2022/2024
NEEDS AND ASSETS REPORT

FIRST THINGS FIRST

Gila River Indian Community Region

GILA RIVER INDIAN COMMUNITY REGIONAL PARTNERSHIP COUNCIL 2022/2024 NEEDS AND ASSETS REPORT

Funded by the

First Things First Gila River Indian Community Regional Partnership Council

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INTRODUCTION

Ninety percent of a child's brain growth occurs before kindergarten and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to start kindergarten prepared to be successful. Understanding the critical role the early years play in a child's future success is crucial to our ability to foster each child's optimal development and in turn, impact all aspects of well-being in 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 report is organized by topic areas pertinent to young children in the region, such as population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The FTF Gila River Indian Community Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development and education of young children in their care. 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 Region. To that end, this information may be useful to local stakeholders 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 age 5 in communities throughout the region.

ACKNOWLEDGEMENTS

The FTF Gila River Indian Community Regional Partnership Council wishes to thank all of the federal, state and local partners whose contributions of data, ongoing support and partnership with FTF made this report possible. These partners included the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security, Education and Health Services; Child Care Resource and Referral; and the U.S. Census Bureau. We are especially grateful for the spirit of collaboration exhibited by all our partners as we, as a state, continue to recover from the COVID-19 pandemic.

Lastly, we want to acknowledge the current and past members of the FTF Gila River Indian Community Regional Partnership Council whose vision, dedication and passion have been instrumental in improving outcomes for young children and families within the region. As we build upon those successes, we move ever closer to our ultimate goal of creating a comprehensive early childhood system that ensures children throughout Arizona are ready for school and set for life.

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ABOUT THIS REPORT

There is growing acknowledgement of the role our physical, social and economic environments play in our day-to-day health and wellbeing.[1] These factors, known as the social determinants of health, have an especially strong effect on the development of young children birth to age 5 and accumulate over time.[2, 3] Measuring and addressing these conditions can significantly impact not only early health and education outcomes, but also health and economic circumstances later in life.[4, 5, 6] It is important to acknowledge that structural inequities in access to quality health care, schools and education as well as living, working and leisure conditions lead to disparate outcomes within and between groups of people.[7] For example, the U.S.'s history of segregation, discriminatory policy and differential investment across communities has created generational disparities in outcomes for people of color.[8] Tribal communities have additionally experienced periods of genocide, forced relocation and assimilation leading to systemically poorer economics and health compared with other groups.[9, 10] This Needs and Assets Report covers many structural and social determinants of health including population characteristics, economic characteristics, early learning and educational indicators, child health, and family support and literacy for the First Things First Gila River Indian Community Region.

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The data and information in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2010 and 2020 Census and the 2012-2016 and 2017-2021 American Community Survey (ACS) 5-Year Estimates. The 2010 Census data were used in areas of the report when examining population changes over time. In these circumstances, it is common practice to compare data between the 2010 and the 2020 Census. Data in this report from the ACS summarize the responses from samples of residents taken between 2012 and 2016 and then between 2017 and 2021. Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. Estimates for smaller geographies, such as smaller tribal communities, are less accurate than estimates for larger geographies, such as the county or state, because they are based on smaller sample sizes. This is the primary reason why data is aggregated over a 5-year period to enhance statistical reliability, particularly for smaller communities such as Gila River Indian Community. Additionally, when looking at trends in smaller communities with ACS data, two 5-year periods are used to provide more accurate and dependable estimates with narrower margins of error. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report. Additionally, reliable data for some small sub-populations, such as grandparents responsible for their grandchildren, are not available for some regions due to small sample sizes. In cases where data are not available due to sample size limitations, entries will be marked ‘N/A’ and explained with a table or figure note.

Data were provided to First Things First (FTF) by state agencies including the Arizona Department of Health Services (ADHS), the Arizona Department of Education (ADE) and the Arizona Department of Economic Security (DES). In most cases, the data in this report were calculated specifically for the Needs and Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report will use data tailored to the region, but in some cases, there are only county-level or statewide data available to report. This report also includes publicly available data for the state and counties to supplement data received through specific requests, including from state agencies such as the Arizona Department of Commerce’s Office of Economic Opportunity (OEO) and Arizona Department of Child Safety (DCS) semi-annual child welfare reports.

In most tables in this report, the top rows of data correspond to the FTF Gila River Indian Community Region. Not all data are available at the FTF regional level, because not all data sources analyze their data based on FTF regional boundaries. The other table rows present data that are useful for comparison purposes, including Maricopa County, Pinal County, all Arizona reservations combined, the state of Arizona and national estimates or targets where available. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation "N/A." State agencies have varying policies about reporting small values. Entries such as "<11" are used when the count is too small to be reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as "1 to 9" because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of "DS" indicate that data have been suppressed and we are unable to provide a useful range of possible values. Additional data tables, beyond those included in the body of the report, can be found in Appendix 1.

EXECUTIVE SUMMARY

The Gila River Indian Community Region encompasses portions of both Maricopa and Pinal Counties. Established in 1859, the Gila River Indian Reservation is home to the Akimel O'otham (Pima) and Pee Posh (Maricopa) tribes, organized into seven districts. Prominent communities within the region include Sacaton (the governmental seat), Casa Blanca, Blackwater, Komatke, Maricopa Colony, Stotonic Village, Gila Crossing, and Sacaton Flats Village.

Population Characteristics

Population Growth. According to the 2020 U.S. Census, the Gila River Indian Community Region had a total population of 14,053, including 1,424 young children (birth to age 5). **A notable finding is the higher proportion of households with young children (25%) in the region compared to all Arizona reservations combined (20%), Maricopa County (14%), Pinal County (14%), and the state (13%).** Between 2010 and 2020, the region's overall population increased by 20%, aligning more closely with growth trends in Maricopa County (+16%) and Pinal County (+13%), in contrast to a 3% decline observed across all Arizona reservations combined. While the population of young children (birth to age 5) in the region decreased by 7%, this was less pronounced than the 26% decrease seen across all Arizona reservations combined.

Race/Ethnicity and Languages Spoken. The majority of residents, including young children, in the region identify as American Indian. **Significantly, 1 in 6 (16%) individuals speak a language other than English or Spanish at home, with the majority likely speaking Akimel O'otham or Pee Posh.**

Living Arrangements for Young Children. **A key demographic characteristic is that the majority of young children (birth to age 5) in the Gila River Indian Community Region live in a household with one unmarried parent (61%).** This proportion is slightly smaller than that seen across all Arizona reservations combined (65%) but notably higher than in Maricopa County (36%), Pinal County (33%), and the state (37%). A smaller proportion (21%) live with two married parents, and approximately 1 in 5 (18%) live with relatives other than parents. New 2020 Census data indicates that 31% of households with children previously classified as single-parent are actually led by cohabitating, unmarried couples. Of households with children aged birth to 17, 32% are led by a married couple, 21% by a cohabitating but unmarried couple, 10% by a single male, and 37% by a single female.

Nearly half (48%) of young children (birth to age 5) in the region live in a grandparent's household, a slightly larger proportion than seen across all Arizona reservations (43%). This figure includes multigenerational households where grandparents may or may not be directly responsible for child-rearing, and parents may or may not also reside in the household. Furthermore, **a larger proportion of grandparents in the region (31%) are living with grandchildren (birth to age 17) without a parent also present in the household,** compared to all Arizona reservations (14%). An

estimated 735 grandparents in the region are responsible for grandchildren under 18. In 42% of these households, the parent is not present, a larger proportion than seen across all Arizona reservations (30%). The majority of these grandparents are female (65%), and 41% are in the labor force, highlighting a significant need for childcare services for their grandchildren while they are working.

Economic Circumstances

Income, Poverty and Employment. The median family income in the region ($26,600) is substantially lower than county and state levels. **Poverty rates are high, with 51% of young children living in poverty in the region, though this rate has decreased by 13% in recent years.** Unemployment (9%) is lower than all Arizona reservations combined but higher than county and state averages. It is also important to note that traditional subsistence-based activities, such as hunting, gathering, farming, and ranching, are crucial cultural practices that contribute to families' basic needs but are not captured in standard poverty measures.

Sixty-two percent of young children (birth to age 5) in the Gila River Indian Community Region live in a household where at least one parent is in the labor force. This compares to 65% across all Arizona reservations and 92% in both Maricopa and Pinal counties. **Approximately 47% of young children in the region live in households where all parents are in the workforce, underscoring the likely need for some form of child care.** This includes children in households with a single parent in the labor force (41%) and those in dual-earner households (6%).

Public Assistance. **Participation in programs like TANF and SNAP is notably higher than state averages.** In SFY 2022, 7% of young children (birth to age 5) and 7% of families with young children in the region participated in TANF. These rates are significantly higher than those in Maricopa County (both 2%), Pinal County (both 3%), and the state (both 3%), indicating that a greater proportion of families with young children experiencing poverty in the region accessed necessary financial assistance. Supplemental Nutrition Assistance Program (SNAP) participation among young children and families with young children in the Gila River Indian Community Region has steadily declined since SFY 2018, mirroring statewide trends. In SFY 2022, 1,087 families with young children and 667 young children in the region participated in SNAP.

Educational Indicators

Educational Attainment of Adults. Among adults in the Gila River Indian Community Region, 70% have at least a high school education. This proportion is smaller than seen across all Arizona reservations (77%), Maricopa County (89%), Pinal County (88%), and Arizona (88%). In both 2020 and 2021, approximately half of births in the region (51% and 46%, respectively) were to mothers who had at least a high school education.

Education in the Region. The region has various educational institutions, including Arizona Department of Education (ADE) schools, Bureau of Indian Education (BIE) schools, and schools chartered by the Community. **A concerning finding is that chronic absenteeism at Sacaton**

Elementary School more than doubled between the 2019-20 and 2021-22 school years. While rates also increased at county and state levels, they remained significantly lower, with closer to a third of students considered chronically absent in Maricopa County (33%), Pinal County (34%), and Arizona (34%) in 2021-22. Chronic absenteeism data for other schools in the community were unavailable.

Standardized test scores for English Language Arts and Math were generally lower than county and state averages for American Indian students. The 4-year graduation rate at Skyline Gila River was 41% in 2022, which is lower than other areas. However, **a positive finding is that the 5-year graduation rate at Skyline Gila River exceeded the statewide rate for American Indian students.**

Early Learning

Preschool Enrollment. Between 2012–2016 and 2017–2021, **preschool enrollment for children ages 3–4 in the Gila River Indian Community Region dropped from 42% to 33%** (ACS). The region provides a variety of early care and education options, including tribally operated centers, Head Start/Early Head Start, Family and Child Education (FACE) programs, and off-reservation child care services.

Cost of Child Care. Without support, **child care costs consume a larger share of median family income** in the region compared to nearby counties and the state, due largely to the region's lower median family income. To address this, child care assistance is offered through the Early Education Child Care Center (EECC) with funding from the Tribal Child Care and Development Fund (CCDF) and First Things First Quality First Scholarships.

Several early learning programs are available **free-of-cost**, including Head Start, FACE, St. Peter Indian Mission School's preschool (funded by the Gila River Indian Community), and Sacaton Elementary's preschool program for children with special needs. While few families accessed DES child care assistance between 2019 and 2022, it remains an additional support resource for families meeting the eligibility requirements.

Access to Quality Early Learning. In 2023, **five Quality First providers in the region enrolled 116 young children**. All sites achieved a **3- to 5-star rating**, indicating high quality, and included:

- Two Gila River Indian Community Head Start centers
- Sacaton Elementary Preschool
- Blackwater Community School Preschool
- Early Education Child Care Center (EECC)

However, **fewer than 10 children (about 7% of enrollees)** received Quality First Scholarships in 2023.

DES defines quality environments as providers with a 3–5 star Quality First rating, national accreditation, or CDA credential for family child care providers. In 2022, **79% of young children in the region were enrolled in quality environments**.

Early Intervention and Special Education. In FFY 2021–2022, **41% of Arizona Early Intervention Program (AzEIP) referrals for children birth to age 2** came from public health/social services—unlike most regions where physician and parent referrals dominate. Of referred children, **39% were eligible** (22% received services), but over one-third had **no contact** - meaning that a service coordinator made multiple attempts to contact a child's family but was unsuccessful. From 2018–2022, both AzEIP referrals and eligibility for children **dropped by half** (from 47 children to 24).

The number of children birth to age 2 receiving AzEIP and/or DDD services fell sharply—from 41 in FY 2019 to 10 in FY 2022—meaning only **1.6% of children in this age group received services** in SFY 2022, compared to 2.6% statewide.

Special education enrollment trends were also notable:

- **Preschool special education enrollment** dropped by over **75%** (from 42 in SFY 2019 to under 11 in SFY 2021–2022), compared to a 20% statewide decline.
- Diagnoses among preschoolers included **developmental delay (43%)**, preschool severe delay (42%), and speech/language impairment (15%).
- For K–3rd graders, enrollment declined from 72 in SFY 2018 to 34 in SFY 2022, while statewide rates increased. Developmental delay was the most common diagnosis (**48%**), nearly double the rates in Maricopa, Pinal, and statewide.

Child Health

Health Insurance. The region has **higher uninsured rates** than other Arizona reservations—**35% of young children lack health insurance**, although this count includes children with IHS access.

Other key health indicators include:

- **Immunization rates** for children enrolled in child care and kindergarten often exceeded both state averages and Healthy People 2030 targets.
- Birth payment sources remained stable: roughly half by AHCCCS and one-third by IHS, compared to 70% and 16–22% respectively for all Arizona reservations combined.
- In 2021, **57.9% of mothers** began prenatal care in the first trimester; **9% received no prenatal care**.
- **Low birthweight rates declined** from 9.8% (2018) to 7.3% (2022), surpassing Maricopa County and statewide averages by 2021.
- **Preterm births were cut in half**, from 21.3% (2018) to 10.5% (2022), though still above the Healthy People 2030 target (9.4% or less).
- Teen births remain significantly higher than state rates—**13% of births in 2020** were to mothers under 20, more than double the statewide rate, with births to mothers under 18 reaching **5.5% in 2022** compared to 1.1% statewide.

Health Care Services. **Health care access** is provided through Gila River Health Care (GRHC), which operates:

- Hu Hu Kam Memorial Hospital
- Komatke Health Center
- Ak-Chin Clinic
- Hau'pal (Red Tail Hawk) Health Center
- Skilled nursing and dialysis facilities
- Five behavioral health service locations
- Mobile pediatric dental and medical units

Family Support and Literacy

The Gila River Indian Community offers **comprehensive home visitation and family support services**:

- **Baby Smarts** (First Things First funded): Provides parent coaching on early childhood development, literacy, safe sleep, and car seat use, plus assistance accessing AHCCCS and WIC. This is in addition to the FACE and Head Start programs noted earlier that also utilize a family-centered approach in their programming.
- **Public Health Nursing Home Visits**: Serve members of the Gila River and Ak-Chin Indian Communities across all ages.

The **Children in Crisis Coalition**, led by Children's Court judges and convened by First Things First, works to:

- Reduce child abuse/neglect recurrence
- Monitor case plans and out-of-home placements
- Implement trauma-informed practices

Three Precious Miracles (TPM), a nonprofit, supports Native American children in foster care or kinship care by providing essential resources and offering cultural training to non-Native foster families.

THE GILA RIVER INDIAN COMMUNITY REGION

When First Things First (FTF) 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 an FTF designated region or elect to be designated as a separate region. The Gila River Indian Community was one of 10 tribes that chose to be designated as its own region. This decision must be ratified every two years, and the Gila River Indian Community has opted to continue to be designated as its own region.

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

Figure 1 shows the geographical area covered by the Gila River Indian Community Region. Additional information is available at the end of this report, including a map and table of the region's zip codes in Appendix 3 and a map and a list of school districts in the region in Appendix 4.

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

Source: 2020 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.

POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Accurate information about the number and characteristics of families allows policy makers and program providers to understand what resources are needed in their communities, including where services should be located and how to tailor offerings to the specific needs of those who are likely to use them.[11, 12, 13, 14] For example, identifying which communities have high numbers of families with young children can facilitate strategic investments in libraries, playgrounds, health care facilities, social services and educational systems, which can help families with young children thrive.[15, 16] Program and policy decisions that are informed by data on the composition of children's home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

2020 Census data and its limitations

The release of 2020 Census data in 2023 provided updated information on the population of Arizona and the nation as a whole. However, the 2020 Census faced unprecedented challenges in conducting an accurate count of the population, the foremost of which included the COVID-19 pandemic and its related disruptions to institutions such as tribal and local governments, schools and health care

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facilities.[17, 18, 19, 20, 21] Overall, data quality reviews of the 2020 Census have concluded that the data are generally reliable and accurate for the overall population; however, specific groups that have been undercounted in the past were again undercounted, this time more severely.[22] Nationwide, American Indians living on reservations were estimated to be undercounted by 5.6% (compared to 4.9% in 2010), and Hispanic or Latino individuals were undercounted by an estimated 5.0% (compared with 1.5% in 2010). Young children birth to age 4 were also undercounted by 3-5% nationwide, meaning that as many as 1 in 20 young children birth to age 4 were missed by the Census.[23] These undercounts are important to keep in mind when using Census data, particularly data for young children and for communities with substantial American Indian and Hispanic or Latino populations. Undercounted communities risk receiving fewer resources for at least the next decade since the decennial census counts are the basis of many federal funding allocations.[24, 25]

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What the Data Tell Us

Population, race and ethnicity

While young children make up a small proportion of the overall population, their well-being has wide-reaching impacts on families, social service systems and the state's future population. Continued investment in children's well-being and the well-being of their families was deemed by the National Academy of Sciences as "the most efficient strategy" for strengthening the future workforce and supporting a thriving community.[26, 27]

Knowing the racial-ethnic composition of communities can inform efforts to ensure equitable access to services and resources. Many racial and ethnic minority groups in the U.S. experience reduced access to health care services, more poverty and housing inequality, poorer living conditions and increased rates of homelessness in comparison to non-Hispanic White Americans.[28, 29, 30, 31] In Native communities, these disparities have been shaped by decades of inequitable federal policies and underinvestment.[32] These inequities result in disproportionately worse overall health as indicated by higher rates of disease and illness, untreated mental and physical health conditions and lower life expectancies within these groups.[33] Understanding a community's racial-ethnic composition is also critical for identifying

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[29] Williams, D. R., & Cooper, L. A. (2019). Reducing racial inequities in health: Using what we already know to take action. *International Journal of Environmental Research and Public Health*, *16*(4), 606. https://doi.org/10.3390/ijerph16040606

[30] Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. (2021). Racial inequality and homelessness: Findings from the SPARC study. *The ANNALS of the American Academy of Political and Social Science, 693*(1), 82-100. https://doi.org/10.1177/0002716221991040

[31] Dean, J., & Cornell Chronicle. (2023, February 16). *'Staggering' disparities: Homelessness risk varies across race*. Cornell University News. Retrieved September 21, 2023 from https://news.cornell.edu/stories/2023/02/staggering-disparities-homelessness-risk-varies-across-race

[32] Lofthouse. (2019). Institutions and Economic Development on Native American Lands. *The Independent Review* , *24*(2), 227–248. Retrieved February 5, 2024 from https://www.independent.org/pdf/tir/tir_24_2_04_lofthouse.pdf

[33] Centers for Disease Control and Prevention. (2023, June 27). *Health Equity: Prioritizing minority mental health*. Retrieved September 21, 2023 from https://www.cdc.gov/healthequity/features/minority-mental-health/index.html

communities facing higher risks from environmental and public health hazards due to historic underinvestment and other factors—as the COVID-19 pandemic made woefully clear.[34]

How the Gila River Indian Community Region is faring

- According to the 2020 U.S. Census, the total population of the Gila River Indian Community Region was 14,053, of whom 1,424 were young children (birth to age 5). One-fourth (25%) of the 3,433 households in the region had one or more young children. The proportion of households with young children in the region was higher than all Arizona reservations combined (20%), Maricopa County (14%), Pinal County (14%) and Arizona (13%) (Table 1).
- According to the Census, between 2010 and 2020 the overall population of the region increased by 20%, more closely following the trends seen in Maricopa County (+16%) and Pinal County (+13%) in contrast to a 3% decline seen across all Arizona reservations. The population of young children (birth to age 5) decreased by 7% in the region, compared to a 26% decrease seen across all Arizona reservations (Table 2 & Figure 2).
- Given that, as previously mentioned in *2020 Census data and its limitations*, American Indians living on reservations and young children (birth to age 4) were specifically found to be substantially undercounted in the 2020 Census (5.6% and 3-5% nationally), a useful way to understand potential undercounting of young children in the Gila River Indian Community Region is to compare 2020 Census data to births by year. Census estimates of the population size of young children by age are, for the most part, higher than the count of births from their likely birth year, indicating that the region may not have been as impacted by the Census undercount as other Native nations. The one potential exception is children under age 1; 214 births occurred in 2020 compared to 174 children under 1 enumerated by the Census (Figure 3).
- Nearly all of the population (95%) in the Gila River Indian Community Region, including young children (97%), identified as American Indian in the 2020 Census. More than one in ten identified as Hispanic or Latino (12% and 13%, respectively), compared to 6% of the overall population and 8% of young children in all Arizona reservations. Smaller proportions in the region identified as Multiracial (2% and 3%), Non-Hispanic White (2% and 1%) or Black or African American (1% and 2%) (Figure 4 & Figure 5).

[34] Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2020). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases, 72*(4), 703–706. https://doi.org/10.1093/cid/ciaa815

Table 1. Population and households in the 2020 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
Gila River Indian Community Region	**14,053**	**1,424**	**3,433**	**860**	**25%**
All Arizona Reservations	173,499	15,140	50,362	10,167	20%
Maricopa County	4,420,568	310,813	1,643,579	222,016	14%
Pinal County	425,264	29,672	146,663	20,864	14%
Arizona	7,151,502	480,744	2,705,878	345,601	13%
United States	331,449,281	22,401,565	126,817,580	16,429,111	13%

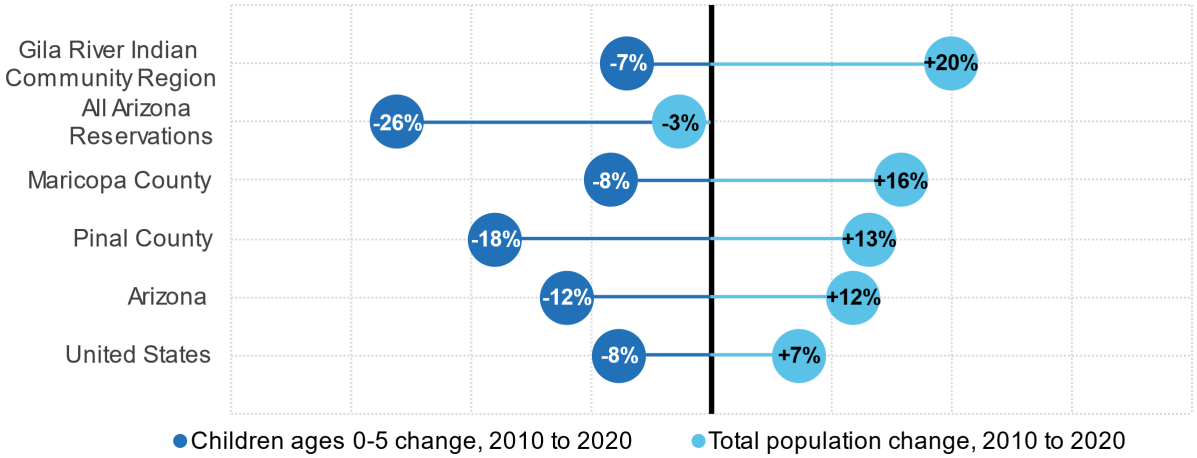
Source: U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic & Housing Characteristics (DHC), Tables P1, P14, P20 & HCT3

Table 2. Change in the total population and population of children ages 0-5, 2010 to 2020 Census

	Total population			Population (Ages 0-5)		
Geography	2010	2020	% Change 2010 to 2020	2010	2020	% Change 2010 to 2020
Gila River Indian Community Region	**11,712**	**14,053**	**+20%**	**1,530**	**1,424**	**-7%**
All Arizona Reservations	178,131	173,499	-3%	20,511	15,140	-26%
Maricopa County	3,817,117	4,420,568	+16%	339,217	310,813	-8%
Pinal County	375,770	425,264	+13%	36,181	29,672	-18%
Arizona	6,392,017	7,151,502	+12%	546,609	480,744	-12%
United States	308,745,538	331,449,281	+7%	24,258,220	22,401,565	-8%

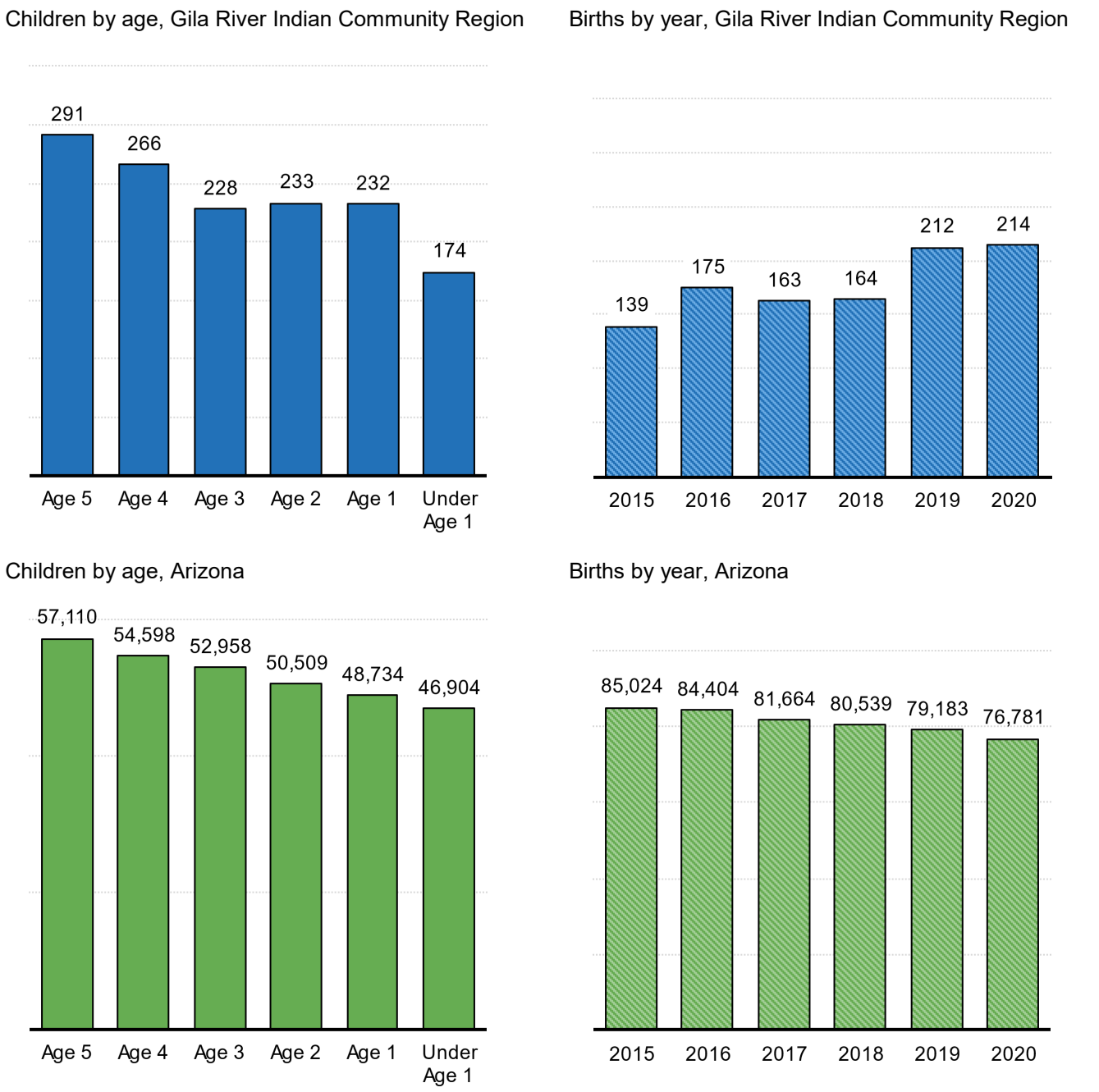
Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

Figure 2. Change in the total population and population of children ages 0-5, 2010 to 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

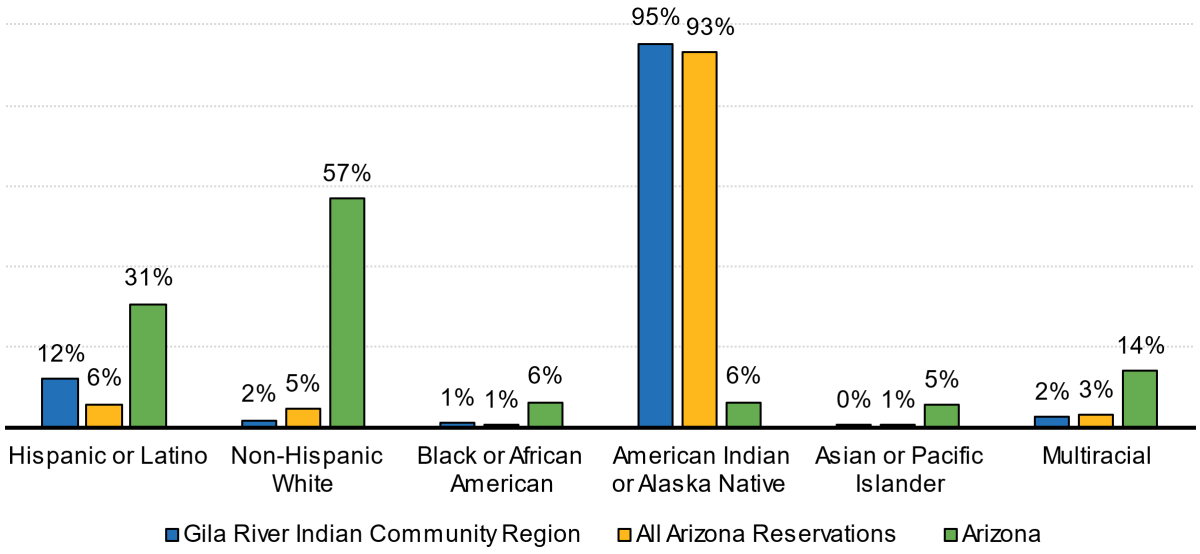
Figure 3. Children by single year of age in the 2020 Census compared to recent birth numbers in the region (2015 to 2020)



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data. U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P14, P20.

Note: Looking at these two figures allows a comparison of 2020 Census estimates (left) of the population size of young children by age with the count of births from their likely birth year (right) to try to understand further how much the Census may have undercounted young children.

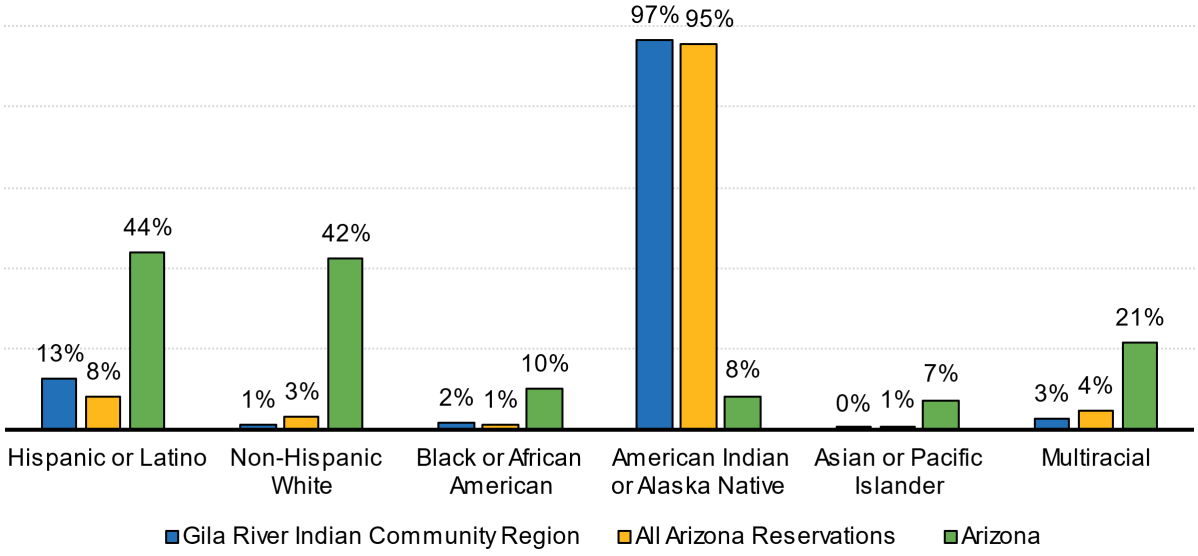
Figure 4. Race and ethnicity of the population of all ages, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

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

Figure 5. Race and ethnicity for children birth to age 4, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

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

Language use

Language provides an important connection to family, community and culture. Arizona is home to many sovereign tribal nations whose Native languages are a vital cultural strength. Language preservation and revitalization are critical to safeguarding traditional knowledge and promoting Indigenous self-determination, social unity and educational equity.[35, 36, 37] Unfortunately, the latest estimates for Native language use in Arizona from the American Community Survey point to a sharp decline in the number of speakers of native languages between 2019 and 2021. While the population of English-only speakers rose 0.3% between 2019 and 2021, the population of speakers of Native North American languages

[35] United Nations Department of Economic and Social Affairs. (February 2023). *Why Indigenous languages matter: The International Decade on Indigenous Languages 2022-2032. Future of the World Policy Brief No. 151*. Retrieved February 5, 2024 from https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB151.pdf

[36] McCarty, T.L. (2021). The holistic benefits of education for Indigenous language revitalisation and reclamation (ELR^2). *Journal of Multilingual and Multicultural Development, 42*(10), 927-940. https://doi.org/10.1080/01434632.2020.1827647

[37] U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). *Native languages.* Retrieved February 5, 2024 from http://www.acf.hhs.gov/programs/ana/programs/native-language-preservationmaintenance

other than Navajo[38] declined by an estimated 27% (from over 30,000 to about 22,500).[39] This decrease reflects the devastating losses that Native communities experienced during the COVID-19 pandemic.[40,41] These deaths, especially among Native elders, signify a loss of life and of traditional knowledge, cultural history and language.[42,43] Ongoing support for cultural preservation and language revitalization continues to be a critical need for Native communities in Arizona.

Mastery of more than one language is also an asset in school readiness and academic achievement and may offer cognitive and social-emotional benefits in early school experiences and across one's lifetime.[44, 45, 46, 47, 48] However, families with lower English proficiency may also face barriers to accessing information about health care and other services or engaging with their children's teachers. Children who do not yet have a full grasp of English may also experience difficulties in school,

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[38] The population of Navajo speakers declined by an estimated 13% (from over 90,000 to about 78,000) in Arizona between 2019 and 2021

[39] First Things First (2023). *2023 Building brighter futures: Arizona's early childhood opportunities report*. Retrieved February 5, 2024 from https://www.firstthingsfirst.org/wp-content/uploads/2023/12/State-Needs-and-Assets-Report-2023.pdf

[40] Leggat-Barr, K., Uchikoshi, F., & Goldman, N. (2021). COVID-19 risk factors and mortality among Native Americans. *Demographic Research, 45*, 1185-1218. https://doi.org/10.1101/2021.03.13.21253515

[41] Akee, R., & Reber, S. (2022, March 9). *American Indians and Alaska Natives are dying of COVID-19 at shocking rates.* Brookings. Retrieved August 7, 2023 from https://www.brookings.edu/articles/american-indians-and-alaska-natives-are-dying-of-covid-19-at-shocking-rates/

[42] Healy, J., & Blue, V. J. (2021, January 12). *Tribal elders are dying from the pandemic, causing a cultural crisis for American Indians.* The New York Times. https://www.nytimes.com/2021/01/12/us/tribal-elders-native-americans-coronavirus.html

[43] Fonseca, F., & Sullivan, T. (2020, May 12). *'The grief is so unbearable': Virus takes toll on Navajo*. PBS NewsHour. Retrieved August 21, 2023, from https://www.pbs.org/newshour/health/the-grief-is-so-unbearable-virus-takes-toll-on-navajo

[44] U.S. Department of Health and Human Services, Administration for Children and Families, & Office of Head Start. (n.d.). *The benefits of bilingualism*. Retrieved from https://web.archive.org/web/20130228031031/https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/docs/benefits-of-being-bilingual.pdf

[45] National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures.* Washington, DC: The National Academies Press. https://doi.org/10.17226/24677

[46] Grote, K. S., Scott, R. M., & Gilger, J. (2021). Bilingual advantages in executive functioning: Evidence from a low-income sample. *First Language, 41*(6), 677–700. https://doi.org/10.1177/01427237211024220

[47] van den Noort, M., Struys, E., Bosch, P., Jaswetz, L., Perriard, B., Yeo, S., Barisch, P., Vermeire, K., Lee, S., & Lim, S. (2019). Does the bilingual advantage in cognitive control exist and if so, what are its modulating factors? A systematic review. *Behavioral Sciences, 9*(3), 27. http://dx.doi.org/10.3390/bs9030027

[48] Antoniou, M. (2019). The advantages of bilingualism debate. *Annual Review of Linguistics, 5*(1), 395–415. https://doi.org/10.1146/annurev-linguistics-011718-011820

impeding their academic success and resulting in negative health outcomes.[49, 50] Knowing the languages spoken and level of English proficiency in a region can inform the development of resources and services in multiple languages, ensuring that they are accessible to all families.[51, 52]

How the Gila River Indian Community Region is faring

- While more than three-quarters (79%) of individuals in the Gila River Indian Community Region speak only English at home, 1 in 6 (16%) individuals in the region speak a language other than English or Spanish at home, the majority of whom likely speak Akimel O'otham or Pee Posh (Figure 6).[53]
- Of those individuals speaking a language other than English at home, the majority also speak English very well, with 20% of the region proficiently bilingual or multilingual (Figure 7).
- In addition to those who are multilingual, about 2% of households in the Gila River Indian Community Region are considered limited-English-speaking, meaning no one over the age of 13 speaks English very well. While this is a smaller proportion than seen across all Arizona reservations (12%), it points to a potential need for bilingual or multilingual staff and resources to help support families whose first language is not English (Figure 8).[54, 55]
- Very few students in the Gila River Indian Community Region were English Language Learners; in both the 2020-21 and 2021-22 school years, fewer than 11 students were identified as English Language Learners in the region (Table 3).

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[49] Administration for Children & Families. (2016, June 29). *Promoting the development of dual language learners: Helping all children succeed*. U.S. Department of Health and Human Services. Retrieved September 21, 2023 from https://www.acf.hhs.gov/archive/blog/2016/06/promoting-development-dual-language-learners

[50] Robbins, T., Stagman, S., & Smith, S. (2012, October). *Young children at risk: National and state prevalence of risk factors.* National Center for Children in Poverty. Retrieved September 21, 2023 from http://www.nccp.org/publication/young-children-at-risk/

[51] The National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures* (R. Takanishi, & L. Menestrel, Eds.). Washington, DC: The National Academies Press. https://doi.org/10.17226/24677

[52] Administration for Children & Families. (2016, June 29). *Promoting the development of dual language learners: Helping all children succeed*. U.S. Department of Health and Human Services. Retrieved September 21, 2023 from https://www.acf.hhs.gov/archive/blog/2016/06/promoting-development-dual-language-learners

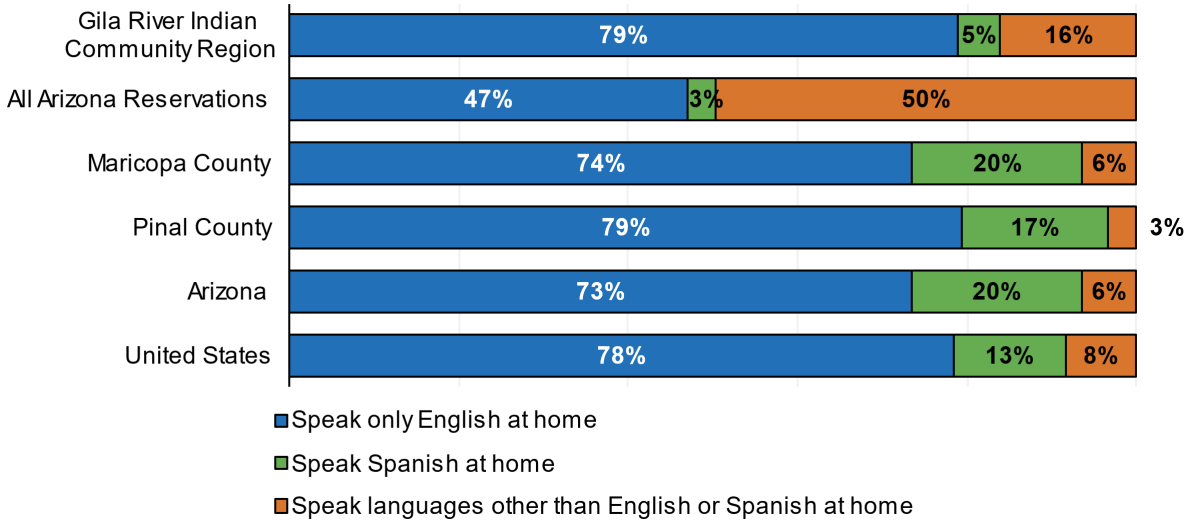
[53] Gila River Indian Community Tribal Education. (2021). About Culture & Language Program. Retrieved October 20, 2022 from https://www.gricted.com/index.php/cultural-program/about-culture-program

[54] National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures* (R. Takanishi, & S. Le, Eds.). The National Academies Press. https://doi.org/10.17226/24677

[55] National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting matters: Supporting parents of children ages 0-8* (V. L. Gadsen, M. Ford, & H. Breiner, Eds.). The National Academies Press. https://doi.org/10.17226/21868

- English Language Learners are identified through the Arizona Department of Education (ADE) Home Language Survey, which asks families about the student's first language and what language is spoken at home most of the time. Statewide, there were fewer than 11 students with reported Pima (Akimel O'otham) language use at home and fewer than 11 students with reported Maricopa (Pee Posh) language use in the 2021-22 school year.[56]

Figure 6. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS

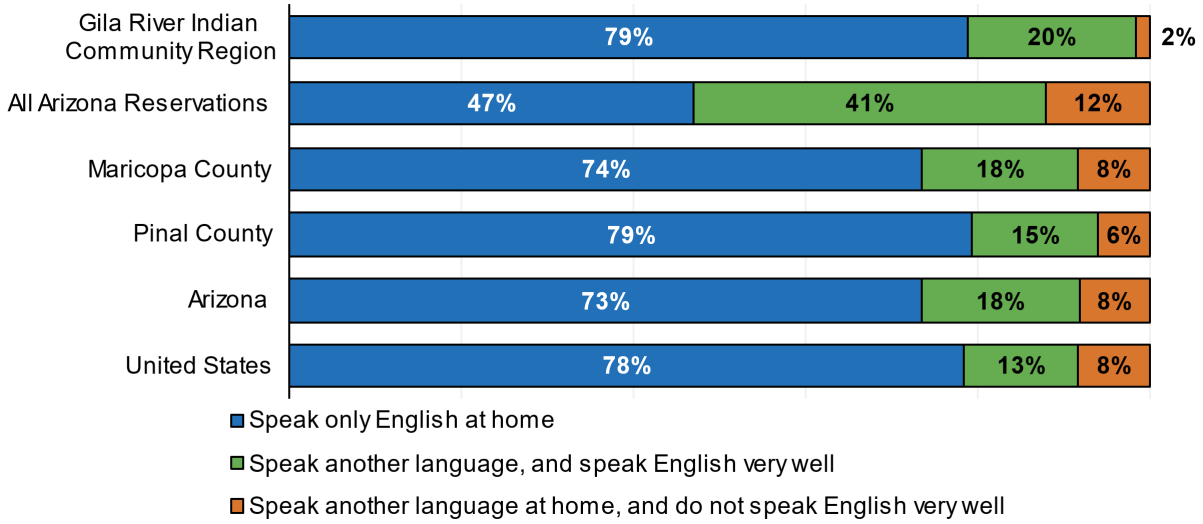


Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

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

[56] Arizona Department of Education (2023). [PHLOTE Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

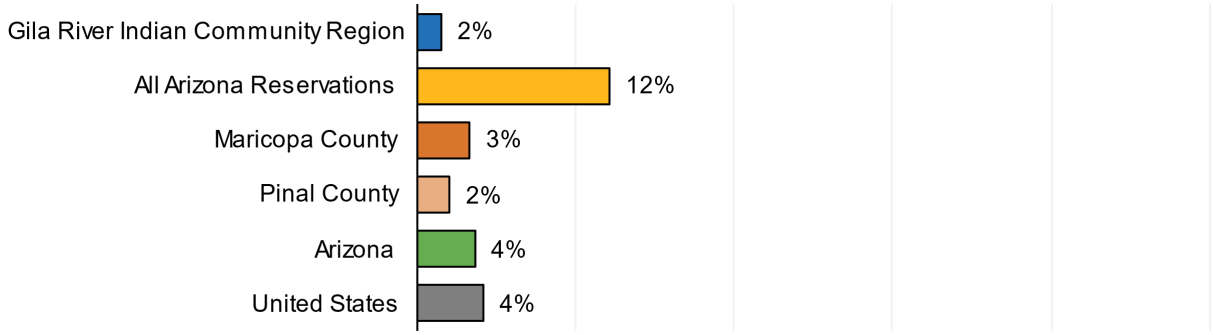
Figure 7. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

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

Figure 8. Share of households that are limited-English-speaking, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16002

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

Table 3. Number of English Language Learners enrolled in all grades, 2020-21 to 2021-22

Geography	Number of PS-12 students who were English Language Learners		Percent of PS-12 students who were English Language Learners	
	2020-21	2021-22	2020-21	2021-22
Gila River Indian Community Region schools	<11	<11	<2%	<2%
Maricopa County schools	57,629	62,074	8%	8%
Pinal County schools	2,358	2,662	5%	5%
Arizona schools	86,405	91,881	8%	8%

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Notes: These data are drawn from Sacaton Elementary District, Akimel O'otham Pee Posh Charter and Skyline Gila River Schools. English Language Learners are students who do not score 'proficient' in the English language based on the Arizona English Language Learning Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition. Legislation in Arizona requires children in Arizona public schools be taught in English, and English Language Learners to attend English immersion programs. Senate Bill 1014 passed in 2019, increased the flexibility districts have in structuring English Language Learners immersion programs, and lessened the duration required of this instruction. For more information see https://www.azed.gov/oelas/structured-english-immersion-models

Family and household composition

Young children in Arizona come from households with many potential compositions, each of which has possible implications for child development.[57, 58, 59] For example, families with two married parents tend to offer stability that promotes child well-being.[60, 61, 62] Single-parent households are common and can be linked to levels of poverty, access to health and education resources and the quality of a child's

[57] Taylor, Z. E., & Conger, R. D. (2017). Promoting strengths and resilience in single-mother families. *Child Development, 88*(2), 350-358. https://doi.org/10.1111/cdev.12741

[58] Pilkauskas, N. V., Amorim, M., & Dunifon, R. E. (2020). Historical trends in children living in multigenerational households in the United States: 1870–2018. *Demography, 57*(6), 2269-2296. https://doi.org/10.1007/s13524-020-00920-5

[59] Gentles-Gibbs, N., & Zema, J. (2020). It's not about them without them: Kinship grandparents' perspectives on family empowerment in public child welfare. *Children and Youth Services Review*, *108*, 104650. https://doi.org/10.1016/j.childyouth.2019.104650

[60] Waldfogel, J., Craigie, T., & Brooks-Gunn, J. (2010). Fragile families and child wellbeing. *The Future of Children, 20*(2), 87–112. https://doi.org/10.1353/foc.2010.0002

[61] Musick, K., & Meier, A. (2010). Are both parents always better than one? Parental conflict and young adult well-being. *Social Science Research, 39*(5), 814–830. https://doi.org/10.1016/j.ssresearch.2010.03.002

[62] Liu, S. H., & Heiland, F. (2012). Should we get married? The effect of parents' marriage on out-of-wedlock children. *Economic Inquiry, 50*(1), 17–38. https://doi.org/10.1111/j.1465-7295.2010.00248.x

interactions with adult caregivers.[63, 64, 65, 66, 67, 68, 69] Multi-generational living, particularly arrangement where grandparents live in the home with children and parents, has long been practiced in some cultures and communities but is becoming increasingly common in U.S. families of all backgrounds.[70, 71, 72, 73] These living arrangements can offer financial and social benefits but also specific stressors, such as

[63] Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children, 15*(2), 75-96. https://www.jstor.org/stable/3556564

[64] Irvin, K., Fahim, F., Alshehri, S., & Kitsantas, P. (2018). Family structure and children's unmet health-care needs. *Journal of Child Health Care, 22*(1), 57-67. https://doi.org/10.1177/1367493517748372

[65] Grafova, I. B., Monheit, A. C., & Kumar, R. (2022). Income shocks and out-of-pocket health care spending: Implications for single-mother families. *Journal of Family and Economic Issues, 43*(3), 489-500. https://doi.org/10.1007/s10834-021-09780-6

[66] Taylor, Z. E., & Conger, R. D. (2014). Risk and resilience processes in single-mother families: An interactionist perspective. In Sloboda, Z. & Petras, H. (Eds.), *Defining prevention science* (pp. 195-217). Springer, Boston, MA. https://doi.org/10.1007/978-1-4899-7424-2_9

[67] Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children's development. *Child Development Perspectives, 12*(3), 152-157. https://doi.org/10.1111/cdep.12275

[68] Coles, R. L. (2015). Single-father families: A review of the literature. *Journal of Family Theory & Review*, *7*(2), 144-166. https://doi.org/10.1111/jftr.12069

[69] Ellis, R. R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012. *Current Population Reports*, pp. 20-576. U.S. Census Bureau. Retrieved August 29, 2023 from https://www.census.gov/library/publications/2014/demo/p20-576.html

[70] Pilkauskas, N. V., Amorim, M., & Dunifon, R. E. (2020). Historical trends in children living in multigenerational households in the United States: 1870–2018. *Demography*, *57*(6), 2269-2296. https://doi.org/10.1007/s13524-020-00920-5

[71] Amorim, M., Dunifon, R., & Pilkauskas, N. (2017). The magnitude and timing of grandparental coresidence during childhood in the United States. *Demographic Research, 37*, 1695–1706. https://doi.org/10.4054/DemRes.2017.37.52

[72] Cohn, D., & Passel, J. S. (2018, April 5). *Record 64 million Americans live in multigenerational households*. Pew Research Center. Retrieved August 16, 2023 from https://www.pewresearch.org/short-reads/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/

[73] Cohn, D., Horowitz, J. M., Minkin, R., Fry, R., & Hurst, K. (2022, March 24). *Financial issues top the list of reasons U.S. adults live in multigenerational homes.* Pew Research Center. Retrieved August 16, 2023 from https://www.pewresearch.org/social-trends/2022/03/24/financial-issues-top-the-list-of-reasons-u-s-adults-live-in-multigenerational-homes/

managing conflicts in parenting styles and family roles.[74, 75 ,76, 77, 78] It is also increasingly common for children to live in kinship care, defined as the care of children by someone other than their parents, such as relatives or close friends.[79, 80, 81] These kinship caregivers, especially grandparents who care for their grandchildren, can face unique challenges, including navigating the logistics of informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and addressing the challenges of being an aging caregiver for a young child.[82, 83, 84, 85]

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[74] Mustillo, S., Li, M., & Wang, W. (2021). Parent work-to-family conflict and child psychological well-being: Moderating role of grandparent coresidence. *Journal of Marriage and Family, 83*(1), 27-39. https://doi.org/10.1111/jomf.12703

[75] Barnett, M. A., Yancura, L., Wilmoth, J., & Sano, Y. (2016). Wellbeing among rural grandfamilies in two multigenerational household structures. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy, 3*(1). Retrieved August 16, 2021 from http://scholarworks.wmich.edu/grandfamilies/vol3/iss1/4

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[77] Augustine, J. M., & Raley, R. K. (2013). Multigenerational households and the school readiness of children born to unmarried mothers. *Journal of Family Issues, 34*(4), 431–459. https://doi.org/10.1177/0192513X12439177

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[81] Rubin, Springer, S. H., Zlotnik, S., Kang-Yi, C. D., Szilagyi, M., Forkey, H., Harmon, D., Jaudes, P., Jones, V. F., Lee, P., Nalven, L., Sagor, L., Schulte, E., & Zetley, L. W. (2017). Needs of kinship care families and pediatric practice. *Pediatrics, 139*(4). https://doi.org/10.1542/peds.2017-0099

[82] Dolbin-MacNab, M. L., & Stucki, B. D. (2015). *Grandparents raising grandchildren*. American Association for Marriage and Family Therapy. Retrieved August 29, 2023 from https://www.aamft.org/Consumer_Updates/grandparents.aspx

[83] Generations United (2011). *Family matters: Multigenerational families in a volatile economy*. Retrieved October 15, 2021 from https://www.gu.org/app/uploads/2018/05/SignatureReport-Family-Matters-Multigen-Families.pdf

[84] Baker, L. A., Silverstein, M., & Putney, N. M. (2008). Grandparents raising grandchildren in the United States: Changing family forms, stagnant social policies. *Journal of Societal & Social Policy*, *7*, 53. Retrieved August 29, 2023 from https://pubmed.ncbi.nlm.nih.gov/20585408/

[85] Chan, K.L., Chen, M., Lo, K.M.C, Chen, Q., Kelley, S., & Ip, P. (2019). The effectiveness of Interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, *29*(6), 607-617. https://doi.org/10.1177/1049731518798470

Though varying from one community to another, multigenerational households and kinship care are common in Native communities.[86, 87] The strengths associated with the extended family structure, including mutual help and respect, can provide family members with a network of support that can be valuable when dealing with socio-economic hardships.[88] Grandparents are often central to these households and care situations, in many cases sharing and strengthening Native language, history and culture.[89, 90]

How the Gila River Indian Community Region is faring

- The majority of young children (birth to age 5) in the Gila River Indian Community Region live in a household with one unmarried parent[91] (61%), a slightly smaller proportion than seen across all Arizona reservations (65%) but notably higher than in Maricopa County (36%), Pinal County (33%) and the state (37%). A smaller proportion live with two married parents (21%) and almost 1 in 5 (18%) live with relatives other than parents, such as grandparents, aunts and uncles (Table 4a). That said, the new 2020 Census classification of households includes co-habitating households resulting in a more nuanced picture of the living arrangements for children in the Gila River Indian Community Region. Thirty-one percent of households with children that would have previously been classified as led by a single male or single female householder are actually led by cohabitating couples who are not married (Table 4b).
- Nearly half (48%) of young children (birth to age 5) in the region live in a grandparent's household, a slightly larger proportion than seen across all Arizona reservations (43%) (Figure

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[90] Byers, L. (2010). Native American grandmothers: Cultural tradition and contemporary necessity. *Journal of Ethnic & Cultural Diversity in Social Work, 19*(4), 305-316. https://doi.org/10.1080/15313204.2010.523653

[91] *Note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category). New data from the 2020 Census (table P20) for children ages 0-17 shows that in the Gila River Indian Community Region, 31% of the children living in households with an unmarried parent are actually living in cohabitating couple families where there are two parents present but they are not married. This means that for children of all ages living with their parents in 2020, 32% were living in households led by married parents, 37% were living in households led by an unmarried (and not cohabitating) mother, 21% were living in households led by cohabitating parents and 10% were living in households led by an unmarried (and not cohabitating) father.*

9). Note that this includes all multigenerational households; the grandparent in these households may or may not be responsible for raising the child, and the child's parent(s) may or may not also be living in the household.

- In addition, a larger proportion of grandparents in the region are living with grandchildren (birth to age 17) without a parent also present in the household (31%) compared to all Arizona reservations (14%) (Figure 10).
- According to ACS data, grandparents are considered responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. An estimated 735 grandparents in the Gila River Indian Community Region are living with and responsible for their grandchildren under 18 years old. In 42% of these households the parent is not living in the household, a larger proportion than seen across all Arizona reservations (30%). The majority of these grandparents are female (65%) and 41% are in the labor force, meaning that they likely need child care for their grandchildren while they are working (Table 5).

Table 4a. Living arrangements for children birth to age 5, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Gila River Indian Community Region	**1,088**	**21%**	**61%**	**18%**	**0%**
All Arizona Reservations	15,661	25%	65%	8%	2%
Maricopa County	320,211	60%	36%	2%	2%
Pinal County	28,405	61%	33%	3%	3%
Arizona	496,219	59%	37%	3%	2%
United States	23,353,556	64%	32%	2%	2%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B05009, B09001, & B17001

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

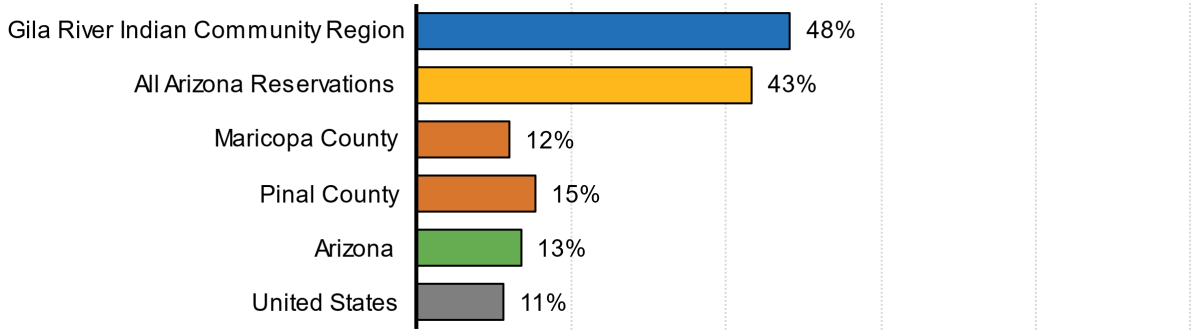
Table 4b. Living arrangements for children birth to age 17, 2020 Census

Geography	Estimated number of households with children (birth to age 17)	Living with two married parents	Living with two co-habitating parents	Living with one parent - mother	Living with one parent - father
Gila River Indian Community Region	**984**	**32%**	**21%**	**37%**	**10%**

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Table P20.

Note: According to new data from the 2020 Census, 31% of households with children that would have previously been classified as led by a single male or single female householder are actually led by cohabitating couples who are not married. Of households led by parents who reside with their children birth to age 17, 32% of these households are led by a married couple, 21% by a cohabitating but unmarried couple, 10% by a single male, and 37% by a single female.

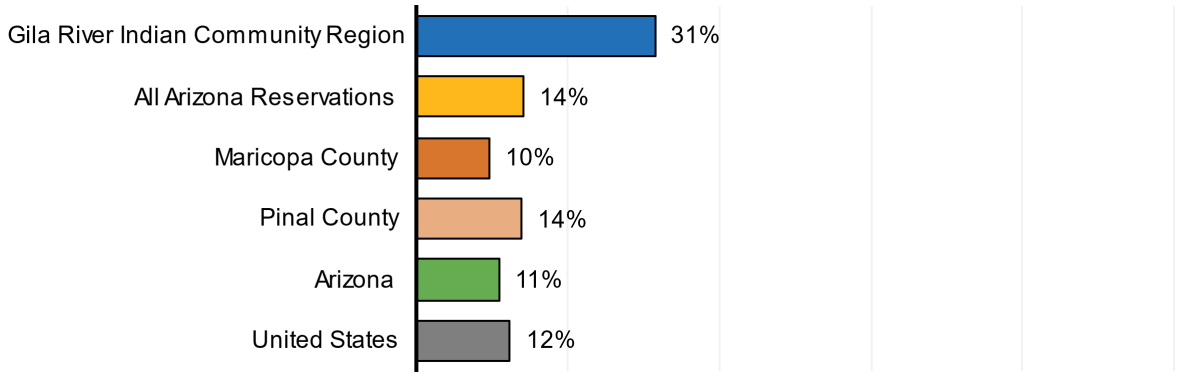
Figure 9. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

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

Figure 10. Percent of grandparents living with their grandchildren birth to age 17 and no parent is present in the household, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B10051, B10054, B10056, & B10059

Table 5. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2017-2021 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who: Do not have the child's parents in the household	Are 60 years old or older	Are female	Do not speak English very well	In labor force	Have an income below the poverty level
Gila River Indian Community Region	**735**	**42%**	**40%**	**65%**	**5%**	**41%**	**27%**
All Arizona Reservations	5,828	30%	49%	67%	18%	44%	36%
Maricopa County	29,827	32%	42%	63%	20%	61%	17%
Pinal County	4,698	34%	45%	56%	10%	58%	23%
Arizona	56,079	33%	45%	62%	21%	57%	21%
United States	2,319,443	38%	47%	63%	14%	56%	18%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B10051, B10054, B10056, B10058, & B10059

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

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

ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

A family's economic stability impacts children's well-being and predicts a variety of health outcomes.[92] Children who grow up in poverty and unstable economic conditions are more likely to face negative effects on their cognitive, behavioral, social and emotional development compared to those in stable economic environments.[93, 94, 95, 96, 97] The challenges they face may continue into adulthood, and such difficulties can be passed on to the next generation.[98, 99, 100] Poverty also affects children by straining parental well-being and parent-child interactions. Stressors related to poverty, like unemployment, food and housing insecurity and poor mental and physical health, make it difficult for caregivers to provide the necessary support for children's optimal development.[101] In light of these broad impacts, economic

[92] National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25246

[93] Ratcliffe, C., & McKernan, S. (2012). *Child poverty and its lasting consequences. Low-Income Working Families Series*. The Urban Institute. Retrieved August 17, 2023 from https://www.urban.org/sites/default/files/publication/32756/412659-Child-Poverty-and-Its-Lasting-Consequence.PDF

[94] Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development, 81*(1), 306-325. Retrieved August 22, 2023 from https://doi.org/10.1111/j.1467-8624.2009.01396.x

[95] Murphey, D., & Redd, Z. (2014, January 8). *5 ways poverty harms children*. Child Trends. Retrieved August 21, 2023 from https://www.childtrends.org/publications/5-ways-poverty-harms-children

[96] Healthy People 2030. (n.d.) *Economic stability.* Office of Disease Prevention and Health Promotion. Retrieved August 16, 2023 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability

[97] Ascend at the Aspen Institute. (2019, April 1). *Family economic stability: Work supports and tax credits*. Robert Wood Johnson Foundation. Retrieved August 22, 2023 from https://www.rwjf.org/en/insights/our-research/2019/04/family-economic-stability.html

[98] Wagmiller, R., & Adelman, R. (2009). *Children and intergenerational poverty: The long-term consequences of growing up poor.* National Center for Children in Poverty. Retrieved August 22, 2023 from http://www.nccp.org/publication/childhood-and-intergenerational-poverty/

[99] Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development, 81*(1), 306-325. Retrieved August 22, 2023 from https://doi.org/10.1111/j.1467-8624.2009.01396.x

[100] National Academies of Sciences, Engineering, and Medicine (2023). *Reducing intergenerational poverty*. Washington, DC: The National Academies Press. https://doi.org/10.17226/27058

[101] Office of Family Assistance. (2016). *TANF-ACF-IM-2016-03 (Strengthening TANF outcomes by developing two-generation approaches to build economic security).* U.S. Department of Health and Human Services. Retrieved August 18, 2023 from https://www.acf.hhs.gov/ofa/policy-guidance/tanf-acf-im-2016-03

stability is a key social determinant of health and is included as a domain in the Healthy People 2030 Objectives.[102]

Economic circumstances in tribal communities have been shaped by a long history of inequitable policies and federal investment.[103, 104] The resulting economic disparity between Native and non-Native communities affects rates of employment, poverty, food security and housing stability. Especially since the passing of the Indian Self-Determination and Education Assistance Act in 1975, which gave tribes greater autonomy in administering federally-funded programs and services, tribal governments have invested in community and economic development opportunities such as health care, manufacturing, forestry, fisheries, gaming and resorts to strengthen the economic conditions of their people.[105]

What the Data Tell Us

Income and poverty

Poverty is associated with reduced access to nutrition, green space and health care and greater exposure to psychosocial stress and environmental toxins, factors that can both directly and indirectly hinder children's growth and brain development and their lifelong well-being.[106, 107, 108, 109, 110] Economic hardship is included in some definitions of adverse childhood experiences (ACEs), and children living in poverty experience other non-economic ACEs, such as parental divorce or separation, exposure to violence, parental incarceration and living with someone with mental illness or a substance use disorder,

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[102] *For more information on the Economic Stability Healthy People 2030 Objectives please see* https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability

[103] Cornell, S., & Kalt, J.P. (2010). *American Indian self-determination: The political economy of a successful policy. JOPNA Working Papers*. Harvard University. Retrieved February 5, 2024 from http://nrs.harvard.edu/urn-3:HUL.InstRepos:4553307

[104] Lofthouse, J. K. (2019). Institutions and economic development on Native American lands. *The Independent Review*, *24*(2), 227–248. Retrieved February 6, 2024 from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3503072

[105] Ibid.

[106] Luby, J. L., Constantino, J. N., & Barch, D. M. (2022). Poverty and the developing brain. *Cerebrum*. Retrieved August 22, 2023 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9224364/pdf/cer-04-22.pdf

[107] Murphey, D., & Redd, Z. (2014, January 8). *5 ways poverty harms children.* Child Trends. Retrieved August 21, 2023 from https://www.childtrends.org/publications/5-ways-poverty-harms-children

[108] Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. *JAMA Pediatrics*, *169*(9), 822–829. https://doi.org/10.1001/jamapediatrics.2015.1475

[109] McLoyd, V. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53(2*), 185-204. https://doi.org/10.1037/0003-066X.53.2.185

[110] Ratcliffe, C., & McKernan, S. (2012). *Child poverty and its lasting consequences*. *Low-Income Working Families Series*. The Urban Institute. Retrieved August 17, 2023 from https://www.urban.org/sites/default/files/publication/32756/412659-Child-Poverty-and-Its-Lasting-Consequence.PDF

at higher rates than children in higher income households.[111, 112] Given the many negative effects of poverty on child development, programs that alleviate poverty through providing cash assistance or food, housing or health care assistance can improve child well-being.[113]

The Temporary Assistance for Needy Families Cash Assistance Program (TANF)[114] 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.[115] In recognition of tribal sovereignty, federally recognized tribes have the option to administer their own TANF programs.

How the Gila River Indian Community Region is faring

- Across all household types for which data are available, the median family income in the Gila River Indian Community Region is lower than that seen at the county and state level. The median annual income for all families with children (birth to age 17) in the region is $26,600, compared to $81,300 in Maricopa County, $73,500 in Pinal County and $75,100 in Arizona. While single-male-headed families with children in the region have the highest median annual income ($40,500) of all family types, the notably lower median annual income of single-male-headed families and single-female-headed families ($20,800) in the region compared to median incomes at the county and state level points to the additional financial stress experienced by the large proportion of single-parent households in the region (Figure 11 & Table 6).
- Forty-one percent of the overall population and more than half (51%) of young children (birth to age 5) in the Gila River Indian Community Region live in poverty, rates that are slightly above those seen across all Arizona reservations (37% and 48%, respectively) and well above those seen in Maricopa County (12% and 18%), Pinal County (11% and 16%) and Arizona (13% and 20%) (Figure 12).
- According to American Community Survey five-year estimates, rates of poverty among young children in the Gila River Indian Community Region have decreased markedly (-13%) in recent years, from 64% in 2012-2016 to 51% in 2017-2021. This aligns with declining poverty rates

[111] Crouch, Probst, J. C., Radcliff, E., Bennett, K. J., & McKinney, S. H. (2019). Prevalence of adverse childhood experiences (ACEs) among US children. *Child Abuse & Neglect, 92*, 209–218. https://doi.org/10.1016/j.chiabu.2019.04.010

[112] McEwen, C. A., & Gregerson, S. F. (2019). A critical assessment of the Adverse Childhood Experiences Study at 20 years. *American Journal of Preventive Medicine*, *56*(6), 790–794. https://doi.org/10.1016/j.amepre.2018.10.016

[113] National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty.* Washington, DC: The National Academies Press. https://doi.org/10.17226/25246

[114] *For more information see:* https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf *and* https://des.az.gov/ca

[115] United States Government. (n.d.). *Welfare benefits or Temporary Assistance for Needy Families (TANF).* Retrieved September 27, 2023 from https://www.usa.gov/welfare-benefits

seen among young children during this same time period across all Arizona reservations (-6%), Maricopa County (-8%), Pinal County (-10%), Arizona (-8%) and the U.S. (-6%) (Figure 13).

- The large majority (82%) of young children in the Gila River Indian Community Region live in households with incomes under 185% of the federal poverty level (FPL), a commonly used threshold for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals. In 2021, the 185% FPL threshold for a family of two adults and two children was $50,836; for a single parent with one child, it was $34,552 (Figure 14).
- While the proportion of young children living below 185% FPL is larger in the region (82%) than all Arizona reservations (70%), a smaller proportion of young children in the region live in "deep poverty" (defined as below 50% FPL) (16%) compared to young children in all Arizona reservations (27%). The region has higher rates of deep poverty than those seen at the county (both 7%), state (9%) and national level (9%) (Figure 14). Though income is one important way to measure whether families can meet their basic needs, in Native communities, subsistence-based activities, such as hunting, gathering, farming and ranching, are important cultural practices that can also meet families' basic needs and are not captured in standard poverty measures.[116]
- In the Gila River Indian Community Region, the TANF program is managed by the Arizona Department of Economic Security (DES). Between state fiscal years (SFYs) 2018 and 2022, the number of young children (birth to age 5) and families with young children receiving TANF in the region decreased by one-third, mirroring a decline seen across the state (Figure 15).
- In SFY 2022, 7% of young children (birth to age 5) and 7% of families with young children in the region participated in TANF. These participation rates are notably higher than those seen in Maricopa County (both 2%), Pinal County (both 3%) and Arizona (both 3%), meaning a larger proportion of families with young children experiencing poverty in the region accessed needed financial assistance (Table 7 & Table 8).

[116] Gall, A., Anderson, K., Howard, K., Diaz, A., King, A., Willing, E., Connolly, M., Lindsay, D., & Garvey, G. (2021). Wellbeing of Indigenous peoples in Canada, Aotearoa (New Zealand) and the United States: A systematic review. *International Journal of Environmental Research and Public Health*, *18*(11), 5832. https://doi.org/10.3390/ijerph18115832

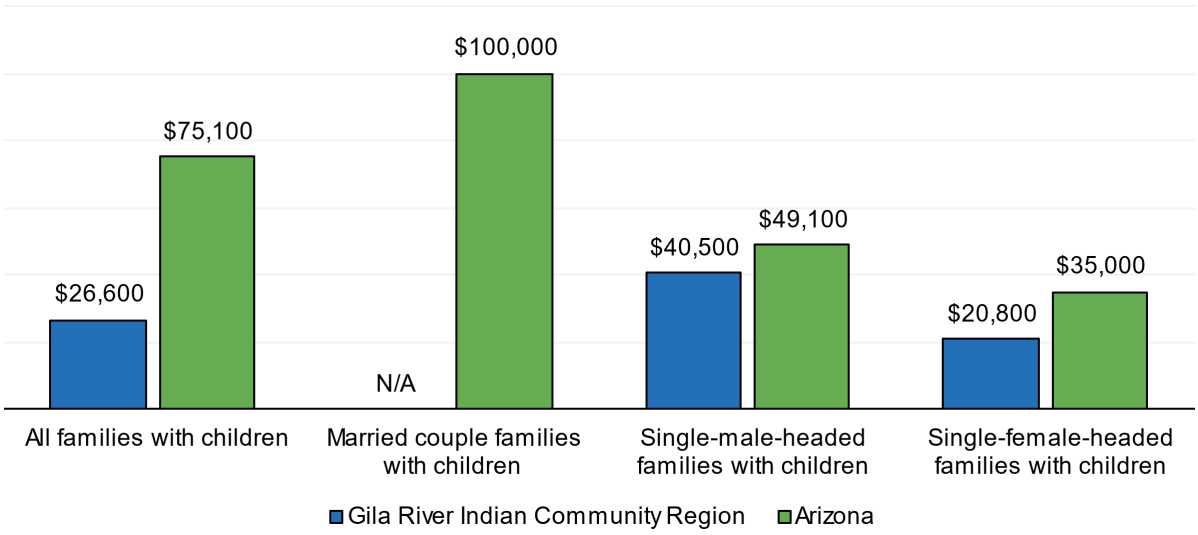
Table 6. Median annual family income, 2017-2021 ACS

Geography	Median annual income for all families	Median annual income for all families with children under 18 years old	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Gila River Indian Community Region	**$38,900**	**$26,600**	**N/A**	**$40,500**	**$20,800**
All Arizona Reservations	*No data available for All Arizona Reservations*				
Maricopa County	$85,900	$81,300	$106,700	$54,200	$38,300
Pinal County	$74,100	$73,500	$90,500	$50,900	$39,000
Arizona	$78,800	$75,100	$100,000	$49,100	$35,000
United States	$85,000	$82,800	$110,000	$50,900	$32,600

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median.

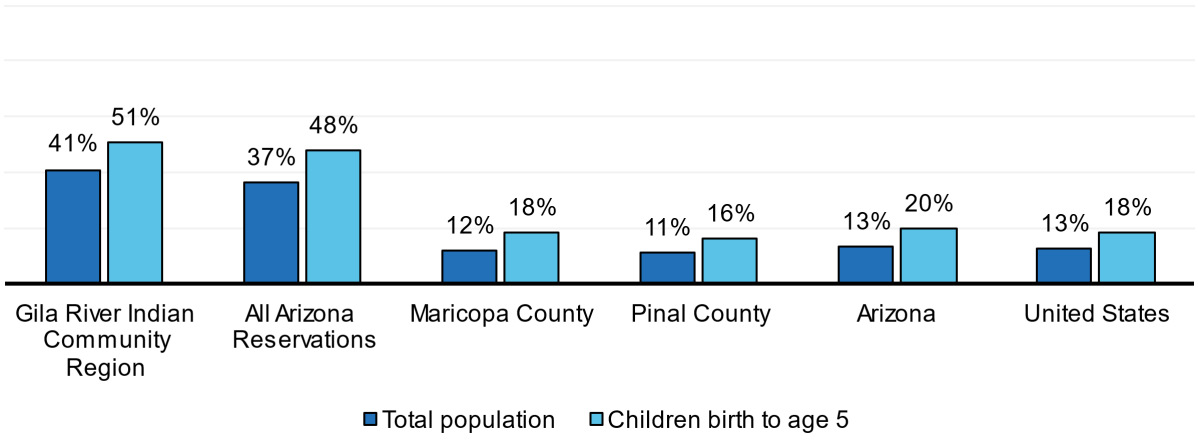
Figure 11. Median family income for families with children birth to age 17, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126

Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children birth to age 17. A reliable estimate of median income for single-female-headed households was not available from the ACS due to sample size limitations. Note that median income estimates are not available for All Arizona Reservations.

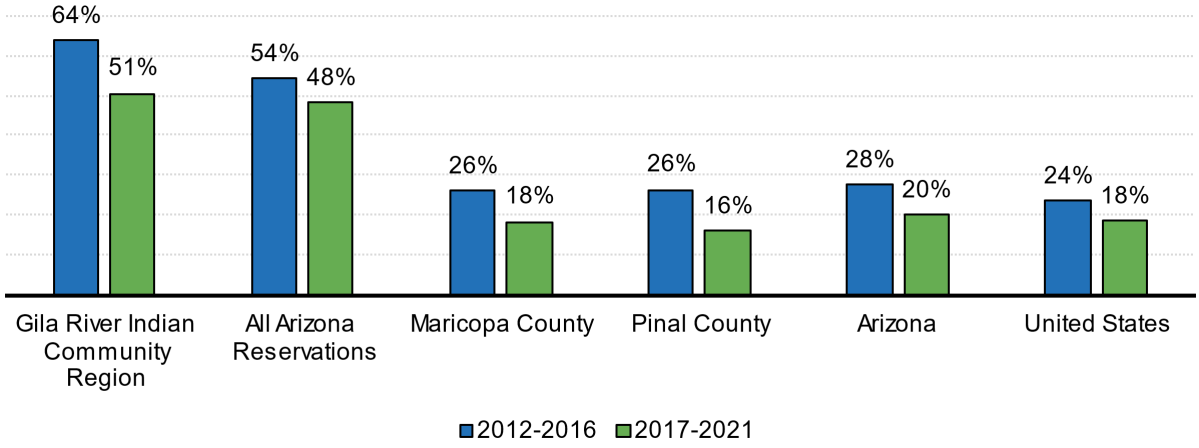
Figure 12. Rates of poverty for persons of all ages and for children birth to age 5, 2017-2021 ACS



Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2017-2021, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677.

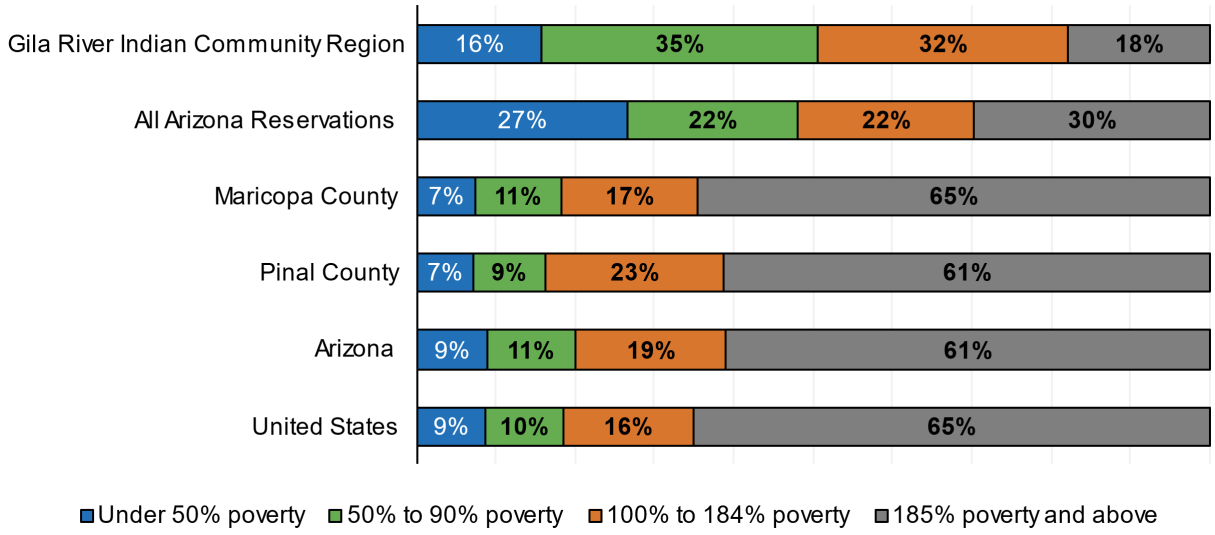
Figure 13. Rates of poverty for children birth to age 5, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17001. U.S. Census Bureau. (2017). American Community Survey five-year estimates 2012-2016, Table B17001.

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677.

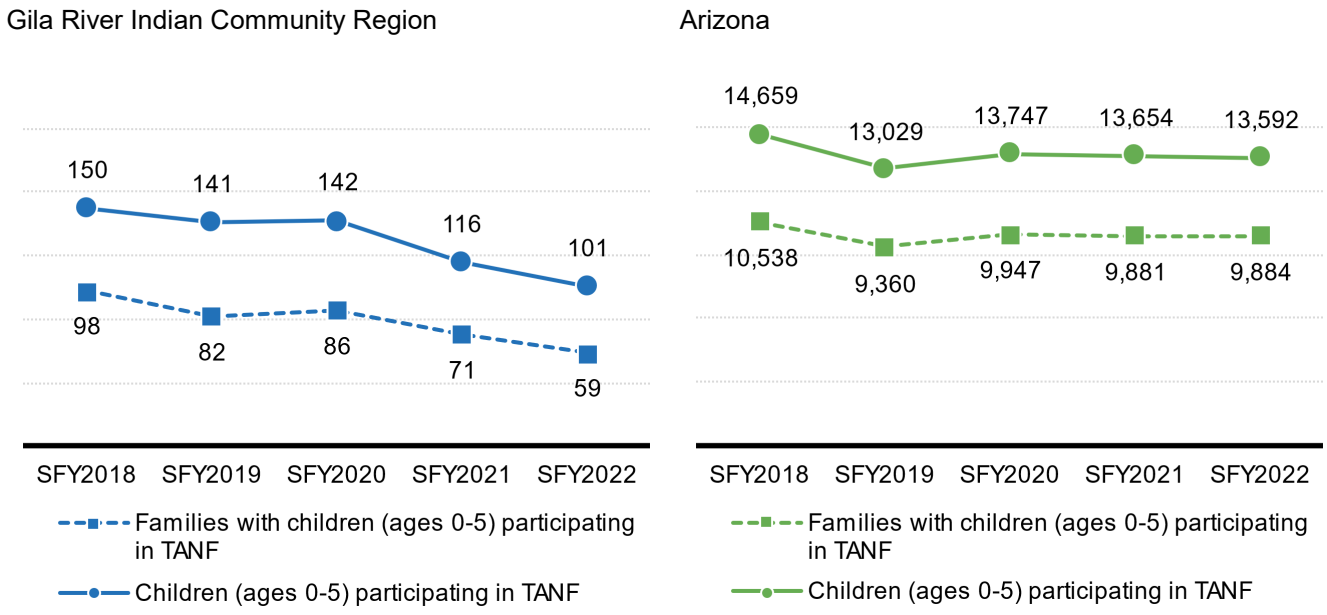
Figure 14. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17024

Note: The four percentages in each bar should sum to 100%, but may not because of rounding. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677. The 185% thresholds are $50,836 and $34,552, respectively.

Figure 15. Number of children birth to age 5 and households with children birth to age 5 participating in TANF, state fiscal years 2018 to 2022



Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Note: A range is provided when the true number is not known due to data suppression of a value between 1 and 9. The actual number of families receiving TANF is somewhere within that range.

Table 7. Families with children birth to age 5 receiving TANF, state fiscal years 2018 to 2022

Geography	Number of households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Gila River Indian Community Region	**860**	**98**	**82**	**86**	**71**	**59**	**7%**
Maricopa County	222,016	5,745	5,063	5,300	5,207	5,304	2%
Pinal County	20,864	670	593	675	700	713	3%
Arizona	345,601	10,538	9,360	9,947	9,881	9,884	3%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Note: A range is provided when the true number is not known due to data suppression of a value between 1 and 9. The actual number of families receiving TANF is somewhere within that range.

Table 8. Children birth to age 5 receiving TANF, state fiscal years 2018 to 2022

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Gila River Indian Community	**1,424**	**150**	**141**	**142**	**116**	**101**	**7%**
Maricopa County	310,813	8,017	7,103	7,452	7,338	7,395	2%
Pinal County	29,672	977	902	995	1,021	1,025	3%
Arizona	480,744	14,659	13,029	13,747	13,654	13,592	3%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Food security

Many families struggle with consistent access to "enough food for an active, healthy life," a problem known as food insecurity.[117] Food insecurity is linked with many aspects of child and parent well-being; it can be a major source of stress for parents and has been linked to health and behavioral problems for

[117] Economic Research Service, U.S. Department of Agriculture. (2021). *Definitions of food security.* Retrieved October 23, 2023 from https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/

children, such as poorer parent-child attachment, decreased social skills and self-control and increased risk of depression.[118, 119, 120, 121, 122, 123]

The Supplemental Nutrition Assistance Program (SNAP; also referred to as "nutrition assistance" and "food stamps"),[124] is administered by the Arizona Department of Economic Security and aims to support working families who are unable to afford the food necessary to sustain their health with their income alone. Nationally, about 1 in every 5 children participates in SNAP, and families on average receive a benefit of up to $2.61 per person for each meal.[125] The SNAP program has been shown to reduce hunger and improve access to healthy food options among those who utilize it.[126]

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)[127] is a federally funded program aimed to support economically disadvantaged women who are pregnant, postpartum, and/or breastfeeding, along with infants and young children. The program's services include directing participants to health services, nutrition and breastfeeding education and supplemental funding for food. In Arizona, WIC provided an average monthly benefit of $42 per month in 2022, lower than the national

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[118] Bruening, M., Dinour, L. M., & Chavez, J. B. R. (2017). Food insecurity and emotional health in the USA: A systematic narrative review of longitudinal research. *Public Health Nutrition, 20*(17), 3200-3208. https://doi.org/10.1017/S1368980017002221

[119] Baer, T. E., Scherer, E. A., Fleegler, E. W., & Hassan, A. (2015). Food insecurity and the burden of health-related social problems in an urban youth population. *Journal of Adolescent Health, 57*(6), 601-607. https://doi.org/10.1016/j.jadohealth.2015.08.013

[120] Zaslow, M., Bronte-Tinkew, J., Capps, R., Horowitz, A., Moore, K. A., & Weinstein, D. (2009). Food security during infancy: Implications for attachment and mental proficiency in toddlerhood. *Maternal and Child Health Journal*, *13*, 66-80. https://doi.org/10.1007/s10995-008-0329-1

[121] Kimbro, R. T., & Denney, J. T. (2015). Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs, 34*(11), 1949-1955. https://doi.org/10.1377/hlthaff.2015.0626

[122] Knowles, M., Rabinowich, J., Ettinger de Cuba, S., Cutts, D. B., & Chilton, M. (2016). "Do you wanna breathe or eat?": Parent perspectives on child health consequences of food insecurity, trade-offs, and toxic stress. *Maternal and Child Health Journal, 20*, 25-32. https://doi.org/10.1007/s10995-015-1797-8

[123] Johnson, A. D., & Markowitz, A. J. (2018). Food insecurity and family well-being outcomes among households with young children. *The Journal of Pediatrics, 196*, 275-282. https://doi.org/10.1016/j.jpeds.2018.01.026

[124] *For more information see: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program and https://des.az.gov/na.*

[125] No Kid Hungry Center for Best Practices. (2022). *Supplemental Nutrition Assistance Program (SNAP) overview*. Retrieved February 5, 2024 from https://bestpractices.nokidhungry.org/resource/supplemental-nutrition-assistance-program-snap-overview

[126] Food Research and Action Center. (2013). *SNAP and public health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans.* Retrieved September 27, 2023 from http://frac.org/pdf/snap_and_public_health_2013.pdf

[127] *For more information see: https://www.fns.usda.gov/wic and https://www.azdhs.gov/prevention/azwic/*

average of $48 per month.[128] The WIC program is administered in the state of Arizona by the Arizona Department of Health Services (ADHS) as well as the Inter Tribal Council of Arizona (ITCA) for 20 tribal nations in the state.

School meals provide another important nutritional safety net for children and their families. The National School Lunch Program (NSLP),[129] administered by the Arizona Department of Education (ADE) and funded by the United States Department of Agriculture (USDA), provides meals for students of low-income families at a reduced price. The Summer Food Service Program (SFSP)[130], also funded by the USDA and administered by ADE, works to keep all children birth to age 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. SFSP unites community sponsors like camps, faith-based organizations and schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.[131] In March 2020, in response to school closures due to the COVID-19 pandemic, the USDA issued waivers allowing year-round operation of the (SFSP) to serve meals to children of all ages engaging in remote learning; these waivers remained in effect through June 2022 and led to increased meal service through SFSP compared to NSLP for many schools.[132] The Child and Adult Care Food Program (CACFP),[133] also funded by the USDA, gives reimbursements to participating child care centers, preschools, emergency centers and after-school programs for nutritious meals and snacks served to eligible children. Eligible providers include for-profit child care centers serving at least 25% free or reduced-price lunch participants or any non-profit program.[134]

How the Gila River Indian Community Region is faring

- Since state fiscal year 2018 (SFY 2018), SNAP participation among young children (birth to age 5) and families with young children in the Gila River Indian Community Region has steadily declined, following statewide trends. In SFY 2022, 1,087 families with young children and 667 young children in the region participated in SNAP (Figure 16).

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[128] United States Department of Agriculture (2023). *WIC program: Average monthly benefit per person*. Retrieved December 12, 2023 from https://fns-prod.azureedge.us/sites/default/files/resource-files/25wifyavgfd-costs-12.pdf

[129] *For more information see:* https://www.azed.gov/hns/nslp

[130] *For more information see: https://www.azed.gov/hns/sfsp*

[131] United States Department of Agriculture. (n.d.). *How to participate in summer meals*. Retrieved October 26, 2021, from https://fns-prod.azureedge.net/sites/default/files/resource-files/SFSP-Fact-Sheet.pdf

[132] United States Department of Agriculture (2022). *Child nutrition COVID-19 waivers*. Retrieved February 6, 2024 from https://www.fns.usda.gov/disaster-assistance/child-nutrition-covid-19-waivers

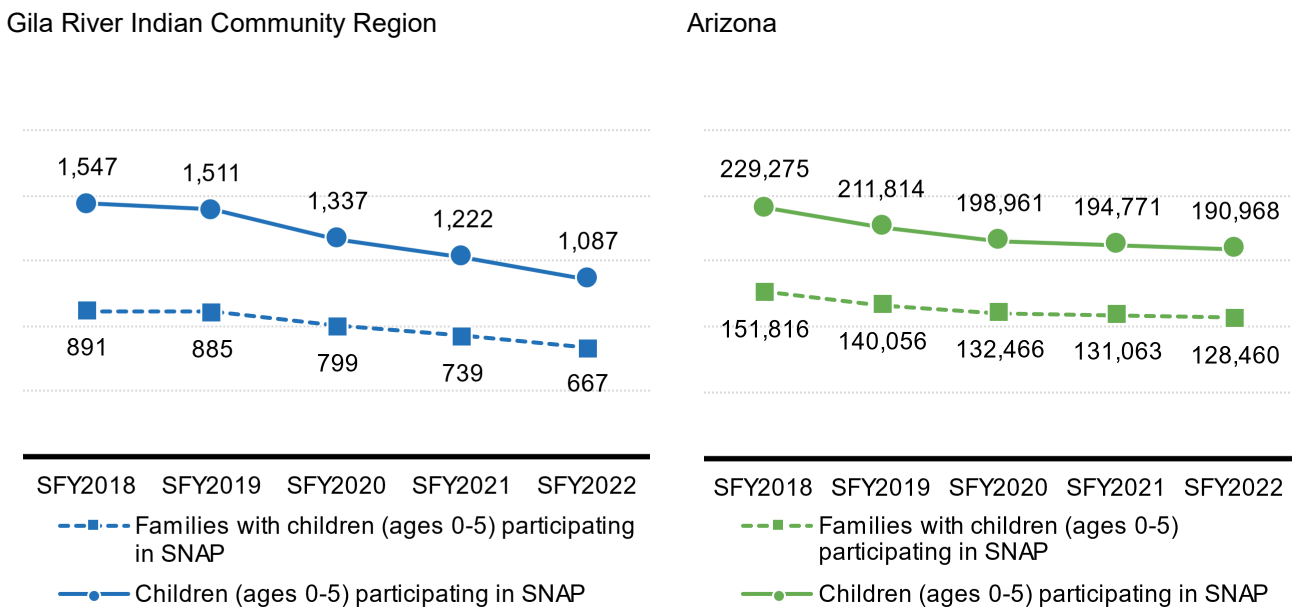
[133] *For more information see: https://www.azed.gov/hns/cacfp*

[134] Arizona Department of Education. (2021, June 14). *Introduction to the CACFP* [Video]. Vimeo. https://vimeo.com/562872764

- The Gila River Indian Community WIC program provides services to Community members and also to residents of the surrounding communities of Casa Grande, Chandler and Coolidge. According to program staff, families who live off the reservation boundaries but receive prenatal care at Gila River Health Care facilities also choose to access WIC services from the Community's program.[135] Data are not available for the Gila River Indian Community WIC program.
- The number of lunches served through the NSLP, SFSP, and CACFP meal programs varied substantially between 2019-20 and 2021-22. After the change in school meal policy following the start of the COVID-19 pandemic, when United States Department of Agriculture waivers allowed meal service through the Summer Food Service Program year-round, meal service through SFSP increased sixfold in the Gila River Indian Community Region to 688,184 meals served in 2020-21, while meal service through NSLP fell to just 1% of what it had been in 2019-20. In the 2021-22 school year, NSLP meal service rebounded to 79,157 meals, though still nowhere near pre-pandemic levels (209,921 meals in 2019-20) (Figure 16). Overall, more than 600,000 lunches were served in the region through school meal programs in 2021-22.
- The region served notably more lunches through CACFP in 2020-21 (n=122,832) and 2021-22 (n=88,176) compared to 2019-20 (n=24,567), indicating higher ongoing participation in CACFP following the onset of the COVID-19 pandemic (Table 9).

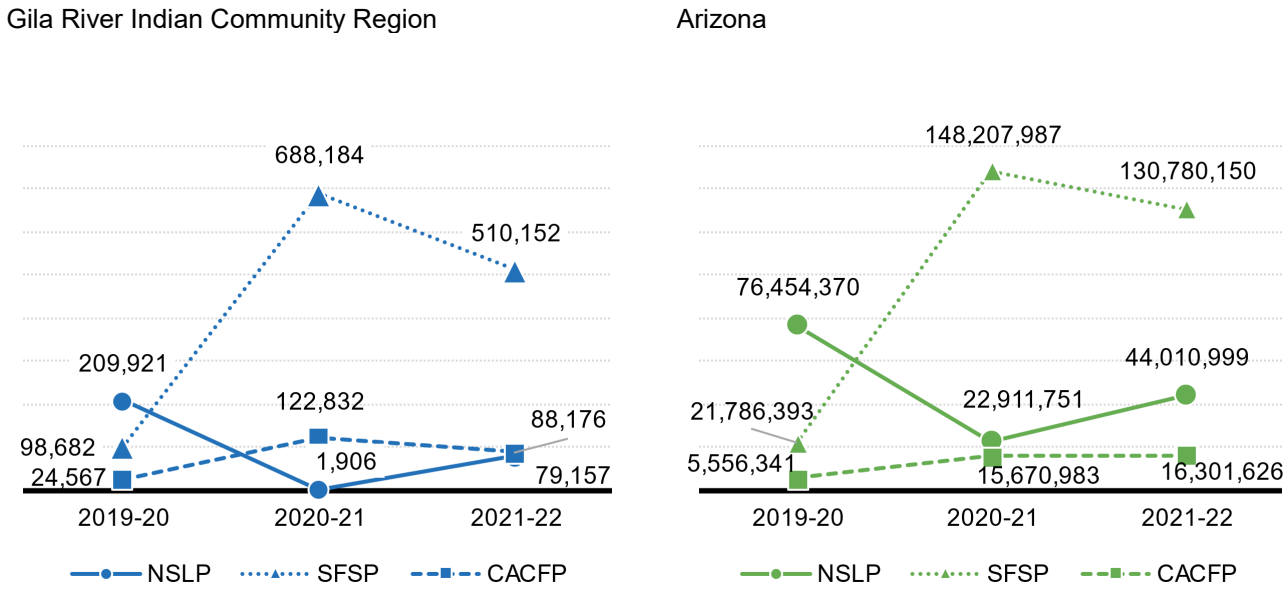
[135] First Things First. (2014). 2014 Needs and Assets Report: Gila River Indian Community Regional Partnership Council. Retrieved October 21, 2022 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20GRIC.pdf

Figure 16. Number of children birth to age 5 and households with children birth to age 5 participating in SNAP, state fiscal years 2018 to 2022



Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Figure 17. Trends in lunches served through school nutrition programs, 2019-20 to 2021-22



Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: See Table 9, Table 63 and Table 64 for a list of schools serving meals in the region. Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: https://www.azed.gov/hns/covid19

Table 9. Lunches served through CACFP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Gila River Indian Community Region	**5**	**5**	**5**	**24,567**	**122,832**	**88,176**
Komatke Head Start	1	1	1	6,737	34,575	17,961
Sacaton Head Start/Early Head Start District #3	1	1	1	6,897	24,921	24,393
Santan Head Start/Early Head Start Center District #4	1	1	1	6,261	29,976	21,231
Skyline District #5	1	N/A	N/A	45	N/A	N/A
Vah-Ki Head Start/EHS Center D5 (CACFP)	1	1	1	4,627	19,314	18,957
Early Education Child Care Head Start	N/A	1	1	N/A	14,046	5,634
Maricopa County	N/A	342	326	3,335,298	9,300,286	9,611,168
Pinal County	N/A	32	27	716,961	768,493	716,961
Arizona	N/A	715	643	5,556,341	15,670,983	16,301,626

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Employment

Unemployment and underemployment[136] can impact families in ways that affect children's health and well-being.[137] Unemployment can limit access to resources that support children's physical and mental health, like health insurance, and can also contribute to family stress, conflict, homelessness and child abuse.[138, 139] Children with parents who have lost their jobs may also experience poorer school performance and behavioral issues, resulting in grade repetition, suspension or expulsion.[140] Due to many historical and legal reasons as well as differences in practical economic structures, employment rates in Native communities can vary greatly from state rates.[141]

Education and employment support programs for parents and caregivers are important for increasing wages and improving the economic stability of families. "Two-generation" or "2Gen" approaches address the needs of both parents and children simultaneously through programs to support children and families together, such as a family literacy program that provides educational support to parents while enrolling children in free high-quality preschool.[142, 143, 144] These programs have the goal of decreasing

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[136] *Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.*

[137] Healthy People 2030. (n.d.). *Social determinants of health*. Office of Disease Prevention and Health Promotion. Retrieved August 16, 2023 from https://health.gov/healthypeople/priority-areas/social-determinants-health

[138] Berger, R.P., Fromkin, J.B., Stutz, H., Makoroff, K., Scribano, P.V., Feldman, K., Tu, L.C., & Fabio, A. (2011). Abusive head trauma during a time of increased unemployment: A multicenter analysis. *Pediatrics*, *128*(4), 637-643. https://doi.org/10.1542/peds.2010-2185

[139] Isaacs, J. B. (2013, March 25). *Unemployment from a child's perspective*. Urban Institute. Retrieved September 14, 2021 from https://www.urban.org/research/publication/unemployment-childs-perspective

[140] National Center for Children in Poverty. (2014). *Arizona demographics for low-income children*. Retrieved September 20, 2023 fromhttp://www.nccp.org/profiles/AZ_profile_6.html

[141] Cornell, S., & Kalt, J.P. (2010). *American Indian self-determination: The political economy of a successful policy. JOPNA Working Papers*. Harvard University. Retrieved February 5, 2024 from http://nrs.harvard.edu/urn-3:HUL.InstRepos:4553307

[142] Ascend at the Aspen Institute. (2019, April 1). *Family economic stability: Work supports and tax credits*. Robert Wood Johnson Foundation. Retrieved August 22, 2023 from https://www.rwjf.org/en/insights/our-research/2019/04/family-economic-stability.html

[143] Office of Family Assistance. (2016). *TANF-ACF-IM-2016-03 (Strengthening TANF outcomes by developing two-generation approaches to build economic security).* U.S. Department of Health and Human Services. Retrieved August 18, 2023 from https://www.acf.hhs.gov/ofa/policy-guidance/tanf-acf-im-2016-03

[144] Ascend at the Aspen Institute. (n.d.) *The 2Gen approach*. Retrieved August 22, 2023 from https://ascend.aspeninstitute.org/2gen-approach/#:~:text=Two%2Dgeneration%20(2Gen)%20approaches,one%20generation%20to%20the%20next.

the intergenerational effects of poverty by building parental capacity and protective factors within families.[145, 146, 147]

How the Gila River Indian Community Region is faring

- The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to work but could not find a suitable job and have stopped looking for employment.[148] The ACS estimates that the average unemployment rate for the Gila River Indian Community Region over the five years from 2017 to 2022 was 9%. This was lower than the unemployment rate for all Arizona reservations (14%), though higher than Maricopa County (5%), Pinal County (6%), Arizona (6%) and the U.S. (5%) (Figure 18 & Table 10). When compared to the 30% unemployment rate for the Gila River Indian Community Region observed in the prior five-year period covering 2012-2016, an unemployment rate of 9% is a marked improvement.
- An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed. The labor force participation rate in the region (41%) is lower than that seen across all Arizona reservations (45%), Maricopa County (65%) and Pinal County (51%). This means that 41% of working-age teens and adults in the Gila River Indian Community Region are working (37%) or actively looking for work (3%), while the other 59% are not (which includes students, retirees, stay-at-home parents and others) (Figure 18 & Table 10). By comparison, in the prior five-year period (2012-2016), while the labor force participation rate was higher (47%) than in more recent years (41%), those in the labor force that were also unemployed (i.e. they were actively looking for work) was much higher (30%) than what was observed in the more recent five-year period (3%), meaning a lot more people were in search of work between 2012 and 2016 than in the more recent years.

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[145] Pina, G., Moore, K. A., Sacks, V., & McClay, A. (2022, December 14). *Two-generation programs may have long-term benefits, according to simulation*. Child Trends. Retrieved August 22, 2023 from https://www.childtrends.org/publications/two-generation-programs-may-have-long-term-benefits-according-to-simulation

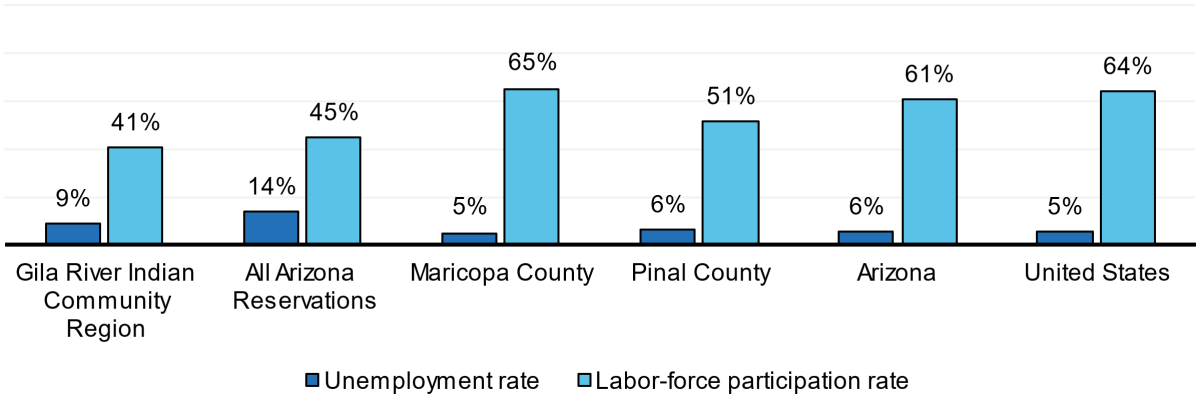
[146] Morgan, A., Champion, E., & Harrison E. (2022, January 7). *How two-generation programs can advance housing stability*. Urban Institute. Retrieved August 22, 2023 from https://www.urban.org/urban-wire/how-two-generation-programs-can-advance-housing-stability

[147] Children's Bureau, an Office of the Administration of Children & Families. (2023, March). *Two-generation approaches to supporting family well-being*. Child Welfare Information Gateway. Retrieved August 22, 2023 from https://www.childwelfare.gov/pubPDFs/bulletins-2gen.pdf

[148] Uchitelle, L. (2019, July 11). *Unemployment is low, but that's only part of the story*. Retrieved February 5, 2024 from https://www.nytimes.com/2019/07/11/business/low-unemployment-not-seeking-work.html

- While unemployment rates showed a steadily declining trend nationwide since the end of the Great Recession in 2009, this pattern changed in 2020 with the onset of the COVID-19 pandemic. In recent years, unemployment rates for Maricopa County remained consistently below those seen statewide, peaking at 7.3% in 2020 compared to 7.8% statewide. In Pinal County, unemployment rates consistently mirrored statewide trends. By 2022, unemployment rates decreased to below pre-pandemic levels, declining to 3.3% in Maricopa County and 3.9% in Pinal County (Figure 19).
- Sixty-two percent of young children (birth to age 5) in the Gila River Indian Community Region live in a household where at least one parent is in the labor force, compared to 65% of young children across all Arizona reservations and 92% in both Maricopa and Pinal counties. About 47% of young children in the region live in households where all parents are in the workforce (that is, are employed or actively seeking paid work), meaning they will likely require some form of child care. This includes children in households with a single parent in the labor force (41%) and those in dual-earner households (6%) (Figure 20).

Figure 18. Unemployment and labor-force participation for the adult population (ages 16 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed.

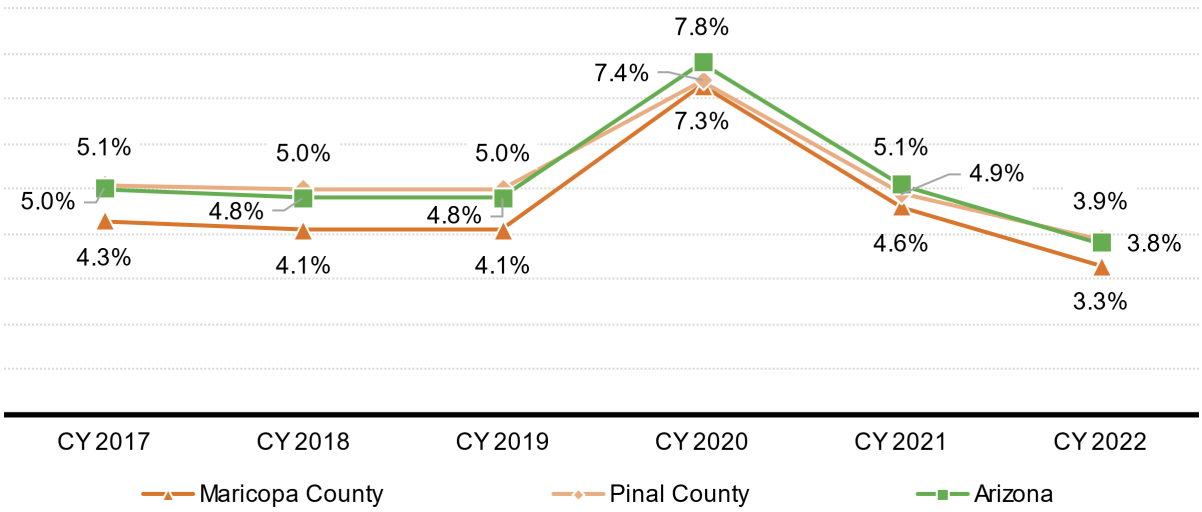
Table 10. Unemployment and labor-force participation for the adult population (ages 16 and older), 2017-2021 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	In the labor force and employed	In the labor force but unemployed	In armed forces	Not in the labor force
Gila River Indian Community Region	**9,197**	**9%**	**41%**	**37%**	**3%**	**0%**	**59%**
All Arizona Reservations	132,731	14%	45%	39%	6%	0%	55%
Maricopa County	3,450,881	5%	65%	62%	3%	0.2%	35%
Pinal County	336,120	6%	51%	48%	3%	0.2%	49%
Arizona	5,650,624	6%	61%	57%	3%	0.4%	39%
United States	264,087,642	5%	64%	60%	3%	0.5%	36%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

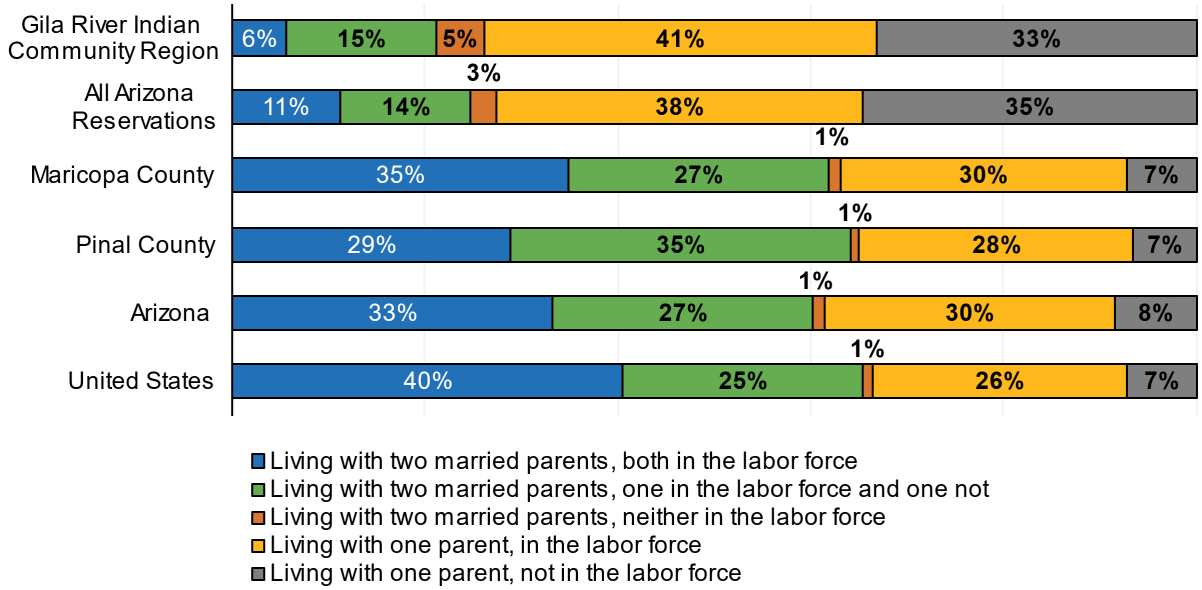
Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor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

Figure 19. Average annual unemployment rates (not seasonally adjusted), 2017 to 2022



Source: Arizona Commerce Authority (2023), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Figure 20. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

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

Housing instability and internet access

Housing instability can have harmful effects on the development of young children. High housing costs relative to family income are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.[149, 150, 151] High relative housing costs leave

[149] McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012, February 15). When the bough breaks: The effects of homelessness on young children. *Child Trends, 3*(*1*). Retrieved September 14, 2021 from https://cms.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf

[150] Gabriel, S., & Painter, G. (2017). *Housing affordability: Why does it matter, how should it be measured, and why is there an affordability problem?* American Enterprise Institute. Retrieved April 10, 2017 from https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf

[151] Federal Interagency Forum on Child and Family Statistics. (2015). *America's children: Key national indicators for well-being, 2015.* Child Stats. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf

inadequate funds for other necessities, such as food and utilities.[152] This can negatively affect the physical, social-emotional and cognitive development of children, with severe forms of housing instability associated with poorer performance in school.[153, 154]

In Native nations, land- and homeownership differs legally from other parts of the state. Native nations have experienced periods of forced relocation and assimilation as well as complex and changing policies of land ownership that have significantly reduced the total amount of land under tribal governance as well as the resources on these lands.[155] Tribal housing authorities have worked to build affordable housing options for their people, however housing availability is typically limited by funding and other critical infrastructure issues.[156] The most common housing challenges on tribal lands include overcrowding and physical housing problems such as insufficient kitchen, plumbing, electrical, heating and cooling utilities.[157] A nationwide study found that Native households are 19 times more likely to lack indoor plumbing than White households, meaning that access to safe and reliable drinking water is a major concern for many families.[158]

Another increasingly important utility in homes is reliable internet access. Access to broadband (high-speed) internet enables quick access to a far greater number of resources and information, telehealth options and other opportunities that can be critical for education and employment. Internet access has

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[152] Schwartz, M., & Wilson, E. (n.d.). *Who can afford to live in a home? A look at data from the 2006 American Community Survey.* United States Census Bureau. Retrieved September 14, 2021 from https://cdn2.hubspot.net/hubfs/4408380/PDF/General-Housing-Homelessness/who-can-afford.pdf

[153] Enterprise Community Partners. (2014). *Impact of affordable housing on families and communities: A review of the evidence base.* Homes for All San Mateo County. Retrieved August 21, 2023 from https://homeforallsmc.org/wp-content/uploads/2017/05/Impact-of-Affordable-Housing-on-Families-and-Communities.pdf.

[154] McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health, 3*(1). Retrieved September 20, 2023 from https://cms.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf

[155] Kunesh, P. (Ed.). (2018). *Tribal leaders handbook on homeownership*. Federal Reserve Bank of Minneapolis and Enterprise Community Partners. Retrieved February 5, 2024 from https://www.minneapolisfed.org/~/media/files/community/indiancountry/resources-education/cicd-tribal-leaders-handbook-on-homeownership.pdf?la=en

[156] Center for Indian Country Development. (2018). *Tribal leaders handbook on homeownership*. Federal Reserve Bank of Minneapolis and Enterprise Community Partners. Retrieved February 5, 2024 from https://www.minneapolisfed.org/~/media/files/community/indiancountry/resources-education/cicd-tribal-leaders-handbook-on-homeownership.pdf?la=en

[157] Pindus, N., Kingsley, T., Biess, J., Levy, D., Simington, J., & Hayes, C. (2017). *Housing needs of American Indians and Alaska Natives in tribal areas: A report from the assessment of American Indian, Alaska Native, and Native Hawaiian housing needs: Executive summary.* US Department of Housing and Urban Development, Office of Policy Development and Research. Retrieved February 5, 2024 from https://www.huduser.gov/portal/publications/HNAIHousingNeeds.html

[158] Roller, Z., Gasteyer, S., Nelson, N., Lai, W., & Shingne, M.C. (2019). *Dig deep: Closing the water access gap in the United States*. DigDeep. Retrieved from https://www.digdeep.org/close-the-water-gap/

been deemed a "super determinant" of health because of its influence on more traditional social determinants of health such as education, employment, health care access and social connection.[159] Household access to computers and high-speed internet is also important for school-aged children who may need this technology for school assignments and projects, particularly during the later years of primary education and beyond.[160] Lack of access to reliable high-speed internet disproportionately occurs in rural areas and pockets of segregated urban areas, and this disparate access is known as the digital divide. Due to the importance of high-speed internet access, the federal government has instituted several funding initiatives to improve access to and affordability of high-speed internet, including for Native communities in particular, such as the Tribal Broadband Connectivity Project.[161, 162]

How the Gila River Indian Community Region is faring

- Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income.[163] According to recent ACS estimates, just 9% of households in the Gila River Indian Community Region spent more than 30% of their income on housing, disproportionately impacting homeowners (14%) over renters (3%) in the region. Housing cost burden is notably lower in the region and all Arizona reservations (13%) compared to Maricopa County (30%), Pinal County (24%) and the state (29%) (Table 11).
- The McKinney-Vento Act definition of homelessness includes children living in shelters, transitional housing, campgrounds, motels, trailer parks and cars, as well as children whose families are temporarily living within another family's household. Three percent of students (n=23) were identified as experiencing homelessness in Gila River Indian Community Region schools in the 2021-22 school year (Table 12). This represented a marked increase in the number of students identified as homeless compared to both the 2020-21 and 2019-20 school years, when fewer than 11 students were reported to be experiencing homelessness.

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[159] Turcios, Y. (2023, March 22). *Digital access: A super determinant of health*. Substance Abuse and Mental Health Services Administration. Retrieved August 21, 2023 from https://www.samhsa.gov/blog/digital-access-super-determinant-health

[160] Rideout, V. J. & Katz, V. S. (2016). *Opportunity for all? Technology and learning in lower-income families. A report of the Families and Media Project.* The Joan Ganz Cooney Center at Sesame Workshop. Retrieved August 30, 2023 from https://files.eric.ed.gov/fulltext/ED574416.pdf

[161] *For more information, please see* https://internetforall.gov/program/digital-equity-act-programs *and* https://www.ntia.gov/page/tribal-broadband-connectivity-program

[162] U.S. Department of Commerce National Telecommunications and Information Administration (2023). *Tribal Broadband Connectivity Program*. Retrieved February 5, 2024 from https://www.ntia.gov/page/tribal-broadband-connectivity-program

[163] Herbert, C., Hermann, A., and McCue, D. (2018). Measuring housing affordability: Assessing the 30 percent of income standard. Cambridge, MA: Joint Center for Housing Studies of Harvard University. Retrieved September 14, 2021 from https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Herbert_Hermann_McCue_measuring_housing_affordability.pdf

- Just over half (53%) of households in the Gila River Indian Community Region have both a computer (i.e., a desktop, laptop, tablet or smartphone) and broadband internet connectivity. While this proportion is lower than Maricopa County (90%), Pinal County (88%) and Arizona (88%), it is higher than seen across all Arizona reservations (44%) (Table 13).
- At the individual level, 66% of individuals in the Gila River Indian Community Region, including 71% of children (birth to age 17), have access to both a computer and internet in their household. As with household-level access, this is a smaller proportion than seen for Maricopa County (92% and 93%, respectively), Pinal County (91% and 95%) and the state (90% and 92%) but higher than seen across all Arizona reservations (51% and 55%) (Figure 21 & Figure 22).

Table 11. Households with housing costs of 30% or more of household income by home ownership status, 2017-2021 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
Gila River Indian Community Region	**3,426**	**9%**	**1,843**	**14%**	**1,583**	**3%**
All Arizona Reservations	52,248	13%	35,840	12%	16,408	16%
Maricopa County	1,632,151	30%	1,041,572	21%	590,579	46%
Pinal County	145,554	24%	113,666	21%	31,888	38%
Arizona	2,683,557	29%	1,765,658	21%	917,899	45%
United States	124,010,992	30%	80,152,161	22%	43,858,831	46%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B25106

Table 12. Students experiencing homelessness (all grades) enrolled in public and charter schools, 2019-20 to 2021-22

Geography	Number of students experiencing homelessness			Percent of students who were homeless		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Gila River Indian Community Region schools	**<11**	**<11**	**23**	**<2%**	**<2%**	**3%**
Maricopa County schools	7,439	4,744	6,008	<2%	<2%	<2%
Pinal County schools	304	199	279	<2%	<2%	<2%
Arizona schools	12,931	8,542	11,161	1%	<2%	<2%

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: These data are drawn from Sacaton Elementary District, Akimel O'otham Pee Posh Charter and Skyline Gila River Schools. The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a "fixed, regular, and adequate nighttime address." This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living 'doubled up' with another family due to loss of housing or economic hardship. More information can be found on the ADE website: https://www.azed.gov/homeless

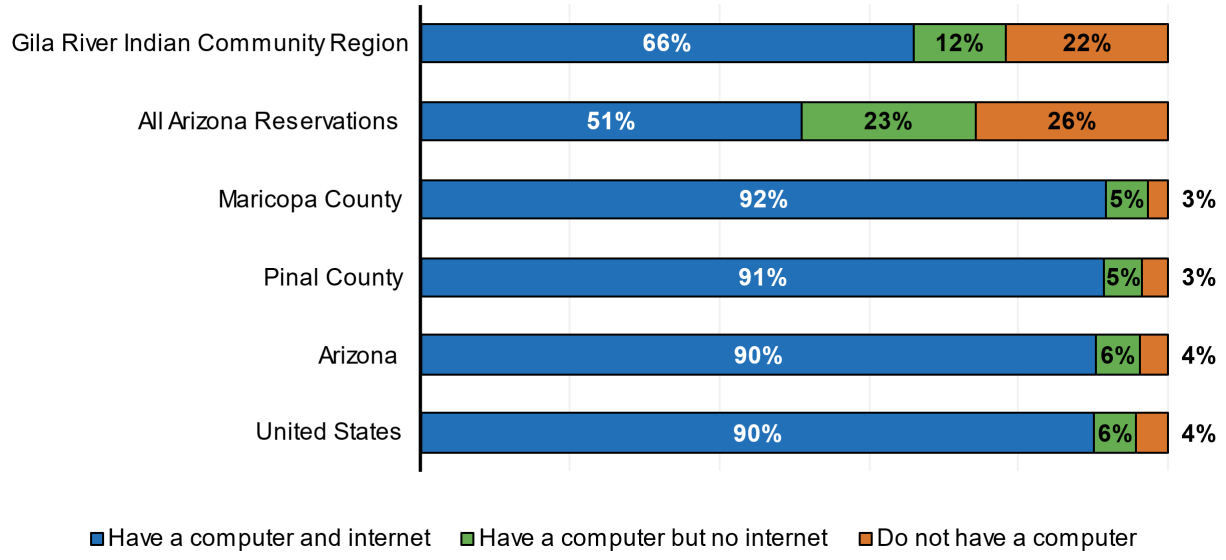
Table 13. Households with a computer and broadband internet connectivity, 2017-2021 ACS

Geography	Estimated number of households	Number and percent of households with a computer and broadband internet connectivity	
Gila River Indian Community Region	**3,426**	**1,817**	**53%**
All Arizona Reservations	52,248	22,993	44%
Maricopa County	1,632,151	1,462,374	90%
Pinal County	145,554	128,368	88%
Arizona	2,683,557	2,350,265	88%
United States	124,010,992	106,957,995	86%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28008.

Note: In this table, "computer" includes desktops, laptops, tablets and smartphones.

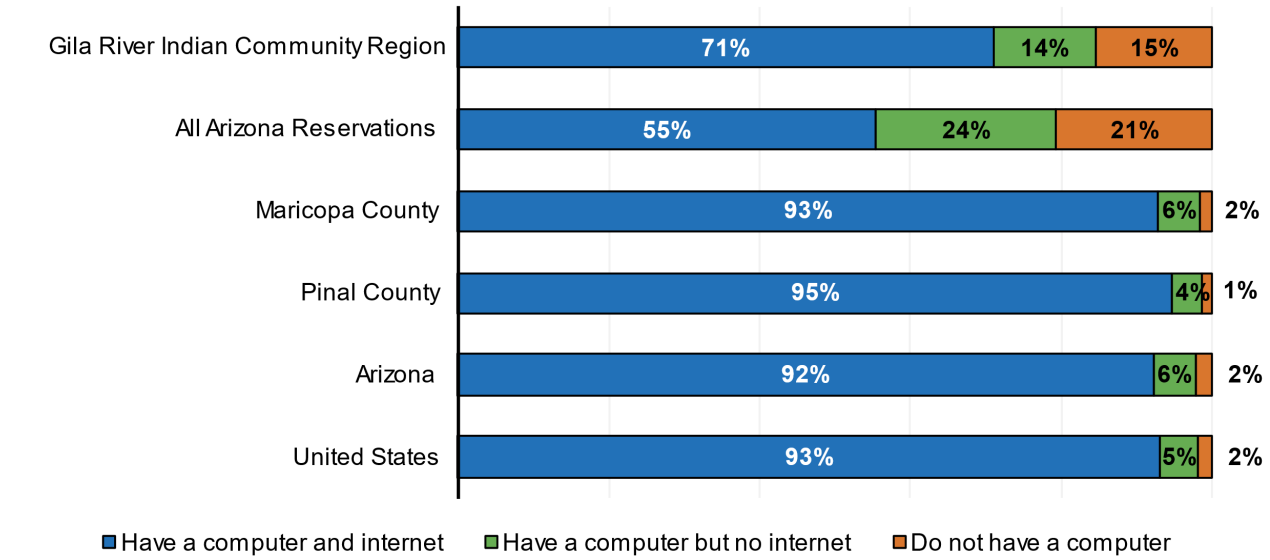
Figure 21. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

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

Figure 22. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

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

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

EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children, families and the overall well-being of the community. Individuals who have higher levels of education tend to live longer and healthier lives.[164] Graduating from high school, in particular, is associated with better health, financial stability and socio-emotional outcomes as well as a lower risk for incarceration compared to dropping out of high school.[165, 166] Children with parents that have attained higher levels of education are more likely to do well in school, such as score higher in reading, math and science in their first four years of school and attain higher levels of education themselves.[167, 168, 169] High-quality early learning experiences also set a strong foundation for children's learning in kindergarten, elementary school and beyond.[170] When children participate in high-quality early education, they are more likely to perform better in reading and math in later grades.[171] Given these lifetime and intergenerational impacts of educational attainment, it is critical to provide substantial support for early education and promote policies and programs that encourage the success of Arizona's children.

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[164] Healthy People 2030. (n.d.). *Education access and quality*. Office of Disease Prevention and Health Promotion. Retrieved July 17, 2023 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality

[165] National Research Council. (2012). *Key national education indicators: Workshop summary*. The National Academies Press. https://doi.org/10.17226/13453

[166] Healthy People 2020. (n.d.). *Adolescent health.* Office of Disease Prevention and Health Promotion. Retrieved July 17, 2023 from https://wayback.archive-it.org/5774/20220413181755/https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health

[167] Cataldi, E. F., Bennett, C. T., & Chen, X. (2018). *First-generation students: College access, persistence, and postbachelor's outcomes.* National Center for Education Statistics. Retrieved September 20, 2023 from https://nces.ed.gov/pubs2018/2018421.pdf

[168] Child Trends Data Bank. (2014, July). *Parental education: Indicators on children and youth*. Retrieved September 7, 2021 from https://web.archive.org/web/20150525195005/http://www.childtrends.org/wp-content/uploads/2012/04/67-Parental_Education.pdf

[169] Rathbun, A., & McFarland, J. (2017). *Risk factors and academic outcomes in kindergarten through third grade*. National Center for Education Statistics. Retrieved September 7, 2021 from https://nces.ed.gov/programs/coe/pdf/coe_tgd.pdf

[170] The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved August 30, 2023 from http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf

[171] DeAngelis, C. A., Holmes Erickson, H., & Ritter, G. W. (2020). What's the state of the evidence on pre-K programmes in the United States? A systematic review. *Educational Review*, *72*(4), 495-519. https://doi.org/10.1080/00131911.2018.1520688

What the Data Tell Us

School attendance and absenteeism

School attendance is an important factor in predicting the academic performance and future health of children. Chronic absenteeism, defined as missing 10% of school days in a school year, predicts a student experiencing academic difficulties and even dropping out of school entirely.[172] Children who are part of a racial or ethnic minority group, have disabilities or other health conditions or are economically disadvantaged are at increased risk of absenteeism.[173, 174] These are also the children who are most likely to benefit from resources available through schools. Elementary school absenteeism among Native youth, in particular, may be influenced by a number of factors including a historically-rooted distrust of educational institutions, low use of culturally-relevant teaching methods and curricula as well as infrastructure-related issues (e.g., road conditions, bus availability and distances to schools).[175, 176, 177]

How the Gila River Indian Community Region is faring

- The educational system in the Gila River Indian Community includes schools operated by the Arizona Department of Education (ADE), Bureau of Indian Education (BIE) schools and schools chartered under the Community. The Sacaton School District, which includes Sacaton Elementary School and Sacaton Middle School, is the only ADE district that lies fully within the reservation boundaries. Blackwater Community School, Casa Blanca Community School and

[172] Allison, M. A., Attisha, E., Lerner, M., De Pinto, C. D., Beers, N. S., Gibson, E. J., Gorski, P., Kjolhede, C., O'Leary, S. C., Schumacher, H., & Weiss-Harrison, A. (2019). The link between school attendance and good health. *Pediatrics, 143*(2), e20183648. https://doi.org/10.1542/peds.2018-3648

[173] Allison, M. A., Attisha, E., Lerner, M., De Pinto, C. D., Beers, N. S., Gibson, E. J., Gorski, P., Kjolhede, C., O'Leary, S. C., Schumacher, H., & Weiss-Harrison, A. (2019). The link between school attendance and good health. *Pediatrics, 143*(2), e20183648. https://doi.org/10.1542/peds.2018-3648

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[175] Sugrue, E., Zuel, T., & LaLiberte, T. (2016). The ecological context of chronic school absenteeism in the elementary grades. *Children & Schools, 38*(3), 137-145. https://doi.org/10.1093/cs/cdw020

[176] Grace, S. (2019). Representative bureaucracy: Representation of American Indian teachers and their impact on American Indian student access and performance. *Boise State University Theses and Dissertations*, 1531. https://doi.org/10.18122/td/1531/boisestate

[177] United States Government Accountability Office. (2017, May 22). *Tribal transportation: Better data could improve road management and inform Indian student attendance strategies.* Retrieved February 6, 2024 from https://www.gao.gov/assets/gao-17-423.pdf

Gila Crossing Community Schools are all BIE grant schools. Skyline Gila River is a charter school that serves students in 5th-12th grade from the Gila River Indian Community.[178]

- Akimel O'Otham Pee Posh Charter School and Blackwater Community School operate as one school under a unique partnership between federal, state and tribal governments; according to the school's website, the charter school is located on federal trust land operated under BIE. The school was established as a K-2nd day school. In order to expand to higher grades, the school board and administration requested permission from BIE for the school to apply as a state charter school for 3rd through 5th grades. This was granted and in 2000 the State Board of Charters approved the application. Blackwater Community School has since expanded and currently serves kindergarten through 5th grade. BIE approved the school's 3rd grade expansion in July 2016 and later the 4th-5th grade expansion in July 2018. Akimel O'Otham Pee Posh Charter provides educational funding for children in grades K-5th who are not eligible for Indian School Equalization Program (ISEP) funds through BIE.[179]
- Casa Blanca Community School is a single-school district serving children from kindergarten to 5th grade.[180]
- Gila Crossing Community School located on the northwest corner of the Gila River Indian Community, serves pre-K to 8th students. Gila Crossing was formerly a Bureau of Indian Affairs School and in 1995 it became a grant school chartered under the Gila River Indian Community. It is the largest Bureau-funded school in the Community. In Fall 2019, the Gila River Indian Community built a new location for the Gila Crossing Community School, financed by the community and leased back to the BIE.[181]
- In the 2021-22 school year, 27 children were enrolled in preschool at Sacaton Elementary School. Kindergarten through 3rd grade enrollments were slightly higher, ranging from a low of 53 in 1st grade to a high of 62 children enrolled in 2nd grade (Table 14). Data were not available for children attending BIE or schools chartered under the Community.
- Kindergarten through 3rd grade chronic absence rates more than doubled between the 2019-20 (31%) and 2021-22 (69%) school years at Sacaton Elementary School. Rates also increased at the county and state levels, but were much lower overall, with closer to a third of students considered chronically absent in Maricopa County (33%), Pinal County (34%) and Arizona 34%) in the 2021-22 school year (Table 15). Data were not available for children attending BIE or schools chartered under the Community.

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[178] *For more information see* https://skylinegilariver.com/

[179] For more information see: https://www.bwcs.k12.az.us/

[180] For more information see https://www.cbcschools.com/

[181] Bourque, S. (2019). Gila River Indian Community builds new school. Retrieved November 1, 2022 from https://kjzz.org/content/1073196/gila-river-indian-community-builds-new-school

Table 14. Preschool to 3rd grade students enrolled in public and charter schools, 2021-22

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Sacaton Elementary School	27	55	53	62	60
Maricopa County schools (American Indian students only)	172	898	899	951	983
Pinal County schools (American Indian students only)	35	145	139	153	167
Arizona schools (American Indian students only)	541	2,924	3,042	3,130	3,221

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Sacaton Elementary School data is for students of all races and ethnicities.

Table 15. Kindergarten to 3rd grade students with chronic absences, 2019-20 to 2021-22

	K-3 Students with chronic absences			Percent of K-3 students with chronic absences		
Geography	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Sacaton Elementary School	99	132	132	31%	56%	69%
Maricopa County	14,738	35,285	63,746	7%	19%	33%
Pinal County	1,405	2,813	5,515	9%	20%	34%
Arizona	25,382	56,547	100,955	8%	21%	34%

Source: Arizona Department of Education (2023). [Absenteeism Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Students are considered chronically absent if they miss more than 10% of the school days in a school year. This table includes children who are absent due to chronic illness. Data are for students of all races and ethnicities.

Achievement on standardized testing

All Arizona public schools, including both district and charter schools, are required to administer state and federally mandated standardized tests. Between 2019 and 2022, the statewide English Language Arts (ELA) and Math assessment tool for 3rd through 8th graders in public schools was Arizona's Statewide Achievement Assessment for English Language Arts and Math (AzM2), previously called Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT).[182,183,184] The *Move on When Reading* policy, enacted by the Arizona legislature in 2010, states that a 3rd grade student shall not be promoted to 4th grade if their reading score falls far below the 3rd grade level, as established by the State Board of Education.[185, 186] These policies are intended to help identify struggling readers who may benefit from more targeted literacy interventions. Children's reading comprehension and proficiency skills when in the 3rd grade can predict their future academic success, such as their likelihood of graduating high school and attending college.[187] Poor reading skills are associated with a six-fold increase in the likelihood of dropping out of high school compared to proficient readers.[188] However, it is important to note that standardized tests have been found to have lower cultural relevancy to non-White students, which has contributed to a disparity in achievement on standardized tests across racial and ethnic groups.[189]

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[182] *In 2022, AzM2 was replaced by Arizona's Academic Standards Assessment (AASA).*

[183] Arizona Department of Education. (n.d.). *Assessments.* Retrieved August 20, 2021 from https://www.azed.gov/assessment

[184] Altavena, L. (2021, February 8). *Testing for Arizona students returns in April, with lots of unanswered questions*. AZ Central. Retrieved August 20, 2021 from https://www.azcentral.com/story/news/local/arizona-education/2021/02/08/arizona-students-take-standardized-tests-april-lots-questions-unanswered/4251118001/

[185] *Exceptions exist for students identified with or being evaluated for learning disabilities or reading impairments, English language learners and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education. Students who test in the 'far below' proficiency range can also be promoted to 4th grade if they complete summer school and then demonstrate reading at a proficient level. Given these exceptions, historically very few 3rd grade students (<1%) have been retained due to Move on When Reading. As of 2022, schools with early elementary grade students are now required to screen all kindergarten and first grade students for dyslexia and have at least one teacher who has complete ADE-approved trainings in reading instruction, intensifying instruction and understanding and recognizing dyslexia.*

[186] Arizona Department of Education. (2023). *Move on when reading*. Retrieved July 27, 2023 from http://www.azed.gov/mowr/

[187] Lesnick, J., Goerge, R. M., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Annie E. Casey Foundation. Retrieved September 20, 2023 from https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF

[188] Hernandez, J. D. (2011). *How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved September 23, 2023 from https://files.eric.ed.gov/fulltext/ED518818.pdf

[189] Jimenez, L., & Boser, U. (2021). *Future of testing in education: The way forward for state standardized tests.* Center for American Progress. Retrieved February 6, 2024 from https://files.eric.ed.gov/fulltext/ED617055.pdf

How the Gila River Indian Community Region is faring

- In 2020, the BIE published a new Standards, Assessments and Accountability Systems Final Rule, which means that BIE will use a single unified assessment in all BIE-funded schools nationwide.[190] Prior to 2020, BIE-funded schools in Arizona used the same assessment as Arizona public schools. In the 2018-19 school year, English Language Arts passing rates (which include 'proficient' and 'highly proficient' scores) for students at BIE-funded schools in the region ranged from 10% of students at Gila Crossing Day (Community) School to 19% at Blackwater Community school. Math passing rates were higher for all regional schools, ranging from 13% at Casa Blanca Community School to 32% at Blackwater Community School (Table 16 & Table 17).
- Pre-pandemic, only 6% of students at Sacaton Elementary School and 9% of students at Akimel O'Otham Pee Posh Charter achieved passing scores on the 3rd grade English Language Arts assessment in the 2018-19 school year, which was lower than American Indian students in Maricopa County schools (30%), Pinal County schools (16%) and across the state (22%) (Table 18).
- Pre-pandemic math passing rates were slightly higher across the board; 7% of students at Sacaton Elementary School and 24% of students at Akimel O'Otham Pee Posh Charter achieved passing scores on the 3rd grade Math assessment in the 2018-19 school year, though still lower than American Indian students in Maricopa County schools (36%), Pinal County schools (19%) and across the state (27%) (Table 19).
- In 2020-21, Arizona schools switched from using the AzMERIT assessment to the AZM2, with no third-grade testing happening in 2019-20 due to school transitions to remote learning. In the first year of AZM2 assessments, fewer than 2% of Akimel O'Otham Pee Posh Charter students achieved a passing score on the English Language Arts or Math assessment. These passing rates fell substantially below passing rates for American Indian students in Maricopa County (20% and 19%, respectively), Pinal County (12% and 15%) and Arizona (16% and 16%) (Table 20 & Table 21).

[190] Bureau of Indian Education (2020, March 26). Assistant Secretary Sweeney announces BIE's approved standards, assessments and accountability system. Retrieved from https://www.bia.gov/as-ia/opa/online-press-release/assistant-secretary-sweeney-announces-bies-approved-standards

Table 16. English/Language Arts assessment results for Gila River Indian Community BIE grant schools (all grades), 2018-19

	Total Tested	Minimally proficient	Partially proficient	Proficient	Highly proficient	Passing
Blackwater Community School	124	52%	28%	17%	2%	19%
Casa Blanca Community School	75	84%	5%	8%	3%	11%
Gila Crossing Day (Community) School	303	72%	18%	8%	2%	10%

Source: Bureau of Indian Education (2021). Annual School Report Cards. Retrieved from https://www.bie.edu/topic-page/performance-data-statistics

Table 17. Math assessment results for Gila River Indian Community BIE grant schools (all grades), 2018-19

	Total Tested	Minimally proficient	Partially proficient	Proficient	Highly proficient	Passing
Blackwater Community School	124	19%	50%	27%	5%	32%
Casa Blanca Community School	82	65%	22%	11%	2%	13%
Gila Crossing Day (Community) School	308	64%	20%	13%	3%	16%

Source: Bureau of Indian Education (2021). Annual School Report Cards. Retrieved from https://www.bie.edu/topic-page/performance-data-statistics

Table 18. Public and charter school AzMERIT assessment results: 3rd grade English Language Arts, 2018-19

	Number of students tested	Falls far below	Approaches	Meets	Exceeds	Passing
Sacaton Elementary School	DS	90%	4%	3%	3%	6%
Akimel O'Otham Pee Posh Charter (3-5)	DS	58%	33%	7%	2%	9%
Maricopa County Schools *(American Indian Students only)*	1,051	57%	13%	24%	6%	30%
Pinal County Schools *(American Indian Students only)*	223	70%	14%	12%	4%	16%
Arizona Schools *(American Indian Students only)*	3,497	66%	13%	18%	4%	22%

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

Table 19. Public and charter school AzMERIT assessment results: 3rd grade Math, 2018-19

	Number of students tested	Falls far below	Approaches	Meets	Exceeds	Passing
Sacaton Elementary School	DS	72%	21%	7%	<2%	7%
Akimel O'Otham Pee Posh Charter (3-5)	DS	16%	60%	22%	2%	24%
Maricopa County Schools *(American Indian Students only)*	1,128	36%	29%	27%	9%	36%
Pinal County Schools *(American Indian Students only)*	251	47%	35%	16%	<2%	19%
Arizona Schools *(American Indian Students only)*	3,525	42%	31%	21%	5%	27%

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

Table 20. Assessment results: Third Grade English Language Arts, 2021-22

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Akimel O'Otham Pee Posh Charter (3-5)	DS	>98%	<2%	<2%	<2%	<2%
Maricopa County schools *(American Indian students only)*	957	68%	12%	15%	5%	20%
Pinal County schools *(American Indian students only)*	DS	81%	7%	9%	3%	12%
Arizona schools *(American Indian Students only)*	3,036	74%	10%	13%	3%	16%
Arizona schools *(All students)*	79,586	47%	12%	26%	15%	41%

Source: Arizona Department of Education (2023). [Assessment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Data are suppressed in cases where a denominator could be used to calculate a number of students fewer than 11, per ADE policy. Sacaton Elementary had no available assessment data in the ADE Assessment dataset in 2023.

Table 21. Assessment results: Third Grade Math, 2021-22

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Akimel O'Otham Pee Posh Charter (3-5)	DS	>98%	<2%	<2%	<2%	<2%
Maricopa County schools *(American Indian students only)*	960	53%	28%	15%	4%	19%
Pinal County schools *(American Indian students only)*	DS	62%	23%	13%	2%	15%
Arizona schools *(American Indian Students only)*	3,100	57%	27%	13%	3%	16%
Arizona schools *(All students)*	80,445	33%	27%	28%	12%	40%

Source: Arizona Department of Education (2023). [Assessment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Data are suppressed in cases where a denominator could be used to calculate a number of students fewer than 11, per ADE policy. Sacaton Elementary had no available assessment data in the ADE Assessment dataset in 2023.

Graduation rates and adult educational attainment

Understanding the current high school graduation and dropout rates within a region provides insight into the assets within and challenges faced by a community and its future workforce. Adults who graduated from high school have higher rates of employment, higher incomes and better overall health compared to adults who dropped out of high school, even if they received a high school equivalency degree (GED).[191] Maternal education is associated with an array of child outcomes starting with infant health,[192, 193, 194] and both targeted and universal programs serving children from families with lower educational backgrounds can support child development.[195, 196]

In contrast to the U.S. as a whole, Arizona has a larger proportion of disconnected youth, defined as teenagers ages 16 to 19 who are neither attending school nor employed,[197] which has been linked to negative physical and mental health outcomes and higher rates of unemployment.[198] Native youth, both nationally and in Arizona, are disproportionately disconnected and therefore particularly vulnerable to negative outcomes and may need additional outreach and supports.[199]

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[191] Zajacova A., & Everett, B. G. (2013). The nonequivalent health of high school equivalents. *Social Science Quarterly, 95*(1), 221–238. https://doi.org/10.1111/ssqu.12039

[192] Blumenshine, P., Egerter, S., Barclay, C., Cubbin, C., & Braveman, P. (2010). Socioeconomic disparities in adverse birth outcomes. *American Journal of Preventive Medicine, 39*(3), 263–272. https://doi.org/10.1016/j.amepre.2010.05.012

[193] Prickett, K. C., & Augustine, J. M. (2015). Maternal education and investments in children's health. *Journal of Marriage and Family, 78*(1), 7–25. https://doi.org/10.1111/jomf.12253

[194] Augustine, J. M., Cavanagh, S. E., & Crosnoe, R. (2009). Maternal education, early child care and the reproduction of advantage. *Social Forces, 88*(1), 1–29. https://doi.org/10.1353/sof.0.0233

[195] Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: A systematic review. *BMC Public Health, 13*(1). https://doi.org/10.1186/1471-2458-13-17

[196] Duncan, G. J., & Sojourner, A. (2013). Can intensive early childhood intervention programs eliminate Income-Based cognitive and achievement gaps? *Journal of Human Resources, 48*(4), 945–968. https://doi.org/10.3368/jhr.48.4.945

[197] *Age ranges used for 'disconnected youth' vary by source, with some estimates including both teenagers ages 16-19 and young adults ages 20-24 and others focusing on only teenagers or young adults.*

[198] Del Campo-Carmona, B. (2022, December 19). *Arizona's disconnected youth*. Making Action Possible for Southern Arizona. Retrieved August 1, 2023 from https://www.mapazdashboard.arizona.edu/article/arizonas-disconnected-youth

[199] Del Campo-Carmona, B. (2022, December 19). *Arizona's disconnected youth*. Making Action Possible for Southern Arizona. Retrieved August 1, 2023 from https://www.mapazdashboard.arizona.edu/article/arizonas-disconnected-youth

How the Gila River Indian Community Region is faring

- In 2022, 41% of the senior cohort at Skyline Gila River graduated in 4 years. This was a notably lower 4-year graduation rate than for American Indian students that same year in schools in Maricopa County (52%), Pinal County (59%) and Arizona (65%) (Table 22).
- The 4-year graduation rate at Skyline Gila River declined notably from 2020 (65%) to 2021 (29%), recovering somewhat to 50% in 2022. The 5-year graduation rate in 2021 (75%) was higher than the 2020 rate (71%) and exceeded the 5-year rate for American Indian students across Arizona schools (70%) that year (Figure 23).
- The combined 7th-12th grade dropout rate for Skyline Gila River Schools and Sacaton Middle School reached a 3-year low of 8% in the 2021-22 school year. The region's dropout rate also fell below the statewide rate for American Indian students (9%) for the first time in 3 years that year (Table 23).
- Among adults in the Gila River Indian Community Region, 70% have at least a high school education. This is a smaller proportion than seen across all Arizona reservations (77%), Maricopa County (89%), Pinal County (88%) and Arizona (88%) (Figure 24).
- In both 2020 and 2021, about half of births in the Gila River Indian Community Region (51% and 46%, respectively) were to mothers who had at least a high school education (Table 24).

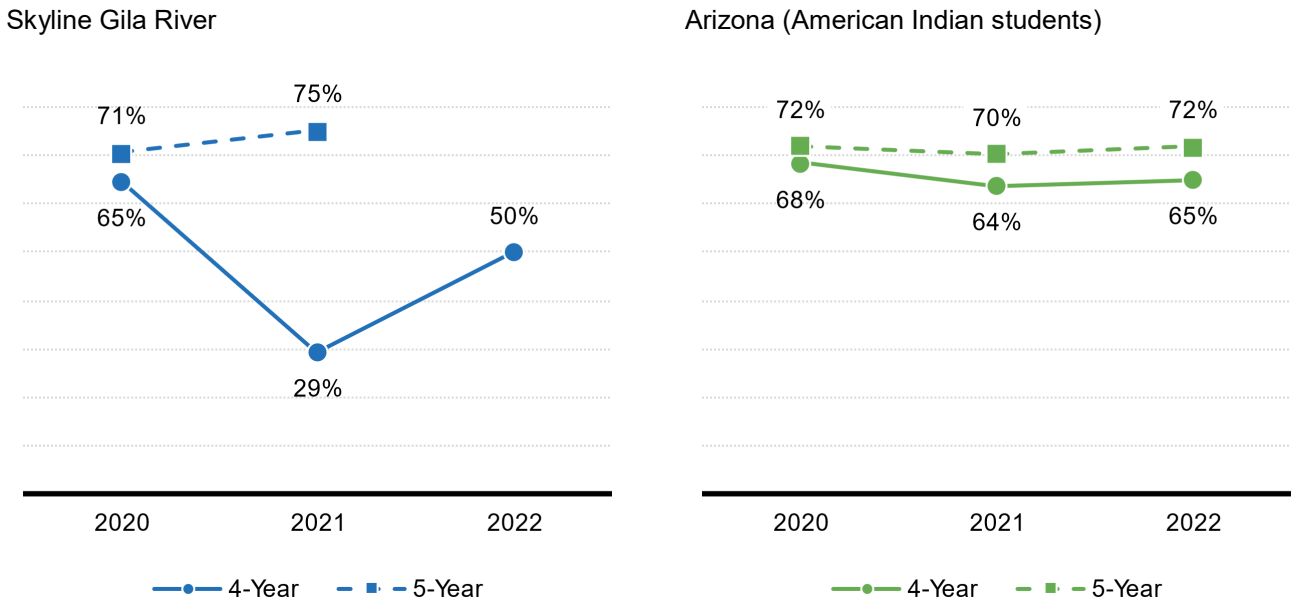
Table 22. 4-year and 5-year graduation rates, 2022

Geography	4-Year senior cohort (2022)	4-Year graduates (2022)	4-Year graduation rate (2022)	5-Year graduates (2022)	5-Year graduation rate (2022)
Skyline Gila River	37	15	41%	<11	DS
Maricopa County schools *(American Indian students only)*	1,467	764	52%	884	59%
Pinal County schools *(American Indian students only)*	189	112	59%	114	74%
Arizona schools *(American Indian Students only)*	4,213	2,739	65%	3,040	72%
Arizona schools *(All students)*	90,880	69,623	77%	71,277	79%

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The 2022 5-year graduation rate for Skyline Gila River was suppressed in ADE files. The 4-year graduation rate reflects the percentage of students who graduated high school within 4 years of entry; the 5-year graduation rate reflects the percentage of students who graduated high school within five years of entry. See https://www.azed.gov/sites/default/files/2017/08/2018%2006%2001%20Graduation%20DO%20and%20Persistence%20Rate%20Tech%20Manual.pdf?id=598a34233217e10ce06647ff

Figure 23. Four- and five-year graduation rates, 2020 to 2022



Source: Arizona Department of Education (2023). [Graduation dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: The 2022 5-year graduation rate for Skyline Gila River was suppressed in ADE files.

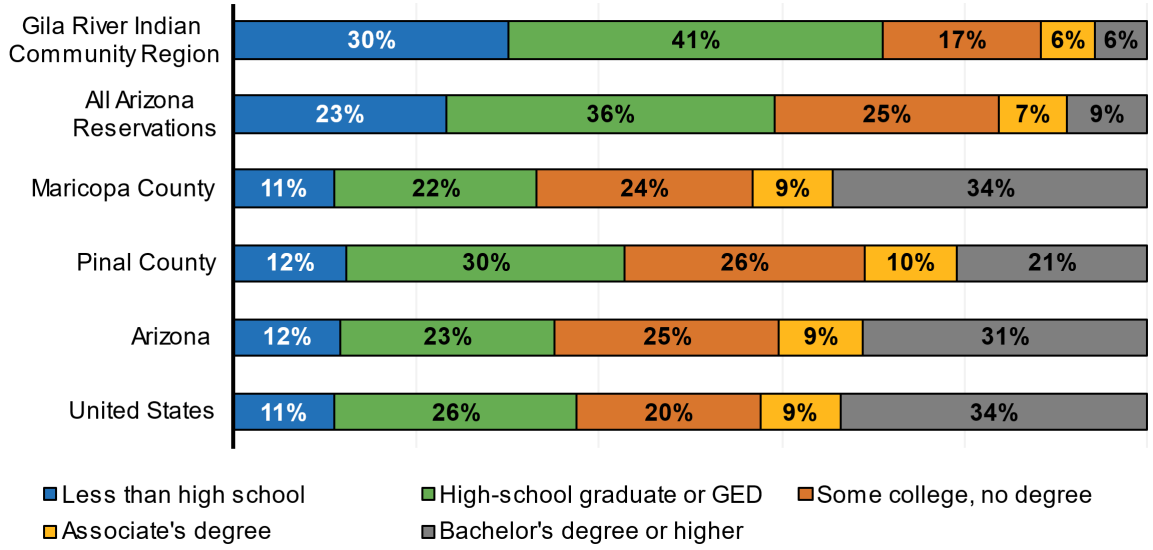
Table 23. 7th to 12th grade dropout rates for American Indian students, 2019-20 to 2021-22

Geography	Dropout Rate, 2019-20	Dropout Rate, 2020-21	Dropout Rate, 2021-22
Skyline Gila River Schools & Sacaton Middle School (combined)	9%	11%	8%
Maricopa County schools *(American Indian students only)*	6%	9%	11%
Pinal County schools *(American Indian students only)*	8%	12%	9%
Arizona schools *(American Indian Students only)*	5%	10%	9%
Arizona schools *(All students)*	3%	4%	5%

Source: Arizona Department of Education (2023). [Dropout Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Notes: Dropouts are defined by ADE as students who were enrolled in school at any time during the school year but were not enrolled at the end of the year and who did not transfer to another school, graduate, or die. Dropout rates are calculated by dividing the number of dropouts by the total enrollment. In many elementary districts, dropout rates reflect students who transferred out and were lost to follow-up.

Figure 24. Level of education for the adult population (ages 25 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B15002

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

Table 24. Level of education for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Gila River Indian Community Region	**2020**	**214**	**49%**	**34%**	**17%**
	2021	**171**	**54%**	**31%**	**12 to 15%**
All Arizona Reservations	2020	1,900	27%	38%	35%
	2021	*No data available for All Arizona Reservations*			
Maricopa County	2020	49,191	14%	25%	60%
	2021	50,245	13%	26%	60%
Pinal County	2020	4,647	15%	31%	53%
	2021	4,840	14%	32%	54%
Arizona	2020	76,781	12%	27%	57%
	2021	77,857	12%	27%	58%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2022). Health status profile of American Indians in Arizona 2020. Retrieved from https://pub.azdhs.gov/health-stats/report/hspam/index.php

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released. A small number of births are missing data on maternal educational attainment, so percentages in this table may not sum to 100%.

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

EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is a pivotal time when crucial physical, cognitive and social-emotional skills are built.[200,201] Early experiences are important for healthy brain development and set the stage for lifelong learning and well-being.[202, 203, 204] Just as rich, stimulating environments can promote healthy development, early negative experiences can also have lasting effects.[205, 206] However, considering the major COVID-19 pandemic-related challenges experienced by many Arizona families, including disproportionate numbers of deaths and losses of family member and caregivers in American Indian and Alaska Native communities,[207] it remains important to remember that while these short- and long-term

[200] Camilli, G., Vargas, S., Ryan, S., & Barnett, W. S. (2010). Meta-analysis of the effects of early education interventions on cognitive and social development. *Teachers College Record: The Voice of Scholarship in Education*, *112*(3), 579–620. https://doi.org/10.1177/016146811011200303

[201] Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families.* Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

[202] Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families.* Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

[203] Kuhl, P.K. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind, Brain, and Education, 5*(3), 128-142. https://doi.org/10.1111/j.1751-228X.2011.01121.x

[204] Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families.* Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

[205] National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15.* Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

[206] NICHD Early Child Care Research Network. (2002). Early child care and children's development prior to school entry: Results from the NICHD study of early child care. *American Educational Research Journal, 39*(1), 133–164. Retrieved August 20, 2021 from http://www.jstor.org/stable/3202474.

[207] Leggat-Barr, K., Uchikoshi, F., & Goldman, N. (2021). COVID-19 risk factors and mortality among Native Americans. *Demographic Research, 45*, 1185-1218. https://doi.org/10.1101/2021.03.13.21253515

effects may be more likely, they are not inevitable.[208, 209] Access to quality early care and learning environments can be a powerful protective factor for every child, and the effects can be particularly life-changing for children facing chronic stressors and for children with disabilities.[210, 211]

Quality early care and educational experiences help children develop into capable learners by supporting many crucial systems in the body.[212] In addition to brain development, positive and adverse experiences in the first few years of life can shape a child's immune functioning, ability to handle stress in a healthy way and capacity to learn and thrive.[213] Each of these factors contribute to being a skillful learner and well-adjusted person.[214]

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[208] Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families.* Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

[209] National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15*. Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

[210] Center on the Developing Child at Harvard University. (2010, July). *The foundations of lifelong health are built in early childhood.* Retrieved August 20, 2021 from http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf

[211] Ibid.

[212] National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15.* Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

[213] Center on the Developing Child at Harvard University. (2010, July). *The foundations of lifelong health are built in early childhood.* Retrieved August 20, 2021 from http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf

[214] Ibid.

What the Data Tell Us

Access to early care and education

Early childhood systems play a key role in supporting children, parents, caregivers and communities as a whole.[215, 216] In Native nations, early care and education services are provided at center-based, home-based and school-based settings that are funded through a combination of tribal, state and federal grants in addition to privately-owned and operated child care facilities.[217] Unfortunately, many Arizona families, both Native and non-Native, continue to face obstacles when seeking quality early care and education. Communities in both urban and rural areas of Arizona face a gap between the number of young children and licensed child care slots.[218, 219, 220, 221] According to the Center for American Progress, almost half of Arizonans (48%), including the majority of rural, low-income and Hispanic or

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[215] Hao, W. (2022, August). *Investing in early childhood workforce recovery. Policy update. Vol. 29, No. 5*. National Association of State Boards of Education. Retrieved August 30, 2023 from https://eric.ed.gov/?id=ED623572

[216] Kashen, J., Cai, J., Brown, H., & Fremstad, S. (2022, March 21). *How states would benefit if congress truly invested in child care and pre-K*. Policy Commons. Retrieved August 13, 2023 from https://policycommons.net/artifacts/2287927/how-states-would-benefit-if-congress-truly-invested-in-child-care-and-pre-k/3048017/

[217] Fleming, C., Moorea, L., Sarchea, M., Charles, T., McNicholas, D., Rackliff, S., Redbird-Post, M., & Sprague, M. (2016, March). *Tribal grantee plans from the 2014-2015 child care development fund. A Report by The Child Care Community of Learning.* Centers for American Indian and Alaska Native Health at the University of Colorado School of Public Health. Retrieved February 6, 2024 from https://coloradosph.cuanschutz.edu/docs/librariesprovider205/trc/1-ccdf-2014-2015-report.pdf

[218] Malik, R., Hamm, K., Adamu, M., & Morrissey, T. (2016, October 27). Child care deserts: An analysis of child care centers by ZIP code in 8 states. *Center for American Progress.* Retrieved August 20, 2021 from https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/

[219] Tanoue, K. H., DeBlois, M., Daws, J., & Walsh, M. (2017, September 14). *Child care and early education accessibility in Tucson (White Paper No. 5).* Making Action Possible for Southern Arizona. Retrieved October 12, 2023 from https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson

[220] Child Care Aware® of America. (2018). *Mapping the gap: Exploring the child care supply & demand in Arizona.* Retrieved August 20, 2021 from http://usa.childcareaware.org/wp-content/uploads/2017/10/Arizona-Infant-Toddler-Brief1.pdf

[221] Smith, L. K., Bagley, A., & Wolters, B. (2020, October). *Child care in 25 states: What we know and don't know (Rep.).* Bipartisan Policy. Retrieved August 20, 2021 from https://bipartisanpolicy.org/wp-content/uploads/2020/10/BPC_Working-Family-Solutions_FinalPDFV4.pdf

Latino families, live in a "child care desert," defined as areas where there are three times as many children as there are available child care opportunities.[222, 223]

Analyses by the Bipartisan Policy Center indicate that Arizona needed an additional 76,740 licensed or registered early care and education slots to have enough for all young children in working families in 2019.[224] Because the COVID-19 pandemic forced many child care centers and home-based providers to close either temporarily or permanently, care has been disrupted for many more families in Arizona and nationwide.[225]

Availability and cost are especially challenging for parents seeking care for infants and young children in Arizona. For example, a family with one infant and one preschooler can expect to pay about $1,670 per month for a licensed child care provider. This monthly cost exceeds what many Arizonans pay per month for housing, creating potential financial challenges that are further compounded for families with multiple children under the age of 6.[226, 227, 228] The Arizona Department of Economic Security (DES) provides child care assistance to financially eligible families, including specific funding for families involved with the Arizona Department of Child Safety (DCS).[229] However, families that are eligible to

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[222] Center for American Progress. (2018). *Child care access in Arizona*. Retrieved October 12, 2023 from https://childcaredeserts.org/2018/

[223] Center for American Progress. (2019). *Early learning factsheet 2019, Arizona.* Retrieved October 12, 2023 from https://americanprogress.org/wp-content/uploads/sites/2/2019/09/Arizona.pdf?_ga=2.124660044.738685272.1697189841-1575343709.1693426880

[224] Bipartisan Policy Center. (2020). *The supply of, potential need for, and gaps in child care in Arizona in 2019.* Child Care Gap. Retrieved August 20, 2021 from https://childcaregap.org/assets/onePagers/Arizona.pdf

[225] Lee, E. K., & Parolin, Z. (2021). The care burden during COVID-19: A national database of child care closures in the United States. *Socius, 7*. https://doi.org/10.1177/23780231211032028

[226] *In addition to the financial challenges faced by parents paying for child care, the early care and education workforce is one of the most underpaid fields in the country. Nationally, educators working with infants and toddlers are 7.7 times more likely to live in poverty compared to K-8 teachers. The median hourly wage for a child care worker in Arizona ($11.97) is $13.19 less per hour than what is considered a living wage for a single parent with 1 child ($25.16). For more information on early care and education workforce wages visit* https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/

[227] National Low Income Housing Coalition. (2021). *Out of Reach 2021 – Arizona*. Retrieved September 7, 2021 from https://reports.nlihc.org/sites/default/files/oor/files/reports/state/az-2021-oor.pdf

[228] Knueven, L., & Grace, M. (2020, August 6). *The average monthly mortgage payment by state, city, and year*. Business Insider. Retrieved September 7, 2021 from https://www.businessinsider.com/personal-finance/average-mortgage-payment

[229] Arizona Department of Economic Security. (n.d.). *Child care.* Retrieved October 12, 2023 from https://des.az.gov/services/child-and-family/child-care

receive funding may not have access to child care services in their community that are licensed or that accept child care assistance payments, leaving them unable to utilize the funding.[230, 231]

How the Gila River Indian Community Region is faring

- According to the American Community Survey, preschool enrollment for children ages 3-4 in the Gila River Indian Community Region declined by 9% between 2012-2016 and 2017-2021, from 42% to 33%. In contrast, preschool enrollment rates showed smaller changes over time in other geographies, including a slight increase across all Arizona reservations (39% to 41%), slight decreases in Maricopa County (37% to 35%) and Arizona (37% to 36%) and no change in Pinal County (both 31%) (Figure 25).
- 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.
- The Early Education Child Care Center (EECC) is a tribally owned and operated program that receives funding from the Tribal Child Care Development Fund (CCDF) and serves children from six weeks old until 5 years of age (or until they transition into kindergarten). The EECC is one of the child care options available to families in the region through the Gila River Indian Community Child Care and Development Services. The EECC, 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 (ages 6 weeks – 5 years old). In order to receive services, children must be enrolled members of the Gila River Indian Community or children of employees of the Gila River Indian Community or affiliated entities.[232]
- The Gila River Indian Community Head Start has four centers throughout the Community: Sacaton Head Start Center, San Tan Head Start Centers, Vah Ki Head Start Centers and the Komatke Head Start Center (located in Laveen). In fiscal year (FY) 2023, the region had a total funded enrollment (the number of available slots) of 351 children, consistent with FY 2019, though funded enrollment increased for Head Start (203 to 295) and decreased for Early Head

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[230] Walsh, M., Tanoue, K. H., & deBlois, M. (2018). *Relationship of economic independence and access to childcare for single moms (2018 research brief).* Women Giving. Retrieved October 12, 2023 from https://womengiving.org/wp-content/uploads/2022/01/WFSA-2018-Research-Brief.pdf

[231] Tanoue, K. H., deBlois, M., Daws, J., & Walsh, M. (2017). *Child care and early education accessibility in Tucson (White Paper No. 5).* Making Action Possible for Southern Arizona. Retrieved October 12, 2023 from *https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson*

[232] First Things First (2018). First Things First Gila River Indian Community Regional Needs and Assets Report. Retrieved 10 January 2024 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202018%20-%20Gila%20River%20Indian%20Community.pdf

Start (148 to 56). Cumulative enrollment (the number of children enrolled across the school year) decreased notably from FY 2019 (n=442) to FY 2023 (n=169), despite the same number of funded slots. In FY 2023, 130 children were enrolled in Head Start and 39 in Early Head Start in the region (Table 25).

- 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.[233]
- Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. FACE has both center- and home-based components, as well as programming to specifically support children and their caregivers.[234] In the region, FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools, each program operating independently. In 2019, the three FACE programs served a total of 283 individuals, including 137 children (birth to age 5) and 146 adults. The Blackwater Community School FACE Program served 118 individuals (52 children and 66 adults), the Casa Blanca Community School FACE Program served 78 individuals (42 children and 36 adults) and the Gila Crossing Community School FACE Program served 87 individuals (43 children and 44 adults). Home-based services across the region reached a larger number of individuals (107 children and 114 adults) than center-based services (34 children and 43 adults) (Table 26).
- 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 classroom is a Quality First site, funded by the Gila River Indian Community Regional Partnership Council, and provides services to a total of 20 4-year-old children; the second classroom is funded through a grant from the 21st Century Learning Centers program and provides services to 20 children.[235] Sacaton Elementary School is an ADE public school that offers a preschool program for children with special needs; the program has a total licensed capacity to serve 120 children. St. Peter's Indian Mission School is a private Catholic school located in Bapchule Village funded by the Gila River Indian Community with a licensed capacity to serve 40 children in two classrooms.

[233] Ibid

[234] Ibid.

[235] Ibid.

- Community members from the Tohono O'odham Nation, Ak-Chin Indian Community, Gila River Indian Community and Salt River Pima-Maricopa Indian Community initiated a collaborative movement to support early childhood programs and planning across the 4 tribal communities.[236] The Inaugural Early Childhood Symposium (*Wecij 'A'Al Ha-Mamṣcamdam Hemapig*) was held in October 2022 at the Tohono O'odham Community College with the theme "We will speak for our children." The symposium aimed to reflect upon how the communities define the early learning experiences of their children, how early childhood programs can meet the needs of the communities' young children and how to develop early childhood leaders within these communities.
- Child care assistance is available in the Gila River Indian Community Region through the EECC with funds from the Tribal CCDF and scholarships from the First Things First Gila River Indian Community Regional Partnership Council through Quality First.[237] 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.[238]
- Some Gila River Indian Community families may use child care providers outside of the region, which could potentially result in significantly higher costs. Certified family homes in Maricopa and Pinal counties provide the lowest median monthly cost of care for infants ($714 and $735, respectively), 1-2-year-olds ($630 and $735) and 3-5-year-olds ($630 and $683). Care for infants is generally the most expensive type of care; center-based infant care is most expensive in Maricopa County ($1,134), while school-based infant care is most expensive in Pinal County ($1,272) (Figure 26).
- Potential child care costs as a percentage of median family income are notably higher in the Gila River Indian Community Region compared to the counties and state. In 2022, the cost of sending an infant to a licensed center full-time was 40% of the median income for families with children under 18 in the region, compared to 17% in Maricopa County, 14% in Pinal County and 15% across the state. While the proportions of income potentially spent on care for 1-2-year-olds (36%) and 3-5-year-olds (31%) were smaller than for infants in the region, they still were more than double the percentage of income spent by families in the counties and state (Figure 27).

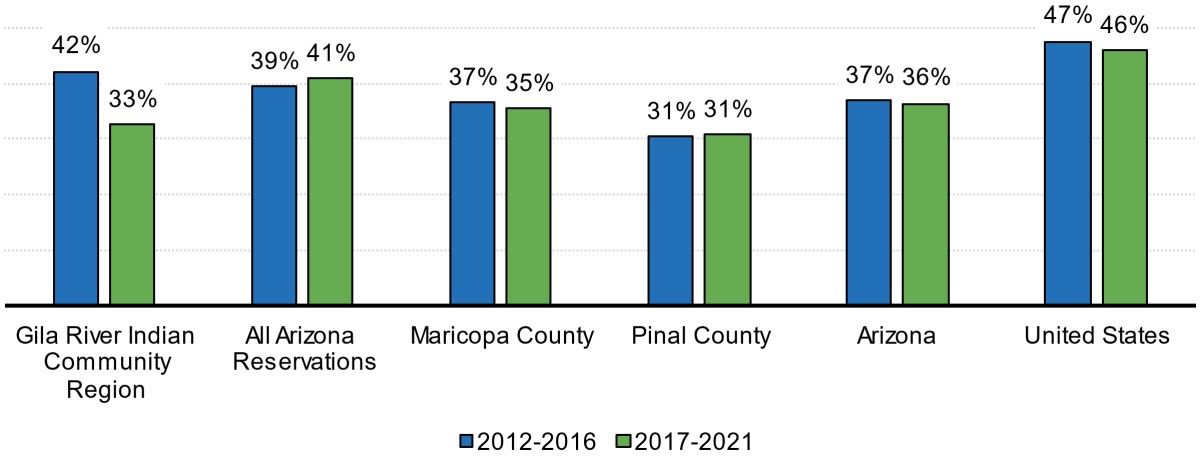
[236] For more information, see: https://sites.google.com/view/oodhampeeposhecesymposium2022/home

[237] First Things First (2018). First Things First Gila River Indian Community Regional Needs and Assets Report. Retrieved 10 January 2024 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202018%20-%20Gila%20River%20Indian%20Community.pdf

[238] Ibid.

- Across all provider types and child ages, the median cost of child care in Maricopa and Pinal counties increased between 2018 and 2022. Certified family homes had the largest increases during this time in Maricopa County, increasing by as much as 41% for infants, while in Pinal County some of the largest increases were among small group homes, where infant care increased by 31% (Table 27).
- Very few children and families in the Gila River Indian Community Region received DES child care assistance between 2019 and 2022. On a positive note, in two of the four years between 2019 and 2022 all eligible families in the region were able to use their DES child care assistance (Table 28 & Table 29).

Figure 25. Percent of 3- and 4-year-olds enrolled in school, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Table B14003

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

Table 25. Funded and cumulative Head Start and Early Head Start enrollment, FY 2019 & FY 2023

	FY2019		FY2023	
	Funded	Cumulative	Funded	Cumulative
Total	**351**	**442**	**351**	**169**
Head Start	203	260	295	130
Early Head Start	148	182	56	39

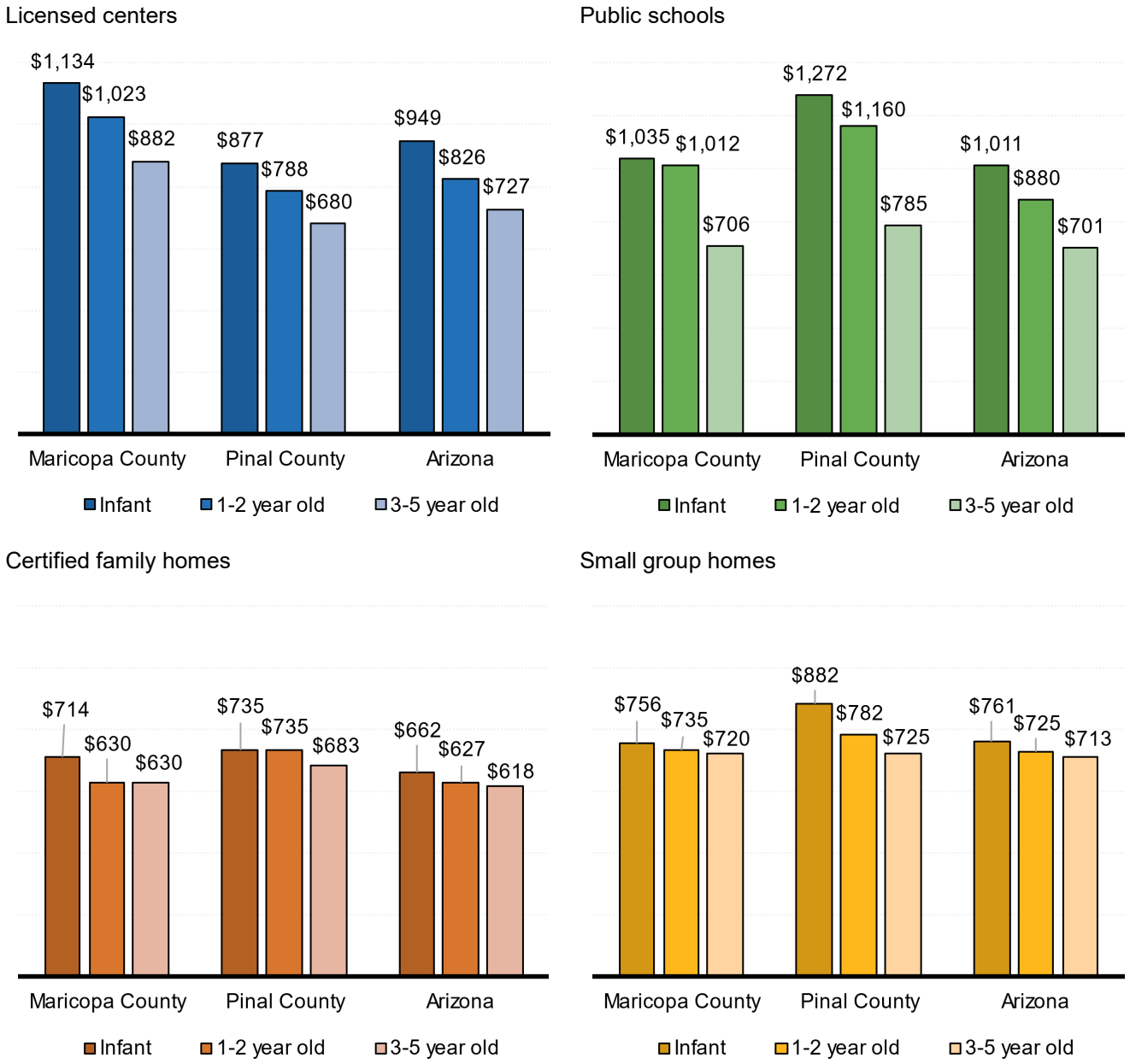
Source: Office of Head Start (2023). 2023 Program Information Report & 2019 Program Information Report. Retrieved on Dec 1, 2023 from https://hses.ohs.acf.hhs.gov

Table 26. Participation in Gila River Indian Community FACE Programs, 2019

Program year	Center-based services		Home-based services		Receiving any services (unduplicated)		
	Adults	Children (3-5)	Adults	Children (0-2)	Adults	Children (0-5)	Total
Blackwater Community School	16	12	52	42	66	52	118
Casa Blanca Community School	<10	<10	33	34	36	42	78
Gila Crossing Community School	21	14	29	31	44	43	87
Total	**43**	**34**	**114**	**107**	**146**	**137**	**283**

Source: Research & Training Associates, Inc. (2020). BIE Family and child education program, 2019 reports. U.S. Department of the Interior Bureau of Indian Affairs, Bureau of Indian Education.

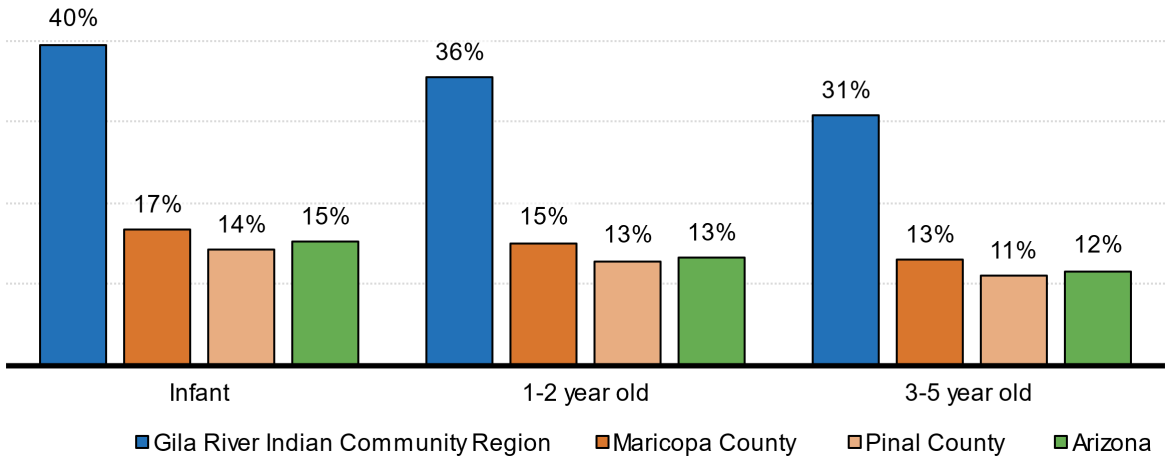
Figure 26. Median monthly charge for full-time child care, 2022



Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540

Note: Median monthly charges are calculated by multiplying the daily median cost of care by 21 to approximate a full month of care.

Figure 27. Cost of center-based child care as a percentage of income, 2022



Source: Sources: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540 & U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126.

Note: Annual child care costs are calculated by multiplying the daily median cost of care by 252 to approximate a full year of care, then dividing by the median income for families with children under the age of 18 in the region. Calculations for the Gila River Indian Community Region compare the median cost of care in Pinal County to the median family income for families with children under age 18 in the Gila River Indian Community Region

Table 27. Increase in median child care cost by provider type and child age, 2018 to 2022

Geography	Certified family homes			Small group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Gila River Indian Community Region	*Regional data not available*								
Maricopa County	+41%	+33%	+33%	+20%	+25%	+23%	+20%	+22%	+24%
Pinal County	+23%	+23%	+26%	+31%	+24%	+15%	+21%	+17%	+15%
Arizona	+26%	+23%	+26%	+28%	+28%	+28%	+21%	+19%	+18%

Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540

Table 28. Children receiving DES child care assistance, 2019 to 2022

Geography	Number of children receiving assistance				Percent of eligible children receiving assistance			
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2019	CY 2020	CY 2021	CY 2022
Gila River Indian Community Region	25	2 to 18	11	18	100%	DS	58%	78%
Maricopa County	21,871	16,963	19,317	17,358	87%	72%	85%	86%
Pinal County	1,851	1,442	1,935	1,690	88%	71%	85%	86%
Arizona	34,963	27,046	31,212	28,367	88%	73%	86%	87%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.

Table 29. Eligible families not using DES child care assistance, 2019 to 2022

Geography	CY 2019	CY 2020	CY 2021	CY 2022
Gila River Indian Community Region	DS	DS	0.0%	0.0%
Maricopa County	8.5%	19.1%	12.4%	9.7%
Pinal County	7.8%	18.0%	12.5%	11.4%
Arizona	7.9%	18.3%	11.7%	9.2%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.
Note: N/A indicates that there were no children eligible for assistance in that year, meaning that a percentage could not be calculated.
DS indicates that a percentage could not be shown due to data suppression guidelines.

High quality early care and education

Children who begin their education in high-quality preschool programs tend to repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.[239] This provides a return on investment to society through increased educational achievement and employment, reductions in crime and better overall health of children as they mature into adults.[240, 241] The key ingredients in positive early experiences include responsive

[239] The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success.* Retrieved August 20, 2021 from http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf

[240] White House Council of Economic Advisors. (2015, January). *The economics of early childhood investments.* Obama White House Archive. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf

[241] Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition.* The Heckman Equation. Retrieved August 20, 2021 from https://heckmanequation.org/wp-content/uploads/2017/01/F_Heckman_AbecedarianHealth_062615.pdf

relationships, core adaptive skills development, reduced sources of stress and appropriate nutrition – all things that quality early care and education are in a unique position to provide at the critical time to encourage optimal learning and well-being for years to come.[242] Early care and education shapes far more than a child's future academic achievement, and an investment in early childhood can be one of the most productive investments a community can make.[243]

One way that the quality of early child care and education is measured in Arizona is through the Quality First program.[244] The Quality First program rates the quality of child care providers and preschools on a scale of one to five stars, with providers considered high quality when they have received a three-star rating or higher. Quality First also offers training and funding for participating schools and providers to improve their services.[245] Quality First providers are supported by regional funding.

How the Gila River Indian Community Region is faring

- In 2023, the five Quality First child care providers in the Gila River Indian Community Region enrolled a total of 116 young children. All Quality First sites in the region had a 3-5-star rating, indicating a high-level of quality in early care and education (Table 31, Table 32 and Table 33).[246] Providers participating in Quality First in the region include two Gila River Indian Community Head Start centers, Sacaton Elementary Preschool, Blackwater Community School Preschool and the EECC.[247]
- Fewer than 10 children enrolled in a Quality First provider site in the region were served by Quality First Scholarships in 2023, accounting for about 7% of children enrolled (Table 33).
- DES defines quality environments as child care providers with a 3-, 4-, or 5-star Quality First rating, a national accreditation, or a Child Development Associate (CDA) credential for family child care providers. At the regional level in 2022, 79% of the young children in the Gila River Indian Community Region were enrolled in quality environments (Table 34).

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[242] National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15.* Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

[243] Hahn, R. A., & Barnett, W. S. (2023). Early childhood education: Health, equity, and economics. *Annual Review of Public Health*, *44*(1), 75–92. https://doi.org/10.1146/annurev-publhealth-071321-032337

[244] First Things First. (n.d.). *About Quality First*. Retrieved October 12, 2023 from https://www.firstthingsfirst.org/resources/quality-first/about-quality-first/

[245] First Things First. (n.d.). *About Quality First*. Retrieved October 12, 2023 from https://www.firstthingsfirst.org/resources/quality-first/about-quality-first/

[246] First Things First (2023). *Enrolled Quality First providers* [dataset]. First Things First Data Center. Retrieved December 21, 2023 from https://datacenter.azftf.gov/quality-first

[247] First Things First (2024). [Data Center: Quality First]. Accessed at https://datacenter.azftf.gov/quality-first

Table 30. Quality First child care providers by funding source, state fiscal year 2023

Geography	Child care providers served	Regional Funding	DES Expansion	Buy-In
Gila River Indian Community	5	4	0	1
Arizona	1,434	1,045	384	5

Source: First Things First (2023). Quality First Summary Data. Unpublished data.
Note: DES Expansion sites are funded with limited time ARPA dollars. The Quality First Buy-In site in Gila River Indian Community is funded by the Phoenix South Regional Partnership Council.

Table 31. Quality First Programs, state fiscal year 2023

Geography	Child care providers served	Child care providers with a 3-5 star rating	Percent of child care providers with a 3-5 star rating
Gila River Indian Community Region	**5**	**5**	**100%**
Arizona	1,434	982	68%

Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Table 32. Children served by Quality First child care providers, state fiscal year 2023

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a star rating	Children enrolled at a Quality First provider site with a 3-5 star rating	% of Children in a Quality-Level Setting (3-5 Stars)	Children served by Quality First Scholarships
Gila River Indian Community	116	116	116	100%	<10
Arizona	70,837	54,155	48,379	68%	8,262

Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Table 33. Children receiving DES child care assistance who are enrolled in quality environments, 2022

Geography	Children ages 0-5		
	Received assistance	Enrolled in quality environment	Percent in quality environment
Gila River Indian Community Region	19	15	79%
Maricopa County	17,358	12,509	72%
Pinal County	1,610	1,006	60%
Arizona	28,367	19,599	69%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.
Note: Quality environments are defined by DES as child care providers with a 3-, 4-, or 5-star Quality First rating, a national accreditation, or a Child Development Associate (CDA) credential for family child care providers.

Young children with special needs

Timely intervention can improve the language, cognitive and socio-emotional developmental outcomes of young children who have, or are at risk for, developmental delays.[248, 249, 250] Early intervention also reduces educational costs by decreasing the need for special education.[251] Ensuring that children have access to timely and adequate screening and intervention services from birth to age 5 can be key for preparing children for kindergarten.

In Arizona, the Arizona Early Intervention Program (AzEIP),[252] the Division of Developmental Disabilities (DDD)[253] and the Arizona Department of Education Early Childhood Special Education

[248] Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922).* Retrieved August 30, 2023 from http://pn3policy.org/policy-clearinghouse/early-intervention-services

[249] Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922).* Retrieved August 30, 2023 from http://pn3policy.org/policy-clearinghouse/early-intervention-services

[250] Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A. A., Mallik, S., Simeonsson, R. J., Marnie, S., & Nelson, L. (2007, January). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes.* Research Connections. Retrieved August 30, 2023 from https://researchconnections.org/childcare/resources/13407

[251] Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs.* National Early Childhood Technical Assistance Center. Retrieved August 20, 2021 from http://ectacenter.org/~pdfs/pubs/econbene.pdf

[252] *For more information on AzEIP (which is a division of the Department of Economic Security), visit https://www.azdes.gov/azeip/*

[253] *For more information on DDD (which is a division of the Department of Economic Security), visit https://des.az.gov/services/disabilities/developmental-disabilities*

Program are designed to provide services to families with children who have special needs.[254] AzEIP is a division of DES that provides early intervention and a variety of supportive services to Arizona children birth to age 2 with disabilities and their families.[255] The goal of these services is to improve the learning and development of children and inform their family members of how they can best support their child.[256] DDD is a division of DES that provides supportive services to people of all ages with a qualifying developmental disability, including cerebral palsy, autism spectrum disorder, down syndrome, epilepsy and cognitive disabilities.[257] Children under the age of 6 that have been assessed by AzEIP to have a qualifying disability may also receive DDD services. At age 3, children with special needs transition from AzEIP services to their local education agency (LEA), usually a school district. Each Arizona school district is mandated to participate in Child Find[258] and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and tribal nations. According to national research, insufficient funding and staffing of these programs are the greatest obstacles to identifying and providing resources for all children who would benefit from early intervention, and Arizona already falls in the bottom 10 states in the nation for early intervention service provision.[259] Fewer children in Arizona are accessing critical early intervention services that can identify disabilities, provide parent-coaching and encourage optimal development at home.[260] This matters because, while early education discussions often center around pre-kindergarten for 4-year-olds, research continues to point to the impact of experiences during the first 3 years of life as being just as

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[254] *For more information on ADE's Early Childhood Special Education program, visit http://www.azed.gov/ece/early-childhood-special-education/ and http://www.azed.gov/special-education/az-find/*

[255] Arizona Department of Economic Security. (n.d.). *Arizona early intervention program.* Retrieved October 12, 2023 from https://des.az.gov/AzEIP/

[256] Arizona Department of Economic Security. (n.d.). *About early intervention in Arizona.* Retrieved October 12, 2023 from https://des.az.gov/services/disabilities/early-intervention/about-early-intervention-arizona

[257] Arizona Department of Economic Security. (n.d.). *Developmental disabilities*. Retrieved October 12, 2023 from https://des.az.gov/ddd/

[258] *The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need.*

[259] Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 state policy roadmap: Arizona.* Retrieved February 5, 2024 from https://pn3policy.org/pn-3-state-policy-roadmap-2021/az/early-intervention

[260] Prenatal-to-3 Policy Impact Center. (2022, September). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922).* Retrieved August 31, 2023 from http://pn3policy.org/policy-clearinghouse/early-intervention-services

crucial for healthy brain and body development.[261] Positively, Arizona has taken steps toward improving funding for early intervention, including being 1 of 10 states to cross-reference Medicaid and Early Intervention data to maximize federal Medicaid matching of funds.[262]

How the Gila River Indian Community Region is faring

- In federal fiscal years (FFY) 2021 and 2022 combined, 41% of children birth to age 2 referred to AzEIP were referred by a public health or social service in the Gila River Indian Community Region, with a similar proportion referred by a physician (39%). A small proportion were referred by a parent or family member (6%). The region looked quite different from the counties and state, where referrals by physicians and parents or family members were most common (Table 35).
- In FFY 2022, 39% of children (birth to 2) in the region who were referred to AzEIP were found eligible, including 22% who received services, similar to Maricopa County and Arizona. Over one-third (36%) of child cases in the region were noted as 'no contact,' meaning that a service coordinator made multiple attempts to contact a child's family but was unsuccessful (Figure 28).
- From 2018 to 2022, the number of children in the region referred to and found eligible for AzEIP services fell by half, from 47 to 24 (Figure 29).
- Fewer than 10 children (birth to age 5) in the region received services from DDD between 2019 and 2022 (Table 36).
- Qualifying children may receive services from AzEIP and/or DDD, meaning that the total number of receiving services from one or both programs can be used to estimate the total number receiving early intervention services in a region. Specifically for children birth to age 2, the number of children receiving services declined from 41 in state fiscal year (SFY) 2019 to 10 in SFY 2022. Based on 2020 Census population counts, an estimated 1.6% of children birth to age 2 were receiving AzEIP and/or DDD services in the region in SFY 2022, much lower than the 2.6% statewide (Table 37).

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[261] Prenatal-to-3 Policy Impact Center, LBJ School of Public Affairs, & The University of Texas at Austin. (2021, January 6). *Why do we focus on the prenatal-to-3 age period? Understanding the importance of the earliest years*. Retrieved August 30, 2023 from https://pn3policy.org/resources/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years/#:~:text=Our%20health%20and%20wellbeing%20prenatally%20and%20during%20the,many%20families%20face%20substantial%20challenges%20during%20these%20years.

[262] Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922).* Accessed August 30, 2023 from http://pn3policy.org/policy-clearinghouse/early-intervention-services

- Between 2018 and 2022, a total of 403 preschool through 3rd graders attending Gila River Indian Community Region schools were enrolled in special education, almost one-third (31%) of whom were preschoolers (Table 38).
- The number of preschoolers with disabilities enrolled in special education in the region has declined in recent years, from a high of 42 in SFY 2019 to fewer than 11 in SFY 2021 and SFY 2022, a more than 75% decline. Statewide, the number of preschoolers enrolled in special education also declined, but only by 20% (Table 39).
- Of the preschoolers with disabilities enrolled in Gila River Indian Community Region schools between 2018 and 2022, 43% were diagnosed with a developmental delay, 42% with preschool severe delay and 15% with a speech or language impairment (Figure 30).
- The number of kindergarten through 3rd graders with disabilities enrolled in special education in the region also declined in recent years, from a high of 72 in SFY 2018 to 34 in SFY 2022. In contrast, the number of students in special education statewide increased between SFY 2018 and SFY 2022 (Table 39).
- Among kindergarten through 3rd grade students enrolled in special education in schools in the region during this same time (2018-2022), the largest proportion of students was diagnosed with a developmental delay (48%), a notably larger proportion than Maricopa County (26%), Pinal County (26%) and Arizona (25%). Smaller proportions were diagnosed with a speech or language impairment (19%), specific learning disability (13%), autism (6%) or another disability (15%) (Figure 31).

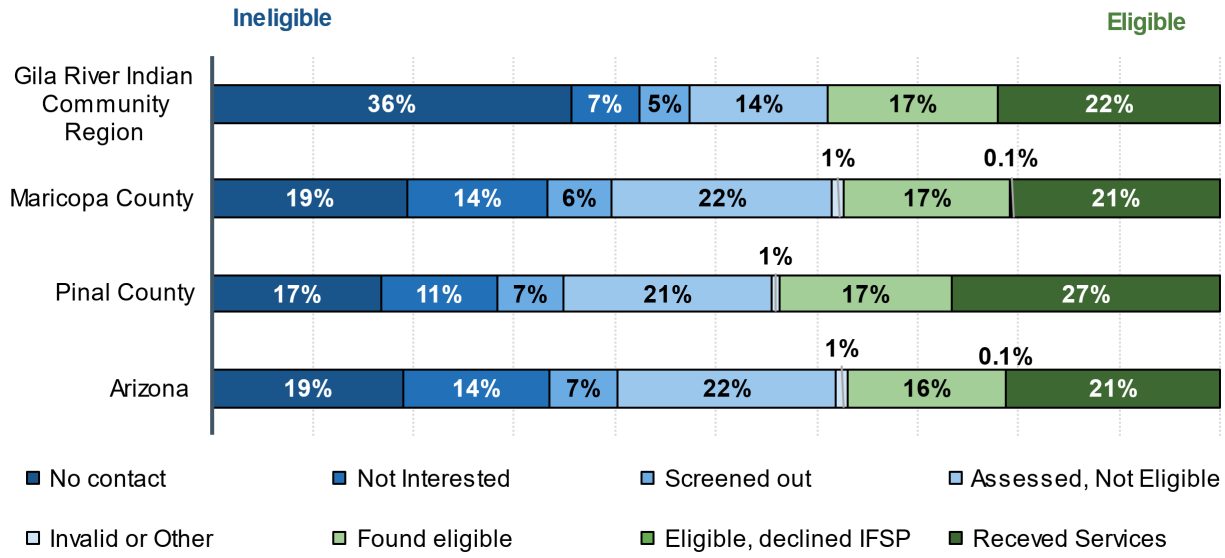
Table 34. Children birth to age 2 referred to AzEIP by referral source, federal fiscal years 2021-2022 (combined)

Geography	Total Referrals	FFY 2021-2022 Referral Source (combined)				
		Physician Office	Parent or Family	Hospital	Public Health or Social Service Agency	Other
Gila River Indian Community Region	**96**	**39%**	**6%**	**6%**	**41%**	**8%**
Maricopa County	18,523	57%	24%	6%	4%	9%
Pinal County	2,324	54%	24%	4%	8%	10%
Arizona	29,446	57%	21%	6%	6%	9%

Sources: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: Other referral sources include audiologists, child care or early learning programs, foster care or adoption agencies, homeless shelters or programs, public health facilities, schools, Department of Child Safety, or referrals without a recorded source.

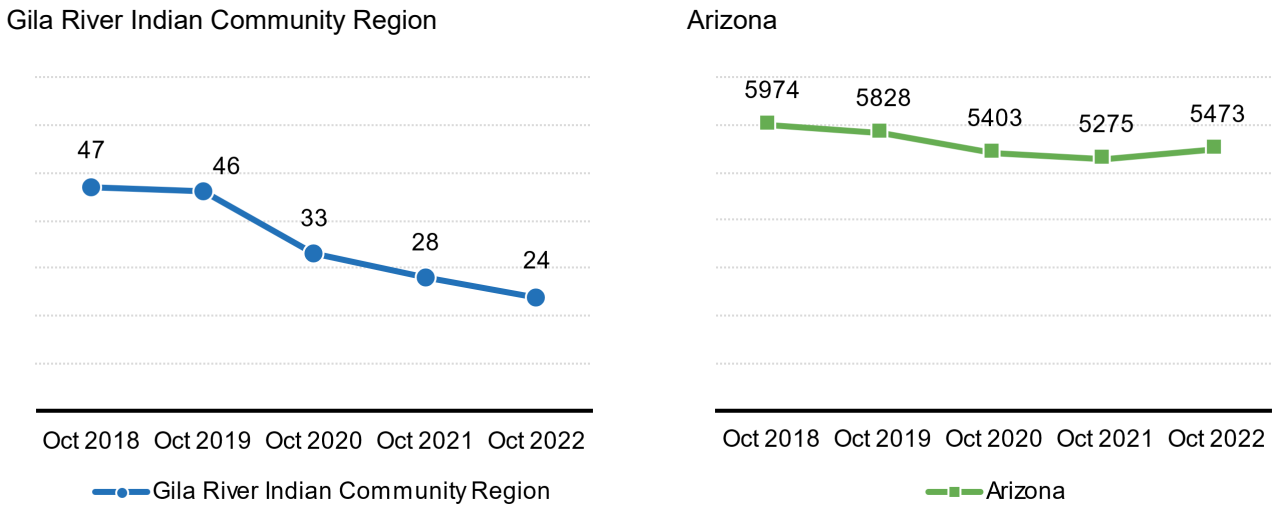
Figure 28. Outcomes for children birth to age 2 referred to AzEIP, federal fiscal year 2022



Sources: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These referral outcomes are recorded by AzEIP service providers. "No contact" means that a service coordinator made multiple attempts to contact a child's family but was unsuccessful. "Not interested" indicates that when contacted the family of the child did not proceed with screening for eligibility. Children who are "screened out" were not suspected to have a qualifying developmental delay based on an initial developmental screening with a service coordinator; children who are "assessed, not eligible" are those with a formal evaluation who were found to not have a qualifying developmental delay. "Invalid or Other" refers to cases where the child was over-age (age 3 or older) or residing outside Arizona, the referral was a duplicate, the referral was for information-only, or the outcome was listed as "other."

Figure 29. Children referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020



Source: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 35. Number of children (birth to age 5) receiving DDD services, state fiscal years 2019 to 2022

Geography	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Percent change from 2019 to 2022
Gila River Indian Community Region	**1 to 9**	**1 to 9**	**1 to 9**	**1 to 9**	**DS**
Maricopa County	2,926	3,003	1,575	2,649	-9%
Pinal County	299	318	227	339	13%
Arizona	4,005	4,078	2,438	3,691	-8%

Source: Arizona Department of Economic Security (2023). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 36. Number of children (ages 0-2) receiving AzEIP and/or DDD services, state fiscal years 2019 to 2022

Geography	Number of children ages 0-2 receiving services from AzEIP and/or DDD				Population ages 0-2 (Census 2020)	Estimated percent of children (ages 0-2) receiving AzEIP and/or DDD services, SFY 2022
	SFY2019	SFY2020	SFY2021	SFY2022		
Gila River Indian Community Region	**41**	**20**	**17**	**10**	**639**	**1.6%**
Maricopa County	4,153	3,697	4,052	4,083	146,147	2.8%
Pinal County	503	501	525	504	13,954	3.6%
Arizona	6,376	5,721	5,916	5,876	225,737	2.6%

Source: Arizona Department of Economic Security (2023). [AzEIP dataset]. Unpublished data.

Table 37. Preschool to 3rd grade students enrolled in special education, state fiscal years 2018-2022 combined

	Students enrolled in special education, SFY2018-2022				
	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Gila River Indian Community Region	123	63	75	71	71
Maricopa County	30,434	22,226	29,488	32,028	34,643
Pinal County	3,165	1,942	2,621	2,753	3,020
Arizona	47,581	35,592	47,046	50,498	54,448

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Data are for students of all races and ethnicities.

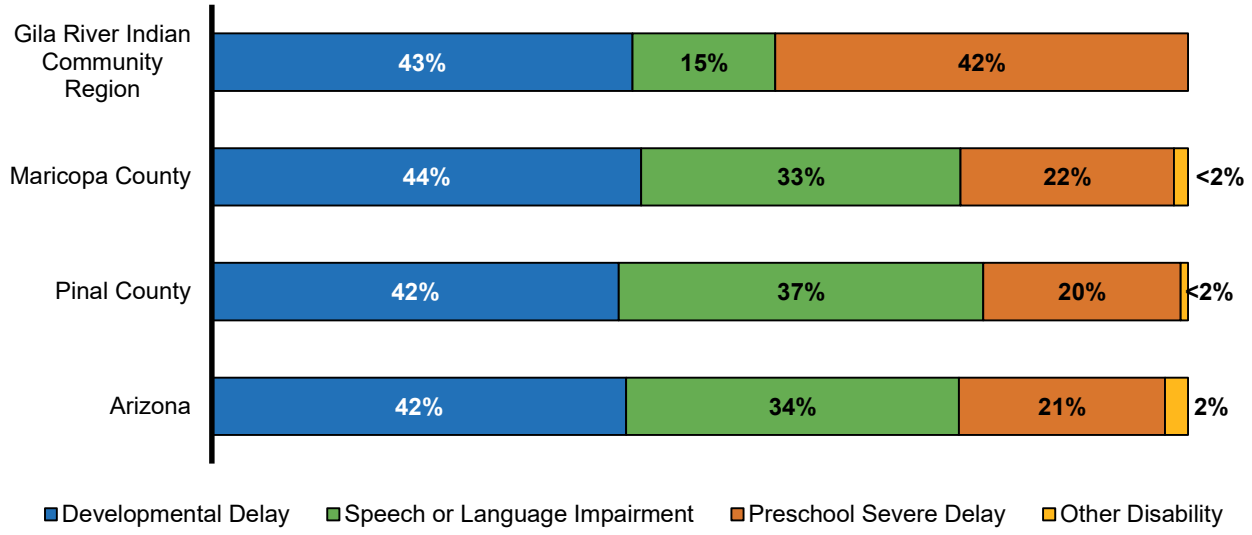
Table 38. Preschoolers with disabilities receiving services through Local Education Agencies, state fiscal years 2018 to 2022

Geography	Preschoolers enrolled in special education				
	SFY2018	SFY2019	SFY2020	SFY2021	SFY2022
Gila River Indian Community Region	36	42	30	<11	<11
Maricopa County	6,444	6,599	6,702	5,590	5,099
Pinal County	693	691	682	515	584
Arizona	10,123	10,314	10,521	8,537	8,086

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The Gila River Indian Community Region row includes students receiving services through Sacaton Elementary District and students enrolled in Gila River Indian Community Head Start programs.

Figure 30. Preschoolers with disabilities receiving services through Local Education Agencies (LEAs) by type of disability, state fiscal years 2018-2022 combined



Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

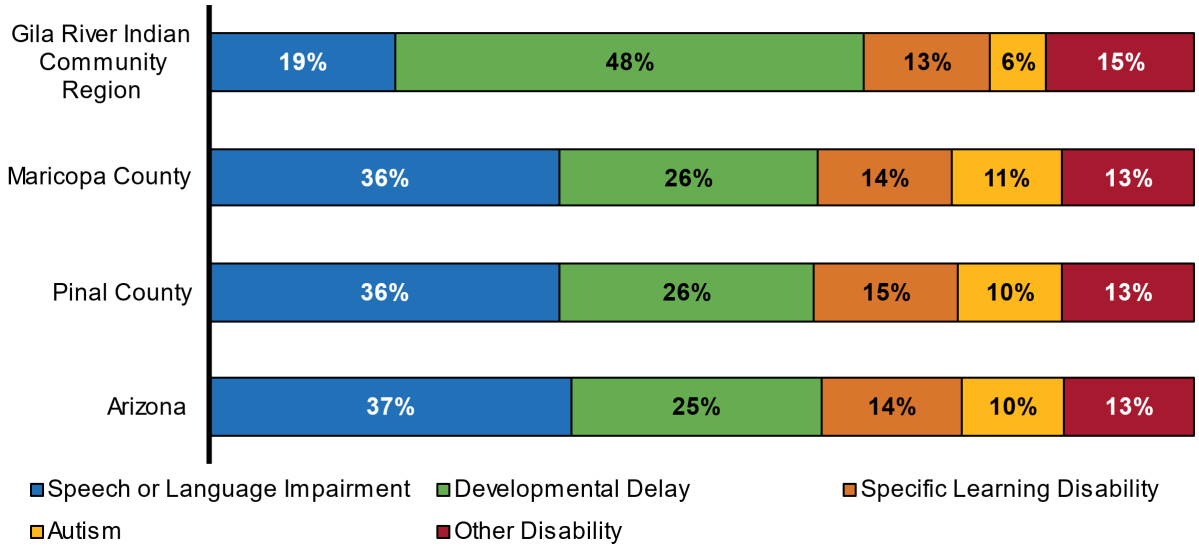
Note: The "Other Disability" category includes children with hearing impairment, visual impairment, or deaf-blindness. The Gila River Indian Community Region row includes students receiving services through Sacaton Elementary District and students enrolled in Gila River Indian Community Head Start programs.

Table 39. Kindergarten to 3rd grade students enrolled in special education in public and charter schools, state fiscal years 2018 to 2022

Geography	K-3rd grade students enrolled in special education				
	SFY2018	SFY2019	SFY2020	SFY2021	SFY2022
Sacaton Elementary School & Akimel O'otham Pee Posh Charter (combined)	72	70	57	47	34
Maricopa County	22,753	23,809	24,485	23,693	23,645
Pinal County	2,036	2,082	2,183	1,993	2,042
Arizona	36,468	37,812	38,791	37,179	37,334

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Figure 31. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, state fiscal years 2018- 2022 combined



Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The "Other Disabilities" category includes children with emotional disturbance, deafness, deaf-blindness, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments such as chronic medical conditions that affect a child's ability to participate in the educational setting, traumatic brain injury, or visual impairment. The Gila River Indian Community Region row includes students enrolled at both Sacaton Elementary School and Akimel O'otham Pee Posh Charter.

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

CHILD HEALTH

CHILD HEALTH

Why it Matters

The physical and mental health of both children and their caregivers are important for optimal child development and well-being. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.[263, 264] Experiences during the prenatal and early childhood periods can result in lifelong impacts on immune functioning, brain development and risk for chronic diseases.[265, 266] Poor health in childhood can also result in lower educational attainment and socioeconomic status in adolescence, adulthood and even inter-generationally.[267, 268] Therefore, adequate access to preventive care and treatment services is vital to support a child's long-term health, development and success.[269, 270, 271] Members of federally-recognized tribes have access to health care

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[263] The Future of Children. (2020). Three trimesters to three years: Promoting early development. *The Future of Children, 30*(2). Retrieved July 18, 2023 from https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/foc_vol_30_no_2_compiled.pdf

[264] National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined. Working Paper no. 15.* Harvard University Center on the Developing Child. Retrieved July 18, 2023 from https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/foc_vol_30_no_2_compiled.pdf

[265] Shonkoff, J. P., Boyce, W. T., Levitt, P., Martinez, F. D., & McEwen, B. (2021). Leveraging the biology of adversity and resilience to transform pediatric practice. *Pediatrics, 147*(2), e20193845. https://doi.org/10.1542/peds.2019-3845

[266] The Future of Children. (2020). Three trimesters to three years: Promoting early development. *The Future of Children, 30*(2). Retrieved July 18, 2023 from https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/foc_vol_30_no_2_compiled.pdf

[267] Harvard University Center on the Developing Child. (2020). *An action guide for policymakers: Health and learning are deeply interconnected in the body*. Accessed July 18, 2023 from https://harvardcenter.wpenginepowered.com/wp-content/uploads/2020/10/2020_WP15_actionguide_FINAL.pdf

[268] Haas, S. A., Glymour, M. M., & Berkman, L. F. (2011). Childhood health and labor market inequality over the life course. *Journal of Health and Social Behavior, 52*(3), 289-313. https://doi.org/10.1177/0022146511410431

[269] Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017, January 31). *What is prenatal care and why is it important?* National Institutes of Health. Retrieved August 23, 2021 from https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care

[270] Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health*, *6*(1), S4. Retrieved August 23, 2021 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/

[271] Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, & Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics, 118*(1), 405-420. https://doi.org/10.1542/peds.2006-1231

services provided through the Indian Health Service (IHS) and/or tribally-administered health care facilities.[272, 273]

What the Data Tell Us

Access to health services

Health insurance coverage is an important indicator of whether families can access, afford and utilize medical care. In Arizona, children up to 19 years of age can enroll in health insurance through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program. Children whose families earn too much to qualify for AHCCCS but do not earn enough to afford private health insurance may also be enrolled in KidsCare, Arizona's Children's Health Insurance Program.[274] During the COVID-19 pandemic, uninsured rates declined due to federal policies prohibiting states from disenrolling people from Medicaid.[275] Despite these efforts, uninsured rates in the overall population are still high.[276] One primary reason for this is perceived cost, with more than two-thirds (69.6%) of uninsured U.S. adults citing their inability to pay for health insurance as the primary reason they were uninsured.[277] Families who qualify for low- or no-cost health insurance may not be aware that they qualify or they may face administrative barriers to enrolling.[278]

A variety of health outcomes for both mothers and infants depend on access to quality health care and support before, during and after pregnancy. Early initiation of prenatal care reduces the risk of prenatal

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[272] Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The changing landscape of health care provision to American Indian Nations. *American Indian Culture and Research Journal, 39*(1), 1-24. https://doi.org/10.17953/aicr.39.1.j1u030g668113403

[273] Zuckerman, S., Haley, J., Roubideaux, Y., & Lillie-Blanton, M. (2004). Health service access, use, and insurance coverage Among American Indians/Alaska Natives and Whites: What role does the Indian Health Service play? *American Journal of Public Health, 94*(1), 53-59. https://doi.org/10.2105/ajph.94.1.53

[274] *For more information on AHCCCS and KidsCare see:* https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html

[275] Tolbert, J., Drake, P., & Damico, A. (2022). *Key facts about the uninsured population*. KFF. Retrieved August 8, 2023 from https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

[276] Healthy People 2030. (n.d.). *Increase the proportion of people with health insurance – AHS-01*. Office of Disease Prevention and Health Promotion. Retrieved August 8, 2023 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-health-insurance-ahs-01

[277] Tolbert, J., Drake, P., & Damico, A. (2022). *Key facts about the uninsured population*. KFF. Retrieved August 8, 2023 from https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

[278] Ibid.

smoking, pregnancy complications, [279] premature births and maternal and infant mortality.[280, 281, 282, 283, 284] Poor access to maternal health care (e.g., hospitals with labor and delivery units, birth centers and obstetric providers) is one factor that can contribute to these outcomes.[285, 286, 287] Black, Hispanic, American Indian and Alaska Native mothers experience a disproportionate lack of access to quality health care and support for their pregnancies.[288, 289] Lack of access to this care has contributed to considerably higher rates of low birth weight births, preterm births and maternal and infant mortality

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[279] *One such complication is congenital syphilis, where untreated maternal syphilis is passed to the fetus and can lead to stillbirth or infant death. The number of babies born in Arizona with congenital syphilis increased more than 10-fold in the last 6 years, even though congenital syphilis can be prevented with adequate prenatal care. For more information, see:* https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/congenital-syphilis/index.php

[280] Centers for Disease Control and Prevention. (2023, January 11). *Before pregnancy: Preconception health*. Retrieved August 9, 2023 from https://www.cdc.gov/preconception/overview.html#PrconceptionHealthCare

[281] Centers for Disease Control and Prevention. (2006, April 21). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR, 55*(RR-06), 1-23. Retrieved August 9, 2023 from https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm

[282] Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: A retrospective analysis of 28,729,765 U.S. deliveries over 8 years. *American Journal of Perinatology, 29*(10), 787–793. https://doi.org/10.1055/s-0032-1316439

[283] U.S. Department of Health and Human Services, Office of the Surgeon General. (2020). *The Surgeon General's call to action to improve maternal health*. Retrieved September 7, 2021 from https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf

[284] Osterman, M. J. K., & Martin, J. A. (2018, May 30). Timing and adequacy of prenatal care in the United States, 2016. *National Vital Statistics Reports*, *67*(3), 1–14. Retrieved August 9, 2023 from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf

[285] March of Dimes. (2023). *Maternity care desert: Data for Arizona. Maternity care desert: Arizona, 2020.* Retrieved August 17, 2023 from https://www.marchofdimes.org/peristats/data?top=23&lev=1&stop=641&reg=04&sreg=04&obj=9&slev=4

[286] March of Dimes. (2023). *Maternity care desert: Data for Arizona. Access to hospitals or birth centers: Arizona, 2019.* Retrieved August 17, 2023 from https://www.marchofdimes.org/peristats/data?top=23&lev=1&stop=644&reg=04&sreg=04&obj=9&slev=4

[287] March of Dimes. (2023). *Maternity care desert: Data for Arizona. Distribution of obstetric providers: Arizona, 2019.* Retrieved August 17, 2023 from https://www.marchofdimes.org/peristats/data?top=23&lev=1&stop=642&reg=04&sreg=04&obj=9&slev=4

[288] Fryer, K., Munoz, M. C., Rahangdale, L., & Stuebe, A. M. (2020). Multiparous Black and Latinx women face more barriers to prenatal care than White women. *Journal of Racial and Ethnic Health Disparities, 8*, 80-87. https://doi.org/10.1007/s40615-020-00759-x

[289] National Partnership for Women and Families. (2019, October). *American Indian and Alaska Native women's maternal health: Addressing the crisis*. Retrieved December 15, 2023 from https://nationalpartnership.org/wp-content/uploads/2023/02/american-indian-and-alaska.pdf

compared to non-Hispanic White Americans.[290, 291, 292] Efforts to increase the number of women in Arizona with access to early prenatal care, such as expanding access to telehealth care and midwifery care, could improve the health outcomes of the state's mothers and babies, especially in counties with lower access to maternal health care services.[293]

Like many rural communities, Native communities often have lower access to high-quality health care. Hospitals and specialty services are fewer and further-between on reservations and in rural areas than in urban areas, and factors such as poor road conditions and lower transportation and internet access can further worsen access issues. Additionally, a report from 2022 estimated that the IHS, through which many tribal members access services, is chronically underfunded by as much as 50% compared to health care needs.[294, 295] Significant and sustained investment is needed to reduce this gap in adequate health care services for Native communities.

How the Gila River Indian Community Region is faring

- Health care services are available to residents of the Gila River Indian Community through Gila River Health Care (GRHC), a 501c(3) Tribal Health Corporation. GRHC facilities include the Hu Hu Kam Memorial Hospital, Komatke Health Center, Ak-Chin Clinic, the Hau'pal (Red Tail Hawk) Health Center, a skilled nursing facility, two dialysis centers and five locations providing behavioral health services. 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,

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[290] Hill, L., Artiga, S., & Ranji, U. (2022, November 01). *Racial disparities in maternal and infant health: Current status and efforts to address them.* KFF. Retrieved December 15, 2023 from https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/

[291] U.S. Commission on Civil Rights. (2021, September 15). *Racial disparities in maternal health*. Retrieved November 15, 2023 from https://www.usccr.gov/reports/2021/racial-disparities-maternal-health

[292] Fryer, K., Munoz, M. C., Rahangdale, L., & Stuebe, A. M. (2020). Multiparous Black and Latinx women face more barriers to prenatal care than White women. *Journal of Racial and Ethnic Health Disparities, 8*, 80-87. https://doi.org/10.1007/s40615-020-00759-x

[293] March of Dimes. (2022). *Nowhere to go: Maternity care deserts across the U.S.* Retrieved August 3, 2023 from https://marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf?mc_cid=87ad97824f&mc_eid=UNIQID

[294] Sequist, TD. (2021). Improving the health of the American Indian and Alaska Native Population. *JAMA,* 325(11),1035–1036. https://doi.org/10.1001/jama.2021.0521

[295] Office of the Assistant Secretary for Planning and Evaluation. (2022). *How increased funding can advance the mission of the Indian Health Service to improve health outcomes for American Indians and Alaska Natives (Report No. HP-2022-21).* U.S. Department of Health and Human Services. Retrieved February 5, 2024 from https://aspe.hhs.gov/sites/default/files/documents/1b5d32824c31e113a2df43170c45ac15/aspe-ihs-funding-disparities-report.pdf

school health services, women's health clinic, emergency transportation services and medical transportation services.[296]

- GRHC 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 individuals at risk for Type 2 Diabetes. Mobile unit services are provided by a nurse practitioner and two medical assistants at schools, district service centers, the Residential Program for Youth (RPY), the Juvenile Department of Rehabilitation Center (JDRC) and The Caring House (TCH). The mobile unit also 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.[297]
- According to American Community Survey (ACS) estimates, 30% of the overall population and 35% of young children (birth to age 5) in the Gila River Indian Community Region lack health insurance. These uninsured rates are notably higher than seen across all Arizona reservations (22% and 20%) (Table 41). However, it is important to note that people whose only access to health care is through the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.
- Uninsured rates[298] among young children in the region doubled in recent years, from 17% in 2012-2016 to 35% in 2017-2022 (+18%). While all Arizona reservations also saw an increase in uninsured young children during this time, the change was much smaller (17% to 20%) (Figure 32).
- Insurance coverage for babies born in recent years highlights that many of those individuals considered uninsured in the Gila River Indian Community Region may be receiving healthcare from IHS. While half of births in the region were covered by AHCCCS in 2020 and 2021, around a third were covered by IHS (2020, 31%; 2021, 37%). This is notably higher coverage by IHS compared to all Arizona reservations (16%) (Table 42).
- The trends in births paid for by AHCCCS and IHS in the region have been relatively consistent in recent years, with close to half of births paid for by AHCCCS and a third or more paid for by

[296] For more information, visit http://grhc.org/

[297] First Things First (2018). First Things First Gila River Indian Community Regional Needs and Assets Report. Retrieved 10 January 2024 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202018%20-%20Gila%20River%20Indian%20Community.pdf

[298] *Note that individuals whose only form of health care coverage is the Indian Health Service (IHS) are considered uninsured by the U.S. Census Bureau. The change in uninsured rates for young children likely represents increased AHCCCS enrollment among children who already have access to IHS health care.*

IHS. In contrast, closer to 70% of births in all Arizona reservations were paid for by AHCCCS and 16-22% by IHS (Figure 33).

- In 2021, just over half (57.9%) of the 171 births in the Gila River Indian Community Region were to mothers who began prenatal care in the first trimester, while almost one in 10 (9%) births were to mothers who had no prenatal care. This is a notable increase in births with no prenatal care compared to 2020 (3%), when the region more closely reflected the counties and state (all 2%) (Table 43).
- Positively, the proportion of births in the Gila River Indian Community Region to mothers who had fewer than five prenatal visits has been steadily declining since 2018, though still well above statewide trends in 2022 (11% versus 4.7%). Births with no prenatal care were also steadily declining before the COVID-19 pandemic but showed a sharp increase in 2021 (9.4%) followed by a decline in 2022 (6.4%)[299] (Figure 34).
- Births to mothers who began prenatal care in the first trimester in the region also showed a positive trend, increasing from 50% in 2018 to 61% in 2022 though remaining below state-level trends, which ranged from 69% to 72% (Figure 35).

Table 40. Health insurance coverage, 2017-2021 ACS

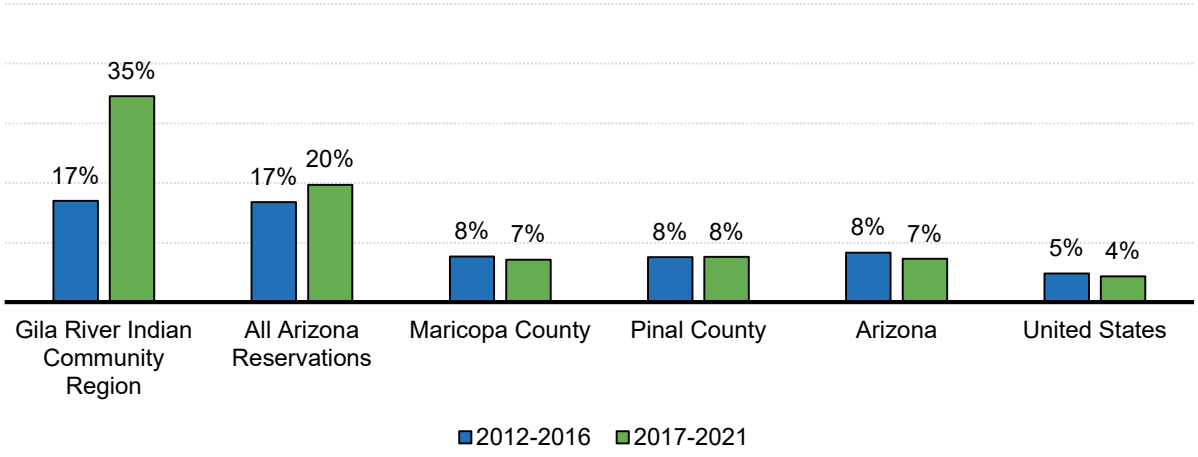
Geography	Estimated civilian non-institutionalized population (all ages)	Without health insurance (all ages)	Estimated number of children (ages 0-5)	Without health insurance (ages 0-5)
Gila River Indian Community Region	**11,743**	**30%**	**1,088**	**35%**
All Arizona Reservations	178,215	22%	15,687	20%
Maricopa County	4,335,169	11%	320,252	7%
Pinal County	398,845	9%	28,405	8%
Arizona	6,976,512	11%	496,410	7%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B27001

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

[299] *Phoenix Indian Medical Center abruptly closed their birthing center in August 2020, which led to major challenges in accessing care for many expectant parents in the Phoenix area.*

Figure 32. Percent of children birth to age 5 without health insurance, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Table B27001

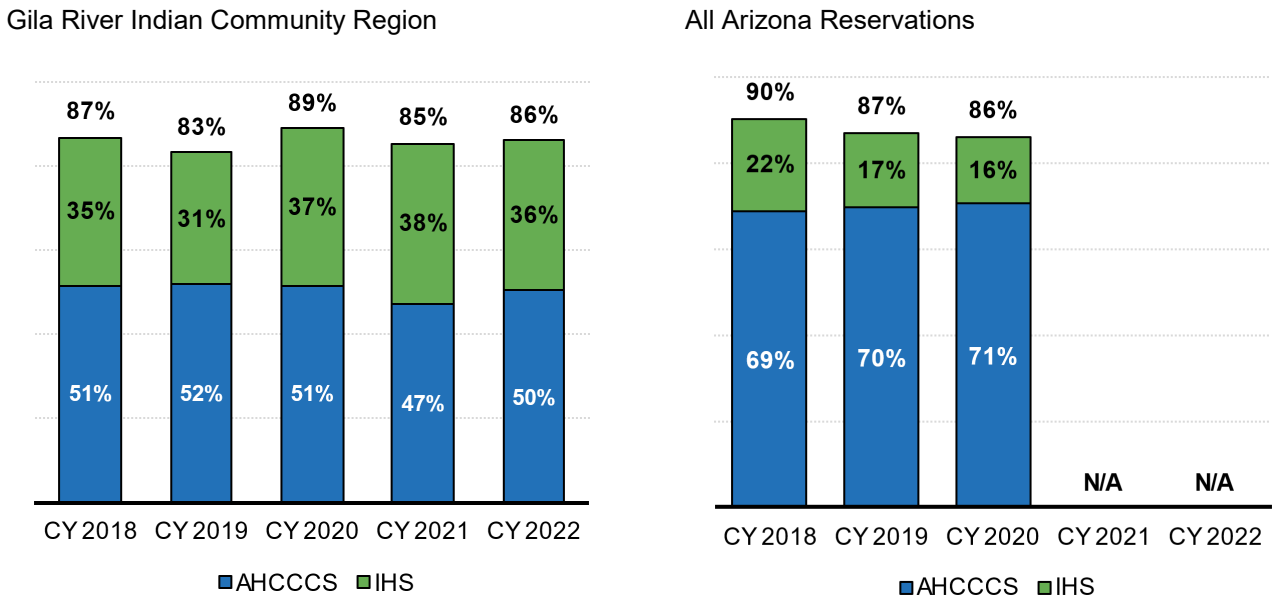
Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau. Please note that the slight differences between bars showing the same number is due to small variations in the percentage of the population without health insurance and the percentage of young children without health insurance that round to the same number (e.g., 9.8% vs. 9.5%).

Table 41. Insurance coverage for babies born in 2020 and 2021

Geography	Calendar year	Number of births	Birth was covered by AHCCCS	Birth was covered by IHS	Birth was covered by AHCCCS or IHS
Gila River Indian Community Region	**2020**	**214**	**52%**	**31%**	**83%**
	2021	**171**	**51%**	**37%**	**89%**
All Arizona Reservations	2020	1,900	71%	16%	86%
	2021	*Data for All Arizona Reservations not available*			
Maricopa County	2020	49,191	45%	0.3%	45%
	2021	50,245	43%	1%	44%
Pinal County	2020	4,647	47%	2%	49%
	2021	4,840	44%	2%	47%
Arizona	2020	76,781	48%	1%	49%
	2021	77,857	46%	1%	47%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data. Note: Mothers of twins are counted twice in this table. Percentages may not sum to 100% due to rounding. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health status profile of American Indian in Arizona for 2021 has not yet been released. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Figure 33. Births paid for by AHCCCS or IHS, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. 'All Arizona Reservations' figure reflects only births to American Indian mothers residing on Arizona reservations. The Health status profiles of American Indian in Arizona for 2021 and 2022 have not yet been released.

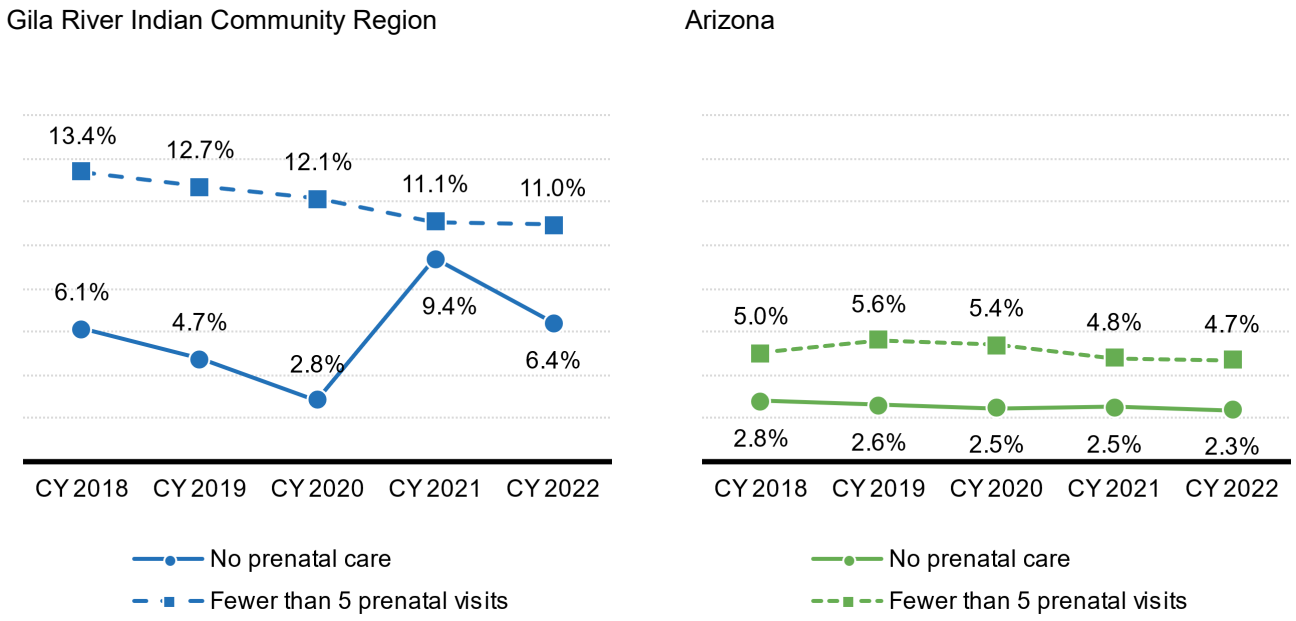
Table 42. Prenatal care for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Gila River Indian Community Region	**2020**	**214**	**3%**	**12%**	**59.8%**
	2021	**171**	**9%**	**11%**	**57.9%**
All Arizona Reservations	2020	1,900	5%	14%	55.8%
	2021	*Data for All Arizona Reservations not available*			
Maricopa County	2020	49,191	2%	4%	71.9%
	2021	50,245	2%	4%	74.0%
Pinal County	2020	4,647	2%	5%	70%
	2021	4,840	2%	4%	74%
Arizona	2020	76,781	2%	5%	68.8%
	2021	77,857	2%	5%	71.7%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health status profile of American Indian in Arizona for 2021 has not yet been released. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

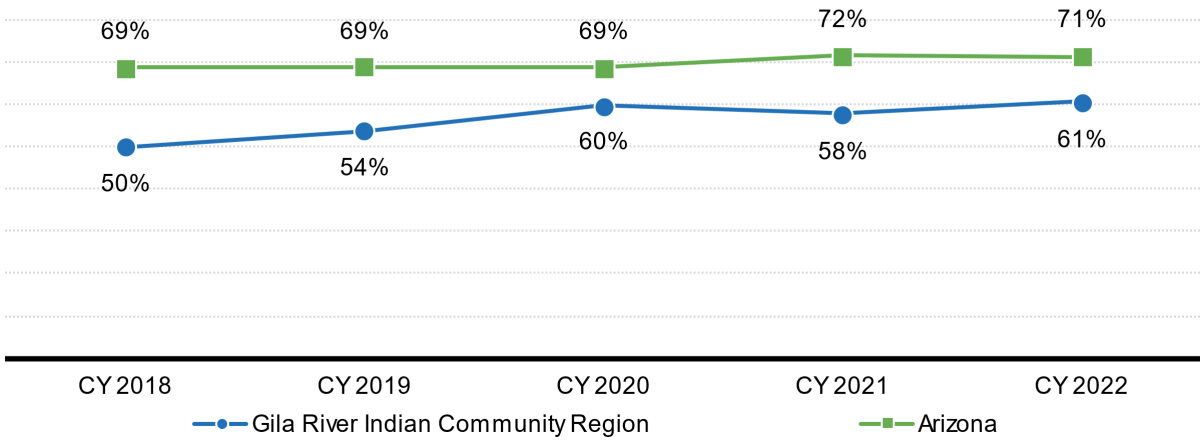
Figure 34. Births to mothers with inadequate prenatal care, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Figure 35. Births to mothers who began prenatal care in the first trimester, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Maternal age and substance abuse

Infants' immediate and long-term health can be influenced by maternal characteristics including age and substance use during or after pregnancy. For example, teenage parents often experience increased stress and hardship in comparison to older parents and other non-parent teenagers as they are less likely to complete high school or college and more likely to maintain a lower socioeconomic status and require public assistance to make ends meet.[300, 301, 302, 303, 304]

The use of substances during pregnancy can cause negative health complications for fetuses and babies. For example, babies born to mothers who smoked cigarettes during pregnancy are more likely to be born preterm, have low birth weight, die from sudden infant death syndrome (SIDS) and have weak lungs.[305, 306] The use of opioids, whether prescribed or illicit, during pregnancy also poses health risks to developing fetuses including preterm birth, stillbirth and birth defects.[307] It may also cause infants to experience withdrawal symptoms after birth, which is referred to as neonatal abstinence syndrome (NAS). Symptoms of NAS include sleep problems, seizures, poor feeding, dehydration, loose stool, sweating, tremors and vomiting. In Native communities, substance abuse issues can be linked to historical trauma and adverse childhood experiences (ACEs). Protective factors, which are also

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[300] Centers for Disease Control and Prevention. (2021, November 15*). Reproductive health: Teen pregnancy. About teen pregnancy.* Retrieved August 9, 2023 from https://www.cdc.gov/teenpregnancy/about/index.htm

[301] Diaz, C., & Fiel, J. (2016). The effect(s) of teen pregnancy: Reconciling theory, methods, and findings. *Demography, 53*(1), 85-116. https://doi.org/10.1007/s13524-015-0446-6

[302] Youth.gov. (2016). *Pregnancy prevention: Adverse effects.* Retrieved September 10, 2021 from http://youth.gov/youth-topics/teen-pregnancy-prevention/adverse-effects-teen-pregnancy

[303] McClay, A., & Moore, K. A. (2022, November 22). Preventing births to teens is associated with long-term health and socioeconomic benefits, according to simulation. *Child Trends.* https://doi.org/10.56417/2270z3088p

[304] Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy (2nd ed.).* Urban Institute Press. Retrieved February 6, 2024 from https://searchworks.stanford.edu/view/7778651

[305] U.S. Department of Health and Human Service. (2010). *A report of the Surgeon General: How tobacco smoke causes disease: What it means to you.* National Institutes of Health. Retrieved September 10, 2021 from https://www.ncbi.nlm.nih.gov/books/NBK53017/pdf/Bookshelf_NBK53017.pdf

[306] Anderson, T. M., Lavista Ferres, J. M., Ren, S. Y., Moon, R. Y., Goldstein, R. D., Ramirez, J. M., & Mitchell, E. A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, *143*(4), e20183325. https://doi.org/10.1542/peds.2018-332

[307] Centers for Disease Control and Prevention. (2022, November 28). *About opioid use during pregnancy.* Accessed September 8, 2023 from https://www.cdc.gov/pregnancy/opioids/basics.html

important elements of effective substance use interventions, include cultural and family connection and traditional healing.[308, 309]

How the Gila River Indian Community Region is faring

- Of the 214 births in the Gila River Indian Community Region in 2020, 13% were to mothers younger than 20, a higher proportion than seen in all Arizona reservations (9%), Maricopa County (5%), Pinal County (5%) and Arizona (5%) (Table 44).
- The proportion of births to teen mothers in the region has remained more than double the trends seen statewide in the past five years, peaking at 14% of births in 2021 compared to 4.6% statewide that year. Trends in births to mothers under 18 in the region were even more notable, reaching a 5-year high of 5.5% of births in 2022 compared to 1.1% statewide (Figure 36).
- Of the 816 births in the region between 2019 and 2022, 5.3% were to mothers who smoked cigarettes during pregnancy, meaning the region did not meet the Healthy People 2030 target of no more than 4.3% of births to mothers reporting smoking cigarettes during pregnancy (Table 44).
- Between 2018 and 2022, there were 148 newborns hospitalized because of maternal drug use during pregnancy in the Gila River Indian Community Region, with an average length of stay of 7.7 days. This equates to 15 newborns hospitalized per 100 live births in the region compared to 3.3 newborns hospitalized per 100 live births statewide (Table 45).

[308] Herron, J. L., & Venner, K. L. (2023). A systematic review of trauma and substance use in American Indian and Alaska Native individuals: Incorporating cultural considerations. *Journal of Racial and Ethnic Health Disparities, 10*, 603–632. https://doi.org/10.1007/s40615-022-01250-5

[309] Lechner, A., Cavanaugh, M., & Blyler, C. (2016, August 24). *Addressing trauma in American Indian and Alaska Native youth.* U.S. Department of Health and Human Services. Retrieved February 5, 2024 from https://aspe.hhs.gov/reports/addressing-trauma-american-indian-alaska-native-youth

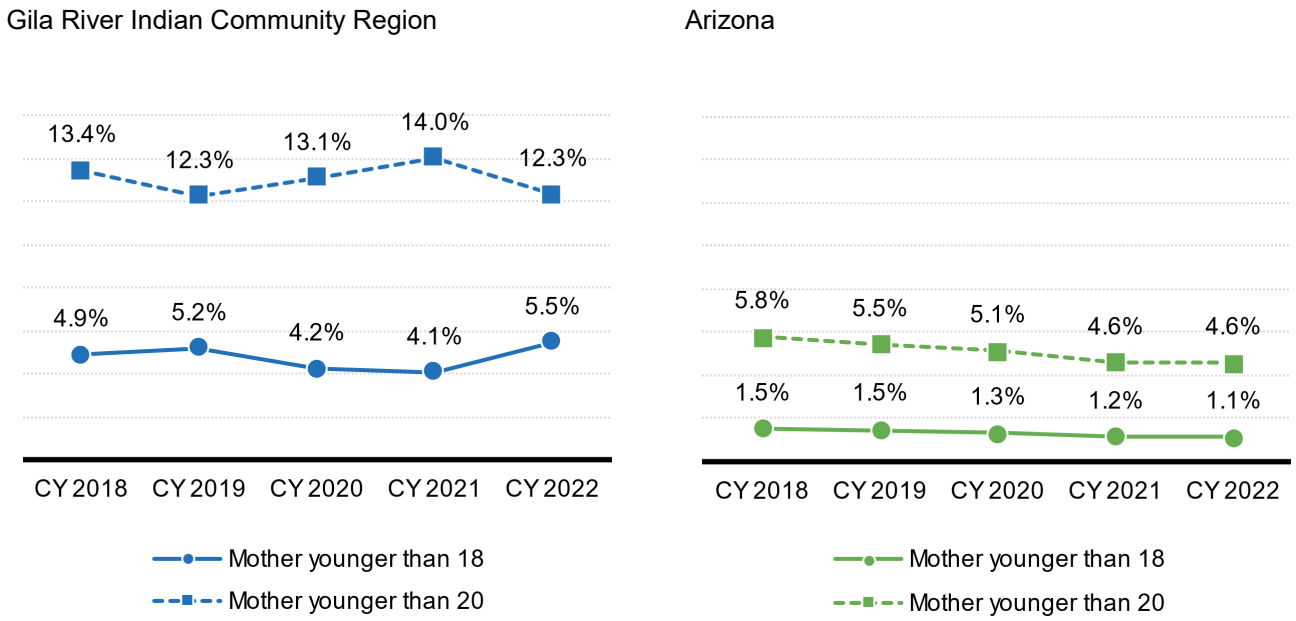
Table 43. Selected characteristics of mothers giving birth, 2020 to 2021

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Mother smoked cigarettes during pregnancy
Gila River Indian Community Region	**2020**	**214**	**4%**	**13%**	**0.5 to 2.3%**
	2021	**171**	**4%**	**14%**	**7.6%**
	2019 to 2022 combined	**816**	5%	13%	5.3%
All Arizona Reservations	2020	1,900	4%	9%	11.1%
	2021	*Data for All Arizona Reservations not available*			
Maricopa County	2020	49,191	1%	5%	2.6%
	2021	50,245	1%	4%	2.3%
Pinal County	2020	4,647	2%	5%	5%
	2021	4,840	1%	5%	4%
Arizona	2020	76,781	1%	5%	3.6%
	2021	77,857	1%	5%	3.2%
Healthy People 2030 target					4.3%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy is 95.7% of females reporting abstaining from smoking during pregnancy. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

Figure 36. Births to teenaged mothers, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Table 44. Newborns hospitalized because of maternal drug use during pregnancy, 2018-2022 combined

Geography	Newborns hospitalized	Average length of stay (days)
Gila River Indian Community Region	**148**	**7.7**
Maricopa County	7,717	10.0
Pinal County	965	8.1
Arizona	12,939	9.5

Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Note: Data on newborns hospitalizations were geocoded to FTF regions using the address provided by parents at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all newborns regardless of address validity.

Maternal health and well-being

A pregnant woman's health and well-being are closely linked to infant and child health and development. Gestational diabetes (i.e., diabetes that only presents during the pregnancy) increases the likelihood of an infant having low blood sugar, being born preterm, being larger than average at birth, needing to be delivered through cesarean section and even developing type 2 diabetes and cardiovascular diseases later in life.[310, 311] Children of mothers categorized as having maternal obesity have increased risk of birth complications, asthma, diabetes, heart disease and neonatal and infant mortality.[312, 313, 314] A variety of social determinants of health have been linked to the development of diabetes and obesity, including low socioeconomic status, employment struggles, lack of health insurance and living in rural areas with fewer resources.[315, 316, 317, 318] Risks associated with these conditions can be reduced through increased access to maternal health care before, during and after

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[310] Centers for Disease Control and Prevention. (2022, July 14). *Pregnancy: Gestational diabetes and pregnancy*. Retrieved August 1, 2023 from https://www.cdc.gov/pregnancy/diabetes-gestational.html

[311] Daneshmand, S. S., Stortz, S., Morrisey, R., & Faksh, A. (2019). Bridging gaps and understanding disparities in gestational diabetes mellitus to improve perinatal outcomes. *Diabetes Spectrum, 32*(4), 317-323. https://doi.org/10.2337/ds19-0013

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[313] Tyrrell, J., Richmond, R. C., Palmer, T. M., Feenstra, B., Rangarajan, J., Metrustry, S., … Freathy, R. M. (2016). Genetic evidence for causal relationships between maternal obesity-related traits and birth weight. *JAMA, 315*(11), 1129-1140. https://doi.org/10.1001/jama.2016.1975

[314] Godfrey, K. M., Reynolds, R. M., Prescott, S. L., Nyirenda, M., Jaddoe, V. W., Eriksson, J. G., & Broekman, B. F. (2017). Influence of maternal obesity on the long-term health of offspring. *The Lancet: Diabetes & Endocrinology*, *5*(1), 53–64. https://doi.org/10.1016/S2213-8587(16)30107-3

[315] Hill-Briggs, F., Adler, N. E., Berkowitz, S. A., Chin, M. H., Gary-Webb, T. L., Navas-Acien, A., Thornton, P. L. & Haire-Joshu, D. (2021). Social determinants of health and diabetes: A scientific review. *Diabetes Care*, *44*(1), 258. https://doi.org/10.2337/dci20-0053

[316] Centers for Disease Control and Prevention. (2018, June 14). *More obesity in U.S. rural counties than in urban counties.* Retrieved August 3, 2023 from https://www.cdc.gov/media/releases/2018/s0614-obesity-rates.html

[317] Siega-Riz, A. M. (2012). Prepregnancy obesity: Determinants, consequences, and solutions. *Advances in Nutrition, 3*(1), 105-107. https://doi.org/10.3945/an.111.001081

[318] March of Dimes. (2022). *Nowhere to go: Maternity care deserts across the U.S.* Retrieved August 3, 2023 from https://marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf?mc_cid=87ad97824f&mc_eid=UNIQID

childbirth as well as planning high-risk deliveries at hospital facilities with more resources and technical expertise.[319, 320]

Postpartum depression has a clear link to negative outcomes in infant health and development. Untreated postpartum depression can lead to infant sleeping, eating and behavioral problems, issues with maternal and infant bonding and infant developmental delays.[321,322] Groups that have higher rates of postpartum depression include American Indian and Alaska Native mothers, mothers who are under the age of 19 and mothers who smoked during or after pregnancy.[323] The United States Preventive Services Task Force and the American Congress of Obstetricians and Gynecologists recommend assessing mothers' mental health both during pregnancy and after giving birth to facilitate early identification and intervention.[324] In 2022, AHCCCS implemented a policy requiring depression screenings during prenatal and postpartum visits as well as well-child visits within the first 6 months of an infant's life for all enrolled mothers in Arizona.[325] Mothers who screen positively for depression must be referred to a case manager or treatment services. [326] These screenings, as well as the ability to bill AHCCCS for the cost of screenings, will hopefully increase the likelihood that mothers experiencing postpartum depression are referred to appropriate mental health services. Statewide, about 1 in 8 mothers (13.7%)

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[319] Ibid.

[320] The American College of Obstetricians and Gynecologists. (2019). Obstetric care consensus: Levels of maternal care. *Obstetrics & Gynecology, 134*(2), e41-e55. Retrieved August 3, 2023 from https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care

[321] Bauman, B. L., Ko. J. Y., Cox, S. D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020) Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report, 69*(19), 575-581. Retrieved August 3, 2023 from https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm

[322] Slomian, J., Honvo, G., Emonts, P., Reginster, J., & Bruyere, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health, 15*, 1745506519844044. https://doi.org/10.1177/1745506519844044

[323] Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report, 69*(19). Retrieved October 12, 2023 from https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919a2-H.pdf

[324] Bauman, B. L., Ko. J. Y., Cox, S. D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report, 69*(19), 575-581. Retrieved August 3, 2023 from https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm

[325] Thompson, V. (2023, April 17). *Medicaid coverage of maternal depression screenings during well-child visits: Case study of Alaska and Arizona*. National Academy for State Health Policy. Retrieved September 20, 2023 from https://nashp.org/Medicaid-coverage-of-maternal-depression-screenings-during-well-child-visits-case-study-of-alaska-and-arizona

[326] Ibid.

reported experiencing postpartum depressive symptoms in 2020, nearly the same rate as that seen nationwide (13.4%).[327]

In a recent study, American Indian mothers shared that their experiences of postpartum depression were shaped by their medical experiences just before and after giving birth and a feeling that historical factors and colonized perspectives have limited their ability to birth and mother fully in their culture.[328] Additionally, mothers expressed needing to remain resilient for their families and communities, which may increase the feeling of isolation common in postpartum disorders. Integrating cultural birthing practices into healthcare services and considering cultural-specific factors in follow-up treatment services is a key need to support Native mothers and their families.[329]

How the Gila River Indian Community Region is faring

- In 2021, 12.3% of births in the Gila River Indian Community Region were to mothers with gestational diabetes and 58% were to mothers with pre-pregnancy obesity. These were both higher proportions than the counties and state, where closer to 10% of births were to mothers with gestational diabetes and 27% with pre-pregnancy obesity (Table 46).
- The proportion of births to mothers with pre-pregnancy obesity in the region more than doubled in one year from 2018 (20.6%) to 2019 (59%), further increasing to 63.9% by 2022. While gestational diabetes in the region showed an overall decline from 2018 (16.5%) to 2021 (12.3%), it similarly almost doubled from 2021 (12.3%) to 2022 (23.7%) (Figure 37).
- National data show that more than one in five (22%) American Indian and Alaska Native mothers in the U.S. experienced postpartum depressive symptoms in 2018, suggesting that Native mothers may be at higher risk of postpartum depression.[330, 331]

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[327] First Things First. (2023). *2023 Building brighter futures: Arizona's early childhood opportunities report*. Retrieved February 6, 2024 from https://www.firstthingsfirst.org/wp-content/uploads/2023/12/State-Needs-and-Assets-Report-2023.pdf

[328] Maxwell, D., Mauldin, R., Thomas, J., & Holland, V. (2022). American Indian motherhood and historical trauma: Keetoowah experiences of becoming mothers. *International Journal of Environmental Research and Public Health, 19*(17), 7088. https://doi.org/10.3390/ijerph19127088

[329] Ibid.

[330] Bauman, B. L., Ko. J. Y., Cox, S. D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report, 69*(19), 575-581. Retrieved August 3, 2023 from https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm

[331] Heck. (2021). Postpartum Depression in American Indian/Alaska Native Women: A Scoping Review. *MCN, the American Journal of Maternal Child Nursing*, *46*(1), 6–13. https://doi.org/10.1097/NMC.0000000000000671

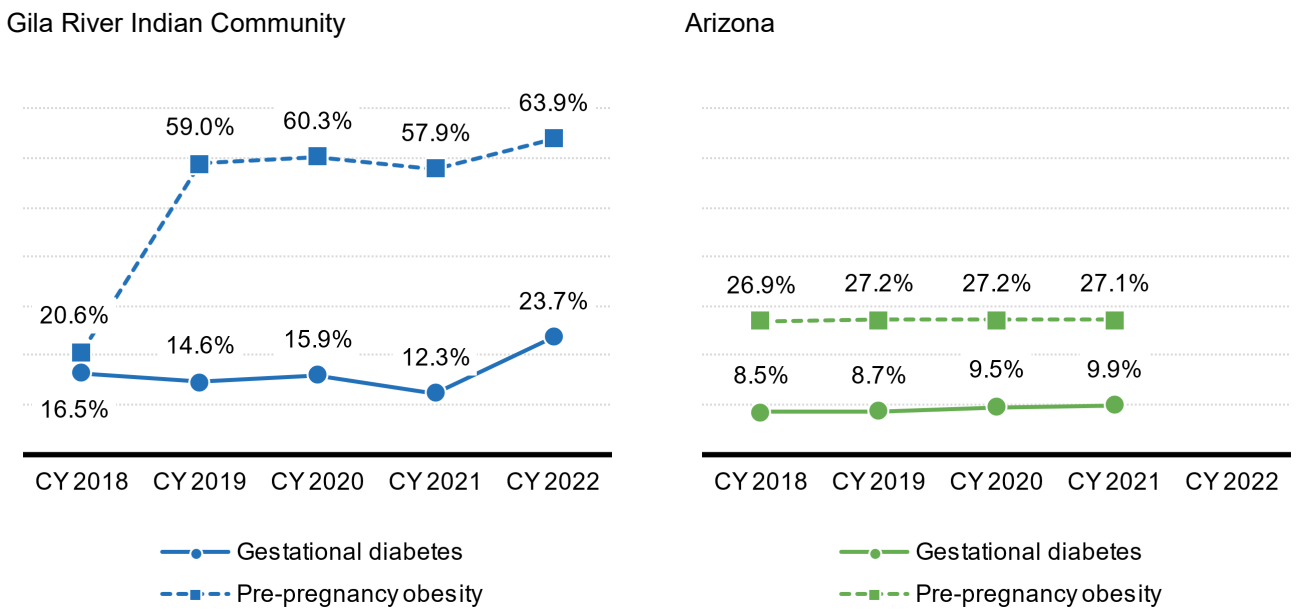
Table 45. Births to mothers with gestational diabetes or pre-pregnancy obesity, 2020 to 2021

Geography	Calendar year	Number of births	Mother had gestational diabetes	Mother had pre-pregnancy obesity
Gila River Indian Community Region	**2020**	**214**	**15.9%**	**60%**
	2021	**171**	**12.3%**	**58%**
All Arizona Reservations	2020	1,900		
	2021	*Data for All Arizona Reservations not available*		
Maricopa County	2020	49,191	9.3%	27%
	2021	50,245	9.6%	27%
Pinal County	2020	4,647	10.4%	27%
	2021	4,840	10.6%	27%
Arizona	2020	76,781	10%	27%
	2021	77,857	10%	27%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations and does not include data on gestational diabetes or obesity. The Health status profile of American Indian in Arizona for 2021 has not yet been released.

Figure 37. Births to mothers diagnosed with pre-pregnancy obesity or gestational diabetes, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. Data on pre-pregnancy obesity and gestational diabetes were not available for Arizona in 2022. Data for the region are presented as a range if fewer than 6 births in the region were to mothers diagnosed with one of these conditions.

Infant health

Health in early infancy shapes childhood health for many years to come. Infants who are born preterm or at a low birthweight have a higher possibility of short- and long-term health complications. Preterm birth is defined as birth at less than 37 weeks of gestation. Risks related to preterm births include respiratory, immune, neurological, vision, hearing and intestinal developmental issues.[332] Infants born preterm also have increased rates of mortality during their first 28 days to 1 year of life, longer hospitalization after birth, more health care costs and physical impairments.[333, 334] Preterm births are more likely among

[332] Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes. (2007). *Preterm birth: Causes, consequences, and prevention* (R. E. Behrman & A. S. Butler, Eds.). National Academies Press. https://doi.org/10.17226/11622

[333] Beam, A. L., Fried, I., Palmer, N., Agniel, D., Brat, G., Fox, K., Kohane, I., Sinaiko, A., Zupancic, J. A. F., & Armstrong, J. (2020). Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008-2016. *Journal of Perinatology*, *40*(7), 1091–1099. https://doi.org/10.1038/s41372-020-0635-z

[334] Luu, T. M., Rehman Mian, M. O., & Nuyt, A. M. (2017). Long-term impact of preterm birth: Neurodevelopmental and physical health outcomes. *Clinics in Perinatology, 44*(2), 305–314. https://doi.org/10.1016/j.clp.2017.01.003

mothers who are under age 20, over the age of 35, low income, experience infections during pregnancy or engage in substance use.[335]

Low birthweight is defined as weighing less than 5 pounds and 8 ounces (2,500 grams) at birth. Babies born with this condition have a higher risk of infant mortality and long-term health problems such as diabetes, hypertension and cardiac disease.[336, 337] Low birthweight risk factors include low maternal weight during pregnancy, preterm birth, teen pregnancy, pregnancy over the age of 35, high blood pressure, diabetes, substance use and air pollution.[338]

Newborns are admitted into neonatal intensive care units (NICUs) in hospitals for numerous reasons that can vary across medical providers and have implications for the short- and long-term health of babies and families.[339] NICU stays can take a large emotional and financial toll on families, especially families living far from the hospital. However, although NICU admissions may be an indicator of important health concerns in newborns, including low birthweight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.[340]

For parents who are able to breastfeed, the American Academy of Pediatrics recommends breastfeeding infants exclusively for the first 6 months after birth, followed by a combination of breastfeeding and other foods for up to 2 years or longer.[341] Breastfeeding offers a variety of benefits to infants due to the nutrition and antibodies that human breast milk provides. These benefits include lowering an infant's risk of type 1 diabetes, obesity, ear infections, SIDS, asthma and gastrointestinal infections.[342] Robust data on breastfeeding rates are only available for children served through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program.

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[335] Centers for Disease Control and Prevention. (2022, November 1). *Reproductive health: Preterm birth*. Retrieved August 8, 2023 from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm

[336] Petrou, S., Sach, T., & Davidson, L. (2001). The long-term costs of preterm birth and low birth weight: Results of a systematic review. *Child: Care, Health and Development, 27*(2), 97–115. https://doi.org/10.1046/j.1365-2214.2001.00203.x

[337] Goldenberg, R. L., & Culhane, J. F. (2007). Low birth weight in the United States. *The American Journal of Clinical Nutrition, 85*(2), 584S–590S. https://doi.org/10.1093/ajcn/85.2.584S

[338] March of Dimes. (2021, June). *Low birthweight*. Retrieved August 8, 2023 from https://www.marchofdimes.org/find-support/topics/birth/low-birthweight

[339] Harrison, W., & Goodman, D. (2015). Epidemiologic trends in neonatal intensive care, 2007-2012. *JAMA Pediatrics*, *169*(9), 855-862. https://doi.org/10.1001/jamapediatrics.2015.1305

[340] Lean, R. E., Rogers, C. E., Paul, R. A., & Gerstein, E. D. (2018). NICU hospitalization: Long-term implications on parenting and child behaviors. *Current Treatment Options in Pediatrics*, *4*(1), 49–69. https://doi.org/10.1007/s40746-018-0112-5

[341] Meek, J., & Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics, 150*(1), 1. https://doi.org/10.1542/peds.2022-057988

[342] Centers for Disease Control and Prevention. (2023, July 31). *Breastfeeding: Why it matters.* Accessed September 12, 2023 from https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html

How the Gila River Indian Community Region is faring

- In 2020 the proportion of babies with low birthweight in the Gila River Indian Community Region (10.3%) was notably higher than all Arizona Reservations (8.9%), Maricopa County (7.3%), Pinal County (6%) and the state (7.6%). Positively, in 2021 low birthweight births in the region declined to 7%, outpacing Maricopa County (7.8%) and the state (7.4%) (Table 47).
- Since 2018, the region saw an overall decline in the proportion of low birthweight births from 9.8% in 2018 to 7.3% in 2022, with the exception of 2020 (Figure 38).
- The Healthy People 2030 target for the percentage of preterm births is 9.4% or fewer. The Gila River Indian Community Region did not meet this target between 2018 and 2022. However, the proportion of births considered preterm was cut in half during this time, from 21.3% in 2018 to 10.5% in 2022 (Table 47 & Figure 39).
- Of the 171 births in the Gila River Indian Community Region in 2021, 13% resulted in admission to a NICU, a smaller proportion than 2020 (17%) but a larger proportion than trends seen at the county and state level, where admissions ranged from 7% to 8% (Table 47).

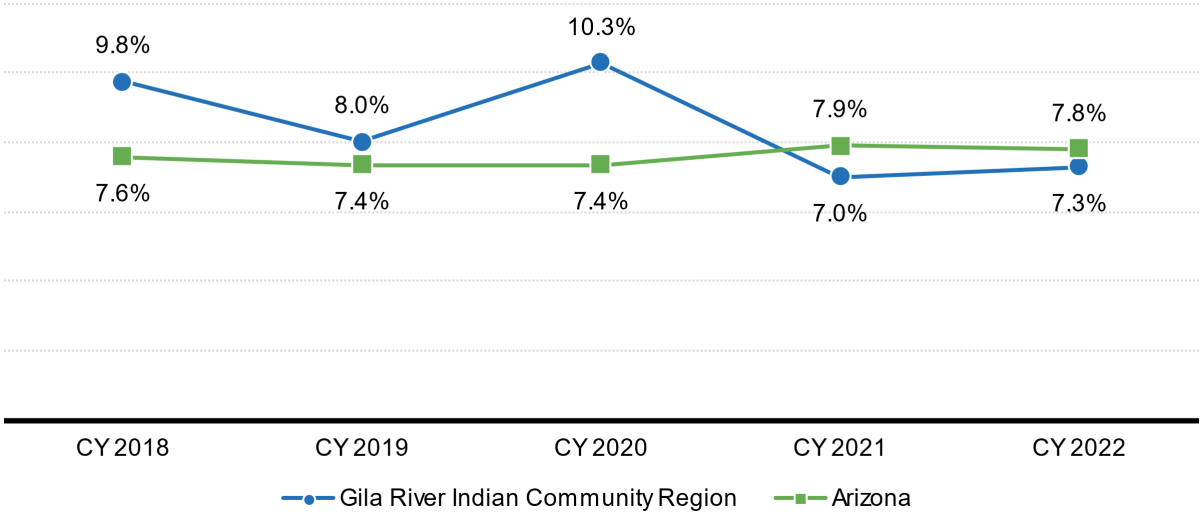
Table 46. Selected birth outcomes, 2020 to 2021

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Gila River Indian Community Region	**2020**	**214**	**10.3%**	**16.4%**	**17%**
	2021	**171**	**7.0%**	**12.9%**	**13%**
All Arizona Reservations	2020	1,900	8.9%	12.6%	N/A
	2021	*Data for All Arizona Reservations not available*			
Maricopa County	2020	49,191	7.3%	9.5%	7%
	2021	50,245	7.8%	10.1%	7%
Pinal County	2020	4,647	6%	9%	8%
	2021	4,840	7%	10%	8%
Arizona	2020	76,781	7.4%	9.5%	8%
	2021	77,857	9.6%	10.0%	8%
Healthy People 2030 targets				9.4%	

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

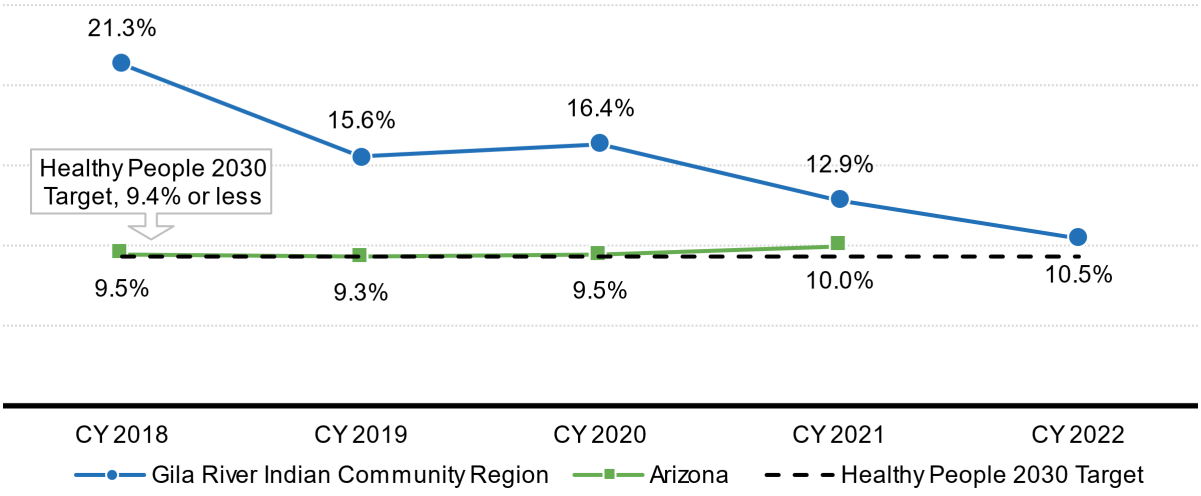
Figure 38. Low birthweight births, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Low birthweight is defined as weighing less than 2,500 grams.

Figure 39. Preterm births, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Preterm is defined as less than 37 weeks of gestation.

Childhood infectious disease and immunization

Immunization against preventable diseases protects both children and the surrounding community from potential illness and death. Immunization protects not only the vaccinated person but also individuals who are unable to be vaccinated through "community immunity."[343] In order to attend state-licensed child care programs and public or charter schools, children are required to receive specific vaccinations or obtain an official exemption, which can be requested for medical, personal or religious reasons.[344] Statewide and nationally, childhood immunization rates have been declining in recent years. The COVID-19 pandemic exacerbated disparities in health care access, including routine immunizations, that specifically impacted children who are Black, Hispanic, low-income, live in rural areas or lack health insurance.[345] National survey data from the Pew Research Center also show that declining childhood immunization rates, particularly for the Measles, Mumps and Rubella (MMR) vaccine, can be linked to parents' shifting attitudes towards vaccines. While most U.S. parents continue to express confidence in the value of childhood vaccination for MMR, a sizable proportion expressed concerns about the necessity of vaccines and showed declining support for vaccine requirements for children to attend public schools.[346]

Respiratory syncytial virus (RSV) and influenza (flu) are leading causes of serious illness in young children, and following the COVID-19 pandemic in 2020, recent flu and RSV seasons have been more severe nationwide.[347, 348] RSV is the most frequent cause of hospitalization in children under 1 year of age.[349] In 2023, two new preventative therapies for RSV were approved—a single-dose antibody

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[343] Committee on Practice and Ambulatory Medicine, Committee on Infectious Diseases, Committee on State Government Affairs, Council on School Health, & Section on Administration and Practice Management. (2016). Medical versus nonmedical immunization exemptions for child care and school attendance. *Pediatrics*, *138*(3), e20162145. https://doi.org/10.1542/peds.2016-2145

[344] Arizona Department of Health Services. (2023, July). *The Arizona immunization handbook for school and childcare programs*. Retrieved August 8, 2023 from https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/nofollow/school-childcare-immunization-guide.pdf

[345] Williams, E., Rudowitz, R., & Moreno, S. (2023). *Headed back to school in 2023: A look at children's routine vaccination trends.* KFF. Retrieved September 28, 2023 from https://www.kff.org/coronavirus-covid-19/issue-brief/headed-back-to-school-in-2023-a-look-at-childrens-routine-vaccination-trends/

[346] Lopes, L., Shumacher, S., Sparks, G., Presiado, M., Hamel, L., & Brodie, M. (2022). *KFF COVID-19 vaccine monitor: December 2022*. KFF. Retrieved September 28, 2023 from https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-december-2022/

[347] Garg, I., Shekhar, R., Sheikh, A. B., & Pal, S. (2022). Impact of COVID-19 on the changing patterns of respiratory syncytial virus infections. *Infectious Disease Reports*, *14*(4), 558–568. https://doi.org/10.3390/idr14040059

[348] Mondal, P., Sinharoy, A., & Gope, S. (2022). The influence of COVID-19 on influenza and respiratory syncytial virus activities. *Infectious Disease Reports*, *14*(1), 134–141. https://doi.org/10.3390/idr14010017

[349] Centers for Disease Control & Prevention. (2023). *RSV in infants and young children*. Retrieved February 5, 2024 from https://www.cdc.gov/rsv/downloads/RSV-in-Infants-and-Young-Children.pdf

medication for infants, and an adult immunization for pregnant people administered in the 3rd trimester of pregnancy.[350, 351] These new treatments have the potential to prevent severe illness in infants and young children, but shortages of the antibody medication have led the Centers for Disease Control and Prevention (CDC) to recommend prioritizing access for the highest-risk infants. This includes infants under 6 months of age, those with underlying health conditions such as lung or heart disease and American Indian or Alaska Native infants under 8 months of age, as well as older American Indian or Alaska Native infants who live in remote areas with limited access to health care facilities.[352] The flu can also cause serious illness in young children under age 5, particularly for children birth to age 2, who are the most likely to be hospitalized with flu complications.[353] The American Academy of Pediatrics recommends that all children ages 6 months and older be vaccinated against influenza each year.[354]

How the Gila River Indian Community Region is faring

- In the 2022-23 school year, immunization rates for children enrolled in child care centers in the Gila River Indian Community were high (DTaP,[355] 96.9%; Polio, 99.4%; MMR, 100%), higher than statewide child care immunization rates (DTaP, 90.6%; Polio, 92.2%; MMR, 93%). The region met the Healthy People 2030 DTaP immunization target of 90% or higher (Table 48).
- Between 2018-19 and 2022-23, there were no religious exemptions or exemptions from all immunizations among children in child care in the region, in contrast to the growing trend of exemptions statewide. In 2022-23, just 0.6% of children received a medical exemption, similar to Arizona (Figure 40).
- Similarly, kindergarten immunization rates in the Gila River Indian Community Region (DTaP, 95.5%; Polio, 96.8%; MMR, 96.1%) were also higher than statewide rates (DTaP 89.6%; Polio 90.3%; MMR 89.9%) in the 2022-23 school year. Unlike both Maricopa and Pinal counties and

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[350] Amelia Templeton, Oregon Public Broadcasting. (2023, November 9). *A new RSV shot could help protect babies this winter — If they can get it in time*. KFF Health News. https://kffhealthnews.org/news/article/a-new-rsv-shot-could-help-protect-babies-this-winter-if-they-can-get-it-in-time/

[351] Eisenstein, M. (2023). Vaccines could offer fresh hope against respiratory syncytial virus. *Nature*, *621*(7980), S52–S54. https://doi.org/10.1038/d41586-023-02956-0

[352] Centers for Disease Control & Prevention. (2023, Oct 23). *Limited availability of Nirsevimab in the United States—Interim CDC recommendations to protect infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 respiratory virus season*. *CDC Health Alert Network, CDCHAN-00499.* Retrieved February 5, 2024 from https://emergency.cdc.gov/han/2023/han00499.asp

[353] Centers for Disease Control & Prevention. (2023). *Flu vaccines are important for children*. Retrieved February 5, 2024 from https://www.cdc.gov/flu/highrisk/children.htm

[354] Committee on Infectious Diseases. (2022). Recommendations for prevention and control of Influenza in children, 2022–2023. *Pediatrics*, *150*(4). https://doi.org/10.1542/peds.2022-059274

[355] *The DTaP vaccine immunizes against Diphtheria, Tetanus and Pertussis.*

Arizona overall, the region met the Healthy People 2030 kindergarten MMR immunization target of 95% (Table 49). Regional immunization rates are likely high enough to assure community immunity of preventable infectious diseases. For measles, for example, 95% of children need to be vaccinated to ensure herd immunity in order to protect communities and achieve and maintain measles elimination.[356]

- As with children in child care, kindergarten immunization exemption rates in the region were low, with no exemptions in three of the most recent five years of data. Less than 1% (0.6%) of children in kindergarten received a personal belief exemption in 2022-23 in the region, compared to 7.3% of children statewide; similarly, no children received exemptions from all required immunizations that year, compared to 4.6% of children statewide (Figure 41).
- The recent pattern of confirmed and probable cases of RSV in young children birth to age 5 was similar between the Gila River Indian Community Region and state, with cases increasing each year between 2020 and 2022. While influenza cases showed a similarly notable decrease in 2021 between the region and state, statewide influenza cases jumped to a 4-year high in 2022 compared to a relatively low number of cases in the region. In 2022, there were 93 cases of RSV and 24 cases of influenza in young children in the region (Figure 42).

Table 47. Children in child care with selected required immunizations, 2022-23

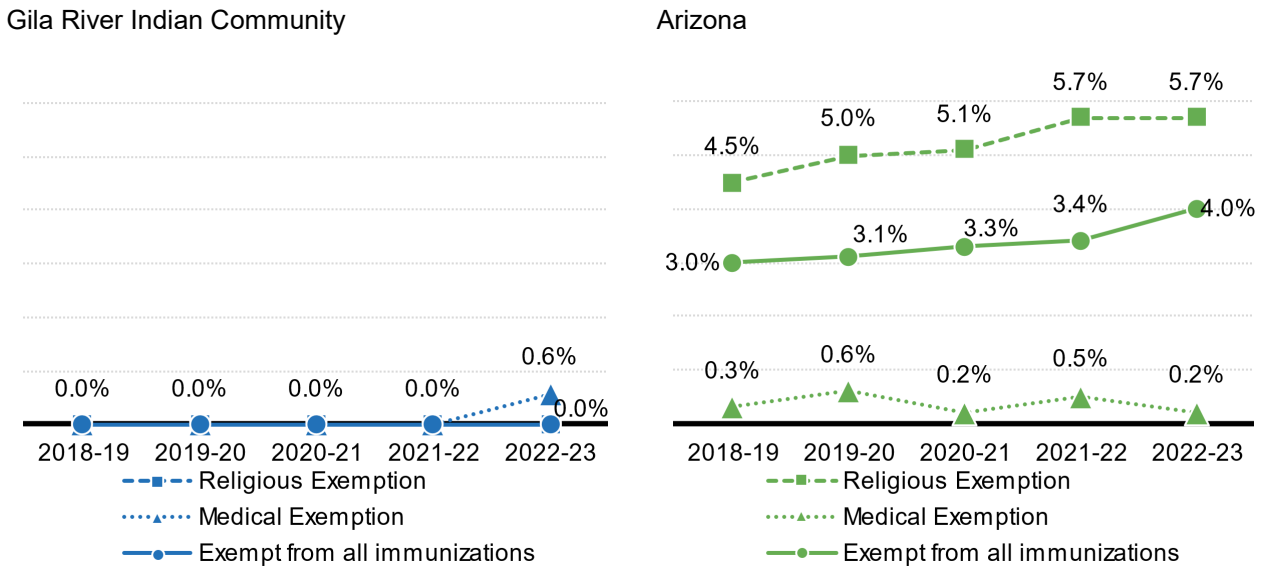
Geography	Number Enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
Gila River Indian Community Region	**174**	**96.6%**	**99.4%**	**100.0%**	**0.0%**	**0.6%**	**0.0%**
Maricopa County	47,152	89.6%	91.2%	92.1%	6.5%	0.2%	4.3%
Pinal County	2,511	91.4%	93.8%	94.1%	5.5%	0.4%	3.8%
Arizona	70,690	90.6%	92.2%	93.0%	5.7%	0.2%	4.0%
Healthy People 2030 targets		90.0%					

Source: Arizona Department of Health Services (2023). Childcare Immunization Coverage, 2022-23 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Childcare Immunization Coverage by County, 2022-23 School Year. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this table reflects immunization rates at the following centers: Gila River Indian Community Head Start (Sacaton, Casa Blanca, San Tan and Laveen Centers), Sacaton Elementary School, Akimel O'otham Pee Posh Charter and St. Peter Indian Mission Catholic Preschool.

[356] U.S. Department of Health & Human Services & World Health Organization. (2022). *Nearly 40 million children are dangerously susceptible to growing measles threat.* Retrieved August 8, 2023 from https://www.who.int/news/item/23-11-2022-nearly-40-million-children-are-dangerously-susceptible-to-growing-measles-threat

Figure 40. Child care immunization exemption rates, 2018-19 to 2022-23



Source: Arizona Department of Health Services (2023). Childcare Immunization Coverage, 2018-19 to 2022-23 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Childcare Immunization Coverage by County, 2018-19 through 2022-23 School Years. Retrieved from: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this figure reflect immunization rates at the following schools: Gila River Indian Community Head Start (Sacaton, Casa Blanca, San Tan and Laveen Centers), Sacaton Elementary School, Akimel O'otham Pee Posh Charter, St. Peter Indian Mission Catholic Preschool (no data for 2020-21) and Gila Crossing Community School (data included for 2020-21 only).

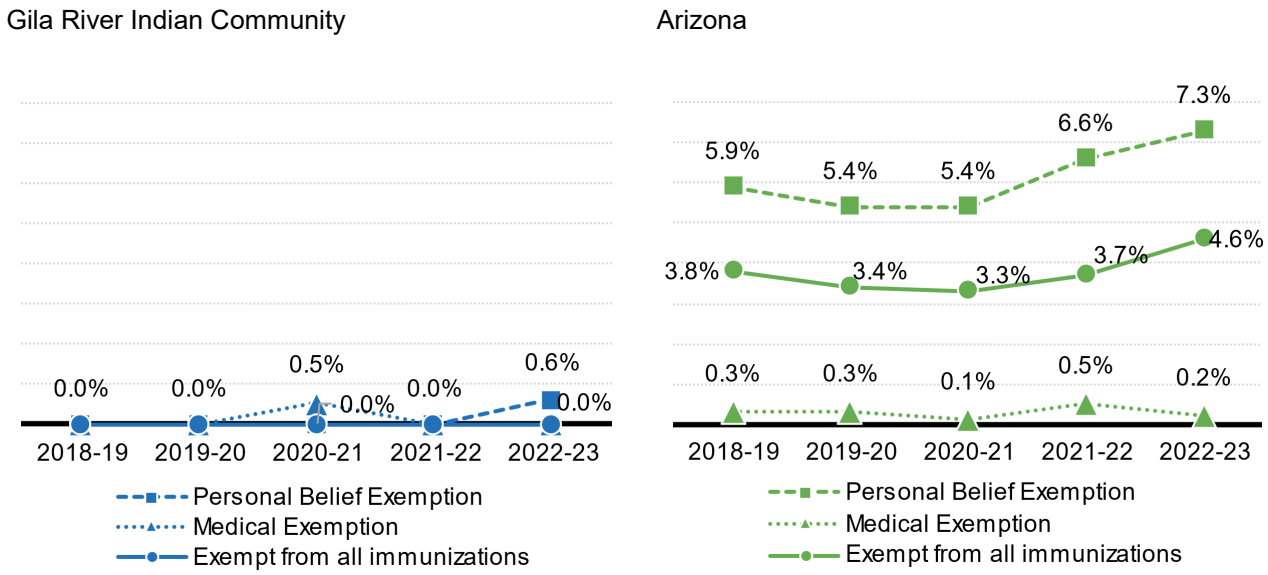
Table 48. Kindergarteners with selected required immunizations, 2022-23

Geography	Number Enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
Gila River Indian Community Region	**155**	**95.5%**	**96.8%**	**96.1%**	**0.6%**	**0.0%**	**0.0%**
Maricopa County	52,553	89.3%	90.1%	89.8%	8.0%	0.2%	4.8%
Pinal County	4,339	89.5%	89.1%	90.1%	6.9%	0.2%	4.6%
Arizona	78,937	89.6%	90.3%	89.9%	7.3%	0.2%	4.6%
Healthy People 2030 targets				95.0%			

Source: Arizona Department of Health Services (2023). Kindergarten Immunization Coverage, 2022-23 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Kindergarten Immunization Coverage by County, 2022-23 School Year. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this table reflects immunization rates at the following schools: Gila Crossing Community School, Maricopa Village Christian School, Casa Blanca Community School, Akimel O'otham Pee Posh Charter and St. Peter Indian Mission School.

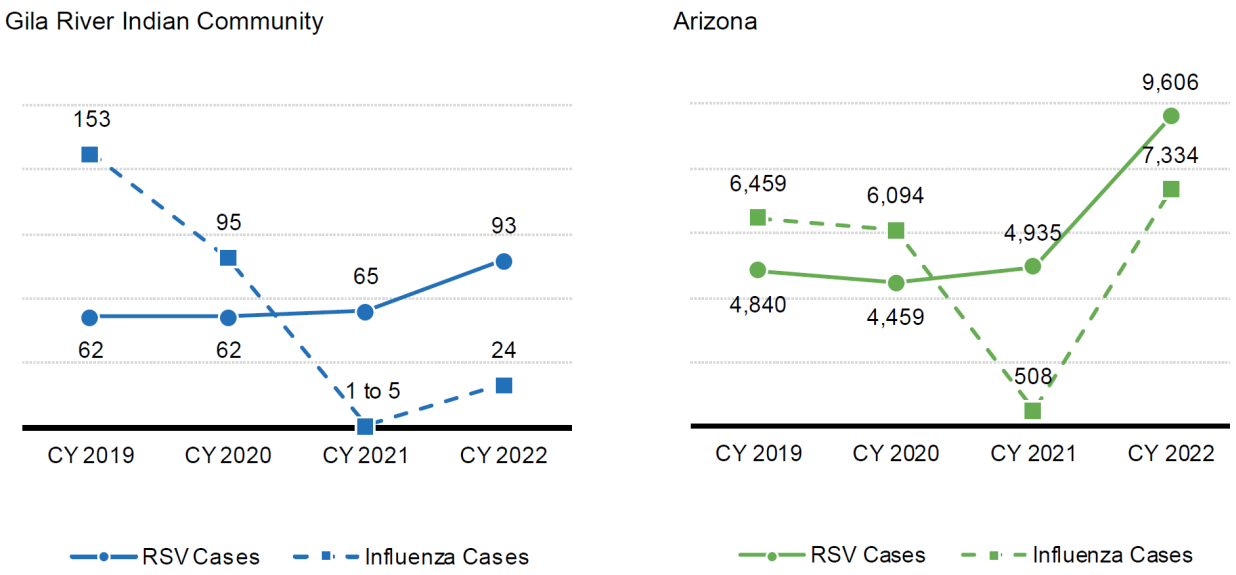
Figure 41. Kindergarten immunization exemption rates, 2018-19 to 2022-23



Source: Arizona Department of Health Services (2023). Kindergarten Immunization Coverage, 2018-19 to 2022-23 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Kindergarten Immunization Coverage by County, 2018-19 through 2022-23 School Years. Retrieved from: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this figure reflects immunization rates at the following schools: Gila Crossing Community School, Maricopa Village Christian School, Casa Blanca Community School, Akimel O'otham Pee Posh Charter, Sacaton Elementary School (no data for 2022-23) and St. Peter Indian Mission School (no data for 2020-21).

Figure 42. Confirmed and probable cases of infectious diseases in children birth to age 5, 2019 to 2022



Source: Arizona Department of Health Services (2023). Kindergarten Immunization Coverage, 2018-19 to 2022-23 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Kindergarten Immunization Coverage by County, 2018-19 through 2022-23 School Years. Retrieved from: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this figure reflects immunization rates at the following schools: Gila Crossing Community School, Maricopa Village Christian School, Casa Blanca Community School, Akimel O'otham Pee Posh Charter, Sacaton Elementary School (no data for 2022-23) and St. Peter Indian Mission School (no data for 2020-21).

Infant and child hospitalization and mortality

Infant mortality refers to the death of infants under 1 year of age. Some of the most common causes of infant mortality in Arizona and the U.S. include congenital abnormalities, low birth weight, preterm birth, pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.[357, 358, 359] According to provisional CDC data, infant mortality increased between 2021 and 2022 by 3% nationally, 13% in Arizona for all infants and 21% for American Indian or Alaska Native infants

[357] Arizona Department of Health Services. (2020). *Number of deaths for selected leading causes of infant mortality by year. Population Health and Vital Statistics.* Retrieved October 11, 2021 from https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=infant-deaths

[358] Ely, D. M., & Driscoll, A. K. (2020, July 16). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports, 69*(7). Retrieved October 11, 2021 from https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf

[359] Kochanek, K., Xu, J., & Arias, E. (2020, December). *Mortality in the United States, 2019 (No. 395).* Center for Disease Control and Prevention. Retrieved September 10, 2021 from https://www.cdc.gov/nchs/data/databriefs/db395-H.pdf

nationwide, the highest increase seen for any group.[360] In addition to increasing, the infant mortality rates for American Indian or Alaska Native (9.1 deaths per 1,000 live births) and Black infants (10.9) were also notably higher than White (4.52) or Hispanic (4.9) infants in 2022, racial disparities that have been linked to maternal care deserts, which are particularly prevalent on tribal lands.[361, 362] This indicates a serious need to increase access to timely prenatal care, newborn screening and home visiting programs in rural and tribal areas to begin to reduce infant mortality rates.[363]

The leading cause of death for children birth to age 17 in the United States is unintentional injuries.[364] The most prevalent accidental injuries are car crashes, drowning, falls, suffocation, fires and poisoning.[365] Deaths from unintentional injuries are more common for children living in rural areas, as well as among American Indian and Alaska Native children.[366, 367] Increased awareness and safety precautions have helped reduce childhood deaths in the last decade, including child swimming lessons, proper infant sleeping position, installing smoke detectors, keeping medications out of reach, practicing gun safety and utilizing seatbelts and helmets.[368]

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[360] Ely, D. M., & Driscoll, A. K. (2023). *Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. Vital Statistics Rapid Release 33*. Centers for Disease Control and Prevention. Retrieved February 5, 2024 from https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf

[361] Ibid.

[362] Landman, K. (November 9, 2023). *It's getting increasingly dangerous to be a newborn in the US.* Vox. Retrieved February 5, 2024 from https://www.vox.com/23952456/syphilis-mortality-death-infant-newborn-congenital-babies-prenatal-maternity-pregnancy-desert

[363] Bellazaire, A., & Skinner, E. (2019, July 3). *Preventing infant and maternal mortality: State policy options*. National Conference of State Legislatures. Retrieved October 12, 2021 from https://www.ncsl.org/research/health/preventing-infant-and-maternal-mortality-state-policy-options.aspx

[364] National Center for Health Statistics. (2023, July 25). *Child health.* Centers for Disease Control and Prevention. Retrieved September 12, 2023 from https://www.cdc.gov/nchs/fastats/child-health.htm

[365] Centers for Disease Control and Prevention. (2020, January 29). Vital signs: Child injury. Retrieved September 12, 2023 from https://www.cdc.gov/vitalsigns/childinjury/index.html

[366] Garnett, M. F., Spencer, M. R., & Hedegaard, H. (2021, October). *Urban-rural differences in unintentional injury death rates among children aged 0-17 years: United States, 2018-2019.* Centers for Disease Control and Prevention. Retrieved September 12, 2023 from https://www.cdc.gov/nchs/products/databriefs/db421.htm

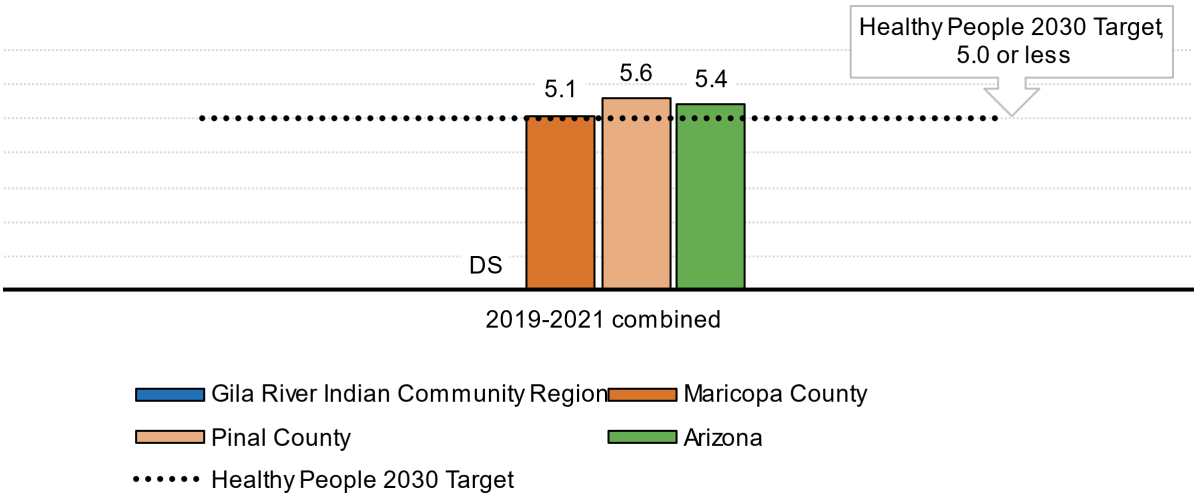
[367] Sarche, M., & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaska Native children: Current knowledge and future prospects. *Annals of the New York Academy of Sciences*, *1136*, 126–136. https://doi.org/10.1196/annals.1425.017

[368] DeGeorge, K. C., Neltner, C. E., & Neltner, B. T. (2020). Prevention of unintentional childhood injury. *American Family Physician, 102*(7), 411-417. Retrieved September 12, 2023 from https://pubmed.ncbi.nlm.nih.gov/32996759/

How the Gila River Indian Community Region is faring

- There were fewer than six infant deaths in the Gila River Indian Community Region between 2019 and 2021, meaning that an infant mortality rate could not be calculated to protect individual privacy. Maricopa County's infant mortality rate (5.1 deaths per 1,000 live births) was slightly lower than Arizona (5.4) and Pinal County (5.6) and one met the Healthy People 2030 target (5.0 or fewer) (Figure 43).
- Between 2018 and 2021, there were 14 deaths of children birth to age 17 in the Gila River Indian Community Region. Causes included accidents, congenital malformations, assault or homicide and cerebrovascular disease, but no single cause contributed to more than six deaths.[369]
- The most recent data available on non-fatal emergency department visits due to unintentional injuries among young children (birth to age 4) in the Gila River Indian Community Region show similar trends to those seen statewide. Between 2016 and 2020, the majority of emergency department visits among young children in the region were due to falls (n=137), with smaller numbers due to being struck by or against an object, natural or environmental causes, poisoning or other causes (Figure 44). Most data on causes of inpatient hospitalizations among young children in the region during this time were suppressed due to small numbers; a total of six inpatient hospitalizations in the region were due to poisoning.

Figure 43. Infant mortality rates, 2019 to 2021 combined

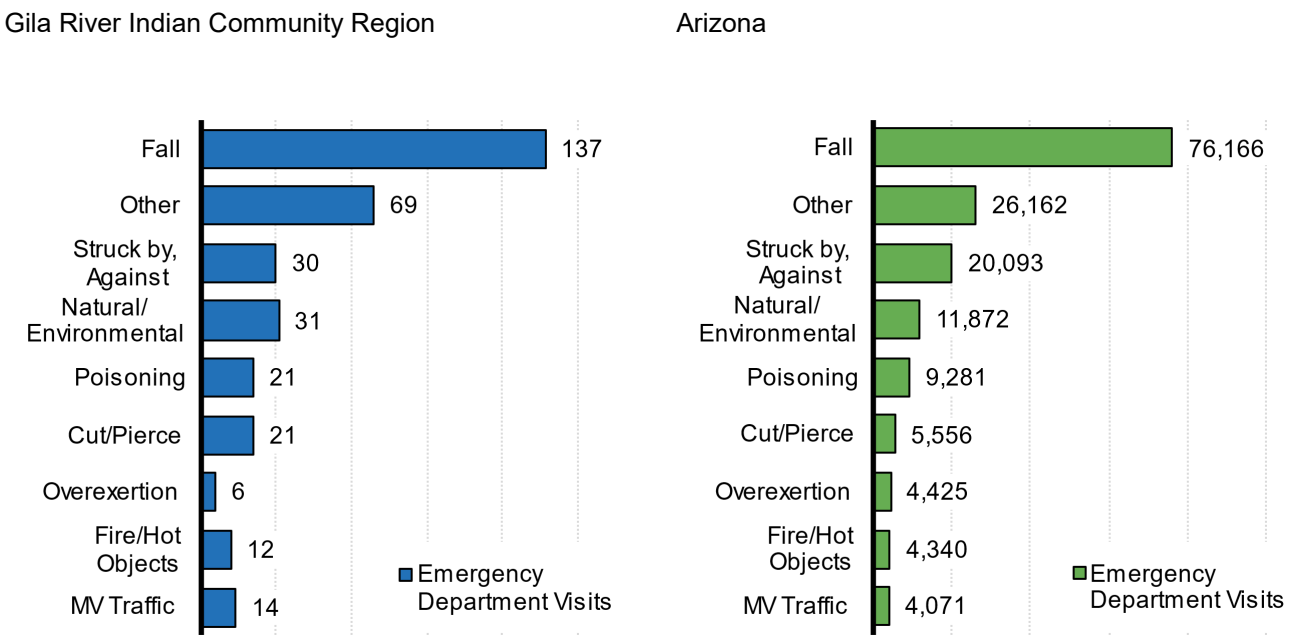


Source: Arizona Department of Health Services (2023). [Vital Statistics Mortality Report dataset]. Unpublished data.

Note: The infant mortality rate is the number of infant (under age 1) deaths per 1,000 live births. There were between 1 and 5 infant deaths between 2019 and 2021 in the region, meaning that the infant mortality rate is suppressed per ADHS policy.

[369] Arizona Department of Health Services (2023). [Vital Statistics Mortality Report dataset]. Unpublished data.

Figure 44. Non-fatal emergency department visits due to unintentional injuries for children birth to age 4 by selected mechanism of injury, 2018-2022 combined



Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

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

FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Children's long-term well-being and success is tied to their relationships and experiences with their caregivers. Adverse childhood experiences (ACEs) refer to childhood experiences of abuse, neglect and other life events that can negatively impact children's immediate and long-term well-being.[370, 371] ACEs have been associated with negative effects on development, educational achievement, future employment, mental health, drug and alcohol use and overall increased health care utilization.[372, 373, 374] ACEs are more prevalent among Arizona children with special health care needs and children living in poverty.[375]

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

[371] Centers for Disease Control and Prevention. (2023, June 29). *Fast facts: What are Adverse Childhood Experiences?* Retrieved July 18, 2023 from https://www.cdc.gov/violenceprevention/aces/fastfact.html

[372] Jones, C. M., Merrick, M. T., & Houry, D. E. (2020). Identifying and preventing Adverse Childhood Experiences: Implications for clinical practice. *JAMA*, *323*(1), 25–26. https://doi.org/10.1001/jama.2019.18499

[373] Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, *69*, 10-19. https://doi.org/10.1016/j.chiabu.2017.03.016

[374] Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: A systematic review. *Journal of the American Association of Nurse Practitioners*, *27*(8), 457-465. https://doi.org/10.1002/2327-6924.12215

[375] Mantina N, Celaya M, Indatwa A., Davis V., & Madhivanan P. (2021). *Adverse Childhood Experiences in Arizona.* Arizona Department of Health Services. Retrieved August 10, 2023 from https://www.azdhs.gov/documents/prevention/womens-childrens-health/assessment-evaluation/aces-brief-az-may-2021.pdf

Social, physical, academic and economic outcomes are positively influenced by healthy relationships and interactions with family members and caregivers during childhood.[376, 377, 378, 379, 380] An understanding of, and ability to utilize, positive parenting skills is an important protective factor that reduces the likelihood of abuse and neglect, leading to better childhood and long-term outcomes.[381] Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have positive long term impacts on mental and relational health.[382] Even if children have experienced multiple ACEs, if their families show high levels of resilience and connection (e.g., working together to solve problems, staying hopeful in difficult times and talking together about things that matter to their family) they show higher rates of flourishing, characterized by healthy social and emotional development and an open and engaged approach to learning.[383] These higher flourishing scores coupled with higher ACE scores point to the reality that childhood flourishing can, and does, exist amid adverse experiences and can potentially help mitigate their negative health effects.[384] Supporting families with the knowledge and skills to promote resilience and connection can therefore be critical for ensuring children's long-term well-being.

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[376] Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives, 7*(1), 43-48. https://doi.org/10.111/cdep.12013

[377] Shonkoff, J., & Fisher, P. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology, 25*, 1635-1653. https://doi.org/10.1017/S0954579413000813

[378] Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved October 12, 2023 from http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf

[379] Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). *The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills.* MDRC: Building Knowledge to Improve Social Policy. Retrieved October 12, 2023 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf

[380] Magnuson, K. A., & Duncan, G. J. (2002). Parents in poverty. In M. H. Bornstein (Ed.), *Handbook of parenting: Social conditions and applied parenting* (pp. 95-121). Lawrence Erlbaum Associates Publishers. Retrieved October 12, 2023 from https://psycnet.apa.org/record/2002-02522-005

[381] Browne, C. (2014). *The strengthening families approach and protective factors framework: Branching out and reaching deeper.* Center for the Study of Social Policy. Retrieved October 12, 2023 from https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf

[382] Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across Adverse Childhood Experiences levels. *JAMA Pediatrics, 173*(11), E193007. https://doi.org/10.1001/jamapediatrics.2019.3007

[383] Bethell, C. D., Gombojav, N., & Whitaker, R. C. (2019). Family resilience and connection promote flourishing among US children, even amid adversity. *Health Affairs*, *38*(5), 729-737. https://doi.org/10.1377/hlthaff.2018.05425

[384] Ibid.

What the Data Tell Us

Early literacy

Parents and families can play an important role in promoting early academic skills. When families read, sing and tell stories together, it can help young children develop reading and writing fluency as well as their capacity for reading comprehension.[385, 386, 387] Literacy practices at home have also been found to increase children's motivation to learn.[388] These early literacy skills are important because they are linked to durable outcomes including elementary school performance and overall educational achievement.[389]

Some families may face challenges to implementing literacy practices with their young children, especially when they are low-resourced. Barriers include being unfamiliar with child development benchmarks, having limited free time to spend with children, and lower access to books in the home.[390] In Arizona, reading scores have been slowly approaching the national average, however American Indian students still have the lowest scores as a group.[391] Community programs, family resources centers, home visitation and larger-scale initiatives can help caregivers implement home-based literacy practices to improve children's reading scores. Recognizing the influence caregivers can have, the American Academy of Pediatrics suggests that pediatricians provide information to families about the benefits of early literacy practices. Doctor's offices and other community locations are also places where initiatives like Read on Arizona and Reach Out & Read may provide books and other materials that families can bring home.[392]

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[385] Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). *The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills. MDRC: Building Knowledge to Improve Social Policy.* Retrieved February 7, 2024 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf

[386] Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., … Sexton, H. (2007). School readiness and later achievement. *Developmental Psychology, 43*(6), 1428. https://doi.org/10.1037/0012-1649.43.6.1428

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[388] Ibid.

[389] Ibid.

[390] Peterson, J., Bruce, J., Patel, N., & Chamberlain, L. (2018). Parental attitudes, behaviors, and barriers to school readiness among parents of low-income Latino children. *International Journal of Environmental Research and Public Health, 15*(2), 188. https://doi.org/10.3390/ijerph15020188

[391] U.S. Department of Education. (2022). *2022 Reading State Snapshot Report, Arizona*. Retrieved February 5, 2024 from https://nces.ed.gov/nationsreportcard/subject/publications/stt2022/pdf/2023010AZ4.pdf

[392] Reach Out and Read. (n.d.). *Programs near you.* Retrieved February 5, 2024 from http://www.reachoutandread.org

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- In addition to the home-based services provided by the Family and Child Education (FACE) programs described in the Early Learning section, other home visitation services are available in the region. The First Things First Gila River Indian Community Regional Partnership Council funds the Baby Smarts program, a voluntary home visiting program that provides comprehensive, one-on-one support for families with young children. The program provides a parent coach who visits the family in their home and teaches parents about early childhood development (including early literacy), breastfeeding, infant sleep safety, using car seats and other information. The coaches also connect parents to resources within the community, like AHCCCS and the Arizona Supplemental Nutrition Program for Women, Infants and Children (WIC) benefits.[393] 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).[394]

Substance use disorders

Parental substance use has major implications for children's health and well-being. Children of parents with substance use disorders are frequently referred to child welfare services due to neglect or abuse and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.[395, 396] Access to treatment for substance use disorders and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.[397, 398]

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[393] First Things First. (2021). *First Things First Gila River Indian Community Region Impact Report 2021.* Retrieved October 25, 2022 from https://files.firstthingsfirst.org/regions/Publications/Impact%20Report%20-%202021%20-%20GRIC.pdf

[394] Gila River Health Care. (n.d.). *Public health nursing.* Retrieved October 25, 2022 from http://grhc.org/public-health-nursing/

[395] Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*(2), 137-149. https://doi.org/10.1177/1077559507300322

[396] Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics, 138*(2). https://doi.org/10.1542/peds.2016-1575

[397] Straussner, S., & Fewell, C. (2018). A review of recent literature on the impact of parental Substance Use Disorders on children and the provision of effective services. *Current Opinion in Psychiatry, 31*(4), 363-367. https://doi.org/10.1097/YCO.0000000000000421

[398] Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics, 138*(2). https://doi.org/10.1542/peds.2016-1575

How the Gila River Indian Community Region is faring

- Between 2017 and 2021, there were 20 deaths with opiates or opioids as a contributing factor in the Gila River Indian Community Region (Table 50).
- 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.

Table 49. Number of deaths with opiates or opioids contributing, 2018-2021 combined

Geography	Number of deaths with opiates or opioids contributing, 2018-2021
Gila River Indian Community Region	**20**
Maricopa County	4,193
Pinal County	272
Arizona	6,315

Source: Arizona Department of Health Services (2023). [Vital Statistics dataset]. Unpublished data.

Note: About 35% of overdose deaths statewide were missing address information and thus could not be geocoded to an FTF region, but county assignments were available from death certificates.

Child removals

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. At the state level, the number of children removed from their home by the Arizona Department of Child Safety (DCS) has been cut nearly in half, from 12,162 children (birth to age 17) in 2014 to 6,689 in 2022, due to multiple intentional efforts by DCS over the past decade to improve Arizona's child welfare system and safely

reduce the number of children in foster care.[399,400,401] One notable effort was the work to better define instances of neglect and reduce unnecessary investigations of families. After a 2015 review found that DCS hotline staff lacked clear guidelines for determining cases of neglect, DCS provided coaching for hotline staff and developed an improved decision-making protocol with clearer guidance. This resulted in screened-in cases declining from 70% to 55%.[402] In March 2022, Arizona also passed legislation (SB 1050) which redefined neglect to have a stricter definition, reducing the likelihood that children are separated from their families simply for living in poverty.[403, 404] Despite removals declining, Black and American Indian children continue to be overrepresented in the DCS system. Addressing this disproportionality of Black and American Indian children in the DCS system is another area of targeted effort by the agency.[405, 406]

In accordance with the Indian Child Welfare Act of 1978 (ICWA), nearly all tribal governments set their own child welfare laws and manage their own child welfare systems.[407] ICWA established national standards to prevent unwarranted removals and policies for all state custody proceedings involving Indian children. 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 they may petition for tribal

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[399] Arizona Department of Child Safety. (2022*). DCS reaches milestone in safely reducing the number of children in care*. [Press release]. Retrieved August 11, 2023 from https://dcs.az.gov/news/dcs-reaches-milestone-safely-reducing-number-children-care

[400] Harvard Kennedy School Government Performance Lab. (2019). *Strengthening in-home child welfare services for families in Arizona.* [Project feature.] Retrieved August 11, 2023 from https://govlab.hks.harvard.edu/arizona-child-welfare-performance-improvement

[401] Casey Family Programs. (2020). *How did Arizona safely reduce its investigation backlog?* [Strategy brief.] Retrieved August 11, 2023 from https://www.casey.org/media/20.07-QFF-HO-Backlog-Arizona_2021.pdf

[402] Casey Family Programs. (2020). *How did Arizona safely reduce its investigation backlog?* [Strategy brief.] Retrieved August 11, 2023 from https://www.casey.org/media/20.07-QFF-HO-Backlog-Arizona_2021.pdf

[403] State of Arizona. (2022). *An Act amending section 8-201, Arizona revised statutes; Relating to neglected children. Senate Bill 1050.* Retrieved August 16, 2023 from https://www.azleg.gov/legtext/55leg/2R/laws/0026.htm

[404] Children's Action Alliance. (2022, August 30). *Passage of SB 1050 is a first step in rethinking neglect*. Retrieved August 16, 2023 from https://azchildren.org/news-and-events/passage-of-sb-1050-is-a-first-step-in-rethinking-neglect/

[405] Gellar, J., & Kalisher, A. (2023). *Arizona Department of Child Safety Next Event Study.* Arizona Department of Child Safety. Retrieved August 16, 2023 from https://dcs.az.gov/content/adcs-next-event-studyjune-2023

[406] Arizona Department of Child Safety. (2023, March 31). *Semi-annual child welfare report Mar 2023*. Retrieved August 16, 2023 from https://dcs.az.gov/content/semi-annual-child-welfare-report-mar-2023

[407] Children's Bureau. (April 2021). *The Indian Child Welfare Act: A primer for child welfare professionals*. Office of Administration for Children and Families. Retrieved February 5, 2024 from https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/icwa.pdf?VersionId=7yuNb.FbjYhQIyZp2QWJ768uU0UEzamk

jurisdiction over the custody case.[408] 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.[409] Despite being challenged recently by several states, ICWA was upheld by the supreme court.[410, 411] Groups including the National Indian Child Welfare Association (NICWA) and Uniform Law Commission (ULC) are investigating whether state laws could be implemented to promote better compliance with ICWA without threatening tribal sovereignty.[412]

The Family First Prevention Services Act, signed into federal law on February 9, 2018, aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their unique needs when foster care is needed. One effect of the Family First Prevention Services Act has been an increased focus on kinship placements, which are placements of children with relatives or close family friends.[413] In recent years, the number of unlicensed kinship homes has even exceeded the number of foster homes in Arizona.[414] More than half of American Indian and Alaska Native children (55%) in foster care in Arizona were in kinship placements, a much higher rate of kinship placement than that seen nationwide.[415]

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[408] Orrantia, R.M., Lidot, T., & Echohawk, L. (October 2020). *Our children, our sovereignty, our choice: ICWA guide for tribal government and leaders.* Capacity Building Center for Tribes. Retrieved February 5, 2024 from https://tribalinformationexchange.org/files/products/ICWAGuide2020FINAL01062021.pdf

[409] Children's Bureau. (April 2021). *The Indian Child Welfare Act: A primer for child welfare professionals*. Office of Administration for Children and Families. Retrieved February 5, 2024 from https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/icwa.pdf?VersionId=7yuNb.FbjYhQIyZp2QWJ768uU0UEzamk

[410] Fort, K. E. (2023). After Brackeen: Funding Tribal Systems. *Family Law Quarterly*, *56*(2/3), 191-230. Retrieved February 7, 2024 from https://ssrn.com/abstract=4404078

[411] United States Supreme Court. (2023). *Haaland v. Brackeen, 599 U.S.* Retrieved February 5, 2024 from https://www.supremecourt.gov/opinions/22pdf/21-376_7l48.pdf

[412] National Institute for Child Welfare Association. (October 2023). *Child and family policy update: Uniform law commission considers developing uniform state ICWA law.* Retrieved February 5, 2024 from https://www.nicwa.org/policy-update/

[413] Children's Defense Fund. (2020, February). *Implementing the Family First Prevention Services Act: A technical guide for agencies, policymakers and other stakeholders*. Retrieved September 10, 2021 from https://www.childrensdefense.org/wp-content/uploads/2020/07/FFPSA-Guide.pdf

[414] Arizona Department of Child Safety. (2023, March 31). *Semi-annual child welfare report Mar 2023*. Retrieved October 12, 2023 from https://dcs.az.gov/content/semi-annual-child-welfare-report-mar-2023

[415] Around Him, D., Williams, S.C., Martinez, V., and Jake, L. (2023). Relative foster care is increasing among American Indian and Alaska Native children in foster care. *Child Trends*. https://doi.org/10.56417/4808o7175w

How the Gila River Indian Community Region is faring

- An important initiative to support families involved in the child welfare system in the Gila River Indian Community Region 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.[416]
- 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.[417] TPM 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.

[416] First Things First. (2017). *SFY 2018 Regional Funding Plan – Gila River Indian Community Regional Partnership Council.* Retrieved December 20, 2022 from https://files.firstthingsfirst.org/regions/Publications/Funding%20Plan%20-%202018%20-%20GRIC.pdf

[417] Three Precious Miracles. (n.d.). Retrieved October 25, 2022 from http://www.threepreciousmiracles.org/

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 50. Population ages 0-5 by single years of age in the 2020 Census

Geography	Population (Ages 0-5)	Population under age 1	Population age 1	Population age 2	Population age 3	Population age 4	Population age 5
Gila River Indian Community Region	**1,424**	**174**	**232**	**233**	**228**	**266**	**291**
All Arizona Reservations	15,140	2,183	2,338	2,492	2,570	2,733	2,824
Maricopa County	310,813	46,904	48,734	50,509	52,958	54,598	57,110
Pinal County	29,672	4,389	4,746	4,819	4,998	5,320	5,400
Arizona	480,744	72,415	75,163	78,159	82,033	84,600	88,374
United States	22,401,565	3,480,117	3,532,512	3,672,703	3,797,741	3,917,162	4,001,330

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14.

Table 51. Race and ethnicity of the population of all ages, 2020 Census

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Gila River Indian Community Region	**14,053**	**12%**	**2%**	**1%**	**95%**	**0.3%**	**2%**
All Arizona Reservations	173,499	6%	5%	1%	93%	1%	3%
Maricopa County	4,420,568	31%	57%	8%	4%	7%	14%
Pinal County	425,264	29%	60%	7%	7%	4%	13%
Arizona	7,151,502	31%	57%	6%	6%	5%	14%
United States	331,449,281	19%	62%	14%	3%	8%	10%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

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

Table 52. Race and ethnicity of children birth to age 4

Geography	Estimated number of children (birth to age 4)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Gila River Indian Community Region	**1,133**	**13%**	**1%**	**2%**	**97%**	**0.1%**	**3%**
All Arizona Reservations	12,316	8%	3%	1%	95%	1%	4%
Maricopa County	253,703	43%	43%	12%	5%	9%	21%
Pinal County	24,272	42%	47%	10%	9%	4%	21%
Arizona	392,370	44%	42%	10%	8%	7%	21%
United States	18,400,235	25%	54%	18%	4%	9%	16%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

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

Table 53. Race and ethnicity for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Gila River Indian Community Region	**2020**	**214**	**4%**	**9%**	**0.5 to 2.3%**	**86%**	**0%**
	2021	**171**	**5%**	**10%**	**0%**	**84%**	**0.6 to 2.9%**
Maricopa County	2020	49,191	44%	41%	8%	3%	5%
	2021	50,245	44%	41%	8%	2%	5%
Pinal County	2020	4,647	49%	37%	5%	7%	2%
	2021	4,840	49%	38%	5%	6%	2%
Arizona	2020	76,781	43%	41%	6%	5%	4%
	2021	77,857	43%	41%	6%	5%	4%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 54. Children birth to age 5 living with parents who are foreign-born, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) living with one or two parents	Number and percent living with one or two foreign-born parents	
Gila River Indian Community Region	**893**	**0**	**0%**
All Arizona Reservations	14,097	191	1%
Maricopa County	307,353	85,793	28%
Pinal County	26,461	3,665	14%
Arizona	473,732	115,267	24%
United States	22,399,131	5,504,770	25%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B05009

Note: The term "parent" here includes stepparents.

Table 55. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
Gila River Indian Community Region	**11,267**	**79%**	**5%**	**16%**
All Arizona Reservations	166,148	47%	3%	50%
Maricopa County	4,101,545	74%	20%	6%
Pinal County	397,456	79%	17%	3%
Arizona	6,666,597	73%	20%	6%
United States	310,302,360	78%	13%	8%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

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

Table 56. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
Gila River Indian Community Region	**11,267**	**79%**	**20%**	**2%**
All Arizona Reservations	166,148	47%	41%	12%
Maricopa County	4,101,545	74%	18%	8%
Pinal County	397,456	79%	15%	6%
Arizona	6,666,597	73%	18%	8%
United States	310,302,360	78%	13%	8%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

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

Table 57. Limited-English-speaking households, 2017-2021 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
Gila River Indian Community Region	**3,426**	**54**	**2%**
All Arizona Reservations	52,248	6,361	12%
Maricopa County	1,632,151	55,110	3%
Pinal County	145,554	3,072	2%
Arizona	2,683,557	99,159	4%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16002

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

Table 58. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census

Geography	Estimated number of children (birth to age 5) living in households	Number and percent living in their grandparent's household	
Gila River Indian Community Region	**1,424**	**688**	**48%**
All Arizona Reservations	15,140	6,558	43%
Maricopa County	310,813	37,279	12%
Pinal County	29,672	4,553	15%
Arizona	480,744	64,792	13%
United States	22,401,565	2,520,305	11%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

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

Economic Circumstances

Table 59. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Gila River Indian Community Region	**1,088**	**16%**	**35%**	**32%**	**18%**
All Arizona Reservations	15,304	27%	22%	22%	30%
Maricopa County	314,410	7%	11%	17%	65%
Pinal County	27,452	7%	9%	23%	61%
Arizona	486,513	9%	11%	19%	61%
United States	22,940,195	9%	10%	16%	65%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677. The 185% thresholds are $50,836 and $34,552, respectively.

Table 60. Families participating in SNAP, state fiscal years 2018 to 2022

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Gila River Indian Community	**860**	**891**	**885**	**799**	**739**	**667**	**78%**
Maricopa County	222,016	86,352	78,980	74,572	74,450	73,375	33%
Pinal County	20,864	8,825	8,387	8,206	8,453	8,437	40%
Arizona	345,601	151,816	140,056	132,466	131,063	128,460	37%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 61. Children participating in SNAP, state fiscal years 2018 to 2022

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2022
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Gila River Indian Community	**1,424**	**1,547**	**1,511**	**1,337**	**1,222**	**1,087**	**76%**
Maricopa County	310,813	131,473	120,427	113,174	111,568	109,794	35%
Pinal County	29,672	13,931	13,130	12,687	13,016	12,991	44%
Arizona	480,744	229,275	211,814	198,961	194,771	190,968	40%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 62. Lunches served through NSLP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Gila River Indian Community Region Schools	**7**	**4**	**7**	**209,921**	**1,906**	**79,157**
Blackwater Community School	1	1	1	46108	454	21,052
Casa Blanca Elementary School	1	1	1	19033	1,384	9,124
Gila Crossing Community School	1	0	1	52524	0	19,236
Sacaton Elementary School	1	0	1	46311	0	13,923
Sacaton Middle School	1	0	1	23242	0	6,480
St. Peter Indian Mission School	1	0	1	22,498	0	7,615
Boys & Girls Club of Sacaton	1	1	1	205	18	1,727
Boys and Girls Club Gila River Komatke - Teen Center	0	1	0	0	50	N/A
Maricopa County Schools	N/A	727	1,016	49,441,468	15,908,270	29,134,220
Pinal County Schools	N/A	37	103	3,607,301	432,469	2,216,891
Arizona Schools	N/A	1,247	1,886	76,454,370	22,911,751	44,010,999

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: County and state counts of sites were not available for 2019-20.

Table 63. Lunches served through SFSP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Gila River Indian Community Region	**14**	**20**	**24**	**98,682**	**688,184**	**510,152**
Boys and Girls Club Gila River Komatke - Teen Center	1	1	1	1,438	0	2,006
Boys and Girls Club of Sacaton	1	1	1	243	0	72
Gila Crossing Community School	0	1	1	0	13,335	29,170
Gila Crossing Community School Bus Routes	0	5	5	0	188,852	104,031
Skyline District #5	1	1	1	13,339	87,530	40,162
Sacaton Elementary Bus Routes	5	4	3	59,657	180,190	70,722
Sacaton Middle School	1	1	1	8,534	29,239	24,601
St. Peter Indian Mission Catholic School Bus Routes	1	4	4	7,712	65,815	51,293
Blackwater Community School	0	1	1	0	68,045	77,282
Casa Blanca Community School Bus Routes	0	1	5	0	55,178	107,593
Gila River Indian Community- District 7 Service Center	0	0	1	0	0	3,220
Gila River Indian Community - George Wells Village	1	0	0	2,314	0	0
Gila River Indian Community - Snake Town Village	1	0	0	1,768	0	0
Gila River Indian Community District 4 Service Center	1	0	0	973	0	0
Gila River Reservation Thawajik Ki Treatment - SFSP	1	0	0	2,704	0	0
Maricopa County Schools	N/A	1,524	1,231	13,424,406	97,788,366	85,738,489
Pinal County Schools	N/A	156	128	1,292,308	8,211,596	6,587,720
Arizona Schools	N/A	2,926	2,346	21,786,393	148,207,987	130,780,150

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: County and state counts of sites were not available for 2019-20.

Table 64. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two married parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Gila River Indian Community Region	**893**	**6%**	**15%**	**5%**	**41%**	**33%**
All Arizona Reservations	14,097	11%	14%	3%	38%	35%
Maricopa County	307,353	35%	27%	1%	30%	7%
Pinal County	26,461	29%	35%	1%	28%	7%
Arizona	473,732	33%	27%	1%	30%	8%
United States	22,399,131	40%	25%	1%	26%	7%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23008

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

Table 65. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Gila River Indian Community Region	**11,728**	**66%**	**12%**	**22%**
All Arizona Reservations	177,201	51%	23%	26%
Maricopa County	4,312,788	92%	5%	3%
Pinal County	398,673	91%	5%	3%
Arizona	6,930,677	90%	6%	4%
United States	321,899,278	90%	6%	4%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

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

Table 66. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Gila River Indian Community Region	**3,290**	**71%**	**14%**	**15%**
All Arizona Reservations	52,122	55%	24%	21%
Maricopa County	1,035,307	93%	6%	2%
Pinal County	94,726	95%	4%	1%
Arizona	1,611,069	92%	6%	2%
United States	74,041,861	93%	5%	2%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

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

Early Learning

Table 67. School enrollment for children ages 3 to 4, 2017-2021 ACS

Geography	Estimated number of children (3 or 4 years old)	Number and percent enrolled in school	
Gila River Indian Community Region	**316**	**103**	**33%**
All Arizona Reservations	5,701	2,326	41%
Maricopa County	114,005	40,426	35%
Pinal County	9,931	3,050	31%
Arizona	176,033	63,974	36%
United States	8,100,136	3,719,992	46%

Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Table B14003

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

Table 68. Median monthly charge for full-time center-based child care, 2022

Geography	Licensed centers			Public schools		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Gila River Indian Community Region	*No regional data available*					
Maricopa County	$1,134	$1,023	$882	$1,035	$1,012	$706
Pinal County	$877	$788	$680	$1,272	$1,160	$785
Arizona	$949	$826	$727	$1,011	$880	$701

Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540

Table 69. Median monthly charge for full-time home-based child care, 2022

Geography	Certified family homes			Small group homes		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Gila River Indian Community Region	*No regional data available*					
Maricopa County	$714	$630	$630	$756	$735	$720
Pinal County	$735	$735	$683	$882	$782	$725
Arizona	$662	$627	$618	$761	$725	$713

Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540

Table 70. Cost of center-based child care as a percentage of income, 2022

Geography	Median family income	Cost for an infant	Cost for a 1 to 2 year old child	Cost for a 3 to 5 year old child
Gila River Indian Community Region	**$26,600**	**40%**	**36%**	**31%**
Maricopa County	$81,300	17%	15%	13%
Pinal County	$73,500	14%	13%	11%
Arizona	$75,000	15%	13%	12%

Sources: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540 & U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 252 to approximate a full year of care. Gila River Indian Community Region data were calculated using Pinal County child care costs and median family income for families with children under age 18 for the Gila River Indian Community Region

Table 71. Number of children birth to age 2 receiving services from AzEIP as of October 1, 2018 to 2022

Geography	2018	2019	2020	2021	2022
Gila River Indian Community	**47**	**46**	**33**	**28**	**24**
Maricopa County	3,922	3,787 to 3,885	3,427	3,306	3,418
Pinal County	453	469	522	503	517
Arizona	5,974	5,828 to 5,836	5,403	5,275	5,473

Sources: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year. In 2021 and 2022 combined, 12 children birth to age 2 receiving AzEIP services.

Table 72. Preschoolers with disabilities receiving services through Local Education Agencies by type of disability, state fiscal years 2018- 2022 combined

Geography	Total Preschoolers	Developmental Delay	Speech or Language Impairment	Preschool Severe Delay	Other Disability
Gila River Indian Community Region schools	DS	43%	15%	42%	<2%
Maricopa County schools	30,434	44%	33%	22%	<2%
Pinal County schools	3,165	42%	37%	20%	<2%
Arizona schools	47,581	42%	34%	21%	2%

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The "Other Disability" category includes children with hearing impairment, visual impairment, or deaf-blindness. Denominators in this table are suppressed when they could be used to calculate a count of less than 11 students in a disability category.

Table 73. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, state fiscal year 2018-2022 combined

Geography	Total K-3rd grade students	Speech or Language Impairment	Developmental Delay	Specific Learning Disability	Autism	Other Disability
Gila River Indian Community Region schools	**280**	**19%**	**48%**	**13%**	**6%**	**15%**
Maricopa County schools	118,385	36%	26%	14%	11%	13%
Pinal County schools	10,336	36%	26%	15%	10%	13%
Arizona schools	187,584	37%	25%	14%	10%	13%

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The "Other Disabilities" category includes children with emotional disturbance, deafness, deaf-blindness, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments such as chronic medical conditions that affect a child's ability to participate in the educational setting, traumatic brain injury, or visual impairment. Denominators in this table are suppressed when they could be used to calculate a count of less than 11 students in a disability category.

Child Health

Table 74. Child care immunization exemption rates, 2018-19 to 2022-23

Geography	Children in child care with religious exemptions					Children in child care exempt from all vaccines				
	2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23
Gila River Indian Community Region	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Maricopa County	5.2%	5.8%	5.9%	6.5%	6.5%	3.3%	3.5%	3.7%	3.6%	4.3%
Pinal County	4.2%	6.5%	3.4%	5.7%	5.5%	3.4%	2.6%	2.9%	3.0%	3.8%
Arizona	4.5%	5.0%	5.1%	5.7%	5.7%	3.0%	3.1%	3.3%	3.4%	4.0%

Source: Arizona Department of Health Services (2023). Childcare Immunization Coverage, 2018-19 to 2022023 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Childcare Immunization Coverage by County, 2018-19 through 2022-23 School Years. Retrieved from: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this figure reflect immunization rates at the following schools: Gila River Indian Community Head Start (Sacaton, Casa Blanca, San Tan and Laveen Centers), Sacaton Elementary School, Akimel O'otham Pee Posh Charter, St. Peter Indian Mission Catholic Preschool (no data for 2020-21) and Gila Crossing Community School (data included for 2020-21 only).

Table 75. Kindergarten immunization exemption rates, 2018-19 to 2022-23

Geography	Kindergarteners with personal belief exemptions					Kindergarteners exempt from all vaccines				
	2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23
Gila River Indian Community Region	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.6%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Maricopa County	6.5%	5.9%	5.9%	7.0%	8.0%	4.0%	3.7%	3.6%	3.9%	4.8%
Pinal County	5.5%	4.8%	7.0%	6.4%	6.9%	4.3%	3.0%	4.1%	3.8%	4.6%
Arizona	5.9%	5.4%	5.4%	6.6%	7.3%	3.8%	3.4%	3.3%	3.7%	4.6%

Source: Arizona Department of Health Services (2023). Kindergarten Immunization Coverage, 2018-19 to 2022-23 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Kindergarten Immunization Coverage by County, 2018-19 through 2022-23 School Years. Retrieved from: https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Note: The data in this figure reflects immunization rates at the following schools: Gila Crossing Community School, Maricopa Village Christian School, Casa Blanca Community School, Akimel O'otham Pee Posh Charter, Sacaton Elementary School (no data for 2022-23) and St. Peter Indian Mission School (no data for 2020-21).

Table 76. Confirmed and probable cases of infectious diseases in children birth to age 5, 2019 to 2022

Geography	Confirmed & probable RSV cases				Confirmed & probable Influenza cases			
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2019	CY 2020	CY 2021	CY 2022
Gila River Indian Community Region	**62**	**62**	**65**	**93**	**153**	**95**	**<6**	**24**
Maricopa County	2,767	2,645	3,077	5,393	3,228	3,350	275	3,866
Pinal County	317	297	359	814	573	459	33	516
Arizona	**4,840**	**4,459**	**4,935**	**9,606**	**6,459**	**6,094**	**508**	**7,334**

Source: Arizona Department of Health Services (2023). [FTF VPD Flu RSV dataset]. Unpublished data.

Table 77. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children birth to age 5, 2018-2022 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Gila River Indian Community Region	**11**	**333**
Maricopa County	1,692	111,707
Pinal County	189	10,594
Arizona	2,811	160,742

Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Note: Data on hospitalizations were geocoded to FTF regions using the address provided by parents or caregivers at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all hospitalizations regardless of address validity.

APPENDIX 2: METHODS AND DATA SOURCES

U.S. Census and American Community Survey Data. The U.S. Census[418] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2020 U.S. Census data are available by census block. There are about 108,000 inhabited blocks in Arizona, with an average population of 66 people each. Both the 2010 and 2020 Census data for the Gila River Indian Community Region presented in this report are drawn from the Census Geography for the Gila River Reservation and trust land.

The American Community Survey (ACS)[419] 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. ACS data are available by census tract. Arizona is divided into about 1,750 census tracts, with an average of about 3,900 people in each. The ACS data for the Gila River Indian Community Region presented in this report are drawn from the Census Geography for the Gila River Reservation and trust land. 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 2017 to 2021. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Education Data from ADE. Education data from the Arizona Department of Education (ADE) included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the fall of 2023. Data were presented over time where available; however, due to changes in the ADE data system as well as the effects of the COVID-19 pandemic on data collection and definitions over the past three years, some indicators could not be presented as a time series. Please note that data from schools funded by the Bureau of Indian Education (BIE) are only available for select published datasets.

Change Calculations. Unless otherwise specified, changes in counts of data over time (i.e., percent increase or decrease) are calculated by subtracting the earlier number (e.g., a 2010 count) from the later number (e.g. the 2020 count) and dividing the result by the earlier number (e.g. the 2010 count). This calculation provides the percent change between the most recent count and the prior count, relative to the prior count.

Data Availability. State agency data in this report were provided to FTF by agency staff through a data request process initiated in May 2023 and extending to January 2024 for data across the state. Wherever possible, data were requested for multiple years to allow for the visualization of trends as well as for the most recent year available. However, due to both the constraints of agency staff and agency-maintained datasets as well as the timing of requests, not all data were available on the same time and geographic

[418] U.S. Census Bureau. (May, 2000). Factfinder for the Nation. Retrieved from http://www.census.gov/history/pdf/cff4.pdf

[419] U.S. Census Bureau. (2017). American Community Survey Information Guide. Retrieved from https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf

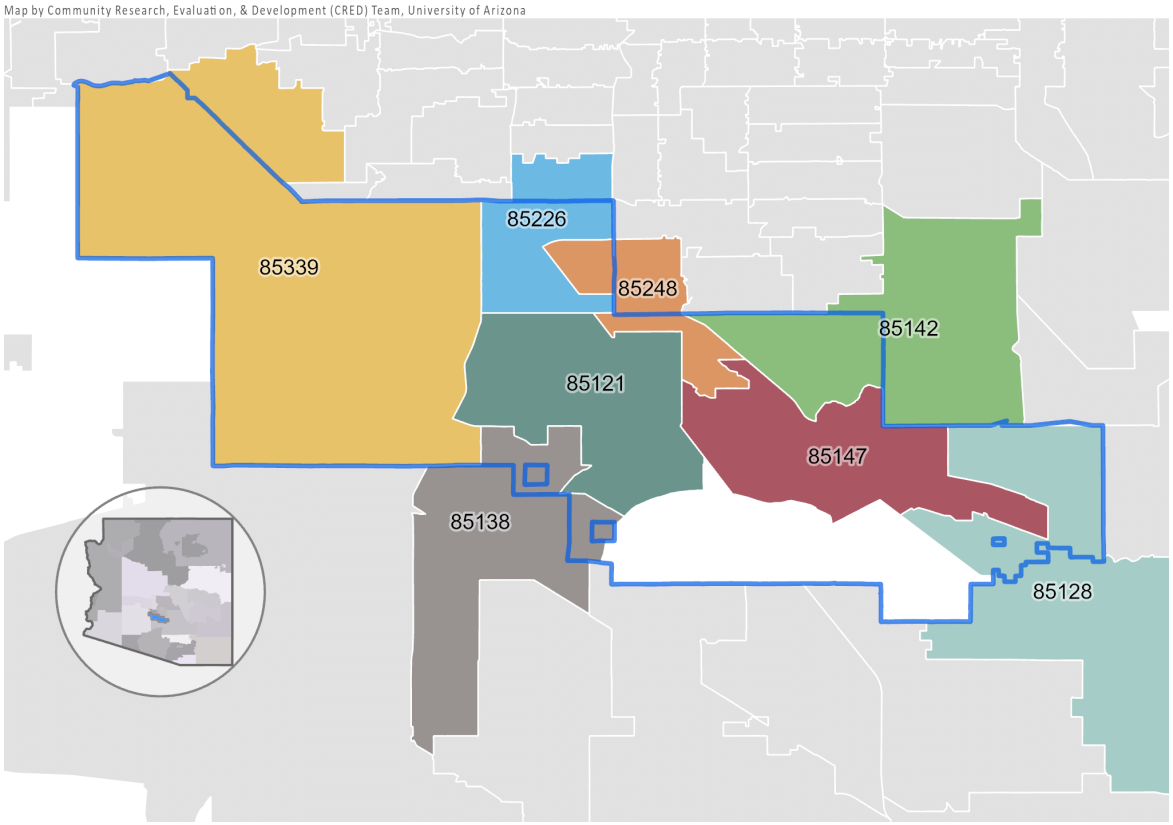
scales. This report attempts to include the most recent and complete data available, with notes indicating where data were not available for particular time periods or geographies.

Data Suppression. To protect the confidentiality of program participants, the FTF Data Dissemination and Suppression Guidelines preclude our reporting of social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than 6. In addition, some data received from state agencies are suppressed according to their own guidelines. ADHS does not report counts between 1 and 5; DES does not report counts between 1 and 9; ADE does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines is indicated by entries of "1-5" or "1-9" or "<11" for counts, or "DS" (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a program did not operate in the region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of "N/A" or a table row note that states "regional data not available."

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only Temporary Assistance for Needy Families Cash Assistance Program (TANF) and 12 children enrolled in a household with TANF, the entry in the table would read "13 to 21." This is because the suppressed number of children in Child-only TANF is between 1 and 9, so the possible range of values is the sum of the known number (12) and 1 on the lower bound to the sum of the known number (12) plus 9 on the upper bound. Ranges that include numbers below the suppression threshold of less than 6 or 10 may still be included if the upper limit of the range is above 6 or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

APPENDIX 3: ZIP CODES OF THE GILA RIVER INDIAN COMMUNITY REGION

Figure 45. Zip Code Tabulation Areas (ZCTAs) in the Gila River Indian Community Region



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

Table 78. Zip Code Tabulation Areas (ZCTAs) in the Gila River Indian Community Region

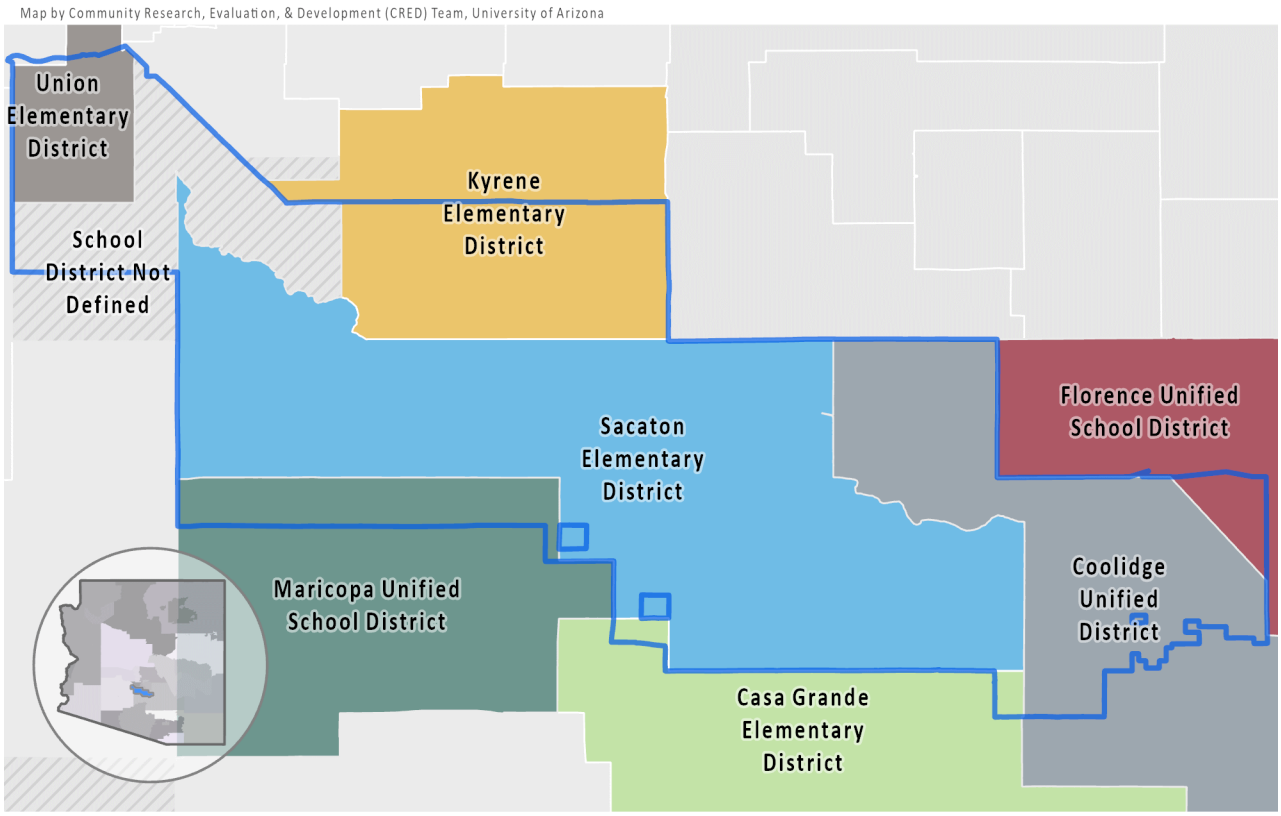
Zip Code Tabulation Area (ZCTA)	Population (all ages)	Percent of this ZCTA's total population living in the Gila River Indian Community Region	This ZCTA is shared with
Gila River Indian Community Region	**14,053**		
85121	2,802	100.0%	
85128	1,260	8.0%	Pinal Region
85138	18	0.0%	Pinal Region
85142	106	0.1%	Pinal Region, Southeast Maricopa Region
85147	5,390	100%	
85226	43	0.1%	East Maricopa Region
85248	808	2%	East Maricopa Region
85339	3,610	7%	Phoenix South Region

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics, Table P1.

Note: With the implementation of differential privacy in the 2020 Census, small area estimates now have injected 'noise' (error) to prevent accidental disclosure of Census responses. Geographies that are not primary census geographies, like ZCTAs, have noisier (or less accurate) estimates than primary geographies, like tracts. ZCTAs 85143, 85298, 85353 and 85048 overlap the Gila River Indian Community Region, but the portions of the ZCTAs in the region are unpopulated.

APPENDIX 4: SCHOOL DISTRICTS OF THE GILA RIVER INDIAN COMMUNITY REGION

Figure 46. School Districts in the Gila River Indian Community Region



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

Table 79. School Districts and Local Education Agencies (LEAs) in the Gila River Indian Community Region

Name of District or Local Education Agency (LEA)	School name	Number of schools	Grades Served
Gila River Indian Community Region Schools		**2**	**PS-12**
Akimel O'otham Pee Posh Charter School, Inc.	Akimel O'otham Pee Posh Charter School	1	K-2
Akimel O'otham Pee Posh Charter School, Inc.	Akimel O'otham Pee Posh Charter School	1	3-5
Sacaton Elementary District	Sacaton Elementary	1	PS-4
Sacaton Elementary District	Sacaton Middle School	1	5-8
Skyline Gila River Schools, LLC	Skyline D5	1	5-12

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

APPENDIX 5: DATA SOURCES

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