



FIRST THINGS FIRST

Ready for School. Set for Life.

NEEDS AND ASSETS REPORT 2008 -2010



PASCUA YAQUI TRIBE

Regional Partnership Council



PASCUA YAQUI TRIBE

Regional Partnership Council

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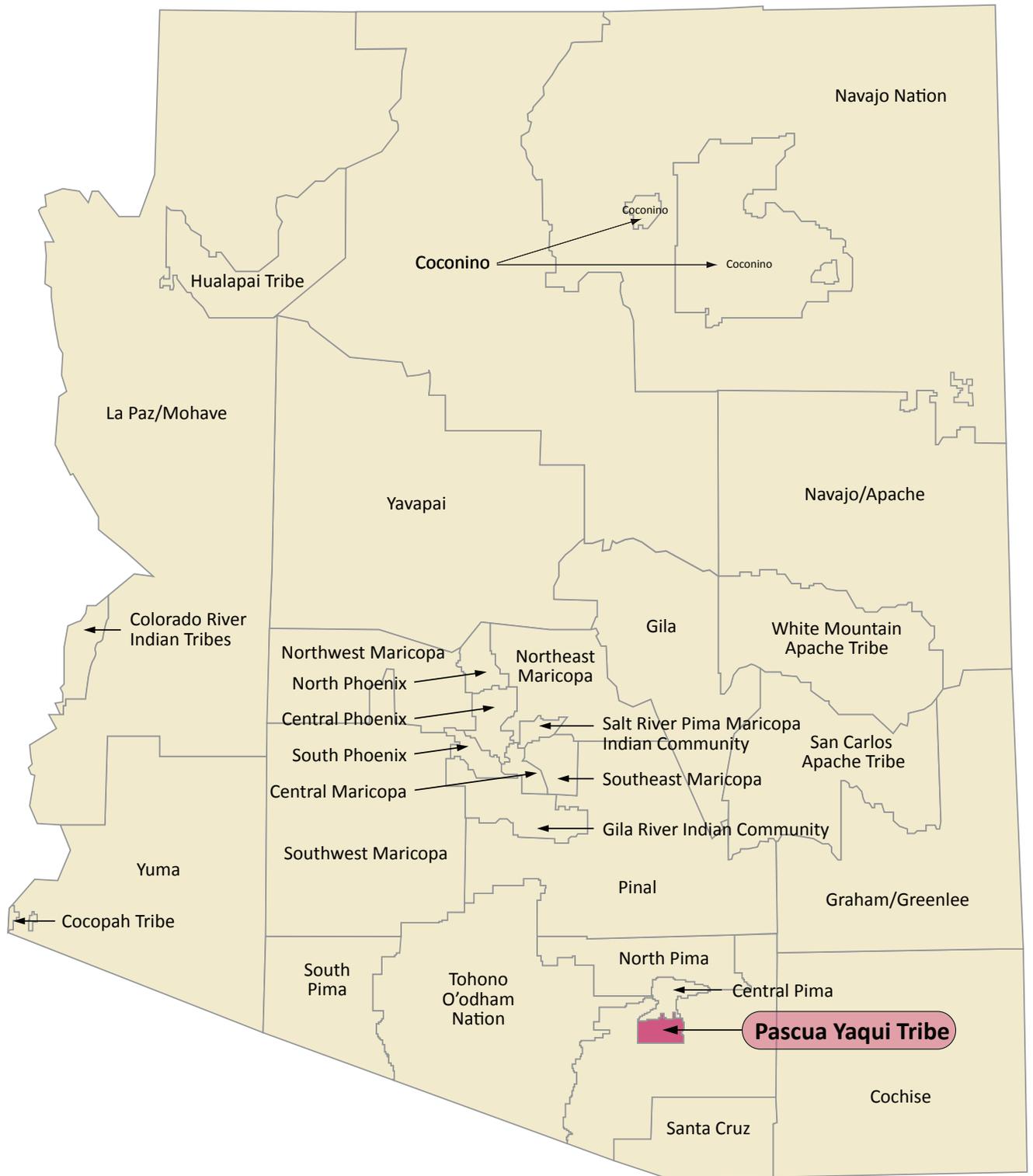
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Message from the Chair

December 20, 2010

Message from the Chair:

The past two years have been rewarding for the First Things First Pascua Yaqui Tribe Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. The Regional Council and our community partners have touched many lives of young children and their families through high quality, regulated, culturally responsive and affordable early care and education programs, professional development opportunities for early childhood professionals, coordinating health insurance enrollment services, emergency food assistance, and raising awareness of the importance of early childhood development and health.

The First Things First Pascua Yaqui Tribe Regional Partnership Council will continue to advocate and provide opportunities for high quality early care and education programs, scholarships for early childhood educators to continue their formal education, family support and parent education, and increased public awareness about the importance of early childhood.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Pascua Yaqui Tribe Region in 2008 and the new 2010 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Pascua Yaqui Tribe Regional Council would like to thank the Pascua Yaqui Tribal Council, Research Review Committee and Tribal staff. We also want to thank our Needs and Assets Vendor ALTA Consulting, LLC for their knowledge, expertise and analysis of the Pascua Yaqui Tribe region. The new report will help guide our decisions as we move forward for young children and their families within the Pascua Yaqui Tribe reservation.

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

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

Thank you for your continued support.

Sincerely,

Cecilia Garcia, Chair

Pascua Yaqui Tribe Regional Partnership Council

Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of well-being of our communities, society and the State of Arizona.

This Needs and Assets Report for the Pascua Yaqui Tribe region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face in the Pascua Yaqui Tribe Region include:

- o Access to high quality early care and education settings;
- o Shortage of training and professional development for the early care and education workforce;
- o Family support and parent education services;
- o Knowledge and information about the importance of early childhood development and health.

The First Things First Pascua Yaqui Tribe Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. A strong focus throughout the Pascua Yaqui Tribe region, in the past year, is funding to support:

- o Increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs;
- o Access to high quality early childhood professional development;
- o Increased access to high quality health care services including access to affordable health care coverage for young children and their families; and
- o Emergency Food Assistance to families with children under age five.

This report provides basic data points that will aid the Regional Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgements

The First Things First Pascua Yaqui Tribe Regional Partnership Council owes special gratitude to the Tribal departments and key stakeholders who participated in numerous work sessions and meetings throughout the past two years. The success of the First Things First needs and assets process was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Pascua Yaqui Tribe Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We express gratitude to The Pascua Yaqui Tribe, its governing Council, Tribal Research Review Committee and Tribal departments of Education, Health, Social Services, Land Use, and Housing, Hiaki High School and Head Start for providing additional information and overall support of the process. We also want to thank families of young children of the Pascua Yaqui Tribe for responding to the survey at community events and online. We appreciate the commitment of the Tribal staff members for their support for the data collection process.

We also want to thank the Arizona Departments of Economic Security, Education and Health Services, and the Arizona Child Care Resource and Referral, and the Arizona State Immunization Information System, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report. School Districts around the state, including Tucson Unified School District, also provided data in support of this report.

Report Prepared By:

ALTA Consulting, LLC
Allison L. Titcomb, PhD.

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

As part of the First Things First initiative the Regional Partnership Councils, among other responsibilities, will conduct a community-level needs and assets assessment every two years. Each eleven-seat regional council is comprised of community stakeholders with vested interests in the process of early childhood education and its outcomes (i.e., educators, parents, business leaders, health service provider, etc.). The regional needs and assets assessment will identify resources, assets, gaps and barriers for early childhood development and health programs in the region or Tribe. This regional assessment provides the opportunity to collect local information specific to the region or Tribe, as opposed to using only data at the state level.

Regional-level data, from both state and local agencies, are not always available, either because the information has not been collected at that level or access to the available data may have been limited (e.g., privacy, legal constraints, or lack of resources to permit timely response to the request). Efforts were made to include relevant details at whatever level possible (e.g., state, county, regional). This report summarizes both the 2008 and 2010 needs and assets assessment for the region.

Executive Summary

Families & Children Living in New Pascua

Regional Population

1. In 2009, approximately 650 children five years of age and younger reside on the reservation. An estimate of 335 children birth-5 were living in poverty (applying the poverty rate estimated for families with young children to the estimated population using the latest Bureau of the Census data). Pascua Yaqui Tribe (PYT) Tribal Enrollment office reports 249 tribal members age birth - 4 years of age living in New Pascua as of 11/23/10. Census 2010 data may be available in Jan/Feb 2011 and American Community Survey results may be available in Dec 2010/Jan 2011.

Family Composition

1. The number of single parent households grew significantly from 34 percent to 58 percent (2000 to 2006) and remained at 58 percent for 2009 (compared to 25 percent for Pima County and 23 percent for AZ).
2. The percentage of teen mothers was 28 percent for 2006 which increased to 32 percent for 2007 and decreased to 26 percent in 2009. These have been consistently higher than those reported for Arizona or Pima County (12-13 percent).
3. In 2000, of the grandparents who lived with their grandchildren within Pascua Yaqui Tribe, 43 percent reported that they had primary caretaking responsibilities. Results from the 2010 PYT Parent/Guardian survey, although unable to estimate exact numbers, consistently indicated a high proportion of use of relative care for young children particularly by grandparents.

Economic Circumstances (Employment, Income and Poverty)

1. The region's average unemployment rate was 16.8 percent in 2008 and increased to 24.6 percent in 2009.
2. In 2006, the Pascua Yaqui median income of \$22,270 was only 53 percent of the Arizona median income in that same year. The median income for 2009 was also listed as \$22,270 and continues to be much lower than those estimated for Pima County (\$51,009) or Arizona (\$48,745).
3. In 2000, 50 percent of children in the Pascua Yaqui Region lived at or below 100 percent of the federal poverty level. That was 8 percent higher than Arizona and 33 percent higher than the nation as a whole. Moreover, 85 percent of the Pascua Yaqui children lived at or below 200 percent of the Federal Poverty Level.

Educational Indicators

1. According to Arizona Department of Health Services (ADHS) data reported from 2003 to 2007, the percentage of births to mothers *without* a high school degree in the Pascua Yaqui reservation was 50 percent. In 2009, that number decreased to 40 percent.
2. The number of births to mothers with a high school degree averaged 33 percent over the four year period, and declined from 38 percent in 2006 to 32 percent in 2007 but increased to 46 percent in 2009.
3. According to data provided by the Tribal Education Division, 15 Pascua Yaqui students graduated in fall 2007 and 41 in spring 2008.
4. According to data provided by Tucson Unified School District, only 13 percent of the children from the tribe entering kindergarten at the local school meet the benchmark DIBELS score standards. For Pascua Yaqui children taking the 3rd grade AIMS test (TUSD system-wide), about 50 percent Meet or Exceed the standard for math and 57 percent for reading.

Early Childhood System

Quality and Access

1. PYT Social Services indicates there are 48 family home care providers (47 certified and 22 dual-certified with DES) on the reservation. They do not have estimated numbers for non-certified relative care. In 2008, the Pascua Yaqui Tribe had approximately 30 family child care homes in operation that served about 70 children birth through five and school age children on the reservation. Around 50 percent of the family child care home providers were certified by DES and PYT.
2. Arizona Department of Health (2010) lists 2 child care centers for zip code 85757 and 26 centers for 85746. Child Care Resource and Referral list 20 home care providers in the Pascua Yaqui Region. The cost of care with these providers range from \$85 to \$150/week. One staff member estimated the yearly cost for care if using a center elsewhere in Pima county to be as much as \$8,000 per year.
3. The cost of child care provided through PYT Social Services is \$18/day (plus a co-pay from the family ranging from \$0.50 to \$2/day). In 2008, in the Pascua Yaqui Region and surrounding communities, the average cost per day for alternatively approved homes was \$20.67, infant care at licensed centers was \$30.50 and licensed centers averaged \$19.81 per day for preschoolers.
4. The PYT Head Start provides services to 130 children and is at full capacity with a waiting list of 44 children. Several PYT Parent/Guardian survey respondents indicated that they would like to have their children in Head Start, but were not eligible for the services.

Professional Development

1. Data from the Tribal Education Division indicates that there are 8 teachers with a CDA working in the Pascua Yaqui Head Start, 6 co-teachers with a CDA, 1 co-teacher with a high school diploma and 1 co-teacher with a bachelor's degree (2008 Needs and Assets report data).

Health

Health Insurance Coverage and Utilization/Immunizations

1. The percentage of children under age five and families enrolled in Kids Care and AHCCCS in 2006 was 22 percent, which is the same rate for Arizona as a whole. According to PYT Health Department, 30 children birth-five were in CSP. The estimated number of families enrolled in AHCCCS for the most recent year is 60 percent (compared to 53 percent from ADHS report for 2008).
2. According to data provided by the Pascua Yaqui Tribe Education Division, 100 percent of children attending the Tribal Head Start Program have received oral health checks (97 percent in 2008) and well-child checks and were up to date on immunizations. According to the Tribe's Health Department, 30 children in the past year received well child care through CSP. According to ADHS, 62 percent of children in zip code 85757 age 12-24 months had completed immunizations and only 44 percent of those aged 19-34 months.
3. According to data provided by the Tribal Education Division, the 130 children attending the Pascua Yaqui Head Start have received developmental screening, and there were less than ten children with diagnosed special needs.

Healthy Births

1. Approximately 61 percent of mothers in 2009 received prenatal care as defined by ADHS at least 1 doctor's visit during the first trimester. This is slightly lower than the 64 percent for all American Indian mothers living within tribal lands in Arizona. However, some 3 percent of women in this region received no prenatal care at all. These numbers were lower than in 2008.
2. According to data reported by the Tribal Health Services Department from 2000 to May 2009, the total number of women receiving prenatal care was 334 and the total number of visits was 2725. These are counts for Tribal members under the Pascua Yaqui Health Plan (called the Yoeme Health Plan as of October 2010).
3. The percentage of children (ages 0-5) and families' enrolled in AHCCCS or Kids Care in 2006 was 21 percent, which is about the same as the rate for the state as a whole.
4. According to Arizona Department of Health Service Vital Statistics, approximately 8 percent of low birth weight births occurred in the Pascua Yaqui reservation compared to 6 percent of Native American births in Arizona. This increased in 2009 to 9.4 percent.
5. One in three births in the Pascua Yaqui Region in 2007 was reported to a teen mother.

Family Support

1. PYT Social Services investigated 150 cases in 2009 with approximately 320 children. At least 115 children received services from this division, including 20 in child care. An estimated 50 children from 24 families are on a wait list for child care services.
2. Social Services has only one staff member in Foster Care. Most home foster placements are relative care.

Public Information and Awareness

Responses to the PYT parent/guardian survey and Tribal Agency survey consistently cite the need for more information about child development, preparing children for kindergarten, availability and process of access to resources for children and families. A partnership with the radio station assists in the dissemination of First Things First child development and health information and collaboration with other regional councils strengthens the awareness and services for tribal members living in other regions.

System Coordination

Responses from the Tribal Agency survey indicate both positive perceptions about the work of the Education, Head Start and *Sewa Usim*, but also indicate the need for more coordination and collaboration across all the agencies that serve families with young children. **Gaps** identified include tribal members falling through the cracks, not being aware of procedures, needing more activities that provide for whole-family services, little-to-no information sharing/not providing communities with enough information, "no one knows the specific needs for specific families/children," lack of process follow-up, loss of time going to wrong department for services. **Suggestions** include coordination of services, information and outreach from departments in the community/information clearing house/central information source, bringing together all programs to set a new vision for collaboration, time to meet, providing services for families including family unity/living skills/job improvement and education.

Pascua Yaqui Tribe Region and Historical Overview

The Pascua Yaqui Tribe 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. Ten Tribes have made the decision for their Tribal lands to be considered separate regions.

On February 13, 2008, the Pascua Yaqui Tribal Council passed a resolution (Resolution No. C02-25-08) designating its Tribal lands as a separate region and the FTF established the Pascua Yaqui Tribe Regional Partnership Council. This decision has allowed the Pascua Yaqui Tribe to consider increasing the early childhood development and health services to children birth to five on the federally recognized reservation land located in Pima County. This community, known as New Pascua, is the designated recipient of the First Things First allocation according to the Arizona Early Childhood Development and Health Board state statute. Pascua Yaqui Tribe has seven other traditional communities in Pima (Barrio Libre, Old Pascua and Yoem Pueblo-Marana), Maricopa (Guadalupe, High Town and Penjamo) and Pinal County (Coolidge) where the Tribal government also provides services, but these communities do not have direct allocations from First Things First. Other Regional Partnership Councils serve tribal children that reside or access services in their area. The Pascua Yaqui Tribe Regional Partnership Council collaborates with other councils such as Central Pima and Central Maricopa to provide services to tribal members in their regions.

The First Things First Pascua Yaqui Tribe Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional 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 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 Pascua Yaqui Tribe Regional Partnership Council, with its community partners, works 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*, provided a glimpse of indicators that reflect child well being in the state and began the process of assessing needs and establishing priorities. The report and its recent update reviewed the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also described opportunities to improve the health, well-being and school readiness of young children.

In the fall of 2008, the Pascua Yaqui Tribe Regional Partnership Council undertook strategic planning and set a three-year strategic direction that defines the Regional Council's focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan aligned with the Statewide Strategic Direction approved by the FTF Board in March 2008. In the fall of 2010, the Regional Partnership Council made the decision to combine the 2010 needs and assets results with the 2008 draft report results. This report blends the results from 2008 and 2010.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children on the Pascua Yaqui Tribe reservation. This report serves as

a planning tool for the Regional Council members as they review and design their strategic roadmap to improve the early childhood development and health outcomes for young children on the tribal reservation. Through the identification of regional needs and assets and the synthesis of community input, this report solidifies possible priority areas for which the Regional Council may focus its efforts and resources in the coming years. A list of the Pascua Yaqui community assets can be found in Appendix A.

One of the goals for this ongoing assessment process (occurring every two years) is that it may allow the Pascua Yaqui Tribal community to see how the health and well-being of young children improves over time. The bi-annual reports can also serve policy makers, program managers, and the community at large by providing timely and continuous needs and assets results. A full list of cited references and other resources used in the preparation of this report is included in Appendix B.

The following section describes the history of the Pascua Yaqui Tribe. A description of the process and methods used can be found in Appendix C. The remaining sections of this report include the results, such as demographic data as well as information related to the overall early childhood development and health system. The report concludes with a summary and prioritized list of needs to be considered for future efforts.

Pascua Yaqui Tribe Reservation and History

The Pascua Yaqui Tribe reservation is located 15 miles southeast of downtown Tucson on 1398.61 acres in southern Arizona. Yaqui families have lived in the Gila and Santa Cruz River valleys for centuries. Around the turn of the 19th century, these families began moving into larger communities. Guadalupe took early form in 1880. Old Pascua Village was established in 1903.¹ The Autonomous Arizona Villages became larger and, by 1952, were surrounded by urban communities. In 1964, with the aid of Congressman Morris K. Udall, the Pascua Yaqui were recipients of 202 acres of desert land where Indian identity and sovereignty is maintained. Then, on September 18, 1978, the Pascua Yaqui Tribe of Arizona became federally recognized.²

The timeline presented below, provided by the Pascua Yaqui Tribe Language Department, summarizes key events in the history of the tribe.

1 http://www.pascuayaqui-nsn.gov/history_and_culture/history/history3.shtm1

2 http://www.pascuayaqui-nsn.gov/history_and_culture/history/history4.shtm1

Yaqui (Hiaki) Timeline³

In the beginning and our Creation Story

- 640 — Hiaki trade and explore Arizona area.
- 1533 — Spanish Invasion—New Spain’s Northwest Frontier was neglected because of its remoteness and hostility. The Hiaki Territory was mostly left alone by the Spanish Military and so entered the Jesuits to become the core of the Sicilian Jesuit Evangelical Empire in New Spain as allowed by the Hiaki people. With the Jesuits eight new missions made the Hiakis, at thirty thousand strong were the largest native nation in the northwest.
- 1730’s — Hiakis open mines and produce surplus goods.
- 1736 — Hiaki Leaders Muni (of Rahum) and Bernabe (of Huirivis) argue about the excessive work load on the people for producing grain and transporting it to the California mission. The Hiakis demanded freedom of elections, right to carry traditional arms, not forced to be worked without compensation, that priest could not take their land and use it for something else, and no excessive work load for one pueblo, especially during a fiesta. And that the priest would not stop them from working in the mines.
- 1740 — Hiaki Movement against Jesuit rule to prove a point they should not be overlooked and need change.
- 1760 — Jesuits resisted New Spain’s encroachment on the land that they had settled and were expelled.
- 1767 — Jesuits were finally expelled from Hiaki territory after harsh treatment, however the Hiaki people learned much from the Jesuits; a form of Government, Aquiculture, Religion and Rights.
- 1810 - 1821 — Mexico Independence from Spain 1821.
- 1820’s — Hiakis first native group in the northwest to oppose the Mexican Government.
- 1820-1830’s — Hiaki Leader Jose Maria Jusakamea (Vanteam’s rival had support of Huirivis, Belem, and Rahum.)
- 1826-1833 — The rise of General Juan Ignacio Jusakamea or Juan Vanteam (had support of Vicam, Potam, Torim, Bacum, and Cocoim.)
- 1826 — Hiaki Movement; Mexico liberated from Spain, Hiaki rebel to assert Independence and have a separate Indian Republic, including the Mayos, Pimas, and Opatas but did not succeed.
- 1830 — Hiaki settle in the Town of Guadalupe.
- Dec. 6, 1832 — Vanteam captured.
- Jan. 7, 1833 — Vanteam executed.

³ Source: The Pascua Yaqui Tribe Language and Culture Department provided Archive and History information and the PYT Enrollment Department provided information on membership population.

- 1833 — Rise of General Jose Maria Jusakamea.
- 1838-1868 — Between the Vanteam and Kaa he'eme time, the Hiaki leaders would aid Mexican Political leaders during the Civil war to gain control of Sonora, in return for the promise of a separate government. However more Hiaki blood was shed and rebellion soon again started.
- 1860's — General Morales and Pesqueira start campaign to subdue the Hiaki people by force to cultivate the Rio Yaqui for wealthy Mexican and American business investors. Hiaki Settlements in Arizona splinter to areas where work is available.
- 1862 — French invade Mexico.
- 1863 — French occupy Mexico City. President Juarez flees.
- 1865 — French invade and occupy Sonora.
- French appoint Hiaki Leader Jose Maria Marquin as General of a Five Hundred well armed Hiaki Army under French occupation. Mayos join with an additional hundred men, Opatas and Pimas also join.
- French leave the fighting to the Natives.
- 1867 — French leave Mexico, Republic of Mexico.
- Feb. 8, 1868 — President Benito Juárez's Government, Massacre of Hiakis in Bacum. 450 captured, 270 Hiakis put in the Church, 120 Hiakis burned alive in the church, 59 survivors of the fire, the rest able to escape.
- 1876 to 1880 — Porfirio Díaz takes office of President.
- 1884 to 1911 — Porfirio Díaz again takes office
- 1875-1885 — Kaa he'eme (Cajeme) Era- finally brought separate Hiaki State that Vanteam envisioned. Lasted ten years of Peace and steady production of goods.
- 1884-1940 — Many groups of Hiaki people flee to already long existing settlements in Arizona to escape the ongoing genocide.
- Jan 18, 1900 — Maso Kova the massacre at the place called Maso Kova took place 109 years ago. We must remember those 400 or more men, women, elders and children that were killed that day by the Mexican Military. It was a massacre that lasted all day.
- 1885-1913 — Genocide and deportation of Hiaki people.
- 1921 — Hiaki peace agreement with Mexico at Ortiz.
- 1921 — Peace Broken- Battle at Hill of the Rooster.
- 1930 — All fighting between Hiaki and Mexican halted.
- 1952 — The self-sufficient Arizona villages became larger, and, were surrounded by urban communities.
- 1962 — Creation of the Pascua Yaqui Association (PYA).

- 1964 — With the aid of Congressman Morris K. Udall who push a bill and was passed through the Senate Committee and signed by President Lyndon Johnson on Oct. 8th, 1964 the Pascua Yaquis were recipients of 202 acres of desert land where Indian identity and sovereignty can be asserted and maintained.
- Sept. 18, 1978 — An act by the United States Congress federally recognized the Pascua Yaqui Tribe of Arizona: the Pascua Yaqui Indian Reservation officially came “into being.” Pascua Yaquis have a status similar to other Indian tribes of the United States.

Pascua Yaqui Communities ⁴ (FTF Regional Councils serving the community⁵)

- * New Pascua/Pascua Yaqui Reservation (Pascua Yaqui Tribe Regional Partnership Council)
- * Old Pascua/Tucson (Central Pima Regional Partnership Council)
- * Yoem Pueblo/Marana (North Pima Regional Partnership Council)
- * Barrio Libre/South Tucson (Central Pima Regional Partnership Council)
- * Town of Guadalupe (Central Maricopa Regional Partnership Council)
- * High Town/Chandler (Central Maricopa Regional Partnership Council)
- * Penjamo/ Scottsdale (Northeast Maricopa Regional Partnership Council)
- * Coolidge (Pinal Regional Partnership Council)

The Pascua Yaqui Tribe has succeeded in providing for its members– from building homes on the reservation to giving financial aid for tribal members for purchasing a home, since the majority of Hiaki people live off the reservation. The introduction of enterprises such as the two casinos, AVA Amphitheater, marketplace, gas station, and smoke shop have helped the tribe to create many services for their people such as health care, education, housing, public safety, language and culture preservation, and other vital services. These services have also created job opportunities for tribal members as well as employment for many non-tribal people. The Pascua Yaqui Tribe has been noted as one of the top employers in southern Arizona (57 of 200 overall and 8th largest government employer).⁶

As of 2010, the Pascua Yaqui tribe has 17,437 enrolled members in United States and growing. The Hiaki population in Sonora is estimated to be 45,000 and the total population of Hiaki people from Mexico to the United States is estimated to be approximately 61,000. The tribe’s Enrollment Department reports 6,095 enrolled adults in locally identified communities. The number of children living on the reservation is reported in the following table.

Total Pascua Yaqui Tribe Children (Enrolled Members) Living on the Reservation 2010

Age Group	Birth-4 years of age	5-12 years of age	13-18 years of age
Pascua Yaqui Tribe Members	249	601	498

Source: PYT Enrollment Department, November 23, 2010.

4 The Pascua Yaqui Community in Fresno, California is not listed here because the First Things First funds are limited to Arizona.
 5 To access the needs and assets reports of the FTF Regional Councils mentioned here, please refer to the reports and publications pages for each regional council: <http://www.azftf.gov/Pages/YourLocalCouncil.aspx>
 6 *Arizona Daily Star*, Star 200, Special Supplement, April 11, 2010.

Language Characteristics

The Yaqui (or as we call ourselves Hiaki or Yoeme) originally come from the ocean coast of Baja California in Rio Yaqui, Sonora, Mexico and have been in the Southwest United States since 640 A.D. Our language is of the lower Uto-Aztecan groups that include Tarahumara, Guarijio, Mayo , Yaqui, Opata, Pima, Tohono O'odham, and others. The upper Uto-Aztecan groups include Comanche, Shoshone, Colorado River, Paiute, and others. The proto-Uto-Aztecan homeland is generally thought to have been somewhere in the Southwestern United States - Arizona, New Mexico or northern Mexico where the first split between Northern and Southern branches took place. The homeland of the Numic branch has been placed near Death Valley, California, and the Southern Uto-Aztecan languages are thought to have spread out from a place in north-western Mexico in southern Sonora or northern Sinaloa. The Language Department estimates the 2009 total number of fluent speakers on the reservation to be a little over 200.⁷ There are no current estimates of fluent Spanish speakers, but the department notes that English speakers outnumber the speakers of Hiaki and Spanish.

7 Department communication to FTF PYT Regional Coordinator, Fall 2009.

Families and Children Living in the Pascua Yaqui Tribe Region: A Demographic Overview

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. 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 and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this section include the following categories that outline the main sections of the report:

- **Demographics** including regional population and family composition
- **Economic Circumstances** including employment, income and poverty
- **Educational Indicators** such as parent education and school readiness indicators

Later sections of the report describe the Early Childhood System and describe such areas as the following:

- **Early Care and Education (e.g., Quality & Access and Professional Development)**
- **Health including health insurance coverage and utilization, births and child wellness**
- **Family Support such as parent programs and child safety**
- **Public Awareness & Collaboration, including System Coordination**

There is limited data available for the First Things First designated Regional Council area for Pascua Yaqui Tribe. Any local data collected is compared with county, 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 Pascua Yaqui Tribe Regional Partnership Council to have an immediate and 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 the safety of children. All of these can be relevant factors to consider when designing strategies to improve child outcomes in the region.

Regional Population

According to the U.S. Census⁸, from 2000 to 2007, the overall population of the Pascua Yaqui reservation increased by 12 percent and the number of Pascua Yaqui children aged birth-14 also increased by 12 percent.⁹ However, when comparing the reservation's children population to the state, of particular note is that Arizona's birth-14 year old population increased by 21 percent and the U.S. (national) saw a seven percent increase.

Pascua Yaqui Population growth (all ages)¹⁰

	2000	2007	% Change
Pascua Yaqui	3,315	3,718*	+12
Arizona	5,130,632	6,338,755	+21
U.S.	281,421,906	301,621,159	+7

Source: 2000 U.S. Census (SF1), 2007 American Community Survey (ACS) *most current data is from Pascua Yaqui Tribe Primary Care Area (PCA) Statistical Profile (2009), Office of Health Systems Development/Arizona Department of Health Services (ADHS).

Pascua Yaqui Population growth for children ages birth-14 years

	2000	2007	2008*	2009*
Pascua Yaqui	1,287	1,443	1,536	1,544
Arizona	589,174	1,400,998	1,498,099	1,510,652

Source: 2000 U.S. Census (SF1), 2007 American Community Survey (ACS) *most current data is from Pascua Yaqui Tribe Primary Care Area (PCA) Statistical Profile (2009), Office of Health Systems Development/Arizona Department of Health Services (ADHS). <http://www.azdhs.gov/hsd/profiles/19217.pdf>

Funding allocations from FTF for the Pascua Yaqui Regional Council were based on a formula that uses census estimates of the birth-five population in the region and the number of those birth to five living in poverty. The allocations numbers that have been used to date are listed in the table below.

FTF Funding Allocation Population Estimates for Pascua Yaqui Region

	2000	2008	2009
Birth to Five	450	470	650
Birth to Five < 100% of the FPL		216	335

Source: Pascua Yaqui Tribe Regional Partnership Council Funding Plan http://www.azftf.gov/RPCCouncilPublicationsCenter/Pascua_Yaqui_Funding%20Plan.pdf

More information on economic circumstances that influence this region are reported in a later section. Data related to family composition are reported in the following section.

8 U.S. Census data on population for American Indians who are tribal members of federally recognized Tribes/Nation may not accurately reflect the true total population. Factors explaining this discrepancy include the fact that the US Census race/ethnicity data is self-reported to census takers by tribal members who may not want to provide information to the federal government; hence, there is often a misrepresentation of tribal members living on and off reservations based on the Tribe/Nation in Census figures.

9 PYT children's population growth was determined using ADHS/Primary Care Statistical profile from 2006 that defines persons by age as "number of residents by age groupings estimated, as of July 1, 2008 based on the report, 'Population Estimates for Arizona's Counties, Incorporated Places and Balance of County.' Source: Az. Department of Commerce, and the 2000 Census, SF1, U.S. Census Bureau.

10 Census 2010 and American Community Survey 2009 results were not available at the time of this report. They are estimated to be published in Spring 2011.

Family Composition

In 2000, the majority of children within the Pascua Yaqui Tribe on the reservation lived in households with a single parent, which grew significantly from 2000 to 2006 (58 percent). The percentage of single parent families for the region is 43 percent higher than is reported for state and national averages.

Percentages of single parent households with children birth-18 years

	2000	2006	2007	2008	2009
Pascua Yaqui	34%	58%	58%	58%	58%
Arizona	14%	15%	23%	23%	23%
U.S.	14%	14%			

Source: U.S. Census (2000), ADHS Statistical Profile Primary Care Area (2006-2009)

Estimates indicate that the majority of single-parent households are led by mothers only, while a few are led by fathers only.¹¹ The percentage of single-parent households on the Pascua Yaqui reservation is similar to high rates in the nation such as those found in Washington D. C. and Mississippi.¹² Pascua Yaqui's single parent household percentage of over 50 percent is substantially higher than Arizona rates and national averages. 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. The table below provides a snapshot of the household structure and living conditions for all Pascua Yaqui children and American Indian children compared to all children in the United States.

Indicators of Child Well-Being- Comparison between Pascua Yaqui, American Indian (AI) and All Children (2000)

Indicator	Pascua Yaqui	American Indian Children **	All Children in U.S.
Poverty (<100% FPL)	50%	38%	17%
Low Income (<200 % FPL)	85%	N/A	37%
Female Head of Household	42%	13%	12%
Male Head of Household	10%	8%	4%
In grandparents care*	43%	57%	42%
3-4 year olds enrolled in pre-school	8%	47%	49%
5-15 yrs with one or more disabilities	10%	7%	6%

*Percent was calculated by taking the total number of grandparents living with one or more grandchildren under 18 years and dividing that by total number of grandparents responsible for grandchildren. ** American Indian data was collected using the U.S. Census (2000, SF1), Source: U.S Census (2000), while Pascua Yaqui and U.S. data was collected using The Annie E. Casey Foundation, KIDS COUNT, State Level Data online, www.kidscount.org

11 Source: Arizona Department of Health, Community Vital Statistics and Health Profile Reports (2006-2009).

12 Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 2000. Report to the national Task Force on Early Childhood Education for Hispanics., Tempe, ASU.

It is important to give cultural consideration 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.¹³ 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 for Pascua Yaqui has varied a great deal from 2003 to 2009, averaging 26 percent over a five-year period. Of note is that the teen births for the Pascua Yaqui reservation continue to be over two times the levels of the state's or Pima county's teen birth percentages.

Percentage of children born to teen mothers (2003-2009)

	2003	2004	2005	2006	2007	2008	2009
Pascua Yaqui	21% (39)	28% (52)	24% (52)	28% (57)	32% (64)	20% (21)	26% (30)
American Indians in AZ	19% (1,141)	19% (1,142)	19% (1,204)	19% (1,216)	20% (1,285)	20% (835)	21% (819)
Pima County	14% (1,731)	13% (1,655)	12% (1,563)	13% (1,768)	12% (1,674)	12% (1,654)	12% (1,524)
Arizona	13% (11,700)	13% (11,863)	12% (11,933)	13% (12,916)	13% (12,972)	12% (12,161)	12% (10,952)

Source: Arizona Department of Health Services Health Status Profile (2003-2009) * Teen mothers are defined as mothers 19 years old or younger.

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.¹⁴

The state average for teenage births has remained relatively constant at around 12-13 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 percent¹⁵ 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 dropout rates, so many teen mothers may also be 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.¹⁶ Of the grandparents who live with their

13 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.

14 Annie E. Casey Foundation. *KidsCount Indicator Brief: Preventing Teen Births*, 2003.

15 Arizona Department of Health Vital Statistics report, 2007.

16 U.S. Census (2003) *Grandparents Living with Grandchildren*, 2000, census brief.

grandchildren within Pascua Yaqui Tribe, 43 percent report that they have primary caretaking responsibilities. For many grandparent caregivers this responsibility is a long term commitment.¹⁷ It is critical to note that grandparent caregivers may have more challenges in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.¹⁸

Regional Race, Ethnicity and Language Characteristics

The table below reflects the racial/ethnic characteristics of individuals who participated in the 2000 US Census and may reflect multi- or bi-racial identity or the race/ethnicity of spouses or partners living on the Pascua Yaqui reservation. Aside from 91 percent self identifying as American Indian, the other most commonly identified category was “other” at eight percent and 23 percent (of any race) who self-identified as Hispanic. According to the U.S. Census Bureau, race and ethnicity is not mutually exclusive; therefore, those who self-identify as American Indian or Alaska Native can also identify themselves as Hispanic.

Race/ Ethnicity Characteristics (all ages)* Pascua Yaqui (2000 and 2008/2009)

	Hispanic or Latino	White, Non-Hispanic	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other
2000	23%	<1%	<1%	91%	<1%	8%
2008	23%	1%	<1%	91%	0%	8%
2009	23%	1%	<1%	91%	0%	8%

Source: Pascua Yaqui Tribe Primary Care Area (PCA) Statistical Profile (2006-2009), Office of Health Systems Development/Arizona Department of Health Services (ADHS). *In some instances rows will not add up to 100% because the variable being measured (race/ethnicity) is not mutually exclusive.

The following table shows the percent of Pascua Yaqui children (on the reservation) ages birth-4 by race/ethnic characteristics. Of the children in this age range, 94 percent were American Indian.

Race/ Ethnicity Characteristics of Children (<5 years) Pascua Yaqui 2000

	Hispanic or Latino	White, Non-Hispanic	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other
Pascua Yaqui	28%	0%	0%	94%	0%	6%

Source: 2000 U.S. Census (SF1)

17 Ibid.

18 Ibid.

Economic Circumstances (Employment, Income and Poverty)

Tribal governments are unique to 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 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. Pascua Yaqui Tribal enterprises that provide employment in the region include Casino of the Sun, Casino del Sol, AVA Anselmo Valencia Tori Amphitheater, a gas station and smoke shop.

Employment status can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 8.5 percent in 2009 to a low of 3.8 percent in 2007. In contrast, unemployment rate for the Pascua Yaqui Region was over 16.8 in 2008 and reached 24 percent in 2009. The unemployment rates in the last year has trended upward due to the severe economic recession the state and the nation is facing. In the Pascua Yaqui Region, however, unemployment continues to be significantly higher than the state's level. It is evident that this amount of unemployment will characterize many of the families with young children.

Unemployment Rates

The following table reports the unemployment rates for the Pascua Yaqui Tribe with comparisons to levels for Pima County and Arizona. Historically, the tribe's unemployment has been triple the levels of Pima County and Arizona. In recent years, as all unemployment rates have risen, the disparity between the tribe and county rates has decreased slightly.

Unemployment Rates for Pascua Yaqui , Pima County, Arizona and U.S. (2000-2009)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Pascua Yaqui Tribe	13.2%	15.1%	19.1%	18.0%	16.0%	15.5%	13.8%	13.0%	16.8%	24.6%
Pima County	3.7%	4.3%	5.7%	5.3%	4.6%	4.5%	4.7%	3.8%	5.6%	8.3%
Arizona	4.0%	4.7%	6.0%	5.7%	4.9%	4.7%	4.2%	3.9%	5.9%	8.5%
U.S.	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	7.3%	9.3%

Source: Arizona Department of Commerce, Research Administration. Arizona Unemployment Statistics Program Special Unemployment Reports (2000-2008); U.S. Bureau of Labor Statistics, http://data.bls.gov/PDQ/servlet/SurveyOutputServlet?data_tool=latest_numbers&series_id=LNS1400000

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. Despite an increase in 2008, the median income for 2009 in Arizona was \$48,745 slightly higher than in 2006, but still lower than the U.S. median income. The same year (2006) the median income for the Pascua Yaqui Region barely exceeded half the national rate, at \$22,270. The median annual household income stayed relatively the same from 2000 to 2006 for Pascua Yaqui, but remains significantly lower by more than half that of state, county and national median annual household incomes.

Median ¹⁹ annual household income (per year- pretax)

	2000	2006	2008	2009
Pascua Yaqui	\$22,235	\$22,270	\$22,270	\$22,270
Pima County	\$36,758	\$42,948	\$46,653	\$51,009
Arizona	\$40,558	\$47,265	\$51,009	\$48,745
U.S.	\$41,994	\$48,451	\$51,726	\$50,221

Source: U.S. Census (2000, SF3). Most recent data for Pascua Yaqui Region is from ADHS Statistical Profile Primary Care Area (2006-2009) and American Community Survey Brief September 2010.

Families and Children in Poverty

In the Pascua Yaqui Region, 44 percent of households in 2000 were at or below federal poverty guidelines. That is 34 percent higher than households in Arizona and in the nation. For a family of four, the Federal Poverty level is \$21,200 a year (for the 48 contiguous states and D.C.).²⁰

Families* living at or below the Federal Poverty Level (2000)

	Percent of Families Living At or Below 100 Percent of the Federal Poverty Level
Pascua Yaqui	44%
Arizona	10%
U.S.	10%

*Only families with children 18 years or under were included. Source: The Annie E. Casey Foundation, KIDSCOUNT, on-line database. Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 3 (Table P90)

As the table below shows, 50 percent of children in the Pascua Yaqui Region lived at or below 100 percent of the federal poverty level. That was 8 percent higher than Arizona and 33 percent higher than the nation as a whole.

Children* living at or below 100 percent Federal Poverty Level (2000)

	Percent of children Living At or Below 100 Percent of the Federal Poverty Level
Pascua Yaqui	50%
Arizona	42%
U.S.	17%

*Only families with children 18 years or under were included. Source: The Annie E. Casey Foundation, KIDSCOUNT, on-line database. Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 3 (Table P90)

¹⁹ 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.

²⁰ Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

Moreover, nearly all Pascua Yaqui children lived at or below 200 percent of the Federal Poverty Level. This is considered a severe level of poverty and indicates a critical need for support for many of the children and families in the region.

Children* living at or below 200 percent Federal Poverty Level (2000)

	Percent of children
	Living At or Below 200 Percent of the Federal Poverty Level
Pascua Yaqui	85%
Arizona	42%
U.S.	37%

*Only families with children 18 years or under were included. Source: The Annie E. Casey Foundation, KIDSCOUNT, on-line database. Population Reference Bureau, analysis of data from U.S. Census Bureau, 2000 Census Summary File 3 (Table P90)

More recent data reveal that the numbers of children living in poverty have increased. The National Center on Children in Poverty estimates that in Arizona in 2009, 53 percent of children live in poverty (25 percent at less than 100 percent of the federal poverty level and 28 percent between 100-200 of the federal poverty level). This is higher than the national estimate of 44 percent of all children. Poverty continues to be an acute challenge for Native American tribes. More recent data from the Arizona Department of Health (2008 and 2009) estimated that over 50 percent of Pascua Yaqui Tribe children *under* 12 years of age live in poverty.²¹

Educational Indicators

Parent 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.²² 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 concluded that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether their parents or primary caregivers also had successful educational outcomes.

In 2004, approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2009, the percentage of births to mothers without a high school degree in the Pascua Yaqui Region has stayed the same as the percentage of births to mothers with a high school degree which has steadily increased averaging 37 percent for the last five years. The state level for births to mothers with no high school degree has decreased somewhat over the past five years, from 29-30 percent to 24 percent in 2009. Of note is that births to mothers with a high school degree dropped in the Pascua Yaqui Region from 38 percent in 2006 to 32 percent in 2007 but then increased to 46 percent in 2009.

21 Arizona Department of Health Primary Care Area Report for Pascua Yaqui, 2008-2009.

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

Percentage of Live Births by Mother's Educational Attainment

		2002	2003	2004	2005	2006	2007	2008	2009
Pascua Yaqui	No H.S. Degree	N/A	51%	48%	49%	50%	50%	43%	40%
	H.S. Degree	N/A	31%	34%	31%	38%	32%	37%	46%
	1-4 years College	N/A	16%	16%	18%	10%	18%	20%	14%
Arizona	No H.S. Degree	30%	30%	30%	29%	29%	28%	26%	24%
	H.S. Degree	29%	29%	29%	29%	30%	30%	30%	31%
	1-4 years College	32%	32%	32%	33%	33%	33%	34%	36%

Source: American Community Survey (2002-2007), Health Status Profile of American Indians in Arizona, Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics (2002-09).

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.²³ 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.²⁴ Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.²⁵ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.²⁶

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

23 Lee, V. E., Brooks-Gunn, J., Shnur, E., & 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, 495-507; 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.

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

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

26 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: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

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 not all schools administer the assessment in the same manner, comparisons across communities cannot be made.

The Pascua Yaqui Region is served by the Tucson Unified School District (TUSD) in schools located outside the reservation including Johnson, Vesev, Warren and White Elementary Schools that are close to the reservation. The DIBELS scores below were provided by TUSD and also include the number of students that identified themselves as Yaqui.²⁷ Only scores for Johnson are included because this is the school with the highest enrollment of Pascua Yaqui students.

2007-2008 Kindergarten DIBELS Instructional Support Recommendations							# of Yaqui students*
	Beginning of the Year			End of the Year			
	Percent Intensive	Percent Strategic	Percent Benchmark	Percent Intensive	Percent Strategic	Percent Benchmark	
Johnson	27.0	48.6	24.3	0.0	2.7	97.3	37

*From the TUSD DIBELS assessments available, schools reporting that are attended by students from PYT. Johnson school is located 2.85 miles from the PYT reservation.

TUSD has also provided data on children entering Johnson based on “feeder” programs including tribal preschool such as Head Start. These entry scores show the need for continued attention to school readiness for young children on the Pascua Yaqui reservation.

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.²⁸ The performance of Arizona’s children on standardized tests continually lags behind that of the nation. Only 56 percent of Arizona’s 4th graders scored “at basic” or better on the 2007 and 2009 National Assessment of Educational Progress (NAEP)²⁹ Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona 4th 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 4th 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 4th 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.

27 TUSD uses self-report to identify students of Yaqui descent. It should be noted that not all of these students may be enrolled members of the tribe.

28 Getting Ready: Findings from the National School Readiness Indicators Initiative, February 2005.

29 The NAEP is a federally-funded, nation-wide assessment run by the Commissioner of Education Statistics of the National Center for Education Statistics in the U.S. Department of Education. See www.nces.ed.gov/nationsreportcard/about for more information.

Data are available for TUSD on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades 3 through 8. This assessment measures the student's level of proficiency in Reading and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades 4 and 8 are given Writing and Science assessments.³⁰ The chart below shows a complex picture of how self-identified Yaqui students performed on these measures while in 3rd grade from 2001 to 2009 school years.

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

Yaqui Students Enrolled in Tucson Unified School District	Mathematics % by Level				Reading % by Level			
	FFB	A	M	E	FFB	A	M	E
2009-2010 TUSD Overall	11	20	54	16	6	25	59	10
2009-2010 Yaqui Students	20	30	37	13	13	28	51	8
2008-2009 "	8	20	44	28	2	19	64	15
2006-2007 "	3	8	53	36	0	9	75	16
2005-2006 "	2	10	60	27	3	14	68	14
2004-2005 "	2	10	53	33	4	12	60	24
2003-2004 "	11	16	35	37	10	12	50	29
2002-2003 "	1	10	43	46	1	5	62	32
2001-2002 "	8	10	31	51	6	6	43	41

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary and TUSD Data. FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

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.³¹ Several high school students attend the Hiaki High School, which opened in August 2005 and is located on the Pascua Yaqui reservation. The school has been a dream in the making for the tribe and came to fruition through a partnership with Chicanos Por La Causa (CPLC) Community Schools. Hiaki High School is a charter school serving mostly Native American students with a focus on culturally based education. The chart below provides the graduation rates for the Hiaki High School. Over 80 percent of this High School graduates seek post-secondary education (e.g., Pima Community College, state universities, or other schools such as Pima Medical Institute and Apollo College).

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

31 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003*, Pacific Grove, CA: Wadsworth.

Hiaki High School Graduation Rates

	2006	2007	2008	2009
Pascua Yaqui Tribe Number Graduating	1*	10	21	13
Graduation Rate (4 Year)	-	-	24%	-
Graduation Rate (5 Year)	-	-	38%	-
Dropout Rate	-	-	15%	-

*1 eligible graduating senior Source: Hiaki High School and Arizona Department of Education School Report Card

Many tribal high school students attend public schools outside of the community as well. The TUSD high school graduation rates (for all students at the district level) have remained steady at 85 to 87 percent. According to data provided by the Tribal Education Division, 15 Pascua Yaqui students graduated in fall 2007 and 41 in spring 2008.

Many factors contribute to poor attendance and low graduation rates, including transportation issues, family challenges, frequent moves, and teens' perceptions of the value of completing high school.³² In focus groups conducted with teens at two tribal schools in Arizona (not Pascua Yaqui), the primary motivating factors students identified for attending school were to be with their friends, to participate in sports, alleviate boredom, for specific classes that they like and because their parents want them to come.³³ Conversations with Pascua Yaqui teens and their families may reveal other challenges or incentives that could be addressed by the community to help students' complete high school.

32 Kids Count Indicator Brief (2009). Reducing the High School Dropout Rate. Annie E. Casey Foundation, Baltimore, MD.

33 LeCroy & Milligan Associates, Native American Dropout Prevention Initiative Year 2 Evaluation Report, 2008.

Early Childhood System

Overview of the Regional Early Childhood Development and Health System

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 taken on by First Things First is the development of a Quality Improvement and Rating System named Quality First! with common indicators of quality that are also relevant to tribes.

Within the Pascua Yaqui Region, the Tribe currently operates one center-based preschool program operated by Pascua Yaqui Tribe's Education Division. The Early Childhood Program, *Ili Uusim Mahtawapo*, provides educational services to 130 children. This program is dually funded by Head Start and by the Pascua Yaqui Tribe. It has eligibility requirements that have been implemented that exclude children based on income and other restrictions. One program is not enough to serve three and four years olds on the reservation, especially since they operate at capacity each school year and regularly have a waiting list. Community stakeholders have identified the lack of child care as a universal need on the reservation. The Pascua Yaqui Tribe also has family child care homes in operation, but there are limited child care options for family members with children birth to three. Families frequently select child care based on word of mouth, location and cost. They may not always understand the importance of a high quality child care or education setting nor may they know what to look for when seeking care for their child.

According to a Parent Survey that was part of this assessment 15 percent of families stated that they select their child care by friend or family recommendation, 22 percent by location, and 46 percent reported that they are very satisfied with their child care. The families that are not using a formal child care setting stated that they do not need child care because a family member is available to help (31 percent). A small number also note that their reason for not using child care is because it costs too much for them to use it (8 percent). In 2008, in the Pascua Yaqui Region and surrounding communities, the average cost per day for approved child care homes was \$20.67 for infants and preschoolers compared to licensed centers that charge \$30.50 for infants and \$19.81 for preschoolers. Estimates for weekly costs in 2010 were on average \$100 and ranged from \$85 to \$150 for full week care.

Health care information for young children at the regional level is limited to the Pascua Yaqui. The region has no hospital and only one health clinic. The tribe has a contract with El Rio Clinics to provide medical, dental treatment and prenatal care to tribal members on and off the reservation.

According to the Tribal Education Division data there are 8 teachers in 2009 with a CDA (certificate) working in the Pascua Yaqui Head Start: 6 co-teachers with CDA, 1 co-teacher with High School and 1 co-teacher with BA. There are gaps in the data related to the number of early childhood professionals in family child care homes, and their educational levels. There are educational opportunities at Pima Community College, Northern Arizona University (classes offered online and in Tucson) and through the University of Arizona for early childhood professionals in the Pascua Yaqui Region who are seeking to advance in their educational interests.

There are a number of different media use to raise awareness and provide information to Pascua Yaqui families. The Indian Health Service distributes newsletters to the community with information about trainings, activities, and education materials. The Head Start Program provides the Ride-Safe and Sleep-Safe Programs to raise parental awareness about early childhood issues and safety and the Education Division provides newsletters and flyers about events for parents and families.

In addition, the Pascua Yaqui Tribe broadcasts and distributes tribal news, program and activity announcements, and other community information through the Radio Station KPYT-LP and a tribal newsletter called The Yaqui Times.

Systematic data have yet to be consistently collected to assess family support, such as how well resources are known or accessed by parents in the area. These are areas for further inquiry and assessment. Parents and other caregivers who responded to a Parent/Guardian Survey that was part of this assessment indicated that the main services that they and their families used were Women, Infants and Child program services (WIC), Arizona Health Care Cost Containment System (AHCCCS), the Dental and Health Clinic and Food Stamps. It is clear that many families use the health services on the reservation, but continue to have concerns about the lack of information about early childhood care and education programs and services that are available to them in the community. (See Appendix D for complete results of the parent survey.)

Limited systematic data are collected regarding early childhood system coordination in the Pascua Yaqui Region. A tribal program survey, completed in the Fall of 2010, showed a split on satisfaction (half were satisfied, half were dissatisfied) with how the tribal departments/programs which offer support for children and families work together and communicate with each other. The results also highlighted that some of the programs/departments often provide services to children birth through 5 and their families in partnership with other programs/departments while other programs/departments do so rarely. Overall the quality of programs was rated favorably but the survey respondents also noted that a lack of knowledge about available programs may be a main source of stress for families. They indicated particular service strengths in the areas of accessibility and cultural responsiveness. Areas for improvement included early identification of problems and more family-centered practice (i.e., where the needs of the child are considered in the context of the whole family).

Early Care and Education (Quality, Access and Professional Development)

Child Care Providers (Centers and Family-Home Providers)

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, childcare needs are growing because a majority of children ages birth-6 years of age participate in regular, non-parental childcare. In one national study, 61 percent of young children participated in some form of childcare. Further, 34 percent participated in some type of center-based program.³⁴ 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.³⁵ Quality care is often associated with licensed care, and although not the only indicator of quality, one study found that a single best indicator of quality care was the provider's regulatory status.³⁶

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 taken on by First Things First is the development of a Quality Improvement and Rating System named Quality First! with common indicators of quality

34 Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being*, 2002. Washington DC.

35 NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, *Child Development*, 2000, 71, 960-980.

36 Pence, A. R., & 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.

that are also relevant to tribes. Until this Rating System is widely available statewide, this report presents for the Pascua Yaqui Tribe Regional Partnership Council an initial snapshot of quality in the community.

Accredited early child care centers

In addition to accessing the support offered by the state level quality efforts, child care providers can participate in national organizations that can help to improve quality. The national accrediting organizations approved by the Arizona State Board of Education include:

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS) Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

The Pascua Yaqui Region does not have an accredited early child care center. The Tribe does have a Head Start Program that provides services to 130 children and has 44 children in waiting list in 2010. The staff to child ratio in this center is 1:10 which meets the recommended ratios by the NAEYC (see following NAEYC chart).

The National Association for the Education of Young Children (NAEYC) offers accreditation to centers throughout the U.S., including centers in Arizona. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart below.³⁷

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

Generally speaking, there is limited access to high quality early care and education in Arizona and access is even more difficult for families with infants and toddlers in rural areas of Arizona and on Tribal lands. Head Start programs exist in these areas, but there are not enough slots available for all children, making the case for full-day, full-year programming a compelling one. Many providers report space within their facility as the most prohibitive barrier to providing care, especially for infants and toddlers, where square footage and adult/child ratio requirements exceed those for children 3-5

37 NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

years. In addition, some areas of Arizona have little or no *regulated* child care, either in centers or homes, where many providers are not trained or certified. Clearly, building the capacity of license or certified, high quality early care and education programs should be a priority for all types of funding for the Pascua Yaqui Tribe's youngest children and their working families.

Number of early care and education programs

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 the following: 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 cost of care. Data related to availability of early care for parents is limited. Current understanding indicates that community members have limited choices between types of care providers and rely primarily on non-regulated relative care or home-based child care; even less information is available on the quality of the choices.

Licensure or regulation by the Arizona Departments of Economic Security (DES) and Health (ADHS) or the Tribal Social Services Department ensures completion of background checks of all staff or childcare 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 are critical foundations for the provision of quality care for young children, these processes do not address curricula, interaction 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 provided only with national accreditation (see discussion in the section on Quality) and is included in Quality First! First Things First's Quality Improvement and Rating System.³⁸ The Pascua Yaqui Tribe Regional Partnership Council support Quality First as a key strategy for improving conditions for young children in care.

The Department of Economic Security's 2008 Child Care Market Rate Survey provided information on a range of fee-paying childcare settings, including licensed centers that provide fee-paying childcare, Head Start programs and district programs with fee-paying wraparound care, small group homes, family childcare 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 childcare. This source is particularly useful for understanding approved and unregulated family childcare and childcare for working parents. It does not, however, provide information about Head Start and district programs that do not charge fees.

Statewide data from the Market Rate Survey can be supplemented with data from Child Care Resource and Referral (CCR&R) data. Not only does Child Care Resource and Referral provide additional information about providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database area most commonly related to Child Care Centers and Family Child Care Centers and registration with Child Care Resource and Referral is voluntary. However, those centers and homes receiving Department of Economic Security subsidy or regulation are required to register.

38 Quality First is "Arizona's statewide quality improvement and rating system for providers of center- or home-based early care and education." More information can be found on the First Things First website <http://www.azftf.gov/WhatWeDo/Programs/QualityFirst/Pages/default.aspx>

Number of children enrolled in early care and education programs

Precise data are not available on the number of children enrolled in early care and education programs on the Pascua Yaqui reservation as identified by the DES Market Survey 2008. Although centers and providers in nearby zip code areas (e.g., 85746) were included, reporting these results here would overestimate the availability of care and overlaps with other regional councils (e.g., Central Pima). Also not accounted for are children in unregulated care, family care, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future. The Pascua Yaqui reservation has family child care homes that provide services for preschool aged and school aged children. The Social Services department reports that there are 48 home providers on the reservation. It appears that parents in need of childcare rely primarily on relative care, approved family care homes, or child care centers located outside the reservation or in Tucson. Seeking care outside the community can create other challenges such as transportation, quality of care, and whether the care provided is culturally competent.

Approximately 115 children receive a variety of services through the Pascua Yaqui Tribe Social Services Department including 20 who are enrolled in child care. There is a wait list of 50 children (approximately twenty-four families).³⁹ Social Services reports 48 family home providers on the reservation as of November 2010 with 47 regulated by the tribe and 22 also regulated by DES. The Pascua Yaqui Tribe Regional Partnership Council has added a strategy to recruit additional certified home providers.

The Arizona Department of Health Services lists two licensed child care centers for the 85757 zip code and 27 centers in 85746. Child Care Resource & Referral identify 20 family home providers in the areas nearest New Pascua. The capacity of these home providers is up to four children each. This would indicate an availability of 160-180 spaces, but this is considered an overestimate of the children actually served by these providers.

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 calling care providers to ask for the average charge for care of 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.

Although no data exist that exclusively represent the Pascua Yaqui Region, the DES Market Rate lists the cost of care for areas near the Pascua Yaqui Region by type of care. The least expensive care is for alternatively approved homes and the most expensive occurs at licensed centers. In 2008, the average cost per day for alternatively approved homes was \$20.67, infant care at licensed centers was \$30.50 and licensed centers averaged \$19.81 per day for preschoolers.

39 Pascua Yaqui Tribe Social Services Department Interview, October 2010.

Pascua Yaqui Tribe and nearby* early care centers average daily cost by type and age group

Setting Type & Age Group	2004	2006	2008
Group Homes (ADHS)			
Infant	\$ 22.20	\$ 21.88	\$ 24.69
Toddler	\$ 21.80	\$ 21.50	\$ 24.67
Preschooler	\$ 22.00	\$ 21.50	\$ 20.00
Licensed Centers (ADHS)			
Infant	\$ 55.00	\$ 35.00	\$ 30.50
Toddler	\$ 32.50	\$ 27.50	\$ 24.73
Preschooler	\$ 30.50	\$ 21.50	\$ 19.81
In-Home Care			
Infant	\$ 16.00	\$ 18.50	\$ 19.67
Toddler	\$ 16.00	\$ 18.50	\$ 19.67
Preschooler	\$ 16.00	\$ 18.50	\$ 21.03
Certified Homes (DES)			
Infant	\$ 19.67	\$ 19.86	\$ 21.03
Toddler	\$ 19.25	\$ 19.62	\$ 20.92
Preschooler	\$ 19.67	\$ 19.40	\$ 21.11
Alternately Approved Homes (food programs)			
Infant	\$ 17.50	\$ 22.34	\$ 20.67
Toddler	\$ 17.50	\$ 20.59	\$ 20.67
Preschooler	\$ 17.50	\$ 22.34	\$ 20.67
Unregulated Homes ⁴⁰	Data not available		

*Zip code area for 85746 **Assumes full-time enrollment Sources: 2004, 2006 & 2008 DES Market Rate Study

Of the 20 providers on or near New Pascua who registered with Child Care Resource and Referral in 2010, 13 listed costs of care. The average weekly cost is \$100 and the range is \$85-\$150. Only one of the providers indicated availability for 24-hour care, four indicated available Saturday hours and only two indicated Sunday hours.

Professional Development

Professionals providing early childhood services to young children and their families can improve upon their knowledge and skills through on-going professional development activities. Such activities may involve taking college credit-level coursework that leads to a certificate, degree or teacher certification. This could involve participation in higher-level professional training sessions, conferences and workshops. Instruction might address developmental theory, as well as practical skills in areas such as child health and 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 Pascua Yaqui Tribe Regional Partnership Council allocated funds for T.E.A.C.H. scholarships to increase the number of early childhood teachers completing credits and degrees in

⁴⁰ First Things First has contracted with a tri-university consortium to provide state-wide, longitudinal evaluation of First Things First. A specific study will be conducted in 2010-2011 called the "Child Care Study" and will provide detailed information about the cost and quality of child care including estimates of the amount of unregulated care in regions that are participating. The Pascua Yaqui Regional Partnership Council allocated funds towards participation in this study and results will be shared with the community.

early-childhood-related programs. In addition, through cross-regional collaboration, Central Pima Regional Partnership Council approved funds for additional T.E.A.C.H. scholarships for which Pascua Yaqui tribal members could apply.

Childcare Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of childcare provided and child development outcomes.⁴¹ Furthermore, formal training is related to increased quality of care, however, experience without formal training has not been found to be related to quality care.⁴²

The exact number of early childhood teachers and administrators for 2004 and 2007 for the Pascua Yaqui Region is not available through the Compensation and Credentials Report 2007. Limited data was available from the Head Start Program Information Report. According to the Tribal Education Division data, in 2009 there were 8 teachers with a CDA working in the Pascua Yaqui Head Start, 6 co-teachers with a CDA, 1 co-teacher with a High School diploma and 1 co-teacher with BA. All of them are full time tribal employees along with the Head Start manager. Significant gaps continue to exist in the data related to the number of early childhood professionals in family child care homes and their educational levels.

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training, education, and degree programs through the state universities or through local community colleges.

Pima Community College (PCC) offers an Associate of Arts (AA) degree in Elementary Education. This two-year degree program, for which concentrations in Early Childhood or Elementary Education are available, is designed for transfer to a four-year elementary education degree program. Some of the courses required for the Early Childhood Education concentration include: child growth and development, foundations of early childhood education, the young child-family, culture and the community, and assessment of young children. The AA degree prepares individuals to serve as an early childhood or elementary school instructional assistant. General education courses for this degree are offered at all of the multiple campuses within Pima County.

The University of Arizona College of Education offers all levels of degrees in early childhood education (recently re-established in 2008). The Arizona Department of Education has instituted an Early Childhood Teaching certificate that will be required for any candidate teaching birth through kindergarten (and optional for first through third grade) beginning in July 2009. There is also an online program through Northern Arizona University for early childhood professionals seeking baccalaureate degrees.

41 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development*, 71, 960-980.

42 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & 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., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.

Available education and certification programs for childcare professionals near the Pascua Yaqui Region 2007-2008/2009-2010

School	Degree/Certificates
PCC-Desert Vista Campus	PCC-Desert Vista Campus offers an AA in Early Childhood Education; AAS Teacher/Director degree; AAS degree in School-Age Child Care; and five (5) types of Certificates in the following areas: Teacher Aide/Assistant Certificate, Basic School-Age Child Care Assistant Certificate, Advanced School-Age Child Care Certificate, Child Development Associate Certificate, and coursework to complete an Early Childhood Endorsement.
PCC-Community Campus	PCC Community Campus offers coursework leading to Elementary or Secondary Certification - Post-Degree Certificates; Special Education Cross-Categorical K-12 or Learning Disabilities K-12 Certification - Post Degree Certificates; ESL Endorsement - Post-Degree Certificates; and K-12 Reading Endorsement - Post Degree Certificates. Also, other PCC campus sites offer Associate of Arts degree coursework in Elementary Education with an optional concentration in Early Childhood or Elementary Education.
University of Arizona	University of Arizona College of Education offers all levels of degrees: early childhood education; elementary and secondary education; educational leadership, educational psychology; higher education; language reading and culture; rehabilitation and school psychology; and graduate programs in special education fields such as: emotional and behavioral disorders, gifted and talented, learning disabilities, learning disabilities-bilingual/multicultural, visual impairment, severe and multiple disabilities, orientation and mobility, and special education research.
Northern Arizona University	Offers a Bachelor's of Applied Science in ECE and a BA/BS Teacher Preparation Program with Certification in ECE; Master's Level Educational Leadership Program associated with elementary education. Classroom coursework is available at new Tucson campuses and through distance learning.

The Pascua Yaqui Tribe offers support to tribal members pursuing higher education at an accredited institution through their Education Division. The Yaqui Education Services (YES) Program administered by the Pascua Yaqui Education Division consists of the K-12 and Higher Education Programs. The latter offers funding for tuition and other related costs at accredited post-secondary institutions.

Home care providers registered with the Pascua Yaqui Tribe Social Services department have access to training offered in partnership with other departments, such as first-aid and CPR, with the Fire Department, and attention deficit disorder and suicide prevention, in collaboration with Behavioral Health.

Employee Retention

Providing families with high quality childcare is an important goal for promoting child development. Research has shown that having childcare providers who are more qualified and who successfully retain employees is associated with more positive outcomes for children.⁴³ More specifically, research has shown that childcare providers with more job stability are more attentive to children and promote more child engagement in activities.⁴⁴

43 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.

44 Stremmel, A., Benson, M., & 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., & Howes, C. (2001). *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

According to the Tribal Education Division the retention rate for Teachers working at the Pascua Yaqui Head Start is 20 years and Co-Teachers are retained for an average of 5 years. There are no retention data available for family childcare home providers in the Pascua Yaqui Region. In 2008, the turnover rate for Head Start is reported as 25 percent (compared to an Arizona rate of 13 percent).

Compensation and Benefits

Higher compensation and benefits have been associated with quality childcare. Research studies have found that in family care and in childcare centers, workers' salaries are related to quality childcare.⁴⁵ Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality childcare.⁴⁶ Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and increasing social and emotional competencies.⁴⁷

According to data provided by the Tribal Education Division, the starting salary at the Pascua Yaqui Head Start Program is \$31,116 annually and the average salary for 2008 was \$36,400. The benefits offered to the Head Start employees are medical and dental health insurance, paid sick leave, paid vacation and retirement. Data on wages and benefits are not available for family child care home providers in the Pascua Yaqui Region.

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. According to data provided by the Pascua Yaqui Tribe Health Services Department, the total number of children birth to 5 that received the following health services from 2000 to 2009 are as follows:

- 659 children received oral health exam
- 549 children received well-child checks; total count of visits =1,798
- 390 children received immunizations; total count of visits = 714

The number of children receiving well-child checks and immunizations are counted for Tribal members only under the Yoeme Health Plan (formerly called the Yaqui Health Plan).

The Pascua Yaqui Tribe has a contract with El Rio Clinics to provide medical, dental treatment and pre-natal care to tribal members on and off the reservation. In order to receive these services, the tribal member needs to apply for Arizona Health Care Cost Containment System (AHCCCS). Until October 1, 2010, Indian Health Services covered services if the tribal member did not qualify for AHCCCS. As of October 1st, The Pascua Yaqui Tribe will provide management and oversight of the Yoeme

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

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

47 Ibid.

Health Plan for medical coverage to tribal members. According to information provided by Regional Partnership Council members, there continues to be a clear need to register more children who are not enrolled but are eligible for AHCCCS or Kids Care health insurance. If the child does not qualify for AHCCCS, the denial letter will facilitate request of payment for the child's medical bill. Potential relief of medical expenses will lower barriers to care and help avoid financial crisis when accessing services for their child.⁴⁸ The Regional Partnership Council subsequently adopted a Health Insurance Outreach Strategy. In support of this strategy, Pascua Yaqui Tribe Health Department staff report that 12 tribal staff members have been engaged in health insurance outreach and registration in 2010.

The health services, previously provided through Indian Health Services and now through the Yoeme Health Plan, include general medical, ambulatory, pediatric, community health, preventative health, mental health, and dental care. Other community services are also provided through the Health Services Department, such as Community Health Nursing (CHN), WIC, alternative medicine program, mental health services, alcohol and substance abuse, health education, diabetes program, injury prevention, and tobacco prevention. Responses to the parent/guardian survey (n=154) administered in Fall of 2010 indicated that the top most accessed services included AHCCCS, Dental Clinic, Health Department/Clinic, WIC and Food Stamp support.

Health Insurance Coverage and Utilization

Medical coverage has been provided to Pascua Yaqui families through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) (equivalent to Medicaid), and private insurance through employers. As of October 1, 2010, the Pascua Yaqui Tribe has assumed the responsibility for oversight of health coverage previously managed by the IHS. The IHS is an agency within the Department of Health and Human Services that 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.

Medical Health Insurance Utilization and Uninsured Children

For Pascua Yaqui births in 2009, 74 percent were covered by AHCCCS, 11 percent by IHS, and 14 percent by private insurance.⁴⁹ While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Arizona, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007. Data were not available at the regional level, although 100 percent of the children enrolled in Head Start are insured through Medicare, State Children's Health Insurance Program (SCHIP),⁵⁰ or other paid health plan.⁵¹

48 For more detailed information about the Yoeme Health Plan, please refer to the Pascua Yaqui Tribe Health Department. <http://www.pascuayaqui-nsn.gov>.

49 ADHS Health Status Profile, 2009.

50 SCHIP is a federal program to provide insurance to children in families at or below 200 percent of the federal poverty level. www.schip-info.org.

51 Pascua Yaqui Tribe Head Start PIR 2010 report.

Percent of children (Ages 12 months – 5 years) continuously enrolled in AHCCCS receiving one or more visits to a primary care practitioner

	Arizona
2005	78%
2006	78%
2007	78%

Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or Arizona Long-term Care System (ALTCS)⁵² 11 months or more during the federal fiscal years 2005, 2006, 2007.

The following chart compares the percent of children in Arizona receiving no medical care for those insured all year versus those uninsured all or part of the year. As the chart shows, over 38 percent of children who are *uninsured* all or part of the year are not receiving medical care, compared to 15 percent of children who are insured throughout.

Percent of children (0-17) not receiving any medical care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent <u>not</u> receiving medical care	Number <u>not</u> receiving medical care	Percent <u>not</u> receiving medical care	Number <u>not</u> receiving medical care
Arizona	15%	171,303	38%	134,259
U.S.	12%	7,635,605	26%	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are more likely to receive well child visits during the year, as are children who are enrolled in Head Start.

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 insurance⁵³:

- 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

52 ALTCS helps pay for long-term and acute care expenses for the elderly, physically disabled, blind and developmental disabled. www.azahcccs.org.

53 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & 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.

existing conditions.⁵⁴ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.⁵⁵

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 0-18) receive employer-based coverage, compared to 56 percent of children nationally.⁵⁶

Percentage of children (birth-17 years) without health insurance coverage

	2001	2002	2003	2004	2005	2006	2007	2008
Arizona	15%	16%	14%	15%	16%	16%	16%	14%
U.S.	11%	11%	11%	11%	11%	11%	11%	10%

Source: The Annie E. Casey Foundation, KIDS COUNT State Level Data Online, <http://www.kidscount.org>. Current Population Survey, Annual Social and Economic Supplement, 2008.

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded, low cost health insurance programs for children in low income families. As the chart shows, 21 percent of children (ages 0-5) were enrolled in AHCCCS or KidsCare in Pascua Yaqui Tribe in 2006, about the same as the rate for Arizona. Children who are enrolled members of a federally recognized tribe can access medical care through the Yoeme Health Plan (formerly through Indian Health Service) even if they are not covered under AHCCCS or private insurance.

Percentage of population enrolled in AHCCCS, KidsCare and Medicare Compared with Pima County and Arizona. (2006/2008/2009)

	AHCCCS 2006 2008 2009	KidsCare 2006 2008 2009	Medicare 2006 2008 2009
Pascua Yaqui	19.1% 21.6% 52.8%	2.1% 2.9% 3.9%	12.9% N/A N/A
Pima County	18.9% 19.3% 21.0%	3.8% 3.4% 2.3%	12.7% 14.8% 14.8%
Arizona	18.4% 18.5% 20.5%	3.8% 3.5% 2.4%	11.1% 12.8% 12.8%

Source: Pascua Yaqui Tribe Primary Care Area (PCA) Statistical Profile (2006/2008-2009), Office of Health Systems Development/Arizona Department of Health Services (ADHS). <http://www.azdhs.gov/hsd/profiles/19217.pdf>;

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

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

56 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.⁵⁷ 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.⁵⁸

More recent changes in Arizona offer additional challenges for families with young children: KidsCare funding was cut in early 2010 to address budget shortfalls in the state of Arizona. Although reinstated later to ensure Arizona's continued access to federal stimulus funds, the following is an example of the information parents would see if they wanted to apply for the insurance. A notice on the Kids Care website in November 2010 offered the following information:

The KidsCare Office is unable to approve any new applications. Enrollment in the KidsCare Program has been frozen since January 1, 2010 due to lack of funding for the program, however, you can still apply. DES will review your application first, to determine if your family may be eligible for AHCCCS Health Insurance. If your children are not eligible for AHCCCS Health Insurance, but it appears they may be eligible for KidsCare, and you are willing to pay a premium, DES will send their information to the KidsCare Office to add them to the KidsCare waiting list. The waiting list will be prioritized based on the date of the application. The oldest application date will be on the top of the list. If funding becomes available, the KidsCare Office will contact you.

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 following: 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 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 2003.⁵⁹

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.⁶⁰ 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.⁶¹

57 Genevieve K., et al. (2003). "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve." Urban Institute.

58 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.

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

60 Garland, C., Stone, N. W., Swanson, J., & 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.

61 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.

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 example, an early childcare provider cannot identify children with special needs correctly.⁶²

While recommended, not all Arizona children are 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).⁶³ Children most likely to be screened include those that need neonatal intensive care at birth. These babies are referred for screening and families usually receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments.

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 3-21) receive special education and related services under IDEA Part B.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Children eligible for AzEIP services are those who have not reached 50 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 Find⁶⁴ 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 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.

According to data provided by the Tribal Education Division, in 2009 the 130 children attending the Pascua Yaqui Head Start received developmental screenings, and there were less than ten children with diagnosed special needs. The program report in 2008 notes that 100 percent of the Head-Start-enrolled children were screened. In 2010, the Pascua Yaqui Health Department reported that all children enrolled in the Centered Spirit⁶⁵ Program (330 including 30 in the birth-five age range) were screened.

62 Hendrickson, S., Baldwin, J. H., & 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.

63 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.

64 IDEA "requires all states to have a 'comprehensive Child Find system' to assure that all children who are in need of early intervention or special education services are located, identified, and referred." TUSD is a local school district that provides screening for preschool children with disabilities or developmental delays who may be eligible to receive special education services. See the national website <http://www.childfindidea.org/overview.htm> or TUSD's website <http://www.tusd.k12.az.us/contents/depart/preschool/screening.asp> for more information.

65 *Sewa Usim*, the Centered Spirit Program, is an umbrella term that includes different mental health services available through the Pascua Yaqui Tribe Health Department.

Nationally, the percentage of American Indians served under IDEA 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.⁶⁶

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 areas 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 primary advocates 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 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 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. As stated previously, the Pascua Yaqui Health Services Department reported 390 children receiving immunization from 2000 to 2009 with a total count of visits of 714. These are counts only for Tribal members under the Yoeme Health Plan. Additionally, 100 percent of the children enrolled in Head Start are up-to-date on immunizations.⁶⁷

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. According to data provided by the Pascua Yaqui Tribe Health Services Department, the total number of children birth to 5 that received an oral health exam from 2000 to 2009 was 659. According to data provided by the Pascua Yaqui Tribe Education Division, 100 percent of children attending the Tribal Head Start Program have received oral health checks and well-child check. Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. According to a recent report, 97 percent of the enrolled Head Start children have a "dental home."

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The Provider survey report

66 Source: The 19th Annual Report to Congress on the Individuals with Disabilities Education Act (IDEA) (1997)

67 Pascua Yaqui Tribe Head Start PIR Report, 2010.

recommended more training for providers to work with Special Needs Plans (SNP), collaborating with ADA and ADHS to increase the number of providers who accept young children.

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 of non-English speaking residents, and the prevalence of inadequate literacy skills.⁶⁸

Late or no prenatal care often associated with 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
- Future health complications for infants and children.

According to national statistics, 83 percent of pregnant women received prenatal care (at least 1-4 doctors' visit) in their first trimester, compared to 78 percent in Arizona.⁶⁹ In the Pascua Yaqui Region, approximately 68 percent of the mothers received prenatal care during the first trimester in 2007 and has decreased to 61 percent in 2009. This was about the same as for all American Indian mothers living within tribal lands in Arizona (62 percent). However, a small percent (three to five percent) in this region received no prenatal care at all. Data reported by the Tribal Health Services Department from January 2000 to May 2009, the total number of women receiving prenatal care was 334 and the total number of visits was 2725. These are counts for Tribal members under the Yoeme Health Plan (formerly called the Pascua Yaqui Health Plan).

Race/ethnicity is one prominent indicator of whether or not prenatal care is obtained in the first trimester. In 2007, American Indians had the highest rate of no prenatal care in their first trimester at 34.1 per 100 live births followed by Hispanics at 29.5 and Blacks at 23.2.⁷⁰ Asians and Whites, Non-Hispanics had the lowest rate of no prenatal care at only 13.5 per 100 live births. Any effort to increase prenatal care should consider these large ethnic/racial 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.⁷¹

68 Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

69 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

70 Arizona Department of Health Services, *Differences in Health Status by Ethnicity* (2007).

71 Centers for Disease Control (1994). *From Data to Action: CDC's Public Health Surveillance for Women, Infants and Children*.

Selected Characteristics of Newborns and Mothers (2007/2008/2009)

AREA 2007 2008 2009	Total births (#)	Births to Teen Mother (<=19yr)	Prenatal Care 1st Trimester*	No Prenatal Care	Public Payer for birth	LBW <2500 **	Unwed Mothers
Pascua Yaqui on reservation Births	200	32%	68%	4%	89%	8%	83%
	106	20%	70%	5%	85%	9%	81%
	117	26%	61%	3%	85%	9%	89%
AI on Reservation Births	4,164	22%	62%	3%	90%	6%	79%
	4,095	20%	61%	3%	90%	7%	79%
	3,914	21%	64%	2%	90%	7%	80%
Pima County Births	13,798	12%	72%	2%	53%	7%	46%
	13,503	12%	71%	2%	53%	8%	46%
	12,840	12%	72%	2%	55%	7%	46%
AZ Births	102,981	13%	78%	2%	54%	7%	45%
	99,215	12%	79%	2%	54%	7%	45%
	92,616	12%	80%	2%	55%	7%	45%

* First trimester prenatal care is defined as 1-4 doctor's visit during the first 3 months of pregnancy. ** 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 (2007-2009). Pima County data from ADHS Selected Characteristics of Newborns and Mothers Census Tract Report (2007-2009).

Low Birth-Weight Babies

Low birth weight (<5 lbs, 8 oz, or 2500 grams.) and very low birth weight (less than 3 lbs, 5 oz or 1000 grams) 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. According to Arizona Department of Health Service, approximately 9 percent of low birth weight births occurred in the Pascua Yaqui reservation compared to 7 percent of American Indian births in Arizona in 2009.

Pre-term Births

Nationally, 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.⁷² In the chart above, low birth weight data was 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. 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.⁷³ One half of all pre-term births have no known

72 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the stubborn challenge of preterm birth, Paediatric and Perinatal Epidemiology, Vol 15, 2001.

73 Mayo Clinic. Premature births, November, 2006

cause. One factor to consider is that, since 1996, 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 preterm,” meaning they were born after thirty-four to thirty-seven weeks of pregnancy as opposed to the typical thirty-eight to forty-two weeks.⁷⁴

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 18.⁷⁵ Twenty-six percent of births in the Pascua Yaqui Region in 2009 were reported to teen mothers (down from 32 percent in 2007). 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.⁷⁶ 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.⁷⁷ 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.

Supporting Families

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.⁷⁸ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.⁷⁹ Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.⁸⁰ Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.⁸¹ Parent-child relationships

74 Preliminary births for 2005: Infant and Maternal Health National center for Health Statistics.

75 Centers for Disease Control, fact sheet, 2001.

76 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

77 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers*. Washington DC: Child Trends.

78 Brooks-Gunn, J., Klebanov, P.K., & 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., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & 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.

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

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

81 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. (1994). 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*, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., (1991). *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.

that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.⁸²

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.

The Pascua Yaqui Tribe provides programs and services for family support. Parenting classes are provided by the Pascua Yaqui Department of Social Services, the Pascua Yaqui Head Start Program and the Tribal Department of Health Services. Indian Health Services provides a Circle of Life Program and other health programs,⁸³ which include educational resources for new parents specifically on the importance of immunizations. Additionally, the Education Division partners with non-profits to offer family literacy programs. The table below highlights some programs within the community that promote literacy.

Pascua Yaqui Tribe Literacy Efforts (2009)

Family literacy programs supported through:

- Pascua Yaqui Tribe Education Division
 - o Head Start
 - o Community Library and Resource Center
- Pima Public Library
- Reach Out and Read Southern Arizona (RORSA)
- Make Way for Books
- Reading Is Fun (RIF)
- Black Stallion Foundation

82 Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & 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.

83 <http://www.ihs.gov/NonMedicalPrograms/HealthEd/index.cfm?module=news&option=school&newquery=1>

According to a recent parent/guardian survey, main services that they and their families use are WIC, AHCCCS, the Dental and Health Clinic and Food Stamps. The survey, conducted in Fall 2010 (154 respondents), asked about what information parents/guardians needed and the types of information identified included wanting to know more about programs and resources, child care and special needs, school readiness, parenting information and support (e.g., discipline, child care support), health (e.g., child wellness and nutrition), financial support and educational support for older children. A few of the respondents were also child care providers/teachers and indicated additional professional development opportunities would be helpful. (See Appendix D for a complete list of all responses). When asked in a national study, childcare professionals continually report that families need more and better information around quality childcare.⁸⁴

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.

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 nationwide 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. ICWA 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. Direct negative academic outcomes (such as low academic achievement, lower grades, lower test scores, low self esteem, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.⁸⁵

The following data illustrate 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 national levels only for children under age eighteen.

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

85 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., & 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.

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 safely at home, or the child is removed. The number of report that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period. The Pascua Yaqui Tribe Social Services Division reported an overall 150 investigations involving 320 children for 2009-2010. The chart below shows the child abuse reports and fatalities for 2005 through 2009 for Arizona and the United States.

Child abuse and neglect reports and fatalities

		2005	2006	2007	2008	2009
Arizona	Reports (numbers)	37,546	34,178	33,433	29,971	33,050
	Fatalities (numbers)	50	60	28	11	30
U.S.	Reports (rate and numbers)	44* (3M)	48* (3.6M)	43* (3.3M)	44* (3.3M)	43* (3.3M)
	Fatalities (rate and numbers)	1.86** (1,460)	2.04** (1,530)	2.32** (1,730)	2.33** (1,630)	2.34** (1,670)

* Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses. **Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses. Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance. http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can

The table below provides a breakdown of reports received by each county in Arizona. Although data on the number of reports are not available at the regional level, such data are available for counties. The table below shows that Pima County, where the Pascua Yaqui tribal lands are located, represented 18.6 percent of all reports in Arizona in 2009-2010.⁸⁶

86 Pima county's population is approximately 16% of Arizona's total population.

Number of reports received by type of maltreatment and county, October 1, 2009 - March 31, 2010

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	0	41	25	3	69	0.4%
Cochise	3	253	143	12	411	2.4%
Coconino	3	179	124	15	321	1.9%
Gila	0	48	24	3	75	0.4%
Graham	1	60	18	7	86	0.5%
Greenlee	0	7	4	1	12	0.1%
La Paz	1	37	19	7	64	0.4%
Maricopa	98	5,846	3,496	572	10,012	58.5%
Mohave	5	326	185	18	534	3.1%
Navajo	3	165	89	17	274	1.6%
Pima	52	1,919	1,049	154	3,174	18.6%
Pinal	13	617	404	68	1,102	6.4%
Santa Cruz	0	34	32	2	768	0.4%
Yavapai	6	338	145	29	518	3.0%
Yuma	2	257	109	22	390	2.3%
Statewide	187	10,127	5,866	930	17,110	100.0%
% of Total	1.1%	59.2%	34.3%	5.4%	100%	

*All data from Arizona Department of Economic Security Child Welfare Reports, October 1, 2009- March 31, 2010.

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 2009, 3.3 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, already beyond its capacity.

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

- Birth to 1 year 24 incidents for every 1,000 children
- 1-3 years 14 incidents for every 1,000 children
- 4-7 years 14 incidents for every 1,000 children
- 8-11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2008 Arizona ranked 39th 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). Only 11 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. Only state-level data is available for child placements in foster care. 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). The number of children in out-of-home care statewide from October 1, 2007 to March 30, 2008 was 9,721 and from April 1, 2008 to September 30, 2008 was 10,303. The number of children placed with relatives or licensed foster parents in Arizona from April 1, 2008 to September 30, 2008 was 8,050; and the number of new homes being licensed during this period was 162 across the state according to the Arizona Department of Economic Security/ Division of Children, Youth and Families.

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. The Department of Economic Security is working to embed the Family to Family initiative, an Annie E. Casey Foundation Program,⁸⁷ 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.

Child placements in foster care

	2002	2003	2004	2005	2006	2007	2008	2009
Arizona	5,049*	6,208*	7,173*	7,546*	7,388*	9,820*	9,965	10,258
U.S.	29%** (154,000)	30%** (155,000)	31%** (158,000)	32%** (164,000)	44%** (131,000)	N/A	N/A	N/A

*Includes all children under the age of 18 years **Based on total number of children removed from the home ages 0-5 years Sources: The AFCAR Report (2002-2006); Children's Bureau, Arizona Department of Economic Security

The Pascua Yaqui Tribe Social Services Division has only one staff member assigned to Foster Care and Placement. The division reports that most foster care placement is relative care. A further challenge also exists that relates to financial limitations arising from the complexities of tribal, state and federal laws: these children do not have access to same services or levels of service available to State-based foster care children and placement families.

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 or had substance abuse issues during pregnancy, and those who were teenagers.⁸⁸ Furthermore, children living in poverty

87 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001. <http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx>

88 Mathews, T. J., MacDorman, M. F., & 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.

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.⁸⁹ 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.⁹⁰ Another area of concern includes factors such as injury – unfortunately, in many circumstances, preventable injury.

Public Awareness & Collaboration

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 and defeat of Proposition 302, as well as previous efforts led by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have 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.⁹¹

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 about how 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.⁹²

There are a number of different media used to raise awareness and provide information to Pascua Yaqui families.⁹³ The Indian Health Services distributes newsletters to the community with information about trainings, activities, and education materials. The Education Division provides newsletters

89 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 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.

90 U.S. Department of Health & Human Services Child Abuse and Neglect Statistics <http://www.childwelfare.gov/systemwide/statistics/can.cfm#state>

91 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.

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

93 See the Pascua Yaqui Tribe website for more information: <http://www.pascua yaqui-nsn.gov/>

and flyers about events for parents and families. The Head Start Program provides the Ride-Safe and Sleep-Safe Programs to raise parental awareness about early childhood issues and safety. In addition, the Pascua Yaqui Tribe broadcasts and distributes tribal news, program and activity announcements, and other community information, such as parent and provider information on early childhood development and health handouts and resources from First Things First, through the Radio Station KPYT-LP and a tribal newsletter called “The Yaqui Times.”

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many 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 (e.g., improved outcomes such as employment and income) from services than did a comparison group that did not receive service coordination.⁹⁴ 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 serve 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, such as school readiness, for young children.

A wide array of opportunities exists for connecting services and programs that serve 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. Partnerships with Pascua Yaqui Tribal Council and state programs that help low income families could be better coordinated so that redundancies as well as “gaps” in services are eliminated and there is a continuum of care.⁹⁵

The 2010 parent/guardian survey provided additional insights in the needs of the community. The following lists include the comments and suggestions grouped into relevant categories:

94 Gennetian, L. A., & 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., & 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.

95 According to a Tribal Programs Survey in 2008 (n=30), tribal employees stated that the primary gaps or loss of opportunities by the lack of coordination within their community included the following: lack of clear articulation of program services and unique strategies/approaches, parent involvement, follow-through and accountability for early childhood liaison between services and families, a need for more communication and information (e.g., schedule of events and programs), community outreach, child care for working parents and families so they can advance in their careers or higher education, coordination among all agencies and the high school to provide experience and job training, coordination, services for birth-5 year olds and delays in identification of developmental delays.

INFORMATION ABOUT PROGRAMS and RESOURCES

- What resources are available out there & information specific to development of my child
- You to give this information
- Any and all information is important to us. This is our first child.
- To let parents and grandparents the changes the programs are making for the future of our community
- Information on services available-- on new services
- As the programs make changes with the growing community
- Flyers
- Registration Dates and Requirements for Head Start
- Help for families that need assistance financially but do not meet income qualifications. (Maybe make \$50 over limit).
- I would like to know that other parents are obtaining the needed programs.

CHILD CARE AND SPECIAL NEEDS

- Trying to find childcare even if the parent is over income.
- More info to help for care
- As a grandparent a day care would be very useful.
- Updated available resources for school readiness
- Grandparent
- Support with child care for full-time students.
- More education for parents and grandparents on how to talk to your child what around them
- Just more people who care about children & WANT to care for them
- More about children programs special groups
- More info help with child that has Speech Apraxia. Health Dept referred to Education. They couldn't help because not in ... (youngest child is 13 years old)

SCHOOL READINESS

- How to prepare children for school
- Preschools close to this area
- More preschool
- Transitional services from 0-5 to preschool
- Kindergarten. Need more help as a family with communicating with him meeting his needs/ school preparation (recognizes/write names, counts to 10, knows alphabet, etc.)
- Support groups for parents of children with special needs (local). Also, resources for same above.

PARENT SUPPORT/INFORMATION

- Child care program for working parents
- Foster parent's rights
- Parenting classes
- Parenting help
- How to deal with growing attitudes
- Providing parents- especially single parents- classes in dealing with discipline of children correctly.
- How best to support grandchildren in educational process
- Going to school everyday

FINANCIAL and OTHER SUPPORT

- More money
- School clothes voucher for preschool students
- More supplies
- More play equipment
- Services for assistance with back to school accessories
- Transportation to appointments

HEALTH

- Child Wellness
- Health, poor self esteem
- Proper sleep/diet/exercise
- AHCCCS/Food Stamps
- Child Development & Nutrition

PROFESSIONAL DEVELOPMENT

- Classes in kids Afterschool programs for (?) credits
- Teaching techniques– online training would be great.
- As a child care provider I feel we need increased payment rates through DES.

EDUCATIONAL SUPPORT for OLDER CHILDREN

- More programs or other programs available for 5-9 year olds
- Inform of summer programs for high school, jr. high and elementary
- Homework support

The 2010 Tribal Programs survey respondents offered these additional suggestions :⁹⁶

- Bring together all programs and set new vision for collaboration
- Coordination of services– mandated by Tribal Council
- Information and outreach from departments in the community
- Information clearing house
- Central information sources
- Time to meet, good organizing skills
- Opening minds to what's possible

96 Employees in 2008 (n=30) suggested the following ways to improve the community's coordination efforts: Town hall to identify gaps and a call to action/coordination, community outreach, special events, parent education, classes required to encourage parents that receive money to volunteer community services, open a child care facility on the reservation and make a bigger Head Start building, parent forums, effective program development that has clear delineated vision of where we are and want to be as a community, create a committee of all the programs that work with children birth-5, workers should be knowledgeable of what they are doing, education and employment, more outreach and visits to community members and more hands on approach, teach children the Hiaki language first and English second, go house to house and deliver the information, communication and effective collaboration, advocacy and community awareness, hold more community awareness fairs, health fairs, department fairs, etc., conduct a solid community needs assessment that has more focus on birth-5 yr old needs and which provides more opportunity for parent feedback.

- Focus on programs dealing mainly with children 0-5 age group
- Who are the clients?
- Family unity/living skills (morals; spiritual; self respect)
- Job improvement, education

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. There is little known through documentation about parent and community awareness of services, resources, or support in the Pascua Yaqui Region. This is an area for further inquiry and investigation. In support of increased collaboration, communication and systems coordination, the Pascua Yaqui Tribe Regional Partnership Council has actively participated in cross-regional coordination meetings and planning to improve the access to services for tribal members in other regions. The tribe’s radio station (KPYT) actively supports communication efforts to increase community awareness of early childhood development and health issues and resources.

Additional Indicators of Interest to the Regional Partnership Council

Areas of interest for further data collection identified by the Pascua Yaqui Tribe Regional Partnership Council for future Needs and Assets reports could include:

- Child care services for children ages 0-3 years
- Awareness of early childhood (possible knowledge) development information, services provided and barriers to accessing services
- Existing system, inventory of services/programs, barriers to coordination and collaboration
- Need for family literacy data
- Preserving Pascua Yaqui language
- Parenting skills - training needed for language development in both Yaqui and English, as well as for early brain development, nutrition, discipline and health.

Summary and Conclusions

The Pascua Yaqui Tribe reservation is a small community that has experienced some overall population growth, and a corresponding increase in population growth among children. There is a large percentage of households led by a single parents and there is a relatively high teen pregnancy rate. Families cope with a number of socio-economic conditions such as unemployment and poverty. There continue to be a limited number of early care providers available in the community for families to access, although this number has increased in recent years. This can compound issues related to maintaining employment, cost of care, transportation, and quality of care. More information is needed about parent awareness and knowledge about early child development and care.⁹⁷

The community has a number of educational opportunities available for pursuing higher education. Local media also disseminate information and connect families with resources. More information is needed at the regional level regarding health status, educational attainment, and family support. The information provided in this report can serve as a foundation for further inquiry into the community's needs and assets.

Regional Assets

Some of the greatest assets among the Pascua Yaqui Region are the families themselves and the culturally-responsive programs that serve them. For example, the families view a child as a whole child (e.g., from emotional, physical, mental and traditional perspectives) and support each other in the care of the children, as noted in the parent/guardian survey results. As members of the community, they inform the direction of the tribe for fulfilling needs and providing support. Additional assets include an increase in the number of tribally-certified home-care providers and continued professional development for the providers (e.g., T.E.A.C.H. Scholarships and trainings) as well as educational opportunities available for early childhood professionals to seek certificates and degrees up to the graduate level in the region can be seen as strong assets. The Pascua Yaqui Tribe has a number of media for disseminating information to the communities and the Regional Council has developed an outreach communication plan to help keep parents and other community members informed about the resources and programs related to early child care and family support. The Regional Council has also been active in cross-regional coordination efforts. Value-added strategies adopted by the Pascua Yaqui Tribe Regional Partnership Council are listed in Appendix E.

97 FTF has funded a state-wide Child Care Study and the Pascua Yaqui Tribe Regional Partnership Council has committed funds to support local data collection. The results of the study will be shared with the Regional Council in 2011 and will likely provide insights into some of the issues identified in this report.

Regional Needs

As is so often the case, great strengths can also be the flip side of subtle challenges. There are a limited number of early care and education program options in the community. The Pascua Yaqui Tribe families rely significantly on relative care, including grandparents and friends. Education indicators (such as DIBELS and AIMS scores) suggest additional focus and effort are needed for school readiness. Although limited health data are available at the regional level, increased access to care was identified as a community need. There continues to be a need for ongoing assessment of the needs for family support and system coordination.

Based on the surveys conducted in the Fall of 2010, several areas of need have been identified:

- Access for parents and families to information about programs, resources, changes in policies and procedures
- Support for families around issues of parenting, child wellness, child development and school readiness— especially for families and their relatives (e.g., grandparents) who help in the care of young children.
- More collaboration and coordination across all departments and programs that serve families with young children (birth-five years of age).
- Continued professional development support and opportunities for family-home providers and other early childhood teachers and workers.

Appendix A: Assets for Pascua Yaqui Tribe

Tribal Government Departments and Programs			
<u>Pascua Yaqui Tribal Council</u>	7474 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Education Division</u>	7474 S. Camino De Oeste	Tucson	85757
Pascua Yaqui Head Start	5060 W. Calle Tetakusim	Tucson	85757
Yaqui Education Services (YES)	7474 S. Camino De Oeste	Tucson	85757
Community and Adult Education Program	7474 S. Camino De Oeste	Tucson	85757
Adult and Continuing Education Program	7474 S. Camino De Oeste	Tucson	85757
Community Library and Resource Center	7441 S. Camino Cocoim	Tucson	85757
<u>Pascua Yaqui Social Services Dept.</u>	7601 S. Camino Benem	Tucson	85757
Child Welfare- Indian Child Welfare Association (ICWA)	4730 W. Calle Tetakusim	Tucson	85757
Child Care Program	4730 W. Calle Tetakusim	Tucson	85757
Foster Care Services	4730 W. Calle Tetakusim	Tucson	85757
Adult Services Program	7474 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Health Services Dept.</u>	7490 S. Camino De Oeste	Tucson	85757
Pascua Clinic	7490 S. Camino De Oeste	Tucson	85757
Dental Clinic	7490 S. Camino De Oeste	Tucson	85757
Alcohol & Substance Abuse Program	7490 S. Camino De Oeste	Tucson	85757
Mental Health Program (Centered Spirit)	7474 S. Camino De Oeste	Tucson	85757
Alternative Medicine Program	7490 S. Camino De Oeste	Tucson	85757
Community Health Nursing	7490 S. Camino De Oeste	Tucson	85757
Community Health Representative Program	7490 S. Camino De Oeste	Tucson	85757
Home Community Base Service Program	7490 S. Camino De Oeste	Tucson	85757
Diabetes Program	7490 S. Camino De Oeste	Tucson	85757
Injury Prevention Program	7490 S. Camino De Oeste	Tucson	85757
Tobacco Prevention Program	7490 S. Camino De Oeste	Tucson	85757
Walking in Balance	7490 S. Camino De Oeste	Tucson	85757
WIC Program	7490 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Language and Culture Department</u>	7601 S. Camino Benem, Bldg. A	Tucson	85757
<u>Pascua Yaqui Radio Station KPYT-LP</u>	7406 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Tribe Land Use Department</u>	7474 S. Camino de Oeste	Tucson	85757
Tribal Development Services	7474 S. Camino de Oeste	Tucson	85757
<u>Pascua Yaqui Facilities Management Division</u>	4503 W. Calle Torim	Tucson	85757
<u>Pascua Yaqui Police Department</u>	7474 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Attorney General</u>	4725 W. Calle Tetakusim Bldg. B	Tucson	85757
<u>Pascua Yaqui Public Defender Department</u>	7474 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Development Services Department</u>	7474 S. Camino De Oeste	Tucson	85757
Workforce Development/WIA	7410 S. Camino Vahcom	Tucson	85757
<u>Pascua Yaqui Housing Department</u>	4720 W. Calle Tetakusim	Tucson	85757
<u>Pascua Yaqui Finance & Operation Department</u>	7474 S. Camino De Oeste	Tucson	85757
<u>Pascua Yaqui Tribal Employment Rights Office (TERO)</u>	7474 S. Camino De Oeste	Tucson	85757
<u>Casino of the Sun</u>	7406 S. Camino De Oeste	Tucson	85757
<u>Casino del Sol</u>	5655 W. Valencia Blvd.	Tucson	85746
The Anselmo Valencia Tori Amphitheater (AVA)	5655 W. Valencia Blvd.	Tucson	85746
Del Sol Marketplace	5405 W. Valencia Blvd.	Tucson	85746

Schools			
Hiaki High School (CPLC)	4747 W. Calle Vicam	Tucson	85757
Tucson Unified School District	1010 E. 10th St.	Tucson	85719
Cholla High School	2001 W. Starr Pass Blvd	Tucson	85746
Hohokam Middle School	7400 S. Settler Rd	Tucson	85746
Pistor Middle School	5455 S. Cardinal	Tucson	85746
Johnson Elementary School	6060 S. Joseph Ave.	Tucson	85756
Vesey Elementary School	5005 S. Butts Rd.	Tucson	85757
Warren Elementary School	3505 W. Milton Rd.	Tucson	85746
John E. White Elementary School	2315 W. Canada St	Tucson	85746

Hospitals/Clinics			
Indian Health Services	7900 S. J. Stock Rd.	Tucson	85746
Children's Emergency Center At Tucson Medical Center	5301 E. Grant Rd.	Tucson	85712
El Rio Community Health Center	839 W. Congress St.	Tucson	85745
La Frontera Center Inc.	1601 E. Apache Park Pl.	Tucson	85714
St Joseph's Hospital	350 N. Wilmot Rd.	Tucson	85711
St Mary's Hospital	1601 W. St. Mary's Rd.	Tucson	85745
St. Elizabeth of Hungary Clinic	140 W. Speedway Blvd.	Tucson	85705
Tucson Medical Center	5301 E. Grant Rd.	Tucson	85712
University Medical Center	1501 N. Campbell Ave.	Tucson	85724
University Physicians Healthcare Hospital at Kino Campus	2800 E. Ajo Way	Tucson	85713

Colleges			
Apollo College	3550 N. Oracle Rd.	Tucson	85705
Arizona State University	340 N. Commerce Park Loop	Tucson	85745
Brown Mackie College	4585 E. Speedway Blvd.	Tucson	85712
Chaparral Career College	4585 E. Speedway Blvd.	Tucson	85712
Northern Arizona University	401 N. Bonita Ave. Rm. A150	Tucson	85709
Northern Arizona University School of Nursing	2221 N. Rosemont Blvd.	Tucson	85712
Pima Community College	4905 E. Broadway Blvd.	Tucson	85709
Prescott College	2233 E. Speedway Blvd.	Tucson	85719
University of Arizona	-----	Tucson	85721

Neighborhood Centers (City of Tucson Parks and Recreation)			
Pascua Neighborhood Center	785 W. Sahuaro	Tucson	85705
El Pueblo Neighborhood Center	101 W. Irvington Rd.	Tucson	85714
Fred Archer Neighborhood Center	1665 S. La Cholla Rd.	Tucson	85716

Libraries (Pima County)

El Pueblo Branch Library	101 W. Irvington Rd.	Tucson	85714
Joel D. Valdez Main Library	101 N. Stone Ave.	Tucson	85701
Mission Branch Library	770 S. Mission Rd.	Tucson	85713
Southwest Branch Library	6855 South Mark Rd.	Tucson	85757
Valencia Branch Library	202 W. Valencia Road	Tucson	85706

Agencies/Coalitions/Organizations

Yoeme Tekia Foundation	7631 S. Camino Tetaviecti	Tucson	85757
Inter Tribal Council of Arizona -Women, Infant and Children -Dental Program	2214 N Central Ave # 100_parent_parent	Phoenix	85004
Chicanos Por La Causa	200 N. Stone Ave.	Tucson	85701
Child and Family Resources, Inc. (CFR)	2800 E. Broadway Blvd.	Tucson	85716
Children's Clinics for Rehabilitative Services (CCRS)	2600 N. Wyatt Dr.	Tucson	85712
Community Food Bank	3303 S. Country Club Rd.	Tucson	85713
Easter Seals Blake Foundation	330 N. Commerce Park Loop, Suite 100	Tucson	85745
Sahuaro Girls Scouts Council, Inc.	4300 E. Broadway Blvd.	Tucson	85711
United Way of Tucson and Southern Arizona	330 N. Commerce Park Loop, Suite 200	Tucson	85745

Appendix B. Citations and Data Resources

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American Montessori Society: <http://www.amshq.org>

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Arizona Department of Education: www.asdhez.gov/hsd/chprofiles.htm

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Appendix C. Description of Methods Used for Data Collection

The needs and assets assessment process started on May 1, 2008. Collection methods for existing data included the review of published reports, utilization of available databases at state, county and regional levels, parent and tribal program surveys, and tribal program data that resulted in asset inventories. Primary data, otherwise defined as newly collected data that did not previously exist, were collected through the surveys and interviews conducted with parents and staff in 2009 and 2010.

In February 2008, the Pascua Yaqui Tribal Council passed a resolution supporting the tribe as a separate region within First Things First. In June 2008, the Pascua Yaqui Tribe elected a new Tribal Council made up of eleven officials. Due to the election, there were also new Council Oversight Committees for Education, Health and Social Services. Those committees are comprised only of Tribal Council Members and were established by ordinance. First Things First staff and Regional Partnership Council members worked very closely with the new Tribal Leaders and Division Directors during this transition and yet because of the timelines for First Things First in relation to the election and establishment of various committees, this Regional Partnership Council had to forego the work associated with a formal needs and assets report. However, both First Things First and Tribal staff, as well as the appointed volunteers, worked alongside the Tribal Education Division Interim Director to accomplish much of the legwork needed to develop the partnership with tribal leaders and bring us to this point of writing the first draft of this report. A consultant was hired to assist in updating the report for 2010 and this document reflects additional data collection and updated lists of assets and needs.

One of the organizational changes that took place in early 2008 prior to the FTF Regional Council formation was the creation of a new Tribal law called the Research Protection Ordinance. This ordinance is the protocol for all data collection within the Pascua Yaqui Tribe. The Regional Council could not collect any data for the Needs and Assets Report until the Research Review Committee and the Tribal Council gave them approval. This was the largest factor affecting the completion of the Needs and Assets Report for this Region. An addendum was filed in April 2010 for additional data collection and the Tribal Council approved a resolution for this request in September 2010.

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-5 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-5 years), or even the adult population of caregivers or professionals, there may be multiple sources and tools use for data and indicator measurement, collection and reporting, that depend on agency perspectives and priorities and the sources from which data are mined. These indicators, approaches, and methods of data collection also may change over time, sometimes even yearly; these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports. In rural and other areas where data capacity infrastructure efforts are still in their

infancy, e.g., in Arizona and nationally, there exists many gaps with regard to information about young children ages birth-5 years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully. However, they can also be seen as progress in the direction towards building capacity at the local level for conducting regular and consistent community assessments.

Appendix D: Results of 2010 Parent/Guardian Survey

Please answer the following questions that will provide valuable information for the **Pascua Yaqui Tribe Needs and Assets Assessment** for early childhood development and health programs on the reservation. Before you start this survey, please read and sign the attached First Things First Informed Consent Form.

N=154 (combined total of 129 hard copy and 25 online surveys)

1. Are you answering these questions as a ... ?	<p>85 (55%) Parent</p> <p>43 (28%) Grandparent</p> <p>26 (17%) Other (please specify): <i>both, aunt, uncle, teacher, employee, librarian, possible foster parent, advocate, ECE practitioner</i></p>
2. Do you have any children or grandchildren younger than 6 years old?	<p>121 (81%) Yes</p> <p>28 (19%) No</p>
3. If you have children or grandchildren younger than 6 years old, are they in Head Start?	<p>62 (40%) Yes</p> <p>73 (48%) No</p> <p>19 (12%) No response</p>
4. If you have any children or grandchildren younger than 6 years old, are they in Child Care?	<p>49 (32%) Yes</p> <p>80 (52%) No</p> <p>25 (13%) No response</p>
5. If you have any children in a child care setting, how did you select your child care? (Check all that apply)	<p>34 (22%) The location was convenient</p> <p>23 (15%) My friends or family recommended it</p> <p>9 (6%) It looked like a nice place</p> <p>5 (3%) The price was right</p> <p>12 (8%) I liked the teacher</p> <p>5 (3%) It was accredited</p> <p>17 (11%) Children from this program tend to do well in school</p> <p>41 (27%) Other (please specify): <i>family member, ✓ ✓ grandparent, grandmother, home care, allows for easier transition into Kindergarten in our school district, parents choice, sister and mother-in-law are providers, provider, my husband is taking care of our 8-month old at home, my daughter just went with the first one she found, Ck out center, no need, NA (children are in Kindergarten, no response (23)</i></p>

<p>6. If you do NOT have children in child care, why not? (Check one)</p>	<p>23 (15%) Our family didn't need child care, since one of us is not working</p> <p>13 (8%) My husband/partner and I split shifts so one of us could be at home with the children</p> <p>25 (16%) We had family/friends who could take care of the children</p> <p>12 (8%) Child care costs too much for us to use it</p> <p>2 (1%) I couldn't find child care I felt good about using</p> <p>29 (19%) Other (please specify): <i>grandmother, grandmother baby sits, grandparent, I do child care, I take care of grandchildren, My children are adults, Our family didn't need child care since one of us is not working AND We had family/friends who could take care of the children, Transportations-- Do not live on reservation, No response (15)</i></p>
<p>7. How satisfied are you with your child care?</p>	<p>70 (46%) Very satisfied</p> <p>26 (17%) Somewhat satisfied</p> <p>9 (6%) Not at all satisfied</p> <p>49 (32%) No response</p>

8. What other services on the reservation have you and your family used? (Check all that apply)	<p>16 (10%) Child care subsidies from DES</p> <p>89 (58%) AHCCCS</p> <p>15 (10%) Kids Care</p> <p>26 (17%) Mental Health Services</p> <p>8 (5%) Breastfeeding programs</p> <p>29 (19%) Healthy Families</p> <p>75 (49%) Dental Clinic</p> <p>68 (44%) Health Department/Clinic</p> <p>75 (49%) Food Stamps</p> <p>85 (55%) WIC</p> <p>22 (14%) Family services through schools</p> <p>9 (6%) Prenatal care/classes</p> <p>26 (17%) Head Start screenings using Child Find Program</p> <p>34 (22%) Social Services Childcare</p> <p>18 (12%) Other (please specify): <i>Alternative Medicine & Wellness Center, Traditional Medicine Clinic, ✓ ✓ Centered Spirit Sewa Usim, Grandchild in ABLE (now in PACE), Head Start, I myself don't use the services but family members do, Pace, through Pascua, we don't reside on the reservation we live in the metropolitan area, No response (7)</i></p>
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9. As a parent or grandparent, what information do you need most?

INFORMATION ABOUT PROGRAMS and RESOURCES

- o What resources are available out there & information specific to development of my child
- o You to give this information
- o Any and all information is important to us. This is our first child.
- o To let parents and grandparents the changes the programs are making for the future of our community
- o Information on services available-- on new services
- o As the programs make changes with the growing community
- o Flyers
- o Registration Dates and Requirements for Head Start
- o Help for families that need assistance financially but do not meet income qualifications. (Maybe make \$50 over limit).
- o I would like to know that other parents are obtaining the needed programs.

CHILD CARE AND SPECIAL NEEDS

- o Trying to find childcare even if the parent is over income.
- o More info to help for care
- o As a grandparent a day care would be very useful.
- o Updated available resources for school readiness
- o Grandparent
- o Support with child care for full-time students.
- o More education for parents and grandparents on how to talk to your child what around them
- o Just more people who care about children & WANT to care for them
- o More about children programs special groups
- o More info help with child that has speech Apraxia. Health Dept referred to Education. They couldn't help because not in ... (youngest child is 13 years old)

SCHOOL READINESS

- o How to prepare children for school
- o Preschools close to this area
- o More preschool
- o Transitional services from 0-5 to preschool
- o Kindergarten. Need more help as a family with communicating with him meeting his needs/school preparation (recognizes/write names, counts to 10, knows alphabet, etc.)
- o Support groups for parents of children with special needs (local). Also, resources for same above.

PARENT SUPPORT/INFORMATION

- o Child care program for working parents
- o Foster parent's rights
- o Parenting classes
- o Parenting help
- o How to deal with growing attitudes
- o Providing parents- especially single parents- classes in dealing with discipline of children correctly.
- o How best to support grandchildren in educational process
- o Going to school everyday

FINANCIAL and OTHER SUPPORT

- o ✓ ✓ more \$s ,money
- o School clothes voucher for preschool students
- o More supplies
- o More play equipment
- o Services for assistance with back to school accessories
- o Transportation to appointments

HEALTH

- o Child Wellness
- o Health, poor self esteem
- o Proper sleep/diet/exercise
- o AHCCCS/Food Stamps
- o Child Development & Nutrition

PROFESSIONAL DEVELOPMENT

- o Classes in kids Afterschool programs for (?) credits
- o Teaching techniques-- online training would be great.
- o As a child care provider I feel we need increased payment rates through DES.

EDUCATIONAL SUPPORT for OLDER CHILDREN

- o More programs or other programs available for 5-9 year olds
- o Inform of summer programs for high school, jr. high and elementary
- o Homework support
- o The services are great
- o ✓ ✓ N/A , nothing, ✓ ✓ nothing right now, ✓ ✓ none
- o I'm not sure how to answer this question. What Information about what? Any info.

Appendix E: Pascua Yaqui Tribe Regional Partnership Council Strategies December 2010

Strategy	Description	Grantees
Child Care Homes Recruitment	Recruit five new and/or existing, non-regulated family child care home providers on the reservation that will provide services, especially for children birth through three, or for children who are eligible for Pascua Yaqui Head Start who are not receiving services due to lack of capacity and children who are attending Head Start that need wrap around care during non-traditional hours.	Grant Agreement with the Pascua Yaqui Tribe
Increase Insurance Enrollment	<p>Increase outreach and enrollment assistance for public health insurance to eligible, but not enrolled families and provide early childhood development and health information to families during outreach activities.</p> <p>Four tribal programs (WIC, Maternal Child Health, Dental Clinic, and Healthy Families) will provide public health insurance enrollment materials and early childhood development and health information to families of children birth through five or families expecting a child who are eligible but not currently enrolled in public health insurance programs. In addition, this strategy includes the development and distribution of a parent resource guide.</p>	Grant Agreement with the Pascua Yaqui Tribe
Home Visitation and Community Based Education	Support, enhance and implement home visitation and community-based family education programs and services that provide parents and caregivers access to family support information, resources and high-quality socialization opportunities.	Grant Agreement with the Pascua Yaqui Tribe
Quality First Quality Improvement and Rating System	<p>Enroll in Quality First newly recruited and regulated family child care homes on the reservation through strategy 1 (Child Care Homes Recruitment).</p> <p>Quality First:</p> <ul style="list-style-type: none"> - Program assessment - Individualized coaching and quality improvement planning - Financial incentives - T.E.A.C.H. Scholarships - Child Care Health Consultation 	Southwest Human Development conducts the assessments, and The United Way of Tucson & Southern Arizona, Child & Family Resources, Community Extension Programs, and Easter Seals Blake Foundation provide the ongoing coaching services.

T.E.A.C.H. (Teacher Education and Compensation Helps)	This program provides scholarships to early care and education professionals to assist them as they continue their education. The program covers a portion of tuition, books, release time from work, a	Administered by The Association for Supportive Child Care
Communications	Cross-regional community awareness, outreach and education on the importance of early childhood development and health as well as the role of First Things First.	Sub-contract with Moses Anshell