2008

NEEDS AND ASSETS REPORT

FIRST THINGS

Gila River Indian Community
Regional Partnership Council

Gila River Indian Community
Regional Partnership Council

Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State -level Board (twelve members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of eleven members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, thirty-one in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area ("region") of the state. The Board and Regional Partnership Councils will work together with the entire community — all sectors — and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs

- Increase access to quality early childhood development and health programs

- Increase access to preventive health care and health screenings for children through age five

- Offer parent and family support and education concerning early child development and literacy

- Provide professional development and training for early childhood development and health providers

- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.

Executive Summary

In October of 2008 the First Things First Gila River Indian Community (GRIC) Regional Partnership Council completed their first regional Needs and Assets Assessment on the state of early childhood within the region. The report identified areas for improvement within the Community, such as, a need to increase access to child care, enhance health care programs serving children, enhance family support, and increase professional development opportunities for early child care professionals. The report also highlighted resources currently supporting children and families and identified opportunities for enhancement and growth within the existing early childhood system of the region. The report findings, in conjunction with previously conducted parent surveys and community forums, will be used as a guide for strategic planning and funding decisions by the GRIC Regional Partnership Council keeping all children in mind.

The Gila River Indian Community is located south of Laveen , Phoenix, Tempe, and Chandler on 372,000 acres of land. Tribal membership is made up of the Akimel O'odham (Pima) and Pee Posh (Maricopa) Tribes. These two groups, while living within one federally recognized location, are unique from each other in regards to their language and cultural practices. The boundaries of the Gila River Indian Community were established by the Federal Government February 28, 1859. The Community is divided into seven districts with the central government seat located in Sacaton, Arizona. Primary means of economic activities in the region are agriculture, hotels and casinos, sand and gravel, and telecommunications. The Tribal government also enhances the Region's economic development and employment through Tribal social service programs.

In the past few years the community has seen its population bulge by 32 percent from 2000-2006. According to the 2006 US Census, the overall population of the GRIC region was 16,544, while the population for children ages birth through five years old was 1611. The majority of children, 68 percent, live in single parent households. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent. The 2000 US Census showed the median household income was $18,599 for the region. The rapid population growth has resulted in a demand for more early childhood services, which have yet to be fully met.

The secondary data collection completed for the report was complemented with data collected from three community forums and parent surveys conducted through the FACE Program in District 5. The areas of need most frequently noted in the community forums and meetings were, family literacy, lack of parental knowledge due to the high numbers of teen mothers, lack of understanding of early childhood development, lack of mental/preventative health screenings and services for all children, and substance use/abuse.

Quality and access to early care settings was also identified as a critical need. Of the 1,611 children only 469 are enrolled in child care settings. The Community is served by 13 early childhood center based programs. There are three preschool elementary based programs serving a total of 60 children 3-4 years old. Blackwater,

Casa Blanca, and Gila Crossing Community Schools each operate a Family and Child Education program (FACE) which serves a total of 63 children birth through five years old. Ira Hays High School offers a high school based child care program for teen parents serving 12 children ages birth to three years old. The region also has federally regulated Tribal Head Start Program serving children three to four years old. This part time program serves 202 children with an average waiting list of approximately 50. The region also has a fee based Early Education Childcare Program which serves 144 children birth through five years old, with a waiting list of approximately 198. There are limited choices and availability to early child care resources within the region especially for children birth to three years of age. The Early Education Childcare Center, FACE Programs, and Ira Hays High School are the only programs serving children ages birth to three years old. More than two thirds (2/3) of children birth through five are forced to go outside of the Community for child care or do not
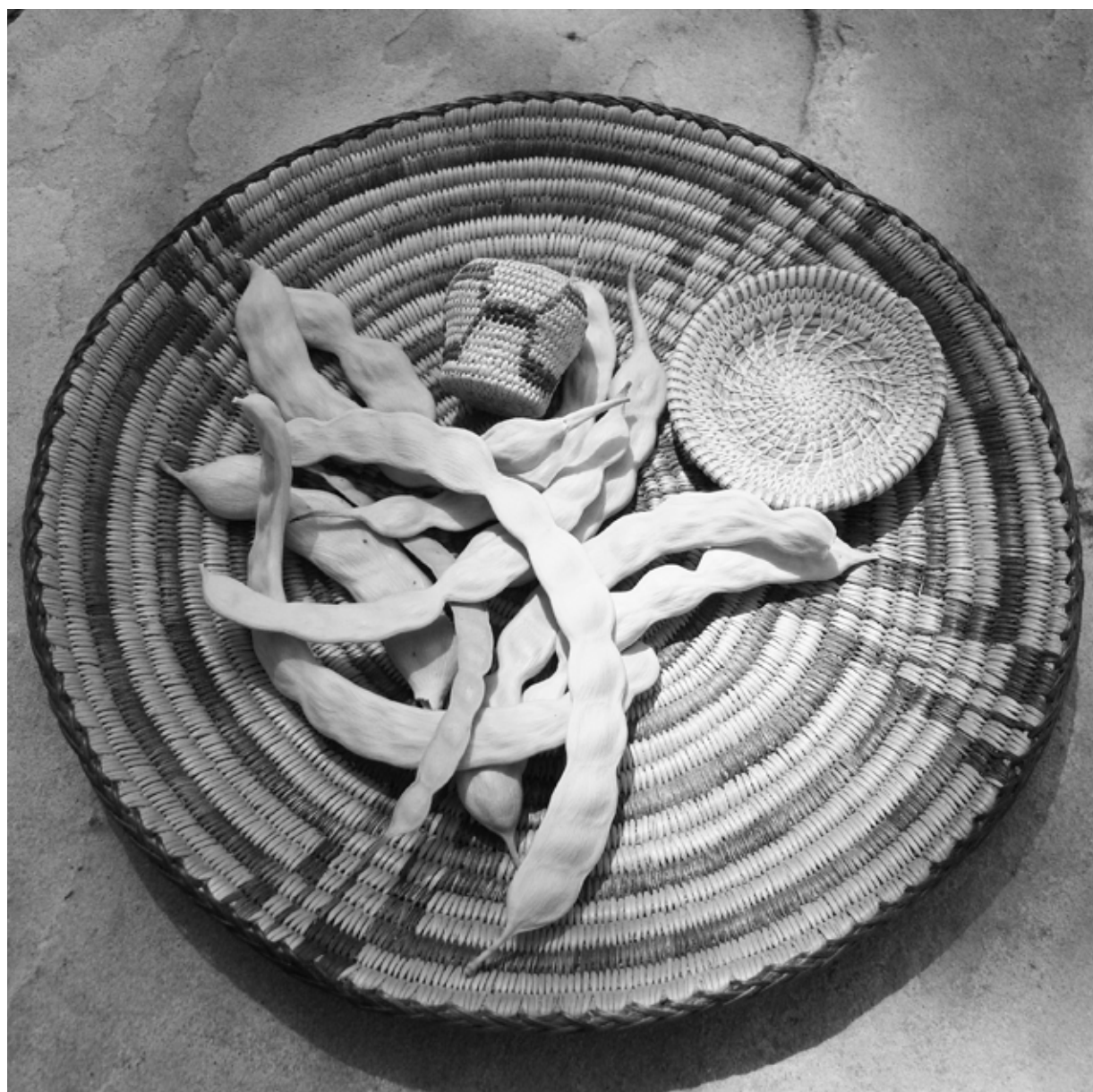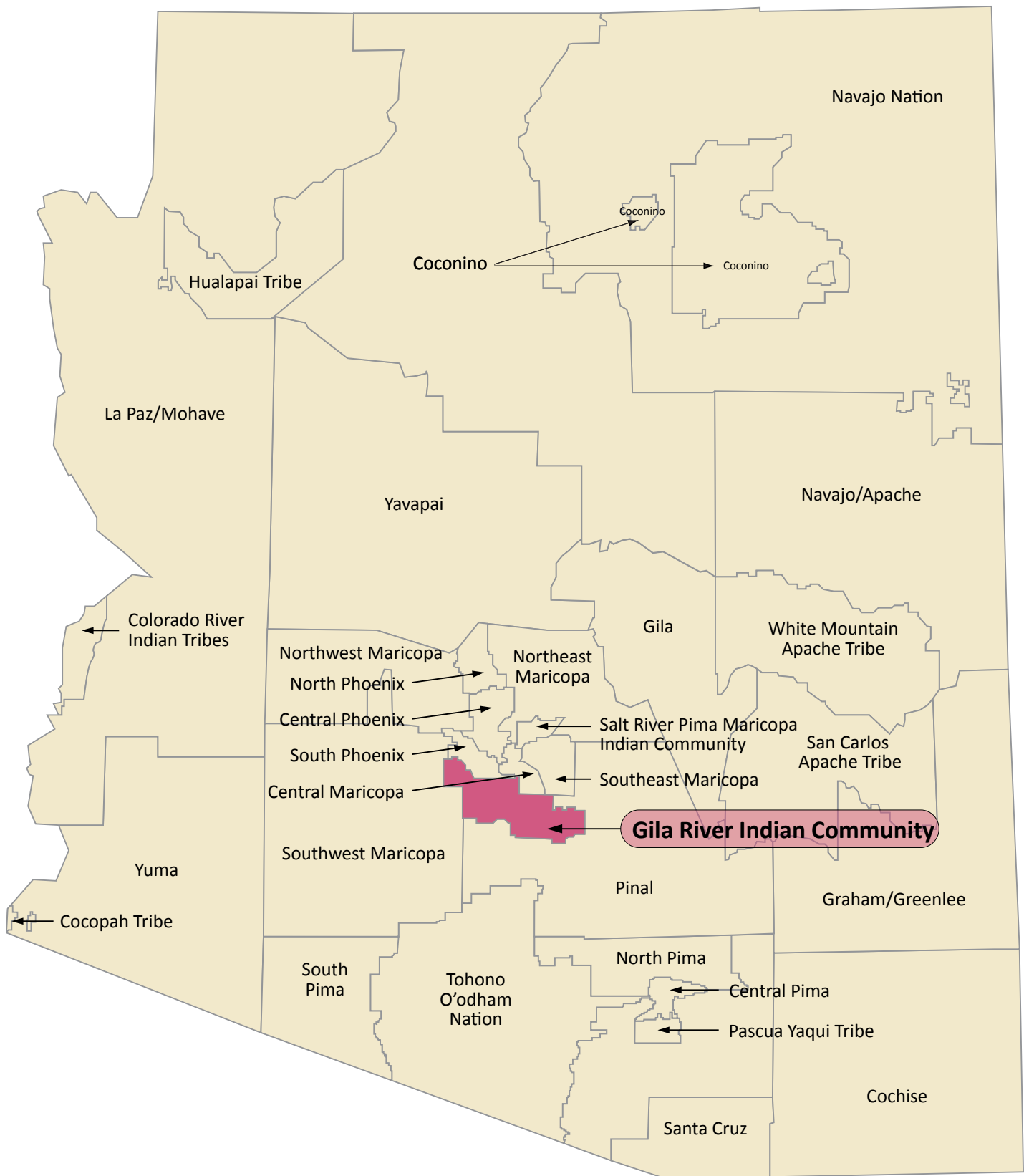
have access to any child care, and therefore, families within the region rely heavily on relative care. There is also evidence of a need for more professional development for the early care and education providers within the Community.

Health care was an area which was lacking data for this report, but through ongoing outreach and collaboration with health care professionals and programs in the region, it is clear that there are limited services and supports in the areas of children with special needs, dental service treatment, immunizations, and health and nutrition services. The Community also has high rates of childhood obesity. The needs and assets report found specialist shortages across the health care system for the region. Therefore collaboration between Tribal and local governments and Arizona colleges is important in the future to increase professional development and capacity within this area

The greatest assets among the Gila River Indian Community are the wide array of programs and services available within the community, which are supported through the Tribal Government, the State of Arizona, and the Federal Government. Local child and family support programs include the Education Department, Early Education Childcare Center, Head Start Program, FACE Program, preschool programs, Genesis Program, Special Education Services, WIC, Tribal Social Services, Gila River Health Care, Behavioral Health programs, Mobil Dental Unit, pediatric dentist, and Public Health Nursing program. Tribal programs work together to provide resources and education to community members for the well being of children.

Nutrition and health are a high priority within the Community and the Genesis Program is aimed specifically toward children age birth to 5. The Genesis program has a nutritionist on staff who works with all early childhood programs within the community. The program also performs ongoing home visits with families to promote breast feeding, healthy eating habits and exercise. The Gila River Indian Community Special Education Services also has a strong program for providing developmental screenings and services for children with special needs. While there are a significant number of services within the Community, larger facilities, and more staff is needed in order to accommodate the growing number of children in the area. Language and culture have long being identified as the Community's biggest asset, and there are ongoing efforts to integrate it into the curricula and program activities currently in place. The Education Department currently has a staff member dedicated to cultural coordination for k-12 grades. The Head Start Program has a cultural coordinator who integrates language, song, dance and dress activities into daily curriculum as well.

The Gila River Indian Community Regional Partnership Council will focus its funding allocations on three goal areas, family support, health, and quality and access. The Regional Partnership Council is also supporting capacity building and coordination between programs and departments so children receive enhanced early childhood services. The Gila River Indian Community Regional Partnership Council will work to create a coordinated early childhood and health service system which supports all children and families within the Region.

Navajo Nation

Coconino

Coconino

Coconino

Coconino

Hualapai Tribe

La Paz/Mohave

Yavapai

Navajo/Apache

Colorado River
Indian Tribes

Gila

White Mountain
Apache Tribe

Northwest Maricopa

Northeast
Maricopa

North Phoenix

Central Phoenix

South Phoenix

Salt River Pima Maricopa
Indian Community

San Carlos
Apache Tribe

Central Maricopa

Southeast Maricopa

Gila River Indian Community

Southwest Maricopa

Yuma

Pinal

Graham/Greenlee

Cocopah Tribe

South
Pima

Tohono
O'odham
Nation

North Pima

Central Pima

Pascua Yaqui Tribe

Santa Cruz

Cochise

The Gila River Indian Community Regional Partnership Council

Arizona voters expressed their commitment to early childhood development and health with the passage of Proposition 203, now known as First Things First. In recognition of the government-to-government relationship with federally recognized tribes, Proposition 203 included a provision allowing each tribe with tribal lands located in Arizona the opportunity to participate within an FTF designated region, or elect to be designated as a separate region by FTF, based on what is best for their children. The Gila River Indian Community was one of ten tribes that elected to have their tribal lands designated as its own region.

The First Things First Gila River Indian Community Regional Partnership Council (Regional Partnership Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Partnership Council is charged with partnering with the Community to provide families' with opportunities to improve their children's educational and developmental outcomes.

By investing in young children, the Regional Partnership Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.

To achieve this goal, the Gila River Indian Community Regional Partnership Council, with its Community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services available to children and their families and highlights the challenges confronting children, their families, and the Community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.

In the fall of 2008, the Gila River Indian Community Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Partnership Council's initial focus in achieving positive outcomes for young children and their families. The Regional Partnership Council's strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make programming decisions, the Regional Partnership Council must first be fully informed of the current status of children on the Gila River Indian Community. This report serves as a planning tool for the Regional Partnership Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets, and the synthesis of community input, this

initial report begins to outline possible priority areas on which the Regional Partnership Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies, tribal programs and agencies, and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, FTF has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model is for the Regional Partnership Council to work with the FTF Board to improve data collection, at the regional level, so that the Regional Partnership Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008 FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health, and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009, and include a statewide and regional analysis.

Overview of Region: Gila River Indian Community

Gila River Indian Community (GRIC) is located on 372,000 acres of land in south-central Arizona just south of the cities of Phoenix, Tempe and Chandler. An Act of Congress established the Reservation on February 28, 1859. Tribal membership includes the Akimel O'odham (Pima) and Pee Posh (Maricopa) tribes. The Community is divided into seven districts with the central government seat in Sacaton, Arizona. Each district has its own jurisdiction and maintains one to four seats on the Tribal Council. Agriculture continues to play a prominent economic role. The Community's farm grows crops such as cotton, wheat, millet, alfalfa, and barley, among others, on 12,000 acres. The Tribe owns and operates related agricultural activities, such as a chemical fertilizer plant, cotton gin, and grain storage facilities. The Gila River Indian Community also operates a variety of economic enterprises such as the Gaming Enterprise, which operates three casinos located within the Community, Gila River Telecommunications Inc which provides phone and internet service to the Community, and the Lone Butte Industrial Corporation which is focused around economic development within the Community. The Community is served by six elementary schools, which include Blackwater, Casa Blanca, and Gila Crossing Community Schools, one state-funded school, Sacaton Elementary, and two private Catholic elementary schools, St. Peter Indian Mission School, and Maricopa Village Christian School.

Regional Child and Family Indicators – Young Children and Families in the Gila River Indian Community Region

The well being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development issues. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development, readiness for school, and for life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this report examine the following:

- **Early childhood population** – Race, ethnicity, language, and family composition

- **Economic status of families** – Employment, income, poverty and parents' educational attainment

- **Trends in births**

- **Health insurance coverage and utilization**

- **Child safety** – Abuse and neglect and child deaths

- **Educational achievement** – Elementary school performance and high school graduation

Regional data is compared with state and national data wherever possible. Every attempt was made to collect data for multiple years at each level of reporting (regional through national). However, there are some items for which no reliable or comparable data currently exist.

It may not be possible for the Gila River Indian Community Regional Partnership Council to have a direct impact on these or other indicators. Nonetheless, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring, or factors to consider when designing strategies to improve child outcomes in the region.

Regional Population Growth

The overall population increase for 2000-2006 across Arizona was 24 percent.

Population Growth (all ages)- Gila River Indian Community

	2000	2006	2007	% Change
Gila River Indian Community	11,257	16,544	N/A	+32%
Arizona	5,130,632	6,165,689	6,338,755	+24%
U.S.	281,421,906	298,754,818	301,621,157	+7%

Source: US Census (2000), and PEP Census 2006 Population Estimates *percent changes begin from 2000- 2007 or last year of recorded Census track

Population Growth for Children Ages Birth through Five Years– Gila River Indian Community

	2000	2006	2007	% Change
Gila River Indian Community	1,519	1,611	N/A	+6%
Arizona	459,141	576,361	6,338,755	+24%
U.S.	23,140,901	24,525,705	24,755,834	+7%

Source: US. Census (2000), and Population Estimates Census

According to the Gila River Indian Community Enrollment/Census Office, the number tribally enrolled children ages birth through five in 2005 was 1,506. The Gila River Community Housing 2003-2005 Community Survey results indicate that approximately 70 percent of the children resided within the Community.

According to the US Census 61 percent of American Indians and Alaska Natives live in urban areas. It is widely understood that many tribal members leave and return to their Tribe/Nation to pursue education and employment opportunities throughout their lives.

However, US Census data, as compared to Tribal Enrollment data, on population for American Indians who are tribal members of federally recognized Tribes/Nation, does not reflect the true total population. There are various factors for the inaccuracy of US Census data; among them the fact that the US Census race/ethnicity data is self reported, general distrust by tribal members of census takers in providing information to the federal government, and misrepresentation of tribal members living on and off the Tribe/Nation. Tribal Enrollment departments/programs have inaccuracies as well, which may be due to delay in enrollment of children after birth and inability to document the specific enrollment criteria for the Tribe/Nation.

Regional Race, Ethnicity and Language Characteristics

Race and Ethnicity Characteristics

The homeland of the Akimal O'odham (Pima), meaning River People, and the Pee Posh (Maricopa) is located on the convergence of the Gila and Salt Rivers. The O'odham have historically resided in southern Arizona, from the Gila River beyond what is now the US-Mexico border. Centuries ago, the Pee Posh, part of the Yuman Tribes traditionally living to the west along the Colorado River, came to live and among the Akimel O'odham. The Pee Posh originated as five independent, but closely related tribal groups, residing along the Colorado and Gila Rivers. Although different in language and culture, the Pima and Maricopa have maintained a close alliance with one another for centuries. The Akimel O'odham are of an agrarian culture revolving around the resources of the Salt and Gila Rivers. Methods of farming developed over generations, resulted in crops of corn, beans, and other agricultural produce. Skilled in engineering, the Gila River people developed complex irrigation systems using canals to divert water from the rivers to their crops. Today, agriculture continues to be an important part of their lives, as the Community is planning to establish an irrigation system to deliver water to 146,300 acres[1].

The Gila River Indian Community is composed of federally recognized tribal mem-

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1   *www.gilariver.org/index.php/about-tribe/46-water-settlement/118-water-settlement*. Accessed July 25, 2008.

bers according to the standards set by the tribal government. The table below reflects the racial/ethnic characteristics of individuals in the ADHS Statistical Profile (2006) and may reflect multi or biracial identity or the race/ethnicity of spouses or partners living on the reservation. Aside from 92 percent American Indian, the other races/ethnicities identified are Hispanic or Latino, 10 percent, and White, non-Hispanic 4 percent.

Race/Ethnicity Characteristics of Gila River Indian Community (2006)

	American Indian or Alaska Native	White Non-Hispanic	Hispanic or Latino	Black or African American	Asian or Pacific Islander
Gila River	92%	4%	10%	<1%	0

Source: ADHS Primary Care Area Statistical Profile (2006)

The Gila River Indian Community reported 244 live births (on reservation) in 2006, which is about 4 percent of the total American Indian births in Arizona for the same year.

American Indians in Arizona, to total Residents of Arizona (2006)

	Births Gila River Indian Community (residing on reservation)	Births American Indians (residing on reservation)	Births American Indians (residing in Arizona)	Total Births AZ Residents
Gila River Indian Community	244	4,063	6,364	102,042

Source: Health Status Profile of American Indians in Arizona, ADHS Vital Statistics, 2006.

Language Characteristics

Languages traditionally spoken by the Pima and Maricopa are Akimel O'odham and Pee Posh respectively. The languages are linguistically distinct; O'odham is an Uto-Aztecan language and Pee Posh is a Yuman language. According to the US Census, O'odham is the third most-spoken language in Pinal County. Approximately 13 percent of O'odham speakers in the US were between the ages of five and 17, which includes O'odham speakers from the Salt River Pima Maricopa Indian Community, Tohono O'odham Nation, and Ak-Chin Indian Community. Language and culture preservation is a priority within the Community. Many tribal programs integrate language and culture into their program planning and curriculum with support from Community, staff and the Gila River Language Program.

Language Characteristics–Population Five Years and Older
Gila River Indian Community (2000)*

Language Spoken at Home	Percent
English Only	75.0%
Speak English Less Than Well	1%

*Source U.S. Census Bureau 2000

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics is usually limited to children over the age of five.

Family Composition

Regional Caregiver and Family Patterns

In 2000, the majority of children within the Gila River Indian Community lived in single parent households, the region has a significantly higher percentage of single parent families than is reported for state and national averages

**Percentages of Single Parent Households with Children Birth-18 years–
Gila River Indian Community (2000)**

	Female Head	Male Head	Married Family
Gila River Indian Community	53%	15%	31%
Arizona	15%	7%	78%

Source: U.S. Census (2000)

Since the year 2000, a single parent has headed approximately one out of every three family households in Arizona[2]. Estimates indicate that mothers led many of these households, while fathers led only a few of these households. While this number of single-parent households might seem high, Arizona is actually right at the national average for this statistic and better than many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi).[3] One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of 4-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

It is important to give cultural considerations when interpreting statistics of American Indian families. It is noted that the role of extended family in American Indian communities is very different from other extended family units within Western society[4]. The extended family often includes several households of significant relatives along both vertical and horizontal family relations that form a network of support.

Teen Parent Households

The percentage of teen pregnancy (>19 years old) for Gila River Indian Community is slightly higher than American Indians in Arizona, and significantly higher than the national average. With the exception of 2004, the teen pregnancy rates have remained fairly consistent since 2002.

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2 This estimate is from KidsCount.
3 Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 200. Report to the national Task Force on Early Childhood Education for Hispanics. Tempe, Arizona State University.
4 Red Horse, J. (1981). American Indian families: Research perspectives. In F. Hoffman (Ed.), The American Indian Family: Strengths and Stresses. Isleta, NM: American Indian Social Research and Development Associates.

Percentage of Children Born to Teen Mothers—Gila River Indian Community

	2002	2003	2004	2005	2006
Gila River Indian Community	23% (36)	21% (40)	29% (54)	23% (48)	21% (52)
American Indians in AZ (Includes Gila River)	19% (1,039)	19% (1,141)	19% (1,142)	19% (1,204)	19% (1,216)

Source: ADHS Primary Care Area Statistical Profile (2002-2006)

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves. [5]

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent[6] of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates, so many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to prevent the high school dropout problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

Grandparent Households

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.[7] Of the grandparents who live with their grandchildren within Gila River Indian Community, 53 percent report that they have primary caretaking responsibilities. For many grandparent caregivers this responsibility is a long-term commitment.[8]

It is critical to note that grandparent caregivers are more likely to be financially poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.[9]

Employment, Income and Poverty

Regional Employment Rates, Annual Income and Families in Poverty

Tribal governments are unique from other forms of government in the United States because they engage in business enterprises as a means of economic development. Tribal enterprises include, but are not limited to, natural resource management, tourism, artistry, construction, gaming and other businesses. Diversity in economic

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5   Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.
6   Grandparents Living with Grandchildren, 2000, Census Brief.
7   Ibid.
8   Ibid.
9   Ibid.

enterprises allows tribes to maintain government functions and supports the local and regional economy through development, revenue sharing, employment, direct financial contributions, and contract services. Tribes are often among the top employers within their geographic region and are a driving economic force that attracts tourism and industry. Gila River Indian Community participates in a number of industrial, retail, recreational and development activities. Some of which include a three industrial parks, commercial housing complexes, resort and golf course, a heritage park and a theme park, "Rawhide". Enterprises employ more than 1,000 people, approximately 30 percent of which are tribal members.

Employment status can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.8 percent in May of 2007. For the most recent twelve-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Data is presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are more static social indicators (i.e., gender, ethnicity, etc.). In high growth areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward the state and national averages.

For the Gila River Indian Community, the unemployment rate is more than three times as high as the state and the nation. The unemployment rates have continued on a downward trend for the region, state and nation since 2003.

Unemployment Rates–Gila River Indian Community

	2000	2001	2002	2003	2004	2005	2006	2007
Gila River Indian Community	15.5%	18.1%	23.3%	22.2%	19.3%	18.1%	15.9%	15.3%
Arizona	4.0%	4.7%	6.0%	5.7%	4.9%	4.6%	4.1%	3.8%
U.S.	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%

Source: Arizona Department of Commerce, Research Administration. Arizona Unemployment Statistics Program Special Unemployment Reports (2000-2007)

Annual Income

In Arizona, the annual median household income reported for 2006 was at $47,265, slightly lower than the national average of $48,451 per year. That same year the median income for the Gila River Indian Community was less than half that at $18,304. The median annual household income has actually increased slightly from 2000 to 2006.

Median[10] Annual Household Income (per year- pretax)– Gila River Indian Community

	2000
Gila River Indian Community	$18,599
Arizona	$40,558
U.S.	$41,994

Source: US Census 2000;

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10 The median, or mid-point, is used to measure income rather than taking the average, because the high-income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

Families in Poverty

Approximately half of the households in the Gila River Indian Community Region are at or below the Federal Poverty Level. That is 41 percent higher than households in Arizona and 37 percent higher than the nation. Although the reasons are not known, the high rates of poverty in the community may be due to the rural location of the community, lack of economic opportunity, higher than average drop-out rates, and unmet child care needs. For a family of four, the Federal Poverty level is $21,200 a year (for the 48 contiguous states and D.C.).[11]

**Families* Living at or Below the Federal Poverty Level (2000)—
Gila River Indian Community**

	Percent of Households Living At or Below the Federal Poverty Level
Gila River Indian Community	47%**
Arizona	10%
US	9%

*Only families with children 18 years or under were included. Source: U.S. Census 2000,

Furthermore, 63 percent of children in the Gila River region live at or below 100 percent of the federal poverty level. That is 21 percent higher than Arizona.

The percent of children living at or below 200 percent of the Federal Poverty Level is significantly higher than the state and the nation. It goes without saying that the majority of children living below the poverty level are living in severe socio-economic conditions.

Data was not available for the number of children living at or below 200 percent of Federal Poverty Level for the Gila River Indian Community (2000)

Data was not available for the number of families receiving public assistance benefits.

Public Assistance Benefits-Gila River Indian Community (2008)

Benefits For Region	
Food Stamps	Data not available
Children WIC Recipients	687
Infant WIC Recipients	283
Total WIC Woman Participating (Pregnant +Breast Feeding + Post P)	254

Source: GRIC Women Infant Children Program, Caseload Management Report for June 2008

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics a woman with less than a ninth grade education could expect to earn less than $18,000 per year, but with a high school diploma that income expectation rose to more than $26,000 per year. With a bachelor's degree in 2004, women were reporting an income of $41,000 per year.[12]

11   Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.
12   US Census Bureau, Income by education and sex".

Parent Educational Attainment

Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.[13] Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life and some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2006, the percentage of births to mothers without a high school degree in the Gila River Indian Community has stayed approximately around 52 percent. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

**Percentage of Live Births by Mother's Educational Attainment–
Gila River Indian Community**

		2002	2003	2004	2005	2006
Gila River Indian Community	No H.S. Degree	56%	45%	52%	53%	52%
	H.S. Degree	33%	41%	35%	27%	36%
	1-4 years College	11%	13%	13%	19%	11%
Arizona	No H.S. Degree	20%	21%	20%	20%	29%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	N/A	N/A
	H.S. Degree	N/A	N/A	N/A	N/A	N/A
	1-4 years College	21%	27%	27%	27%	27%

Source: CDC, American Community Survey (2002-2006), ADHS Statistical Profile Primary Care Area (2006)
*Note percent does not add up to 100percent due to post graduate(17+) and unknowns excluded

Healthy Births

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number

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13 Hoff, E., Laursen, B., and Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), Handbook of parenting, Volume II: Ecology and biology of parenting (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

of non-English speaking residents, and the prevalence of inadequate literacy skills.[14] In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care. [15]

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers

- A 40 percent increase in the risk of neonatal death overall

- Low birth weight babies, and

- Future health complications for infants and children.

The table in this section presents selected descriptive data from 2006 on newborns and mothers for the Gila River Indian Community, and American Indian births on reservations for comparison. Total numbers are reported for the following characteristics: teen mothers, prenatal care, public money expended on births, low birth weight newborns, and unwed mothers.

As indicated in the table below, within the Gila River Indian Community, approximately 77 percent of the mothers received prenatal care during the first trimester. This is higher than all American Indian mothers living within tribal lands in Arizona at 63 percent. There are few women in this region who are reported as receiving no prenatal care, but overall, pregnant women across Arizona often fail to receive early prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona[16].

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, American Indian women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of American Indian women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.[17] Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.[18]

14 Ashford, J. , LeCroy, C. W., and Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole.
15 LeCroy and Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
16 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.
17 Arizona Department of Health Services, Health disparities report, 2005.
18 *http://www.cdc.gov/reproductivehealth/productsandpubs/dataoaction/pdf/rhow8.pdf*

Selected Characteristics of Newborns and Mothers (2006)

Tribe/Nation	Total Births	Teen Mother (</=19yr)	Prenatal Care 1st Trimester*	No Prenatal Care	Public $	LBW<2500**	Unwed Mothers
Gila River Indian Community	244	52 (21%)	189 (77%)	11 (5%)	164 (67%)	22 (9%)	202 (83%)
Total AI on Reservation Births	4,063	818 (20%)	2,557 (63%)	133 (3%)	3,599 (89%)	288 (7%)	3,156 (78%)

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care.** Low Birth Weight (LBW) serves as a proxy for preterm births (<37 weeks). Source: Health Status Profile of American Indians in Arizona, Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics (2006).

Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than 3 lbs, 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. About 9 percent of births in the Gila River Indian Community were low birth weight compared to 7 percent of American Indian births in Arizona.

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. For those women who do smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Pre-Term Births

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.[19] In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. For the Gila River Indian Community, the number of pre-term births measured by examining low-weight births is somewhat higher than for American Indians living on U.S. reservations. Overall, the rates of premature birth have been rising in the U.S. over the past twenty years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.[20] One half of all

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19   Johnson, R. B., Williams, M. A., Hogue, C.J.R., and Mattison, D. R. Overview: New perspectives on the subborn
20   Mayo Clinic. Premature births, November, 2006.

pre-term births have no known cause. One factor to consider is that, since1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be "late pre-term", meaning they were born after 34 to 37 weeks of pregnancy as opposed to the typical 38 to 42 weeks.[21]

Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.[22] Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.[23] A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.[24] In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

According to data from 2006, the percentage of mothers in the Gila River Indian Community ages 19 or younger is about 21 percent, which is similar to the rate of 20 percent for the American Indian reservation teen mother births.

Health Insurance Coverage and Utilization

Access to Medical Care

Medical coverage is provided to Gila River Indian Community families through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) (equivalent to Medicaid), and private insurance through employers. The Indian Health Service (IHS), an agency within the Department of Health and Human Services, provides federal health services to American Indians and Alaska Natives who are enrolled members of federally recognized tribes. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. (*www.ihs.gov*)

21 Preliminary births for 2005: Infant and Maternal Health National center for Health Statistics.
22 Center for Disease Control, Fact Sheet, 2001.
23 Kaplan, P. S., Adolescence, Boston, MA, 2004.
24 Manlove, J., Mariner, C., and Romano, A. (1998). Positive educational outcomes among school-age mothers. Washington DC: Child Trends.

Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance[25]:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children

- Are less likely to receive their care in the emergency room

- Do better in school

When parents can't access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.[26] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[27]

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages birth to 18) receive employer-based coverage, compared to 56 percent of children nationally.[28]

As the chart shows, 18 percent of children (ages birth through five) were enrolled in AHCCCS or KidsCare in Gila River Indian Community in 2005, which is the slightly lower than Arizona's rate of 22 percent. Children who are enrolled members of a federally recognized tribe can also access medical care through Indian Health Service.

Percentage of Population Enrolled in AHCCCS, Kidscare, Medicare and Transportation Score Compared with County and Arizona. –Gila River Indian Community, 2005

	AHCCCS	Kidscare	Medicare	Transportation Score*
Gila River Indian Community	16%	2%	10%	230
Arizona	18.4%	3.8%	11.1%	121

Sources: AHCCCS Report AHAHX431 (2005); KidsCare, Report AHAHR431, percent of 2005 population 0 – 19 yrs (2005); Centers for Medicare and Medicaid Services, Dept of Health and Human Services part of Primary Care index.
*The higher the score the less adequate or greater the need for transportation

25 Johnson, W. and Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., and Kenney, G. M., Health care access and use among low-income children: Who fares best? Health Affairs, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

26 Chen, E., Matthews, K. A., and Boyce, W. T. , Socioeconomic differences in children's health: How and why do these relationships change with age? Psychological Bulletin, 128, 2002, 295-329.

27 National Education Goals Panel. Reconsidering children's early developmental and learning: Toward common views and vocabulary. Washington DC.

28 Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.[29] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.[30]

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers, including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility and competency of services.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and had at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.[31]

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. There is no data available for the Gila River Indian Community region; however the chart below provides a snapshot of oral health access and utilization through the Gila River Head Start Program. Of those who completed an exam, 16 percent needed treatment and 68 percent of those who needed treatment received it.

Oral Health Head Start Children

2006-2007	Number of Children	Dental Home	Completed Exam	Preventive Care (% of examined)	Needed Treatment (% of examined)	Received Treatment (of those who needed)
Gila River Indian Community	232	25 (11%)	176 (76%)	28 (16%)	28 (16%)	19 (68%)

Source: Head Start PIR Program Year 2006-2007

Enrollment in Head Start helps to ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits.

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29 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

30 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

31 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

Child Safety

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools. This section provides information on child abuse and neglect and child fatalities in the Gila River Indian Community region.

Over the years, a number of federal policies have had a devastating effect on the preservation of American Indian families. An example includes the policy of forcibly removing Indian children from their families and into federal boarding schools, with the goal of assimilating them into mainstream American society. Based on nation-wide studies conducted between 1969 and 1974, 25 percent to 35 percent of Indian children were removed from their homes and placed in non-Indian foster or adoptive homes by state courts and welfare agencies. In response to this trend, Congress passed the Indian Child Welfare Act (ICWA) in 1978. The Act is designed to protect the best interests of Indian children and promote the stability and security of Indian tribes and Native families. ICWA grants jurisdiction to the tribe in child custody matters involving Indian children residing on reservations.

Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.[32] Direct negative academic outcomes (such as low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented.

The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy, as child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report includes state and county level data for children under age eighteen.

It is important to note that the child abuse report is not an indicator of risk and is not tied to the removal of a child. There are many cases where the specific allegation in the report cannot be proven, but it is nonetheless determined that the child is at imminent risk of harm, and services and supports are put in place to keep the child safe at home, or the child is removed. The numbers of reports that are considered substantiated are a subset of the total number of reports that were received, investi-

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32 References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. Child Abuse and Neglect, 11, 15-27; Eckenrode, J., Laird, M., and Doris, J. Maltreatment and social adjustment of school children. Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. The Future of Children, Protecting Children from abuse and neglect, 8, 39-53.; Lindsey, D. The welfare of children, New York, Oxford University Press, 2004; National Research Council, Understanding child abuse and neglect. Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. The Future of children, 9, 33-49.

gated, and closed during the reporting period.

According to the Gila River Indian Community Head Start Community Assessment 2008-2011, there were over 800 reports of child abuse/neglect in 2007. This is an increase from previous years, which may not be an indication of an increase in child abuse, but an increase in reporting. Of the reports that year, 34.8 percent were substantiated as child maltreatment. Data on child abuse removals and placements were not obtained for the Gila River Indian Community.

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60 percent of these referrals were determined to be "unsubstantiated" according to CPS criteria, and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: A lack of resources to investigate all cases thoroughly; lack of training for CPS staff, where employee turnover rates remain high; and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

National data shows the youngest children suffer from the highest rates of neglect and abuse, as shown below:

- **Birth to one year**   24 incidents for every 1,000 children

- **One to three years**   14 incidents for every 1,000 children

- **Four to seven years** 14 incidents for every 1,000 children

- **Eight to 11 years**   11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Eleven percent of the children who died had previous Child Protective Services involvement.

Foster Care Placements

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. The majority of children in out-of-home care across the state of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision

of kinship care, and family foster care.[33] The Department of Economic Security is working to embed the Casey Foundation's Family-to-Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

Numbers of child placements for the Gila River Indian Community were not available for this report.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.[34] Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.[35] In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury — unfortunately, in many circumstances, preventable injury. Of the child deaths reported between 2004-2006, the causes were either unknown, unspecified, or the causes were from congenital malformations or conditions originating during the perinatal period.

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low-income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.[36] Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.[37] Long-term studies have documented early childhood

33 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

34 Mathews, T. J., MacDorman, M. F., and Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In National vital statistics report (Vol. 50), National Center for Health Statistics.

35 Chen, E., Matthews, K. A., and Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationsips change with age? Psychological Bulletin, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., and Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. Oncology, 51, 1994, 391-395; Vagero, D., and Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. Journal of Epidemiology and Community Healthy, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. Annual Review of Public Health, 1993, 491-513.

36 Lee, V. E., Brooks-Gunn, J., Shnur, E., and Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. Child Development, 61, 1990, 495-507l; National Research Council and Institute Medicine, From neurons to neighborhoods: The science of early childhood development; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. Developmental Psychology, 30, 1994, 787-804.

37 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. Developmental Psychology, 30, 1994, 787-804.

programs with positive impact evident in the adolescent and adult years.[38] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[39]

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem solve, self-confidence, and willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year significant progress was made.

There are six elementary schools in the Gila River Indian Community. Three of the schools are grant schools through the Bureau of Indian Affairs, which include Blackwater, Casa Blanca, and Gila Crossing Community Schools. One school is a state funded public school, Sacaton Elementary, and the others are private schools St. Peter Indian Mission School, and Maricopa Village Christian School.

38 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., and Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. Developmental Psychology, 37, 2001, 231-242

39 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al The children of the cost, quality, and outcomes study go to school: Technial report, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

Basic Early Literacy as Measured by DIBELS –Gila River Indian Community

SFY 2006-2007 Kindergarten DIBELS					
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Bench Mark	% Intensive	% Strategic	% Bench Mark
AZ Reading First Schools	52	35	13	10	12	78
Gila River Indian Community*						
Blackwater	61	26	13	16	12	78
Casa Blanca	56	19	26	25	36	40
Gila Crossing	34	45	21	14	6	80
Sacaton	55	33	12	22	19	59

*The schools provided DIBELS scores.

Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Only 56 percent of Arizona's fourth graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona fourth graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's fourth graders still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the fourth grade. It is one of the earliest comprehensive assessments used with students all over the United States and it can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students and data at the regional level was not available to include at the time of printing this report.

The Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) is used to test Arizona students in Grades three through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades four and eight are given a Science assessment.[40] The chart below shows the AIMS scores for Sacaton Elementary, the only state funded elementary school in the region. The chart shows that students are struggling with math and reading, with less than 20 percent either meeting or exceeding the achievement levels.

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40 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2007

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Sacaton Elementary	44%	39%	17%	0%	22%	63%	15%	0%	5%	40%	55%	0%

F = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard. Data included for all schools for which AIMS DPA grade score achievement levels were published. See Arizona Department of Education, Accountability Division, Research and Evaluation Section, 2007 AIMS Scale Score Table.

Bureau of Indian Education (BIE) schools are required to have school accountability measures in place to meet Adequate Yearly Progress as required under No Child Left Behind. The data below is based on BIE proficiency levels, which may not be the same as the Arizona Department of Education and therefore, cannot be compared with AIMS results. The tables below provide Student Achievement in Reading and Math data from the BIE School Report Cards for 2006-2007.

Gila River Indian Community – Bureau of Indian Education Schools, Student Achievement in Reading and Math, SY 2006-2007

Reading						
	Number of Students	Participation Rate	Basic %	Proficient %	Advanced %	Proficient + Advanced %
Blackwater	School Report Card Not Available					
Casa Blanca	117	98.29%	68.70%	31.30%	0.00%	31.30%
Gila Crossing	199	100%	63.82%	33.67%	2.51%	36.18%

Math						
	Number of Students	Participation Rate	Basic %	Proficient %	Advanced %	Proficient + Advanced %
Blackwater	School Report Card Not Available					
Casa Blanca	117	97.44%	64.04%	32.46%	3.51%	35.96%
Gila Crossing	199	100%	63.32%	32.66%	4.02%	36.68%

Source: Bureau of Indian Education, School Report Cards 2006-2007

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.[41] Many high school students attend public schools outside of the community. There are two alternative high school programs provided in the community. The graduation rates for these schools are provided in the table below. Since the majority of high school students attend public schools outside the community, the graduation rates provided below are not necessarily reflective of the region. The tables do not include fifth year graduates.

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41 Sigelman, C. K., and Rider, E. A., Life-span development, 2003, Pacific Grove, CA: Wadsworth.

High School Graduation Rates 2007–Gila River Indian Community

Charter HS Districts	Total #Graduates	Total # in Cohort	Graduation Rate
Ira Hayes Applied Learning Center	8	25	32%
Vechij Himdag Mashchamakud	NA	NA	%
Arizona*	N/A	N/A	N/A

*2007 Unpublished Data, Gila River Indian Community Education Department, Data Request from the First Things First Gila River Indian Community Regional Partnership Council.

High School Graduation Rates 2008–Gila River Indian Community

Charter HS Districts	Total #Graduates	Total # in Cohort	Graduation Rate
Ira Hayes Applied Learning Center	11	18	61%
Vechij Himdag Mashchamakud	NA	NA	%
Arizona*	N/A	N/A	N/A

*2008 Unpublished Data, Gila River Indian Community Education Department, Data Request from the First Things First Gila River Indian Community Regional Partnership Council.

High School Graduation Rates*

	2004	2005	2006
Arizona	77%	74%	70%
U.S.	74%	75%	74%

*Measured using a 4 year cohort of students
Source: Arizona Department of Education; National Center for Education Statistics

Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

Total enrollment in tribally approved providers, school based preschools, and Head Start represents approximately 30 percent of the Tribe's children ages birth to 5.

There are a number of tribally licensed and approved early care and education programs in the Gila River Indian Community Region, including child care centers, family homes, school based preschools and early care programs, and child care assistance for families taking their children to centers located outside the community. The largest early child care center serving children ages three and four within the Gila River Indian Community is the Gila River Head Start Program, which enrolls 202 children at four Head Start Centers.

Health data was obtained through the Gila River Head Start Program Information Report, which indicated that 69 percent of enrolled Head Start children had up to date physical exams, 70 percent had up to date immunizations, and 19 percent had a mental health assessment.

The Gila River Indian Community provides a network of programs to support families and raise parent awareness about early childhood issues. Programs in the region that specifically service children ages birth to five include: Gila River's Head Start, Early Education/Child Care Centers, Genesis, Women, Infant, and Children, and Early Childhood Special Services, among others. Also some of these programs provide parent education, including parent classes and support for parents of children with behavioral issues. Service referrals are given to families who need additional support.

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or community colleges. The average length of employment among teachers and teacher assistants is between two and three years. Of the early care providers in the region, all teachers have at least a Child Development Associates (CDA) or higher. The percent of Teacher Assistants who have their Associate's degree is higher than the state. Transportation may be a significant barrier to accessing higher education opportunities due to the size of the Gila River Indian Community, which extends from Coolidge to Tolleson. There are however a number of colleges within proximity of the Gila River Indian Community, Central Arizona College in Coolidge, and Arizona State University in Tempe, are the closest university campus. Chandler Gilbert, and South Mountain are the closest community colleges.

Tribal programs and services in the region provide many opportunities each year for the public to learn more about and get involved with early education efforts. Some of the media used include the tribal newspaper, The Gila River Indian News, a monthly publication, program newsletters, community bulletins, and community groups such as the Council of Elders and Elderly Concerns. Community meetings are also held in each of the seven Districts within the Gila River Indian Community. Programs attend District Meetings to announce programs or provide information to community members.

The Gila River Indian Community has a number of support programs and services for parents and children related to early childhood. Many programs partner to provide services to achieve a common goal of strengthening overall health and wellness for children from birth to age five. Programs focus on early child health and wellness, social services, diabetes prevention, and behavioral health.

Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense because of a number of reasons. First, childcare needs are growing because a majority of children ages birth to six years of age participate in regular, non-parental childcare. In one study, 61 percent of young children participated in some form of childcare. Further, 34 percent participated in some type of center-based program[42]. Second, childcare is a growing industry. Increasing maternal employment rates and policies from welfare reform have increased demand. Third, research has found that high quality childcare can be associated with many positive outcomes including language development and cognitive school readiness[43]. Quality care is often associated with licensed care, and while this isn't always true one study found that the single best indicator of quality care was the provider's regulatory status.[44]

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality. Until this Rating System is available statewide, this report presents for the Gila River Indian Community Regional Partnership Council an initial snapshot of quality in the community.

Accredited Early Child Care Centers

The Gila River Indian Community Region currently has no programs accredited by any of the ADE recognized accrediting organizations (NAEYC, NECPA, NAC, AMS, AMI, ICSA, NAFCC). The Gila River Head Start is the largest early child care program serving children ages three and four on the reservation. There are four Head Start Centers: District 3, located in Sacaton serving families in Districts 2, and 3; District 4 located in Santan, serving families in District 4. District 5 Head Start, located in Casa Blanca, serving families in Districts 5, and District 6 Head Start, located in Komatke, serving families in Districts 6 and 7. The table below represents the Gila River Head Start Program, the total number of children served at all centers, average class size, and the staff to child ratio.

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42 Federal interagency forum on child and family statistics. America's children: Key national indicators of well-being, 2002. Washington DC.
43 NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, Child Development, 2000, 71, 960-980.
44 Pence, A. R., and Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. Child and Youth Care Forum, 20, 1991, 83-101.

Gila River Indian Community
Head Start Average Staff Child Ratios and Class Size (2006-2007)

Regional Data for 2007	Head Start
Head Start Number of Classes	11
Enrollment	202
Average Class Size	18
Staff to Child Ratios	1:9
3 year olds	103*
4 year olds	100

Sources: Gila River Head Start Program Information Report (2006-2007) Program Profile
*Head Start served one 2 year old in 2007.

The Gila River Indian Community Head Start operated 11 part-day (less than six hours) Head Start classes in four centers with 202 children enrolled last year. Of those, 33 percent of children were enrolled for the second year and less than 1 percent was enrolled for the third year. Of the 11 classes, six are headed by a teacher with a degree in Early Childhood Education. Average class size is 18. The staff to child ratio is 1:9 for three and four year old children. One two-year-old child attended a class.

All children attending the Gila River Head Start Programs were Native American and English is their primary language. To be eligible for Head Start, children must three or four years old by September 1st, 90 percent must met the established income guidelines, and priority is given to four year old children with special needs. Only 9 percent of enrolled children were over income. Of all enrolled children, 11 were reported to need full day child care. When not at Head Start, two children attended another child care center, and nine were cared for in the home of a relative or unrelated adult, or at home.

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: Number of early care and education centers or homes that have the capacity to accommodate young learners; infrastructure to support early care centers, time that families have to wait for an available opening (waiting lists), ease of transportation to the care facility; and the cost of the care. Data on these issues are either not available or anecdotal. For the current Needs and Assets report for the Gila River Indian Community, available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care.

Number of Early Care and Education Programs

The Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying child care settings, including licensed centers that provide fee-paying child care, Head Start programs and school-based preschool programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available child care. This

source is particularly useful for understanding approved and unregulated family child care and child care for working parents. It does not, however, provide information about Head Start and school-based preschool programs that do not charge fees or tribally licensed programs. For this report, data were not available for the Gila River Indian Community. In lieu of this data source, surveys were conducted with providers within the geographical boundaries of the region for purposes of the First Things First Gila River Indian Community Regional Partnership Needs and Assets Report.

There are a number of early care and education programs in the Gila River Indian Community Region. The chart below shows that community members have some choices between types of care providers both on and off of the reservation.

Gila River Indian Community
Number of Early Care and Education Programs by Type*

Programs	# of Centers	Locations	# of Tribally Approved home care providers within Community	Family Care Provider tribally approved _off_ reservation	Small Group Homes
Head Start	4	• Sacaton • District 4 • Casa Blanca Community School • Laveen			
Early Education/ Childcare Centers	2	• Sacaton • Laveen	5	25	0
FACE Programs (BIA)	3	• Blackwater Community School • Casa Blanca Com. School • Gila Crossing Com. School			
Pre- K programs	4	• Blackwater Com. School • Sacaton Elementary • Ira Hayes High School • Gila Crossing Com. School			
Total # of Centers	13				

Source: Provider Surveys completed July 2008 with EE/CC and elementary school-based preschools and early care FACE programs

The Gila River Indian Community operates the Early Education/Child Care Center (EE/CC), federally funded by the Child Care and Development Fund, that provides child care to children birth to 13 years of age. The EE/CC is tribally licensed and has two centers located in Sacaton and Laveen. The program also provides tribally approved in-home care at five homes in the Community and provides child care assistance at 25 centers located outside the Community.

Of the three Bureau of Indian Education Schools, (Blackwater, Casa Blanca, and Gila Crossing Community School's) each have a Family And Child Education (FACE) center-based preschool. The FACE Program supports parents and families by providing adult education, parent time and Parent And Child Together Time. Programming is designed to strengthen parenting skills, discuss family issues, and encourage parent and child to play/work together and to engage in child-initiated

activities in a supportive environment. Additionally, Blackwater, Gila Crossing, and Sacaton Elementary all have a pre-k program, for a total of six school based preschool programs. Blackwater and Gila Crossing Community Schools are both accredited by the North Central Association. Also, the Ira H. Hayes Alternative Learning Center recently opened a child care center for enrolled high school students with children.

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CCAFP).

Licensure or regulation by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, as well as basic first aid and CPR. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of quality care for young children, these processes do not address some of the important segments of programming necessary to optimal care for children, such as: interactions of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are supported through programs such as national accreditation (see discussion in the section on Quality) and will be included in First Things First's forthcoming Quality Improvement and Rating System (Quality First).

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children ages birth to five enrolled in early care and education programs by type (including Head Start) as identified by the provider surveys. The total number of children enrolled in an early care and education program for the region is 469.

Gila River Indian Community – Number of Children Ages Birth to Five Enrolled in Early Care and Education Programs by Type* (2008)

Tribally Licensed centers within Community	Small groups homes	Tribally Approved family child care homes	Elementary School Based Preschool and Early Care Programs	Family Care Provider tribally approved off reservation	Head Start Program
124	No data	20	123	55	202

Source: Provider Surveys completed July 2008 with EE/CC and elementary school-based preschools and early care (Family And Child Education (FACE) programs

Sacaton Elementary, Blackwater Community School, Casa Blanca Community School, Ira Hayes, Gila Crossing Community School, Head Start Program

If the enrollment numbers provided above are included in with Head Start's

enrollment numbers, there are approximately 469 children ages birth to five enrolled in Head Start or an early care/education program. This total number of children represents approximately 29 percent of the population of children ages birth to five (n=1611) living in the community.

The table below illustrates the current capacity of the EE/CC, and reinforces the need for early childhood staff development, and retention. Also apparent in the graph is the need to expand access to early childhood programs throughout the community, so children are safe and well cared for while their parents are working out of the home.

Gila River Indian Community
Early Education Childcare Center Program Statistics

	Off Reservation Centers	District #3	District #6	Home Providers; District 3, 5	Totals
Total # Parents Served	25	59	18	9	111
Total # Children Served	55	82	42	15	194
Waiting List #	4	115	71	8	198
Current Staff #	N/A	27	9	N/A	36
Staff Vacancies		3	6		9
Total # of Centers/Programs	25	1	1	5	32

Source: 2008, Gila River Indian Community, Early Education Childcare Center, Program Statistics

Costs of Care

The table below presents the average cost for families by type of early care and education. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls to care providers asking for the average charge for care for different ages of children. In general, it can be noted that care is more expensive for younger children. Infant care tends to be more costly for parents because ratios of children should be lower and infant care requires a unique skill set. Clearly these costs present challenges for families, especially those at the lowest income levels.

According to the DES Market Rate survey, the cost of care for "Alternately Approved Homes" in the Gila River Indian Community in 2004 was $10 per day for infants, toddlers and Preschoolers. The cost doubled to $20 in 2006 and remains at that rate in 2008. The Gila River Indian Community provides subsidies to families who qualify.

Child Care Costs and Family Incomes	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	$7,974	$4,542-$14,591
Average, annual fees paid for full-time center care for 4-year-old	$6,390	$3,380-$10,787
Average, annual fees paid for full-time care for an infant in a family child-care home	$6,249	$3,900-$9,630
Average, annual fees paid for full-time care for a 4-year-old in a family child-care home	$6,046	$3,380-$9,164
Average, annual fees paid for before and after school care for a school age child in a center	$6,240	$2,500-$8,600
Average, annual fees paid for before and after school care for a school age child in a family child care home	$5,884	$2,080-$7,648
Median annual family income of married-couple families with children under 18	$66,624	$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	$26,201	$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost $8000 for an infant in a licensed center to about $5900 for before and after school care in a family child care home. This represents about 12% of the median family income of an Arizona married couples with children under 1 8. It represents 22-30% of the median income of a single parent female headed family in Arizona

Naccrra fact sheet: 20008 Child Care in th State of Arizona. *http://www.naccrra.org/randd/data/docs/AZ.pdf*

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health.

The majority of children and families receive their medical care through the Gila River Health Care Corporation. Gila River Health Care (GRHC) includes the Hu Hu Kam Memorial Hospital, the Gila Crossing Health Center, the Behavioral Health Department, two dialysis clinics, and the Ak-Chin Health Clinic, which is located on the Ak-Chin Reservation. The Gila River Indian Community assumed management of Hu Hu Kam Memorial Hospital and the Gila Crossing Health Center from the Indian

Health Service under the Gila River Health Care in 1995. Hu Hu Kam Memorial, a 10-bed hospital, is located in Sacaton, and the Komatke Health Center, a freestanding clinic, is located in District 6. GRHC provides general medical and surgical care for inpatient, outpatient, and emergency room patients. Medical services include dental, vision, diabetes education, school health services, public health nursing, and family planning among others. (*www.grhc.org*)

According to the 2006-2007 Gila River Head Start Program Information Report, 69 percent of enrolled children had up to date physical exams, 70 percent had up to date immunizations, and 19 percent had received a mental health assessment.

Medical Services Head Start Children - Gila River Indian Community, 2006-2007

Number of Children	Health Insurance	Medicaid/ EPSDT (% of insured)	Medical Home (Total)	Indian Health Service (home)	Up to date Physical Exams**	Up to Date Immunization	Mental Health Assess	MH Referrals
202	70 (30%)	42 (60%)	92 (40%)	13 (6%)	160 (69%)	162 (70%)	43 (19%)	27 (12%)

Source: Head Start PIR Program Year 2006-2007
* 59 diagnosed as needing treatment; 45 received treatment. A total of 96 children were treated during the year for medical conditions: 10 anemias; 15 asthma; 1 hearing difficulties; 56 overweight; 14 vision problems.

According the Gila River Head Start Community Assessment 2008-2011, the Women, Infant, and Children program identified the top five risk categories for children ages birth to five as the following: obesity, recurrent infections, inadequate diet, anemia and baby bottle tooth decay. Approximately 85 percent of children ages three and four are considered obese.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.[45] For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.[46]

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for exam-

45 Garland, C., Stone, N. W., Swanson, J., and Woodruff, G. (eds.). Early intervention for children with special needs and their families: Findings and recommendations. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, Journal of Pediatric Psychology, 4, 409-419.; Zeanah, C. H. Handbook of infant mental health, 2000, New York: The Guildford Press.

46 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. Educating children with autism. Washington, DC: National Academy Press; 2001.

ple, an early child care provider cannot identify children with special needs correctly.[47]

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)[48]. Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments, although the process may differ if the referral is generated within the Indian Health Service.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B.

The Gila River Early Childhood Special Services (ECSS) is a Community program for families with children birth to five years of age who may have disabilities and developmental delays. ECSS provides screening/assessments, including vision and hearing checks, physical, occupational, and speech and language therapy, activities geared to help develop learning skills and foster social and emotional development.

The program is staffed by a Special Services Coordinator, speech-language pathologists, an occupational therapist, and early intervention specialists. The staff monitors and tracks children's development, processes referrals and evaluations for Arizona Early Intervention Program (AzEIP), and provides support and guidance to families. Resources for children with special needs are also available at the HuHuKam Memorial Hospital's Public Health Nursing.

The Gila River ECSS provides referrals to Arizona Early Intervention Program (AzEIP), Arizona's system that serves infants and toddlers, as appropriate. Children eligible for AzEIP services are those who have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/ communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the child find process is. This is the first task in knowing whether or not a community's child find process, including screening, is working well.

Second, when conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a

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47 Hendrickson, S., Baldwin, J. H., and Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, Children's Health Care, 2000, 29, 1-17.

48 Inkelas,M., Regalado,M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

The Gila River ECSS works with tribal programs and Community schools to screen, identify and serve children with special needs and their families. The following chart shows the number of children who receive developmental screens by the ECSS and the number that were served by the program and referred to AzEIP. The information in the table indicates that the number of screenings completed has increased and the number identified as having special needs has decreased. Parents have the option to receive services from the program; therefore, the number identified as having special needs and those who were served may be different due to parental choice.

Children Birth to Five Years Receiving Developmental Screenings and Identified as Having Special Needs, Gila River Indian Community Region, 2004 -2007

Development Screenings and Referral	2004	2005	2006	2007
Development Screenings Children birth through five yrs	190	149	193	255
Number of Children Identified as Having Special Needs	66	74	48	44
Number Served by Program	66	74	46	39
Number of Referrals to AzEIP	Not Available		1	8

Source: GRIC Childhood Special Services

Nationally, the percentage of American Indians served under Part B is higher than other races, with the majority being categorized with developmental delay or speech and language delay. This trend is similar in Arizona. There is ongoing dialogue regarding the use of standardized practices with culturally and linguistically diverse children. There is widespread concern over the disproportionate representation of American Indian children in special education programs nationally.[49]

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in some area of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Gila River Early Childhood Special Services, Arizona Early Intervention Program, or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention

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49 Hammer, P.C. and Demmert, W.G. Jr. (2003). American Indian and Alaska Native early childhood health, development, and education assessement research. ERIC Clearinghouse on Rural Education and Small Schools (ERIC Reproduction Service No. ED482326).

system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

The table below was drawn from the Head Start programs in the GRIC, and shows the percentage of enrolled children with up-to-date, or all possible immunizations. Indian Health Services data were not available. This does not represent all children living within the region who were immunized at another clinic or private provider. With the exception of 2006, 80 percent or more of children enrolled in the Gila River Head Start Program received immunizations as is appropriate for their age.

Gila River Indian Community, Percentage of Head Start children With Up-to-Date, or All Possible, Immunizations, 2003-2007

	2003	2004	2005	2006	2007
Children with up-to-date, or all possible immunizations	96%	88%	97%	74%	82%

* Source: Gila River Head Start PIR (2003-2007)

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.[50] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[51] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[52] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation,

50   Brooks-Gunn, J., Klebanov, P.K., and Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. Children and Youth Services Review, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., and Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, and J. W. Kaye (Eds.), Youth Development Outcomes Compendium. Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, Annual Review of Psychology, 51, 1-27.

51   Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, and A. C. Peterson (Eds.), The encyclopedia of adolescence (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, Annual Review of Psychology, 51, 1-27.

52   Sroufe, L. A. Emotional development: The organization of emotional life in the early years. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, American Psychologist, 44, 112-119.

and promotion of play behaviors—all of which enhance child well being.[53] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.[54]

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets, which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging". Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people — associations — that families can join and utilize to build a web of social support.

Gila River Indian Community provides a network of programs to support families and raise parent awareness about early childhood issues. Gila River's Head Start, Early Education/Child Care Centers, Genesis, Women, Infant, and Children, and Early Childhood Special Services, among others, provide parent education, including parent classes and support for parents of children with behavioral issues. Substance abuse prevention/counseling is also available for parents. Service referrals are given to families who need additional support.

Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care[55]. Parents seem fairly perceptive of their need for more information. Although there are a number of programs that provide educational opportunities for parents about early education issues, little is known about whether parents feel that they are knowledgeable or whether more education efforts are needed within the community.

53 Brooks-Gunn, J., Klebanov, P.K., and Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. Children and Youth Services Review, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., and Hemphill, J., Unfulfilled expectations: Home and school influences on literacy. Cambridge, MA: Harvard University Press.

54 Hair, E., C., Cochran, S. W., and Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, and J. W. Kaye (Eds.), Youth Development Outcomes Compendium. Washington DC, Child Trends; Sroufe, L. A. Emotional development: The organization of emotional life in the early years. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, American Psychologist, 44, 112-119.

55 Whitebook, M., Howes, C., and Phillips, D. Who cares? Child care teachers and the quality of care in America, 1989, Oakland, CA: Child Care Employee Project.

The table below highlights some programs within the community that promote literacy.

Gila River Indian Community Literacy Efforts (2008)

Family Literacy Programs Available	
Sacaton Ira H. Hayes Memorial Library (GRIC Tribal Library)	Children's activities promoting literacy
FACE Program (provided at Gila Crossing, Casa Blanca and Blackwater Community Schools)	Center-based staff provide family literacy program by the National Center for Family Literacy. All participating families receive age-appropriate Imagination Library books for their children every month.
GRIC Head Start Program	Daily reading activities and story time, reading centers in the classroom.
Early Education/Child Care Centers	Daily reading activities and story time

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. This training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

The chart below shows the total number of early childhood teachers and administrators in the GRIC region for 2004 and 2007. The numbers over this time period have remained stable except for increases in the numbers of teacher/directors and administrative directors.

Gila River Indian Community
Number of Early Childhood Teachers and Administrators

Staff Type	2004		2007	
	Full time	**Part time**	**Full Time**	**Part time**
Teachers	10	0	11	0
Assistant Teachers	10	0	11	0
Teacher/Directors	0	0	4	0
Admin. Directors	1	0	7	0
Head Start Teachers	9		11	
Head Start Assistant Teachers	10		11	
Head Start ECE Directors	1		1	
Head Start Admin. Director	1		1	

Source: Compensation and Credentials Report; Head Start Performance Information Report 2006-2007

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[56] Furthermore, formal training is related to increased quality care, however, experience without formal training has not been found to be related to quality care.[57]

Of the early care providers in the region, all teachers have at least a Child Development Associates (CDA) or higher. The percent of Teacher Assistants who have their Associate's degree is higher than the state. According to child care directors in the region; a majority of teacher assistants who only have a high school diploma are enrolled in CDA courses

Child Care Professionals' Educational Background

Degree Type	Gila River Indian Community 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	Unknown	80%	61%	82%	20%	12%
CDA	37%	8%	9%	7%	N/A	N/A
Associates	37%	11%	15%	8%	47%	45%
Bachelors	27%	0	19%	7%	33%	43%
Masters	0	0	6%	<1%		

Source: Compensation and Credentials report, Center for the Child Care Workforce — Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002. Provider Survey for 3 early care providers
* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.
**U.S. figures had slightly different categories: High school or less was used for no degree, some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree

Gila River Indian Community Head Start staff qualifications vary from the picture portrayed in the previous chart. As shown in the table below, in 2007 only 55 percent of teachers had an early childhood education or related degree, and assistant teachers showed no evidence of CDA or any type of degree.

56 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, Child Development, 71, 960-980.
57 Galinsky, E. C., Howes, S., and Shinn, M. The study of children in family care and relative care. 1994, New York: Families and Work Institute; Kagan, S. L., and Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. Young Children, 1989, 45, 4-10; Whitebook, M., Howes, C., and Phillips, D. Who cares? Child care teachers and the quality of care in America, 1989, Oakland, CA: Child Care Employee Project.

Gila River Indian Community Head Start — Multi Year Staff Qualification 2004 - 2007

Degree Type	2004		2005		2006		2007	
	Teachers	Assistant Teachers	Teachers	Assistant Teachers	Teachers	Assistant Teachers	Teachers	Assistant Teachers
ECE or related degree	22%	0%	30%	0%	36%	9%	55%*	0%
AA	1	0	2	0	2	1	3	0
BA	1	0	1	0	2	0	3	0
Graduate	0	0	0	0	0	0	0	0
CDA	2	0	3	0	4	1	5	0
No Degrees	7	10	7	10	7	10	5	11
Total	9	10	10	10	11	11	11	11

Source: Head Start Performance Information Report (2006-2007) and Multiyear Staff Qualifications Report (2004-2007)

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or community colleges. The closest campus to the eastern part of the Gila River Indian Community is Central Arizona College (CAC), which is located in Coolidge. Central Arizona College provides a variety of education and certification programs designed to meet the needs of individuals interested in pursuing careers in early childhood education, or who are currently employed at preschools, child care centers, extended day programs, or other programs or agencies that focus on early childhood education and development. These varied pathways benefit CAC students pursuing credentials of a two-year degree or wish to continue their education at the university level.

Aside from other online educational programs, Arizona State University, which is the closest campus to the Community, Northern Arizona University, and University of Arizona programs are available.

Available Education and Certification Programs for Child Care Professionals Near the Gila River Indian Community Region

School	Degree/Certificates
Central Arizona Community College	• Early Care and Education (Transfer Pathway) • A.A.S. Early Childhood Education -Emphasis Options: Family Child Care, Infant/Toddler, Management, Preschool, School-Age • Certificate Early Childhood Education - Emphasis Options: Family Child Care, Infant/Toddler, Management, Preschool, School-Age
Arizona State University – Tempe Campus	• B.A.E. Early Childhood Education • B.A.E., Early Childhood Teaching and Leadership
Northern Arizona University (Online programs)	• B.A.S. in Early Childhood Education • M.Ed. in Early Childhood Education

Access to higher education can be a challenge due to the distance of institutions. Central Arizona College is approximately 15 miles from Sacaton and the closest university is Arizona State University in Tempe, which is 26 miles from Sacaton. Transportation may be a significant barrier to higher education opportunities.

Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children.[58] More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.[59]

As the chart below shows, average length of employment is between two and three years. This is largely due to the majority of teachers and teacher assistants being employed by EE/EC, which opened approximately three years ago.

58 Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, Early Childhood Research Quarterly, 8, 309-325.

59 Stremmel, A., Benson, M., and Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, Early Childhood Research Quarterly, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., and Howes, C. Then and now: Changes in child care staffing, 1994-2000. Washington DC: Center for Child Care Workforce.

Average Length of Employment for Child Care Professionals in GRIC Region, 2007

	Less than 1 Year	1-2 Years	2-3 Years	3-4 Years	4-5 Years	More than 5 Years
Teachers			29		2	
Assistant Teachers			26			
Teacher Directors						
Administrative Directors				1		1

Source: Provider Surveys; Gila River Indian Community Head Start PIR 2007

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care[60]. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.[61] Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[62]

As the chart below shows, small salary increases have been implemented from 2004 to 2007 in the Gila River Indian Community. For teachers the salary decreased by more than $3 per hour within the same time frame.

Average wages and benefits for child care professionals Gila River Indian Community 2004 - 2007

		2004	2007
Teacher	Average Hourly Wage	$20.96	$17.61
Assistant Teacher	Average Hourly Wage	$12.18	$15.27
Teacher/ Director	Average Hourly Wage	No data	$18.25
Admin/ Director	Average Hourly Wage	$27.41	No data
Head Start* Teacher	Average Hourly Wage	Data not available	$16.89 ($35,189 yearly)
Head Start* Assistant Teacher	Average Hourly Wage	Data not available	11.63 ($20,463 yearly)

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey.
*Source: Head Start PIR data 2006-2007

60 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, and K. A. Renninger (Eds.), Handbook of Child Psychology (5th ed.), 1998, pp. 73-134. New York: Wiley and Sons; National Research Council and Institute of Medicine. From neurons to neighborhoods: The science of early childhood development. Washington DC: National Academy Press.

61 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

62 Ibid.

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 — First Things First — in November 2006, as well as previous efforts lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, has elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.[63]

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.[64]

There are a number of different methods the early childhood programs disseminate information to increase public awareness about early childhood development and education. The primary method is through the tribal newspaper, The Gila River Indian News (GRIN). The GRIN includes Community news, Community activities, program information and education, and other related information. The GRIN is a monthly publication that is available in the Community and online on the GRIC's official Web site.

Other methods for disseminating information to the community include program newsletters, community bulletins, and through community groups such as the Council of Elders and Elderly Concerns. Community meetings are also held in each of the seven Gila River Indian Community Districts. Programs attend District Meetings to announce programs or provide information to community members.

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63   Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

64   Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.[65] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers, services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Coordination of partnerships with Gila River Indian Community and state programs that help low income families could be strengthened so that redundancies as well as "gaps" in services are eliminated.

Parent and Community Awareness of Services, Resources Or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well being of young children in Arizona. However, when asked "how well informed are you about children's issues in Arizona," more than one in three respondents say they are not informed.

- **The Gila River Indian Community** has a number of support programs and services for parents and children related to early childhood. Many programs partner to provide services to achieve a common goal of strengthening overall health and wellness for children from birth to age five. The following are some of the programs and resources available to children and families*:

- **Early child health and wellness education** is provided by the Gila River Genesis Program that aims to prevent diabetes in infants and children and serves as a resource to child care and school programs serving children under the age of five. Education on breast feeding, nutrition, meal planning, diabetes education, and the importance of physical activity is provided for infants, toddlers, families, pregnant women, and new mothers.

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65   Gennetian, L. A., and Miller, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., and Redcross, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults, 2000, New York: Manpower Demonstration Research Corporation.

- **Public Health Nursing of the Gila River Health Care** provides maternal and child health services, including prenatal home visits, postpartum visits, health promotion, and special needs case management.

- **Behavioral Health Services of Gila River Health Care** provides individual and family counseling, case management, crisis intervention, adult behavioral health services, and other services.

- **Social Services Department** houses a variety of family assistance programs, including Temporary Assistance to Needy Families, Foster Care, and Woman, Infant and Children, among others. The Women, Infant and Children program provides nutrition assistance, educational materials, and child development information for parents.

- **Gila River Prevention Coalition** is a group of community leaders, members and representatives whose mission is to promote cultural pride and strength in wellness. The coalition sponsors cultural classes, clean and sober recreational activities for youth, and parent information on substance abuse and awareness.

- **The Gila River Health Resource Department Nutrition Program** provides nutrition education and information. The program promotes healthy choices, eating well, traditional values, and the importance of an active life style.

- **The Council of Elders and Elderly Concerns** exist as a resource in the community for raising awareness and as sources of information, including cultural resources. The two groups meet on a consistent basis to discuss and address the needs of the community.

*This list does not include all Gila River programs and service available to children and families.

Additional Indicators of Interest to the Gila River Indian Community Regional Partnership Council:

The GRIC Regional Partnership Council has identified the following indicators as specific areas of interest to explore in the future:

- Child care needs of parents with children ages birth through five who do not meet the income guidelines to receive child care assistance

- Factors that impact parental involvement — identify methods to decrease barriers and increase involvement

- Examine the need for O'odham and Pee Posh language and culture instruction for children and parents

- Behavioral health needs of children and families — understanding parents knowledge of overall early childhood development

- Overall health status of children birth through five and the impact of services provided, for example, services such as health screenings, prenatal care, and immunizations

Conclusion

Synthesis of Findings on Regional Child and Family Indicators and Early Childhood System

The Gila River Indian Community is a progressive community that is proactive in its efforts to promote wellness and healthy living for children and families. Providers recognize the value of coordinating local resources to strengthen parent involvement, reduce barriers to early care and education and improve access, strengthen language and cultural knowledge, and provide parents and families with a comprehensive service array to meet their own, and their children's needs.

Further investigation should be conducted in the area of child health, such as medical, dental, vision, and developmental screenings, which are so critical in a young child's life. Although data are available about these types of screenings, the time frame for data collection did not allow sufficient time to include it in this report. Additionally, more information is required in order to identify the needs of children not currently being served by early care and education programs, specifically those children under a relative's care or those receiving care outside of the Gila River Indian Community.

Educational attainment, employment and poverty are other areas of significance in the Community. The region has much higher rates of poverty and unemployment, and lower rates of educational attainment when compared to the rates for the state and the nation. For example, the percentage of births to mothers without a high school diploma is significantly higher in the Gila River Indian Community than it is across the state, as well as the percentage of single female heads of household.

Identification of Greatest Regional Assets

Some of the greatest assets among the Gila River Indian Community are the wide array of programs and services available in the Community. Tribal programs work together to provide resources and education to community members for the well being of children. There are efforts to integrate the language and culture, considered their most important assets, into curricula and program activities. Nutrition and health are also a high priority with programs aimed specifically at children birth to 5. The Gila River Indian Community also has a strong program for providing development screenings and services for children with special needs. Tribal programs are progressive in their work and advocacy for children and families.

Identification of Greatest Regional Needs

As is so often the case, although great strengths exist, challenges also exist or become more evident. While there are a number of early care and education programs in the community, there are not enough to meet the needs of children ages birth through five in this region. According to the data in this report, over a third of the population of children ages birth to five is enrolled in early education or child care programs. Within the Community there exists a shortage of early care programs resulting in two-thirds of children birth through five years old without access to early childcare centers. Fami-

lies who exceed the income limits do not have many choices for support and child care. Many of these families are forced to take their children to care outside the Community, which can create challenges with transportation, quality of care, and culturally competent child care.

There is evidence of a need for more training and certification among child care professionals. Although there are mechanisms of support to pursue higher education locally, more information is needed to determine what barriers exist to accessing higher education. Also, the Regional Partnership Council has expressed concerns about teacher retention and absenteeism in their early child care programs. Housing and transportation issues should be further explored as possible challenges to the retention of quality child care professionals in the community.

Even with the appropriate Tribal Council resolution, and approvals the challenges encountered in obtaining data for this report indicate a need for further inquiry on how data tracking and data sharing is coordinated, and accessed. Building a strong system of data gathering, storing, and accessing would benefit all programs serving children birth through five by enabling programs to easily assess strengths, and identify needs, so programs can quickly build capacity, and use funding efficiently. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed

Appendices

Assets for Gila River Indian Community

Tribal Government Departments and Programs			
Ira Hayes High School – Day Care	Preschool Road and Casa Blanca Road	Bapchule	85221
Head Start Program	555 W. Vavages Way	Sacaton	85247
Early Education Child Care Program	280 S Ocotillo Road	Sacaton	85247
Foster Care	703 West B Street	Sacaton	85247
Genesis Program	145 South Bluebird Road	Sacaton	85247
Gila River Health Care	483 West Seed Farm Road	Sacaton	85247
Gila River Health Care Corporation Behavioral Health	430 Skill Center Road	Sacaton	85247
GRIC Tribal Council	P. O. Box 97	Sacaton	85247
GRIC Early Childhood Special Service	131 South Bluebird Road	Sacaton	85247
GRIC Healthy Families	Pima Rd and Sacaton Rd.	Sacaton	85247
GRIC Social Services	703 West B Street	Sacaton	85247
GRIC Women, Infants, and Children (WIC)	222 East Pima Street	Sacaton	85247
Human Services	316 West Casa Blanca Road	Sacaton	85247
Residential Youth Program	18 West Seed Farm Road	Sacaton	85247
Schools			
Blackwater Community School	Route 1, Box 95	Coolidge	85228
Casa Blanca Community School	P. O. Box 10940	Bapchule	85221
Gila Crossing Community School	RR 2, Box 809	Laveen	85339
Ira Hayes Applied Learning Center	Preschool Road and Casa Blanca Road	Bapchule	85221
Sacaton Elementary School	212 North Skill Center Road	Sacaton	85247
Vechij Himdag Mashchamakud	168 South Skill Center Road	Sacaton	85247
St. Peter Indian Mission School	1500 North St. Peter Road	Bapchule	85221
Maricopa Village Christian School			
Hospitals/Clinics			
Hu Hu Kam Memorial Indian Hospital	P.O. Box 38	Sacaton	85247
Indian Health Service, Sacaton Service Unit	P. O. Box 38	Sacaton	85247
Phoenix Indian Medical Center	4212 N 16th Street	Phoenix	85016
Colleges			
Arizona State University	P.O. Box 85287	Tempe	85287
Central Arizona College	8470 North Overfield Road	Coolidge	85228
South Mountain Community College	7050 South 24th Street	Phoenix	85042
Chandler Gilbert Community College	2626 E Pecos Road	Chandler	85225
Northern Arizona University	South San Francisco Street	Flagstaff	86011
Recreation Centers			
Sacaton Boys and Girls Club	116 South Holly Road	Sacaton	85339
Boys and Girls Club	51st Avenue and Pecos Road	Laveen	85247
Libraries			
Ira H Hayes Memorial Library	Church and Pima	Sacaton	85247
Non Tribal Programs/Agencies/Coalitions			
Arizona Department of Health Services, Tribal Liaison	150 North 18th Avenue, Room 595	Phoenix	85007
Arizona Early Intervention Program (AzEIP)	131 South Bluebird Road	Sacaton	85247
Inter Tribal Council of Arizona-Women, Infant and Children-Dental Program	2214 North Central Avenue # 100	Phoenix	85004

Description of Methodologies Employed for Data Collection

The needs and assets assessment process commenced on May 1, 2008. June 12, 2008, the First Things First Regional Manager, Coordinator, and Tribal Liaison and Policy Analyst, and the Chair and members of the Gila River Indian Community Regional Partnership Council presented an overview of the program and the Needs and Assets Assessment to the Gila River Indian Community Education Committee for review and approval. The Education Committee approved the request and move that the presentation go before Tribal Council. On June 21, 2008 an introductory presentation of First Things First was made to Tribal Council. On July 16, 2008, a request to begin data collection for the Needs and Assets Assessment was presented to the Tribal Council, and was passed by Tribal Council by popular vote. All data were collected by July 25, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and tribal program data that resulted in asset inventories as well as listings for child care settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. For the Gila River Indian Community region, this rapid needs and assets assessment approach consisted of consultants working with the RPC to create a survey to collect information on early care and education centers in the region. Twelve questions were included in the survey and questions were created in collaboration with the RPC coordinator to address issues important for future regional planning efforts. The survey was conducted by phone and in person with all early child care programs within the boundaries of the reservation. A total of four surveys were completed. Data collected from the centers were analyzed using sums, averages, and percentages as applicable to each question for which survey data were supplied.

As made plain in the state's 2007 Bright Futures report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the tribally specific data. In particular, data for children Birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is also important to note that even when data are available for this population of children (birth through five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children

ages birth through five years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis

Citations for Resources Used and Extant Data Referenced

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American Community Survey (2003-2007) -U.S. Census: *http:// factfinder.census.gov*

American Montessori Society: *www.amshq.org*

Annie E. Casey Foundation Kids Count Data Center *http:// www.kidscount.org/datacenter/compare*

Annie E. Casey Foundation. Kids Count. Children in immigrant families:

http://www.kidscount.org/datacenter/profile_results.jsp?r=320 andd=1andc=12andp=5andx=135andy=8

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