Letter from the Chair

November 3, 2014

The past two years have been rewarding for the First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by collaborating with the Salt River Pima-Maricopa Indian Community (SRPMIC) to implement programs that meet the needs of the Community.

The First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council will continue to advocate and provide opportunities for access to quality early care and education and parent education and support.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Salt River Pima-Maricopa Indian Community in 2008, 2010, 2012 and the new 2014 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 Salt River Pima-Maricopa Indian Community Regional Council would like to thank our Needs and Assets vendor the University of Arizona Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Salt River Pima-Maricopa Indian Community regional data.

The First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council is committed to continuing partnerships with Salt River Pima-Maricopa Indian Community to meet the needs of young children by providing essential services in the region.

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,

Virginia Loring, Chair
Salt River Pima-Maricopa Regional Partnership Council

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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 wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Salt River Pima-Maricopa Indian Community Region provides a clear assessment and 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 are outlined in the executive summary and documented in further detail in the full report.

The First Things First Salt River Pima-Maricopa Indian Community 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. This report provides information that will aid the Regional Council’s decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council owes special gratitude to the Tribal Departments, program staff and parents, who provided tribal data, participated in interview sessions, and completed in-person surveys throughout the past two years. The success of First Things First 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 Salt River Pima-Maricopa Indian Community 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 also want to thank the Salt River Pima-Maricopa Indian Community (SRPMIC) Tribal Council, SRPMIC Department of Health and Human Services, SRPMIC Department of Social Services, SRPMIC Advocacy Center, SRPMIC Education Department, SRPMIC Tribal Enrollment Office, Bureau of Indian Education, Indian Health Service, Arizona Department of Administration, Arizona Department of Economic Security, Arizona Department of Health Services, Arizona State Immunization Information System, Arizona Department of Education, the Office of Head Start and Early Head Start Programs, U.S. Census Bureau and First Things First for their contribution of data for this report.
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Executive Summary

The Salt River Pima-Maricopa Indian Community is a sovereign tribe located 15 miles northeast of Phoenix, Arizona, bordering the cities of Scottsdale, Tempe, Mesa and Fountain Hills. The Community is divided into seven districts, and 19,000 of its 53,000 acres are set as a natural preserve. The Salt River Pima-Maricopa Indian Community is home to the Pima (“Akimel O’Odham,” River People) and the Maricopa (“Xalychidom Pipaash,” People who live toward the water).

The boundaries of the First Things First Salt River Pima-Maricopa Indian Community Region match those of the reservation. The population of the region, which includes both tribal and non-tribal members who reside on the reservation, is about 6,300 people according to the 2010 US Census, with 626 being children under the age of six. Just over half (53%) of the young children live with one or both parents. Almost all of the rest live with grandparents or other relatives.

Almost half of the Salt River children under the age of six live in poverty. Median family income on the reservation is only 65 percent of the median income for all families in the state of Arizona. The unemployment rate for 2013 (13%) was greater than that for the state (8%), but substantially less than the average for all of the reservations in the state (24%). An estimated 66 percent of the Salt River children participate in the Supplemental Nutrition Assistance (SNAP) program, 17 percent participate in the tribal Temporary Assistance for Needy Families (TANF) program (known as LEARN), and 90 percent participate in the Women, Infants, and Children (WIC) food and nutrition services program.

Many of the 3- and 4-year-old children in the region enroll in the Early Childhood Education Center (ECEC), which is a blended program whose funding comes from Head Start and the Child Care and Development Fund (CCDF), as well as from the tribe itself.

Health care is available through the Indian Health Service (IHS) at the Salt River Health Center or the nearby Phoenix Indian Medical Center.

In 2012, the most recent year for which data are available, there were 109 births to women who lived on the Salt River Reservation. Only half of those mothers started prenatal care during their first trimester, and nearly a quarter of them had fewer than five prenatal visits. About a quarter of the births during 2012 were to teenaged mothers. Just under ten percent of the births were preterm.

The tribal Child Find Program searches for children who may have special health or developmental needs. In 2013, the program screened 254 children under the age of six.

Services are available for immunizations, behavioral health issues, and oral health prevention and treatment. Qualitative interviews with service providers indicate that some children do not
receive the services they need because parents do not always follow up on referrals and recommendations.

According to IHS records, about 35 percent of children ages 2 to 5 are overweight or obese.

Child welfare services in the region are provided by the Salt River Pima-Maricopa Indian Community Social Services Department. In 2013, there were 440 children birth to 17 who were wards of the court. Of these, 117 were placed with relatives and 194 were placed in foster homes.

To encourage positive home environments, the tribe, with support from First Things First and other funders, provides parent education classes and conferences on early childhood issues. Some of these programs are targeted to teen parents. Other programs encourage early literacy efforts, to help families prepare their children for kindergarten and later school success.

Caregivers of young children and key informants recognize that the Community offers a wide range of services and programs to families with young children. They also appreciate the support that Tribal leadership provides to Community children in general.

Key informants and parents and caregivers in the region agree that substance abuse is a big challenge for families with young children in the region. For children involved in neglect or abuse, coordinated services are available through the Tribal Social Services Department and the Family Advocacy Center, which houses a co-located multidisciplinary crisis response team.

A strength of the Salt River community is the degree to which service providers and others form partnerships, work together collaboratively, and co-locate services. These coordination efforts help create a community of care that “wants the best for all children.”
Who are the families and children living in the Salt River Pima-Maricopa Indian Community Region?

The Salt River Pima-Maricopa Indian Community Region

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

Regional Boundaries and Report Data

The Salt River Pima-Maricopa Indian Community is a sovereign tribe located 15 miles northeast of Phoenix, Arizona. The Community was established by Executive Order on June 14, 1878 and it consists of 53,000 acres bordering the cities of Scottsdale, Tempe, Mesa and Fountain Hills. The Salt River Pima-Maricopa Indian Community is home to the Pima (“Akimel O’Odham,” River People) and the Maricopa (“Xalychidom Pipaash,” People who live toward the water).¹

The Pima are descendants of the Hohokam people who resided in the Arizona area nearly 2,000 years ago. They are known for their historic creation and use of canal systems for farming purposes as well as their basket weaving. The Maricopa lived along both the Gila and Colorado rivers and are known for their red clay pottery. Both tribes have distinctly different cultures and languages but formed a union in the 1800’s that has endured for over 200 years. Out of respect for their land, the Salt River Pima-Maricopa Indian Community has set 19,000 of its acres as a natural preserve.

Geographically, the boundaries of the First Things First Salt River Pima-Maricopa Indian Community Region match those of the reservation. The map below, Figure 1., shows the geographical area covered by the Salt River Pima-Maricopa Indian Community Region.

Figure 1. The Salt River Pima-Maricopa Indian Community Region

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources and data provided by Salt River Pima-Maricopa Indian Community agencies and departments. It also includes findings from additional qualitative and quantitative data collection that was conducted specifically for this report through: a) Key informant interviews with representatives from tribal agencies and departments conducted in the Spring of 2014; and b) a Parent and Caregiver Survey that gathered information from 107 parents and caregivers of children ages 0 to 5 in the region. Appendix D provides more detailed information about the data collection methods and the instruments utilized.

In most of the tables in this report, the top row of data corresponds to the FTF Salt River Pima-Maricopa Indian Community Region. When available, the next several rows present the data for the Community’s Districts A to G. (Please note that for confidentiality purposes in most tables that show data at the district level, Districts F and G have been combined). The last three rows
show data that are useful for comparison purposes: all Arizona reservations combined, Maricopa County, and the state of Arizona.

The level of data (community, zip code, etc.) that is presented in this report is impacted by the fact that the UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- “For data related to social service and early education programming, all counts of fewer than ten, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”

- “For data related to health or developmental delay, all counts of fewer than twenty-five, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

---First Things First—Data Dissemination and Suppression Guidelines for Publications

Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (for “Data Suppressed”).

Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for smaller areas.

Data for certain tables were provided by FTF through their State Agency Data Request at the zip code level. Because the zip code boundaries do not exactly match those of the region, we estimated a share of the counts for the Salt River Pima-Maricopa Indian Community Region. To do this, we applied the following formula: we used the percentage of each zip code area’s population of children 0-5 which are Salt River Pima-Maricopa Indian Community residents and then applied these percentages to the zip code level agency data (e.g. SNAP) to calculate estimates for the Salt River Pima-Maricopa Indian Community Region.

Figure 2 shows the zip codes included in the region.
In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: US Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.” In addition, the Salt River Pima-Maricopa Indian Community Community Development Director asserts that although the US Census data for the Salt River Pima-Maricopa Indian Community has improved over the years it still paints an inaccurate picture of the demographic statistics of the Tribe. Enrollment data provided by the Community’s

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Enrollment Office for this report are based upon real-time data on the enrolled members of the Community, and so present a higher degree of accuracy as these numbers are updated regularly.

In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). The ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve. Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommend a concerted tribal-federal government effort to develop the tribes’ capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian

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Studies Department at Arizona State University. The Tribal Indicators Project\(^4\) was begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

**General Population Trends**

According to Census 2010 data, the Salt River Pima-Maricopa Indian Community Region had a total population of 6,289 persons in 2010, including 626 children under the age of six. Fewer than one in five households in the region have a young child as part of the family (17%); this is similar to the state and county rates, but considerably lower than that across all Arizona Reservations (26%). As Table 1 illustrates, however, there is considerable variation across the districts, with Districts C and F having low rates of households with young children, and the other districts having rates more similar to those across Arizona reservations.

Based on Census 2010 data, District C has the largest number of households in the region but the lowest proportion of households with young children. It is important to note that, according to key informants, the Salt River Pima-Maricopa Indian Community has two long-term leases for two trailer parks located on District C (“Roadrunner” and “Shadow Mountain”) which have been in place for about 40 years. There are 1,200 mobile homes in these parks, where about three-quarters of the residents are non-Native American, 55 years old and older winter residents, some of whom are Canadian citizens. These parks were placed in the Community in the early 1970’s and this type of development for non-Native American residential homes is no longer allowed by the Salt River Pima-Maricopa Indian Community according to a 1978 Resolution. Because District C has the largest total population of all districts in the Community, as shown in below, this means that some data for the region as a whole may be skewed by the socio-economic characteristics of the residents in District C, the majority of whom appear not to be tribal members (see Table 6 for race and ethnic description of the districts). According to Census 2010 data, the mobile home communities in District C account for 1,277 of the population, including 1 child under six, living in 862 households.

\(^4\) [http://aipi.clas.asu.edu/Tribal_Indicators](http://aipi.clas.asu.edu/Tribal_Indicators)
Table 1. Population and households

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL POPULATION</th>
<th>POPULATION (AGES 0-5)</th>
<th>TOTAL NUMBER OF HOUSEHOLDS</th>
<th>HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>6,289</td>
<td>626</td>
<td>2,198</td>
<td>380</td>
</tr>
<tr>
<td>District A</td>
<td>849</td>
<td>93</td>
<td>217</td>
<td>59</td>
</tr>
<tr>
<td>District B</td>
<td>1,140</td>
<td>155</td>
<td>292</td>
<td>87</td>
</tr>
<tr>
<td>District C</td>
<td>1,842</td>
<td>63</td>
<td>1,030</td>
<td>44</td>
</tr>
<tr>
<td>District D</td>
<td>899</td>
<td>101</td>
<td>245</td>
<td>62</td>
</tr>
<tr>
<td>District E</td>
<td>657</td>
<td>107</td>
<td>182</td>
<td>67</td>
</tr>
<tr>
<td>District F</td>
<td>37</td>
<td>2</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>District G</td>
<td>865</td>
<td>105</td>
<td>221</td>
<td>60</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>178,131</td>
<td>20,511</td>
<td>50,140</td>
<td>13,115</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>3,817,117</td>
<td>339,217</td>
<td>1,411,583</td>
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<tr>
<td>Arizona</td>
<td>6,392,017</td>
<td>546,609</td>
<td>2,380,990</td>
<td>381,492</td>
</tr>
</tbody>
</table>


Figure 3 shows the approximate geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child’s location, but are placed generally in each census block in which a young child was living in 2010.
A comparison between censuses provides information about increases and decreases in population. Table 2 shows changes in population between the 2000 Census and the 2010 Census.

Although the population of the state of Arizona as a whole increased by about 25 percent, according to Census 2010 data the Salt River Pima-Maricopa Indian Community Region experienced a slight overall population decrease. The population of children under the age of six in the region decreased by 14 percent between 2000 and 2010. Young children now represent just under 10 percent of the population in the region (decreasing from about 11% in 2000). This pattern is similar to the state overall, where the proportion of young children in the population dropped slightly (from about 9% to 8.5%).
### Table 2. Comparison of U.S. Census 2000 and U.S. Census 2010

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL POPULATION</th>
<th>POPULATION OF CHILDREN (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000 CENSUS</td>
<td>2010 CENSUS</td>
</tr>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>6,405</td>
<td>6,289</td>
</tr>
<tr>
<td>District A</td>
<td>851</td>
<td>849</td>
</tr>
<tr>
<td>District B</td>
<td>1,011</td>
<td>1,140</td>
</tr>
<tr>
<td>District C</td>
<td>1,759</td>
<td>1,842</td>
</tr>
<tr>
<td>District D</td>
<td>951</td>
<td>899</td>
</tr>
<tr>
<td>District E</td>
<td>708</td>
<td>657</td>
</tr>
<tr>
<td>District F</td>
<td>70</td>
<td>37</td>
</tr>
<tr>
<td>District G</td>
<td>1,055</td>
<td>865</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>179,064</td>
<td>178,131</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>3,072,149</td>
<td>3,817,117</td>
</tr>
<tr>
<td>Arizona</td>
<td>5,130,632</td>
<td>6,392,017</td>
</tr>
</tbody>
</table>


**Tribal Enrollment**

Data from the Salt River Pima-Maricopa Indian Community Enrollment Office (Table 3) show that, as of June 2014, there were 574 enrolled children birth to five living in the Salt River Pima-Maricopa Indian Community Region (as represented by the “on-reservation” numbers), representing about 10 percent of the total population of enrolled tribal members in the region. This is fewer young children than the number recorded by the 2010 census (626), but it is important to note that the US census does not account for tribal enrollment status. Young children living in the region may be an enrolled tribal member, eligible for tribal membership but not enrolled, or not eligible for tribal membership. Given that there are about 100 children born in the region a year (see
Figure 15), it is likely that there are a number of children under 2 years old who are eligible for membership, but not yet enrolled.

**Table 3. Salt River-Pima Maricopa Indian Community Tribal Enrollment**

<table>
<thead>
<tr>
<th>AGE</th>
<th>TRIBAL MEMBERS ON-RESERVATION</th>
<th>TRIBAL MEMBERS OFF-RESERVATION</th>
<th>TOTAL ENROLLED MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>39</td>
<td>17</td>
<td>56</td>
</tr>
<tr>
<td>1</td>
<td>72</td>
<td>57</td>
<td>129</td>
</tr>
<tr>
<td>2</td>
<td>107</td>
<td>95</td>
<td>202</td>
</tr>
<tr>
<td>3</td>
<td>94</td>
<td>99</td>
<td>193</td>
</tr>
<tr>
<td>4</td>
<td>137</td>
<td>111</td>
<td>248</td>
</tr>
<tr>
<td>5</td>
<td>125</td>
<td>111</td>
<td>236</td>
</tr>
<tr>
<td>6-12</td>
<td>950</td>
<td>749</td>
<td>1,699</td>
</tr>
<tr>
<td>13-18</td>
<td>625</td>
<td>538</td>
<td>1,163</td>
</tr>
<tr>
<td>18+</td>
<td>3,392</td>
<td>2,590</td>
<td>5,982</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5,541</td>
<td>4,367</td>
<td>9,908</td>
</tr>
</tbody>
</table>


**Additional Population Characteristics**

**Household Composition**

This section presents data on the characteristics of families living in the Salt River Pima-Maricopa Indian Community Region, which includes both tribal and non-tribal families. In the Salt River Pima-Maricopa Indian Community Region, about 53 percent of children are living with at least one parent according to 2010 Census data. This is a lower proportion than the statewide percentage (81%), but equal to the proportion of children living with their parents across all Arizona Reservations (Figure 4). The majority of the remaining children (46%) are living with relatives other than their parents (such as grandparents, uncles, or aunts).
In the Salt River Pima-Maricopa Indian Community Region, about 36 percent of the households with young children are headed by a married couple (This could be the child’s parents, grandparents, non-relative, etc.). About 53 percent of the households with young children are headed by a single female; the remaining 11 percent are headed by a single male.
There are a relatively high proportion of young children who live with one or two foreign-born parents in the Salt River Pima-Maricopa Indian Community Region (17%), compared to the low rate across all Arizona reservations (3%) (see Table 4 below). This likely reflects the higher mix of tribal and non-tribal families living in this region than in some other reservations.

**Table 4. Children (0-5) living with one or two foreign-born parents**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-5)</th>
<th>CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>626</td>
<td>17%</td>
</tr>
<tr>
<td>District A</td>
<td>93</td>
<td>0%</td>
</tr>
<tr>
<td>District B</td>
<td>155</td>
<td>6%</td>
</tr>
<tr>
<td>District C</td>
<td>63</td>
<td>47%</td>
</tr>
<tr>
<td>District D</td>
<td>101</td>
<td>54%</td>
</tr>
<tr>
<td>District E</td>
<td>107</td>
<td>0%</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>107</td>
<td>8%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>20,511</td>
<td>3%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>339,217</td>
<td>33%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>29%</td>
</tr>
</tbody>
</table>

The 2010 Census also provides information about multi-generational households and children birth through five living in a grandparent’s household. Nearly 40 percent of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.\(^5\) In the Salt River Pima-Maricopa Indian Community Region, 231 children 0-5 (37%) are living in a grandparent’s household. This is a substantially higher percentage than both the statewide rate (14%) and the county rate (16%), but is similar to the rate (40%) found across all Arizona Reservations (see Table 5 below). The proportion of households with three or more generations in the Salt River Pima-Maricopa Indian Community Region (10%) is twice as high as the statewide proportion (5%) and the county overall (5%); but is less than the rate across all Arizona reservations (16%).

### Table 5. Number of children living in a grandparent’s household by district

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-5)</th>
<th>CHILDREN (0-5) LIVING IN A GRANDPARENT’S HOUSEHOLD</th>
<th>TOTAL HOUSEHOLDS</th>
<th>HOUSEHOLDS WITH 3 OR MORE GENERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>626</td>
<td>231</td>
<td>2,198</td>
<td>227</td>
</tr>
<tr>
<td>District A</td>
<td>93</td>
<td>37</td>
<td>217</td>
<td>38</td>
</tr>
<tr>
<td>District B</td>
<td>155</td>
<td>54</td>
<td>292</td>
<td>54</td>
</tr>
<tr>
<td>District C</td>
<td>63</td>
<td>16</td>
<td>1,030</td>
<td>29</td>
</tr>
<tr>
<td>District D</td>
<td>101</td>
<td>53</td>
<td>245</td>
<td>47</td>
</tr>
<tr>
<td>District E</td>
<td>107</td>
<td>19</td>
<td>182</td>
<td>22</td>
</tr>
<tr>
<td>Districts F&amp;G</td>
<td>107</td>
<td>52</td>
<td>232</td>
<td>37</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>20,511</td>
<td>8,239</td>
<td>50,140</td>
<td>8,104</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>339,217</td>
<td>40,250</td>
<td>1,411,583</td>
<td>66,720</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>74,153</td>
<td>2,380,990</td>
<td>115,549</td>
</tr>
</tbody>
</table>


Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure - mutual help and respect - can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.\(^6\)

There are considerable challenges that grandparents can face when they become the primary source of care for their grandchildren not because of choice, but because parents become unable to provide care due to the parent’s death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child

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neglect in the family.\textsuperscript{7} Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. In addition, parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Key informants indicated that the large number of grandparents raising their grandchildren represents a major challenge in the Community, especially for the older grandparents whose physical health may be frail. The Community’s Early Childhood Education Center organizes an annual breakfast for grandparents raising their grandchildren.

\textbf{Ethnicity and Race}

In the 2010 census, the three largest racial and ethnic groups in the Salt River Pima-Maricopa Indian Community Region were people who identified as American Indian (57%), as non-Hispanic White (29%), and as Hispanic (11%) due to the inhabitants of the leased land in District C. This contrasts with the rest of the county, where about two-thirds of the population are non-Hispanic White, and also with all Arizona reservations combined, where the vast majority of the population (88%) identify as American Indian. Table 6 shows that the rate of American Indian residents living in District C as relatively low (18%) and the rate of Non-Hispanic White residents in that district (72%) is higher than the state and county (about 64%; as it was mentioned above, most residents in District C are non-Native American retirees who reside in two RV parks in the district during the winter season). In the other districts, the rates of American Indian residents are closer to, though still somewhat lower than, the rates seen in other tribal areas of the state.

Table 6. Race and ethnicity for adults by district

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (18+)</th>
<th>HISPANIC</th>
<th>NOT HISPANIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>4,413</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>District A</td>
<td>570</td>
<td>18%</td>
<td>29%</td>
</tr>
<tr>
<td>District B</td>
<td>682</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>District C</td>
<td>1,646</td>
<td>7%</td>
<td>72%</td>
</tr>
<tr>
<td>District D</td>
<td>610</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>District E</td>
<td>364</td>
<td>11%</td>
<td>1%</td>
</tr>
<tr>
<td>Districts F&amp;G</td>
<td>541</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>117,049</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>2,809,256</td>
<td>25%</td>
<td>64%</td>
</tr>
<tr>
<td>Arizona</td>
<td>4,763,003</td>
<td>25%</td>
<td>63%</td>
</tr>
</tbody>
</table>


Although the adult population in the Salt River Pima-Maricopa Indian Community Region has only a small majority of American Indian residents, the vast majority of the population of children aged birth through four living in the Community were identified as American Indian (91%), very similar to the rate seen across all Arizona reservations combined (92%; see Table 7). This is consistent with the low proportion of households with young children in District C (see Table 1). About one in five young children is also identified as being Latino, with is twice the rate seen across all Arizona reservations. It is important to note that District C is not representative of the Salt River Pima-Maricopa Indian Community due to the majority of land being leased for two trailer parks where a large number of non-Native retirees reside during the winter months.
Table 7. Race and ethnicity for children ages 0-4 by district

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-4)</th>
<th>HISPANIC OR LATINO</th>
<th>WHITE (NOT HISPANIC)</th>
<th>AFRICAN AMERICAN</th>
<th>AMERICAN INDIAN</th>
<th>ASIAN OR PACIFIC ISLANDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>509</td>
<td>20%</td>
<td>1%</td>
<td>0%</td>
<td>91%</td>
<td>1%</td>
</tr>
<tr>
<td>District A</td>
<td>79</td>
<td>20%</td>
<td>1%</td>
<td>0%</td>
<td>91%</td>
<td>1%</td>
</tr>
<tr>
<td>District B</td>
<td>127</td>
<td>22%</td>
<td>0%</td>
<td>0%</td>
<td>94%</td>
<td>0%</td>
</tr>
<tr>
<td>District C</td>
<td>50</td>
<td>20%</td>
<td>0%</td>
<td>2%</td>
<td>89%</td>
<td>2%</td>
</tr>
<tr>
<td>District D</td>
<td>81</td>
<td>28%</td>
<td>4%</td>
<td>0%</td>
<td>78%</td>
<td>0%</td>
</tr>
<tr>
<td>District E</td>
<td>84</td>
<td>19%</td>
<td>0%</td>
<td>0%</td>
<td>88%</td>
<td>0%</td>
</tr>
<tr>
<td>Districts F&amp;G</td>
<td>88</td>
<td>14%</td>
<td>2%</td>
<td>0%</td>
<td>98%</td>
<td>0%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>17,061</td>
<td>9%</td>
<td>1%</td>
<td>0%</td>
<td>92%</td>
<td>0%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>282,770</td>
<td>46%</td>
<td>40%</td>
<td>6%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Arizona</td>
<td>455,715</td>
<td>45%</td>
<td>40%</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>


Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

Language Use and Proficiency

Data about English speaking ability provides additional information about the characteristics of the population in the Salt River Pima-Maricopa Indian Community Region. As shown in Table 8 below, the majority of residents in the region speak only English at home and eight percent speak Spanish in the home (which is twice the rate of all Arizona reservations combined). Seven percent speak a Native American language at home, which is far lower than the 52 percent rate seen across all Arizona reservations.

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8 The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child’s ethnicity and race are reported as “Black (Hispanic)” he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, tend to be very small.
### Table 8. Home language use for those 5 years and older

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (5+)</th>
<th>PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME</th>
<th>PERSONS (5+) WHO SPEAK SPANISH AT HOME</th>
<th>PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME</th>
<th>PERSON (5+) WHO SPEAK ENGLISH LESS THAN &quot;VERY WELL&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>5,987</td>
<td>83%</td>
<td>8%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>District A</td>
<td>738</td>
<td>78%</td>
<td>3%</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>District B</td>
<td>957</td>
<td>78%</td>
<td>9%</td>
<td>13%</td>
<td>5%</td>
</tr>
<tr>
<td>District C</td>
<td>1,847</td>
<td>84%</td>
<td>13%</td>
<td>1%</td>
<td>7%</td>
</tr>
<tr>
<td>District D</td>
<td>988</td>
<td>78%</td>
<td>7%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>District E</td>
<td>607</td>
<td>90%</td>
<td>0%</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>850</td>
<td>95%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>165,655</td>
<td>44%</td>
<td>4%</td>
<td>52%</td>
<td>14%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>3,557,419</td>
<td>74%</td>
<td>20%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Arizona</td>
<td>5,955,604</td>
<td>73%</td>
<td>21%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>


A household is defined by the Census as **linguistically isolated** if none of the adults or older children (14 and older) in the household speak English “very well.” As shown in Table 9, only one percent of households in the Salt River Pima-Maricopa Indian Community Region are considered linguistic isolated. This rate is lower than the rate for the state and county as a whole (5%), and for all Arizona reservations combined (12%).

### Table 9. Household home language use

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL HOUSEHOLDS</th>
<th>HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN</th>
<th>LINGUISTICALLY ISOLATED HOUSEHOLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>2,198</td>
<td>20%</td>
<td>1%</td>
</tr>
<tr>
<td>District A</td>
<td>217</td>
<td>28%</td>
<td>0%</td>
</tr>
<tr>
<td>District B</td>
<td>292</td>
<td>49%</td>
<td>4%</td>
</tr>
<tr>
<td>District C</td>
<td>1,030</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>District D</td>
<td>245</td>
<td>35%</td>
<td>0%</td>
</tr>
<tr>
<td>District E</td>
<td>182</td>
<td>22%</td>
<td>0%</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>232</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>50,140</td>
<td>74%</td>
<td>12%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>1,411,583</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>Arizona</td>
<td>2,380,990</td>
<td>27%</td>
<td>5%</td>
</tr>
</tbody>
</table>


Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”
**Language Revitalization and Preservation Efforts**

Many tribes in Arizona and throughout the country are making efforts to preserve and revitalize their Native languages. The Salt River Pima-Maricopa Indian Community is making such efforts through the curriculum of the Early Childhood Education Center and Salt River Elementary School’s Culture/Language program and the Tribal O’Odham-Piipaash Language Program. These programs teach students and their families the traditional O’odham culture, language and songs.

**Economic Circumstances**

**Tribal enterprises**

Agriculture is an important component of the economy in the region. About 12,000 acres are leased for growing melons, onions, cotton, carrots, broccoli, potatoes, and other crops. Along with agriculture, the Salt River Pima-Maricopa Indian Community is home to a number of business establishments including the Salt River Fields, which serves as the spring training location for the Arizona Diamondbacks and the Colorado Rockies baseball teams. The Salt River Landfill is also located in the community and has received national recognition for its design and environmental excellence. Other tribal enterprises include Talking Stick Golf Club, Talking Stick Resort, Salt River Devco, Casino Arizona, Salt River Sand and Rock, Saddleback Communications and Salt River Financial Services.

**Income and Poverty**

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.9 The effects on children of living in poverty can be felt throughout their lives. Living in poverty increases the likelihood that a child will live in chaotic, crowded and substandard housing and that he or she may be exposed to violence, family dysfunction, and separation from family; all of these factors increase the risk of poorer mental health status later in life.10

According to the American Community Survey, the percentage of people living in poverty in the Salt River Pima-Maricopa Indian Community Region (30%) was higher than in the state as a whole (17%) but lower than the rate for all Arizona reservations combined (40%; see Table 10). Similarly, young children in the Salt River Pima-Maricopa Indian Community Region have a

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poverty rate that is substantially higher (47%) than the state as a whole (27%), but lower than all Arizona reservations (53%).

**Table 10. Median family annual income and persons living below the U.S. Census poverty threshold level**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)</th>
<th>POPULATION IN POVERTY (ALL AGES)</th>
<th>ALL RELATED CHILDREN (0-5) IN POVERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>$38,581</td>
<td>30%</td>
<td>47%</td>
</tr>
<tr>
<td>District A</td>
<td>$33,281</td>
<td>47%</td>
<td>58%</td>
</tr>
<tr>
<td>District B</td>
<td>$43,889</td>
<td>17%</td>
<td>22%</td>
</tr>
<tr>
<td>District C</td>
<td>$32,159</td>
<td>14%</td>
<td>29%</td>
</tr>
<tr>
<td>District D</td>
<td>$66,181</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>District E</td>
<td>$26,141</td>
<td>71%</td>
<td>87%</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>-</td>
<td>54%</td>
<td>100%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>-</td>
<td>40%</td>
<td>53%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>$64,841</td>
<td>16%</td>
<td>25%</td>
</tr>
<tr>
<td>Arizona</td>
<td>$59,563</td>
<td>17%</td>
<td>27%</td>
</tr>
</tbody>
</table>


In general, women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households in Arizona were headed by women.\(^{11}\)

Table 11 shows the median family income by type of family in the Salt River Pima-Maricopa Indian Community Region.

### Table 11. Median family annual income for families with children (0-17) $^{12}$

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>MEDIAN FAMILY INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ALL FAMILIES</td>
</tr>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>$38,581</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>$64,841</td>
</tr>
<tr>
<td>Arizona</td>
<td>$59,563</td>
</tr>
</tbody>
</table>

Note: Due to small sample sizes, estimates for median income for single-father families cannot be reliably calculated.*

### Unemployment

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parenting behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs). $^{13}$

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The overall unemployment rate in the region has remained fairly steady since 2009, rising slightly in 2010 then falling (see Figure 6.). The unemployment rate for the Salt River Pima-Maricopa Indian Community Region is higher than the state as a whole, but is improving at a faster rate, and is much lower than the rate for all Arizona reservations combined.

---

$^{12}$ Please note that a child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

Key informants indicated that more employment opportunities are available in recent years from tribal enterprises and industry, allowing more parents to find jobs within the Community. These opportunities include the Two Water Complex and the Talking Stick Casino and Resort. In addition, tribal members get per-capita payments and key informants pointed out that this can be a major support to young people who are pursuing an education or starting their professional careers.

At the same time, key informants also indicated that high unemployment rates and getting the skills necessary to find a job continue to represent a challenge to parents of young children in the region.

Table 12 shows the employment status of parents of young children in the Salt River Pima-Maricopa Indian Community Region. The proportion of children in the Salt River Pima-Maricopa Indian Community Region who are living with one or two parents who are in the labor force (64%) is the same as the proportion of children in all Arizona reservations combined (Table 12), but substantially lower than the rate across the state as a whole (89%). The percent of children who live with a single parent who is in the labor force is higher in the region (46%) than across all Arizona reservations (39%) and the state as a whole (28%). This may suggest a higher need for child care in the region.
### Table 12. Employment status of parents of young children

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-5)</th>
<th>CHILDREN (0-5) LIVING WITH TWO PARENTS</th>
<th>CHILDREN (0-5) LIVING WITH ONE PARENT IN LABOR FORCE</th>
<th>CHILDREN (0-5) LIVING WITH NEITHER PARENT IN LABOR FORCE</th>
<th>CHILDREN (0-5) LIVING WITH PARENT NOT IN LABOR FORCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BOTH PARENTS IN LABOR FORCE</td>
<td>ONE PARENT IN LABOR FORCE</td>
<td>NEITHER PARENT IN LABOR FORCE</td>
<td>PARENT IN LABOR FORCE</td>
</tr>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>626</td>
<td>4%</td>
<td>14%</td>
<td>3%</td>
<td>46%</td>
</tr>
<tr>
<td>District A</td>
<td>93</td>
<td>0%</td>
<td>17%</td>
<td>0%</td>
<td>83%</td>
</tr>
<tr>
<td>District B</td>
<td>155</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>48%</td>
</tr>
<tr>
<td>District C</td>
<td>63</td>
<td>47%</td>
<td>0%</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>District D</td>
<td>101</td>
<td>0%</td>
<td>15%</td>
<td>0%</td>
<td>25%</td>
</tr>
<tr>
<td>District E</td>
<td>107</td>
<td>0%</td>
<td>76%</td>
<td>0%</td>
<td>15%</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>107</td>
<td>0%</td>
<td>0%</td>
<td>18%</td>
<td>56%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>20,511</td>
<td>14%</td>
<td>11%</td>
<td>2%</td>
<td>39%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>339,217</td>
<td>33%</td>
<td>29%</td>
<td>1%</td>
<td>27%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>32%</td>
<td>29%</td>
<td>1%</td>
<td>28%</td>
</tr>
</tbody>
</table>


The US Department of Housing and Urban Development (HUD) defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.14 One quarter of housing units in the region are classified as having housing problems, which is lower than the 45 percent seen across all Arizona reservations, and also lower than the state and county (Table 13). The rate of severe housing problems in the Salt River Pima-Maricopa Indian Community Region (15%) is less than half that seen across all Arizona reservations (38%). Although housing problems as defined by HUD are seen less frequently in the Community than across the state, key informants indicated that limited housing, with lots of families sharing a home and transportation, is a big challenge for families in the community.

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Table 13. Percent of housing units with housing problems

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL HOUSING UNITS</th>
<th>HOUSING PROBLEMS</th>
<th>SEVERE HOUSING PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>2,159</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>District A</td>
<td>105</td>
<td>30%</td>
<td>19%</td>
</tr>
<tr>
<td>District B</td>
<td>123</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>District C</td>
<td>143</td>
<td>30%</td>
<td>16%</td>
</tr>
<tr>
<td>District D</td>
<td>518</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>District E</td>
<td>18</td>
<td>22%</td>
<td>11%</td>
</tr>
<tr>
<td>District F</td>
<td>341</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>District G</td>
<td>193</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>45,911</td>
<td>45%</td>
<td>38%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>1,381,933</td>
<td>39%</td>
<td>20%</td>
</tr>
<tr>
<td>Arizona</td>
<td>2,326,354</td>
<td>38%</td>
<td>20%</td>
</tr>
</tbody>
</table>


Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (SNAP, Supplemental Nutrition Assistance Program, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services).

**SNAP**

Nutrition Assistance (also known as Supplemental Nutrition Assistance Program, SNAP) helps to provide low income families in Arizona with food through retailers authorized to participate in the program. The Arizona Nutrition Assistance program is managed by the Arizona Department of Economic Security. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.\(^\text{15}\) Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores, as they will have to begin stocking “staple foods” (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.\(^\text{16}\) The estimated proportion of young children in


The region receiving SNAP benefits has increased between 2010 and 2012 (Table 14). The most recent data available (January 2012, Figure 7) show that over half of the children birth to five in the Salt River Pima-Maricopa Indian Community Region were enrolled in SNAP. This proportion is greater than the percent of children receiving SNAP in Maricopa County (38%) but less than the combined estimate for all Arizona reservations (70%).

**Table 14. Monthly estimates of children ages 0-5 enrolled in the Supplemental Nutritional Assistance Program (SNAP)**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-5)</th>
<th>JANUARY 2010</th>
<th>JANUARY 2011</th>
<th>JANUARY 2012</th>
<th>CHANGE 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa</td>
<td>626</td>
<td>59%</td>
<td>66%</td>
<td>66%</td>
<td>+12%</td>
</tr>
<tr>
<td>Indian Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>20,511</td>
<td>66%</td>
<td>68%</td>
<td>70%</td>
<td>+7%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>339,217</td>
<td>38%</td>
<td>35%</td>
<td>38%</td>
<td>+0%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>39%</td>
<td>37%</td>
<td>40%</td>
<td>+2%</td>
</tr>
</tbody>
</table>


**Figure 7. Monthly estimate of children ages 0-5 receiving SNAP in January 2012**


**Salt River Pima-Maricopa Indian Community Life Enhancement and Resource Network (LEARN) Tribal TANF Program**

At the state level, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have

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17 Data for this table were provided by FTF through their State Agency Data Request at the zip code level. We applied the following formula to estimate a share of the numbers to the Salt River Pima-Maricopa Indian Community Region: we used the percentage of each zip code area’s population of children 0-5 which are Salt River Pima-Maricopa Indian Community’s residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the Salt River Pima-Maricopa Indian Community Region.
been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.\(^{18}\) Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected to increase to 20-39 million dollars in fiscal year 2015.\(^{19}\)

In recognition of tribal sovereignty, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) which is the federal agency in charge of overseeing the TANF program, gives federally recognized tribes the option to administer their own TANF program. Tribes must submit a three-year Tribal TANF plan to ACF for review and approval. Approved Tribal TANF programs then receive a portion of the state TANF block grant funding from the state where the tribes are located.\(^{20}\) Because of the financial hardship faced by many tribal communities, some Tribal TANF program requirements are different from those in state programs. For instance, Tribal TANF programs are allowed to extend the program’s 60-month time limit on receipt of TANF cash assistance on reservations with high unemployment rates. Tribal TANF programs also have more flexibility to design their programs to meet TANF requirements compared to state programs. This includes setting their own work participation rates, establishing work hour requirements, being able to define allowable work activities, as well as determining the types of supports (i.e. child care, transportation, job training) they provide to their clients. Tribal TANF programs often take advantage of this flexibility by finding creative ways to define allowable work activities that reflect their economic realities as well as their tribal cultural values. This may include engagement in cultural activities such as caring for elders, managing livestock, or serving as traditional practitioners that can be included in self-sufficiency plans and count towards clients’ work requirements.\(^{21}\) Maintaining their own program allows tribes to continue to serve the needs of families in their communities.


Currently, there are six tribes in Arizona that manage their own Tribal TANF programs, including the Salt River Pima-Maricopa Indian Community, which has been operating its Tribal TANF Program since 1999. The Community’s Tribal TANF program changed its name to Life Enhancement and Resource Network (LEARN) in 2010. In addition to the cash assistance component that is part of the TANF benefit, LEARN also started offering other services to its clients with funds provided by the tribe including: a computer lab, a Fatherhood program, and life enhancement skill classes. Community residents are eligible for these other services even if they do not receive cash benefits (although in order to receive certain incentives from the program they must be TANF-eligible).

The life enhancement skill class is a 6-month program that takes place three times a week for three hours. Topics include personal development, child development, career enhancement and employability, finances, education and health and wellness. This course can be particularly helpful to help clients get used to a more structured schedule prior to enrolling in school or getting a job. Class participants who are TANF-eligible can receive a financial incentive for completion of the first 12 weeks of the course.

LEARN clients can also access the Opportunity Center, which offers workshops all day long every day. These workshops are advertised in the Community newspaper and through word of mouth.

LEARN clients are referred to the Salt River Pima-Maricopa Indian Community CCDF Certificate Program or the Arizona Department of Economic Security’s child care subsidy program if they are in need of child care services. According to key informants, securing child care is one of the main initial barriers that LEARN clients face in their search for job or educational opportunities. Clients also have the option of accessing services through the Community’s Early Childhood Education Center (however, the Center has a long waiting list, as described in the Early Childhood System section below). According to key informants, most parents prefer to access services locally because of fear of not knowing who will be watching their children if they have to go outside of the Community.

According to key informants, LEARN emphasizes a holistic approach to supporting the family as a unit, recognizing that family needs are greater than individual members’ needs.

The table below shows the number of children receiving cash TANF benefits through LEARN’s cash assistance component.
### Table 15. Monthly estimates of children ages 0-5 receiving cash assistance; Salt River Pima-Maricopa children from the Life Enhancement and Resource Network (LEARN, or Tribal TANF), and other children from Arizona TANF

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>CENSUS 2010 POPULATION (AGES 0-5)</th>
<th>JANUARY 2011</th>
<th>JANUARY 2012</th>
<th>PERCENT CHANGE 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>626</td>
<td>120</td>
<td>106</td>
<td>-12%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>20,511</td>
<td>964</td>
<td>902</td>
<td>-6.4%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>339,217</td>
<td>8,723</td>
<td>7,767</td>
<td>-11%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>13,450</td>
<td>12,358</td>
<td>-8.1%</td>
</tr>
</tbody>
</table>


Note: The “Change from 2010 to 2012” column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: \[\text{Percent Change} = \frac{(\text{Number in Year 2} - \text{Number in Year 1})}{(\text{Number in Year 1})} \times 100\]

As Figure 8 shows, the estimated proportion of children enrolled in the LEARN TANF program in the Salt River Pima-Maricopa Indian Community Region is much higher than the rate for combined Arizona reservations, Maricopa County, and the state as a whole.

**Figure 8. Monthly estimate of children ages 0-5 receiving assistance from the Life Enhancement and Resource Network (LEARN) in January 2012**

Salt River Pima-Maricopa Indian Community Women, Infants and Children (WIC) Program

WIC is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age

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22 The LEARN program has an agreement with the Arizona Department of Economic Security (DES) for determination of eligibility through DES system. Thus, DES was able to provide the data for the Salt River Pima-Maricopa Indian Community through the FTF Central Data Request.
of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population. A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice, and of reduced-fat milk, and fewer purchases of white bread, whole milk, cheese and juice.

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA), led by the Salt River Pima-Maricopa Indian Community, Colorado River Indian Tribes, Gila River Indian Community, and the Tohono O’odham Nation, applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area. The Salt River Pima Maricopa Indian Community WIC continues to be one of the tribally operated programs under the ITCA WIC umbrella.

In 2011 the average total client caseload (for women, infants and children) for the Salt River Pima-Maricopa Indian Community WIC Program was 588. In 2012 it was 606 clients and in 2013 it was 568. The table and figures below show more detailed data about the Salt River Pima-Maricopa Indian Community WIC program enrollment.


28 Data provided by the Salt River Pima-Maricopa Indian Community WIC Program through personal communication.
Table 16 shows the number of WIC clients by category. A total of 476 children ages birth to 4 participated in the program in January of 2013, and 457 children participated in January of 2014.

Table 16. Monthly snapshots of Salt River Pima-Maricopa Indian Community WIC program clients

<table>
<thead>
<tr>
<th>MONTH</th>
<th>WOMEN</th>
<th>INFANTS</th>
<th>CHILDREN (1-4)</th>
<th>TOTAL CHILDREN 0-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2013</td>
<td>126</td>
<td>158</td>
<td>318</td>
<td>476</td>
</tr>
<tr>
<td>January 2014</td>
<td>147</td>
<td>166</td>
<td>291</td>
<td>457</td>
</tr>
</tbody>
</table>


The difference between the number of clients who are certified (and therefore enrolled in the program) and those who actually participate each month (by showing up for their appointment) is called the ‘no-show’ rate. In January of 2013 the average no-show rate for the Salt River Pima-Maricopa Indian Community WIC program was 17 percent. In January of 2104 the no-show rate for the program was 20 percent. 29

Figure 9. Participation rates in Salt River Pima-Maricopa Indian Community WIC program


**Free and Reduced Lunch**

The National School Lunch and Breakfast Program is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch.

Table 17 shows the percent of students eligible for free and reduced lunch in the region. However, according to key informants, the eligibility data for the schools that are part of the Salt River Pima-Maricopa Community Schools (Early Childhood Education Center, Salt River Elementary School, Salt River High School and Accelerated Learning Academy) may be underreported. The Community provides a free lunch to all students enrolled in those schools, regardless of their official status. Informants state that parents know about this benefit and therefore often opt to not provide their information on the free and reduced eligibility determination form. Therefore, it is likely that the percentages of children who would qualify for free and reduced lunch based on their family’s income may be higher than what is shown in the table.

**Table 17. Free and reduced lunch eligibility in the region**

<table>
<thead>
<tr>
<th>ENTITY</th>
<th>PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Education Center</td>
<td>98%</td>
</tr>
<tr>
<td>Salt River Elementary School</td>
<td>59%</td>
</tr>
<tr>
<td>Salt River High School</td>
<td>57%</td>
</tr>
<tr>
<td>Salt River Accelerated Learning Academy</td>
<td>35-39%</td>
</tr>
<tr>
<td>Mesa Unified District</td>
<td>59%</td>
</tr>
</tbody>
</table>

*Salt River Pima-Maricopa Indian Community Education Division. Free and reduced lunch eligibility data. Unpublished data provided by the Salt River Pima-Maricopa Indian Community Education Division.*


**Educational Indicators**

Children living within the Salt River Pima-Maricopa Indian Community Region attend school at the Salt River-Pima Maricopa Community Schools, the Mesa Unified District, charter schools in the state, private schools or Bureau of Indian Education boarding schools.

The Salt River Pima-Maricopa Community Schools/Education Division includes the Early Childhood Education Center, Salt River Elementary School, Salt River High School and the Accelerated Learning Academy. Salt River Elementary School receives funding from the Bureau of Indian Education and offers O’Odham language and culture classes and is open to children in Kindergarten through 6th grade. Salt River High School is a charter school (funded by the
Arizona Department of Education) with a campus for 7th through 12th graders which offers Native American art classes and cultural studies. The Accelerated Learning Academy, an alternative school is open to students who are 17 to 21 years old, who are behind in credits, and who wish to obtain a high school diploma. Free breakfast and lunch are served daily to all enrolled students in the Community Schools, funded by National School Lunch and Breakfast Program and the Salt River Pima-Maricopa Indian Community.

According to key informants, about half of the children in the Community currently attend Salt River Pima-Maricopa Community Schools and the other half go to Mesa Unified District schools. The 1975 Indian Self-Determination and Education Assistance Act (ISDEAA) (Public Law 95-638), frequently referred to as ’638’, allows tribes to assume control over federally provided programs and services that have historically been administered primarily the Bureau of Indian Affairs, including schools that are operated through the Bureau of Indian Education. This enables tribes to self-determine how funding will be distributed based on the tribe’s own identified needs and priorities, including the incorporation of their Native languages and culture into the schools’ curriculum. In 1996 the Salt River Pima-Maricopa Indian Community took over management of Salt River Elementary and has made improvements to the facilities and services provided to enrolled children. The school has an interim new building and there are plans for construction of a larger permanent facility. According to key informants, the improvement in the services and the quality of the education provided to children in the school has resulted in more families opting to send their children to Salt River Elementary instead of sending them to schools outside of the region. The percent of families from the Community who send their children to Salt River Elementary School increased from about 19 percent in 2004-2005 to about 50 percent in the current school year.

Key informants also indicated that there is a strong focus on education in the Community and that tribal leadership are very supportive of members’ educational attainment, starting with early childhood education all the way through college. Key informants added that having the tribe manage the local schools within the reservation boundaries has represented a unique opportunity and a major asset to the Community. Children can attend schools within the Community that place a strong emphasis on the Community’s values and traditional culture (Culture Specialists work with children at the local schools on traditional culture and language topics). Key informants emphasized the fact that tribal investment in education is also reflected

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in the high quality of the facilities available within the Community, from the Early Childhood Education Center to the High School.

In School Year 2012-2013, a total of 956 students whose families identified them as members of the Salt River Pima-Maricopa Indian Community attended schools in the Mesa Unified District. There is funding from the Salt River Pima-Maricopa Indian Community for support services for students who attend Mesa Unified District schools, including daily tutoring through the Community’s Education Division.

**Figure 10. School districts in the Salt River Pima-Maricopa Indian Community Region**

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A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment. More recent reports have illustrated similar concerns: Quality Counts, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013. A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent $7,666 per pupil in 2011, below the national average of $10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.

**Educational Attainment**

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment. Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.

Adults in the Salt River Pima-Maricopa Indian Community Region report lower levels of education than the state of Arizona overall, with 30 percent of adults in the region without a high school diploma or GED (double the statewide rate of 15 percent). The adult educational attainment rates, though, are similar to those in all Arizona reservations combined (Table 18). In addition, 42 percent of the births in the Salt River Pima-Maricopa Indian Community are to women without a high school diploma or GED (Figure 11).

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### Table 18. Educational achievement of adults in the Salt River Pima-Maricopa Indian Community Region

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>Adults (ages 25+) without a high school diploma or GED</th>
<th>Adults (ages 25+) with a high school diploma or GED</th>
<th>Adults (ages 25+) with some college or professional training</th>
<th>Adults (ages 25+) with a bachelor’s degree or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>30%</td>
<td>34%</td>
<td>25%</td>
<td>11%</td>
</tr>
<tr>
<td>District A</td>
<td>35%</td>
<td>26%</td>
<td>34%</td>
<td>6%</td>
</tr>
<tr>
<td>District B</td>
<td>47%</td>
<td>33%</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>District C</td>
<td>24%</td>
<td>36%</td>
<td>27%</td>
<td>13%</td>
</tr>
<tr>
<td>District D</td>
<td>19%</td>
<td>28%</td>
<td>32%</td>
<td>21%</td>
</tr>
<tr>
<td>District E</td>
<td>51%</td>
<td>43%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>27%</td>
<td>34%</td>
<td>30%</td>
<td>9%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>30%</td>
<td>33%</td>
<td>29%</td>
<td>7%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>14%</td>
<td>23%</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>Arizona</td>
<td>15%</td>
<td>24%</td>
<td>34%</td>
<td>27%</td>
</tr>
</tbody>
</table>


### Figure 11. Births by mother’s educational achievement on the Salt River Pima-Maricopa Indian Community (2009-2012)

![Births by mother’s educational achievement](image)

*Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request*

### Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school; a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in
poverty for at least a year.\textsuperscript{37} This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty. Table 19 shows the percentage of youth who graduate in four years from Salt River Pima-Maricopa Community high schools. These rates do not reflect students who may leave and then return to school, as may particularly be the case with students attending the Salt River Accelerated Academy.

\textit{Table 19. High school graduation and drop-out rates}

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>PERCENT GRADUATED (2012)</th>
<th>DROPOUT RATES (2012-2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River High School</td>
<td>61%</td>
<td>20%</td>
</tr>
<tr>
<td>Salt River Accelerated Academy</td>
<td>13%</td>
<td>61%</td>
</tr>
<tr>
<td>Maricopa County High Schools</td>
<td>79%</td>
<td>3%</td>
</tr>
<tr>
<td>Arizona High Schools</td>
<td>77%</td>
<td>4%</td>
</tr>
</tbody>
</table>


As it was mentioned above, low educational attainment and the subsequent high unemployment rate in the region continues to be a challenge for many families. However, key informants also noted that there is a strong desire among parents to finish school and get a job so they are able to provide for their children.

\textbf{Early Education and School Readiness}

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.\textsuperscript{38} Enrollment in preschool can provide children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3\textsuperscript{rd} to last nationally in the number of preschool aged children enrolled in preschool.\textsuperscript{39} The Salt River Pima-Maricopa Indian


Community Region, however, has an innovative system of early childhood programs that aims to reach a large proportion of young children in the Community with high quality care and education. More information about these programs can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).40

The school readiness indicators (SRI) that the Salt River Pima-Maricopa Indian Community Regional Partnership Council selected for benchmarking are:

SRI1 – number and percent of children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

SRI8 – number and percent of children receiving timely well child visits

SRI10 – number and percent of families who report they are competent and confident about their ability to support their child’s safety, health and well being.

**Standardized Test Scores**

The primary in-school performance of current students in the public elementary schools in the state is measured by Arizona’s Instrument to Measure Standards (AIMS).41 AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on AIMS directly impacts students’ future progress in school. As of the 2013-2014 school year, Arizona’s revised statute42 (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.”


41 For more information on the AIMS test, see the Arizona Department of Education’s Website: http://www.ade.az.gov/AIMS/students.asp

42 Arizona Revised Statute §15-701
Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

Data about academic achievement in school year 2012-2013 is available from BIE for Salt River Elementary School.\(^4^3\) The attendance rate at Salt River Elementary School was high, with an average daily attendance rate of slightly over 95 percent. In the 2012-2013 school year, 61 percent tested as proficient or advanced on the AIMS in reading, and 52 percent scored as proficient or advanced in math.\(^4^4\)

*Figure 12. Results of the Arizona Instrument to Measure Standards (AIMS) Test*

<table>
<thead>
<tr>
<th>Math Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Elementary School</td>
</tr>
<tr>
<td>Basic</td>
</tr>
<tr>
<td>48%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reading Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Elementary School</td>
</tr>
<tr>
<td>Basic</td>
</tr>
<tr>
<td>39%</td>
</tr>
</tbody>
</table>


A sample of Arizona students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. Using these data, it is clear that strong disparities in reading achievement exist in the state based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency by the NAEP standards, compared to 57 percent of fourth graders from high income households.\(^4^5\)

\(^4^3\) Data were obtained from the BIE School Report Cards available at http://www.bie.edu/HowAreWeDoing/Scorecards/index.htm. Note that statewide comparison for all BIE schools in Arizona was not available from the School Report Cards website.

Other studies have shown that five year-olds with lower-income, less-educated parents tend to score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research suggests that this gap in language development begins as early as 18 months of age. In order for children to be prepared to succeed in school, and on tests such as the AIMS and NAEP, early reading experiences, opportunities to build vocabularies and literacy rich environments are effective ways to support the literacy development of young children.

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system, and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use. Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.

Early childhood education and care programs in the region include the Early Childhood Education Center (ECEC), the FACE Program at Salt River Elementary, and the Early Enrichment Program under the Community’s Youth Services Department.


Center-based services in the Salt River Pima-Maricopa Indian Community Region are available through the tribally-operated Early Childhood Education Center (ECEC), which offers several program options that allow parents to choose the one that best meets their individual needs. These include the Head Start preschool program, Early Head Start infant-toddler program and Early Childhood Education Center (CCDF and Tribal funded component).

**Head Start preschool program:** serves children ages 3 to 5 living in the Salt River Community. The operation hours are from 9:00 am to 1:00 pm from early August to late May. This program is offered free-of-cost.

**Early Head Start infant-toddler program:** this program provides services to pregnant women and children ages 0 to 3 living in the Salt River Community. The program operates year-round from 9:00 am to 1:00 pm and there are no fees associated with it. The Early Head Start program includes 20 slots for home-based services where Parent Educators work with the children and their parents in the child’s home twice a month. In 2012-2013, there were less than 10 pregnant women served by the program. In 2013-2014, this number increased to 13.\(^5\)

**Early Childhood Education Center (CCDF-funded component):** funding from the Child Care and Development Fund (see more information on CCDF below) is also allocated for center-based full-time services at the ECEC. The Center serves children from 2 weeks old to five years of age (although the Center’s preference is for infants to enroll at six weeks of age). The Center hours are 7:00 am to 6:00 pm.

Although these different program components are available through the ECEC, the categories mostly refer to the funding source and the eligibility requirements associated with it. For the past 10 years, ECEC has been operating under a unique “blended” model where all enrolled children receive the same services in one facility, regardless of what specific funding source (or program) they are enrolled through. This model differs substantially from the one seen in other tribal communities where there is a stand-alone tribally-operated child care center (with funding from CCDF) and a stand-alone Head Start Program, both of which may also receive additional funding from the tribe; the level of coordination between the two programs varies depending on the community. At ECEC, eligibility criteria for all applications (with the exception of two new classrooms) is based on the Head Start requirements, but assignment of funding source for each enrolled child is determined based on the family’s demographic characteristics. Although administratively complex, ECEC’s “blended” model allows for provision of high quality services (e.g. the entire Center is held to the requirements of the funding source with the

\(^{51}\) Unpublished data provided by the Salt River Pima-Maricopa Indian Community Early Childhood Education Center through personal correspondence.
highest standards, or even higher when the Community’s Education Board set its own standards) while maximizing the resources available. According to key informants, this model may also open up additional full-time slots for enrolled children (i.e. Head Start funding is only for a half-day program, so some children’s slots may be funded through Head-Start funds in the morning and CCDF or tribal funds in the afternoon). This results in a seamless provision of services for children at one location without the additional paperwork and logistical burden that families in need of full-time care would face if they had to enroll their children in more than one program.

Table 20 below shows the ECEC enrollment for infants/toddlers and preschoolers in 2012-2013. ECEC provides services to about 150 preschool-agechildren, 80 infants and toddlers in center based care and 20 families of infants and toddlers in the home based Early Head Start Program. In fiscal year 2012-2013, the monthly average number of children on the ECEC waiting list was 91.

Table 20. Participation in Salt River Pima-Maricopa Indian Community ECEC programs, 2012-2013

<table>
<thead>
<tr>
<th>ECEC PRESCHOOL (AGES 3-4)</th>
<th>ECEC PRESCHOOL INFANTS AND TODDLERS (AGES 0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CUMULATIVE ENROLLMENT</td>
<td>TOTAL CUMULATIVE ENROLLMENT</td>
</tr>
</tbody>
</table>

| Early Childhood Education Center | 197 | 134 |


ECEC enrollment numbers include all programs: Early Head Start, Head Start, and CCDF-funded ECEC services.

Child Care Development Fund (CCDF) program

The Child Care Development Fund (CCDF) Child Care Program is funded through the US Department of Health & Human Services – Administration for Children and Families. The program provides funding to grantees to help increase the availability, affordability, and quality of child care services. The Salt River Pima-Maricopa Indian Community receives funding from CCDF to provide services to low-income Native children ages 6 weeks to 9 years with parents who are working or in school full-time. Parents pay a co-payment based upon family size and income. To be eligible, the child must be enrolled in a federally-recognized tribe and the parents must be working or in school/job training full-time. Income eligibility requirements limit this program to low-income families.

Children must currently attend child care a minimum of 5 hours per day in order to meet the full-time attendance requirement. Once eligibility is determined, parents select a type of child care: a state licensed center, an Arizona Department of Economic Security (DES)-certified group or family care home, or an in-home provider. In the Salt River Pima-Maricopa Indian Community Region, the CCDF grant funds full-time, center-based services at the ECEC (as
described above); home-based care for children with severe disabilities; and off-reservation, center-based care for children who are enrolled in private child care centers outside of the reservation through the Certificate Program. Another portion of CCDF funds is utilized for after-school programs at Salt River Elementary School.

**Home-based care**: In-home child care services funded by CCDF are restricted to children with severe diagnosed disabilities who cannot attend other types of care. The parent pays a co-payment directly to the provider, based upon rates charged and the family’s size and income. The provider submits billing to ECEC along with attendance records on the children and ECEC pays the child care provider with grant funds. Re-certification is done annually to determine eligibility and as long as the family remains income-eligible (based upon current federal poverty levels and state median income levels), they may continue to participate in this subsidy program.

**Certificate Program**: funding from CCDF is also available through the Certificate program which pays for a proportion of the cost of alternative off-reservation child care for families enrolled in federally recognized tribes living in the SRPMIC designated service area. This program serves children ages 6-weeks old to nine years old and cost is based on a sliding-scale fee.

According to the ECEC Annual Report 2012-2013 the Child Care Development Fund provided child care subsidies for a total of 492 children, 232 of whom were served at the ECEC center and 260 who participated in the Certificate Program.

In addition to Head Start and CCDF, ECEC also receives funding from the Salt River Pima-Maricopa Indian Community. Figure 13 shows the ECEC’s funding by source.

*Figure 13. Early Childhood Education Center funding by source, 2012-2013*
Key informants indicated that there is very high demand for child care services by working parents who are members of the Community but who may not qualify for ECEC services because their incomes are above the eligibility threshold. The need for additional child care was also brought up by respondents of the Parent and Caregiver Survey. Some parents and caregivers pointed out that not being eligible for child care services at ECEC, or not being able to secure child care in general, was one of the most difficult aspects of raising young children in the Community. In response to this challenge, two additional classrooms were started at the ECEC in the Fall of 2014 where eligibility for enrollment is not based on income. Funding for these two new classrooms is provided solely by the Salt River Pima-Maricopa Indian Community and higher income families from the existing ECEC waiting list had have priority for enrollment in these new classrooms.

**FACE**

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Bureau of Indian Education Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 46 Bureau of Indian Education schools, 12 of which are located in the state of Arizona. In the Salt River Pima-Maricopa Indian Community, a FACE Program has been available at Salt River Elementary since school year 2001-2002.

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three, although families can join the program from pregnancy on. As of July 2014, 25 children and 30 adults, participated in the home-based component.\(^{52}\)

The FACE center-based preschool component includes an early childhood education program for children aged three to five, adult education for the children’s parents, and Parent and Child Time (PACT). The adult component of the program at Salt River elementary has a strong focus on parents or caregivers obtaining their GED. Some parents also attend community college courses. Most adults in the program are also active in school events, as the program is well integrated into school activities. As of July 2014, there were 16 children and 11 adults participating in the center-based component.\(^{53}\)

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\(^{53}\) Ibid.
Key informants indicated that the number of participating families tends to fluctuate, as families enter and leave the program constantly. On average, families stay in the program for 6 or 7 months. Some parents or caregivers obtain a job, while others may feel that commitment to participate is too high and that the time of service is required is too long. In addition, key informants pointed out that an additional challenge for parents with babies is the lack of child care available so they can participate in the program (as was mentioned above, the ECEC has a long waiting list).

The FACE program at Salt River Elementary recruits through the community newspaper, participant referrals and word of mouth. In addition, the program recruits participants twice a month at community events and also at the school. The program has a waiting list for the home-based component of the program, but there has not been a waiting list for the center-based component in the past few years. According to key informants, in the past the program did not require a background checks for the adults participating in center-based services. Once this requirement was implemented, it became a major recruitment challenge for the program because many of the adults interested in participating were not able to clear the background check. This is a challenge shared by many other FACE programs in the state and nationally.

According to key informants, it is an unfortunate situation because the program often targets parents who are “starting over”: those who might have spent time in jail in the past but who are looking for a second opportunity to start over and become better parents. However, having a criminal record in their background precludes them from participating in the center-based program at the school. Home-based services are the only option available to families in this situation.

The only eligibility requirement for the program is for the child to be at least 1/4 Native American. The program does give priority to enrolled members of the Community but if slots are available after all enrolled members have registered, they do open the program up to any other Native families.

As mentioned above, FACE programs put an emphasis on traditional Native culture and language. All participants at the Salt River Elementary FACE program (adults and children) have a language and culture class once a week.

The program currently employs two parent educators, one teacher and a teacher’s aide. As a comprehensive family support program, it collaborates closely with other agencies in the Community. The FACE program constantly refers parents to the Life Enhancement and Resource Network (LEARN) Tribal TANF Program, even if they do not qualify for FACE services.

**Early Enrichment Program**

Center-based services in the region are also available through the Early Enrichment Program, which is housed at the Salt River Pima-Maricopa Indian Community Youth Services Department.
This program, which is fully funded by the Salt River Pima-Maricopa Indian Community provides free-of-cost services to preschool age children (3 to up to the time they enter kindergarten). It focuses on Kindergarten readiness and social skills and the overall curriculum is based on the children’s interest.

The Early Enrichment Program, formerly known as Child Development Center, has been in place in the Community for over a decade. It operates year-round from 8:00 to 1:00 pm and breakfast, snack and lunch are served to all children. Transportation is available to children enrolled in the program; as of May of 2014, all 12 enrolled children were being transported. The total enrollment capacity for the Early Enrichment Program is 18 children, but the program is currently understaffed and therefore limited in the number of children that can be enrolled. In addition, transportation is currently available for only a total of 12 children.

Children can enroll in the program from the time they turn three and are potty-trained; the only other requirements are for the children to live on the reservation and to be up-to-date on their immunizations. Priority is given to enrolled Community members, although the program opens up slots to non-enrolled Community members if space allows, and no enrolled children are on the waiting list. However, the program almost always operates at capacity, with a long waiting list (12 children or more, as of May of 2014) and with few children leaving the program until they transition to kindergarten or move out of the Community. In school year 2015-2016, the Early Enrichment Program will move into a larger facility, and their capacity may increase.

The Early Enrichment Program provides many off-campus activities for the children by taking advantage of all the museums and other events within the Community.

Another unique characteristic of the Early Enrichment Program is the close connection it maintains with the families of participating children. Program staff keep in communication with the parents, allowing them to work with the families when personal or family circumstances may get in the way of children participating in the program. This is particularly important for the young parents in the program.

The program strongly emphasizes parent participation and involvement. Parents are encouraged to join the program activities at any time, and monthly family activities are part of the regular curriculum. Staff with the program are able to stay in touch with the parents every day during pick-up and drop-off times. According to staff with the program, parent participation is very good, and typically all of the parents (and extended family members) attend program events.

The Early Enrichment Program collaborates with various departments in the Community: the tribal Child Find program does developmental screenings of enrolled children twice a year in the Fall and Spring, as well as every time a new child enrolls. The program also works with the Recreation Department and the Health Center on their Tiny Tots program. Children in the
program also receive services from the Cultural Resources Department, which provides culture and language education, including working on a garden with traditional crops. Other programs that they collaborate with include: the Boys and Girls Club, the Salt River Pima-Maricopa Indian Community Library and Police and Fire Departments and soon also with the Fatherhood Program.

**Cost of Childcare**

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was $8,671, and for a four year old, $7,398.  

Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income.

In the Salt River Pima-Maricopa Indian Community Region, efforts are made to assure child care in the Community is more affordable. Parents of children enrolled full-time at the Early Childhood Education Center (ECEC) are billed for the child care services their child receives. Bills are due and payable at the Finance office on the 25th of each month and are for services rendered the previous month. Parents may elect to use payroll deductions (if employed by Salt River Pima-Maricopa Indian Community) or Per Capita deductions. As mentioned above, parents are not billed for the Head Start/Early Head Start hours between 9:00 a.m. and 1:00 p.m. The billing structure is dependent upon the current year’s Federal Poverty Levels and the Arizona State Median Income levels which are updated annually. Billing amounts vary depending upon the hours the child is in attendance each day. Full day (5 hours or more) ranges from $1.40 per day to $14.00 per day. Part day (less than 5 hours per day) ranges from $.70 per day to $7.00 per day. Siblings are billed at the rate of $1 per day. There are six billing levels; four are CCDF subsidized and one is considered “full pay.” Some families living under the poverty guidelines are exempt from paying a co-payment and these families include children placed in protective care, including foster placement, homeless children, and children of teen parents who are attending high school.

**Quality First**

Quality First, a signature program of First Things First, is a voluntary statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

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55 Information provided from the Salt River Pima-Maricopa Indian Community Education Division through personal correspondence.
Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children, \(^{56}\) Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.\(^{57}\)

Currently, no child care programs in the Salt River Pima-Maricopa Indian Community Region are participating in the Quality First Program.

**Professional Development**

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state.\(^{58}\) It is likely that these issues impact retention and turnover of early care and education professionals across the state.

**Staff credentials**

*ECEC-* All ECEC teachers must have a BA degree and prior experience in early childhood education in order to be hired, which often results in challenges finding qualified teachers to fill

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vacant positions. Assistant teachers much have an Associate Degree. Teacher aides can be hired without a Child Development Associate (CDA) Credential but they must obtain one during the first two years of employment. These standards for teacher qualifications are set up by the Salt River Pima-Maricopa Indian Community Education Board and are much higher than even those required by Head Start.

Funds for professional development are available to ECEC staff through the Head Start, Early Head Start and CCDF Quality funding. The center is closed for five days during the year to allow staff to complete their required professional development hours. Full-day trainings and workshops take place during these days, and parents as well as staff from other tribal centers are invited to participate. Individual consultants are invited to present, some of them on a regular basis, and the content of the workshops is varied as the ECEC must provide professional development opportunities for all the staff (administrative as well as teaching).

FACE- The center based early childhood classroom teacher at the Salt River Elementary FACE program has a MA in early childhood education while the teacher aide has an Associate Degree, as required by the program. The Adult Education teacher has an adult education certificate through the Arizona Department of Education.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in the pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor’s Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the Salt River Pima-Maricopa Indian Community Region SFY15 Regional Funding Plan, in fiscal year 2014 there were five TEACH Scholarship available to child care professionals in the region.  

Health

Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places. The Salt River Pima-Maricopa Indian Community Region is designated as its own PCA.

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on its scores on these indicators, the Salt River Pima-Maricopa Indian Community Primary Care Area is designated as an Arizona Medically Underserved Area.

Health care services for families in the region are available through the Indian Health Service (IHS) Salt River Health Center, located in the Salt River Pima-Maricopa Indian Community and the Phoenix Indian Medical Center, a 127-bed hospital in central Phoenix that offers a full range of health care services including pediatrics, internal medicine, surgery, obstetrics-gynecology, family practice, emergency medicine, optometry, psychiatry, physical therapy, dental among others. Pediatric services are also available locally at Salt River Health Center.

Between October 2011 and September 2013 there were 3,511 IHS active users (as defined by those who had one or more visits during the previous two years) who resided in the communities of Lehi and Salt River. Of those, 345 were children birth to five.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey (see Appendix D for more information about the survey), were asked where they take their young children for health care, what they like about their health care services and whether they would change anything about the services they receive. About 75 percent of respondents indicated that they take their children to the IHS Salt River Health Clinic (31%), the Phoenix Indian Medical Center (PIMC) (17%), or both facilities (16%) for healthcare services. Aside from

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60 Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.


62 Indian Health Service – Phoenix Area. (2014). [Phoenix Area active users]
these two facilities, about 16 percent of respondents indicated that also utilize the services of various private providers in the Scottsdale area, some pointing out that their children have AHCCCS coverage and this allows them to see private providers outside of the Community. The rest of the parents and caregivers indicated that they take their children to providers in Mesa, Chandler or Phoenix. Respondents who indicated that they take their children to the Salt River Health Clinic typically stated they chose to do so because of the convenient location of the clinic and the affordability of services (provided free-of-cost).

In regards to what they would like to see changed, respondents indicated that they would like the “wait time” at the Salt River Health Clinic to be reduced and for more services to be offered at this facility. Parents and caregivers’ responses with regards to the quality of services at the Salt River Health Clinic and PIMC were mixed: some were pleased, while others felt the quality of services would be improved. Additionally, several of the survey participants indicated that services at PIMC had improved over the last few years, stating they were now happy with the services available at this facility. Some more specifically pointed out that PIMC staff are friendly and well-trained. In response to what they would like to see changed, respondents who take their children to PIMC also said that the “wait time” could be reduced, and others commented on the difficulty of getting an appointment scheduled or experiencing challenges with transportation to PIMC for services.

Health care services are also provided by the tribally-operated Health and Human Services Department, which includes the following programs: Behavioral Health Services, Community Health Representatives (CHR), Diabetes Prevention (Diabetes Education, Fitness Program and Nutrition Services), Health Education and WIC, among others.

One of the Arizona Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. An indicator of access to health services is whether or not a child was able to receive care in a timely manner when he or she needs it. A set of questions on the Salt River Pima-Maricopa Indian Community Parent and Caregiver Survey asked whether their child had needed health care in the past year, but the care was delayed or never received. More than a third (35%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was dental care (20%), medical care (15%), or vision care (15%) that was reported as delayed or not received.
Figure 14. Percent of Parent and Caregiver Survey respondents who reported that necessary health care was delayed or not received.

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td>15%</td>
</tr>
<tr>
<td>Dental care</td>
<td>20%</td>
</tr>
<tr>
<td>Vision care</td>
<td>15%</td>
</tr>
<tr>
<td>Mental health</td>
<td>10%</td>
</tr>
<tr>
<td>Hearing services</td>
<td>8%</td>
</tr>
<tr>
<td>Speech therapy</td>
<td>4%</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>1%</td>
</tr>
<tr>
<td>Something else</td>
<td>4%</td>
</tr>
<tr>
<td>One or more unmet needs</td>
<td>35%</td>
</tr>
</tbody>
</table>

Source: Parent and Caregiver Survey, 2014

Pregnancies and Births

From the 1950’s until the economic downturn in 2008, the number of babies born in Arizona had increased each year. From 2008, the number of babies born each year in the state began to decrease until 2012. In the Salt River Pima-Maricopa Indian Community Region, however, the number of births remained steady between 2009 and 2011 then dropped slightly in 2012. In 2012, a total of 109 babies were born to mothers residing in the region.
Figure 15).
Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births. Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. Arizona as a whole, meets this standard, with seventy-nine percent of births receiving care in the first trimester. The percent of births with early prenatal care in the Salt River Pima-Maricopa Indian Community Region has been below the Healthy People 2020 target across multiple years. In 2012, the latest year for which data are available, the Salt River Pima-

Maricopa Indian Community Region fell below meeting the Healthy People 2020 target (78%), with only about half of babies born to mothers who received early prenatal care (52%).

**Figure 16. Percent of births with prenatal care begun first trimester (2009-2012), Salt River Pima-Maricopa Indian Community**

![Graph showing percent of births with prenatal care begun first trimester (2009-2012), Salt River Pima-Maricopa Indian Community.](image)

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Because the Salt River Pima-Maricopa Indian Community Region is relatively sparsely populated, data from any one year for fairly rare occurrences (such as births) tend to vary from one year to the next. The Salt River Pima-Maricopa Indian Community Primary Care Area (PCA) Statistical Profile provides data on a number of maternal and child health indicators averaged over a ten-year span (2002-2011). PCA data are also available for Maricopa County, all Arizona tribes combined, and the state as a whole. Where available, in this report we will present both the yearly trend data provided to First Things First by the Arizona Department of Health Services (as shown in Figure 16) and the PCA data that allows for comparisons to the county, all Arizona reservations, and the state (Figure 17).

The graph below shows that women in the Salt River Pima-Maricopa Indian Community Region receive early prenatal care at a slightly higher rate than women in all Arizona reservations.

**Figure 17. Average percent of births with prenatal care begun first trimester (2002-2011)**

![Graph showing average percent of births with prenatal care begun first trimester (2002-2011), Salt River Pima-Maricopa Indian Community Region and comparisons.](image)
In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number. The Healthy People 2020 target for receiving fewer than five prenatal care visits is 22 percent or less. The Salt River Pima-Maricopa Indian Community Region met this goal in 2012 (Figure 18), though the rate has been increasing over recent years. Averaged over 10 years, women in the Salt River Pima-Maricopa Indian Community are less likely to have adequate prenatal care (as indicated by higher rates of having fewer than five visits) than women in Maricopa County, and the state as a whole (Figure 19).

**Figure 18. Percent of births with fewer than five prenatal care visits (2009-2012), Salt River Pima-Maricopa Indian Community**

![Bar chart showing percent of births with fewer than five prenatal care visits from 2009 to 2012 for the Salt River Pima-Maricopa Indian Community.](image)


**Figure 19. Average percent of births with fewer than five prenatal care visits (2002-2011)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Average Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY</td>
<td>14%</td>
</tr>
<tr>
<td>ALL ARIZONA TRIBES</td>
<td>13%</td>
</tr>
<tr>
<td>MARICOPA COUNTY</td>
<td>5%</td>
</tr>
<tr>
<td>ARIZONA</td>
<td>6%</td>
</tr>
</tbody>
</table>


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Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects,\(^{65}\) as well as air pollution.\(^ {66}\) The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As Figure 20 shows, the Salt River Pima-Maricopa Indian Community Region exceeded this target in 2009 but met it in 2010 and 2011. Data for 2012 were unavailable. On average, the region’s low birth weight rate has been lower than those of all Arizona reservations combined, the county, and the state (see Figure 21 below).

**Figure 20. Percent of births with low birth weight (5 lbs., 8oz. or less) (2009-2012), Salt River Pima-Maricopa Indian Community**

![Graph showing low birth weight rates (2009-2012)](image)

*Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request*

**Figure 21. Average percent of low birth weight (5 lbs., 8oz. or less) births (2002-2011)**


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Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect. In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally. Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas. Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population. The decreasing trend in the number of teen births at the state level is also seen in the Salt River Pima-Maricopa Indian Community Region. The rate of teen births dropped from 26 percent in 2009 to 22 percent in 2012.

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**Figure 22. Percent of births to mothers ages 19 and younger (2009-2012), Salt River Pima-Maricopa Indian Community**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>26%</td>
</tr>
<tr>
<td>2010</td>
<td>22%</td>
</tr>
<tr>
<td>2011</td>
<td>18%</td>
</tr>
<tr>
<td>2012</td>
<td>22%</td>
</tr>
</tbody>
</table>

*Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request*

PCA data averaged over ten years show that the rate of teen births per 1,000 females in the region. The rate of teen births in the Salt River Pima-Maricopa Indian Community region is substantially higher than the rate of teen births in all combined Arizona reservations, Maricopa County, and the state (Figure 23).

**Figure 23. Rate of Teen Births (age 19 and younger) per 1,000 Females (2002-2011)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>86.7</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>69.8</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>50.3</td>
</tr>
<tr>
<td>Arizona</td>
<td>50.1</td>
</tr>
</tbody>
</table>


Key informants pointed out that the large number of teen parents in the region is one of the main challenges for families with young children. According to key informants, there are many young mothers raising children with very limited parenting skills and additional support services may be needed for this group. Key informants suggested that pregnancy prevention education among young people is an important need in the Community.

Prior to 2012, the percent of preterm births in the Salt River Pima-Maricopa Indian Community Region has been at or above the Healthy People 2020 target of 11 percent or less. Preterm births fell in 2012, however, and future data will show if this positive trend continues.
The Primary Care Area Statistical Profiles include data about the average infant mortality rate. However, there were insufficient data to reliably report this rate for the Salt River Pima-Maricopa Indian Community Region in the 2012 Profile. However, the rate across all Arizona reservations (which includes Salt River Pima-Maricopa Indian Community Salt River Pima-Maricopa Indian Community), averaged across 10 years, was 8.7 per 1,000 live births, which is higher than the state rate of 6.5 per 1,000 live births. Both of these rates exceed the Healthy People 2020 target of 6.0 per 1,000 live births or less.

The percent of births that were covered by the Arizona Health Care Cost Containment System (AHCCCS, Arizona’s Medicaid) or the Indian Health Service (IHS) has remained stable at about 80 percent since 2009 (falling to 77 percent in 2012) (Figure 26). This is considerably higher than the statewide rate of 55 percent of births with AHCCCS or IHS as the payee in 2012. The average percent of uninsured births (defined as self-pay or ‘unknown’ payee in the Vital Statistics birth record) in the region is the same as the Arizona state rate (4%) and less than the all Arizona reservations rate (6%, see Figure 27).
Figure 26. Births covered by AHCCCS or IHS by year (2009-2012), Salt River Pima-Maricopa Indian Community

<table>
<thead>
<tr>
<th>Year</th>
<th>Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>83%</td>
</tr>
<tr>
<td>2010</td>
<td>82%</td>
</tr>
<tr>
<td>2011</td>
<td>83%</td>
</tr>
<tr>
<td>2012</td>
<td>77%</td>
</tr>
</tbody>
</table>


Figure 27. Average percent of uninsured births (2002-2011)

Children’s health

Data on a number of child health indicators were available from the Indian Health Service for active users under the age of six residing in the region (a total of 345 children).71 Figure 28 below shows the top five diagnoses for children under the age of six residing in the Salt River Pima-Maricopa Indian Community Region who received care at IHS facilities. (Children could be seen for more than one diagnosis, so the totals exceed 100 percent). Children were most frequently seen for upper respiratory infections. The data in Figure 28 reflect the most frequent specific diagnostic codes for ear infections and asthma. When all codes for those diagnoses are considered, an estimated 40 percent of active users under the age of six in the region were

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71 For more information on the definition of ‘active users’ and how these estimates were calculated see Footnote 81
seen for an ear infection in that two-year period, and 22 percent were seen because of asthma.

*Figure 28. Top five diagnoses by unique patients (0-5), 2011-2013, Salt River Pima-Maricopa Indian Community*

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper Respiratory Infection</td>
<td>66%</td>
</tr>
<tr>
<td>Asthma</td>
<td>17%</td>
</tr>
<tr>
<td>Severe Tooth Decay</td>
<td>21%</td>
</tr>
<tr>
<td>Ear Infection</td>
<td>23%</td>
</tr>
<tr>
<td>Allergies</td>
<td>20%</td>
</tr>
</tbody>
</table>

*Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area*

**Insurance Coverage**

*Affordable Care Act and Medicaid Expansion*

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately $14,000 for an individual and $29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the

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72 A slightly more broad definition of ear infections was used to query “any care” compared to the top five diagnoses; hence those numbers differ some what

73 Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

cost of insurance premiums.\textsuperscript{75} These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.\textsuperscript{76} However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.\textsuperscript{77} A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,\textsuperscript{78} and subsidies will not be available for these separately purchased plans.\textsuperscript{79} Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the use of pediatric dental and vision coverage in Arizona.

\textit{Affordable Care Act and American Indians and Alaska Natives}

As mentioned, the ACA aims to improve the health of all Americans by increasing health care coverage and health care services. The ACA also permanently reauthorizes the Indian Health Care Improvement Act, which legalizes the provisions of healthcare to be provided to American Indians and Alaska Natives (AIANs). Under the ACA, all Indian Health Service providers and functions will continue to operate as before; and AIANs who acquire health care coverage through the Market Place are still eligible to receive services from Indian Health Service and tribal and urban health clinics/programs. In addition, the ACA contains several mandates concerning American Indians and Alaska Natives (AIANs), tribal health delivery systems, and tribal employers that are important to take note of.

American Indians who are members of federally recognized tribes (and Alaska Natives who are members of ANCSA Corporations) have special privileges under the ACA that other Americans do not have. One such privilege is the ability to enroll in a health insurance plan at any time during the year, regardless of open enrollment time frames. AIANs are also able to change their

\begin{itemize}
  \item \textsuperscript{78} Can I get dental coverage in the Marketplace? https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/
\end{itemize}
health insurance plans as often as once a month. Qualified AIANs are also eligible for special insurance plan rates. Those who make below 300 percent of the federal poverty level (approximately $34,500 for an individual and $70,700 for a family of four) are eligible to enroll in Zero Cost Sharing plans which require no out-of-pocket costs to enrollees. Additionally, qualified AIANs who make above 300 percent of the federal poverty level, are eligible to enroll in Limited Cost Sharing plans. AIANs are also eligible to apply for exemption from the fee (Shared Responsibility Fee) that applies to Americans who can afford to buy health insurance, but choose not to buy it. Those who are not members of a federally recognized tribe but are still eligible to receive Indian health care services, can also benefit from special cost eligibility requirements for both Medicaid and the Children’s Health Insurance Program (CHIP).

Enrolling in Medicaid, CHIP, and private insurance plans offers both individual health benefits and benefits for entire tribal communities and all AIAN people. Individuals who enroll in a health insurance plan gain increased access to health care services by being able to visit their insurance plan providers and Indian Health Services, Tribes and Tribal Organizations, and Urban Indian Organizations (I/T/Us). Entire AIAN communities benefit because when an outside insurer is billed for medical services there is a savings in Contract Health Service. The money saved through outside billing (3rd party billing) can then be used in other ways to benefit all tribal citizens.

Another mandate of the ACA is that many employers must offer health care insurance coverage to their employees. Tribes are unique in this sense because many tribes also function as employers, therefore, this mandate will apply. However, this mandate will effect tribes and tribal employers differently, depending on the number of full-time and full-time equivalent employees the tribe/tribal enterprise has. As a basic rule of thumb, employers who employ 50 or more full-time or full-time equivalent employees are classified as a ‘Large Employer’ and required to offer health insurance to their employees or pay a fine. More information regarding employer health insurance mandates and an interactive questionnaire for employers can use to find out what their business is classified as and what their health insurance responsibilities are can be found at http://tribalhealthcare.org/tribal-employers/.

The estimated proportions of uninsured young children in the region (28%) and uninsured population overall (31%) are very similar. Both of these rates are higher than the estimated percent of uninsured young children and the population overall in all Arizona reservations combined and the state.
**Table 21. Percent of population uninsured**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (ALL AGES)</th>
<th>ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)</th>
<th>POPULATION (0-5)</th>
<th>ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salt River Pima-Maricopa Indian Community</td>
<td>6,289</td>
<td>31%</td>
<td>626</td>
<td>28%</td>
</tr>
<tr>
<td>District A</td>
<td>849</td>
<td>32%</td>
<td>93</td>
<td>20%</td>
</tr>
<tr>
<td>District B</td>
<td>1,140</td>
<td>43%</td>
<td>155</td>
<td>34%</td>
</tr>
<tr>
<td>District C</td>
<td>1,842</td>
<td>19%</td>
<td>63</td>
<td>29%</td>
</tr>
<tr>
<td>District D</td>
<td>899</td>
<td>41%</td>
<td>101</td>
<td>61%</td>
</tr>
<tr>
<td>District E</td>
<td>657</td>
<td>37%</td>
<td>107</td>
<td>--</td>
</tr>
<tr>
<td>Districts F &amp; G</td>
<td>902</td>
<td>6%</td>
<td>107</td>
<td>22%</td>
</tr>
<tr>
<td>All Arizona Reservations</td>
<td>178,131</td>
<td>29%</td>
<td>20,511</td>
<td>23%</td>
</tr>
<tr>
<td>Maricopa County</td>
<td>3,817,117</td>
<td>17%</td>
<td>339,217</td>
<td>10%</td>
</tr>
<tr>
<td>Arizona</td>
<td>6,392,017</td>
<td>17%</td>
<td>546,609</td>
<td>11%</td>
</tr>
</tbody>
</table>


*Note: Because of small sample sizes some estimates cannot be reliably calculated*

The ACS estimated proportion of children birth to five who are uninsured in the region shown on the table above (28%), is essentially the same as the rate of children without third-party insurance coverage in the region reported by the Indian Health Service (29%, see Figure 29 below).81

**Medicaid (AHCCCS) Coverage**

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent -200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

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80 Please note that if an individual indicated that his only coverage for health care services is through the Indian Health Service (IHS), the ACS considers this person to be “uninsured.”

81 IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013. These data are based on the children’s place of residence and not on where the service was provided. In this report we are including data from children residing in the communities of Lehi and Salt River. It can be assumed that in most cases services were received at the local IHS facilities in the region or at Phoenix Indian Medical Center.
Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.82

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can’t afford insurance because they don’t qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.83

Currently, enrollment for the original KidsCare remains frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.84

Data on Medicaid (or AHCCCS) coverage for young children in the Salt River Pima-Maricopa Indian Community were available from the Indian Health Service.85 Of the 345 children ages 0 to 5 for whom data were available, 56 percent were covered by Medicaid.

82 Monthly premiums vary depending on family income but for KidsCare they are not more than $50 for one child and no more than $70 for more than one child. For KidsCare II premiums are no more than $40 for one child and no more than $60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application. http://www.azahcccs.gov/applicants/categories/KidsCare.aspx and http://www.azahcccs.gov/applicants/KidsCareII.aspx


85 Please see Footnote 81 above for information of how these estimates were calculated.
Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” 86 The survey also estimates that nearly one in three Arizona children with special health care needs has an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening don’t receive appropriate follow up services to address this auditory need. 87

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community

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events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either though their own schools or through agreements with other programs such as Head Start. In the Salt River Pima-Maricopa Indian Community Region, Child Find services are provided through Mesa Unified School District and the tribal Child Find program.

**Salt River Pima-Maricopa Indian Community Child Find**

The Salt River Pima-Maricopa Indian Community Child Find Program conducts developmental screenings for young children in the region. Parent educators with the program (who have degrees in special education) go door to door identifying children who may be in need for additional evaluation and/or early intervention services. In addition, parent educators visit the IHS Salt River Health Center twice a week to do developmental screenings while children are waiting to be seen. They have a good relationship with the clinic’s pediatrician and public health nurses. The Child Find program also screens all the children who are referred through Tribal Child Protective Services and they work closely with many of the foster families in the Community (many of the children in the program’s caseload are placed in foster families). In 2013, 254 children were reached for screening through these intensive efforts.

**Table 22. Number of children screened by the Salt River Pima-Maricopa Indian Community Child Find Program, 2013**

<table>
<thead>
<tr>
<th>AGE</th>
<th>CHILDREN SCREENED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>67</td>
</tr>
<tr>
<td>1 year</td>
<td>72</td>
</tr>
<tr>
<td>2 years</td>
<td>40</td>
</tr>
<tr>
<td>3 years</td>
<td>40</td>
</tr>
<tr>
<td>4-5 years</td>
<td>35</td>
</tr>
</tbody>
</table>


When children are screened and found to be in need of early intervention services they can be referred to AzEIP (see below) if they are under the age of 3, or Mesa Unified District if they are 3 to 5 years old. Preschool-age children with special needs can attend the Community’s Early Childhood Education Center (ECEC) in the morning and IDEA preschool programs in Mesa Unified District in the afternoon.
Families who qualify for services through either AzEIP or the school district receive additional support from the Child Find program staff, who are able to walk them through the evaluation and the establishment of the child's Individualized Education Program (IEP). Child Find staff can also accompany (and transport) parents to off-reservation evaluation and intervention appointments (e.g. to Phoenix Indian Medical Center). Child Find staff are also able to come into other off-reservation private child care centers where children from the Community are enrolled to provide services to them.

The tribal Child Find program provides many advocacy services to the families of children with special needs in the Community (e.g. they can help parents coordinate appointments, complete the necessary paperwork required by outside agencies, explain how services are going to be provided).

In addition, the Child Find program tracks Community children who are in the ‘gray area’ (who are experiencing developmental delays but not as severe as to qualify for AzEIP or school district services). Parent educators with the program provide families with information on how to help their children reach their appropriate developmental stage. These children in the ‘gray area’ are routinely re-screened to check on their progress and followed up until they entered kindergarten.

The Child Find program in the Community is unique in that it provides for additional home-based services for children who have an Individual Family Service Plan (IFSP) or an IEP. Physical and occupational therapy services can be available to them.

Child Find started a Summer Program in 2013, recognizing that there are various summer activities for typically-developing children but no services for children with special needs. Children in the Child Find Summer Program come in four times a week for three hours. The program has a component for the parents (e.g. crock pot cooking, jewelry making) and a lesson plan for the children based on their ISPF/IEPs. In 2013 there were about seven children participating in the program. The 2014 Summer Program will be four-weeks long, with the last week dedicated exclusively to the children who are transitioning to kindergarten.

The Child Find program also collaborates with the other programs in the Community that provide developmental screenings to children enrolled such as the ECEC and FACE. Starting in the Fall of 2014, the tribal Child Find, ECEC and FACE program will coordinate regarding how to serve the families in the region best depending on what needs the child has. The programs will also coordinate the timing of their developmental screenings so they take place at the same time.

Key informants noted that although Child Find helps parents of young children navigate the screening and early intervention system, more services and support for parents are needed for
school-aged children. Additional therapy services and accommodations for older children with special needs were highlighted as a need in the Community.

Key informants also stated that lack of follow-up by parents presents a challenge to delivering needed services. After children are screened and identified as in need of early intervention, including identification of vision or hearing impairments during Well Child appointments, parents often fail to follow-up on referrals for further evaluation or treatment.

**AEZIP Referrals and Services**

As noted above, children birth to three who are screened by the Salt River Pima-Maricopa Indian Community Child Find and found to be in need of early intervention services, can be referred to the Arizona Early Intervention Program (AzEIP). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

Private insurance often does not cover the therapies needed for children with special needs. The 2009-2010 National Survey of Children with Special Health Care Needs found that 22 percent of families with a child with special health care needs pay $1000 or more in out of pocket medical expenses. The cost of care has become an even more substantial issue as state budget shortfalls led AzEIP to institute a system of fees for certain services (called “Family Cost Participation”). Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees. The families of AHCCCS-enrolled children are not required to pay the fees. The cost of services is based on location and  

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88 U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013
how difficult an area is to serve; urban areas are considered “base” and have lower rates per hour compared to rural areas. According to the AzEIP website, the agency is in the process of updating their Early Invention Policies and Procedures. The proposed revisions would eliminate the Family Cost Participation, and public comment on the new policy will be received through June 16, 2014.89

Regional AzEIP data was unavailable for the current report, however some state-level summaries were provided. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. The total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9738 (this includes all AzEIP eligible children including children served by AzEIP only; Division of Developmental Disabilities (DDD) and Arizona Schools for the Deaf and the Blind (ASDB)).90

Parent perceptions of their children’s developmental needs

The Parent and Caregiver Survey conducted in the region in the Spring of 2014 (see Appendix D for more information on the survey) included an item aimed at gauging the parents’ and caregivers’ concerns about their children’s development. The question asked respondents to indicate how concerned they were about several developmental events and stages (response options included “not at all worried,” “worried a little” and “worried a lot”). The two areas which revealed the greatest degree of concern were “How well your child behaves” and “How well your child gets along with others.” About one-third of the respondents reported being worried, either a lot or a little, about each of these two items. The next most worrisome item for parents and caregivers was “How well your child talks and makes speech sounds,” which was of concern to 21 percent of the respondents.

Across the eight questions, 12 percent of the respondents reported being “worried a lot” about one or more, and 46 percent were “not worried at all” about all eight. (The remaining 42 percent were “worried a little” about at least one of the eight.)

**Figure 30. Parents’ and caregivers’ reported levels of concern for how well their children are meeting developmental milestones.**

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Worried a lot</th>
<th>Worried a little</th>
<th>Not worried at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talks and makes speech sounds</td>
<td>4%</td>
<td>17%</td>
<td>79%</td>
</tr>
<tr>
<td>Understands what you say</td>
<td>3%</td>
<td>9%</td>
<td>88%</td>
</tr>
<tr>
<td>Uses his or her hands and fingers to do things</td>
<td>4%</td>
<td>3%</td>
<td>93%</td>
</tr>
<tr>
<td>Uses his or her arms and legs</td>
<td>2%</td>
<td></td>
<td>94%</td>
</tr>
<tr>
<td>Behaves</td>
<td>7%</td>
<td>26%</td>
<td>67%</td>
</tr>
<tr>
<td>Gets along with others</td>
<td>3%</td>
<td>28%</td>
<td>69%</td>
</tr>
<tr>
<td>Is learning to do things for himself or herself</td>
<td>2%</td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>Is learning pre-school or school skills</td>
<td>3%</td>
<td>13%</td>
<td>84%</td>
</tr>
</tbody>
</table>

*Source: Parent and Caregiver Survey, 2014*

**Immunizations**

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.\(^91\) Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Healthy People 2020 sets a targets of 80 percent for full vaccination coverage among young children (19-35 months). IHS data for the Salt River Pima Maricopa Indian Community (FY2013) indicate that 70.1% of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is below the Healthy People Target.

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Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children. Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”

When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior. A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support. Table 23 shows information about the mental health services to children in the Salt River Pima-Maricopa Indian Community Early Head Start and Head Start Programs.

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93 Zero to Three Infant Mental Health Task force Steering Committee, 2001


### Table 23. Child Mental Health Services through Salt River Pima-Maricopa Indian Community Early Head Start and Head Start

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>MENTAL HEALTH PROFESSIONAL ON-SITE (AVERAGE)</th>
<th>% CHILDREN WITH INDIVIDUAL MENTAL HEALTH ASSESSMENTS</th>
<th>% CHILDREN REFERRED FOR OUTSIDE MENTAL HEALTH SERVICES</th>
<th>% CHILDREN REFERRED FOR MENTAL HEALTH SERVICES THAT RECEIVED SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>160 hours/month</td>
<td>30%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Head Start</td>
<td>160 hours/month</td>
<td>28%</td>
<td>15%</td>
<td>27%</td>
</tr>
</tbody>
</table>


### Oral Health

Oral health is an essential component of a young child’s overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.97 Among Arizona third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non-Native children (93 percent compared with 76 percent), with 62 percent showing signs of untreated decay (compared to 41 percent among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59 percent, compared to 73 percent for non-American Indian children).98

Dental services for children 6 months of age to 5 years of age are available at the local IHS facilities in the region. These services are available to children who are eligible for Indian Health Service coverage, and services are provided free of charge.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey, were asked where they take their young children for dental care, what they like about the services they receive, and what they would change about them. About half of all survey takers (46%), indicated they take their children to the Salt River Health Center for dental services.


Twelve percent of respondents indicated they access dental care at Phoenix Indian Medical Center (PIMC), and about four percent take their children to both of these facilities. 

Survey participants whose children receive care at the Salt River Health Center or PIMC said they liked the convenience and affordability of both establishments. However, a few respondents mentioned having experienced difficulties scheduling appointments at the Salt River Health Center. Others indicated they would prefer for the Salt River Health Center to be able to offer the same types of services that PIMC provides.

About ten percent of parents and caregivers indicated that their children receive care from private practices. About ten percent of survey takers indicated they have not yet taken their children to the dentist because they felt their child was too young to visit a dentist (5%), or because the parent/caregiver had not yet had the opportunity to take their child to a dentist (5%).

In 2009 IHS launched a national initiative called Early Childhood Caries (ECC) Collaborative with the overall goal of the program being to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide. Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as when an infant’s teeth erupt having lasting detrimental impact on a child’s health and well-being.

The ECC Collaborative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among dental providers, healthcare providers in general, other programs working with young children (such as WIC and Head Start) and the community at large. The IHS Division of Oral Health provides funding for this Collaborative for printed materials, training for conducting dental health surveillance in participating communities utilizing the Basic Screening Survey (BSS), travel costs for presentations to engage community partners at many levels, and the conduction of the actual BSS. One finding of the 2010 BSS survey of particular importance was that nationwide, by the age of two years old, 44 percent of children already had some form of dental carries, leading the IHS ECC Collaborative Committee to make the statement that “two is too late” for children to be receiving their first oral exam by a dentist.

The ECC Collaborative has collected oral health data from IHS Service Areas 6 months prior to, and 6 months after the ECC was launched around their four objectives of: 1) Increasing access to care, 2) Increasing number of sealants applied, 3) Increasing the number of fluoride varnish applications, and 4) Increasing the number of ITRs applications for American Indian/Alaska Native children 0 to 5 years of age. Currently, the IHS ECC Collaborative is in its 5th and final year of operation, final data collection will take place in the Fall of 2014. After final data is collected, the IHS ECC Collaborative will then evaluate various interventions that have been on-going
since the initiative began, and identify which interventions were most the most effective in reducing the prevalence of ECC in American Indian Children.  

Data from the 2010 and 2011 ECC Basis Screening Survey (BSS) for the Phoenix Area (which serves the Salt River Pima-Maricopa Indian Community) show that more than half (57%) of the 571 children 0 to 5 who participated in the survey had tooth decay. Over one third (36%) of the children participating had untreated tooth decay and the mean number of teeth with decay among them was 3.69. In the IHS Phoenix Area overall, more than half of the young children surveyed (52%) had caries by age two. By five years of age, 75 percent of the children had caries.  

Table 24. Tooth decay among young children

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>% CHILDREN (0-5) WITH TOOTH DECAY</th>
<th>% CHILDREN (0-5) WITH UNTREATED TOOTH DECAY</th>
<th>MEAN NUMBER OF TEETH WITH DECAY</th>
<th>NUMBER OF PARTICIPATING CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix Area IHS</td>
<td>57%</td>
<td>36%</td>
<td>3.69</td>
<td>571</td>
</tr>
<tr>
<td>All IHS</td>
<td>54%</td>
<td>39%</td>
<td>3.5</td>
<td>NA</td>
</tr>
</tbody>
</table>

99 Indian Health Service Early Childhood Caries Collaborative (2014). The IHS ECC Collaborative: Beginning the 5th and Final Year. The IHS Dental Explorer, 1-14.


Table 25. Child Oral Health Services through the Salt River Pima-Maricopa Indian Community ECEC

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>% CHILDREN WITH CONTINUOUS ACCESSIBLE DENTAL CARE</th>
<th>% CHILDREN RECEIVING DENTAL PREVENTATIVE CARE</th>
<th>% CHILDREN WITH ORAL HEALTH EXAM</th>
<th>% CHILDREN DIAGNOSED NEEDING DENTAL TREATMENT</th>
<th>% CHILDREN RECEIVING DENTAL TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Head Start</td>
<td>68%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Head Start</td>
<td>79%</td>
<td>56%</td>
<td>56%</td>
<td>15%</td>
<td>1%</td>
</tr>
</tbody>
</table>


Untreated decay can become a medical problem, and, in fact, one of the top five diagnoses for which children in the region are seen by IHS is severe tooth decay (see, Figure 28 above). Additional IHS data provided for active users 0-5 from the Salt River Pima-Maricopa Indian Community over a two year period (2011-2013) show 1194 unique visits to IHS dental facilities, with 31 patients being diagnosed with baby bottle tooth decay.

According to Broderick et al. (1989), baby bottle tooth decay (BBTD) is a specific pattern of tooth decay that affects young children, usually attributed to feeding practices such as putting a child to sleep with a bottle containing a drink with sugar. Tooth decay caused by BBTD may cause serious oral health problems later in life. Multiple IHS surveys have suggested that BBTD is more prevalent among Native American populations than the US population as a whole. 102

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten. 103

Data on overweight and obesity rates among young children are available from the Indian Health Service (IHS) for children 2-5 who reside in the region. According to these data, over half the children of this age (53%) in the Community are overweight or obese.


Figure 31. Body Mass Index (BMI) of Indian Health Service active users under six

According to key informants nutrition and healthy weight are a priority for schools in the region, starting with the Early Childhood Education Center. Healthy food is served as part of the free breakfast and lunch available to all enrolled children in the Salt River Pima-Maricopa Community Schools. Students at the Salt River Elementary start their days with a one mile-long walk in the morning and key informants pointed that that this appears to be having an effect on the children’s BMI.

Family Support

Family well-being has been identified as an important factor in child success. Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities. Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development. Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey were asked what they liked best about raising young children in their community. In response to this question, many of the respondents indicated they liked the opportunities children have to learn about their culture (22%), heritage and traditions (17%), and Native language (5%).

104 Martinez, Mehesy, & Seeley, 2003

some parents said: “Children get to see where they come from and learn about their culture;”
“[I like best the] teaching of traditions and culture and what grandparents passed on.”

Survey respondents also indicated they were grateful their children can grow up near their grandparents, other relatives, and elders (18%). Many parents and caregivers (21%) also indicated their appreciation for the opportunity to raise children in a community that is “close-knit,” supportive, and also overall safe. In the words of one parent: “It's a ‘together community.’ Everyone knows each other.”

More specifically, many parents and caregivers mentioned the appreciation they have for the community activities and events that take place in the Salt River Pima-Maricopa Indian Community (12%), the services available to community members (10%), and the programs available to young children and their families (15%) including, sports activities, Boy Scouts and Girl Scouts, the FACE program, church-led activities, and programs and activities sponsored by First Things First and the Early Childhood Education Center. Other responses included appreciation for the high quality of the schools and early childhood education programs in the Community (10%): “The schools are very good,” one survey participant said “if you need resources through the school they’re very good and out there to help you.” Survey respondents also liked the opportunities for outdoor and indoor recreational activities (5%), and the supportiveness of the Tribal Council towards the people of the Community (2%). The following quotes illustrate some of these perceptions: “I have gotten a lot of help since I moved here;” “the Tribal Council takes care of the community and provides services;” “I like best that [my children] are in a community who only wants the best for all children.”

Parents’ perceptions about the positive aspects of raising children in the region were mirrored in the responses of key informants who were asked a similar question (“What are the things that work well in the community? What strengths can you identify?”). All key informants highlighted the vast array of services and programs available to families in the Community as one of the main assets in the region. They spoke of all the support provided to families with young children and the resources available to them, most of which are offered free-of-cost. A couple of key informants highlighted the Social Services Department as a particularly good resource in the community; they also referred to the high quality of the schools, from the ECEC to the high school and from the quality of the facilities to the wrap-around support services that are provided to parents. Key informants interviewed also talked positively about the partnerships that exist among service providers in the region and the fact that programs in the community often come together to organize events for families and children.

Key informants also reinforced parents’ perceptions that families in the region value culture and tradition, and that this is one of the main positive aspects of raising young children in the Community; they also spoke highly of the strong bonds that exist among family members and
community members in general, and the support that parents get in a community where people know each other well.

Parents and caregivers were also asked about the most difficult aspects of raising children in the Salt River Pima-Maricopa Indian Community. The majority of survey takers indicated that negative influences such as drugs and alcohol (19%) and gangs (10%), were among the main challenges of raising children in the Community. Additionally, about five percent of respondents indicated they sometimes worry about their children’s general safety in terms of traffic (3%), violence (5%), bullying (2%), and crime (2%). Aside from safety concerns, seven percent of parents and caregivers indicated it was difficult to raise children in their community because community members have different and, at times, conflicting views and values about how children should be raised. Other parents and caregivers who participated in the survey indicated that they sometimes have difficulties with transportation (5%) and being able to afford necessities (3%). Additionally, about four percent of survey takers indicated they have trouble finding childcare that fits with their work schedules. A few other parents expressed a concern about their children not learning enough about other cultures or communities (or cultural diversity in general), or not being able to interact with children from other ethnic groups.

Key informants were also asked about the biggest challenges that parents of young children in the region face. Some of their responses were also similar to those of parents and caregivers. Key informants indicated that substance abuse is one of the main challenges that families currently face. Others cited gangs and domestic violence. Key informants also mentioned the overall poverty faced by some families in the region, the high rate of children living with single mothers, and the fact that many fathers are constantly in and out of the family structure (due to substance abuse and/or incarceration). Another important challenge that was brought up by several key informants was the low level of parent participation and involvement in the various programs and activities that are offered to families in the region. Although many services and resources are available in the Community, key informants expressed a need to continue educating parents about these programs in a ‘non-threatening,’ ‘less institutionalized’ way in order to encourage them to take part. Similarly, additional efforts could be put into making sure parents realize the importance of following-up on referrals for medical appointments or early intervention for children with developmental delays. In general, key informants agreed that continued parent education (on parenting skills, developmental milestones, and even basic life skills) is still needed in the Community. On a positive note, key informants also noted that the strong emphasis on children’s wellbeing and all the parental education opportunities currently available appear to be making a difference in the level of awareness that parents have around the importance of the early years.
The Parent and Caregiver Survey also included an item asking parents what they thought were the most important things that should happen in order to improve the lives of children and families in the Salt River Pima-Maricopa Indian Community Region. Responses to these questions were diverse with some including specific suggestions about additional services (or an increase in existing services). They are presented in order of most to least cited.

Increased parent involvement, especially around children’s education, was a common response to this item. More family activities, especially those targeting young children and teens was another frequent suggestion. Several other parents indicated that the community would benefit from an increase in family support services to help families involved with Child Protective Services (CPS) (like additional parenting classes). A decrease in the use of drugs and alcohol was also brought up by some survey respondents. Other parents suggested that more traditional/cultural events would benefit the community.

A few parents and caregivers suggested increasing the availability of existing services or resources such as:

- the number of doctors and services at the Salt River Health Clinic
- mental health services
- services for children with special needs
- nutrition and physical activity classes
- child care, including options for parents who work early in the morning and/or late at night
- life-skills classes
- adult education
- transportation services
- creating opportunities for parents and single parents to get together for the purpose of networking and supporting one another
- housing

**Parental Involvement**

Parental involvement has been identified as a key factor in the positive growth and development of children,\textsuperscript{106} and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

Children need exposure to responsive and stimulating interactions in the early years for later success in school and life.\(^{107}\) Parents do not need expensive toys or resources to lay the early groundwork for later school success. Talking to children, singing songs and telling stories, reading books, playing simple games like peek-a-boo, and providing consistent and affectionate responses are all behaviors that promote healthy social-emotional development. Reading regularly to young children is linked to better cognitive and language development, stronger literacy skills, and higher academic achievement when children start school.\(^{108}\)

The Parent and Caregiver Survey conducted in the region in the Spring of 2014 collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, including two items about home literacy events.

Thirty percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly larger fraction (33%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was somewhat more frequent. In more than three-quarters of the homes (76%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 3.8 days per week, and singing songs or telling stories 4.2 days per week.

**Figure 32.** Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?

![Home Literacy Events Chart]

Source: Parent and Caregiver Survey, 2014

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Parent Education

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success.

Parenting classes are available through the Social Services Department. This program is a 10-week course and participants may be referred by the Court, by other agencies, or self-referred. Transportation and child care services are available to participants.

The Community’s Education Division also offers a variety of parenting classes with funding from the Salt River Pima-Maricopa Indian Community First Things First Regional Partnership Council. This includes:

- “Empowering You!” – a Parenting Partner program where participants can earn college credits towards and Associates Degree in Family Life while attending high school or working towards their GED certificate. 109
- W.I.S.H. – a 10-week parent education program offered in the Spring of 2014 to parents of children birth to 5 on topics that included child development, positive discipline, early literacy and stress management among others. 110
- Early literacy classes are available to parents at the ECEC on a monthly basis. Dinner and child care services are available for parents participating in the classes.
- H.O.P.E. (Helping Our Parents Excel) – a program at the Salt River Pima-Maricopa Indian Community Department of Corrections for incarcerated parents of young children that takes place for 45-60 minutes once a week during six weeks. Topics include: Maslow’s Hierarchy of Needs and the necessity of a strong foundation, Early brain development and how the brain is affected by stress, Attachment and Bonding, Building and keeping a positive relationship with your child, Emotional vocabulary and Positive Discipline.

FTF also funds larger parent education conferences open to the community at large on topics such as Positive Discipline, Child Development Milestones and Early Literacy.

Other resources available to families in the region include the Fatherhood Program and the Healthy Relationships Program under the Life Enhancement and Resource Network (LEARN) program.

The Fatherhood Program is a 24-week program that meets once a week for two hours. Transportation, food and child care are provided to participants. This program focuses on the

109 http://www.srpmic-ed.org/www/ud00/1/1d0407a3d53f4174b7397b433c627b1b/Personal_Documents/ALA%20PDF%27s/Empowering%20You%20SCC%20Partner%20Program.pdf
110 http://ecce.srpmic-ed.org/www/ud00/1/1d0407a3d53f4174b7397b433c627b1b/Personal_Documents/ECEC%20PDF%27s/2014%20Events/Wish%20Flyer%202014-Spring.pdf
role of fathers in the success of children, and the negative consequences of fathers not being involved in their children’s lives. The program also emphasizes the importance of fathers being part of their children’s education and of setting up regular routines at home (e.g. bed time).

Information on fathers’ rights and responsibilities is also provided to program participants, who can be referred to the Family Advocacy Center if they need additional legal support.

Many of the program’s clients are referred by the Salt River Pima-Maricopa Indian Community Social Services Department and by Tribal Child Protective Services. All Native fathers, or father raising Native children are eligible to participate in the program. The group has an average of 10-15 fathers enrolled and enrollment can take place at any time during the course. In addition, the Fatherhood Program also partners with the Department of Corrections to provide services to incarcerated parents.

The Fatherhood program provides a lot of role play opportunities for participants as it focuses on a hands-on approach to learning. In addition, a lot of the program’s teachings are based on traditional cultural beliefs, and Native culture is in general an important part of the program.

Key informants envisioned the possibility having a center that would provide services specifically for men in the Community. This would be a place providing transitional housing for father working on family reunification efforts, housing for displaced fathers and a non-institutionalized, home-like space where they could visit with their children

LEARN also offers a Healthy Relationships Program for both men and women and child care is also provided to participants. On average, this program enrolls about 20-25 participants.

Recognizing that children are active participants in the world from day one is critical for supporting a child’s healthy brain development and learning. It has been shown that babies only a few days old recognize and turn to their mother’s voice over other voices. In addition, when mothers experience prenatal stress, there may be direct effects on the brain of the developing baby.

The Parent and Caregiver Survey conducted in the region (see Appendix D for more information on the survey) included an item aimed at eliciting information with regards to parents’ and caregivers’ awareness of their influence on a child’s brain development. More than half (56%) of the respondents recognized that they could influence brain development prenatally or right


from birth. Still, a sizeable proportion (22%) responded that a parent’s influence would not begin until after the infant was 7 months old.

Figure 33. Responses to the question "When do you think a parent can begin to make a big difference on a child’s brain development?"

<table>
<thead>
<tr>
<th>Prenatal</th>
<th>Right from birth</th>
<th>7 months or later</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>18%</td>
<td>38%</td>
<td>22%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: Parent and Caregiver Survey, 2014

**Teen Parenting**

Key informants indicated that getting teen parents to finish school is a major challenge and the dropout rate among this population is very high. The Community supports teen parents enrolled in school through the Eagle Nest Program at Salt River High School, which has been in place since 2004. This program aims at helping students who become pregnant continue with their education by staying enrolled in school or pursuing their GED certificate. On-site care is provided for students with young children and participating parents receive education on what to expect during pregnancy and after the child was born. Participating parents can be an aid to the teacher working in the classroom with the children. The program, which is only open when school is in session, has a capacity to serve 8 children, although in most cases 4 or 5 are enrolled.

Other parenting resources have been made available to teen parents in the Community with funding from the Salt River Pima-Maricopa Indian Community Regional Partnership Council such as the Student Parent Academy. This program was offered weekly from January to April of 2014 at the Salt River High School and was open to all teen parents ages 19 and younger. Topics included career choices, child development, nutrition, discipline, health and safety, language literacy, budgeting and information about other resources in the Community.

**Food Security**

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food.”¹¹³ Episodes of food insecurity are often brought on by

changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.\footnote{United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf} Participating in Nutritional Assistance (SNAP) has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.\footnote{United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf}


The Salt River Pima-Maricopa Indian Community Food Bank and Food Program serves the community by offering nutritional assistance and education to tribal community members. The Food Program also provides nutrition education and food preparation classes free of charge to members of the Salt River Pima-Maricopa Indian Community. The Community Food Bank, which is a part of the United Food Bank Agency gives away boxes of fresh produce twice a week, and it offers emergency food boxes to families twice a month through the Emergency Food Assistance Program (TEFAP). It also provides home-delivery food boxes weekly to elders living alone in the Community. The Food Program also has a grant through First Things First, which enables the Community Food Bank to provide food boxes which include diapers and formula to families of children from birth to 5 years old. To be eligible for nutritional assistance through the Salt River Pima-Maricopa Indian Community Food Program, clients must be an enrolled member of the Salt River Pima-Maricopa Indian Community, reside within the Community, and have an income that is at or below 185% of the federal poverty level.\footnote{Information provided through personal communication with Brandon Boatman, coordinator of the Food Bank. Hernandez, J. (2011). Food Bank Offers A Hand Up to Community Members While Educating All. Au-Authum Action News. Retrieved from http://www.srpmic-nsn.gov/community/auauthm/archives/2011/jan-20-2011/news/news-04.htm}

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research


has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.\textsuperscript{118}

Child Welfare services in the Salt River Pima-Maricopa Indian Community are provided by the Tribal Social Services Department, Tribal Child Protective Services (CPS) and the Family Advocacy Center. Table 26 shows the increasing number of youth 0-17 who became wards of the court from 2007 to 2013. Tribal CPS removals have also increased in that time period.

\textit{Table 26. Court wards and Tribal CPS removals (0-17)}

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of court wards</td>
<td>242</td>
<td>274</td>
<td>277</td>
<td>414</td>
<td>440</td>
</tr>
<tr>
<td>Number of Tribal CPS removals</td>
<td>99</td>
<td>96</td>
<td>88</td>
<td>144</td>
<td>129</td>
</tr>
</tbody>
</table>


Children who become wards of the court are most frequently placed in foster homes (Table 27). Of the 194 children in foster care in 2013, 147 (or 76%) were 0-5.

\textit{Table 27. Placement of court wards (0-17), 2013}

<table>
<thead>
<tr>
<th>PARENTS</th>
<th>OTHER RELATIVES</th>
<th>FOSTER HOME</th>
<th>GROUP HOME</th>
<th>OTHER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>72</td>
<td>117</td>
<td>194</td>
<td>28</td>
<td>29</td>
<td>440</td>
</tr>
</tbody>
</table>


"Foster home" includes wards in contract facilities and Salt River foster homes. “Group home” includes wards in contract facilities and Salt River group homes.

According to key informants, Community children and their wellbeing are a high priority for the Salt River Pima-Maricopa Indian Community Tribal Council. In order to make sure that children who have been removed from their homes by Tribal CPS do not ‘age out of the system’ before they find a permanent home, Tribal Council recently passed a Permanency Ordinance that aligns better with the state’s permanency timeline. The cultural connectedness of the children

who are adopted out of the Community or are placed in non-Indian homes is also a high priority in the Community. A community liaison works with the Tribal Social Services case managers on identifying relatives for placement of children removed, or to ensure that a child maintains a connection with his or her relatives as well as developing cultural activities for the children. Examples of these cultural connectedness efforts are the Christmas Program organized for children in out-of-home placements that has a traditional cultural component and the Community Garden. Children placed outside of the Community come to the Garden with their foster parents and learn about traditional crops and meals.

**Indian Child Welfare Act (ICWA)** - Special federal guidelines are currently in place to regulate how Native children and their families interact with the state’s child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA) after investigations found that a disproportionately high number of Native (American Indian and Alaska Native) children were being placed in foster care and adoptive care with non-Native families and that those children who were being placed in non-Native families were experiencing problems adjusting to life away from their Native families and communities. Directly prior to the passing of the ICWA, under the Indian Adoption Project between 1961 and 1976, approximately 12,500 Native children had been removed from their reservation homes and placed with non-Natives through adoption procedures. Investigations conducted in 1969 and 1974 by the Association of American Indian Affairs found that at the time, between 25 percent and 35 percent of Native children were living in homes or institutions away from their families and communities. These findings, coupled by past policies and the practice of forcibly removing Native children from their homes into boarding schools, led Congress to passing the Indian Child Welfare Act. Representative Morris Udall of Arizona, a strong supporter of the ICWA, stated “there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children.” ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings.\(^{119}\)

Under ICWA, an Indian child’s family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If and Indian child is removed by state Child Protective Services, ICWA requires preference for the child’s placement to be first, with the child’s relatives; second, with fellow tribal members; third, with another Indian person. Under IWCA, only in extreme cases can a tribal child be

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\(^{119}\) ICWA defines an “Indian child” as any unmarried person, below the age of 18 who is either a member of a federally recognized tribe, or eligible to become a member and is the biological child of a recognized tribal member.
placed somewhere other than the preferences that have been established by the law.\textsuperscript{120} The table below shows the number of Salt River Pima-Maricopa Indian Community children in ICWA placements as reported by the Tribal Social Services department:

\textbf{Table 28. Number of children (0-17) in ICWA placements}

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>98</td>
<td>102</td>
<td>110</td>
</tr>
</tbody>
</table>


Family Advocacy Center - According to its Mission Statement, the tribally-run Family Advocacy Center (FAC) “provides a secure and healing environment for the investigation of cases involving child abuse and neglect by utilizing a collaborative, multi-disciplinary team to reduce further harm to children and other vulnerable victims, while honoring the cultural values and traditions of the Salt River Pima-Maricopa Indian Community.”\textsuperscript{121} The Family Advocacy Center opened in 2009 (although the multidisciplinary team approach was already in place, but the opening of the Center allowed for the team’s co-location). The FAC multidisciplinary team housed in this one-stop location consists of: FAC staff, Tribal Child Protective Services, and tribal police and prosecution. The FAC facility is not a shelter for overnight stays, but it allows children to rest, bathe and eat as needed, and it includes a clean and welcoming play room where children are supervised while investigations are on-going. It also includes a forensic-interview room.

This unique multidisciplinary, co-location model allows the different agencies involved in a case of child neglect or abuse to cross-communicate quickly and accurately so that joint decisions regarding a case can be made promptly and based on all possible information available. Advantages of this approach include:

- Reducing the number of interviews a child victim must go through, limiting trauma to the child


\textsuperscript{121} http://www.srpmic-nsn.gov/government/fac/
• Creating a comfortable, child-friendly environment for the investigation (instead of a hospital ER or police station)
• Greatly reducing the time victims and their families spend assisting with the investigation
• Reducing Police and Child Protective Services investigative time
• Increasing communication between agencies; better understanding of their roles and case needs

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.

This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents. In recent studies, even when caregivers have indicated that children were coping well with a parent’s incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.

122 Salt River Pima-Maricopa Indian Community Family Advocacy Center Brochure.
The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder. \(^{126}\) Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so \(^{127}\) and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe. \(^{128}\) Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community. \(^{129}\) Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents. \(^{130}\)

According to the US Department of Justice, \(^{131}\) the number of inmates confined in Indian Country jails increased between 2011 and 2012 by 5.6%. In Indian country jails, 89% of the incarcerated population are adults and 8 out of 10 are male. The majority of inmates (32%) in Indian country are jailed due to violent offenses; however this number has decreased by 8% since 2009. Of the 14 facilities in Indian Country that held the majority of inmates, six were in Arizona. About 43 percent of all inmates in custody in Indian Country were held in Arizona. This increases the likelihood that there may need to be supports for children of incarcerated parents.

The Salt River Pima-Maricopa Department of Corrections is in charge of operating the community’s detention center. In August of 2007, the Department of Corrections Detention Center was moved to a newly constructed facility which, houses up to 186 individuals and serves both adults and juveniles. The Department of Corrections encourages its staff to become highly skilled in their roles within the center by encouraging staff to become certified through


the American Correctional Association and many staff members have done so. In 2010 the Salt River Pima-Maricopa Department of Corrections received two awards from the Bureau of Indian Affairs, the “Program of the Year” for the department’s Fatherhood Program (for more information on this program see the Parental Involvement section above), and the “Valor Award,” presented to Sergeant John Kimble.\textsuperscript{132}

The Department of Corrections also partners with the Boys and Girls Club of Greater Scottsdale’s Red Mountain Branch to offer services to juveniles in the detention center. Through this partnership, juveniles are offered a wide array of programs including character and leadership development, education and career development, as well as health and life skills. The goal of this partnership is to reduce juvenile recidivism and in 2011, was awarded the prestigious Merit Award for Program Excellence from the Girls and Boys Clubs of America.\textsuperscript{133}

Key informants indicated that one of the big challenges for families in the Community is the fact that parents are in and out of their children’s lives due to substance abuse and incarceration. In addition, key informants also noted an increase in the number of women who are being incarcerated due to drug-related offenses. This has resulted in more grandparents raising their grandchildren.

**Domestic Violence**

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.\textsuperscript{134} Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.\textsuperscript{135}


Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended. In order for interventions to be effective they must take the age of the child into consideration since children’s developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

The Salt River Pima-Maricopa Indian Community Behavioral Health Services (BHS) Specialty Services provides victims of domestic violence with initial intake, counseling, and referral services 24 hours a day, seven days a week. Additionally, the Domestic Violence and Sexual Assault Services (DVASA) program offers both counseling and support group services, victim advocacy services, and prevention programs. Services for victims of domestic violence in the Community are also available through the tribally-operated Family Advocacy Center. In addition to police support, Community residents may also seek domestic violence assistance and information by calling Crisis Intervention Services team, which offers on-site support for any emergency/crisis situation, including incidences of domestic violence. The Crisis Intervention team can provide victims and families of victims with referrals to services including shelter services.

Public Information and Awareness and System Coordination

As it has been described in this report, there is a wide range of services available to families with young children in the Community. This certainly represents a major asset in the region. One example of this is the collaboration between Life Enhancement and Resource Network (LEARN) program and tribal Child Protective Services (CPS). LEARN is now seen as one more resource available to CPS and they can make LEARN services be part of the parents’ case plan which often includes an educational component, bringing in the variety of services offered by the Education Division. Because the LEARN program is separate from CPS, this program can

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serve as a more ‘neutral entity’ and help facilitate parent cooperation. This kind of collaboration creates a network of support for the parents of young children in the region.

Nevertheless, key informants pointed out that the level of coordination and collaboration among all the different services providers tends to vary. On the one hand, some key informants indicated that service providers in the region are very good at coming together to organize Community-wide events and activities and that interactions among the different programs are generally positive and collaborative.

On the other hand, key informants suggested that collaboration among services providers could increase for the benefit of families in the Community. Enhanced communication and collaboration would also benefit providers of home-based services, key informants said, in order to avoid duplication of services and to make sure that families are accessing the services that will meet their needs.

Data sharing may be limited by privacy and confidentiality laws, but finding ways of complying with the laws while still making sure Community residents receive the services they need was considered a priority among key informants interviewed for this report. Some of them pointed out that in fact, there is strong interest in moving into that direction among members of the tribal leadership.

Key informants also expressed the importance of a concerted effort to create a ‘community’ among the service providers and show them the linkages that exists among the various programs serving families in the region.

**Summary and Conclusion**

This Needs and Assets Report is the fourth biennial assessment of early education, health and support for families in the First Things First Salt River Pima-Maricopa Indian Community Region.

Through both quantitative data assembled, and through interviews with regional service providers, parents and other caregivers, it is clear that the region has substantial strengths. A very high proportion of the preschool-age children in the region are enrolled in early childhood care and education programs. Many of these programs are free-of-cost or subsidized through an innovative ‘blended’ model of service provision that allows families to access full-time care in one location (the Early Childhood Education Center). A substantial benefit is that local traditional culture and languages are taught to children in this setting. In addition, there are a number of parenting education programs and workshops to support families of young children in the region. A table containing a summary of identified regional assets can be found in Appendix A.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been recognized as ongoing issues by the
Salt River Pima-Maricopa Indian Community Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. Some of these needs, and the strategies proposed to deal with them, are highlighted below. A table of Salt River Pima-Maricopa Indian Community Regional Partnership Council First Things First planned strategies for fiscal year 2015 is provided in Appendix C.

- **Increased efforts to facilitate use of professional development opportunities for early childhood education professionals** – One funding strategy is targeted towards promoting the availability of a skilled early childhood workforce in the area by providing scholarships for higher education and credentialing to early care and education teachers. Although these scholarships help reduce the economic barrier to further education, early childhood professionals often struggle with their own child care and family needs in attempting to accommodate working full-time and the additional load of professional development on their own time. Because of this, there may need to be additional supports for staff in order to facilitate use of the program.

- **Supports for families at high-risk for child removal** – Many families in the region are under stress from poverty, and there are increasing numbers of referrals for child welfare services in the region. Children and families in need of behavioral health supports often do not have them available, as evidenced by the large proportion of families referred from Head Start who do not receive service. Community-based parent education training aims to support parents by providing classes on parenting, child development and problem-solving skills, and additional outreach and awareness workshops will support parents and others who may be caring for young children by providing information on child development, health and safety, and early learning and literacy. Mental health consultation is being offered to child care providers to assist them in supporting the healthy social and emotional development of children in their care. Food assistance is being provided to help reduce the stresses on families facing food shortages.

- **A need to support early literacy, to help children arrive in school ready to succeed.** Although the proportion of children who are enrolled in some kind of childcare setting is higher in the Salt River Pima-Maricopa Indian Community Region than in the state as a whole, high school drop-out rates continue to be high, and levels of adult educational attainment tend to be substantially lower than in Arizona as a whole. The Salt River Pima-Maricopa Indian Community Regional Partnership Council aims to help families be more involved in early literacy by engaging health care providers in raising awareness about the importance of early language development through the Reach Out and Read Program. Promoting additional language development through native language and cultural acquisition is another funded strategy. Parent Education programs emphasize
family literacy and the importance of reading to children by discussing brain
development, encouraging reading in the home and providing age appropriate books to
families attending the programs. The summer transition to kindergarten program also
helps children and their families develop a sense of school connectedness. Sharing the
message of the importance of continued parental involvement throughout the school-
age years, to attempt to reduce drop-out rates, could be useful, as well.

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

• **A need to improve oral health in young children**—About one-fifth of parents surveyed
  in the region reported that their child had a need for dental care that was delayed or
  not received. Surveys in the Phoenix Area IHS showed that over half the children had
tooth decay, and over one-third had untreated tooth decay. Severe tooth decay was
one of the top five diagnoses for which children aged birth to five were seen according
to IHS data for the Salt River Pima-Maricopa Indian Community. Many children in the
region are eligible for free pediatric dental care through IHS or through AHCCCS.
Outreach to parents to assure that they know that dental visits should be begun by age
1 could help increase prevention, early detection and treatment.

• **Concern about levels of obesity and accompanying health risks, including diabetes** –
  Over half the young children (2-5) seen by IHS in the region are overweight or obese.
  There is a need for continued efforts to support educational outreach efforts in the
  community and to increase access for pregnant women and children to diabetes
  prevention, with an emphasis on early screening and intervention.

• **Improved access to and utilization of early and continuous prenatal care** – Prenatal
care provides opportunities to monitor the health of the expectant woman and to
improve birth outcomes, as well as to educate parents on the importance of early
development. Rates of early prenatal care have been decreasing, and rates with fewer
than five prenatal care visits have been increasing in the region since 2009.

• **A high rate of births to teen mothers** – Because of the impact that unplanned teen
  births can have on the life of a teen mother and the health and welfare of her child,
  finding ways to engage these young women (and their partners) in programs that
  encourage and provide prenatal care for expectant teen mothers, as well as education
  and support to enable them to continue their education and care well for their infant,
  are needed.

• **Strengthening supports for children in foster care and those who care for them** –
  There is a commitment in the region to supporting families in crisis. Additional
  resources for supporting foster families and other relatives raising children would be
helpful in this goal. For instance, children in foster care often have additional needs for behavioral health care. Specialized training and technical assistance on infant and toddler mental health provided to those who work with these children, such as foster parents, child care and education professionals, early intervention and behavioral health providers, child welfare professionals, dependency court judges, tribal CPS workers, probation officers, and other health and mental health providers serving children birth through five could be considered. Foster parents in other regions have expressed a desire for more support through networking with other foster parents and facilitating information on services and activities, especially for children with special needs. Community-specific efforts to identify what might help recruit new foster families and sustain those who are already caring for children, could help strengthen the foster network and better support children in care.

- **Children living with grandparents and other relatives**—Nearly half of young children in the region are living with relatives other than their parents, many of those with grandparents. Family caregivers in other regions have identified a number of supports that would be helpful to them in facing the unique physical, emotional, legal and financial challenges of raising their young relatives. Among these were: financial assistance similar to that provided to foster parents; respite support that provides safe child care; support groups of other grandparents that include child care; and a resource guide targeted specifically at the needs of elders taking care of grandchildren. Efforts to identify the specific needs of grandparents and other family caregivers in the Salt River Pima-Maricopa Indian Community could be worthwhile in supporting these families.

Although there are challenges for families in the region, the Salt River Pima-Maricopa Region has some substantial strengths that can help it deal effectively with these. Leveraging the established partnerships of the service providers who work together collaboratively and co-locate services, the Community can respond creatively to these challenges to further support the health, welfare and development of the families and young children who live in a region that “wants the best for all children.”
**Appendix A. Table of Regional Assets**

<table>
<thead>
<tr>
<th>First Things First Salt River Pima-Maricopa Indian Community Regional Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close-knit, supportive community where children are recognized as a high priority by community members and tribal leaders</td>
</tr>
<tr>
<td>Local educational system that allows families to send to children to high quality schools within the Community, with the added benefit that local traditional culture and languages and taught to children</td>
</tr>
<tr>
<td>Unemployment rate that is lower than that of all Arizona reservations and improving at a faster rate compared to the state</td>
</tr>
<tr>
<td>Free breakfast and lunch provided to all students in the Salt River Pima-Maricopa Community Schools</td>
</tr>
<tr>
<td>A very high proportion of the preschool-age children are enrolled in early childhood care and education programs, many of them in free-of-cost or subsidized programs</td>
</tr>
<tr>
<td>‘Blended’ model of service provision in place at the Early Childhood Education Center that allows families to access full-time care in one location, saving families additional paperwork and logistical burden that would be associated with having children enrolled in more than one place</td>
</tr>
<tr>
<td>Good services for screening children for developmental delays (with a high reach in the region)</td>
</tr>
<tr>
<td>A large proportion of young children in the Salt River Pima-Maricopa Indian Community are benefitting from WIC participation</td>
</tr>
<tr>
<td>The Salt River Pima-Maricopa Indian Community Region is served by a number of parenting education programs and workshops</td>
</tr>
</tbody>
</table>
# Appendix B. Table of Regional Challenges

<table>
<thead>
<tr>
<th>First Things First Salt River Pima-Maricopa Indian Community Regional Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>An increase in the number of young children removed from their homes in the region between the years 2007 and 2013</td>
</tr>
<tr>
<td>Almost half of young children are not living with their parents due in most cases to parents’ involvement with Child Protective Services</td>
</tr>
<tr>
<td>Low proportion of Community residents who speak a Native language compared to the rate in Arizona reservations combined</td>
</tr>
<tr>
<td>A high proportion of children living with a single parent in the labor force suggesting a possible higher need for child care in the region</td>
</tr>
<tr>
<td>A high percentage of young children in the region are living in poverty</td>
</tr>
<tr>
<td>Lack of transportation</td>
</tr>
<tr>
<td>Low levels of parental involvement and participation in programs available in the region</td>
</tr>
<tr>
<td>Lack of follow-up on behalf of parents with regards to medical appointments and referrals or other intervention services</td>
</tr>
<tr>
<td>Collaboration among some programs could be enhanced</td>
</tr>
</tbody>
</table>
## Appendix C. Table of Regional Funded Strategies, Fiscal Year 2015

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Strategy Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Education Community-Based Training</td>
<td>Provides classes on parenting, child development and problem-solving skills.</td>
</tr>
<tr>
<td>Native Language Preservation</td>
<td>Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.</td>
</tr>
<tr>
<td>Summer Transition to Kindergarten</td>
<td>Provides first time classroom experiences for children who are about to begin kindergarten, and information to their parents.</td>
</tr>
<tr>
<td>Food Security</td>
<td>Increase access to nutritious food assistance for families with children ages birth through five in the region.</td>
</tr>
<tr>
<td>Reach Out and Read</td>
<td>Provides books for children during visits to health care providers</td>
</tr>
<tr>
<td>Statewide Evaluation</td>
<td>Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.</td>
</tr>
<tr>
<td>Parent Outreach and Awareness</td>
<td>Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.</td>
</tr>
<tr>
<td>Mental Health Consultation</td>
<td>Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care.</td>
</tr>
<tr>
<td>Community Awareness</td>
<td>Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.</td>
</tr>
<tr>
<td>Scholarships TEACH</td>
<td>Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.</td>
</tr>
</tbody>
</table>
Appendix D. Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children 0 to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008. The Family and Community Survey includes a series of items designed to measure many critical areas of parent knowledge, skills and behaviors related to their young children.

After receiving feedback about phone-based surveys not being the most appropriate method of collecting data in tribal communities, First Things First allocated additional resources to gather data from a subset of survey items in a face-to-face manner as part of the Needs and Assets data collection effort. We will subsequently refer to this subset of items as the Parent and Caregiver Survey.

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey (see below). The Norton School team obtained input from First Things First Regional Partnership Council members and other stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

In addition to the nine core items, the First Things First Research and Evaluation Office recommended that a few other quantitative and qualitative items be included in the survey to gather exploratory data around health needs in tribal communities.

Finally, three additional qualitative items were added to the survey to elicit parent and caregiver input with regards to the best and most challenging aspects of raising a young child in their communities.

The vendor for the Salt River Pima-Maricopa Indian Community Region, the University of Arizona Norton School, worked in close collaboration with the Regional Director and Regional Partnership Council to find opportunities to collect data from parents and caregivers in a face-to-face manner. Members of the Norton School team attended community events and partnered with other agencies and departments that provide services to families with young children in the region such as the Salt River Pima-Maricopa Indian Community WIC Program, Education Division, and the Salt River Health Center.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 107 surveys with parents and caregivers were conducted in the region in the Spring of 2014.
Results from a selected set of individual items are presented in the Health and Family Support sections of this report. Please note that in this report we refer to the face-to-face survey as the Parent and Caregiver Survey in order to distinguish it from the statewide Family and Community Survey.

The instrument utilized to gather information from parents and caregivers is included below.

**Parent and Caregiver Survey**

Are there any children ages 5 or younger living in your household?

- Yes (go to the next question)
- No → This survey is only for people with children ages 5 or younger. Please return this form to the facilitator. Thank you!

Are you one of this child(ren)’s main caregivers?

- Yes
- No

How old are the child(ren) 5 or younger that you care for?

____________________________________________

1. **When do you think a parent can begin to make a big difference on a child’s brain development?** (For example: impact the child’s ability to learn?)

2. **At what age do you think an infant or young child begins to really take in and react to the world around them?**

3. **At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by how his parents are feeling?**

4. **During the past week, how many days did you or other family members read stories to your child/children?**
   - None
   - 1 days
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 7 days

5. **During the past week, how many days did you or other family members tell stories or sing songs to your child/children?**
   - None
   - 4 days
6. Children’s capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them. This statement is...
☐ Definitely True ☐ Probably True ☐ Probably False ☐ Definitely False

7. In learning about language, children get the same benefit from hearing someone talk on TV as hearing a person in the same room talking to them. This statement is...
☐ Definitely True ☐ Probably True ☐ Probably False ☐ Definitely False

8. I feel I am able to support my child’s safety, health and well-being.
☐ Strongly Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Strongly Disagree

9. I feel I am able to support my child’s learning and ability to think (cognitive development).
☐ Strongly Agree ☐ Somewhat Agree ☐ Somewhat Disagree ☐ Strongly Disagree

Now I’m going to ask you some questions about your child/ren’s health

10. Sometime people have difficulty getting health care when they need it. During the past 12 months, was there any time when any of your children needed these types of care but it was delayed or not received?

Medical care ☐ yes ☐ no
Dental care ☐ yes ☐ no
Vision care ☐ yes ☐ no
Mental health services ☐ yes ☐ no
Hearing services ☐ yes ☐ no
Speech therapy ☐ yes ☐ no
Physical therapy ☐ yes ☐ no
Something else ☐ yes ☐ no (Describe: ______________________________________)

11. Please tell me if you are currently worried a lot, a little or not at all about how well your child(ren):
• Talks and makes speech sounds? (ages 4 months- 5 years)
☐ Worried a lot ☐ A little worried ☐ Not at all worried ☐ I don’t have a child this age

• Understands what you say? (ages 4 months- 5 years)
12. Do you currently have a paid job?
   Yes  No

13. Are you currently?
    Married  Widowed
    Single  Living with a partner
    Divorced/Separated

14. What is your age? __________

15. Gender?  Male  Female

16. What is the highest grade or year of school you have completed?
    ☐ Less than high school
    ☐ Still in high school
    ☐ High school graduate
17. How would you describe your ethnic or racial background:
- Native American/American Indian
- White/European/Anglo
- Hawaiian/Pacific Islander
- African American/Black
- Two or more races
- Asian
- Other (Specify): ____________________

18. Is your total family income before taxes...
- Less than $10,000
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $74,999
- $75,000 or more


Thank you for completing this part of the survey. We have a few final questions to help us better understand the needs of families in your community.

What do you like best about raising young children in your community?

What are the hardest things about raising young children in your community?

Where do you typically go for health care for your child? Can you tell us about the quality of your child’s healthcare? What do you like about it? What would you change about it, if you could? Is it affordable?

Where do you typically go for dental care for your child? Is it affordable?

What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?
Appendix E. Sources


Indian Health Service Phoenix Area (2014). [2012-2013 Health Indicators]. Unpublished data provided by the Indian Health Service Phoenix Area


Salt River Pima-Maricopa Indian Community Education Division. Free and reduced lunch eligibility data. Unpublished data provided by the Salt River Pima-Maricopa Indian Community Education Division.


