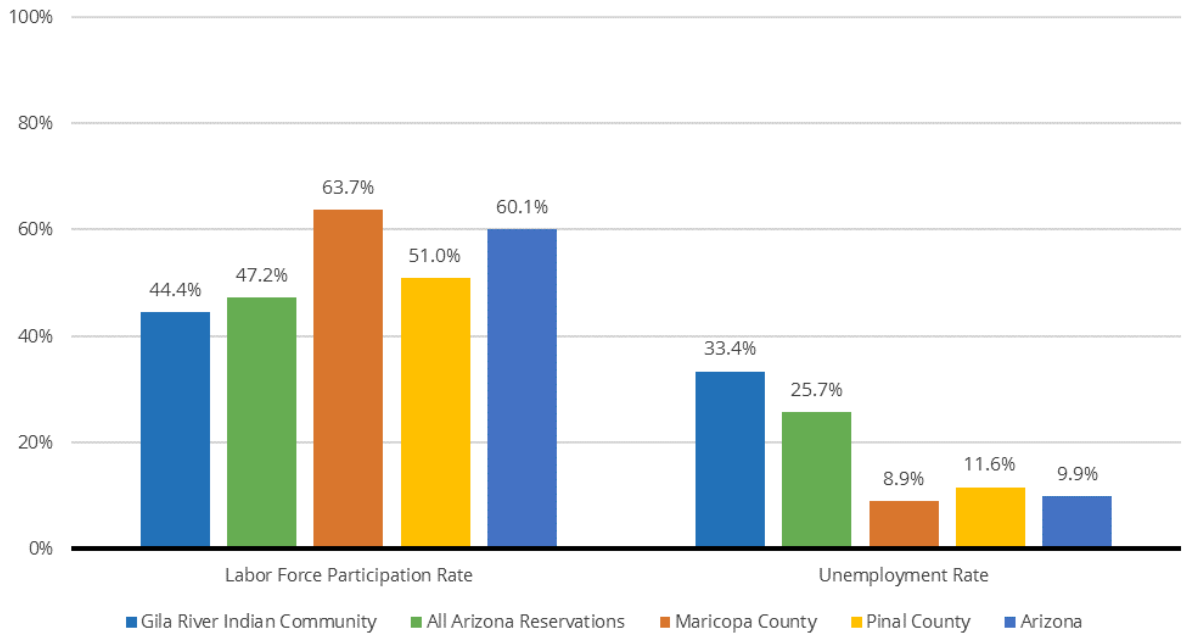
Source: Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

Employment and Unemployment

Unemployment often results in families having fewer resources to meet their regular monthly expenses and support their children's development. Annual unemployment rates can be an indicator of family stress and are also an important indicator of regional economic vitality. Recent estimates from the American Community Survey (ACS) (2010-2014) indicate that the unemployment rate in the Gila River Indian Community was 33.4 percent (see Figure 16). This rate is significantly higher than the estimated unemployment rate for all Arizona Reservations (26%) but much higher than the statewide (10%) rates. ACS estimates, however, aggregate data across five years (2010-2014 in the case of Figure 16).

For young children living with both parents in the Gila River Indian Community Region, 15 percent live with both parents and at least one of them is in the labor force, compared to 24 percent across all Arizona reservations combined (Table 16). Almost half of children (49%) in the region live with a single parent who is not in the labor force, meaning they are neither employed nor looking for work, which is a higher proportion than seen across all Arizona reservations (34%). Overall, 49 percent of young children live with one or more parents who are in the labor force, which is lower than that seen in all reservations (64%). In addition to unemployment, the lack of child care, or the prohibitive cost of child care, can keep parents from participating in the labor force.[42] This may be especially true in the case of young children who live with a single parent who is not in the labor force.

Figure 16. Estimated Labor Force Participation and Unemployment Rates



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

Table 16. Parents of Young Children (Ages 0 to 5) Who Are or Are Not in the Labor Force

	Estimated number of children (ages 0-5) living with one or two parents	Children (ages 0-5) living with two parents who are both in the labor force	Children (ages 0-5) living with two parents, one in the labor force, and one not	Children (ages 0-5) living with two parents, neither in the labor force	Children (ages 0-5) living with a single parent who is in the labor force	Children (ages 0-5) living with a single parent who is not in the labor force
Gila River Indian Community	1,523	10%	5%	3%	34%	49%
District 1	213	0%	14%	0%	50%	37%
District 2	48	0%	0%	0%	77%	23%
District 3	253	5%	0%	0%	34%	61%
District 4	246	21%	0%	7%	34%	38%
District 5	316	13%	0%	0%	26%	61%
District 6	384	7%	10%	7%	31%	46%
District 7	63	25%	21%	0%	0%	54%
All Arizona Reservations	18,293	13%	11%	2%	40%	34%
Maricopa County	320,911	32%	29%	2%	28%	10%
Pinal County	31,964	29%	32%	2%	27%	10%
ARIZONA	510,658	31%	29%	1%	29%	10%

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

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

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

Food Insecurity

Food insecurity is defined by the USDA as a "household-level economic and social condition of limited or uncertain access to adequate food."[43] Programs such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Food Distribution Program on Indian Reservations (FDPIR), and the National School Lunch Program are important for helping those at risk of hunger.

The number of young children participating in SNAP in the Gila River Indian Community Region has fallen slightly since 2012 (-4%), with the program supporting about 1,300 young children in the region annually (Table 17). The number of young children (birth to 4) enrolled in the Gila River Indian Community WIC program, however, increased slightly (3%) from 2013 to 2015 (Table 19). The program served a total of 2,309 women, infants, and children in 2015 (Table 18). Data were also available on the participation rates of the Gila River Indian Community WIC program. Participation rates are the

proportion of certified clients (i.e. those enrolled in the program) who actually receive their benefits. WIC programs aim to keeping high participation rates. Figure 17 below shows that the January participation rates between 2013 and 2015 in the region were overall similar to those statewide. In January of 2015, the participation rate in the Gila River Indian Community WIC program was 83 percent, compared to 79 percent in the state of Arizona.

It is important to note that the total number of children (birth to 4) served by the Gila River Indian Community WIC program since 2013 has been higher than the total number of children in that age range reported by the U.S. Census in 2010 (1,280, see Table 1). In 2015, the most recent year for which data were available, the WIC program served a total of 1,710 children birth to 4, which means that it served 430 more children than those reported to be living in the region by the Census in 2010 (see Table 1 and Table 19).

A common challenge to participating in SNAP or WIC and to utilizing the benefits from these programs may be the availability of retailers where WIC vouchers or SNAP Electronic Benefits Transfer (EBT) cards are accepted.[ii] Table 20 below shows the number of SNAP and WIC retailers available within the boundaries of the Gila River Indian Community. There are a total of five SNAP retailers in the region located in Laveen, Bapchule, Sacaton, and in Chandler next to Wild Horse Pass Hotel and Casino. The ratio of population to SNAP retailers is lower than that available statewide or in all Arizona reservations. There is only one WIC retailer within regional boundaries, located in Sacaton. While there are WIC retailers in towns neighboring the region, with several located in Maricopa and Coolidge, the low availability of WIC retailers in the community may be a barrier for program participants to redeem their WIC vouchers.

Through the Food Distribution Program on Indian Reservations (FDPIR), families meeting eligibility requirements based on income and household size can receive a monthly package of USDA foods from an Indian Tribal Organization (ITO) or state agency. The Community Services Department administers FDPIR in the Gila River Indian Community Region, as part of the Gila River Indian Community Commodity Food Distribution program, which also administers the Temporary Emergency Food Assistance Program (TEFAP), and the DoD Fresh Fruits and Vegetable Program. FDPIR serves individuals living on the Gila River Indian Community, Ak-Chin Indian Community and the surrounding service areas which include: the cities of Coolidge, Maricopa, Stanfield and Tolleson, as well as the Chandler Heights area, the town of Florence, the town Queen Creek, and the Ocotillo area.[44]

Over the past three years, nearly 400 households participated in the Gila River Indian Community Commodity Food Distribution program (Table 21). In addition, the number of TEFAP distributed food boxes increased from 2,452 in FY2014 to 2,827 in FY2015.

Schools are an important part of the nutrition assistance system, especially for children that may be food insecure. The students enrolled in schools in the Gila River Indian Community Region that were eligible for free and reduced price lunch has remained relatively stable from 2012 (87%) to 2016 (86%) (Table 22).

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

Table 17. Numbers of Young Children (Ages 0 to 5) Receiving SNAP Benefits, 2012 to 2015

	CY 2012	CY 2013	CY 2014	CY 2015	Change from 2012 to 2015
Gila River Indian Community	1,324	1,299	1,332	1,268	-4%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Maricopa County	176,139	173,143	164,403	146,940	-17%
Pinal County	16,259	15,834	15,661	14,249	-12%
ARIZONA	296,686	290,513	277,345	249,712	-16%

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

Table 18. Enrollment in the Gila River Indian Community WIC Program, 2015

	Women	Infants (0-11 months)	Children (1-4 years old)	Total
Gila River Indian Community	599	673	1,037	2,309

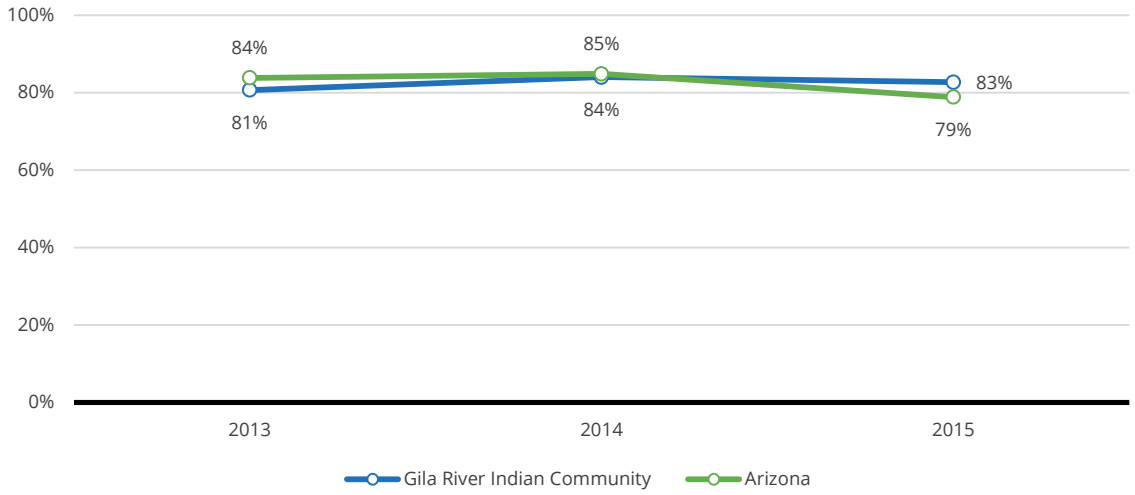
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Table 19. Children (ages 0-4) enrolled in the Gila River Indian Community WIC Program, 2013 to 2015

	CY 2013	CY 2014	CY 2015	Change 2013-2015
Gila River Indian Community	1,666	1,683	1,710	3%

Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.
The data in this table include all children (0-4) enrolled in the WIC program in the region

Figure 17. Monthly Snapshots of Participation Rates in the WIC Program, January 2013, 2014, and 2015



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

Table 20. Retailers Participating in the SNAP or WIC Programs

	Number of SNAP retailers	SNAP retailers per 100,000 residents	Number of WIC retailers	WIC retailers per 100,000 residents
Gila River Indian Community	5	42.69	1	34.16
All Arizona Reservations	108	60.63	26	14.60
Maricopa County	2,274	59.57	388	10.16
Pinal County	177	47.10	28	7.45
ARIZONA	4,038	63.17	644	10.08

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

Table 21. Gila River Indian Community Commodity Food Distribution

	FY 2014	FY 2015
Certified Household (Monthly Averages)	395	390
Households participating (Monthly Average)	365	350
TEFAP Food Boxes Distributed (Annual Total)	2,452	2,827

Source: Gila River Indian Community Commodities Food Distribution Program. [Program Data]. Unpublished data.

Note: The Gila River Indian Community Commodity Food Distribution program participates in the Food Distribution Program on Indian Reservations (FDPIR), the Temporary Emergency Food Assistance Program (TEFAP), and the DoD Fresh Fruits and Vegetable Program.

Table 22. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016

	2012	2013	2014	2015	2016
Gila River Indian Community Region Schools	**87%**	**84%**	**83%**	**85%**	**86%**
Blackwater Community School: Akimel O'Otham Pee Posh (K-2)	78%	N/A	N/A	N/A	N/A
Ira H. Hayes High School	92%	86%	87%	90%	N/A
Skyline D5	94%	83%	83%	83%	86%
Vechij Himdag MashchamakuD	N/A	82%	79%	N/A	N/A
Sacaton Elementary (PS-5)	94%	84%	86%	83%	86%
Sacaton Middle School	90%	86%	77%	85%	87%
Pinal County Schools	63%	63%	63%	64%	65%
All Arizona Schools	57%	57%	58%	58%	58%

Source: Arizona Department of Education (2016). [Free and reduced lunch dataset]. Unpublished data.

Note: Both Ira H Hayes High School and Vechij Himdag MashchamakuD Alternative Schools closed in 2015.

Housing and Transportation

Of the 3,008 occupied housing units in the Gila River Indian Community Region, 54 percent are occupied by homeowners and 46 percent are occupied by renters (Table 23). Rates of ownership in the region are lower than in all Arizona reservations (69%) or the state (63%). Rates of home-ownership

within the region were highest in District 2 (79%). Residents of the region have a similar housing cost burden to residents of all Arizona reservations, but lower than those statewide: 16 percent of housing units in the region require residents to contribute more than 30 percent of their household income toward housing, compared to 17 percent in all reservations and 34 percent statewide (Table 24). More households in Districts 1 (24%), 4 (28%) and 7 (24%) contribute more than 30 percent of their household income toward housing, whereas fewer do in Districts 2 (0%) and 5 (7%). Key informants indicated that housing is a challenge in the region and that it may take up to ten years for a family to have access to subsidized housing.

Transportation is a major challenge in the region. Of the 3,008 occupied houses, 23 percent did not have access to a vehicle, which is higher than all Arizona reservations combined (17%) and more than double that of the percentage across the state (7%) (Table 25).

Table 23. Owner- and Renter-Occupied Housing Units

	Number of occupied housing units	Owner-occupied units	Renter-occupied units
Gila River Indian Community	**3,008**	**54%**	**46%**
District 1	420	44%	56%
District 2	170	79%	21%
District 3	655	51%	49%
District 4	536	59%	41%
District 5	562	55%	45%
District 6	508	53%	47%
District 7	157	54%	46%
All Arizona Reservations	47,892	69%	31%
Maricopa County	1,424,244	61%	39%
Pinal County	126,128	73%	27%
ARIZONA	2,387,246	63%	37%

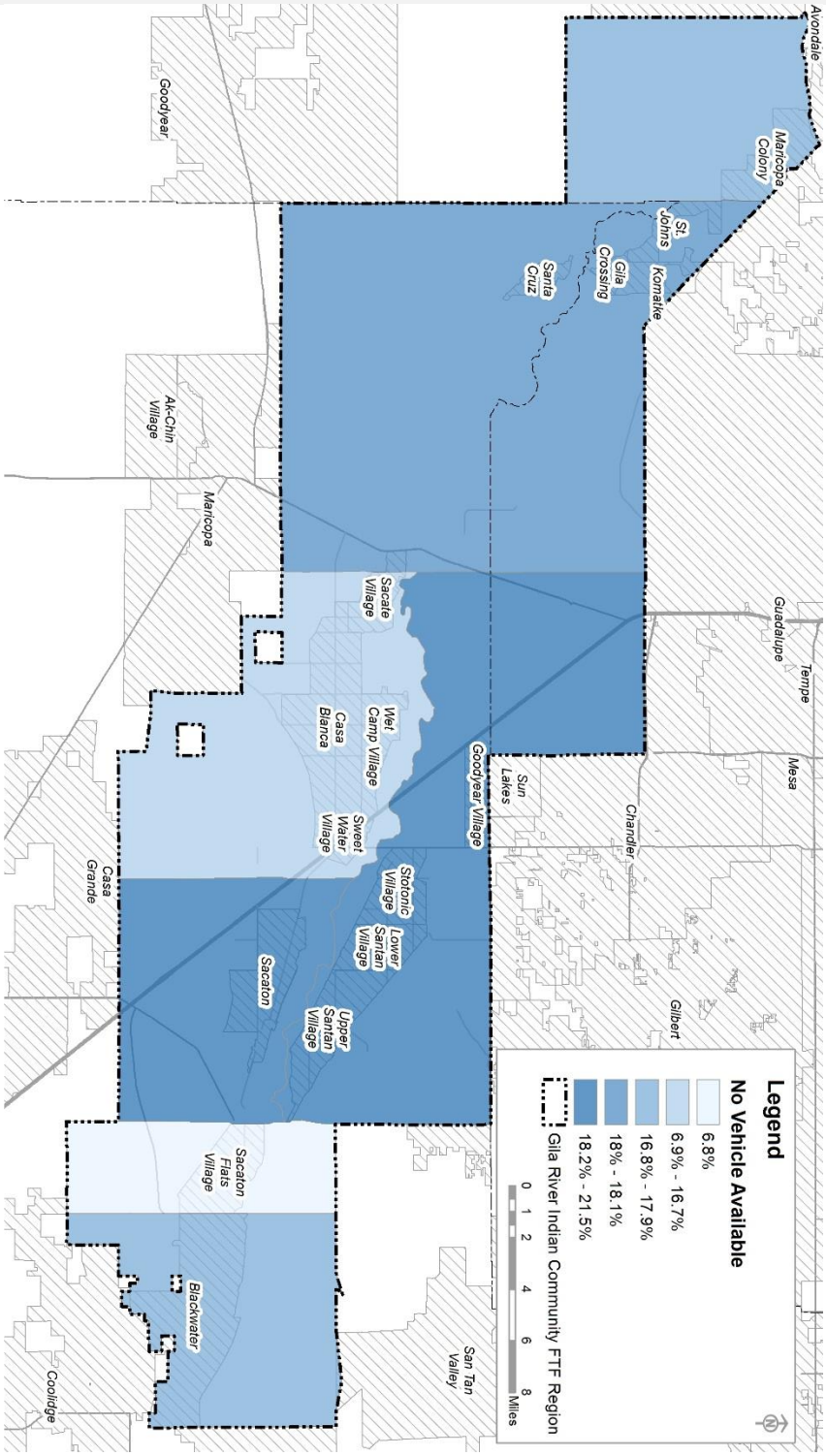
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B25106

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

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
Gila River Indian Community	**3,008**	**16%**
District 1	420	24%
District 2	170	0%
District 3	655	12%
District 4	536	28%
District 5	562	7%
District 6	508	17%
District 7	157	24%
All Arizona Reservations	47,892	17%
Maricopa County	1,424,244	35%
Pinal County	126,128	32%
ARIZONA	2,387,246	34%

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

Figure 18. Households with No Vehicle Available



Source: : U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B08201

Table 25. Households With No Vehicle Available

	Estimated number of households	Households with no vehicle available
Gila River Indian Community	3,008	23%
District 1	420	35%
District 2	170	19%
District 3	655	25%
District 4	536	22%
District 5	562	15%
District 6	508	22%
District 7	157	29%
All Arizona Reservations	47,892	17%
Maricopa County	1,424,244	7%
Pinal County	126,128	4%
ARIZONA	2,387,246	7%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B08201

EDUCATIONAL INDICATORS

Why Educational Indicators Matter

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

The importance of education begins early in life. Preschool participation has been shown to better prepare young children for kindergarten by supporting good school attendance practices and honing socio-emotional, cognitive, and physical skills.[45,46,47,48] Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.[49]

Early education is laying an important foundation for the future. Students who are at or above grade level reading in third grade are more likely to graduate high school and attend college.[50] A family's economic circumstances can multiply this effect: more than one-fourth (26%) of children who were both not reading proficiently in third grade and living in poverty for at least a year do not finish high school – that is more than six times the dropout rate for proficient readers.[51]

In recognition of the importance of assuring that children are reading by the third grade, the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) was enacted, which states that a student shall not be promoted from the third grade if the student obtains a score that falls far below the third-grade level.[52] Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments. From 2000-2014, the primary in-school performance measure of students in public elementary schools in the state used to meet the *Move on When Reading* requirement was the Arizona's Instrument to Measure Standards (AIMS).[53] In 2014, the statewide assessment tool for English language arts (ELA) and mathematics changed from AIMS to AzMERIT (Arizona's Measurement of Educational Readiness to Inform Teaching), and the first AzMERIT testing began in the 2015 school year.[54] New proficiency cut points were determined by grade level,[55] and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.[56] Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.[57] In order for children to be prepared to succeed on tests such as AzMERIT, research shows that early reading experiences, opportunities to build vocabularies, and literacy-rich environments are the most effective ways to support the literacy development of young children.[58]

Beyond the direct connections between caregivers' education and their own literacy, the ability to read to, share with, and teach young children in the home is influenced by parental and familial stress levels, income levels, and educational levels. Families in poverty are often grappling with issues of day-to-day survival which may limit time spent in developmentally enriching activities. Parents with higher educational attainment may be less vulnerable to these issues and are more likely to have children with positive outcomes related to school readiness and educational achievement, as well improved health, social and economic outcomes.[59] Higher levels of parental education are also associated with better housing, more secure neighborhoods, and stable working conditions, all of which are important for the health and well-being of children.[60,61]

What the Data Tell Us

Standardized Test Scores

The AzMERIT, which replaced AIMS in the 2014-2015 school year, is designed to assess students' critical thinking skills and their mastery of the Arizona College and Career Ready Standards established in 2010. Students who receive a proficient or highly proficient score are considered adequately prepared for success in the next grade. AzMERIT data were available from the Arizona Department of Education for two schools in the region—Sacaton Elementary School and Akimel O'odham Pee Posh Charter School. In the 2014-2015 school year, 27 percent of third graders enrolled in Sacaton Elementary School passed the AzMERIT Math test (received a proficient or highly proficient score, while 14 percent of third grade students at Akimel O'odham Pee Posh received passing scores (Table 26). These passing rates were below the statewide passing rate of 41 percent. Performance on the English Language Arts (ELA) test was poorer, with only 9 percent of students at Sacaton Elementary and 11 percent at Akimel O'odham Pee Posh demonstrating proficiency, compared to 40 percent across the state (Table 27). A portion of the 76 percent of third graders at both schools combined who scored minimally proficient on the ELA test are at risk for retention in third grade, based on the Arizona's Move on When Reading law, which requires retention of those whose reading falls far below the third grade level.[iii] The map in Figure 19 below shows the school districts serving children in the region.

The Gila River Indian Community Education Department provided AzMERIT results data for additional schools attended by children in the region, including Bureau of Indian Education Schools Community Schools. Figure 20 shows data on the results for third grade students from the AzMERIT test enrolled in Blackwater Community School, Sacaton Elementary School, Casa Blanca Community School, and Gila Crossing Community School. In the 2014-2015 school year, 6 percent of third grade students enrolled in these schools passed the ELA test, and 12 percent passed the Math test (Figure 20). These passing rates were lower than rates of passing in Arizona as a whole (41% for Math and 40% for ELA). However, in its second year of implementation, third grade students in the region improved their scores on the AzMERIT Math and English Language Arts tests. Compared to six percent of students passing the ELA assessment in 2014-2015, 16 percent of third grade students in the Gila River Indian Community passed this test in the 2015-2016 school year. Similarly, 21 percent of third grade students passed the math test in the 2015-2016 school year, compared to 12 percent in 2014-2015. While the 2015-2016 passing rates remain below the statewide passing rates for that year (38% in both Math and ELA), student in Gila River Indian Community Region schools made significant improvements in their performance.

A sample of Arizona students in grades 4, 8 and 12 also take the National Assessment of Educational Progress (NAEP), a nationally-administered achievement test that allows for comparisons between states. Thirty percent of Arizona fourth graders scored at the proficient or advanced level in reading in 2015, compared with 35 percent of fourth graders nationally. Scores have been improving steadily, both in the state and nationally, since testing began in 1998.[62]

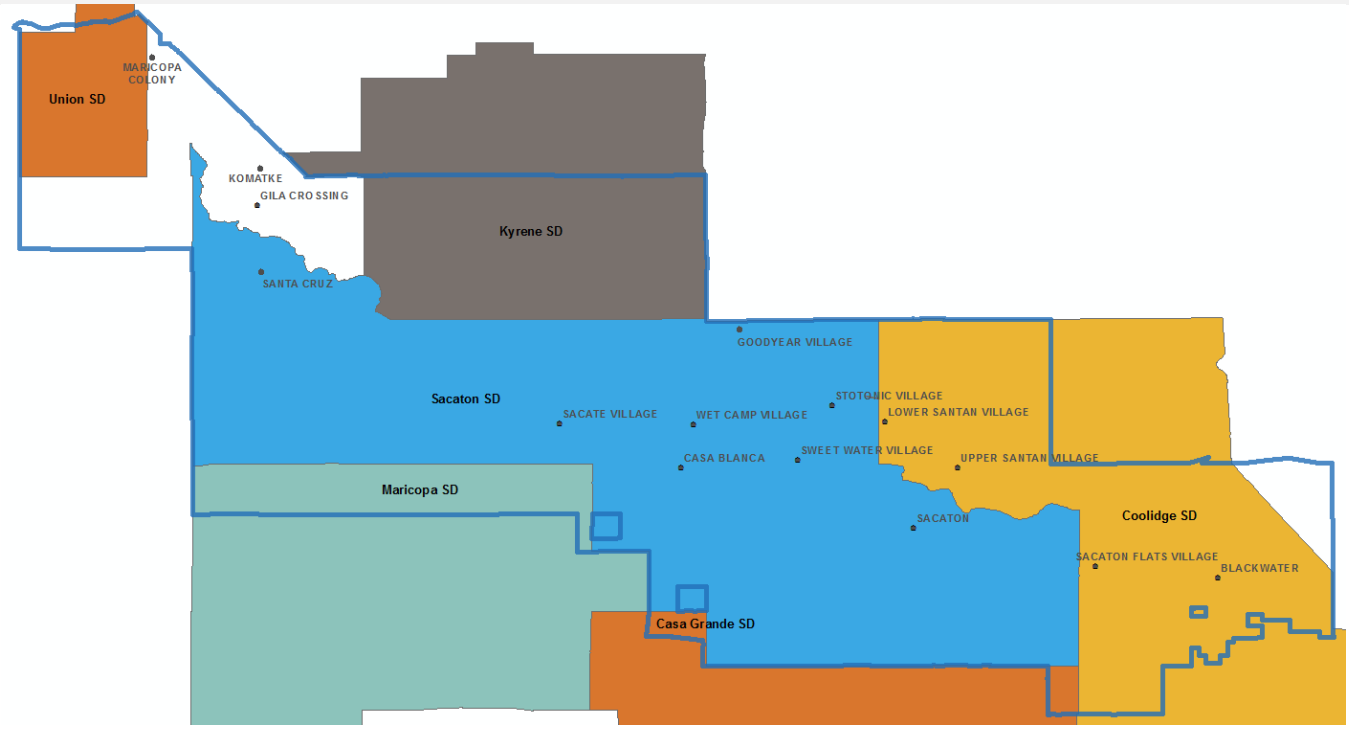
Strong disparities exist in the state NAEP scores based on race, ethnicity and income. Forty-four percent of Arizona fourth grade white students score at the proficient reading level or above,

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

compared with 27 percent of black students, 18 percent of Hispanic students, and 11 percent of American Indian students. Fifty-two percent of fourth graders who were not eligible for free or reduced-price school lunch scored at or above the proficient reading level, but only 17 percent of children who were eligible for the program scored that highly.[63]

Student performance in the Gila River Indian Community Region, and statewide, suggests that there is a need to support early literacy and to strengthen scholastic achievement, particularly among young children of color and children in poverty.

Figure 19. The School Districts of the Gila River Indian Community Region



Source: First Things First (2016).

Table 26. AzMERIT Math Test Results for Third-Graders in the Blackwater Community School (Akimel O'odham Pee Posh Charter School) and Sacaton Elementary School, 2014-15

	Minimally proficient in Math	Partially proficient in Math	Proficient in Math	Highly proficient in Math	Passing Math (proficient or highly proficient)
Gila River Indian Community Region ADE Schools	**48%**	**33%**	**16%**	**4%**	**19%**
Blackwater Community School: Akimel O'Otham Pee Posh (3-5)	52%	34%	12%	2%	14%
Sacaton Elementary (PS-5)	42%	31%	21%	6%	27%
Pinal County Schools	31%	32%	27%	10%	37%
All Arizona Schools	28%	31%	29%	13%	41%

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

Note: The percentages above may not add to 100% due to rounding. The region totals only represent scores for the two schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary. Data for the individual community schools were not available.

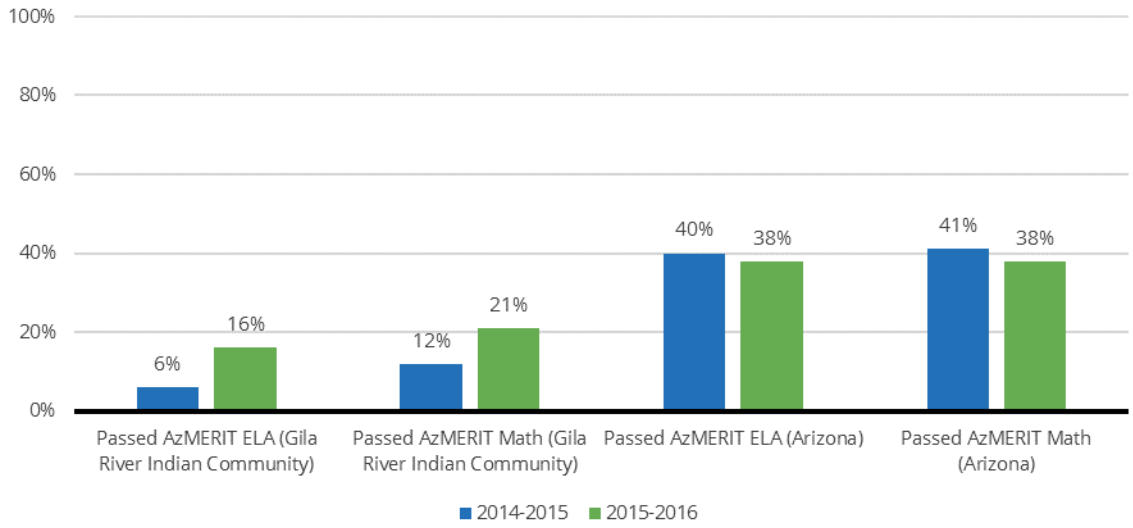
Table 27. AzMERIT English Language Arts Test Results for Third-Graders in the Blackwater Community School (Akimel O'odham Pee Posh Charter School) and Sacaton Elementary School,2014-15

	Minimally proficient in English Language Arts	Partially proficient in English Language Arts	Proficient in English Language Arts	Highly proficient in English Language Arts	Passing English Language Arts (proficient or highly proficient)
Gila River Indian Community Region ADE Schools	**76%**	**14%**	**9%**	**1%**	**10%**
Blackwater Community School: Akimel O'Otham Pee Posh (3-5)	75%	14%	11%	0%	11%
Sacaton Elementary (PS-5)	77%	15%	6%	2%	9%
Pinal County Schools	50%	17%	26%	7%	33%
All Arizona Schools	44%	16%	30%	10%	40%

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

Note: The percentages above may not add to 100% due to rounding. These region totals only represent scores for the two schools under the Arizona Department of Education: Akimel O'odham Pee Posh and Sacaton Elementary. . Data for the individual community schools were not available.

Figure 20. AzMERIT Passing Rates for Third Grade Students Enrolled in Blackwater Community School, Sacaton Elementary School, Casa Blanca Community School, and Gila Crossing Community School, 2014-2015 and 2015-2016



Source: Arizona Department of Education (2016). Assessment Results. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/; Gila River Indian Community Education Department. [AzMERIT Progress data]. Tribal data.

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

Educational Attainment

Until 2015, high School students in the Gila River Indian Community Region attended two high schools; Ira H Hayes High School and Vechij Himdag MashchamakuD Alternative School, however both closed in 2015. The high school drop-out rate for these schools in the region had increased slightly from 36 percent in 2012 to 40 percent in 2015 (Table 28). In addition, the four-year high school graduation rate in these two Gila River Indian Community Region schools had decreased from 27 percent in 2012 to nine percent in 2014. According to key informants, the closing of the two high schools represented a major loss in the region. There are ongoing conversations in the Community about opening a new high school, but the specific model that it will follow has not been determined.

The educational attainment for adults aged 25 and older in the region is slightly lower than that of adults in all Arizona reservations combined (Table 29). Three in ten adults (30%) have at least some college or professional education or a Bachelor's or advanced degree in the region, below the percentage across all Arizona reservations combined (37%). About a third of adults (34%) in the region have a high school diploma or GED, the same as across all Arizona reservations, and just over a third (36%) have less than a high school education, higher than across all Arizona reservations (28%). These rates of educational attainment are lower than that seen in the state.

Key informants indicated that during the summer of 2017 the Community would engage in a five-year strategy plan for education where they will address the changes needed to improve the quality of education for all children in the region.

Key informants also noted that a grant from the Indian Demonstration Grants for Indian Children to the Community has provided funding for additional early literacy efforts in the Region. The *Growing Readers and Developing Leaders* project brings together partners including Gila River Tribal Education Office, First One Hundred Institute, Blackwater Community School, Casa Blanca Community School, Gila Crossing Community School, and Sacaton Elementary School District. Through a comprehensive, needs-based model, this project aims to enhance family engagement with reading, kindergarten readiness, knowledge of STEM, and reading habits and proficiency for K-8 students.[64] Noting that book scarcity is an issue among families, partners hope to improve children's access to books (specifically by putting 100 books, including linguistically and culturally relevant books, in at least 80% of homes with children under age 6) and promote healthy reading habits at home. Additionally, the grant is supporting a demonstration preschool (located at the Blackwater Community School), health and developmental screenings, and training families on how to "Raise a Reader."

Table 28. High School Drop-Out and Graduation Rates, 2012 to 2015

	Total number of high schools and alternative schools	Drop-out rate, 2012	Drop-out rate, 2013	Drop-out rate, 2014	Drop-out rate, 2015	Four-year graduation rate, 2011	Four-year graduation rate, 2012	Four-year graduation rate, 2013	Four-year graduation rate, 2014
Gila River Indian Community	2	36%	39%	45%	40%	26%	27%	16%	9%
Ira H. Hayes High School	1	28%	30%	39%	42%	28%	44%	DS	DS
Vechij Himdag MashchamakuD	1	46%	47%	49%	37%	DS	DS	DS	12%
Pinal County	51	5%	5%	5%	6%	71%	73%	71%	71%
ARIZONA	836	4%	3%	3%	4%	78%	77%	76%	76%

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

Note: Both Ira H Hayes High School and Vechij Himdag MashchamakuD Alternative Schools closed in 2015.

Table 29. Level of Education for the Adult Population (Ages 25 and Older)

	Estimated population (ages 25 and older)	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Gila River Indian Community	**7,051**	**36%**	**34%**	**26%**	**4%**
District 1	846	49%	32%	19%	0%
District 2	223	29%	9%	52%	9%
District 3	1,898	34%	30%	32%	4%
District 4	1,210	30%	46%	20%	3%
District 5	1,445	33%	36%	28%	2%
District 6	1,131	40%	34%	20%	7%
District 7	298	41%	22%	24%	12%
All Arizona Reservations	102,571	28%	34%	29%	8%
Maricopa County	2,550,592	13%	23%	33%	30%
Pinal County	258,629	15%	30%	37%	18%
ARIZONA	4,284,776	14%	25%	34%	27%

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

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

EARLY LEARNING

Why Early Learning Matters

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

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

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

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

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

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

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

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

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities. Children with special health care needs (CSHCN) are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[87] According to the National Survey of Children's Health, children with special health care needs are more likely to experience more adverse childhood experiences than typically developing children,[88] and are at an increased risk for maltreatment and neglect.[89,90] Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level.[91] In Arizona, the services available to families with children with special needs include early intervention screening

and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),[92] the Arizona Early Intervention Program (AzEIP),[93] and the Division of Developmental Disabilities (DDD).[94] Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs is paramount to improving outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and socio-emotional development. It also reduces educational costs by decreasing the need for special education.[95,96,97]

What the Data Tell Us

Child Care and Preschool

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

Early Education Child Care Center (EECC)

The EECC is a tribally owned and operated program that receives funding from the Tribal Child Care Development Fund (CCDF) and serves children from six weeks old until 5 years of age (or until they transition into kindergarten). The EECC is one of the child care options available to families in the region through the Gila River Indian Community Child Care and Development Services. The EECC, which is located in District 3 (Sacaton), operates 12 classrooms Monday to Friday from 7:30 am to 5:30 pm. It has a total capacity to serve 124 children (0-5). In order to receive services, children must be enrolled members of the Gila River Indian Community or employees of the Gila River Indian Community or affiliated entities.

In 2015, a total of 108 children 0-5 were enrolled at EECC. Of these 64 were infants and toddlers and 44 were preschool-age children. In 2015 the EECC and the Gila River Indian Community Head Start Program were awarded a 5-year grant through the Early Head Start Child Care Partnership Expansion program (EHS-CCP) to increase the number of infants and toddlers served. The children receive services at EECC but the Head Start program covers the cost associated with these services. Head Start also coordinates and provides comprehensive services to the children in EHS-CCP with the same services expanded to include the children who are funded under CCDF only. Of the 64 infants and toddlers receiving services, 56 are funded through combined funding from CCDF, EHS-CCP, and the First Things First Gila River Indian Community Regional Partnership Council.

As of October of 2016 there were 66 children in the waiting list for EECC.

Family and Child Education (FACE)

FACE is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and

promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program.

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three. The center-based component includes an early childhood education program for children aged three to five, adult education for the children's parents, and parent/child time. Through FACE children are also screened for developmental delays and health concerns, including yearly vision and hearing tests. If learning or health special needs are identified, parents and caregivers are then connected to the appropriate programs or agencies in the "Resource Network" so that services can be provided to the child.

In the Gila River Indian Community Region FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools, with each program operating independently.

The FACE program at Blackwater Community School operates Monday to Thursday from 8:00 am to 2:00 pm. In 2015, the home-based component of the program provided services to a total of 32 families, a substantial increase from the 19 families served in 2014. There were 40 children participating in the home-based component of the program, which is also a higher number of children served than in 2014, when 22 children participated in the program (Table 31). A total of 15 children and 15 adults were enrolled in the center-based component in 2015 (Table 30).

The FACE program at Casa Blanca Community School also operates Monday to Thursday from 8:00 am to 2:00 pm. In 2015, 10 families participated in the home-based component of the program. In that same year, 14 children and 10 adults participated in the center-based component of the program (Table 31 and Table 30).

In 2016, the FACE program at Gila Crossing Community School provided services Monday to Thursday from 8:00 am to 3:00 pm. This represented an increase in program hours from the previous year, when the program operated from 8:00 am to 1:30 pm. A total of 26 families participated in the program in 2016, twice as many as in 2015, when 13 families were enrolled. The number of children enrolled in the home-based component of the program also increased from 20 in 2015 to 35 in 2016. A total of 18 children participated in the center-based component of the program in 2015, with only 2 adults participating in the program in that year. According to key informants, the program lost its adult educator for most of the year. In 2016, 21 children participated in the program. With the hiring of the adult educator in that year, 17 adults were able to participate in the program in that year (Table 310 and 31).

Table 30. Center-Based FACE Enrollment (3-5 year olds)

	2015		2016	
	Children	Adults	Children	Adults
Blackwater Community School FACE Program	15	15	N/A	N/A
Casa Blanca Community School FACE Program	14	10	N/A	N/A
Gila Crossing Community School FACE Program	18	2	21	17
Total	47	27	N/A	N/A

Source: Blackwater FACE program. (2016). Unpublished data. Received through correspondence; Casa Blanca FACE program. (2016). Unpublished data. Received through correspondence; Gila Crossing Community School FACE program. (2016). Unpublished data. Received through correspondence
**Please note that the number of participants enrolled in the Casa Blanca FACE Program reflects the number of families and not the number of children served*
Only the FACE program at Gila Crossing Community School provided data for 2016

Table 31. Home-Based FACE Enrollment (0 to 3 years old)

	2015		2016	
	Number of Families	Number of Children	Number of Families	Number of Children
Blackwater Community School FACE Program	32	40	N/A	N/A
Casa Blanca Community School FACE Program	10	N/A	N/A	N/A
Gila Crossing Community School FACE Program	13	20	26	35
Total	55	N/A	N/A	N/A

Source: Blackwater FACE program. (2016). Unpublished data. Received through correspondence; Casa Blanca FACE program. (2016). Unpublished data. Received through correspondence; Gila Crossing Community School FACE program. (2016). Unpublished data. Received through correspondence
Only the FACE program at Gila Crossing Community School provided data for 2016

Head Start/Early Head Start

The Gila River Indian Community operates a Tribal Head Start and an Early Head Start program. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. The Gila River Indian Community Head Start has a funded enrollment of 203 children in four centers throughout the Community: Sacaton Head Start Center, San Tan Head Start Centers, Vah-Ki Head Start Centers and the District-6, Komatke Head Start Center.[98]

The Early Head Start program provides direct services to 92 children birth to age three. As mentioned above, additional funding through the Early Head Start Child Care Partnership program allows for

services to be provided to 56 additional children at the EECC. Table 34 below shows the number of children in the waiting list for both Head Start and the Early Head Start programs.

The Head Start and Early Head Start programs operate Monday through Friday from 7:30 am to 2:00 pm and continue to provide services to children of working parents through extended day services which continue until 6:00 pm. The Head Start program operates on a school calendar from August to May with extended day services available during the summer months. The Early Head Start program operates year around. All children have bus transportation available for the regular day services while parents utilizing the extended day services pick up their child(ren).

The Early Head Start program provides direct services to 92 children birth to age three. As mentioned above, additional funding through the Early Head Start Child Care Partnership program allows for services to be provided to 56 additional children at the EECC. Table 34 below shows the number of children in the waiting list for both Head Start and the Early Head Start programs.

Table 32. Numbers of Children on Waiting Lists for Early Head Start and Head Start

	September 2013	May 2014	September 2014	May 2015	September 2015	May 2016
Early Head Start	100	95	124	134	98	141
Head Start	141	165	120	168	122	129

Source: Gila River Head Start and Early Head Start (2016) [Waiting list Dataset]. Unpublished data

School-Based Preschool Programs

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

In addition to the FACE program, Blackwater Community School also offers preschool services in two other classrooms: one is currently funded by the Gila River Indian Community Regional Partnership Council and provides services to a total of 21 four -year old children. This classroom operates Monday to Thursday from 8:00 am to 3:15 pm. Blackwater also a preschool classroom that is funded through a grant from the 21st Century Learning Centers program. This program provides services to 20 children and it operates Monday to Thursday from 7:30 am to 2:00 pm.

Sacaton Elementary School is an Arizona Department of Education public school that offers a preschool program for children with special needs. In 2015, the program had a total licensed capacity to serve 54 children in three classrooms from Monday to Thursday from 7:30 am to 12:45 pm. The actual total enrollment on that year was 48 children: 12 in classroom 1, 14 in classroom 2, and 13 in classroom 3.

A new addition to the early care and learning system in the region is the preschool program at St. Peter's Indian Mission School, a private Catholic school located in Bapchule Village. This program is funded by the Gila River Indian Community and has a licensed capacity to serve 40 children in two classrooms. As of January 2017, the actual enrollment was 37 children.

As of June 2017, there were four Quality First sites in the Gila River Indian Community Region. Of those four child care providers, three have achieved 4-star ratings, and one is a 3-star rated site, indicating they are meeting or exceeding quality standards (Table 33).

Table 34 below summarizes the center-based enrollment and the number of children on the waiting list at the various programs available in the region. Together, these centers enrolled a total of 579 children birth to five. Note that the Early Head Start program has the largest waiting list (n=141), which is consistent with the fact that center-based services for the youngest children in the Community (0-3) are only available through Early Head Start and the Early Education Childcare Center (Table 35).

With 1,530 children birth to 5 in the region (see Table 1), the 579 slots currently available provide early learning and care services for 38 percent of these children. Availability of services is more limited for children birth to 3: with 734 children in this age range, the 156 slots available provide services to 21 percent of them. Coverage is highest for preschool-age children: there are 796 children ages 3-5, and 423 slots available for children in this age range. This means that about 53 percent of preschoolers in the region can receive early care and education services through slots currently available.

The map in Figure 21 shows the location of the center-based early learning programs in the region.

Table 33. Numbers of Quality First Sites as of June 2017, by Star Rating

	Number of 1-star QF sites	Number of 2-star QF sites	Number of 3-star QF sites	Number of 4-star QF sites	Number of 5-star QF sites	Number of QF sites not publically rated	Total number of all QF sites
Gila River Indian Community	0	0	1	3	0	0	4

Source: First Things First (2016). Quality First, a Signature Program of First Things First. Retrieved from www.qualityfirstaz.com

Table 34. Center-based enrollment (children 3 to 5 years old) in early childhood education programs

	Enrollment (Ages 0-5)	Waiting List
Early Education Childcare Center (EECC)	108	66
Blackwater Preschool Program	41	0
Blackwater FACE Program	15	0
Casa Blanca FACE Program	14	0
Gila Crossing Community School FACE Program	21	15
Head Start	203	129
Early Head Start	92	141
Sacaton Elementary School preschool	48	4
St. Peter's Indian Mission School	37	N/A
Total	579	355

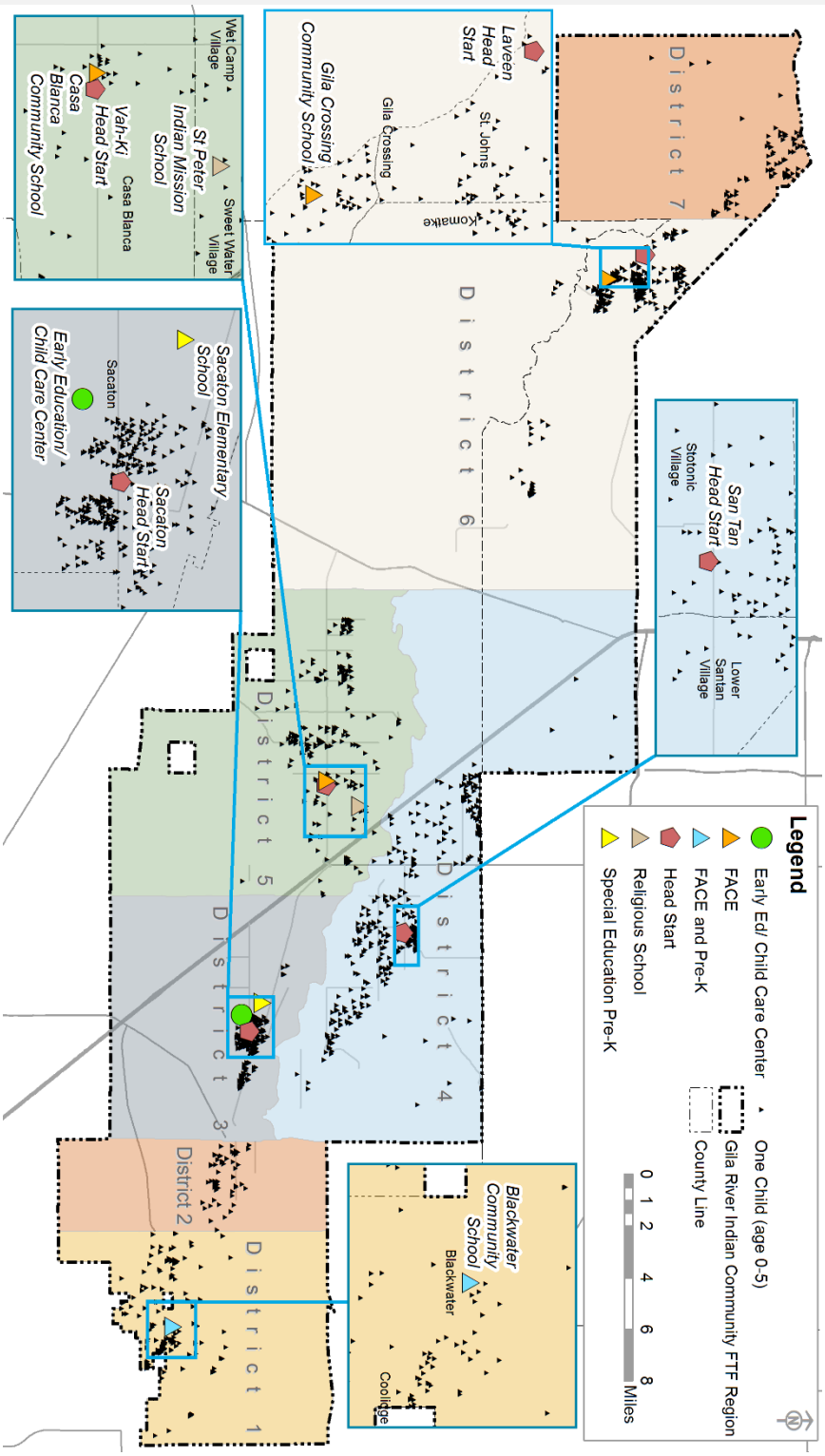
Source: Early Education Child Care Center. (2016). [Enrollment Data]. Unpublished data. Received through correspondence; Blackwater FACE program. (2016). Unpublished data. Received through correspondence; Casa Blanca FACE program. (2016). Unpublished data. Received through correspondence; Gila Crossing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

Table 35. Center-based Infant and Toddler Enrollment (0-3)

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

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

Figure 21. Early Childhood Education Centers



Source: : Gila River Indian Community Regional Partnership Council (2016). Joint Planning Document. Received through personal correspondence. U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14

Cost of Care

Child care subsidies are available in the region through the EECC with funds from the Tribal Child Care and Development Fund and scholarships from the First Things First Gila River Indian Community Regional Partnership Council. Other early learning programs in the Community are available free-of-cost such as the Head Start and FACE programs. Services are also available free-of-cost at St. Peter Indian Mission School's preschool program through funding provided by the Gila River Indian Community. Services at the Sacaton Elementary School preschool program are provided free-of-cost for children with special needs.

The table below shows the cost of child care in the EECC center by percent of median income for parents who do not qualify for CCDF assistance. Although EEEC rates for full-time child care are low relative to the rates charged by full-time regulated child care centers in surrounding counties and in the state overall, the rates may still be difficult for families in the Gila River Indian Community to cover.

Table 36. Cost for Full-Time Child Care in Licensed Child Care Centers, as a Percentage of Median Family Income, 2014

	Median family income for all families	For one infant	For one child, 1 or 2 years old	For one child, 3 to 5 years old
Gila River Indian Community	$25,700	21%	21%	18%
Pinal County	$55,513	17%	16%	14%
ARIZONA	$59,088	17%	15%	13%

Source: Arizona DES (2016). [Child Care Resource & Referral dataset]. Unpublished data; and U.S. Census Bureau (2016). ACS, 5-year estimates (2010-2014), Table B19126. Gila River Indian Community EECC. [Cost Data]. Unpublished Data.

In addition to the child care subsidies provided by the EECC, some families in the Gila River Indian Community Region also receive subsidies from the Arizona Department of Economic Security (DES). DES prioritizes assistance to families who receive Cash Assistance (TANF), those who are transitioning off Cash Assistance to employment, and families involved with the Arizona Department of Child Safety (DCS) for subsidies. As of 2009, other families seeking DES subsidy support are placed on a waiting list. Statewide, 7,194 children were wait-listed as of January 6, 2017.[99] Table 37 shows the number of young children eligible for child care subsidies from DES, as well as those receiving subsidies in the region. In 2015, the most recent year for which data are available, 19 young children were eligible for and 14 children were receiving DES subsidies (Table 37). While a low number, this represents an increase over the number of children receiving subsidies in 2013 and 2014, and no children were on the waitlist for these subsidies in 2015. Key informants indicate that these may be children who do not qualify for tribal CCDF subsidies through the EECC (e.g. they are not enrolled members of the Gila River Indian Community). Data were not available on the number of children involved with DCS in the region who received child care subsidies in 2015.

Table 37. Department of Economic Security (DES) Child Care Subsidies for Children (Ages 0 to 5), 2013 to 2015

	Children eligible for subsidy during 2013	Children eligible for subsidy during 2014	Children eligible for subsidy during 2015	Children receiving subsidy during 2013	Children receiving subsidy during 2014	Children receiving subsidy during 2015	Children on waiting list during 2013	Children on waiting list during 2014	Children on waiting list during 2015
Gila River Indian Community	<10	<10	19	<10	<10	14	<10	0	0
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	17,165	18,031	27,042	16,439	16,448	23,851	2,836	3,123	2,989
Pinal County	1,388	1,402	2,283	1,263	1,244	2,022	203	235	254
ARIZONA	28,429	29,180	43,860	27,041	26,685	38,855	5,094	5,195	5,140

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

Child Care Professionals

According to the Gila River Indian Community Head Start and Early Head Start Program Information Report data from 2015, 87 percent of Early Head Start Classroom Teachers and all Head Start Classroom Teachers had a degree or were credentialed in early childhood education. The credentials and degrees for all Head Start and Early Head Start staff (including both Classroom Teachers and Assistant Teachers) can be found in Table 38. Similarly, all classroom teachers at Gila River Indian Community Early Education Services have a degree or are credentialed in early childhood education. As of October 2016, all lead teachers in FACE program in the region had a degree or credential in early childhood education, and many had advanced degrees, though not always in early childhood education. Overall, early education providers in the region had high levels of educational attainment, especially among lead classroom teachers.

Table 38. Staff Credentials for Early Care and Education Providers

	Total Staff	Child Development Associate (CDA) Credential	AA/AAS in Early Childhood Education or Related Field	BA in Early Childhood Education or Related Field	Advanced Degree in Early Childhood Education	Degrees Obtained in other areas, not Early Childhood-specific (CDA, AA, BA, MA, PhD)	Enrolled in Coursework
Early Education Child Care Center	26	4	10	1	0	5	2
Blackwater FACE Program	2	1	1	0	0	1	N/A
Blackwater Preschool Program	2	1	1	0	2	2	N/A
Casa Blanca FACE Program	2	0	3	1	0	0	N/A
Gila Crossing Community School FACE Program	2	0	1	0	2	1	
Head Start	41	2	8	10	0	0	6
Early Head Start	62	4	15	8	1	0	8
Sacaton Elementary School Preschool	8	0	1	2	1	5	2
St. Peter's Indian Mission School **	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Source: Gila River Indian Community FACE Programs, Sacaton Elementary [Staff Credential Data]. Unpublished Data. Office of Head Start (2016). 2015 Program Information Report. Retrieved from https://hses.ohs.acf.hhs.gov/pir/

Note: Data on Staff Credentials was not available for St. Peter's Indian Mission School Staff include program directors, classroom teachers, teaching assistants, and home visitors.

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

The Department of Economic Security Arizona Early Intervention Program (AzEIP) provides services to children from birth to 36 months of age who are developmentally delayed or at high risk of developmental delay.[100] The number of children from the Gila River Indian Community Region that were referred to the AzEIP each year from FY 2013 to FY 2015 ranged from 30 to 38 to three to 27. Exact numbers of children referred and served by AzEIP were not available due to the small numbers of children referred or receiving services; instead, ranges are provided to protect the privacy of program participants. During this same period, the number of children served each year by the AzEIP providers in the region varied from 17 to 25 in 2013 to 37 in 2015. The data available suggests that more children were served in FY 2015 than in previous years. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services,[101] which suggests that at least 95 young children in the region would be likely to benefit annually (based on the data presented in Table 1).

The Arizona Department of Economic Security Division of Developmental Disabilities (DDD) provides services to individuals in the state with a cognitive disability, cerebral palsy, autism, epilepsy or who are at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development: physical, cognitive, communication, social emotional or self-help.[102] No children from the Gila River Indian Community Region were evaluated by or served by DDD in FY 2015, the most recent year for which data were available (Table 41, Table 42) (data was not available for the number of young children referred to DDD, see Table 40).

Prior to FY 2015, fewer than 25 young children were evaluated and served by DDD. Table 43 below show the detailed breakdown of service visits from DDD by children in the region from FY 2012 to 2015. As shown on this table, the number of service visits for children aged 0 to 2 and 3 to 5 decreased substantially over the period from FY 2012 to FY 2015. For the older age group visits declined from 154 in FY 2012 to 0 in FY 2015.

Services for children with special needs in the Gila River Indian Community are also available through the Early Childhood Special Services (ECSS) program, housed under the Gila River Indian Community Tribal Education Department. According to its website, ECSS's mission is "to enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delays by evaluating, and identifying the needs of all children that reside in the Gila River Indian Community who have special needs."[103] Specialists available through this program include speech-language pathologists, occupational therapist, school psychologist and early intervention specialists who conduct developmental screenings, monitor children's development, process referrals and evaluations for AzEIP, and provide in-home education and parent trainings.[104] According to data provided by ECSS in early 2015, a total of 250 families in the region were receiving services from the program (Table 44).

Table 39. Arizona Early Intervention Program (AzEIP) Referrals and Services for Children (Ages 0 to 2), 2013 to 2015

	Children (ages 0-2) referred to AzEIP during FY 2013	Children (ages 0-2) referred to AzEIP during FY 2014	Children (ages 0-2) referred to AzEIP during FY 2015	Children (ages 0-2) served by AzEIP during FY 2013	Children (ages 0-2) served by AzEIP during FY 2014	Children (ages 0-2) served by AzEIP during FY 2015
Gila River Indian Community	30 to 38	46	3 to 27	17 to 25	16 to 32	37
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	6,495	7,499	9,212	3,077	3,474	6,704
Pinal County	736	733	937	365	407	729
ARIZONA	10,715	11,741	14,450	4,799	5,248	10,039

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

Table 40. Children (Ages 0 to 5) Referred to the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) referred in FY2012	Number of children (ages 0-2) referred in FY2013	Number of children (ages 0-2) referred in FY2014	Number of children (ages 0-2) referred in FY2015	Number of children (ages 3-5) referred in FY2012	Number of children (ages 3-5) referred in FY2013	Number of children (ages 3-5) referred in FY2014	Number of children (ages 3-5) referred in FY2015
Gila River Indian Community	DS	DS	DS	DS	DS	DS	DS	DS
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	1,044	1,538	1,763	1,747	957	963	1,266	1,386
Pinal County	100	147	132	166	100	102	136	143
ARIZONA	1,439	2,186	2,479	2,484	1,393	1,401	1,804	1,969

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

Table 41. Children (Ages 0 to 5) Evaluated by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) screened in FY2012	Number of children (ages 0-2) screened in FY2013	Number of children (ages 0-2) screened in FY2014	Number of children (ages 0-2) screened in FY2015	Number of children (ages 3-5) screened in FY2012	Number of children (ages 3-5) screened in FY2013	Number of children (ages 3-5) screened in FY2014	Number of children (ages 3-5) screened in FY2015
Gila River Indian Community	<25	<25	0	0	0	<25	<25	0
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	536	217	157	180	474	506	509	698
Pinal County	42	37	19	21	43	59	64	74
ARIZONA	732	314	216	238	669	731	727	958

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

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

Table 42. Children (Ages 0 to 5) Served by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) served in FY2012	Number of children (ages 0-2) served in FY2013	Number of children (ages 0-2) served in FY2014	Number of children (ages 0-2) served in FY2015	Number of children (ages 3-5) served in FY2012	Number of children (ages 3-5) served in FY2013	Number of children (ages 3-5) served in FY2014	Number of children (ages 3-5) served in FY2015
Gila River Indian Community	<25	<25	<25	<25	<25	<25	<25	0
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	1,926	1,918	1,662	1,647	1,866	1,891	1,847	1,826
Pinal County	155	176	126	154	173	183	185	187
ARIZONA	2,646	2,693	2,341	2,336	2,563	2,600	2,533	2,540

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

Table 43. Division of Developmental Disabilities (DDD) Service Visits for Children (Ages 0 to 5), 2012 to 2015

	Number of service visits (ages 0-2) in FY2012	Number of service visits (ages 0-2) in FY2013	Number of service visits (ages 0-2) in FY2014	Number of service visits (ages 0-2) in FY2015	Number of service visits (ages 3-5) in FY2012	Number of service visits (ages 3-5) in FY2013	Number of service visits (ages 3-5) in FY2014	Number of service visits (ages 3-5) in FY2015
Gila River Indian Community	302	298	231	DS	154	48	74	0
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	130,651	117,268	98,971	87,309	285,585	294,586	285,484	275,800
Pinal County	11,196	12,102	6,714	9,392	21,961	26,281	26,608	26,234
ARIZONA	168,992	158,496	130,486	120,519	363,468	374,440	367,590	358,322

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

Table 44. Families Served through Early Childhood Special Services, 2015

	Number of Physical and Occupational Therapists	Number of families served
Early Childhood Special Services	5	250

Source: Gila River Indian Community Regional Partnership Council. [Home Visitation Numbers]. Received through Personal Correspondence

CHILD HEALTH

Why Child Health Matters

Optimal development encompasses intellectual, social, emotional, and physical health. The extent to which children can achieve optimal development depends on the everyday environment and supports which surround them, as well as access to additional resources and services that support healthy development.[105,106] The health of a child in utero, at birth, and in early life sets the stage for health and well-being throughout their life. Factors such as access to health care and health insurance, a mother's receipt of prenatal care, and receipt of preventive care such as immunizations and oral health care all influence not only a child's current health, but long-term development and future health as well.[107,108,109]

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

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings.[110] Families without health insurance are more likely to skip these visits, and so are less likely to receive preventive care for their children, or to receive care for health conditions and chronic diseases.[111,112] Children who lack health insurance are also more likely to be hospitalized and to miss school.[113] 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.[114]

Low income children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid. AHCCCS coverage is available for children in families with income up to 147 percent of the Federal Poverty Level (FPL) for those under age 1, and up to 141 percent of FPL for those ages 1 to 5 (and 133% for those from 6-19 years). Across the nation, state-run Children's Health Insurance Programs (CHIP) have provided health insurance to children up to age 19 in families with incomes too high to qualify them for Medicaid (AHCCCS). Enrollment in the Arizona version of CHIP, KidsCare, was suspended as of January 1, 2010, a particularly vulnerable time for families, following on the heels of the Great Recession.[115] Arizona became the only state without an active CHIP program. However, in May 2016, the Arizona legislature voted to lift the freeze on KidsCare,[116] and in July 2016 applications began to be accepted for the first time in six years, with coverage beginning September 1, 2016.[117] Expanding health insurance availability for lower-income children can lead to health

improvements, and to longer-term benefits such as increased high school and college graduation rates and higher lifetime earnings.[118]

Because a number of factors influence the health of a child before conception and in utero, the characteristics of women giving birth can have a substantial impact on the birth and developmental outcomes for their children. For instance, pregnancy during the teen years is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.[119] Teenaged mothers (and fathers) themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not parents.[120,121,122]

A mothers' weight status can also influence her child's health. Women who are obese before they become pregnant have pregnancies with a higher risk of birth complications and neonatal and infant mortality.[123,124] Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.[125] Maternal smoking is another factor that can greatly affect child outcomes. Babies born to mothers who smoke are more likely to be born early (pre-term), be low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than other babies.[126]

One potentially harmful birth outcome that can have long-lasting effects are preterm births – births before 37 weeks of gestation. Preterm birth, in addition to being associated with higher infant and child mortality, often results in longer hospitalization, increased health care costs, and longer-term impacts such as physical and developmental impairments. Babies born at a low-birth weight (less than 2,500 grams or 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.[127]

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

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.[128] The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for 1 year or longer.[129] Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.[130] Immunization against preventable diseases is another factor that protects children from illness and potentially death. In order to assure community immunity (also known as "herd immunity"), which helps to protect unvaccinated children and adults from contracting vaccine- preventable diseases, rates of vaccination in a community need to remain high.[131] Research shows that higher exemption rates of vaccines at the school-level have been associated with school-based outbreaks of preventable diseases such as measles and pertussis.[132]

Oral health and good oral hygiene practices are also very important to children's overall health. According to the National Survey of Children's Health, the percentage of children in Arizona with excellent or very good oral health (65.7%) falls below the national level of 71.3 percent.[133] Tooth decay and early childhood caries can have short and long term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.[134]

In early childhood, illness and injury can cause not only trauma to a child but added stress for a family. Non-fatal unintentional injuries substantially impact the well-being of children,[135] and injuries are the leading cause of death in children in the United States.[136] Common causes of visits to the emergency department for children 0-5 in Arizona include falls (particularly from furniture), collisions with an object, and natural events like bites and stings. Common causes for hospitalization of young children in Arizona include falls, poisoning, and assault/abuse.[137] Many of these injuries are preventable, prompting the Centers for Disease Control and Prevention to produce a National Action Plan for Child Injury Prevention, which outlines evidence-based strategies for addressing the challenge of keeping children safe.[138] The Arizona Department of Health Services has recognized the need to focus on reducing childhood injuries in Arizona, and identified that as one of their priorities in the Bureau of Women's and Children's Health Strategic Plan[139], as well as included it as part of their Arizona Injury Prevention Plan.[140]

A child's weight status can have long-term impacts on health and well-being; in the United States, areas of concern tend to center around malnutrition and obesity, rather than undernutrition and underweight. Nationwide, it is estimated that about 3.8 percent of children ages 2-19 are underweight, 16.2 percent are overweight, and 17.2 percent are obese.[141,142] Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.[143] The first two years of life are seen as critical to the development of childhood obesity and its resultant negative consequences. Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships have all been shown to be related to higher childhood weight.[144] One component of establishing a healthy weight – physical activity – also promotes improved visual-motor integration skills and object manipulation skills which in turn lead to improved executive function, social behaviors and ultimately school readiness for young children.[145] The availability and accessibility of recreational facilities and resources that promote physical fitness can impact the ability of both child and adult community members to reap the benefits of physical activity.

What the Data Tell Us

Access to Care

As a result of the Indian Self-Determination and Education Assistance Act (P.L. 93-638) (ISDEAA), federally-recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds from the Indian Health Service (HIS) and provide the services through another entity). This process is commonly known as utilizing "638 contracts". This means that tribes can take over responsibility of some or all health services. Through this process, ISDEAA enables tribes more control over the federal funds that are allotted to the IHS for health care enabling tribes to self-determine how funding will be distributed based on the tribe's own identified needs and priorities.

In 1995, the Gila River Indian Community assumed responsibility from IHS for the operation and management of health care facilities in the region: Hu Hu Kam Memorial Hospital and Gila Crossing

Clinic (now the Komatke Health Center). The Gila River Indian Community formed a 501c(3) Tribal Health Corporation. This quasi-private sector model allows a more autonomous and independent relationship with the Tribe, as the Corporation is not dependent on Tribal Procurement and personnel practices. Gila River Health Care (GRHC) facilities now include the Hu Hu Kam Memorial Hospital, Komatke Health Center, Ak-Chin Clinic, a skilled nursing facility, two dialysis centers and five locations providing behavioral health services. In addition, opening in 2018, the Hau'pal (Red Tail Hawk) Health Center, will add additional ambulatory care. The wide array of services provided by GRHC include: behavioral health, dental services, dialysis, emergency care, family planning, infection prevention and wound care, laboratory services, life center (and diabetes care program), medical imaging, optometry services, physical therapy, pharmacy, podiatry, primary care, public health nursing, school health services, women's health clinic, emergency transportation services, and medical transportation services.[146]

In addition to health facilities, mobile health units provide pediatric dental and health services to children in the region. The Pediatric Mobile Unit is an ambulatory health care clinic operated by GRHC, which provides physical exams, laboratory services, chronic healthcare maintenance, and immunizations for children and adults. The unit also offers health education services for students at risk for Type 2 Diabetes. Mobile Unit services are provided by a nurse practitioner and two medical assistants at schools, district service centers, Residential Program for Youth (RPY), Juvenile Department of Rehabilitation Center (JDRC), and The Caring House (TCH). The total number served through this mobile unit increased from 904 in FY2015 to 1,484 in FY 2016.[147] Patient visits provided by the Mobile Dental Unit also increased by 124 percent over the same period. This mobile unit provides pediatric dental care in three locations in the region, with the goal of improving utilization of existing resources and increasing access to care at local schools.

Health-related data were available to be included in this report from Gila River Health Care (GRHC). In 2015 there were 16,060 active users in GRHC, 2,534 (16%) of whom were children aged birth to 5 (Table 45). Note that the number of young children seen at GRHC facilities is substantially higher than the number of children birth to 5 in the region according to the U.S. Census 2010 (1,530). This may in part be explained by the fact that GRHC's catchment area includes the Ak-Chin Indian Community[iv] but it also suggests that a large number of children from the towns surrounding the Gila River Indian Community receive services at GRHC facilities, including the Phoenix Metro area.

Figure 22 shows the number of well child visits by age at GRHC in 2015; infants made up most visits (n=1,293, 51%), followed by children aged one year (n=649, 26%). However, these youngest children were the least likely to abide by preventive pediatric health care recommendations. Although the American Academy of Pediatrics recommend that infants have eight preventive health visits in their first year,[148] infants seen at GRHC averaged only 2.5 visits. Children in the 3-5 age range are meeting the recommended number of well child visits (one per year) (Figure 23).

A key factor to accessing health care is health insurance. According to estimates from the American Community Survey (ACS), 24 percent of young children, birth to age five, in the region were estimated

[iv] *According to US Census data, there were a total of 177 children birth to 5 residing within the boundaries of the Ak-Chin Indian Community in 2010. Even if all of these children were seen at GRHCs facilities, the number of 0-5 active users continues to be substantially higher than just the sum of the children living within these two communities according to Census 2010 data (1,707).*

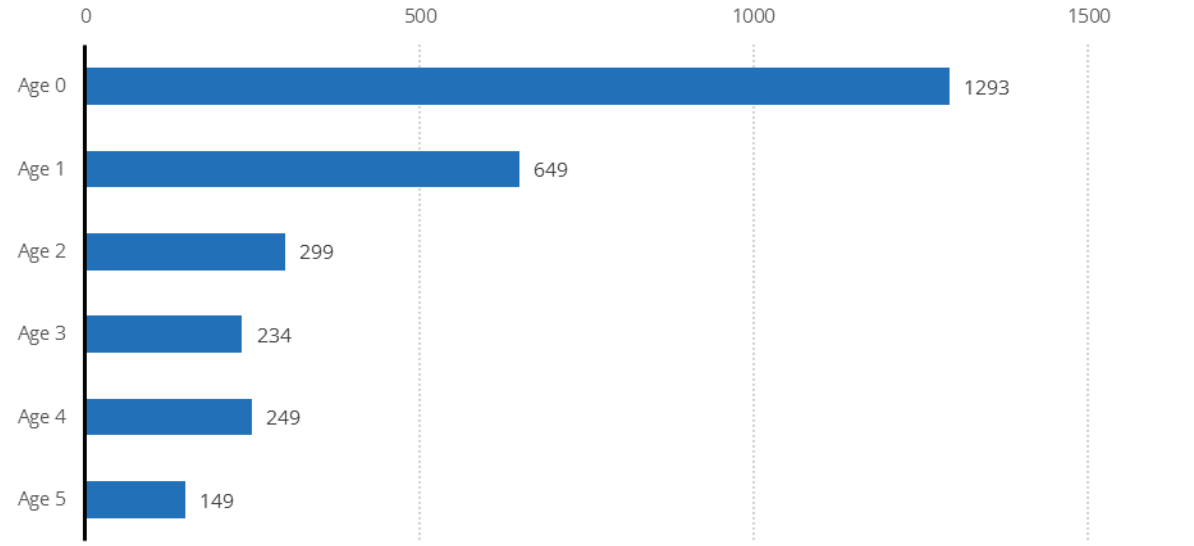
to be uninsured, along with 28 percent of the total population in the Gila River Indian Community Region (Table 46). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage. Data were also available from GRHC on patients seen with third party health insurance (Medicaid, private or other insurance). A large majority (89%) of young patients aged birth to 5 had third-party insurance coverage, meaning that only about 11 percent of young children seen at GRHC were uninsured. Similarly, 85 percent all of GRHC patients had third-party insurance coverage (i.e. only 15 percent were uninsured) (Figure 24). The data provided by GRHC suggests that the ACS may overestimate the share of young children and total population in the region without health insurance.

Table 45. Number of Active Users at Gila River Healthcare Corporation, 2015

	Young Children (Ages 0-5)	All Ages
Gila River Health Care Users	2,534	16,060

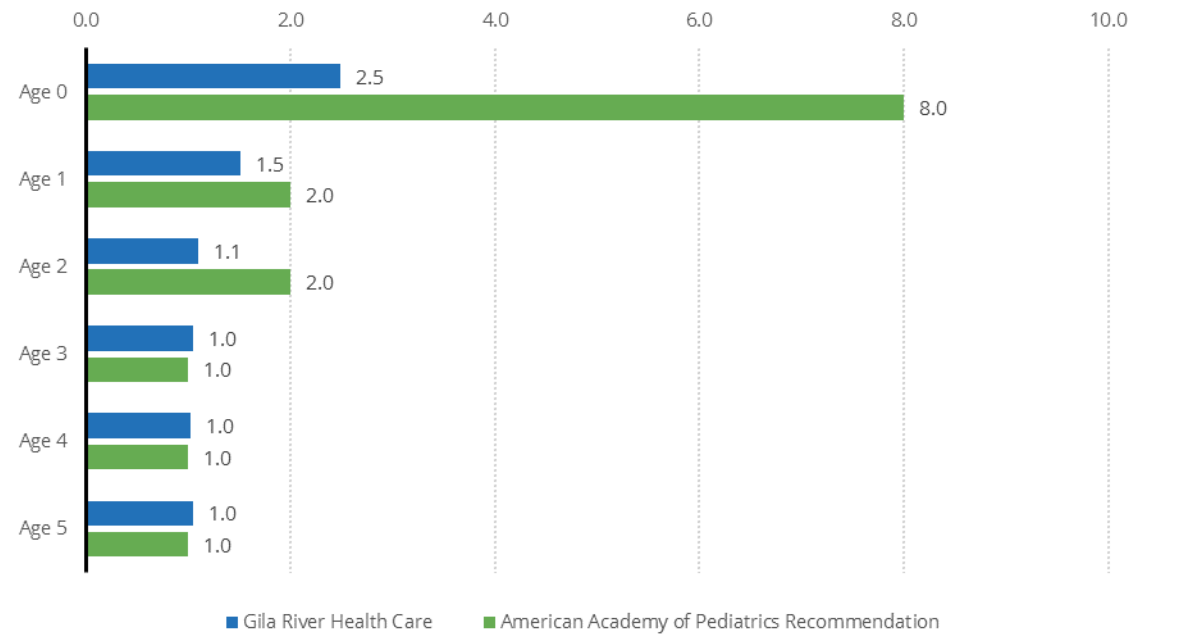
Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Figure 22. Number of Well Child Visits at Gila River Health Care by Age, 2015



Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Figure 23. Ratio of Well Child Visits to Patients at Gila River Health Care by Age, 2015



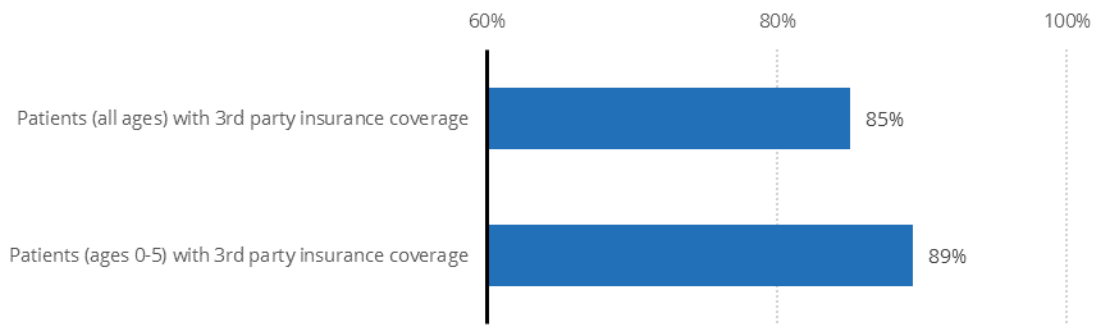
Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data. American Academy of Pediatrics (2016) Recommendations for Preventive Pediatric Health Care. Retrieved from https://www.aap.org/en-us/documents/periodicity_schedule.pdf

Table 46. Estimated Proportion of Population Without Health Insurance

	Estimated population (ages 0-5)	Children (ages 0-5) without health insurance	Estimated population (all ages)	Persons (all ages) without health insurance
Gila River Indian Community	1,601	24%	13,322	28%
All Arizona Reservations	19,868	18%	184,327	26%
Maricopa County	332,425	9%	3,918,121	16%
Pinal County	33,270	9%	366,822	15%
ARIZONA	531,825	10%	6,453,706	16%

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

Figure 24. Patients seen at Gila River Health Care with Third Party Insurance (Medicaid, Private, or Other), 2015



Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Maternal Characteristics

In 2014, there were 80 babies born in the Gila River Indian Community Region (Table 47). Of those mothers giving birth, 75 percent identified as being American Indian or Alaska Native, 10 percent as Hispanic or Latina, and eight percent as White, non-Hispanic (Figure 25). Almost half (45%) had less than a high school education, which is higher than across the state (20%). Additionally, 26 percent of mothers held a high school diploma (Table 48). Eighty-three percent of new mothers in 2014 were not married in the region (45% statewide) and 10 percent were in their teens (8% statewide) (Table 49).

In the region in 2014, approximately 83 percent of births were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which was much higher than the statewide proportion of 55 percent. Of the births covered by a public payee (AHCCCS or IHS), the proportion of births covered by AHCCCS

has decreased between 2009 and 2014 from 87 to 55 percent (Figure 26). Facilitating enrollment in AHCCCS can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through AHCCCS providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill a third-party insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing can then be used in other ways to benefit all tribal citizens. The reason for the decrease in the number of AHCCCS-covered births in the region is not clear at this point.

A similar proportion of mothers in the Gila River Indian Community Region reported smoking (4%) compared to mothers across the state (5%), and smoking rates among pregnant women in the region do not meet the Healthy People 2020 goal of 1.4 percent or less (Table 49). The percentage of children enrolled in WIC who were exposed to smoking in the household has decreased between 2011 and 2015, from a high of six percent in 2011 to a low of two percent in 2015 (Figure 27). Children exposed to secondhand smoking are at higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome.

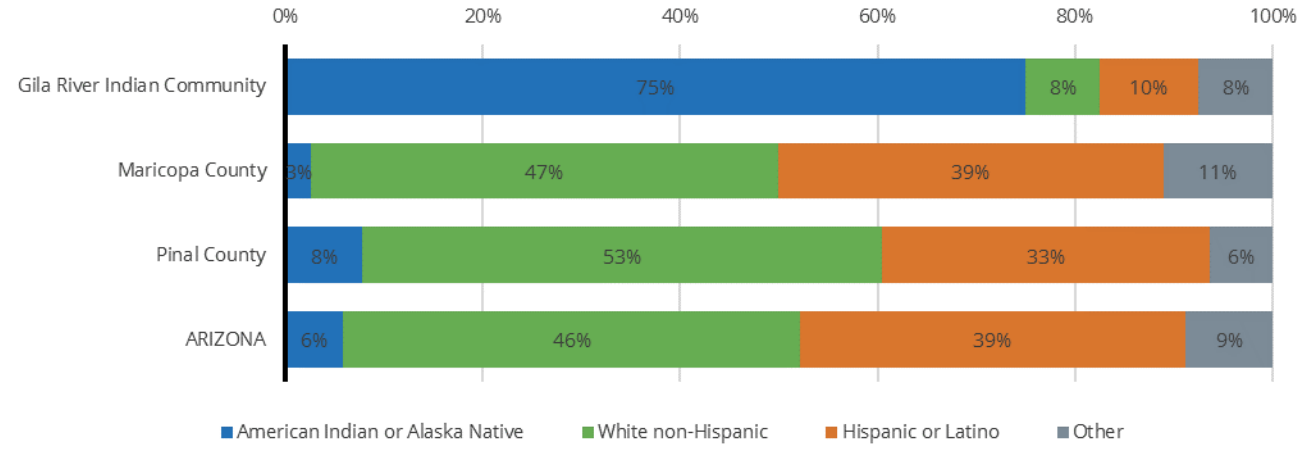
Another aspect of maternal health linked to both birth outcomes and a child's subsequent health is maternal obesity. Among Arizonan women overall, about 51 percent were overweight or obese before pregnancy in 2014. Among women who participate in WIC in general, this rate was higher—58 percent, which is to be expected given that low-income women are more likely to be obese in the United States. In the Gila River Indian Community Region, of the women enrolled in WIC in 2015, 60 percent were obese while 24 percent were overweight (Figure 28). The rate of pre-pregnancy obesity has decreased overall in the region between 2011 (65%) and 2015 (60%) (Figure 29). Contrary to this decrease, in Arizona, pre-pregnancy obesity rates for women enrolled in WIC increased from 27 percent in 2012 to 31 percent in 2015.

Table 47. Live Births During Calendar Year 2014, by Mother's Place of Residence

	Total number of births to Arizona-resident mothers in 2014
Gila River Indian Community	80
All Arizona Reservations	N/A
Maricopa County	55,285
Pinal County	4,490
ARIZONA	86,648

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

Figure 25. Race and Ethnicity of Mothers Giving Birth in 2014



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

Table 48. Live Births During Calendar Year 2014, by Mother's Educational Attainment

	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Gila River Indian Community	45%	26%	20 %to 25%	3% to 9%
All Arizona Reservations	N/A	N/A	N/A	N/A
Maricopa County	20%	24%	30%	26%
Pinal County	19%	28%	37%	15%
ARIZONA	20%	25%	31%	23%

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

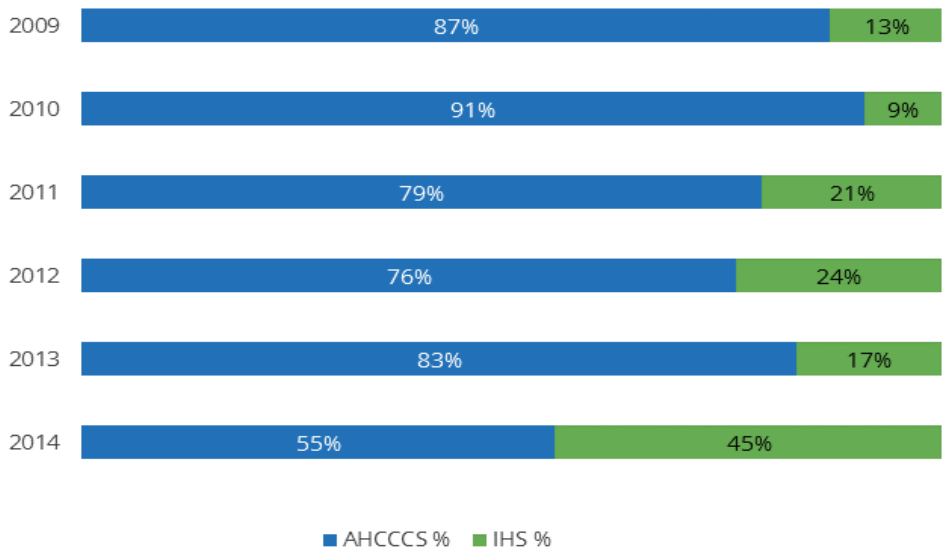
Note: The percentages above may not add to 100% due to rounding.

Table 49. Other Characteristics of Mothers Giving Birth in 2014

	Mother was not married	Mother was 19 or younger	Mother was 17 or younger	Birth was covered by AHCCCS or Indian Health	Tobacco use during pregnancy
Gila River Indian Community	83%	10%	N/A	83%	4%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Maricopa County	43%	7%	2%	52%	4%
Pinal County	45%	8%	2%	54%	6%
ARIZONA	45%	8%	2%	55%	5%

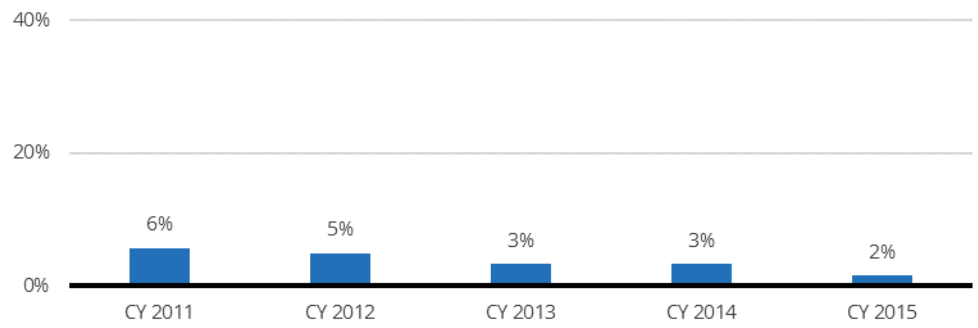
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 26. Percent of Public Payee Births covered by AHCCSS or IHS, 2009-2014



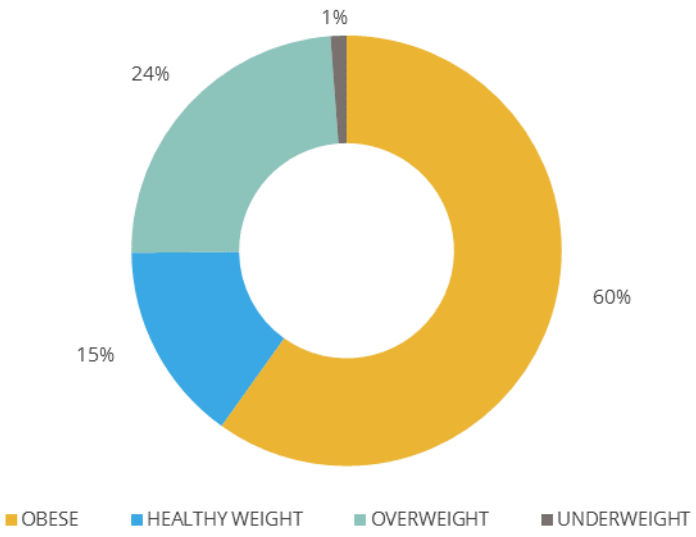
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 27. Children (ages 0-4) exposed to Smoking in the Household, 2011 to 2015



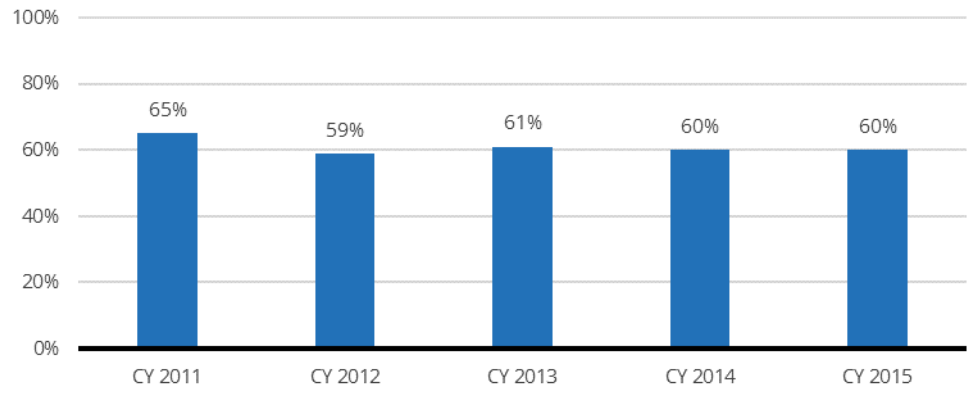
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 28. Pre-pregnancy Weight Status for Women Enrolled in Gila River Indian Community WIC, 2015



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

Figure 29. Pre-pregnancy Obesity Rates for Women Enrolled in the Gila River Indian Community WIC Program, 2011 to 2015



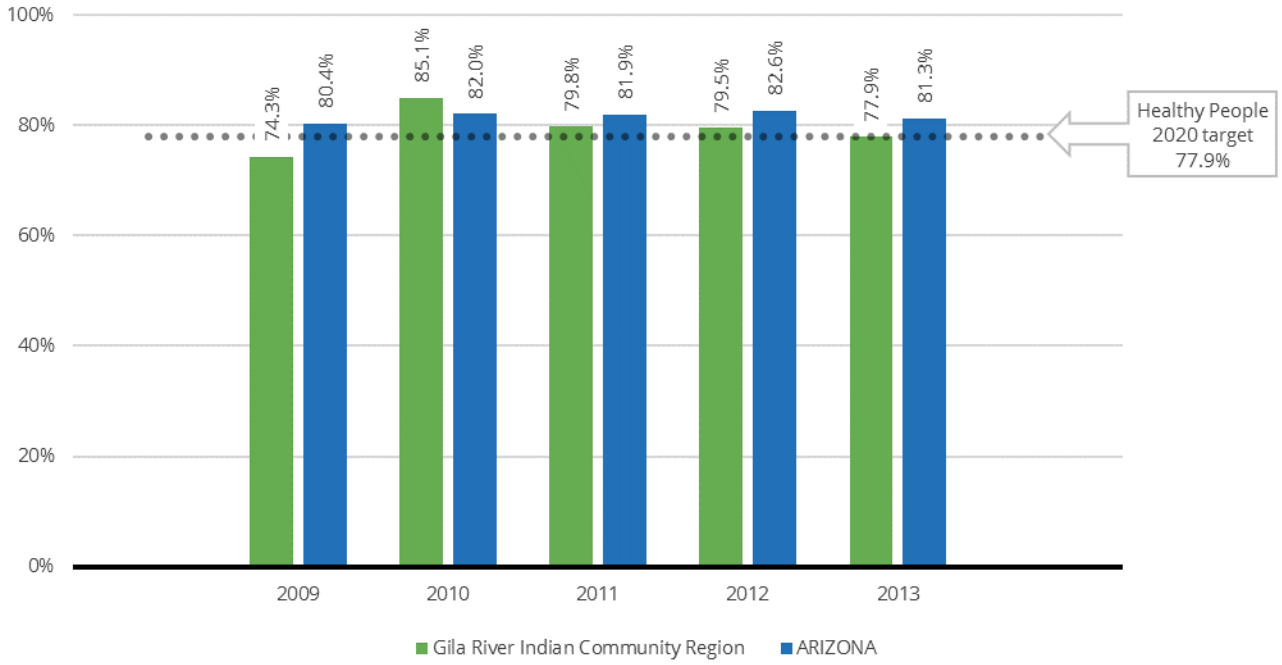
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Prenatal Care

Prenatal care services are available through the Women's Health Clinic at Gila River Health Care. These clinics are available at Hu Hu Kam Memorial hospital Monday through Saturday and at Komatke Health Center Monday through Friday.

The Healthy People 2020 goal is that at least 77.9 percent of pregnant women receive prenatal care that begins in the first trimester of pregnancy. In the Gila River Indian Community Region, this rate has met the Healthy People 2020 goal. Between 2010 to 2013, the rate of prenatal care begun in the first semester remained at or above 77.9 percent, with the highest rate of early prenatal care occurring in 2010 (85.1%) (Figure 30). In 2014, the Arizona Department of Health Services introduced major changes in the way that prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates. The new calculations have resulted in a much higher number of birth certificates with "unknown" prenatal care status statewide, and 10 percent of births in the region could not have prenatal care status determined. Of those with known prenatal care status, 68.1 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state (Table 50). It is not clear if this represents an actual decline, or is an artifact of the new reporting system. However, the fact that the 13 percent of women giving birth had fewer than five prenatal care visits suggests a continuing need for early prenatal care.

Figure 30. Percent of Births With Prenatal Care Begun in First Trimester



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

Table 50. Live Births During Calendar Year 2014, by Number of Prenatal Visits

	No visits	1 to 4 visits	5 to 8 visits	9 to 12 visits	13 or more visits	Percent of births with fewer than five prenatal care visits	Percent of births with prenatal care begun in first trimester
Gila River Indian Community	**1%**	**11%**	**16%**	**51%**	**19%**	**13%**	**68.1%**
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	2%	3%	13%	49%	32%	5%	74.4%
Pinal County	1%	3%	12%	45%	36%	4%	78.1%
ARIZONA	2%	4%	15%	47%	31%	6%	71.7%

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

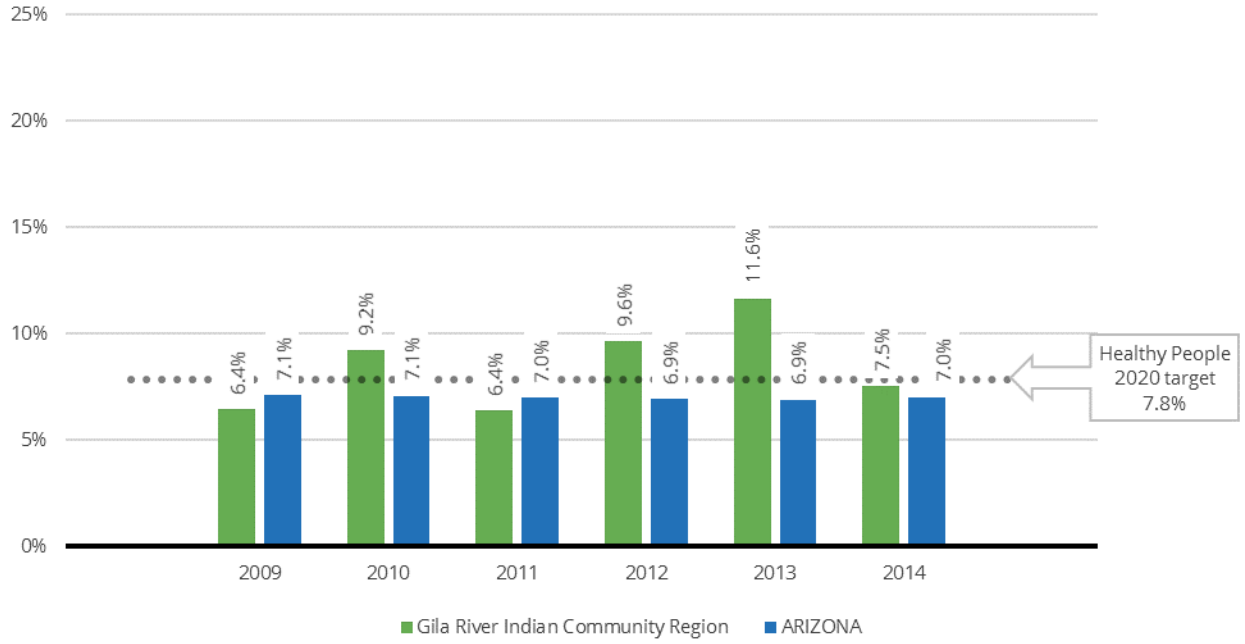
Birth Outcomes

With regard to perinatal health, babies in the Gila River Indian Community Region were doing slightly worse than babies born statewide. In 2014, 7.5 percent of babies born in the region were low birth weight, compared to seven percent across the state (Figure 31). In the same year, 13.8 percent of babies were born premature, compared to nine percent statewide (Figure 32). Both low birth weight and premature birth rates have fluctuated over time in the region. Healthy People 2020 objectives include that fewer than 7.8 percent of babies are born at low birth weights and fewer than 11.4 percent are born preterm, meaning that the Gila River Indian Community Region achieved the Healthy People 2020 goal for low birthweight births in 2014, but not for preterm births. Fourteen percent of newborns were admitted to neonatal intensive care in 2014, double the proportion across the state (7%) (Table 51).

In 2015, seven percent of newborn babies did not pass initial hearing screenings, which was higher than the overall statewide rate (4%) (Table 52). Approximately one percent of newborns required diagnostic evaluation, similar to the statewide rate, and no newborns were confirmed to have hearing loss.

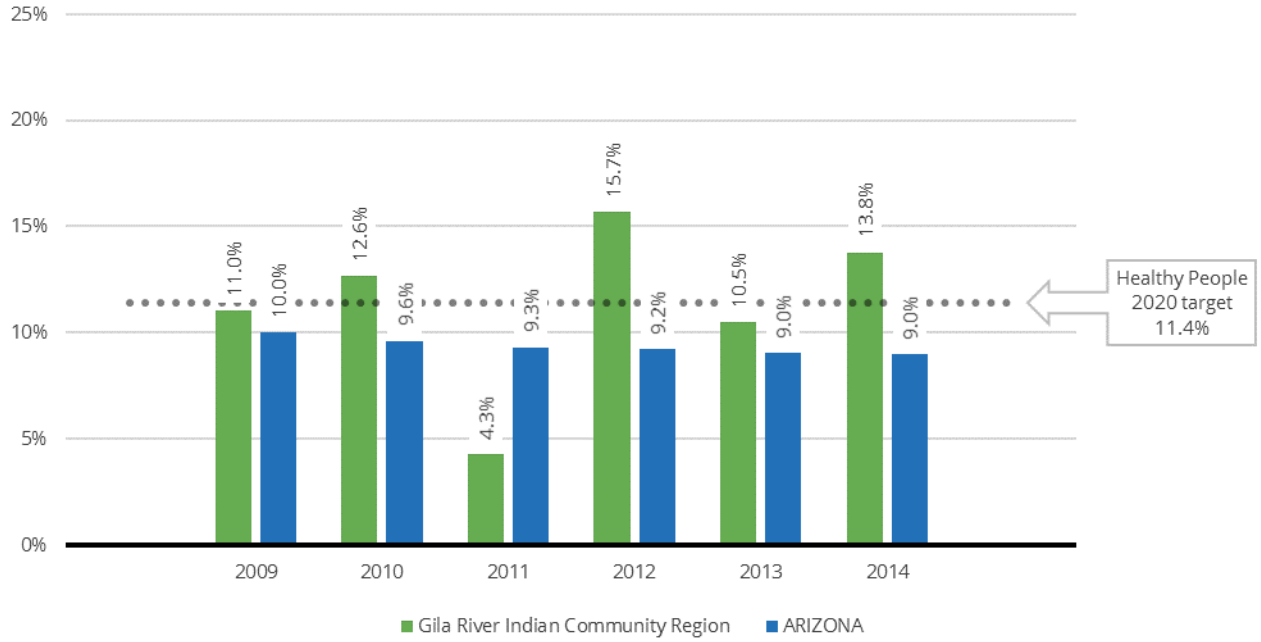
The percent of infants in the Gila River Indian Community WIC program who were ever breastfed has remained relatively constant between 2011 (66%) and 2015 (65%) (Figure 33). However, this rate is lower than both the statewide rate for infants enrolled in WIC (71.2%) and the Healthy People 2020 goal of 81.9 percent or higher. The percent of infants breastfed for six months or more has fluctuated somewhat between 2011 and 2015, with the lowest rate in 2013 (6%) and highest in 2011 (12%); this rate in 2015 was 10 percent.

Figure 31. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less)



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

Figure 32. Percent of Babies Born Premature in 2014 (37 Weeks or Less)



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

Table 51. NICU Admissions

	Newborns admitted to intensive care unit
Gila River Indian Community	14%
All Arizona Reservations	N/A
Maricopa County	7%
Pinal County	9%
ARIZONA	7%

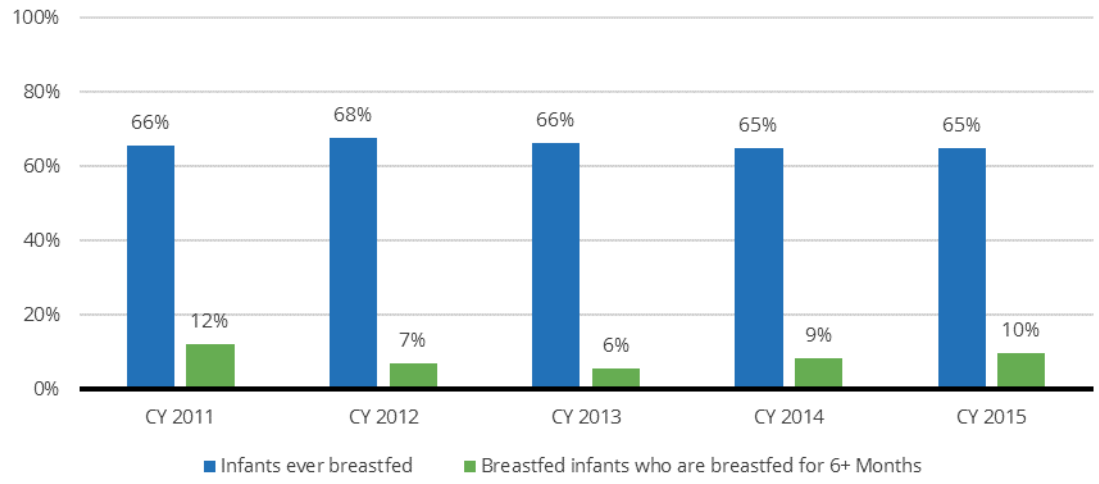
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 52. Newborn Hearing Screening Results

	Newborns with hearing screening	Newborns not passing initial screen	Newborns requiring diagnostic evaluation	Newborns with confirmed hearing loss
Gila River Indian Community	84	7%	1%	0%
All Arizona Reservations	N/A	N/A	N/A	N/A
Maricopa County	N/A	N/A	N/A	N/A
Pinal County	N/A	N/A	N/A	N/A
ARIZONA	84,887	4%	1%	0%

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

Figure 33. Breastfeeding Rates for Infants Enrolled in Gila River Indian Community WIC, 2011 to 2015



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

Immunizations

While immunization rates vary by vaccine, over 95 percent of children in child care in the Gila River Indian Community Region had completed each of the three major (DTAP, polio, and MMR) vaccine series; the regional rates were slightly higher than those of the state (Table 53). The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for these vaccines is 90 percent,[149] suggesting the region is meeting this goal. However, given that state regulations require

children enrolled in child care to be up to date on immunizations, it is possible that the rates of immunization for children in child care are higher than immunization rates for children not in child care.[v]

Rates for the three major (DTAP, polio, and MMR) vaccine series for children in kindergarten were slightly above the rates for children in child care (Table 54). The Healthy People 2020 target for vaccination coverage of kindergarteners is 95 percent for the DTAP, MMR, polio, Hepatitis B, and Varicella vaccines. Kindergartners in the region are meeting the Healthy People 2020 goals for all immunizations, whereas statewide, kindergarteners are meeting this goal for three of the five required vaccines. Rates of personal exemptions for vaccinations among children in child care and kindergarten (both 0.0%) in the region were much lower than exemption rates at the state level (3.5% and 4.5% respectively) (Table 53, Table 54).

Table 53. Vaccination Rates and Exemption Rates for Children in Childcare

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more HIB	Two Hep A	Three or more Hep B	One or more Varicella	Religious exemption	Medical exemption
Gila River Indian Community	146	95%	98%	99%	96%	97%	99%	100%	0.0%	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	61,756	91%	92%	93%	92%	85%	91%	94%	3.9%	0.6%
Pinal County	2,996	94%	96%	97%	95%	79%	96%	97%	2.2%	0.3%
ARIZONA	92,128	92%	93%	94%	92%	81%	92%	95%	3.5%	0.5%

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

Note: Data in this table represent immunization rates at Blackwater Community Preschool, Gila Crossing Community School, Laveen Head Start and Early Head Start, and Sacaton Elementary

[v] *For example, the National Immunization Survey (NIS) monitors vaccination coverage among U.S. children aged 19–35 months, and estimates the Arizona statewide rate for DTAP (Diphtheria, Tetanus, Pertussis, 4 or more doses) to be about 81 percent and the statewide rate for MMR (Measles, Mumps and Rubella, 1 or more doses) to be about 84 percent. Source: Hill, H., Elam-Evans, L., Yankey, D., Singleton, J., Kolasa, M. (2015). National, state, and selected local area vaccination coverage among children aged 19–35 months—United States. Morbidity and Mortality Weekly Report, 2014, 64(33), 889-896. Retrieved from: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm*

Table 54. Vaccination Rates and Exemption Rates for Kindergarten Children

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more Hep B	One or more Varicella	Personal exemption	Medical exemption
Gila River Indian Community	196	99%	100%	100%	100%	100%	0.0%	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maricopa County	54,019	94%	94%	94%	95%	97%	4.9%	0.3%
Pinal County	4,201	94%	95%	95%	96%	97%	4.1%	0.3%
ARIZONA	83,088	94%	95%	94%	96%	97%	4.5%	0.3%

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

Note: Data in this table represent immunization rates at Blackwater Community School, Gila Crossing Community School, Maricopa Village Christian School, and Sacaton Elementary

Oral Health

More children in kindergarten in Arizona (52%) have tooth decay compared to children across the nation (36%). Within Arizona, American Indian (76%) children more likely to experience tooth decay than white children (34%).[150]

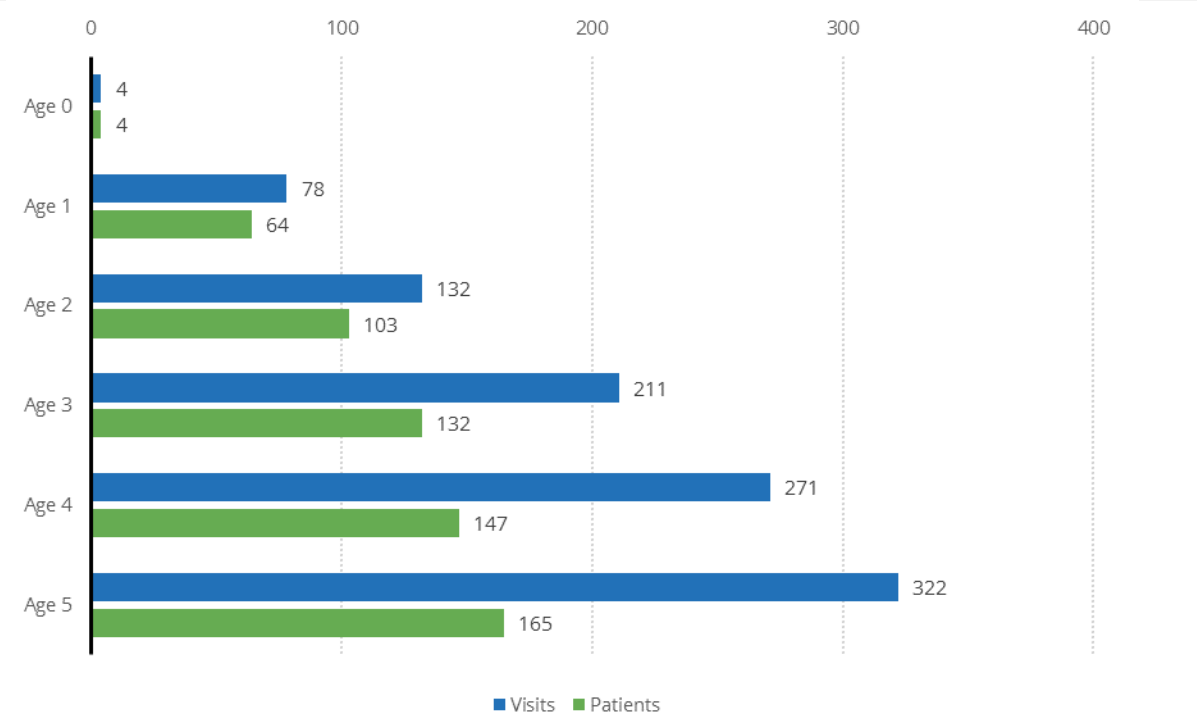
In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate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

Data was available from Gila River Health Care (GRHC) on young children receiving dental care through GRHC. In 2015, five year olds were the most likely to receive dental care (165 children made

322 visits) (Figure 34). The number of dental patients and visits decreased with age: 64 one-year olds made 78 dental visits and only four infants (under one) had four dental visits in 2015. Please note that with the data available it was not possible to determine how many dental visits each individual child had.

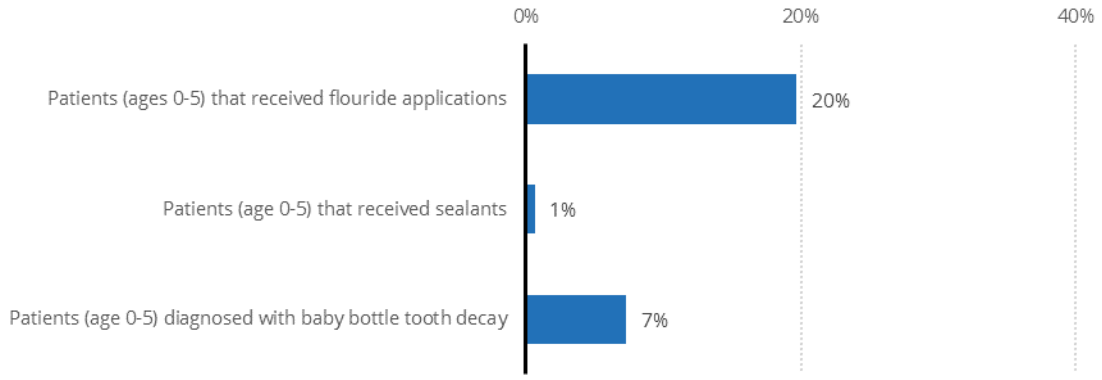
Of those young children receiving dental care through GRHC in 2015, 20 percent received fluoride applications, one percent received sealants, and seven percent were diagnosed with baby bottle tooth decay (Figure 35).

Figure 34. Children (ages 0-5) who received Dental Care at Gila River Health by age, 2015



Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Figure 35. Selected Characteristics of Children (ages 0-5) Receiving Dental Care at Gila River Health Care, 2015



Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Childhood Injury, Illness and Mortality

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

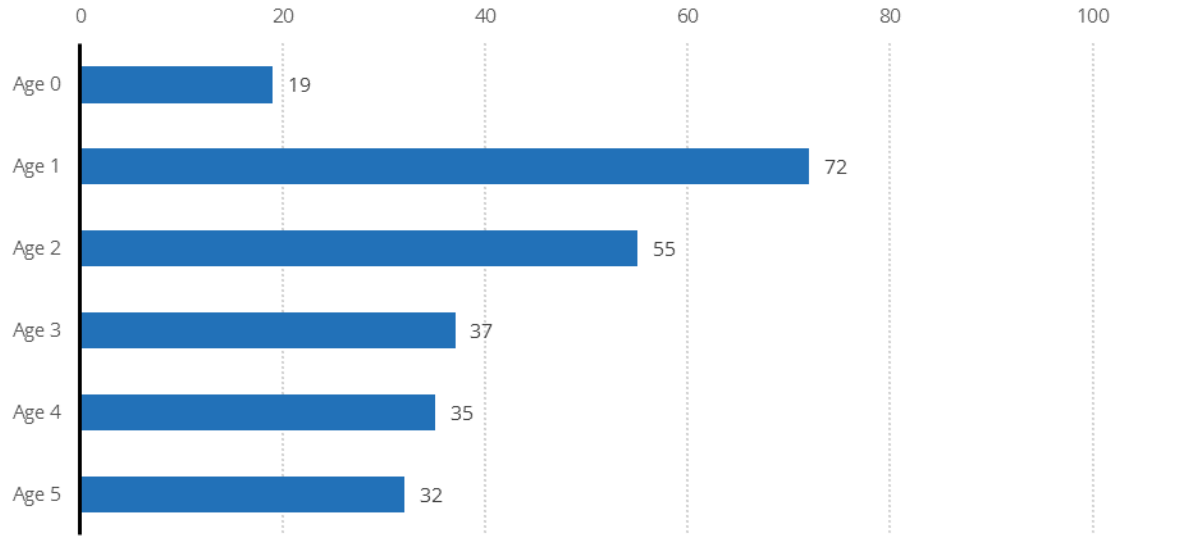
Local CFR Teams conduct an annual report that reviews each death in the state and determines the preventability of each of these deaths. In 2015, 10 percent of perinatal deaths, 48 percent of infant deaths, and 57 percent of young child deaths in Arizona were deemed preventable.

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

Data was available from Gila River Health Care on unintentional injury among young children. In 2015, children aged one year were most likely to be seen at Gila River Health Care Emergency Departments for unintentional injuries, with 72 visits for that age group (Figure 36). The number of visits were lower for children as they aged (e.g., n=32 for 5 year olds) and for those in their first year (n=19).

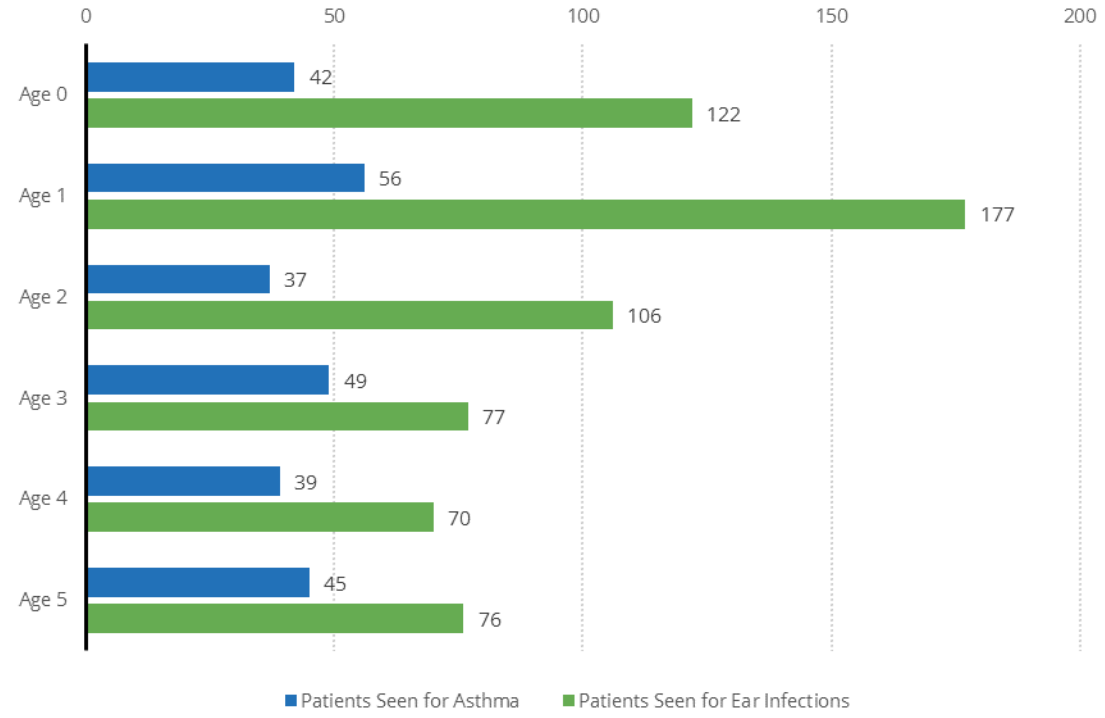
Asthma can negatively affect health in early childhood and beyond. Nationally, asthma prevalence among children aged birth to four years increased from 2001 to 2007 and then began a sustained decline through 2013. Such a decline may have an impact on the number of asthma-related health care visits with their related costs.[153] Data was available from Gila River Health Care (GRHC) on the number of young children seen for asthma or ear infections. The number of children aged birth to 5 seen for asthma did not vary widely between age groups, with 42 children under one year of age, and 45 aged 5 years seen for asthma at GRHC in 2015 (Figure 37). Young children were much more often seen for ear infections, with those visits most common for one year old children (n=177) and children under one (n=122). Children with early onset (under 12 months) of ear infections or recurrent ear infections may be at increased risk for speech and language problems.[154]

Figure 36. Number of Gila River Health Care Emergency Department Visits for Unintentional Injuries by age, 2015



Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Figure 37. Children (ages 0-5) seen for Asthma or Ear Infections at Gila River Health Care, 2015

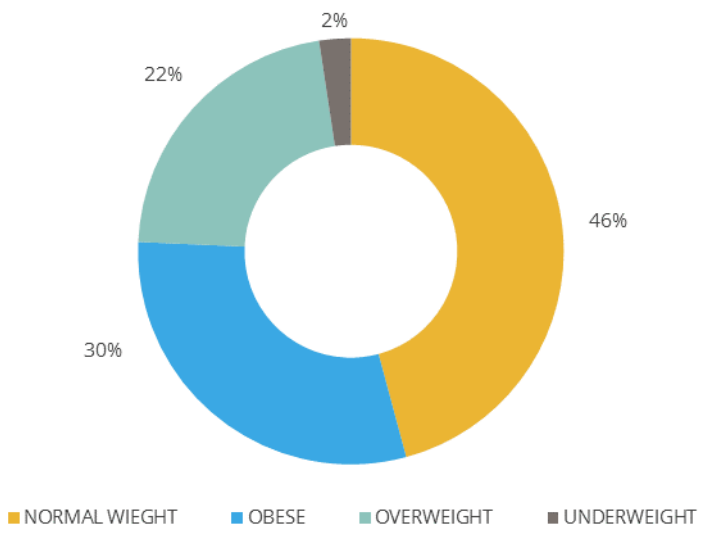


Source: Gila River Health Care (2017) [Health Dataset]. Unpublished data.

Weight Status

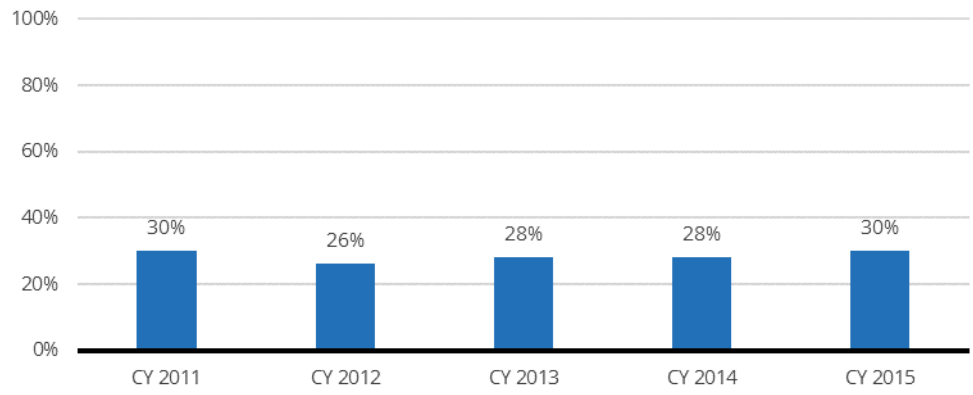
Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Data on the weight status of children in the region were available from the Gila River Indian Community WIC program. In 2015, 30 percent of the children (ages 2 to 4) participating in the program were obese and an additional 22 percent were overweight (Figure 38). The obesity rate has remained relatively stable overall between 2011 and 2015 at 30 percent (Figure 39). Over a similar period of 2012 to 2015, statewide obesity rates for children ages 2 to 4 enrolled in WIC fell from 12.7 percent to 11.4 percent. Based on these data, the region appears to not be meeting the Healthy People 2020 target for childhood obesity. 261 Children (ages 0-17) were diagnosed with Type II Diabetes.

Figure 38. Weight Status for Children (ages 2-4) Enrolled in Gila River Indian Community WIC, 2015



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

Figure 39. Obesity Rates for Children (ages 2-4) Enrolled in Gila River Indian Community WIC, 2011 to 2015



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

FAMILY SUPPORT AND LITERACY

Why Family Support and Literacy Matter

Parents, caregivers and families who provide positive and responsive relationships support optimal brain development during a child's first years[155,156] and promote better social, physical, academic and economic outcomes later in that child's life.[157,158] Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.[159] Literacy promotion is so central to a child's development that the American Academy of Pediatrics has identified it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.[160] Reading aloud, singing songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. In 2014, First Thing First conducted the Parent and Caregiver survey, a face-to-face survey of parents and caregivers in tribal regions. This survey was based on a subset of items from the 2012 First Things First phone-based Family and Community Survey

that inquired about a parent or caregiver's knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development. Data on the amount and quality of the interaction parents and caregivers typically have with their children can be useful to inform programs and policies to encourage positive engagement.

Not all children are able to begin their lives in the most positive, stable environments. Adverse Childhood Experiences (ACEs)[161] have been linked to risky health behaviors (such as smoking, drug use and alcoholism), chronic health conditions (such as diabetes, depression, obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.[162]

Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).[163]

Children subject to maltreatment and neglect often suffer physical, psychological and behavioral consequences, and in fact are much more likely to have interactions with the criminal justice system in later life.[164] Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.[165]

Behavioral health supports are often needed to address issues of domestic violence, maltreatment, abuse and neglect that children may face. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."[166] When young children experience stress and trauma they have limited responses available to react to those experiences.

Children exposed to alcohol and drugs neonatally also face a number of challenges. Newborns exposed to alcohol or drugs in Arizona had higher incidences of low birthweight (23.2% compared to 7% for all births), higher incidences of respiratory symptoms, and higher incidences of feeding difficulties. The median total charges related to care were also double that of other hospital births.[167] Opiate use during pregnancy, both illegal and prescribed use, has been associated with neonatal abstinence syndrome (NAS), where infants born exposed to these substances exhibit withdrawal creating longer hospital stays, increased health care costs and increased complications for infants born with NAS.[168] Infants exposed to cannabis (marijuana) in utero often have a decrease in birth weight, and are more likely to be placed in neonatal intensive care, compared to infants whose mothers had not used the drug during pregnancy.[169] Research suggests that alcohol and drug exposure may be linked to behavioral issues and developmental delays as a child develops, creating a need for extra supports when a child enters school.[170]

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

What the Data Tell Us

Family Involvement

Young children can also benefit from early learning opportunities provided within the home. In the Gila River Indian Community Region, there are a number of home visitation programs that serve young children and their families.

In addition to the home-based services provided by the FACE programs and described in the Early Learning section above, other home visitation services are available in the region through the Baby Smarts program, funded by First Things First. The home visitation component of Baby Smarts provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health using the Parents as Teachers (PAT) curriculum. Additional funding for home visitation services was awarded to Gila River Health Care from the Maternal, Infant and Early Childhood (MIECHV) program.[vi] This funding allowed for the expansion of the Baby Smarts Program by 20 additional families. As a result, the program grew from serving 40 families in 2015 to a total of 60 families receiving services in 2016. In addition to these services, the Public Health Nursing department at Gila River Health Care also offers home visits to members of the Gila River and Ak-Chin Indian Communities. Services are provided to individuals across the entire life span (from newborns to the elderly). Table 55 summarizes the existing home visitation services available in the region.

As part of the *Growing Readers and Developing Leaders* project described above (see the Educational Indicators section), the Community has identified a lack of coordination and communication among the programs providing parenting support/parenting classes in the region as a challenge. The partners involved in this project is currently addressing this lack of coordination by making sure that a common message is delivered through these parenting classes. In addition, the partners working on this project have also identified a lack of awareness on the importance of parent engagement among community members. The *Growing Readers and Developing Leaders* project will work on "demystifying" the notion of parent involvement so that parents and caregivers in the region realize that it is an attainable goal. As one key informant noted: "it's about talking to your kids, it doesn't require special training. It's about telling stories. Everyone can do that."

[vi] *This funding was awarded by the Arizona Department of Health Services via an agreement with First Things First.*

Table 55. Families Served through Home Visitation and Special Services Programs

	Number of Home Visitors	2014	2015	2016
Baby FACE Blackwater Community School	2	18	19	32
Baby FACE Casa Blanca Community School	2	N/A	15	10
Baby FACE Gila Crossing Community School	2	N/A	13	26
Baby Smarts (Community-Wide)	2	40	40	60
Gila River Health Care Public Nursing Department	N/A	N/A	N/A	N/A

Source: [Home Visitation Numbers]. Personal Correspondence

Note: Tribal Social Services also serves infants and toddlers, but numbers served were not available for this report. Tribal Social Services does not use a home visitation model.
No data on the number of home visitors or families served were available from the Gila River Health Care Public Nurses

Child Welfare

Child welfare services in the Gila River Indian Community are provided by the Gila River Indian Community Social Services Department.

An important initiative currently in place in the region to support families involved in the child welfare system is the "Children in Crisis Coalition." The goal of the Coalition is to promote the wellbeing of children in the child welfare system and to reduce the recurrence of child abuse and neglect. The Coalition is led by Children's Court judges and it is involved in monitoring case plans and supervising out-of-home placements of young children involved with the court system. As part of the Coalition's work, children's codes in the Gila River Indian Community have been refined, and policies and procedures within various departments have been revised. The work of the Coalition has also resulted in important discussions around trauma-informed practice among the departments involved in the child welfare system. The First Things First Gila River Indian Community Regional Partnership Council is responsible for convening community members together into this Coalition, whose members include: Behavioral Health Department, Early Education Childhood Center, Early Intervention, Children's Court, Prosecutor's Office, Tribal Social Services/CPS, Residential Program for Youth, Tribal Leadership, Gila River Legal, Casey Family Foundation, Gila River Police Department, community elders, and foster parents.[171]

Support for families caring for children who have been removed from their homes is also available from Three Precious Miracles, (TPM), a non-profit organization that supports Native American children who are in foster care or are being raised by their grandparents.[172] TMP provides basic resources such as clothing, shoes, toys, blankets and toiletries to help families in the transition process after children have been removed from their homes. TPM also supports Native children by providing cultural trainings to non-Native foster families.

Behavioral Health

In Arizona, the Arizona Health Care Cost Containment System (Arizona's Medicaid program) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer publically-funded behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs or TRBHAs. The Gila River Regional Behavioral Health Authority (GRBHA) serves as the TRBHA for the Gila River Indian Community. The GRBHA is funded by the Arizona Department of Health Services and Gila River Health Care Corporation. Behavioral health services offered through GRBHA include advocacy and case management, traditional healing, prevention, psychiatric services, medication consultation, assessment evaluation and diagnosis, individual service planning, transportation to treatment, home-based counseling, partial day treatment, residential treatment, group home treatment, inpatient hospitalization, 24 hour crisis management, and vocational rehabilitation referrals. [173] Anyone who lives within the Gila River Indian Community is eligible for services through GRBHA, which also serves any registered tribal member of the Gila River Indian Community who lives outside of the reservation needing assistance related to mental illness, drug or alcohol abuse, domestic violence or emotional problems. Also offered is the Gila River Indian Community Crisis Line which is available 24 hours a day. In February of 2016, a Behavioral Health Response Clinician was added to the behavioral health services provided by Gila River Health Care. This position allows increased accessibility to individuals in a mental health crisis, particularly in the emergency department.[174]

Data included in the Gila River Health Care 2016 Annual Report show that 6,021 units of service were provided within Youth Services- Outpatient Counseling & Education under Behavioral Health Services.[175]

Table 56 and Table 57 show that each year from 2012 to 2015, fewer than 25 pregnant or parenting women and children aged 0 to 5 received publically-funded behavioral health services in the Gila River Indian Community. These were services provided by the RBHAs servicing the region: Mercy Maricopa Integrated Care (MMIC) and Cenpatico Integrated Care.[176]

Table 56. Number of Pregnant or Parenting Women Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Gila River Indian Community	<25	<25	<25	<25	DS
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Maricopa County	13,607	12,486	8,672	9,386	-31%
Pinal County	529	409	302	438	-17%

ARIZONA	19,134	17,731	13,657	14,546	-24%

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

Table 57. Number of Children (Ages 0 to 5) Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Gila River Indian Community	<25	<25	<25	<25	DS
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Maricopa County	7,000	8,019	6,250	8,515	22%
Pinal County	841	859	902	897	7%
ARIZONA	13,110	14,396	12,396	14,374	10%

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

COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS[vii]

[vii] *This section of the report was prepared by the First Things First Communications Division.*

Why Communication, Public Information, and Awareness Matter

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

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

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

What the Data Tell Us

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

Results of these statewide efforts from SFY2011 through SFY2016 include:

- More than 2,000 formal presentations to community groups which shared information about the importance of early childhood;
- Nearly 230 tours of early childhood programs to show community members and community leaders in-person how these programs impact young children and their families;
- Training of almost 8,700 individuals in using tested, impactful early childhood messaging and how to best share that message with others;

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

In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. The community engagement program is led by community outreach staff in regions, which fund the First Things First Community Outreach strategy. This effort focuses on engaging individuals across sectors – including business, faith, K-12 educators, and early childhood providers – in the work of spreading the word about the importance of early childhood since they are trusted, credible messengers in their communities. FTF characterizes these individuals, depending on their level of involvement, as Friends, Supporters, and Champions. Friends are stakeholders who have a general awareness of early childhood development and health and agree to receive more information and stay connected through regular email newsletters. Supporters have been trained in early childhood messaging and are willing to share that information with their personal and professional networks. Champions are those who have been trained and are taking the most active role in spreading the word about early childhood.

Supporters and Champions in the engagement program reported a total of 1,088 positive actions taken on behalf of young children throughout Arizona as of the end SFY16. These actions range from sharing early childhood information at community events, writing letters to the editor to connecting parents to early childhood resources and more. The table below shows total recruitment of individuals in the tiered engagement program through SFY2016.

Table 58. First Things First Engagement of Early Childhood supporters, SFY2014 through SFY2016.

	Friends	Supporters	Champions
Arizona	21,369	3,102	908

Source: First Things First Communications Division.

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

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

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

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

SYSTEM COORDINATION AMONG EARLY CHILDHOOD PROGRAMS AND SERVICES

Why System Coordination Matters

To create a strong, comprehensive, and sustainable early childhood system, communities need an awareness of the importance of the first five years in a child's life, and a commitment to align priorities and resources to programs and policies affecting these first years. The early childhood development community can be disjointed, with efforts focused on individual topic areas, rather than aligned in coordinated efforts to mobilize resources and influence policy.[177] Supporting public awareness by providing accessible information and resources on early childhood development and health, and educating community members about the benefits of committing resources to early childhood, are key to generating broad visibility and supporting and growing this system. Assessing the reach of these educational and informational efforts in First Things First regions across the state can help early childhood leadership and stakeholders refine, expand or re-direct these efforts.

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

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

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

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

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

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

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

What the Data Tell Us

There are a number of collaborative efforts underway in the Gila River Indian Community to enhance system coordination around tribal legislative engagement, health, early literacy, and professional development.[178]

Tribal Legislative Engagement

The First Things First Gila River Indian Community Regional Partnership Council (RPC) sees the importance of engaging Tribal Legislative Leaders in guiding the Regional Councils work. The RPC understands Tribal Legislators have a direct impact on creating policies which impact children and families in the GRIC. For this reason the RPC has historically engaged Tribal Council with the goals of increasing trust and building a positive relationship. To continue this relationship, the RPC will report to Tribal Council on the state of the current early childhood system in the Gila River Indian Community. Reporting will include:

- Holding a joint planning meeting with Tribal leaders to review the biennially Needs and Assets Report
- Report on progress of Children in Crisis Coalition
- Discuss innovative ways to bring components of the early childhood system to scale with Tribal legislative leaders

Foci of these conversations include the importance of early childhood and the collective responsibility for building a supportive system for young children and families. Partners involved in this effort include: Tribal Leaders, Tribal Committees, Tribal Education Department, School Board Coalition, Hospital Leadership/Board, and Tribal members.

Planned activities for FY2017 in this area include:

- Sharing Data and Coordinated Planning, including information from the Regional Needs and Assets Report and requesting input from the Tribal Joint Planning Committee around scaling up parts of the early childhood system in the Gila River Indian Community.

Health Connections

The RPC also supports Gila River Health Care (GRHC) through regular reporting of early childhood data and information to the hospital leadership team and hospital board. This will help GRHC in making

evidence informed decisions for children 0-5 years old coming into their system. In partnership with GRHC, the RPC will identify areas of health interest for the hospital. Partners in these efforts include the Hospital Leadership Team, Hospital Board, Public Health Nursing Department, Pediatric Department, Prenatal Department, and the Pediatric Dentistry Department.

Some of the activities that have resulted from this coordination include: RPC shared information with GRHC's leadership and Board and supported GRHC in applying for additional funding to expand home visitation services in the community.

Home Visitation and Family Support

The Gila River Indian Community Regional Councils work to support the Home Visitation/Family Support Coalition has been an ongoing effort with stops and starts in the work due to readiness and system partner changes over time. The Council believes family support services in the Gila River Region is strengthened and improved through the coordination of services and programs for children ages 5 and younger. Through coordination and collaboration efforts, the Coalition improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Coordination and collaboration reduces confusion and duplication for service providers and families. Coalition members include: Department of Health–MIECHV, Family And Child Education (FACE), Public Health Nursing, Pediatrics Care Coordinator, Baby Smarts (H.V. program), Baby Smarts (teen parent program), Head Start and Early Head Start. MIECHV Strong Families Coordinator is the lead for this unfunded system building approach.

Early Care and Education

The Regional Council also strives to increase access to quality, affordable early care and education. One current approach is to seek private partnerships to expand access to early childhood programming, including Quality First programs, in the Gila River Indian Community. Partners involved in this effort include: Gila River Tribal Council, Gila River Education Department, local school boards, community members and local businesses. To date, the Regional Director and Tribal Education Director have had a positive meeting about expanding access to early care within the Community. Additionally, the Sacaton Superintendent is supportive and wants to expand early education at the Sacaton elementary school. The Regional Director and Superintendent will now work with the School Board to gain support

Professional Development

Each spring the Regional Director works with Tribal Education Department to ensure an early childhood track is available to professionals attending the Gila River Education Conference. In August SFY 2016, Tribal Education Department held its annual Education Conference with an early childhood track included.

Additionally in SFY 2016, the Gila River Indian Community Regional Director worked on the early education workshop for the Tribes' /Governor's Education Summit held in March 2015.

Continuing from SFY2016, the Regional Director is working with Tribal Education and School Board Coalition to promote trauma-sensitive schools, which is a larger Suicide Prevention initiative of Tribal Legislative leadership and is led by GRHC Behavioral Health Department. All schools within the Gila River Indian Community have pre-K programs as a part of the education system. In coordination with

the School Board Coalition, the Tribal Education Department offered a January 2016 screening of Paper Tigers, a documentary illustrating school support to students with Adverse Childhood Experiences. Following the screening Tribal Education Department's Behavioral Specialists provided Adverse Childhood Experiences (ACE) training to all schools in the region.

SUMMARY AND CONCLUSIONS

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

The data presented in this report, both quantitative and qualitative, show that the region has substantial strengths. Early care and education services are available to a large proportion of the young children in the region, especially for preschoolers. Tribal leadership supports the early childhood system in the region by providing funding for child care slots at the new St. Peter Indian Mission Scho0l preschool program. There is an important community-wide effort that aims at improving early literacy and the overall educational attainment of students prek -12 grade.

A summary of identified regional assets has been included below:

Economic Circumstances

- Relatively high availability of **WIC retailers** may make it easier for program participants to redeem their WIC vouchers.

Educational Indicators

- The Community will engage in a five-year strategic plan for education where they will address the changes needed to improve the **quality of education** for all children in the region.
- Funding for additional **early literacy efforts** in the region through a grant from the Indian Demonstration Grants for Indian Children

Early Learning

- There are numerous early **child care facilities** in the Community, offering care to children as young as 6 weeks old for parents who may need to return to work. Subsidies and other supports mean that many programs are low or no-cost.
- Commitment from tribal leaders to the education of the Community's youngest members through funding early **education services** (e.g. St. Peter Indian Mission School)
- The Community has four **Quality First sites**, all of which have at least a 3-star rating.

Child Health

- **Gila River Health Care facilities** offer numerous services to local residents (including a Pediatric Mobile Unit) and are continuing to expand.
- The percentage of children enrolled in WIC who were exposed to **smoking in the household** has decreased between 2011 and 2015, from a high of six percent in 2011 to a low of two percent in 2015.
- The rate of pre**-pregnancy obesity** has decreased overall in the region between 2011 (65%) and 2015 (60%)

- Rates of **vaccine coverage** are very high, and personal or religious exemptions are low.

Family Support and Literacy

- Three Precious Miracles (TPM), a non-profit organization, supports Native American **children who are in foster care or are being raised by their grandparents**.
- Numerous **home-visitation programs** across the Region support mothers and young children.
- The Children in Crisis Coalition promotes the wellbeing of children in the **child welfare system** with a focus on trauma-informed practices.
- The Gila River Regional Behavioral Health Authority offers **culturally competent services**, including traditional healing, to any registered tribal member of the Gila River Indian Community on- or off-reservation.

System Coordination Among Early Childhood Programs and Services

- Organizations and agencies within the region are undertaking efforts to promote sharing data and **coordinated planning** in areas that include health and home visitation.

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

- **Supporting parent involvement and early literacy -** Key informants pointed out that parents and caregivers in the region can benefit from increased awareness of the importance of engagement in their children's education and of early literacy. The Parenting Education, Home Visitation and Family Support Coordination strategies are supporting parents as their children's first teachers, promoting early literacy among young children, their families and caregivers as well as parent involvement.

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

Population Characteristics

- Seventy-eight percent of young children live with a single parent.

Economic Circumstances

- Median incomes for all family types are less than half as much as median incomes across Arizona as a whole.
- Over half (55%) of the total (all-age) population lives in poverty. Poverty rates are even higher among young children in the region (74%)
- A high unemployment rate
- Lack of transportation and a high proportion of households without access to a vehicle

Educational Indicators

- Low scores in the AzMERIT standardized test in both the math and English Language Arts components
- No local high schools located in the Community due to closing of the two Community high schools in 2015.

Early Learning

- In 2015, no children ages 3-5 were served by the Division of Developmental Disabilities, which may indicate an unmet need.

Child Health

- While infants are recommended to have eight preventive health visits in their first year, infants seen at Gila River Health Care averaged only 2.5 visits.
- Prematurity rates in the region are consistently higher than elsewhere in the state.
- High rates of childhood overweight and obesity among children enrolled in the WIC program.

The high number of children served by the region's programs and institutions such as WIC and Gila River Health Care can be seen, on the one hand, as an asset. It is likely to reflect that families are feeling comfortable and satisfied with the services available and that some are commuting from the surrounding areas to obtain services within the region. On the other hand, funding for these services is often based on official counts of children in the region, such as those reported by the U.S. Census. Therefore, some programs may be overstretched and underfunded by the need to serve a larger number of users than those officially counted as residing within the region's boundaries.

Although there are challenges outlined in this report, the Gila River Indian Community Region has substantial strengths to support parents and caregivers of young children. A continued coordinated approach that supports the education of youth in the Community starting with the youngest members will ensure that children are ready for school and thrive.

APPENDICES

Table of Regional Strategies

Gila River Indian Community Regional Partnership Council Planned Strategies for Fiscal Year 2017

Strategy	Strategy description
Home Visitation	The intent of this evidence based strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Services may include developmental screenings, weekly home visits, linking families with needed community-based services, and advocacy and support services that empower families. Expected results that are common to home visitation programs include: improved child health and development, increase in children's school readiness, enhancement of parents' abilities to support their children's development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability (US Department of Health and Human Services, 2014).
Family Support Coordination	The intent of this promising practice strategy is to provide a short-term, individual family-level intervention that supports families with young children that are experiencing difficulty accessing and engaging with timely and efficient services to meet their needs. The expected result is to increase utilization of available community support services by families with previously limited engagement or participation in other early childhood and health services.
Parenting Education	The intent of this evidence based strategy is to offer learning activities designed to increase the knowledge and skills and promote positive parenting practices for parents and caregivers that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment, and better physical, cognitive and emotional development in children (Lundahl, Nimer & Parsons, 2012).
Quality First Child Care Health Consultation	The intent of this evidence based strategy is to provide statewide health and safety consultation specific to early care and education settings for children birth to age 5. The expected results are improved overall quality of care, reduced illness, and increased school readiness by supporting best practices that increase provider knowledge and promote behavior change, policy development and improvements in program environments.
Quality First	Quality First – a signature program of First Things First – partners with regulated early childhood providers to make quality improvements that research proves help children birth to 5 thrive, such as education for teachers to expand their expertise in working with young children. It also supports parents with information about what to look for in quality early childhood programs that goes beyond health and safety to include a nurturing environment that supports their child's learning. Quality First includes multiple components to support early care and education program quality improvement, including: valid and reliable program assessment, on-site technical assistance, and financial incentives. The Quality First Academy is included to support the assessors and technical assistance providers in their work with program staff.
Quality First Scholarships	The intent of this promising practice strategy is to provide financial support through scholarships for children to attend quality early care and education programs in order to assist low income families (200% of Federal Poverty Level and below) to afford a quality early care and education setting. The expected result is that more children will receive quality early childhood programs and services that will impact their learning and development and promote readiness for kindergarten.

Methods and Data Sources

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

U.S. Census and American Community Survey Data

The U.S. Census[179] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. Census data presented in the report is drawn from the Census Geography for the Gila River Indian Reservation.

The American Community Survey[180] is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2010 to 2014. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level or estimates or estimates for small tribal communities.

These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that "American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent."[181] According to the State of Indian Country Arizona report[182] there are particular challenges in using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census). Most important, the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, this report includes these estimates because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve. Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommend a concerted tribal-federal government effort to develop

the tribes' capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project[183] begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments. Another important initiative currently undergoing to help improve the collection, use and interpretation of data related to tribal communities is the U.S. Indigenous Data Sovereignty Network (USIDSN) hosted by the Native Nations Institute at the University of Arizona. According to its website "USIDSN's primary function is to provide research information and policy advocacy to safeguard the rights and promote the interests of Indigenous nations and peoples in relation to data."[184]

Data Suppression

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

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

Reporting Data over Time

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

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

School Data

A number of educational indicators were included in this report based on data received from the ADE at the school level. These data were then aggregated by region (e.g., the sum of all students in special education preschool in the region) as well as by the county and state. Data are also presented at the school level for schools with a presence in the region. For several indicators, data for schools administered by the Bureau of Indian Education (BIE) were received and reported.

2018 Report Process

For the 2018 Needs & Assets Report cycle, Regional Partnership Councils were asked to identify areas of particular focus, or priority areas. These priorities were developed during the spring of 2016, and potential data sources to address these priorities were identified collaboratively among the Council, The Regional Director, FTF Research and Evaluation staff, and CRED staff. For the current report, the Gila River Indian Community Regional Partnership Council selected the family support and early learning capacity and expansion opportunities as the regional priorities.

In the April 2016, a participatory Data Interpretation Session was held to review preliminary results of the data received, compiled and analyzed as of March of 2016. Regional Partnership Council members and other participating key stakeholders were involved in facilitated discussion to allow them to share their local knowledge and perspective in interpreting the available data. The Gila River Indian Community Region Data Interpretation Session was held on April 13,2016 and included Regional Partnership Council members, Gila River Indian Community Department Directors and Program Managers, and the Regional Director. Feedback from participating session members are included within the report, as appropriate.

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