# NEEDS AND ASSETS REPORT

2008

FIRST THINGS FIRST

## Salt River Pima-Maricopa Indian Community

Regional Partnership Council

SRPMIC ECEC Children

# Salt River Pima-Maricopa Indian Community

## Regional Partnership Council

### Council

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Priscilla Jay, *Vice Chair*
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Alecia Jackson
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Rene Murphy
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Lance Silverhorn
Vacant

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Yolanda Adams, *Regional Coordinator*

### 2008 Needs and Assets Report

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



**www.azftf.gov/saltriverpima**

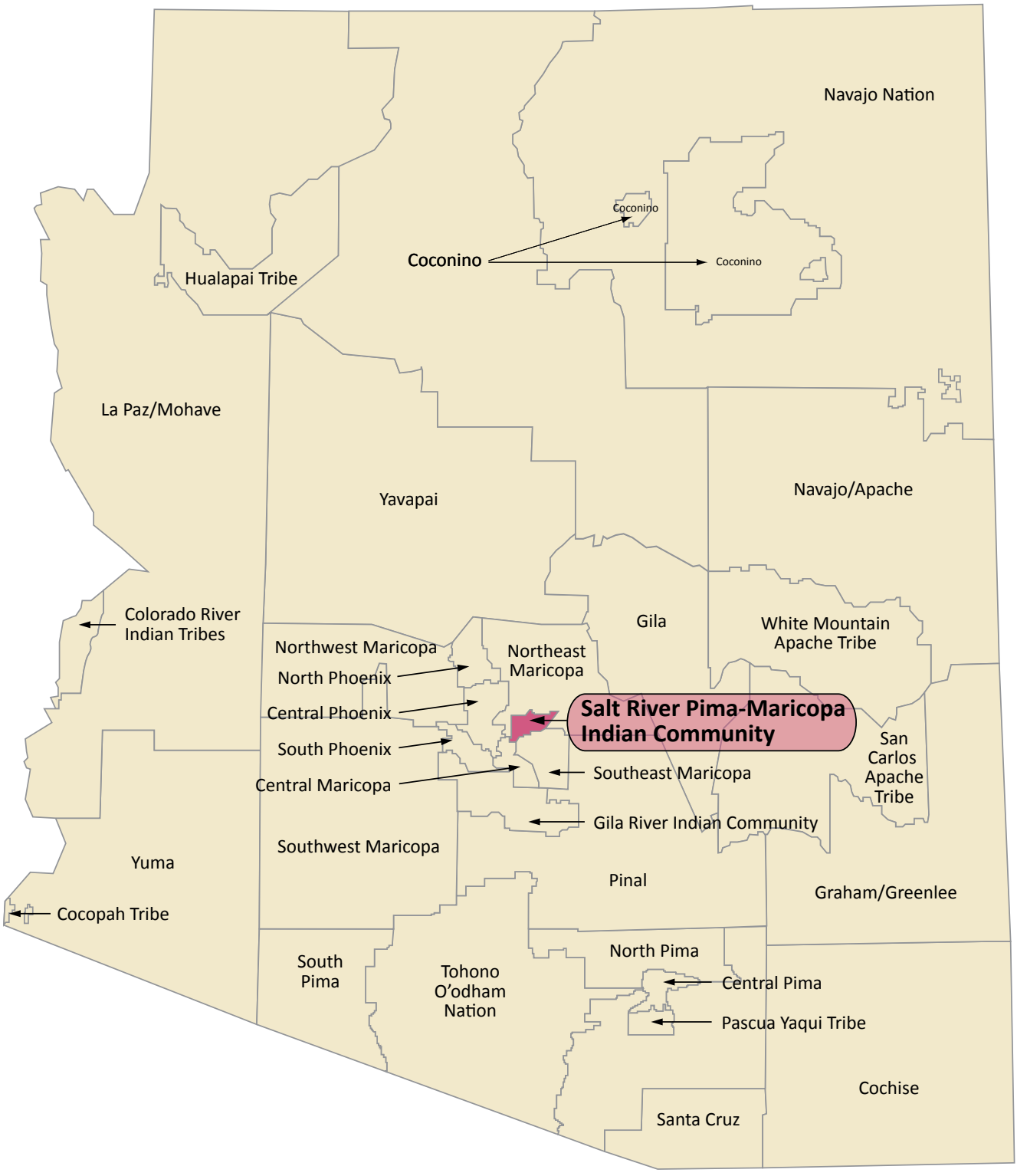
# Contents

# First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a state-level Board (12 members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of 11 members appointed by the State Board. The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area ("region") of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health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Apache Tribe
Northwest Maricopa
North Phoenix
Central Phoenix
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Indian Community
Southeast Maricopa
Gila River Indian Community
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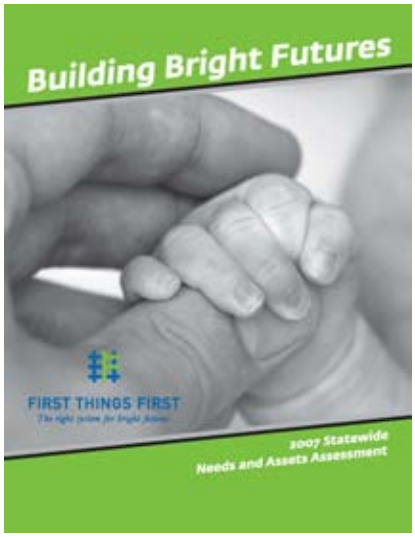
Carlos
Apache
Tribe
Southwest Maricopa
Yuma
Cocopah Tribe
Pinal
Graham/Greenlee
South
Pima
Tohono
O'odham
Nation
North Pima
Central Pima
Pascua Yaqui Tribe
Cochise
Santa Cruz

# The Salt River Pima-Maricopa Indian Community Regional Partnership Council

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

The First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well-being.




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

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

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

begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

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

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

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

Madison Kisto and Erica Schurz

# Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential and gives families real choices about their children's educational and developmental opportunities. This system will include every community, through the 31 Regional Partnership Councils, in sharing the responsibility, as well as the benefits, of safe, healthy and productive citizens.

The First Things First Salt River Pima-Maricopa Indian Community (SRP-MIC) Regional Partnership Council, along with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. The Salt River Community has grown by almost 19 percent in the last few years, and the population of young children ages birth through five has increased as well. Although the U.S. Census indicates that there are 829 children living within the Salt River Pima-Maricopa Indian Community Region, tribal enrollment numbers, as of July 2008, indicate that there are actually 1,101 children ages birth through five enrolled. The result of the increase in population has strained the Community's capacity to serve its youngest members.

In September 2008, the SRP-MIC Regional Partnership Council composed its first Regional Needs and Assets Assessment. This assessment, which was a compilation of research and the results of key information interviews conducted within the Community, highlighted child and family indicators that illustrate children's health and school readiness. The report also provided an introductory assessment of the early childhood development and health system currently in place within the Community.

Nailani Joe

The ultimate goal of the Needs and Assets Report was to provide a valid, comprehensive baseline of data regarding young children and their families within the region. However, there were many challenges in relation to data collection and analysis. While numerous sources for information provided statewide data, the analysis of the data proved to be challenging and little to no qualitative information was available at the regional level. Many indicators that could effectively assess children's healthy growth and development were not consistently measured across the state and available at the local level. The SRP-MIC Regional Partnership Council will focus its efforts, and work in partnership with the Board of FTF, to revamp data collection practices so that regionally specific data is available to assist in making decisions regarding services and programs that are in the best interest of the children within the region.

In addition to the Needs and Asset Assessment, the Regional Council collected data by hosting a Community forum. The analysis of both sources of information helped to identify common strengths and opportunities that needed to be addressed. The most common need identified for children and families in the SRP-MIC was parent education and training. Early childhood development, parenting, financial management, and substance use/abuse were most frequently listed as areas needed for training, education, and/or services. Other needs identified included services for children with special needs, particularly the need for specialized therapists, dental services and treatment, and health and nutrition education due to the high rates of overweight and obesity.

The most common strength identified for early childhood services in the SRP-MIC was the comprehensiveness of services available in the community. These services include the Women, Infant, and Children (WIC) Program, Salt River Elementary School Family and Child Education Program, SRP-MIC Head Start Program, Early Childhood Education Center (ECEC), Early Enrichment Program, Child Find, and Salt River Clinic. While there is a large array of services available, larger facilities and more staff are needed in order to accommodate the growing number of children in need of services. There are significant waiting lists and as a result, many families are required to seek services outside the community.

Families are limited to the number of choices they have for child care. The families rely primarily on the SRP-MIC Education Department's Early Childhood Education Center (ECEC), which provides infant and toddler care, Head Start/Preschool programs and the SRP-MIC Health and Human Services Department (HHS) offers an early enrichment program. The SRP-MIC Early Childhood Education Center, which houses the Head Start Program and the early care and education center for infants and toddlers, documented a waiting list for infant and toddlers of 61 in 2007/2008 and 41 for 2008/2009. The Head Start waiting list has averaged 36 children for the last two years. This facility serves 250 children and represents 23 percent of the population of children from birth to five years of age within the SRP-MIC Region. Given the 250 children that are already receiving services through this provider, it is assumed that the remaining children are either being cared for outside of this facility, outside of their community or in their homes. Despite this assumption, more data is needed to identify the needs of children not currently being served by early care and education programs, specifically those children in relative care or receiving care outside the community.

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the

prevalence of Arizona teen mothers giving birth to a second child. The percentage of teen pregnancy for Salt River Pima-Maricopa Indian Community is higher than the state and national average, with one out of three children being born to parents aged 19 years or younger for 2005 and 2006. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates, so many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school drop-out problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

Difficulty with child care can create other challenges such as employment issues. The unemployment rate reported as 10.3 percent in 2003, compared to the rest of Arizona at approximately 5.7 percent. Since 2003, the unemployment rate has continued to increase for both the region and the state. The median annual income for 27 percent of households in the Salt River Pima-Maricopa Indian Community Region is at or below federal poverty guidelines, which is 17 percent higher than households in Arizona and in the nation. The percent of children in the Community living at or below 200 percent of the Federal Poverty Level is significantly higher than the state and the nation. The majority of children living below the poverty level are living in severe poverty.

Most of the programs reported having a cultural component, both in the program curriculum and for training staff, but also identified a need for increased resources in these areas. The need for teacher and staff training in early childhood development was also a recurring theme. In addition, early childhood service providers in the Community are partnering with two or more programs or departments at some point. However, the most frequently reported barrier to collaboration is the physical and departmental location of programs and the desire for increased collaboration. While a myriad of services exist in the community, they are not currently prepared to provide the necessary continuum of care for the large number of children that require services. There is a need for a collaborative initiative that would allow each agency to focus on its area of expertise and then "transfer" the child to the next agency for focus on other needs.

Based on the information provided within the Needs and Assets Assessment, Community Forums and Key Informant Interviews, the Salt River Pima-Maricopa Indian Community Regional Partnership Council will focus on two of the six State Board priority goals, which are family support and coordination given the total funding allocations. The SRP-MIC Regional Partnership Council will develop a plan to implement programs and services that will allow the Community's youngest members (birth-5 years old) to thrive and provide families with much needed support. One main focus of the SRP-MIC Regional Partnership Council will be parent education. Within this component, the Council will concentrate on enhancing existing programs in relation to parenting classes, literacy programs and teen pregnancy/parenting issues. The other main focus will be on creating a seamless cross-coordination system between the various programs and departments in the Community.

# Regional Child and Family Indicators – Young Children and Families in the Salt River Pima-Maricopa Indian Community Region

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

- **Early childhood population** – Race, ethnicity, language, and family composition
- **Economic status of families** – Employment, income, poverty and parents' educational attainment
- **Trends in births**
- **Health insurance coverage and utilization**
- **Child safety** – Abuse and neglect and child deaths
- **Educational achievement** – Elementary school performance and high school graduation

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

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

## Regional Population Growth

As stated earlier, according to the U.S. Census, in 2000, the population of the Salt River Pima-Maricopa Indian Community Region was 6,355 and in 2007, the population was 8,383 according to the Enrollment Office. With this increase in population came the growth of the number of children ages birth through five, as the total number of children in this age range grew at nearly the same rate as the overall population in the region. As a result, the potential impact of the Tribe's ability to meet the needs of their fast growing community is significant.

### SRP-MIC Region Population Growth (all ages)

| | 2000 | 2007 | Change |
|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 6,355 | *8,383 | 20% |
| Maricopa County | 3,072,149 | 3,880,181 | 26% |
| Arizona | 5,130,632 | 6,338,755 | 24% |
| U.S. | 281,421,906 | 301,621,157 | 7% |

Source: U.S. Census (2000) PEP Estimates, * Enrollment Office reported tribal members, as of October 2007

### SRP-MIC Population Growth for Children Ages Birth Through Five Years

| | 2000 | 2007 | Change |
|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 715 | 829 | +16% |
| Arizona | 455,745 | 593,578 | 30% |
| U.S. | 19,175,798 | 20,724,125 | +8% |

Source: US. Census (2000), *ADHS Primary Care Area Statistical Profile (2006), KidCount.

An important characteristic to note for U.S. federally recognized Tribes is the fact that the population is young. In some cases, 40 percent of the Tribe is under 19 years of age. This may be due to many factors, including their mortality rate and an increase in teen mothers.

Although the 2000 U.S. Census indicates that there were 715 children living within the Salt River Pima-Maricopa Indian Community Region, tribal enrollment numbers indicate that there are 1,101 children ages birth through five as of July 2008. Enrollment numbers only include those children whose families submitted a complete application for enrollment that was approved by the Office of Membership Services using specific criteria as determined by the Salt River Pima-Maricopa Indian Community. One of the specific requirements is affiliation/ enrollment with one Tribal entity only. The table below shows the number of enrolled children by age.

### Number of Tribally Enrolled Children Ages Birth Through Five by Age, July 2008 Salt River Pima-Maricopa Indian Community

| AGE | # of Enrolled Members |
|---|---|
| 0 | 95 |
| 1 | 180 |
| 2 | 168 |
| 3 | 203 |
| 4 | 228 |
| 5 | 227 |

Source: SRP-MIC Office of Membership Services, July 2008

The 2000 U.S. Census data does not match the Tribal Enrollment Data received. There are various factors that could cause this discrepancy. Some of them include the following:

- US Census data on race/ethnicity is self-reported
- Tribal members have a general distrust of U.S. census takers and the information reported to the Federal Government
- Misrepresentation of tribal members of mixed heritage
- Exclusion of tribal members that do not live within the community

Tribal enrollment departments/programs have inaccuracies as well, which may be due to a delay in enrollment of children after birth and an inability to document the specific enrollment criteria for the Tribe.

According to the 2000 U.S. Census, 61 percent of American Indians live in urban areas. However, due to the fact that U.S. Census race/ethnicity data is self-reported, there is no method of verification of tribal membership available to substantiate this percentage. It is widely understood that many tribal members leave and return to their tribal community to pursue education and employment opportunities throughout their lives.

## Regional Race, Ethnicity and Language Characteristics

### Race and Ethnicity Characteristics

The Salt River Pima-Maricopa Indian Community (SRP-MIC) was established within the homeland of the Pima (Akimel O'odham) and Maricopa (Piipaash) Tribes. The Akimel O'odham (River People) Tribe is the larger of the two tribal groups. The O'odham Tribes have historically resided in Arizona, from the Gila River to beyond the southern Arizona border. The Maricopa (Piipaash) Tribe originated as five independent, but closely related tribal groups, residing along the Colorado and Gila Rivers. Although different in language and culture, the Pima and Maricopa Tribes have maintained a close alliance with one another for centuries.

The table below reflects the racial/ethnic characteristics of individuals in the Arizona Department of Health Services Statistical Profile (2006) and may reflect multi- or bi-racial identity or the race/ethnicity of spouses or partners.

**Race/Ethnicity Characteristics (all ages)–Salt River Pima-Maricopa Indian Community (2006)**

| | White Non-Hispanic | Hispanic or Latino | Black or African American | American Indian or Alaska Native | Asian or Pacific Islander | Other |
|---|---|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 19% | 17% | <1% | 53% | <1% | 28% |

Source: ADHS Primary Care Area Statistical Profile (2006)

The SRP-MIC Enrollment Office reported a total enrollment of 8,383 tribal members, as of October 2007. Of those, only 3 percent are full blood Pima or Maricopa Indians. All other members are of mixed race or have a parent of another tribe. This may account for the larger percentages of race/ethnicity percentages other than American Indian.

The SRP-MIC reported 89 live births (in the community) in 2006, which is about 6 percent of the total American Indian births in Arizona for the same year.

## Language Characteristics

Languages traditionally spoken by the Pima and Maricopa tribes are Akimel O'odham and Xalchidom Piipaash respectively. Language and culture preservation is a priority within the community. Many tribal programs integrate language and culture into their program planning and curriculum, with support from community, staff and the SRP-MIC Language Program. Community members are encouraged to preserve the Akimel O'odham and Xalchidom Piipaash languages within their homes (Council Resolution SR-2026-2000). Currently, English is the most widely spoken language.

Language characteristics, in terms of language primacy or fluency, are generally not measured in children, until they reach their fifth year. As a result, data on these characteristics is usually limited to children over the age of five. However, the limited data suggest that languages spoken at home for children over five years of age is as follows: English only: 77 percent; additional languages other than English spoken with proficiency is less than 44 percent. (U.S. Census 200 SF3; P19).

## Family Composition

In 2000, the majority of children within the Salt River Pima-Maricopa Indian Community Region lived in households with two parents, although the number of single parent households has grown. The region has a significantly higher percentage of single parent families than is reported for state and national averages.

**SRP-MIC Percentages of Single Parent Households With Children Birth to18 Years**

| | Females Led | Males Led | Married Couples |
|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 39% | 11% | 50% |
| Arizona | 15% | 7% | 7% |
| U.S. | 17% | 6% | 77% |

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

Since the year 2000, a single parent has headed approximately one out of every three family households in Arizona. Estimates indicate that many of these households are led by mothers only, while a few are led by fathers only. While this number of single-parent households might seem high, Arizona is actually right at the national average for this statistic and better than many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi).[1] One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of four year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

1 Hernandez, D. (2006). Young Children in the U.S.: A Demographic Portrait Based on the Census 2000. Report to the National Task Force on Earth Childhood Education for Hispanics. Tempe, Arizona State University.

It is important to give cultural considerations when interpreting statistics of American Indian families. It is noted that the role of extended family in American Indian communities is very different from other extended family units within Western society.[2] The extended family often includes several households of significant relatives that form a network of support.

## Teen Parent Households

The percentage of teen pregnancy for the Salt River Pima-Maricopa Indian Community is higher than the state and national average, with one out of three children being born to parents aged 19 years or younger in 2005 and 2006.

### SRP-MIC Percentage of Children Born to Teen* Mothers

| | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community** | 26% | 19% | 22% | 33% | 30% |
| **Arizona** | 13% | 13% | 13% | 12% | 13% |
| **U.S.** | 11% | 10% | 10% | 10% | 10%** |

*Teen defined as 19 years and under. Source: American Community Survey (2002-2006), Arizona Department of Health Service, Health Status Profiles of American Indians: Data Book (2006)

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves. [3]

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent[4] of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates. As a result, many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, drop-out prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school drop-out problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves. It is important to note, however, that the SRP-MIC provides priority placement for teenage mothers in need of child care.

## Grandparent Households

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.[5] Of the grandparents who live with their grandchildren within Salt River Pima-Maricopa Indian Community, 62 percent report that they have primary caretaking responsibilities. For

2 Red Horse, J. (1981). American Indian families: Research perspectives. In F. Hoffman (Ed.), The American Indian Family: Strengths and Stresses. Isleta, NM: American Indian Social Research and Development Associates.
3 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.
4 Ibid.
5 Grandparents Living with Grandchildren, 2000, Census Brief.

many grandparent caregivers, this responsibility is a long term commitment.[6] It is important to consider that many factors influence differences in numbers of grandparents who *reside* with grandchildren and those who are "grandparent caregivers" (those who have primary responsibility for caretaking). Some of these factors include cultural differences in family structure, housing shortages, high living costs, poverty levels, and local government policies on kinship care.[7] Additionally, data shows that grandparents of non-White families reside with grandchildren at a higher rate than White families.[8]

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

## Employment, Income and Poverty

Tribal governments are unique from other forms of government in the United States because they engage in business enterprises as a means of economic development. Tribal enterprises include, but are not limited to, natural resource management, tourism, artistry, construction, gaming and other businesses. Diversity in economic enterprises allows tribes to maintain government functions and support the local and regional economy through development, revenue sharing, employment, direct financial contributions, and contract services. Tribes are often among the top employers within their geographic region and are a driving economic force that attracts tourism and industry. Some of the tribal enterprises that provide employment in the region include Salt River Land Fill, Saddleback Communications, Casino Arizona, Salt River DEVCO, Salt River Financial Services, Salt River Materials Group, and Talking Stick Golf Course. The Tribal Government employs over 600 community members, most of which are with the Education Department, Public Works, and Health and Human Services.

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

For the Salt River Pima-Maricopa Indian Community, the unemployment rate was 10.3 percent in 2003 as compared to the rest of Arizona at approximately 5.7 percent. The unemployment rates have continued on a downward trend for both the region and the state since 2002.

6 Grandparents Living with Grandchildren, 2000, Census Brief.
7 Ibid.
8 Ibid.
9 Ibid.

### SRP-MIC Unemployment Rates

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|---|---|---|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 6.7% | 8.3% | 11.0% | 10.3% | 8.8% | 8.1% | 7.0% | 6.5% |
| Arizona | 4.0% | 4.7% | 6.0% | 5.7% | 4.9% | 4.6% | 4.1% | 3.8% |
| U.S. | 4.0% | 4.7% | 5.8% | 6.0% | 5.5% | 5.1% | 4.6% | 4.6% |

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

## Annual Income

In Arizona, the annual median household income reported for 2000 was at $40,448, slightly lower than the national average of $41,994 per year. That same year, the median income for the Salt River Pima-Maricopa Indian Community was nearly half that, at $24,975. Given the state of the economy and higher unemployment rate in this community, it is safe to conclude that median household income has decreased from 2000 to 2006.

### SRP-MIC Median[10] Annual Household Income (per year- pretax)

| | 2000 |
|---|---|
| Salt River Pima-Maricopa Indian Community | $24,975 |
| Arizona | $40,558 |
| U.S. | $41,994 |

Source: U.S. Census 2000; SPF; P53

## Families in Poverty

The median annual income for 27 percent of households in the Salt River Pima-Maricopa Indian Community Region is at or below federal poverty guidelines, which is 17 percent higher than households in Arizona and in the nation. For a family of four, the Federal Poverty level is $21,200 a year (for the 48 contiguous states and D.C.).[11]

### SRP-MIC Families Living at or Below 100 Percent Federal Poverty Level (2000)

| | Percent of Households Living At or Below 100 Percent of the Federal Poverty Level |
|---|---|
| SRP-MIC | 27% |
| Arizona | 10% |
| US | 9% |

Source: U.S Census 2000, SPF; P90

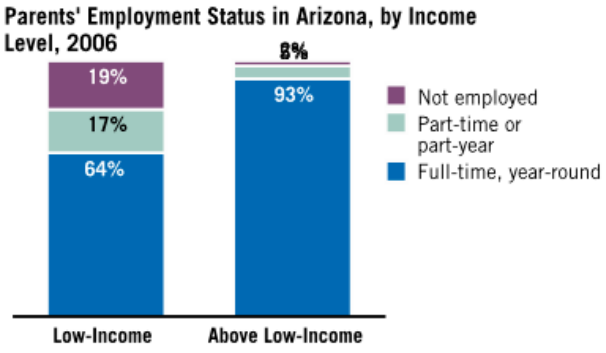
However, the percent of children living at or below 200 percent of the Federal Poverty Level is significantly higher than the state and the nation. The majority of children

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

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

living below the poverty level are living in severe poverty.

Even Arizona parents who are employed may be struggling to "make ends meet", as some research indicates that almost two-thirds of working families are living at or below the federal poverty line and are considered to be "low-income" families. The following graph shows the relationship between employment levels and categorization as "low income" or "above low income".





Arizona Demographic Profiles

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

## Parent Educational Attainment

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

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2006, the percentage of births to mothers without a high school degree in the Salt River Pima Maricopa Community Region has steadily decreased as the number of births to mothers with a high school degree or some college has steadily increased. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

12 US Census Bureau, Income by education and sex".

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

**Percentage of Live Births by Mother's Educational Attainment**

| | | 2002 | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Community** | No H.S. Degree<br>H.S. Degree<br>1-4 years College | 56%<br>26%<br>8% | 51%<br>28%<br>12% | 61%<br>23%<br>7% | 57%<br>23%<br>14% | 59%<br>26%<br>9% |
| **Arizona** | No H.S. Degree<br>H.S. Degree<br>1-4 years College | 20%<br>29%<br>32% | 21%<br>29%<br>32% | 20%<br>29%<br>32% | 20%<br>29%<br>33% | 29%<br>30%<br>33% |
| **U.S.** | No H.S. Degree<br>H.S. Degree<br>1-4 years College | 15%<br>N/A<br>21% | 22%<br>N/A<br>27% | 22%<br>N/A<br>27% | N/A<br>N/A<br>27% | N/A<br>N/A<br>27% |

Source: CDC, American Community Survey (2002-2006), ADHS Health Status Profile of American Indians
Note: data column, will not add up to 100 percent due to exclusion of Post-grad (17+) and unknowns.

## Healthy Births

### Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.[14] In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care. [15]

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

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies
- Future health complications for infants and children

In the Salt River Pima-Maricopa Indian Community, approximately 57 percent of the mothers received prenatal care during the first trimester. This is slightly lower than all American Indian mothers living within tribal lands in Arizona, at 63 percent. There are few women in this region who are reported as receiving *no* prenatal care, but overall, pregnant women across Arizona often fail to receive *early* prenatal care. According to national statistics, 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona[16].

14 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.
15 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
16 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

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

**Selected Characteristics of Newborns and Mothers for SRP-MIC (2006)**

| Tribe/Nation | Total Births | Teen Mother (</=19yr) | Prenatal Care 1st Trimester* | No Prenatal Care | Public $ | LBW<2500** | Unwed Mothers |
|---|---|---|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 89 | 27 (30%) | 51 (57%) | 7 (8%) | 73 (82%) | 4 (4%) | 79 (89%) |
| Total Live Births in Arizona | 4,063 | 818 (20%) | 2,557 (63%) | 133 (3%) | 3,599 (89%) | 288 (7%) | 3,156 (9%) |

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

## Low Birth Weight Babies

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

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

## Pre-term Births

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.[19] The rate of pre-term births in the United States has

17 Arizona Department of Health Services, Health disparities report, 2005.
18 *http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf*.
19 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the subborn

increased 30 percent in the past two decades.[20] The risk factors for pre-term labor may include a previous history of pre-term labor, multiple pregnancy (twins or more), infection, uterine or placental abnormalities, maternal medical conditions such as diabetes or hypertension, maternal drug use, and extremes of maternal age (<17 or >35). Evidence suggests that early identification of at-risk pregnancies with timely referral for sub-specialized obstetrical care may help decrease the extreme prematurity (<32 week) rate, thereby reducing the risk of infant death and medical complications and expenses associated with prematurity.

### Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.[21] About one-third of adolescent mothers have a repeat pregnancy within two years.[22] Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.[23] In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

According to data from 2006, the percentage of mothers ages 19 years or younger is about 30 percent, which is 10 percent higher than the total of American Indian teen mother births that occur on tribal lands.

## Health Insurance Coverage and Utilization

Medical coverage is provided to Salt River Pima Maricopa families through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) (equivalent to Medicaid), and private insurance through employers. The Indian Health Service (IHS), an agency within the Department of Health and Human Services, provides federal health services to American Indians and Alaska Natives who are enrolled members of federally recognized tribes or are descendants of an enrolled member. All SRP-MIC members and their descendants have access to primary health/care through the IHS. Some have additional coverage through AHCCCS or private insurance.

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded low cost health insurance programs for children in low income families. As the chart shows, 17 percent of children (ages birth through five) were enrolled in AHCCCS or KidsCare in Salt River Pima-Maricopa Indian Community in 2006, which is the slightly lower than Arizona.

20 Mayo Clinic. Premature births, November, 2006.

24 Eden RD, Penka A, Britt DW, Landsberger EJ, Evans MI. Re-evaluating the role of the MFM specialist: lead, follow, or get out of the way. J Matern Fetal Neonatal Med. Oct 2005: 18 (4): 253-8. [Medline].

21 Center for Disease Control, fact sheet, 2001.

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

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

**Percentage of Population Enrolled in AHCCCS, Kidscare, Medicare and Transportation Score Compared with SRM-PIC and Arizona. (2006)**

| | AHCCCS | Kidscare | Medicare | Transportation Score* |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community** | 17% | 3% | 10% | 182 |
| **Arizona** | 18% | 4% | 11% | 121 |

Sources: AHCCCS Report AHAHX431 (2005); KidsCare, Report AHAHR431, percent of 2005 population 0 – 19 yrs (2005); Centers for Medicare and Medicaid Services, Dept of Health and Human Services (2003); *Adequacy of transportation part of Primary Care index. The higher the score the less adequate or greater the need for transportation

While many children do receive public health coverage, many others who likely qualify do not apply. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.[24] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.[25]

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility and competency of services. In the Salt River Pima-Maricopa Indian Community, children have a great need for transportation in order to access medical services.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.[26]

## Medical Health Insurance Utilization

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children receive routine access to a doctor or dentist's office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Arizona, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007. Unfortunately, this data is not available for the SRP-MIC.

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

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

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

### Percent of Children (age's 12-months – 5 years) Continuously Enrolled in AHCCCS Receiving One or More Visits to a Primary Care Practitioner

| | Salt River Pima-Maricopa Indian Community | Arizona |
|---|---|---|
| 2005 | No data available | 78% |
| 2006 | | 78% |
| 2007 | | 78% |

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

## Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. There is no data available for the Salt River Pima-Maricopa Indian Community Region through Arizona Department of Health Services Community Health Profiles; however the chart below provides a snapshot of oral health access and utilization through the SRP-MIC Head Start Program. Oral health services are offered through a partnership with Inter-Tribal Council of Arizona.

### Oral Health Head Start Children

| 2006-2007 | Number of Children | Dental Home | Completed Exam | Preventive Care | Needed Treatment | Received Treatment (of those who needed) |
|---|---|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 111 | 102 (92%) | 111 (100%) | 111 (100%) | 0 | 0 |

Source: SRP-MIC Head Start PIR Program Year 2006-2007

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. For example, in the Phoenix area, 94 percent of children enrolled in Head Start received a well child visit, and 96 percent received an oral health visit.[27]

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

27 Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers

## Child Safety

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools.

### Foster Care Placements

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The availability of resources to provide needed care to vulnerable children determines the extent of which foster care is used in different communities. There was no data available for the Salt River Community on foster care placements. The majority of children in out-of-home care across the state of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

While no specific numbers were available at the time of this report, sources within the SRP-MIC Youth Services Division indicated that the number of children in the Salt River Pima-Maricopa Indian Community that were placed in foster care outside of their community has decreased over the past three to four years. There are currently seven group homes within Salt River Community Pima-Maricopa Indian which are managed by the Youth Services Division. Children birth to 18 years of age may be placed in these homes either for short-term or long-term placement.

### Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.[28] Furthermore, children living in poverty are more likely to die in the first year of life. Causes may include injuries from accidents and non-accidental trauma, and also health conditions such as asthma, cancer, congenital anomalies, and heart disease.

## Children's Educational Attainment

### School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.[29] Further-

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

29 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development, 61*, 1990, 495-507l; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development;* Reynolds, A. J.

more, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.[30] Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.[31] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[32]

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

Early Childhood Education Center has developed an assessment that measures school readiness for students attending the Early Childhood Education Center. The percent of students showing kindergarten readiness has increased from 2007 to Spring 2008.

| Early Childhood Education Center Assessment–Spring Administration | | | | |
|---|---|---|---|---|
| 3 and 4 Year Olds | F | A | M | E |
| 2007 | 1% | 21% | 37% | 41% |
| 2008 | 1% | 10% | 42% | 47% |

F-falls far below, A-approaches, M-meets and E-exceeds the standard
Salt River Pima-Maricopa Indian Community Schools Research Division

One component of children's readiness for school includes their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is frequently used across Arizona schools is the Dynamic Indicators of Basic Early Literacy (DIBELS). The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are a set of standardized, individually administered measures of early literacy that assess student skills in phonological awareness, alphabet knowledge and vocabulary. Administered three times during the academic year, the DIBELS are used to monitor the development of early literacy skills and to identify students for additional instructional intervention.

The results of the DIBELS assessment should not be used to assess children's full

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

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

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

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

range of skills and understanding in the area of language and literacy development. Instead, it provides a snapshot of children's learning and instructional needs at the beginning, middle and end of kindergarten. Students who are unlikely to achieve future early literacy goals without appropriate, effective intervention are identified as "Intensive." Students who may or may not achieve future early literacy goals without additional intervention are identified as "Strategic." Students who are identified as "Benchmark" are likely to achieve future early literacy goals with continued instruction using the school's core curriculum. DIBELS provides national norm-referenced measures for comparisons in a national context in the specific area of language and literacy development.

The table below shows the DIBELS scores for kindergarten children attending Salt River Elementary School as compared to the Nationwide School-Based Percentile.

### Basic Early Literacy as Measured by DIBELS

| | SFY 2007-2008 Kindergarten DIBELS | | | | | |
|---|---|---|---|---|---|---|
| | Beginning of the Year | | | End of the Year | | |
| | % Intensive | % Strategic | % Benchmark | % Intensive | % Strategic | % Benchmark |
| Salt River Elementary School (SRES) | 40 | 45 | 15 | 18 | 18 | 64 |
| | SRES is below 95% of all schools nationwide reporting data | SRES is below 70% of all schools nationwide reporting data | SRES is below 10% of all schools nationwide reporting data | SRES shows improvement but still below 60% of all schools nationwide reporting data | SRES shows improvement but still below 55% of all schools nationwide reporting data | SRES shows improvement and is at 50% of all schools nationwide reporting data |

*Source: SRP-MIC Community Schools, SFY 2007-2008 Kindergarten DIBELS.

A comparison of Salt River Elementary School students to the National DIBELS School based percentiles shows more students in the Intensive category than other schools nationwide both at the beginning of the school year and at the end of the school year. This indicates that early literacy skills are less than the national average for our students. There is improvement by the end of kindergarten in the benchmark category.

## Elementary Education

According to the SRP-MIC Community Needs Survey 2006 conducted by the SRP-MIC Education Department, 37 percent (n=1,441) of children attend Salt River Community Schools, 50 percent attend schools within the Mesa Unified School District (MUSD), and remaining children attend other schools outside the community.

Data is available for the Salt River Pima-Maricopa Indian Community on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in third through eighth. This assessment measures the student's level of proficiency in writing, reading, and mathematics and provides each student's national percentile rankings in reading/language and mathematics. In addition, Arizona students in fourth and eighth grades are given a science

assessment.[33] The chart below shows a complex picture of how each school district in the Salt River Pima-Maricopa Indian Community performs. For example, 61 percent of third grade children attending Salt River Elementary meet or exceed the standard in math and reading and 93 percent meet or exceed the standard in writing.

**Salt River Pima-Maricopa Indian Community Students AIMS DPA Third Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2007**

| | FFB | | APP | | M | | E | |
|---|---|---|---|---|---|---|---|---|
| 3rd Grade | SRP-MIC | AZ | SRP-MIC | AZ | SRP-MIC | AZ | SRP-MIC | AZ |
| SRES Reading | 2% | 9% | 37% | 24% | 56% | 56% | 5% | 11% |
| MUSD Reading | 1% | 9% | 33% | 24% | 59% | 56% | 1% | 11% |
| SRES Writing | 2% | 8% | 7% | 41% | 84% | 49% | 9% | 3% |
| MUSD Writing | 6% | 8% | 29% | 41% | 59% | 49% | 3% | 3% |
| SRES Math | 7% | 10% | 33% | 18% | 42% | 53% | 19% | 18% |
| MUSD Math | 10% | 10% | 27% | 18% | 52% | 53% | 6% | 18% |

Falls Below Standards (FFB), Approaching Standards-(AAP), Meets (M), Exceeds (E), Salt River Elementary School (SRES) Mesa Unified School District (MUSD)

## Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.[34] Many high school students attend public schools outside of the community. The chart below provides the graduation rates for Salt River High School, a charter high school located within the community. Compared with the state and national data, Salt River High School has a significantly lower graduation rate. The tables do not include fifth year graduates.

**2006**

| Salt River Pima-Maricopa Community Schools | Total # Graduates | Total # in Cohort | Graduation Rate |
|---|---|---|---|
| Salt River High School | 14 | 66 | 21% |
| Arizona* | 50,355 | 71,691 | 70% |
| United States** | N/A | N/A | N/A |

**2005**

| Salt River Pima-Maricopa Community Schools | Total # Graduates | Total # in Cohort | Graduation Rate |
|---|---|---|---|
| Salt River High School | 11 | 49 | 22% |
| Arizona* | 50,923 | 68,498 | 74% |
| United States** | 2,799,250 | 3,747,323 | 75% |

* Arizona Department of Education
** National Center for Education Statistics

33 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.
34 Sigelman, C. K., & Rider, E. A., *Life-Span Development, 2003, Pacific Grove, CA: Wadsworth.*

# Summary of Regional Findings on Early Childhood System

The Salt River Pima-Maricopa Indian Community Region has a Head Start Program, an Infant Toddler Program, early enrichment program and an elementary school-based preschool. Nearly 270 children ages birth to five are enrolled in these programs. This accounts for approximately 33 percent of children within this age group living in the community. These services are provided at no cost to families who qualify, and for families who do not qualify, SRP-MIC provides financial assistance.

The Salt River Clinic and SRP-MIC Child Find provide services to the various early education centers and programs in an effort to ensure that children of the community are receiving immunizations, well-child checks, dental and vision screenings, and development screenings. As a result, 41 percent of children ages birth to five received wellness checks, 23 percent received developmental screenings, and 56 percent received immunizations through the coordinated effort of these programs.

No systematic data have been collected to measure how well these resources are known or accessed by parents in the area. Providers have recommended that the system of education and care for young children be streamlined to better facilitate sharing of information that can help parents navigate through the system efficiently.

## Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing because a majority of children birth to six years of age participate in regular, non-parental child care. In one study, 61 percent of young children participated in some form of child care and 34 percent participated in some type of center-based program.[35] Second, child care is a growing industry. Increasing maternal employment rates and policies from welfare reform have increased demand. Third, research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.[36]

Quality care is often associated with licensed care, and while this isn't always true, one study found that the single best indicator of quality care was the provider's regulatory status.[37]

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with common indicators of quality. Until this rating system is available statewide, this report presents the Salt River Pima-Maricopa Indian Community Regional Partnership Council with an initial snapshot of quality in the region, as established through the nationally accredited organizations approved by the Arizona State Board of Education.

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

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

37 Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. *Child and Youth Care Forum, 20*, 1991, 83-101.

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

### Accredited Early Child Care Centers

SRP-MIC Early Childhood Education Center is currently not accredited by a nationally recognized accrediting agency. However, SRP-MIC Early Childhood Education Center is in full compliance with Head Start and managing ten classes for three and four year olds. The program operates an average of 180 days per year. The average class size is 15, with three early childhood education staff in each class, for a staff to child ratio of 1:7 for 3 and 1:8 for 4 year olds.

Sixty-seven percent of families are income eligible for the program; 41 percent of children were enrolled although their parents were over-income; 1 percent were foster children. Eighty-seven percent are American Indian, and 12 percent are biracial or multiracial, while 10 percent did not report race or ethnicity. All children live in homes where the primary language is English

### Access

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

## Number of Early Care and Education Programs

There are a limited number of early care and education programs in the Salt River Pima-Maricopa Indian Community Region. These numbers show that community members have limited choices between types of care providers and rely primarily on the SRP-MIC Education Department, Early Childhood Education Center (ECEC), which provides both infant-toddler and Head Start/Preschool programs.

The primary child care provider in the Community is the Early Childhood Education Center (ECEC), a division of the SRP-MIC Education Department, which provides both infant-toddler and preschool programs. The infant toddler program

offers an age-appropriate curriculum on a sliding fee scale to income-eligible families through the Child Care Development Fund (CCDF), a federal grant available to tribes. The preschool program is tribally and federally funded (Head Start). Tribal funding is used to provide Head Start services to families who are in need of preschool education, but do not meet the income guidelines of the federal funding as well as the required Head Start match. Bus service is provided for part-day students who qualify. Early Childhood Education Center program enrollment is currently at full capacity.

Other early care and education programs are provided by the Youth Services Division's Early Enrichment Program (EEP) and the Salt River Elementary School's F.A.C.E. Program. The EEP is an early childhood enrichment program serving children ages three and four. Their one-room facility is divided into learning centers to explore the culture of the Pima-Maricopa, dramatic play, art, manipulative play, literacy and science. They currently serve 12 children. The F.A.C.E. Program is a free family literacy program for Native American families with children ages birth to five years, including pregnant mothers. It is located at Salt River Elementary School. School and home-based services are provided. All children attending SRP-MIC early care and education programs receive nutritional meals/snacks on a daily basis from the Salt River Community Schools Food Service Department.

As previously discussed, community members are limited in the choices they have for early care and education in the community. Key informant interviews were conducted in July 2008 with SRP-MIC early care and education program administrators to identify barriers to early care. The SRP-MIC Early Childhood Education Center, which houses the Head Start Program and the early care and education center for infants and toddlers, documented a waiting list for infant and toddlers of 61 in 2007/2008 and 41 for 2008/2009. The Head Start waiting list has averaged 36 children for the last two years.

The SRP-MIC Early Childhood Education Center documented a waiting list for infant and toddlers of 61 in 2007/2008 and 41 in 2008/2009. The Head Start waiting list has averaged 35 children for the last two years. This facility serves 250 children and represents 23 percent of the population of children from birth to five years of age within the SRP-MIC region. Given the 250 children that are already receiving services through this program, it is assumed that the remaining children are either being cared outside of this facility, outside of their community or in their homes.

The most significant barrier to accessing early care identified in the interviews is the need for more or larger facilities to accommodate the child care needs of the community. The early child care program centers and programs are at capacity, which often results in families seeking child care outside the community. Potential challenges for families seeking care outside the community include transportation and culturally competent child care.

## Health

The overall health of the children is an essential element that is integrally related to their learning, social adjustment, and safety. Their development is optimized by access to preventive, primary, and comprehensive health services that include screening and early identification of developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health.

The following table shows the number of children who are enrolled members of SRP-MIC who completed medical screenings and had at least one dental visit at the Salt River Clinic from 2005 through 2007. The Salt River Clinic recently started providing all children ages birth to two and most children three to five years of age with fluoride varnish application at the time of their well child visit. The numbers provided do not include children seen through the school-based Inter Tribal Council of Arizona (ITCA) dental program nor those who had dental or medical care at other facilities.

**Salt River Pima-Maricopa Indian Community region children's access to medical care**

| Medical Care Characteristic | 2005 | 2006 | 2007 |
|---|---|---|---|
| Completed All Medical Screenings | 201 | 280 | 342 |
| Had At Least One Dental Preventive Visit | 34 | 68 | 138 |

* Source: Indian Health Service, Salt River Clinic
**No findings in Resource Patient Management System database

## Developmental Screening

The SRP-MIC Child Find Program is a component of Individuals with Disabilities Education Act (IDEA) and funded through the Bureau of Indian Education (BIE). The program is designed to identify, locate ("find") at risk (special needs) children living in the Salt River Pima-Maricopa Indian Community. The Child Find program conducts free developmental screening for children birth to five years old and assists parents in referral/evaluation process.

Child Find works in partnership with a number of programs in the community to provide parent education and to ensure children attending their early child care programs receive the appropriate screenings, referrals and follow up, including the SRP-MIC's Early Enrichment Program, Salt River Elementary School FACE Program, Temporary Assistance for Needy Families, Indian Health Service Pediatric Services, and the Early Childhood Education Center. The following chart shows the number of SRP-MIC Child Find screenings for children birth through five who received developmental screenings and referrals for service in 2008.

**Salt River Pima-Maricopa Indian Community Children Birth Through Five Years Receiving Developmental Screenings**

| Development Screenings and Referral | 2008 |
|---|---|
| Child Find Screenings Birth Through Five Years | 227 |
| Service Referrals | 74 |

Source: SRP-MIC Child Find Program

Nationally, the percentage of American Indians served under Part B is higher than other races, with the majority being categorized with developmental delay or speech and language delay. This trend is similar in Arizona. There is ongoing dialogue regarding the use of standardized practices with culturally and linguistically diverse children. There is widespread concern over the disproportionate representation of American Indian children in special education programs nationally.[38]

38 Hammer, P.C. and Demmert, W.G. Jr. (2003). American Indian and Alaska Native early childhood health, development, and education

The SRP-MIC Community Needs Survey 2006 conducted by the SRP-MIC Education Department identified 328 children under the age of 18 with disabilities as reported by their parents. Of the 328 children, 40 percent are under the age of six. Additionally, 466 survey respondents indicated that services for disabled children and social services are most needed for children with disabilities and/or health conditions in the community. According the SRP-MIC Head Start Program Information Report 2006-2007, 21 percent of children ages four to five who received developmental screenings were determined to have a disability and all were served with an Individual Education Plan. The majority of the diagnosed disabilities were identified as either speech and language impairment or non-categorical/developmental delay.

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

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the SRP-MIC Child Find Program, Arizona Early Intervention Program, or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

## Immunizations

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

The table below shows the number of children who were immunized each year from 2003-2007 at the Indian Health Service Salt River Clinic. This does not represent all children living within the region who were immunized at another clinic or private provider.

**Salt River Pima-Maricopa Indian Community Number of Children Ages Birth Through Five Who Received Immunizations**

| | 2005 | 2006 | 2007 |
|---|---|---|---|
| **Number of Children Immunized** | 334 | 331 | 467 |

* Source: Indian Health Service, Salt River Clinic
**No findings in Resource Patient Management System database

assessment research. ERIC Clearinghouse on Rural Education and Small Schools (ERIC Reproduction Service No. ED482326).

## Additional Indicators of Interest to the SRP-MIC Regional Partnership Council

The SRP-MIC Early Childhood Education Center (ECEC) partners with the Salt River Clinic and Inter-Tribal Council of Arizona (ITCA) dental program to provide sick visits, well-child screenings, including height and weight assessments, dental services, and immunization services, and staffs a full-time School Nurse on site. The majority of children attending the Early Childhood Education Center receive annual well-child screenings, including dental, hearing, vision, and speech and language, and are referred for treatment as needed. Transportation is available to families for children's medical appointments at no cost.

As with many American Indian communities, diabetes is a major health concern facing the Salt River Pima Maricopa Indian Community. According to the Center for Disease Control and Prevention, the number of American Indians/Alaska Natives under the age of 35 years diagnosed with diabetes through Indian Health Services more than doubled from 1994 to 2004. The SRP-MIC Diabetes Prevention Program and the Women, Infant and Children program both provide nutrition education and promote physical activity.

Additionally, SRP-MIC has a School Wellness Policy to ensure that all students have access to a healthy nutritional environment during the school day, as well as the ability to participate in healthy physical activity during and beyond the school day. The goals of the policy are aligned with the requirements of Section 204 of Public Law 108-265–Child Nutrition and WIC Reauthorization Act dated June 30, 2004 and benefits the children at the Early Childhood Education Center, Salt River Elementary and the Youth Services Division Early Enrichment Program.

### Family Support

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

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.[39] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[40] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[41] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation,

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

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

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

and promotion of play behaviors—all of which enhance child well being.[42] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.[43]

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

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

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

The Salt River Pima-Maricopa Indian Community Region has a number of family support resources and programming. Programs such as the Women, Infant, and Children; Salt River Elementary School FACE Program; Early Childhood Education Center (ECEC); Early Enrichment Program; and Child Find, among others, all provide workshops and training for parents on topics such as nutrition, the importance of physical activity, early childhood development, children with special needs, and other parenting skills workshops.

## Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need an increased amount of more accurate information around quality child care.[44] Parents seem fairly perceptive of their need for more information. Key Informant Interviews and the Community Survey 2006 both revealed a need for more parent education and training in early childhood development, parent skills, financial management, and substance use prevention.

The table below highlights some programs within the community that promote literacy. In addition to this, in an effort to promote early literacy, every child age six months to five years receives a book at each well child check at Salt River Clinic and Phoenix Indian Medical Center (PIMC). This is done through the Read Out and

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

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

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

Read Program with the Arizona Institute for Early Childhood Development at Southwest Human Development.

**Salt River Pima-Maricopa Indian Community Literacy Efforts (2008)**

| | |
|---|---|
| **SRP-MIC Tribal Library** | Regular literacy activities |
| **FACE Program** | Enrolled children receive a book monthly from the Imagination Library and daily reading with children |
| **Early Childhood Education Center** | Daily reading to children |
| **Salt River Pima-Maricopa Indian Community Schools** | Participation in the Arizona Department of Education (ADE) Professional Development Leadership Academy (PDLA) with increasing literacy of students in PK – 12th grade as a professional development goal across the system |

Source: SRP-MIC Early Childhood Education Center Community Assessment 2006

## Professional Development

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

### Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[45] Furthermore, formal training is related to increased quality care; however, *experience without formal training* has not been found to be related to quality care.[46]

The table below provides a snapshot for SRP-MIC.

**Salt River Pima-Maricopa Indian Community**
**Early Childhood Education Center Multi Year Staff Qualification 2004 - 2007**

| Degree Type | 2004 | | 2005 | | 2006 | | 2007 | | 2008 |
|---|---|---|---|---|---|---|---|---|---|
| | Teachers | Assistant Teachers | Teachers | Assistant Teachers | Teachers | Assistant Teachers | Teachers | Assistant Teachers | Teachers |
| **AA** | 2 | 1 | 4 | 1 | 3 | 0 | 3 | 0 | 2 |
| **BA** | 1 | 1 | 2 | 0 | 1 | 0 | 1 | 0 | 2 |
| **Graduate** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **CDA** | 2 | 2 | 1 | 1 | 2 | 2 | 3 | 1 | 0 |
| **No Degree** | 2 | 4 | 3 | 10 | 0 | 4 | 0 | 6 | 6 |
| **Total** | 6 | 9 | 10 | 12 | 6 | 6 | 7 | 7 | 10 |

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

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

46 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care.* 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children,* 1989, *45*, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989,* Oakland, CA: Child Care Employee Project.

## Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities, Central Arizona College or through the Maricopa Community College District. The closest campus to the Salt River Pima-Maricopa Indian Community is Scottsdale Community College, which is located on tribal land and is easily accessible. Scottsdale Community College provides a variety of education and certification programs designed to meet the needs of individuals interested in pursuing careers in early childhood education, or who are currently employed at preschools, child care centers, extended day programs, or other programs or agencies that focus on early childhood education and development. These varied pathways enable Scottsdale Community College students pursuing credentials of a two-year degree or wish to continue their education at the university level.

Aside from other online educational programs, Arizona State University – West, Northern Arizona University, and University of Arizona programs are available.

### Available Education and Certification Programs for Child Care Professionals Near the Salt River Pima-Maricopa Indian Community Region

| School | Degree/Certificates |
|---|---|
| **Scottsdale Community College** | • Certificate of Completion in Early Childhood Development<br>• Certificate of Completion in Infant/Toddler Development<br>• Associate of Applied Science in Early Childhood Development<br>• Associate in Transfer Partnership Degree with Northern Arizona University |
| **Arizona State University – Tempe Campus** | • B.A.E. Early Childhood Education<br>• B.A.E., Early Childhood Teaching and Leadership |
| **Northern Arizona University (online programs)** | • B.A.S. in Early Childhood Education<br>• M.Ed. in Early Childhood Education |
| **Central Arizona College** | • CDA credits<br>• AAS degree in Early Childhood Development<br>• AA degrees |
| **Southwest Indian Polytechnical Institute** | • Transfer of credits to Central Arizona College, Scottsdale Community College<br>• AA Degree |
| **Haskell University** | • BA Degree |

Professional training and credentialing of professionals is an area of need that is being addressed by the Community. The Salt River Post-Secondary and Adult Education Program provide financial aid, scholarship and recruitment/retention services to enrolled tribal members of the Salt River Pima-Maricopa Indian Community. The program serves vocational, undergraduate and graduate college/university students as they pursue their educational goals. Additionally, Central Arizona Community College provides Early Childhood Education courses, within the community at no cost for many students through a scholarship program. Other interested parties can participate for a nominal fee.

## Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive outcomes for children.[47] More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.[48]

The chart below shows the average length of employment for the SRP-MIC Early Childhood Education Center, the sole child care center in the Community. The average length of employment is fairly short with 61 percent of the professionals' length of employment ranging from two to five years. Some teachers and many teacher assistants have been hired as temporary employees and are not a part of this data.

### Average Length of Employment for Child Care Professionals in Salt River Pima-Maricopa Indian Community 2008

| | Less than 1 Year | 1-2 Years | 2-3 Years | 3-4 Years | 4-5 Years | More than 5 Years |
|---|---|---|---|---|---|---|
| Teachers | 1 | 1 | 5 | 5 | 2 | 1 |
| Assistant Teachers | 3 | 5 | 5 | 1 | | |
| Administrative Directors | | 1 | 2 | 1 | 1 | 2 |

Source: SRP-MIC Head Start PIR, SRP-MIC Early Childhood Education Center Survey July 2008

## Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care.[49] Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.[50] Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[51]

The average wages for teachers and assistant teachers in the region are slightly higher than the Maricopa County average; however, the location of the Community within the county requires that wages be competitive given the high cost of living of the surrounding area.

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

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

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

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

51 Ibid.

**Average Wages and Benefits for Child Care Professionals in Salt River Pima-Maricopa Indian Community 2004 -2007**

| | | 2004 | 2007 |
|---|---|---|---|
| **Head Start* Teacher** | Average Hourly Wage | | $16.07 ($33,429 yearly) |
| **Head Start* Assistant Teacher** | Average Hourly Wage | Data not available | $12.50 ($25,900 yearly) |

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey.
*Source: Head Start PIR data 2006-7. Noted in the report: "The Salt River Pima-Maricopa Indian Community, is located near Phoenix a large metropolitan area in the State of Arizona, pays its teachers and teacher assistants a salary that is greater than the state average in order to be competitive with the surrounding job market and to increase the standard of living amongst Community members."

## Public Information and Awareness

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

Increasingly, families and caregivers are seeking information on how to best care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.[52]

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

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be made to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.[53]

There are number of different media sources used for providing information and raising parent awareness about early childhood education in the Salt River Pima-Maricopa Indian Community. Many SRP-MIC programs provide newsletters

52 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and Early Childhood Health Policy, January 2004.
53 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

containing information regarding programs, services, activities, nutrition and other educational material on a monthly or quarterly basis. The SRP-MIC newspaper, the Au-Authm Action News, is published biweekly and provides community members with local, state and/or national news that affects their community. It also includes a monthly calendar of community events and meetings, job postings, community announcements and advertisements.

## System Coordination

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

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.[54] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

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

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers, services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency.

In July 2008, key informant interviews were conducted with eight program administrators and coordinators to explore opportunities to strengthen collaboration and coordination of service provision to improve access and quality of care. An emerging theme from the interviews was that there are many programs collaborating to provide services to achieve shared goals, but greater coordination of collaborative activities is needed. Recommendations for the development of resources to improve services included:

- Expand current facility to centralize programs
- Identify a mechanism for coordinating programs to build trust and to facilitate effective referral and follow up across programs
- Additional resources to increase the number of providers of specialized services and training for early care professionals

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

## Parent and Community Awareness of Services, Resources or Support

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

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

**Salt River Pima-Maricopa Indian Community Schools** provides education programs for students from birth through grade 12 in the Salt River Pima-Maricopa Indian Community. The schools are governed by a nine member Education Board appointed by the SRP-MIC Tribal Council. The Early Childhood Education Center provides programs for children from birth through age five. Salt River Elementary School is a Bureau of Indian Education grant school serving grades kindergarten – six as well as a Family and Child Education (F.A.C.E.) Program (serving families with children from birth to age five) and a 21st Century After School Program. Salt River High School is an Arizona Charter School serving grades seven through 12. Early childhood services are offered at the school for teen parents with infants.

**Salt River Elementary School Culture Program** provides instruction and guidance by using the O'odham language. The program also emphasizes the ancestral and current history of the Akimel O'odham (River People), which will increase the students' and the classroom teachers' knowledge of our community's cultural heritage. Each week, the culture staff provides instruction for the students and classroom teachers and instructional assistants in the kindergarten through the sixth grade classes, while our O'odham consultant works with the F.A.C.E children (ages three to five years) and their parents.

**Behavioral Health Department's** Children and Family Services provide individual and family counseling, case management, crisis intervention, and other adult behavioral health services.

**Social Services Department** houses a variety of family assistance programs, including Temporary Assistance to Needy Families, Foster Care, the Food Program, Helping Hands Thrift Store, general assistance and parent training. Parent trainings are held weekly for eight sessions. Other services include referral to GED preparation classes, counseling, life skills training, job training and community service.

**Salt River Tribal Library** has served the community for over 30 years. The library hosts a wide selection of recent books for all ages as well as periodicals, audio books and music CDs. There are 12 computers with three printers for the public to use. The Sebastian Juan Memorial Collection contains books on the Pima, Maricopa and other tribes in Arizona. Our large Southwest/Native American Collection continues to

grow. The library offers a continuous range of programs for all. The Summer Reading Program is conducted every summer with new themes and fun activities geared toward children and reading. Also during the summer, Arts and Crafts are conducted and movies are shown once a week.

**Nutrition services** are provided through Women, Infant and Children, the Diabetes Prevention Program, and Salt River Community Schools Food Service Department and School Based Clinic. These programs emphasize the importance of a healthy diet and exercise.

**Recreational activities** are available for children and youth in the community. The Boys and Girls Club has two branches in the Salt River Pima-Maricopa Indian Community and provides a discounted membership to enrolled tribal members. There are also two fitness centers and two swimming pools in the community.

**Early child care providers** located off community are within close proximity of Salt River Pima-Maricopa Indian Community. The child care centers with a significant number of children from the Community enrolled include Kiddie Kare and Tutor Time, both located in Mesa, Arizona.

*This list does not include all SRP-MIC programs and service available to tribal members.

## Additional Indicators of Interest to Regional Partnership Council

Areas of interest for further data collection identified by the Salt River Pima-Maricopa Indian Community Regional Partnership Council include:

- Need for centralized services for the Early Childhood Education program that would facilitate access to health screenings, coordinated services between AHCCCS, IHS and Tribal Health, and various service providers
- Parent training - having the skills to create a healthy environment at home, including prenatal care, early learning, teen parenting, emotional development, and understanding of being the child's first teacher
- Additional Early Childhood Education classrooms and buildings
- Educator training/certification to provide a good learning environment - professional development and higher education
- Collaboration, communication and support in community for birth through five year olds

# Conclusion

The Salt River Pima-Maricopa Indian Community is a relatively small community with a large capacity for creating opportunities for children and families. Providers recognize the need to better coordinate local resources to provide parents and families with a cohesive, collaborative, and comprehensive service array that will better meet their own and their children's needs. Although the region is limited in the number of child care settings, tribal programs make a conscientious effort to provide parent education and raise community awareness as evidenced by their program information, brochures, newsletters, activity calendars and Web site.

The Needs and Assets Assessment provides evidence that coordination among programs within the community is critical to ensuring children are receiving medical, dental, vision, and developmental screenings, which are so critical in a young child's life. More information and data is needed to identify the needs of children not currently being served by early care and education programs, specifically those children in relative care or receiving care outside the community.

Educational attainment is another area of importance within the community. The percentage of births to mothers without a high school diploma is higher in the region than it is across the state, which may be due to the high rate of teen pregnancies. However, the number births to mothers with a high school degree or some college has steadily increased in recent years. There is evidence of a need for greater training and certification among child care professionals. There are also mechanisms to pursue higher education locally; however, more information is needed to determine what barriers may exist to accessing higher education.

## Identification of Greatest Regional Assets

Some of the greatest assets among the Salt River Pima-Maricopa Indian Community are the wide array of programs and services available in the community. Tribal programs work together to provide resources and education to community members for the well-being of children. There are efforts to integrate the language and culture, one of their most important assets, into curricula and program activities. Nutrition and health are also a high priority with healthy meals being provided daily to children enrolled in early care programs. Tribal programs are progressive in their data collection and maintenance, including a comprehensive community survey that was conducted in 2006.

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## Identification of Greatest Regional Needs

In some cases, great strengths can also be the flip side of subtle challenges. While there are a number early care and education programs in the community, there are not enough to meet the need of the population of children ages birth through five. Families are limited in the number of choices they have for child care. Difficulty with child care can create other challenges such as employment issues, transportation, and quality child care. While programs partner to provide services, more coordination is needed to create a continuum of care, including case management, referral and follow up, centralization of services and information sharing. More resources are needed to expand facilities to accommodate more children, hire qualified staff, and provide training and professional development.

# Appendices

## Charts of Regional Assets for Salt River Pima-Maricopa Indian Community Region

| Tribal Government Departments and Programs | | | |
|---|---|---|---|
| Cultural Resources Department | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Fire Department | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Health and Human Services Department -Behavioral Health Services | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Health Services Division - Community Health Representatives | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Health Services Division - Diabetes Prevention Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Health Services Division - Environmental Health Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Health Services Division - Health Education | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Health Services Division - Women, Infants and Children (WIC) | 1952 N Longmore | Scottsdale | 85256 |
| Hoo-hoogam Ki Museum | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| O'odham Piipaash Language Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Police Department | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community Tribal Council | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Career Center | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Child Find | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Development Department | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Economic Development Department | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Education Department | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, GED Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Housing Division | 10177 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Johnson O'Malley Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Post Secondary and Adult Education Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Pima-Maricopa Indian Community, Step Up Tutoring Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Social Service Division – CPS | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Social Service Division - Family Assistance/TANF | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Social Service Division – Family Service | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Social Service Division – Food Bank Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Social Service Division – General Assistance | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Social Service Division – Helping Hands Thrift Shop | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Youth Services Division – After School Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Youth Services Division – Group Homes | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Youth Services Division- Early Enrichment Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |

| Tribal Government Departments and Programs | | | |
|---|---|---|---|
| **Schools** | | | |
| Early Childhood Education Center - Infant &Toddler Program, Preschool and Head Start | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Mesa Public Schools | 63 E. Main St., #101 | Mesa | 85201 |
| Salt River Elementary School | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River Elementary School –F.A.C.E. Program | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| Salt River High School | 10005 E. Osborn Rd. | Scottsdale | 85256 |
| **Hospitals/Clinics** | | | |
| Indian Health Service | Hwy. 98 & Navajo Rt. 16 | Tonalea | 86044 |
| Phoenix Indian Medical Center | 4212 N. 16th St. | Phoenix | 85016 |
| Salt River Clinic | 10005 East Osborn Rd. | Scottsdale | 85256 |
| **Colleges** | | | |
| Arizona State University | 411 N. Central Ave. | Phoenix | 85004 |
| Central Arizona College – District Office | 8470 N. Overfield Rd. | Coolidge | 85228 |
| Northern Arizona University | 2715 N. 3rd St. | Phoenix | 85004 |
| Scottsdale Community College | 9000 E. Chaparral Rd. | Scottsdale | 85256 |
| **Recreation Centers** | | | |
| Boys and Girls Club | 10005 East Osborn Rd. | Scottsdale | 85256 |
| **Libraries** | | | |
| Salt River Pima Tribal Library | 10000 E. Mc Dowell Rd. | Scottsdale | 85256 |
| **Non Tribal Programs/Agencies/Coalitions** | | | |
| Inter Tribal Council of Arizona -Women, Infant and Children -Dental Program | 2214 N. Central Ave. # 100 | Phoenix | 85004 |
| AZ Institute for Early Childhood Development at Southwest Human Development | 2850 N. 24th St | Phoenix | 85008 |

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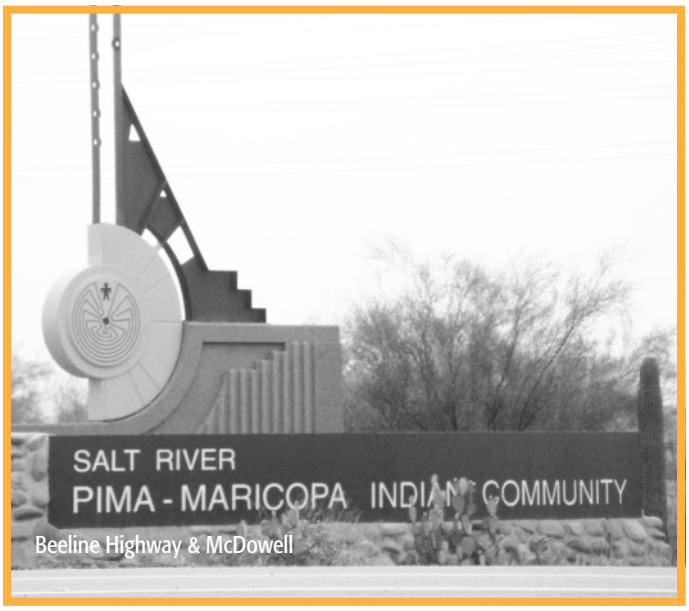
## Description of Methodologies Employed for Data Collection

The needs and assets assessment process commenced on May 1, 2008. On May 29, 2008, the First Things First Regional Manager, FTF Regional Partnership Council Coordinator and the Chair of the Salt River Pima-Maricopa Indian Community Regional Partnership Council presented an overview of First Things First and a request to complete the Needs and Assets Assessment to Tribal Council, who approved the request. Tribal Council directed First Things First to submit a data request to the tribal attorney for review and approval. On June 17, 2008, the data request submittal was complete for review by the SRP-MIC Attorney. On July 2, 2008, First Things First received approval to begin data collection. All data were collected by July 18, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and tribal program data that resulted in asset inventories as well as listings for child care settings.

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

Key informant interviews were also conducted with program administrators and coordinators to determine the coordination and cohesion of early childhood resources, and to identify any barriers to providing early childhood services. Key informants were identified by the SRP-MIC Regional Partnership Council based on the key informant's role in providing early childhood services within the Salt River Pima-Maricopa Indian Community Region. Program representatives from the Education Department, Youth Services Department, and Salt River Elementary School were included in the sample. Seven key informant interviews were conducted in person and by phone. Interview responses were reviewed to identify emerging themes in the following areas: Strengths of services, infrastructural/programmatic needs, child and family needs, program partnerships, and barriers to partnerships.



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

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

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

All photos courtesy of the SRP-MIC Early Childhood Education Center.

FIRST THINGS FIRST

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