

2008

# NEEDS AND ASSETS REPORT



 **FIRST THINGS**

**San Carlos Apache**  
Regional Partnership Council



## **San Carlos Apache**

### **Regional Partnership Council**

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Beverly Russell, *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.

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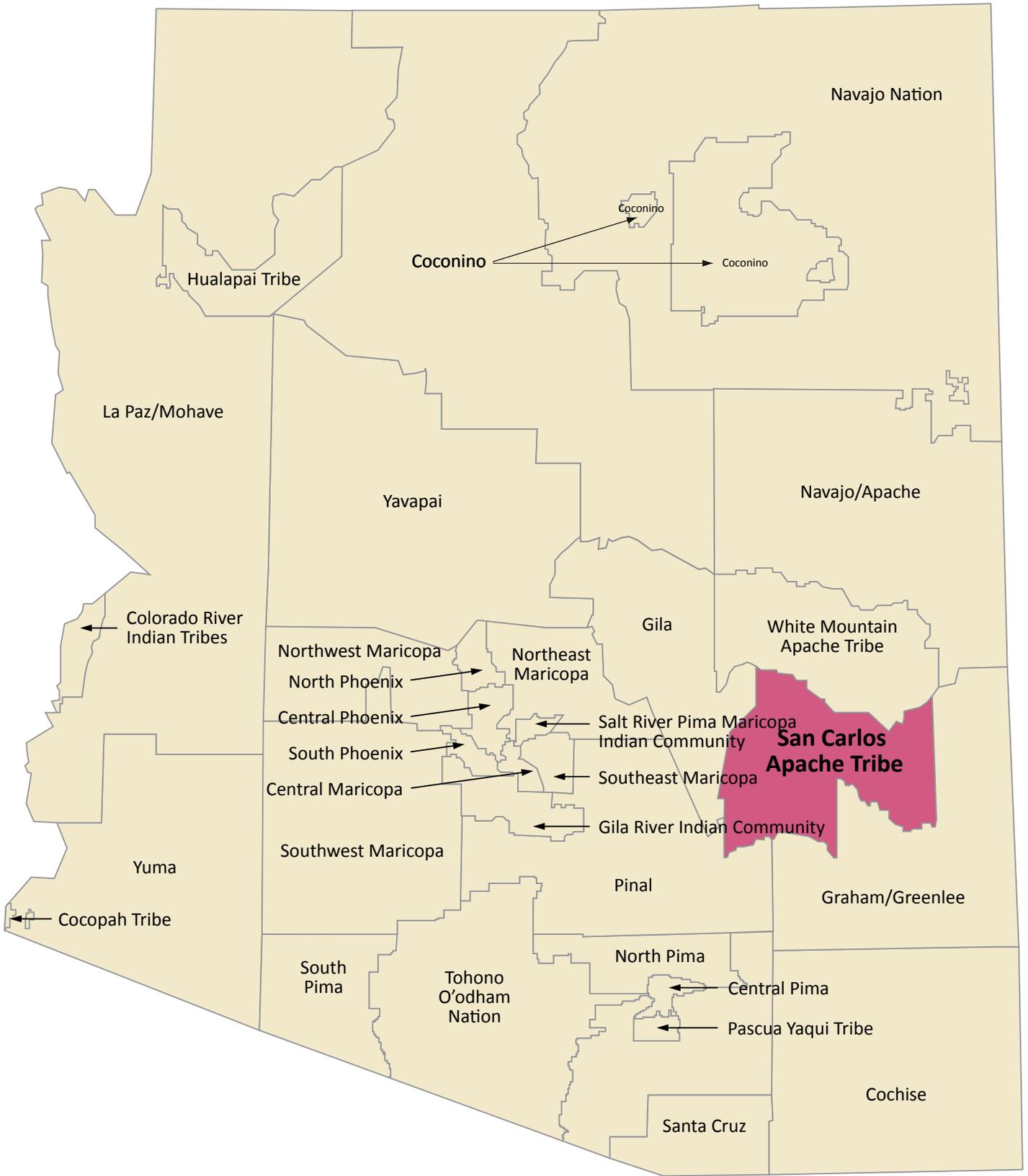
## First Things First – A Statewide Overview

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**T**he 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 (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 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



## The San Carlos Apache 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 San Carlos Apache Tribe was one of 10 tribes that elected to have their tribal lands designated as its own region.

The First Things First San Carlos Apache 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 San Carlos Apache 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 San Carlos Apache 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 FTF Board 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 San Carlos Apache Tribe. 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 FTF Board 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 include a statewide and regional analysis.



## Executive Summary

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In January 2007 First Things First released the report *Building Bright Futures*, Arizona's first statewide needs and assets assessment regarding the current state of early childhood in Arizona. The report provided data on the need to improve early childhood education practice and capacity, highlighted existing resources or assets currently available to support early childhood efforts, and identified opportunities for creating a comprehensive early childhood improvement plan for the state of Arizona. As part of the First Things First initiative 31 Regional Partnership Councils were created to represent early childhood interests at the local level and will conduct a community-level needs and assets assessment every two years.

This report presents findings from the first needs and assets assessment, completed in 2008 for the San Carlos Apache Regional Partnership Council. Each assessment will be used to help guide strategic planning and funding decisions at the local level on behalf of the First Things First state initiative mandated by Proposition 203.

Located in southeastern Arizona, the San Carlos Apache Reservation spans across Gila, Graham and Pinal counties. Encompassing about 2,900 square miles of land area, the reservation varies in landscape, including desert, alpine meadows, and ponderosa pine forest. The closest city is Globe, located 20 miles to the west of the business district of San Carlos. The San Carlos Apache Tribe engages in a number of enterprises including retail stores, timber, hotel and casino, conference center, and a development corporation. The San Carlos Apache Reservation is divided into four unique communities referred to as districts. These districts were originally formed in the 1950s by the tribe's constitution to set voting boundaries. The district names are Peridot, Bylas, Seven Mile Wash and Gilson Wash. The Peridot district has the largest population followed by the Gilson Wash District, then the Seven Mile Wash District. The Bylas district has the smallest population of the San Carlos Apache Reservation communities.

The US Census reports that from 2000 to 2006, the overall population of the San Carlos Apache Region increased by 539 in comparison to the state's population increase of 1,208,123. While the overall population of the San Carlos Apache Region grew, the total number of children ages zero to five actually declined by 149. There are no identifiable trends in the region that can be attributed to the decline in population of the children ages zero to five.

The San Carlos Apache Region is unique because it is a part of a sovereign tribal nation. As a result, the health care services of this region are provided by the San Carlos Indian Health Service Unit which is a Federal Health Care Service that was created to carry out the health care trust responsibilities of the Federal Government to the members of the San Carlos Apache Tribe.

The schools located within the community are Rice Elementary, Peridot Lutheran Elementary School, and St. Charles School. There is only one school district in the San Carlos Apache Region. San Carlos is also home to one tribally licensed child care center, two certified family child care homes, and one school based preschool that enroll a combined total of 96 children. This region is also home to the San Carlos Head Start program at four locations: Seven Mile Wash, Gilson Wash, Peridot and Bylas and enrolls a total of 233 children.

The Needs and Assets Report identifies many of the concerns that are shared by

the San Carlos Apache Regional Partnership Council. As the region continues to grow in population, so do the needs for services for young children and their families. Every parent strives to keep their children healthy and happy but it is difficult to do when there is a lack of service providers available. Although an Indian Health Service Clinic does exist in the region, there is only one pediatrician that is responsible for the health care of the entire population of the children of San Carlos. The concern is that children zero to five are not receiving the appropriate and timely screenings and care that are administered by a pediatrician.

In addition, there are not sufficient early childhood education centers and/or early care centers that can accommodate the current need. The Needs and Assets Report reveals that there are approximately 1,046 children ages zero to five that are residing in the region. With only one tribally licensed child care center, two certified family child care homes, one school based preschool and the San Carlos Apache Tribal Head Start Program there is only a combined enrollment of 329 children served in these programs. All of these centers are at capacity and can no longer accept children into their programs. As a result, 717 children are without care and access to early education. San Carlos Apache families have limited choice in the type of child care and may rely more heavily on relative care.

Another concern of the Regional Partnership Council was in terms of family support as it relates to parenting skills, poverty and cultural identity. This report reveals the number of single parent households in San Carlos has grown by 42 percent in 2006 from 2000. The challenges of raising a child without the support of two parents can affect various aspects of the child's cultural development. For example, the culture of the San Carlos Apache people includes social roles for children, men and woman. Without the influence of both parents, the knowledge these cultural roles play in child development are being lost. Additionally, the economic status for families has been impacted by high unemployment in the community. For the San Carlos Apache Region, the unemployment rate was 17.1 percent in 2007 as compared to the rest of Arizona at 3.8 percent.

The Regional Partnership Council has also identified that the community, as a whole, including parents, educators, law makers, etc., are not fully aware of the issues facing the zero to five populations. Through this statewide initiative (FTF), the Regional Partnership Council is vested in mobilizing the child services community to coordinate efforts to build a culturally appropriate early childhood development network for the San Carlos Apache Region.

## Overview of Region: San Carlos Apache Tribe

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Located in southeastern Arizona, the San Carlos Apache Reservation spans across Gila, Graham and Pinal counties. Encompassing about 2900 square miles of land area, the reservation varies in landscape, including desert, alpine meadows, and ponderosa pine forest. The closest city is Globe, located 20 miles to the west of the business district of San Carlos. The San Carlos Apache Tribe engages in a number of enterprises including retail stores, timber, hotel and casino, conference center, and a development corporation. The San Carlos Apache Reservation is divided into four unique communities referred to as districts. These districts were originally formed in the 1950s by the tribe's constitution to set voting boundaries. The district names are Peridot, Bylas, Seven Mile Wash and Gilson Wash. The Peridot district has the largest

population followed by the Gilson Wash District, then the Seven Mile Wash District. The Bylas district has the smallest population of the San Carlos Apache reservation communities. The schools located within the community are Rice Elementary, Peridot Lutheran Elementary School, and St. Charles School.



## Regional Findings on Child and Family Indicators

According to the US Census, from 2000 to 2006, the overall population of the San Carlos Apache Region increased by 6 percent compared to 23 percent for the state. With this overall increase in population came the decline of the number of children ages zero to five. According to the 2000 US Census, 95 percent of the population was American Indian. There are no reliable data sources to accurately measure what language is spoken at home by children five years or younger in this region.

The region has a significantly higher percentage of single parent families than those reported for the state and nation. Since the year 2000, approximately one out of every three family households in Arizona has been headed by a single parent. The percentage of teen pregnancy for San Carlos Apache Region 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. For the San Carlos Apache Region, the unemployment rate was 17.1 percent in 2007 as compared to the rest of Arizona at 3.8 percent. Unemployment rates have continued on a downward trend for both the region and the state.

### Regional Population Growth

According to the US Census, from 2000 to 2006, the overall population of the San Carlos Apache Region increased by 6 percent while the state grew at 23 percent. While the overall population of the San Carlos Apache Region grew, the total number of children ages zero to five actually declined by 14 percent.

#### Population Growth (all ages)—San Carlos Apache

	2000	2006	% Change
San Carlos Apache On/Off Reservation Trust Lands	9,385	9,924	+6
Arizona	5,130,632	6,338,755	+23
U.S.	281,421,906	301,621,157	+7

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

#### Population Growth for Children Ages 0-5 Years

	2000	2007	% Change
San Carlos Apache	1,198	1,049	-14
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), Kid Count

An important characteristic to note for US 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, one of which may be the age specific mortality rate and teen mothers.

US Census data, as compared to Tribal Enrollment data, on population for American Indians who are tribal members of federally recognized Tribes/Nation, does not reflect the true total population. There are various factors for the inaccuracy of

US Census data; among them the fact that the US Census race/ethnicity data is self reported, general distrust by tribal members of census takers and in providing information to the federal government, and misrepresentation of tribal members living on and off the Tribe/Nation. Tribal Enrollment departments/programs have inaccuracies as well, which may be due to delay in enrollment of children after birth and inability to document the specific enrollment criteria for the Tribe/Nation.

According to the US Census, 61 percent of American Indians and Alaska Natives live in urban areas. Due to the fact that US 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 Tribe/Nation to pursue education and employment opportunities throughout their lives.

### Additional Indicator by Regional Partnership Council

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According to the San Carlos Apache Head Start Community Assessment conducted in 2007, numbers compiled for 2004 indicate that the total Tribal membership enrollment (for all ages) was 12,268. Of those, 726 were children ages zero to five. Tribal enrollment only includes 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 Tribe. This method of counting Tribal population creates a very different result compared to the count of the U.S. Census. Variations may occur due to the complexity of the verification of enrollment process since they are focused on the actual enrollment validation rather than mere numbers; therefore the numbers from the San Carlos Apache Tribal Enrollment Office are not necessarily static, nor is it necessarily higher or lower than other sources.

### Regional Race, Ethnicity and Language Characteristics

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#### Race and Ethnicity Characteristics

The San Carlos Apache Tribe is composed of federally recognized tribal members according to the standards set by the tribal government. The table below reflects the racial/ethnic characteristics of individuals in the ADHS Statistical Profile (2006) and may reflect multi or biracial identity or the race/ethnicity of spouses or partners living on the reservation. Aside from 95 percent American Indian, the other races/ethnicities most commonly identified are White, 3 percent, and Hispanic, 3 percent.

**Race/ Ethnicity Characteristics (all ages) \* San Carlos Apache (2006)**

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander
<b>San Carlos Apache*</b>	3%	3%	<1%	95%	<1%

Source: AHDS Primary Care Area Statistical Profile (2006) \*In some instances rows will not add up to 100% because the variable being measured (race/ethnicity) is not mutually exclusive

The following table shows the percent of San Carlos Apache children (on and off reservation) ages zero to four years by race/ethnic characteristics. Of the children in this age range, 95 percent were American Indian in 2000.

**Race/ Ethnicity Characteristics of Children (0-4 years) San Carlos Apache (2000)**

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other
<b>San Carlos Apache</b>	2%	5%	0	95%	0	<1%

Source: KidsCount.org

The San Carlos Apache Tribe reported 214 live births in 2006, which is about 3 percent of the total American Indian births in Arizona for the same year.

**Births to Arizona American Indians (2006)**

Births to San Carlos Apache On reservation	Births to All American Indians On reservation	Births to American Indians In Arizona	Total Births To All AZ Residents
214	4,063	6,364	102,042

Source: ADHS Primary Care Area Statistical Profile (2006)

*Special Consideration: There are no birthing facilities on the San Carlos Apache Reservation. The numbers indicated above may reflect the numbers of births for San Carlos Apache Tribal members.*

**Language Characteristics**

Apache is an Athabaskan language and is close in dialect to the Navajo language. There are clear distinctions between Western Apache, spoken by the San Carlos Apache, and the Eastern Apache, spoken by Jicarilla, Lipan and Plains Apache. There are many fluent speakers in the community and they have made significant efforts to preserve and maintain the language. There are Apache Language teachers in the public schools who teach the language and culture to grades K-12. Apache history is available to high school students. In July 2007, the San Carlos Apache Tribe Planning and Economic Development Department conducted a Needs Analysis where 1,228 community members from across the reservation were surveyed. Of those who responded, 50 percent agreed that they speak their language fluently and 54 percent reported that they practice their cultural traditions. According to the 2000 US Census, 45.7 percent of the population reported that they spoke a language other than English.

**San Carlos Apache (2000)\***

Language Spoken at Home	Percent
<b>English Only</b>	54.3%
<b>Language Other than English</b>	45.7%
<b>Total (n=8,899)</b>	100%

\*Source U.S. Census Bureau 2000

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics is usually limited to children over the age of five. Data from the most recent 2008 KidsCount and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English.

## Family Composition

### Regional Caregiver and Family Patterns

In 2000, the majority of children within the San Carlos Apache Region lived in households with two parents, although the number of single parent households had grown by 2006 to 42 percent. The region has a significantly higher percentage of single parent families than is reported for state and national averages.

#### Percentages of Single Parent Households with Children 0-18 Years

	2000*	2006**
<b>San Carlos Apache</b>	27%	42%
<b>Arizona</b>	14%	15%
<b>U.S.</b>	14%	14%

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

Since the year 2000, approximately one out of every three family households in Arizona has been headed by a single parent.<sup>1</sup> 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).<sup>2</sup> 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.

### Teen Parent Households

The percentage of teen pregnancy for the San Carlos Apache Region is higher than both the American Indians in Arizona and the state average, with one out of three children being born to parents aged 19 years or younger for 2005 and 2006.

#### Percentage of Children Born to Teen Mothers

	2002	2003	2004	2005	2006
<b>San Carlos Apache</b>	25% (62)	36% (80)	22% (20)	33% (29)	29% (63)
<b>American Indians in AZ</b>	19% (1,039)	19% (1,141)	19% (1,142)	19% (1,204)	19% (1,216)
<b>Arizona</b>	13%	13%	13%	12%	13%

Source: American Community Survey (2002-2006), ADHS Primary Care Area Statistical Profile (2002-2006)

Babies born to teen mothers are more likely than other children to be born at a low

<sup>1</sup> This estimate from KidsCount.

<sup>2</sup> Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 200. Report to the national Task Force on Early Childhood Education for Hispanics., Tempe, Arizona State University.

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.<sup>3</sup>

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<sup>4</sup> of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41<sup>st</sup> 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.

## Employment, Income and Poverty

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### Regional Employment Rates, Annual Income and Families in Poverty

Tribal governments are unique from other forms of government in the United States because they engage in business enterprises as a means of economic development. Tribal enterprises include, but are not limited to, natural resource management, tourism, artistry, construction, gaming and other businesses. Diversity in economic enterprises allows tribes to maintain government functions and supports the local and regional economy through development, revenue sharing, employment, direct financial contributions, and contract services. Tribes are often among the top employers within their geographic region and are a driving economic force that attracts tourism and industry. Some of the tribal enterprises that provide employment in the region include Bashas', San Carlos Lake Development Corporation, Apache Timber Products, Apache Casino Resort, a local gas station, and Noline's Country Store. Apache Gold provides approximately 450 jobs to tribal and non-tribal members.

Employment status can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.8 percent in May of 2007. For the most recent 12 month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Data is presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are more static social indicators (i.e., gender, ethnicity, etc.). In growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward the state and national averages.

For the San Carlos Apache Region, the unemployment rate was 17.1 percent in 2007 as compared to the rest of Arizona at 3.8 percent. The unemployment rates have continued on a downward trend for both the region and the state. It is evident that this amount of unemployment will characterize many of the families with children ages zero to five years.

<sup>3</sup> Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

<sup>4</sup> Ibid.

### Unemployment Rates

	2000	2001	2002	2003	2004	2005	2006	2007
<b>San Carlos Apache Tribe</b>	20.8%	23.0%	27.5%	26.4%	24.3%	22.7%	19.6%	17.1%
<b>Arizona</b>	4.0%	4.7%	6.0%	5.7%	4.9%	4.6%	4.1%	3.8%
<b>U.S.</b>	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%

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

### Annual Income

In Arizona, the annual median household income reported for 2006 was at \$47,265, slightly lower than the national average of \$48,451 per year. That same year the median income for the San Carlos Apache Region was much lower at \$17,242. The median annual household income has actually decreased from 2000 to 2006.

### Median<sup>5</sup> Annual Household Income (per year – pretax)

	2000	2006
<b>San Carlos Apache</b>	\$18,405	\$17,242
<b>Arizona</b>	\$40,762	\$47,365
<b>U.S.</b>	\$43,564	\$48,451

Source: US Census 2000; American Community Survey (2006), Kids Count, ADHS Primary Care Area Statistical Profile (2006)

### Families in Poverty

The median annual income for 53 percent of households in the San Carlos Apache Region is at or below federal poverty guidelines. That is 43 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.).<sup>6</sup>

### Families\* Living at or Below the Federal Poverty Level (2000)

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
<b>San Carlos Apache</b>	53%
<b>Arizona</b>	10%
<b>US</b>	14%

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

Furthermore, 55 percent of children in the San Carlos Apache Region live at or below 100 percent of the Federal Poverty Level. That is 13 percent higher than Arizona.

<sup>5</sup> 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.

<sup>6</sup> Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

**Children\* Living at or Below 100 Percent Federal Poverty Level (2000)**

	Percent of Children Living at or Below 100 Percent of the Federal Poverty Level
San Carlos Apache	55%
Arizona	42%
US	17%

\* Children defined as under 18 years. Source: U.S. Census 2000, Kids Count

However, the percentage of children living at or below 200 percent of the Federal Poverty Level is significantly higher than the state and the nation. It goes without saying that the majority of children living below the poverty level are living in severe poverty.

**Children\* Living at or Below 200 Percent Federal Poverty Level (2000)**

	Percent of Children Living at or Below 200 Percent of the Federal Poverty Level
San Carlos Apache	87%
Arizona	42%
US	37%

\* Children defined as under 18 years. Source: U.S. Census 2000, Kids Count

## Parent Educational Attainment

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**Educational Attainment—Charts and Discussion**

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.<sup>7</sup> Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life and some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2006, the percentage of births to mothers without a high school degree in the San Carlos Apache Region has remained constant at just over 40 percent. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

7 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
<b>San Carlos Apache Tribe</b>	No H.S. Diploma	40%	43%	43%	41%	43%
	H.S. Diploma	39%	36%	37%	40%	38%
	1-4 years College	18%	19%	19%	19%	17%
<b>Arizona</b>	No H.S. Diploma	20%	21%	20%	20%	20%
	H.S. Diploma	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
<b>U.S.</b>	No H.S. Diploma	15%	22%	22%	N/A	N/A
	H.S. Diploma	N/A	N/A	N/A	N/A	N/A
	1-4 years College	21%	27%	27%	27%	27%

Source: CDC, American Community Survey (2002-2006), ADHS Statistical Profile Primary Care Area (2006)

**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.<sup>8</sup> 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.<sup>9</sup>

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 San Carlos Apache Region, 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 7 percent of 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<sup>10</sup>.

One prominent indicator of whether prenatal care is obtained in the first trimester

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

9 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

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

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.<sup>11</sup> Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.<sup>12</sup>

### Selected Characteristics of Newborns and Mothers (2006)

Tribe/Nation	Total Births	Teen Mother (<=19yr)	Prenatal Care 1 <sup>st</sup> Trimester*	No Prenatal Care	Public \$	LBW<2500**	Unwed Mothers
San Carlos Apache	214	63	121	14	207	19	170
Total AI on Reservation	4,063	818	2,557	133	3,599	288	3,156

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

### Low Birth-Weight Babies

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

### 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.<sup>13</sup> In the San Carlos Apache Region, 29 percent of births in 2006 were to a teen mother. Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.<sup>14</sup> A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.<sup>15</sup> 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 gener-

11 Arizona Department of Health Services, Health disparities report, 2005.

12 <http://www.cdc.gov/reproductivehealth/products&-pubs/dataaction/pdf/rhow8.pdf>

13 Center for Disease Control, fact sheet, 2001.

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

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

ally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

## Health Insurance Coverage and Utilization

### Access to Medical Care

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

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, 28 percent of children (ages zero to five) were enrolled in AHCCCS or KidsCare in the San Carlos Apache Region in 2006, which is higher than Arizona.

### Percentage of Population Enrolled in AHCCCS, KidsCare, Medicare and Transportation Score Compared with San Carlos Apache Region and Arizona.

	AHCCCS	KidsCare	Medicare	Transportation Score
<b>San Carlos Apache</b>	26%	2%	15%	244
<b>Arizona</b>	18.4%	3.8%	11.1%	121

Sources: AHCCCS Report AHAHX431 (2005); KidsCare, Report AHAHR431, percent of 2005 population 0 – 19 yrs (2005); Centers for Medicare and Medicaid Services, Dept of Health and Human Services (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. 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.<sup>16</sup> Children who are enrolled members of a federally recognized tribe can access medical care through Indian Health Services. 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.<sup>17</sup>

<sup>16</sup> Genevieve Kenney, et al, “Snapshots of America’s Families, Children’s Insurance Coverage and Service Use Improve,” Urban Institute, July 31, 2003.

<sup>17</sup> 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.

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.

### 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 entire San Carlos Apache Region; however, the chart below provides a snapshot of oral health access and utilization through the San Carlos Head Start Program.

#### Oral Health Head Start Children

2006-2007	Number of Children	Dental Home	Completed Exam	Preventive Care (% of those examined)	Needed Treatment	Received Treatment (% of those who needed)
San Carlos Apache Tribe	233	233	211 (91%)	198 (94%)	32 (15%)	25 (78%)

Source: 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.<sup>18</sup>

## Children’s Educational Attainment

### Elementary Education

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

<sup>18</sup> Arizona Office of Oral Health; 2006 Survey of AHCCCS Providers

a sample of fourth grade students and data at the regional level was not available to include at the time of printing this report.

Data is available for the San Carlos Apache Region for San Carlos Intermediate School on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades 3 through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades 4 and 8 are given a Science assessment.<sup>19</sup> The chart below shows a complex picture of how San Carlos Intermediate School performs. For example, 27 percent of third grade children attending San Carlos Intermediate meet or exceed the standard in math and reading and 26 percent meet or exceed the standard in writing.

### AIMS DPA 3<sup>rd</sup> Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2007

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
San Carlos Intermediate	44%	29%	26%	1%	30%	48%	22%	0	31%	43%	25%	1%

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

Data included for all schools for which AIMS DPA grade score achievement levels were published. See Arizona Department of Education, Accountability Division, Research and Evaluation Section, 2007 AIMS Scale Score Table.

## 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.<sup>20</sup> Many high school students attend public schools outside of the community. The chart below provides the graduation rates for San Carlos High School. Compared with the state and national data, the schools in the San Carlos Apache Region have a significantly lower graduation rates. The tables do not include fifth year graduates.

### High School Graduation Rates 2006

TRIBE HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
San Carlos H.S.	54	105	51%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	74%

<sup>19</sup> Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

<sup>20</sup> Sigelman, C. K., & Rider, E. A., *Life-span development, 2003*, Pacific Grove, CA: Wadsworth.

**High School Graduation Rates 2005**

TRIBE HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
San Carlos H.S.	66	104	63%
Arizona*	50,923	68,498	74%
United States**	2,799,250	3,747,323	75%

**High School Graduation Rates 2004**

TRIBE HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
San Carlos H.S.	57	71	80%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

Many factors contribute to poor attendance and low graduation rates, including transportation issues, family challenges, frequent moves, and teens' perceptions of the value of completing high school. In focus groups conducted with teens at two tribal schools in Arizona (not Tohono O'odham), the primary motivating factors students identified for attending school were to be with their friends, to participate in sports, to alleviate boredom, for specific classes that they like and because their parents want them to come.<sup>21</sup>

## Current Regional Early Childhood Development and Health System

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**Summary of Regional Findings on Early Childhood System**

Quality care is often associated with licensed care; however, there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality that are also relevant in tribal communities. The San Carlos Apache Region does not have a national or state accredited early child care center. The San Carlos Head Start provides a program at four locations: Seven Mile Wash, Gilson Wash, Peridot and Bylas and enrolls 233 children. There is one tribally licensed child care center, two certified family child care homes, and one school based preschool that enroll a combined total of 96 children. Currently, the cost of care for children ranges from \$12 to \$20 per day depending on the age of the child and where they receive child care.

There was insufficient time to collect data from the Indian Health Service to include in this report; therefore, the Head Start Program Information Report was used to provide a snapshot of a segment of the community. All children attending the San Carlos Apache Head Start (233) received medical screenings up to date immunizations; however, no child received a medical screenings through the program. All children received developmental screenings 2004 through 2007, and an average 9 percent were determined to have disabilities.

There are a number of services available for families. San Carlos has a Department of Economic Security office responsible for administering state and federal assistance

<sup>21</sup> LeCroy & Milligan Associates, Native American Dropout Prevention Initiative Year 2 Evaluation Report, 2008.

programs, such as food stamps, medical assistance, Temporary Assistance for Needy Families. Health services are available through Women, Infant, and Children, the Fire Department, Tribal Health Authority, behavioral health and the Community Health Representatives program. There is a Youth Wellness Program and a Boys and Girls Club. Head Start provides parent classes, monthly parent meetings, and a support group for fathers.

The number of teachers and teacher assistants with an early childhood education or related degree has increased from 2004 to 2007. Currently, 92 percent of teachers and 33 percent of teacher assistants meet this criterion. This shows that early child care professionals are overcoming barriers to accessing higher education despite the distance from many communities to a college campus. Employee retention is high with the majority of staff holding their positions for more than five years.

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. There are three primary media used to raise public awareness and provide information about early childhood education. The first is the local newspaper called the Moccasin, which provides local news, program activities and announcements, and educational material and information. The other mediums are the San Carlos Apache Telecommunications Cable Channel and local radio broadcasts. Programs provide community announcements for activities and events.

The San Carlos Apache Tribe has a number of programs and services to serve 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. Educational services, language and culture preservation, social services, and health and wellness programs are available. No systematic data have been collected to measure how well these resources are known or accessed by parents in the area. This is an area for further inquiry.

## Quality

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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 ages zero to six years of age participate in regular, nonparental child care. In one study, 61 percent of young children participated in some form of child care. Further, 34 percent participated in some type of center-based program<sup>22</sup>. 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<sup>23</sup>. 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.<sup>24</sup>

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

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

24 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.

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

## Accredited Early Child Care Centers

The San Carlos Apache Region does not have a national or state accredited early child care center. The table below represents the San Carlos Apache Head Start Program, the number of children served, class size and the staff to child ratio in the center.

### Regional Number of Head Start and Accredited Early Care and Education Centers

Regional Data for 2007	Head Start	Accredited Centers
Number of Classes	12	0
Number of Children Enrolled (Avg. per program)	233	
Average Class Size	19	
Three Year Olds	80	
Four-Five Year Olds	154	
Preschoolers staff to Child Ratio (Avg.)	1:9	No data

Sources: SRPMIC Head Start Program Information Report 2007

Eleven of the 12 classes have at least one staff member with a degree in Early Childhood Education or related field. In all, 75 children were enrolled for a second year in Head Start programming; for two children, this was their third year. The program reported that, of 25 children needing full day or full year care, nine attended another child care center when not at Head Start. Half of the direct child development staff at the Head Start is proficient in the Apache language.

A total of 37 percent of children have parents receiving public assistance; 40 percent of families are income eligible; 23 percent of children's families are over income. All 233 were Native American and English was the primary language of their families.

## 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.

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

as available child care. For the current Needs and Assets report for the San Carlos Apache Tribe, data from the Market Rate Survey were unavailable. Independent provider surveys were conducted for purposes of this report. Available data include: number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care.

## Number of Early Care and Education Programs

There are a limited number of early care and education programs in the San Carlos Apache Region. These numbers show that community members have limited choices between types of care providers and rely primarily on the San Carlos Apache Kid Child Care which provides child care for children birth to 12 years of age.

### San Carlos Apache Tribe Number of Early Care And Education Programs by Type\*

Tribally Licensed Centers	Small Groups Homes	Des Certified Family Child Care Homes	Elementary School Based Preschool And Early Care Programs
1	0	2	1

Source: Provider Surveys, July 2008; DES family homes identified by office

San Carlos Apache Tribe provides Apache Kid Child Care, which is federally funded by the Child Care Development Fund, and provides care based on family income. A preschool program is also available at Rice Elementary, which provides a three hour program in the morning and one in the afternoon. Two in-home providers were identified through the Department of Economic Security Globe Office.

## Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type as identified by the provider survey in July 2008 for the San Carlos Apache Tribe. These numbers do not account for children cared for in unregulated care, family care, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

### San Carlos Apache Tribe Number of Children Enrolled in Early Care and Education Programs by Type

	Tribally Licensed centers	Small groups homes	DES Approved family child care homes	Elementary School Based Preschool and Early Care Programs	Total Enrollment Ages 0-5
<b>Total Enrollment 0-5</b>	59	No data	3	34	96

Source: San Carlos Apache Region Provider Survey, July 2008

As of July 2008, a total of 96 children ages birth to five were enrolled in child care. The total enrollment in early care and education programs combined with the San Carlos Apache Head Start enrollment represents approximately 31 percent of children

ages birth to five based on Arizona Department of Health Services Primary Care Area Statistical Profile for 2006. According to the Needs Analysis conducted in July 2007 by the San Carlos Apache Tribe Planning and Economic Development Department, child care and Head Start facilities, along with housing construction, were ranked the highest priority for community development.

### **Costs of Care**

The table below presents the average cost for families by type of early care and education. Data from the Market Rate survey was not available; therefore, provider surveys were conducted to determine the cost of care within the San Carlos Apache Region. In general, it can be noted that care is more expensive for younger children. Infant care tends to be more costly for parents because ratios of children should be lower and infant care requires a unique skill set. Clearly these costs present challenges for families, especially those at the lowest income levels.

Currently, the cost of care for children ranges from \$12 to \$20 per day depending on the age of the child and where they receive child care.

**San Carlos Apache Tribe Reservation**  
**Early Care and Education Average Daily Cost, by Type and Age Group, 2008**

Setting Type & Age Group	San Carlos Apache Tribe (2004, 2006)	San Carlos Apache Tribe (2008)	U.S. (2008)
<b>Group Homes (ADHS)</b> • Infant • Toddler • Preschooler	No Market Rate Survey data for this region		
<b>Licensed Centers (ADHS)</b> • Infant • Toddler • Preschooler		\$12 per day \$12 per day \$12 per day	\$9,567 per year** \$7,084 per year**
<b>In-Home Care</b> • Infant • Toddler • Preschooler		\$19.65 per day	Data not available
<b>Certified Homes (DES)</b> • Infant • Toddler • Preschooler		\$20 per day \$18.50 per day	\$6,505 per year**
<b>Alternately Approved Homes (food programs)</b> • Infant • Toddler • Preschooler			Data not available
<b>Unregulated Homes (CCR &amp; R)</b> • Infant • Toddler • Preschooler	Data not available		
<b>Subsidized Settings (all ages)</b> • Infant • Toddler • Preschooler			

\*\*Assumes full-time enrollment

Sources: 2004 & 2006 DES Market Rate Study; 2008 Provider Survey

## Health

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

The majority of San Carlos Apache families receive medical care at the San Carlos Indian Health Service Hospital, which is staffed by 14 physicians and four dentists and is JCAHO accredited. The Inpatient Unit has an eight bed capacity, and services include general medical care and surgical aftercare. Outpatient services include gen-

eral medical, pediatric, prenatal and postpartum care, surgical follow up and a variety of specialty clinics. There are 25,000 patient visits a year to our Outpatient Department and 25,000 visits per year to our Emergency Department. High risk obstetrical patients and those requiring surgery or complex medical care are referred to Phoenix Indian Medical Center, located approximately 110 miles from San Carlos, or other contract care hospitals. Ground and air transportation are available for emergency care. The Bylas Health Center, located 28 miles east of San Carlos, is a 40-hour ambulatory center staffed by a physician and ancillary staff. The Bylas Health Center provides outpatient urgent care and community outreach programs.

There was insufficient time to collect data from the Indian Health Service to include in this report. The Head Start Program Information Report contains health data for enrolled children. While this does not provide a comprehensive picture of the overall health of children in living in the San Carlos Apache Region, it does provide a snapshot of a segment of the community.

Children attending the San Carlos Apache Head Start received medical screenings and immunizations as outlined in the table below. According to the Head Start Program Information Report, no children had up to date medical screenings and 233 had up to date immunizations.

**Medical Services Head Start Children**

2006-2007	Number of Children	Health Insurance	Medicaid/ EPSDT	Medical Home	Indian Health Services (home)	Up to date Medical Screening**	Up to Date Immunization	Mental Health Assess	MH Outside referrals
San Carlos Apache Tribe	233	233*	0	233	233	0	233	4 (2%)	4 (2%)

Source: Head Start PIR Program Year 2006-2007

\*Indian Health Service

\*\*75 children were treated during year for medical conditions: 7 anemia; 15 asthma; 2 Hearing; 51 overweight

**Developmental Screening**

Early identification of developmental or health delays is crucial to ensuring children’s optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.<sup>25</sup> For example, children with autism, identified

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

early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.<sup>26</sup>

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.<sup>27</sup>

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)<sup>28</sup>. Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments, although the process may differ slightly if the referral is generated within the Indian Health Service.

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

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/ communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the child find process is. This is the first task in knowing whether or not a community's child find process, including screening, is working well.

Second, when conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to ensuring such accuracy.

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

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

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

For San Carlos Apache, the Indian Health Service pediatricians and public health nurses make the majority of the referrals to AzEIP. They have increased their staff from one to four, which has increased their ability to address the need in the community. Intergovernmental agreements also are in place between Head Start and the schools to ensure that Individual Education Plans are developed by the school district with parent involvement. The following table provides San Carlos Apache Head Start data on children with disabilities enrolled in the program. The majority of children to be determined to have a disability was in the area of speech or language impairment.

**San Carlos Apache Tribe (SCAT)  
Head Start Children Receiving Developmental Screenings, Percent Determined to Have a Disability, Percent Eligible for Services 2004-2007**

Development Screenings and Referral	2004	2005	2006	2007
Number of Children Enrolled in the Program	245	233	246	233
Percent determined to have a disability	12%	9%	7%	9%
Of children with disabilities, percent determined to be eligible for services	34%	100%	100%	75%

Source: SCAT Head Start PIR

The following table provides the number of preschool enrollments by disability for San Carlos Unified School District.

**San Carlos Apache Tribe  
Preschool Enrollment by Disability<sup>29</sup>**

School District	HI	PMD	PSD	PSL	VI	Total
San Carlos Unified School District		*	*	14		19

Key

HI = Hearing Impaired

PMD = Preschool Moderate Delay

PSD = Preschool Severely Delay

PSL = Preschool Speech & Language Delay

VI = Visually Impaired

## 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. Data was not obtained at a regional level on the number of children who received the age appropriate immunizations. All 233 children enrolled in Head Start are up to date on their immunizations.

<sup>29</sup> Note: Data listed is estimated;

## Family Support

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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.<sup>30</sup> Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.<sup>31</sup> Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.<sup>32</sup> Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.<sup>33</sup> Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.<sup>34</sup>

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

30 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.

31 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.

32 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.

33 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.

34 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.

providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

There are a number of services available for families. San Carlos has a Department of Economic Security office responsible for administering state and federal assistance programs, such as food stamps, medical assistance, Temporary Assistance for Needy Families. Health services are available through Women, Infant, and Children, the Fire Department, Tribal Health Authority, behavioral health and the Community Health Representatives program. There is a Youth Wellness Program and a Boys and Girls Club. Head Start provides parent classes, monthly parent meetings, and a support group for fathers.

### **Parent Knowledge About Early Education Issues**

When asked, child care professionals continually report that families need more and better information around quality child care<sup>35</sup>. Parents seem fairly perceptive of their need for more information. There is little known about parent knowledge of early education issues in the San Carlos Apache Region. This is an area for future inquiry.

Family literacy activities in the community are supported by the San Carlos Apache Library, which provided 15 programs/activities for children in 2005-2006<sup>36</sup>. Daily reading and literacy activities take place with children and parents at the Apache Kid Day Care and the San Carlos Apache Head Start. Although there are literacy activities for children ages zero to five, the majority of literacy activities in the community target children ages six and older. Greater efforts are needed to promote literacy for younger children.

## **Professional Development**

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

### **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<sup>37</sup>. Furthermore, formal training is related to increased quality care; however, experience without formal training has not

35 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.

36 Arizona Public Library Statistics, Gila County 2005-2006, Children's Services, <http://www.lib.az.us/extension/gilao7.htm#partVIII>. Accessed July 18, 2008

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

been found to be related to quality care.<sup>38</sup>

The table below shows the number of Head Start teachers and teacher assistants for 2004 and 2007. The section for 2007 includes the staff count for Apache Kid Child Care. Data was not available in the Compensation and Credentials Report.

### San Carlos Apache Tribe Number of Early Childhood Teachers and Administrators

Staff Type	2004	2007
Teachers	Full time	Full Time
Assistant Teachers	No data available in the Compensation and Credentials Report	7
Teacher/Directors		4
Admin. Directors		1
Head Start Teachers	12	12
Head Start Assistant Teachers	12	12
Head Start ECE Directors	1	1
Head Start Admin. Director	1	1

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

The table below represents the multi-year staff qualifications for the San Carlos Apache Head Start Program using the Performance Information Reports 2004-2007. For 2007, the table includes the early care professionals from Apache Kid Care based on a provider survey. This table does not include the professional qualifications of all early child care professionals in the region.

### San Carlos Apache Tribe Head Start Multi Year Staff Qualification 2004 – 2006, Head Start and Apache Kid Care 2007

Degree Type	2004		2005		2006		2007	
	Teachers	Assistant Teachers						
ECE or related degree	83%	0	67%	17%	100%	42%	92%	33%
AA	9	0	7	2	11	5	14	5
BA	1	0	1	0	1	0	1	0
Graduate	0	0	0	0	0	0	0	0
CDA	2	2	1	2	0	5	0	8
No Degrees	2	12	4	10	0	7	1	6
<b>Total</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>16</b>	<b>19</b>

Source: Head Start Program Information Report (2006-2007) and Multiyear Staff Qualifications Report (2004-2007), 2007 includes Apache Kid Child Care staff, provider survey

The San Carlos Executive Director, Program Director and Child Development Director have BA degrees. One teacher with an AA is enrolled in a BA degree program, and 3 assistant teachers with CDAs are enrolled in early childhood education or related degree programs.

<sup>38</sup> 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 or through the local community colleges. Access to higher education opportunities is limited to early child care professionals. Eastern Arizona College offers courses in Thatcher, Arizona, which is approximately 60 miles southeast of San Carlos, Arizona where the majority of community members reside. For a baccalaureate or graduate degree, community members have the option of taking courses online through Northern Arizona University. Otherwise individuals would need to travel more than 100 miles to attend programs at the University of Arizona in Tucson or Arizona State University in Tempe.

### Available Education and Certification Programs for Child Care Professionals Near the San Carlos Apache Region

School	Degree/Certificates
Eastern Arizona College	Certificate in Early Childhood Education Associate of Applied Science in Early Childhood Education
Northern Arizona University (online programs)	B.A.S. in Early Childhood Education M.Ed. in Early Childhood Education

The San Carlos Higher Education Program is available for eligible San Carlos Apache people to provide them the opportunity to complete their educational goals beyond high school for the purpose of developing leadership, tribal talent, individual careers for present and future growth and increasing employment opportunities. Grants are made available for students who are enrolled members of San Carlos Apache Tribe, whom are enrolled or accepted for enrollment to an accredited college or university and who have established financial need<sup>39</sup>.

## 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.<sup>40</sup> 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.<sup>41</sup>

The chart below shows the average length of employment for the San Carlos Apache Head Start and Apache Kid Child Care programs. The average length of employment is fairly long with the majority of staff holding their positions for more than five years.

<sup>39</sup> San Carlos Apache Tribe, Education Department. [www.scateducationdepartment.com](http://www.scateducationdepartment.com). Accessed July 2008.

<sup>40</sup> 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.

<sup>41</sup> 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.

### Average Length of Employment for Child Care Professionals in SCAT Region 2007

	Less than 1 Year	1-2 Years	2-3 Years	3-4 Years	4-5 Years	More than 5 Years
<b>Teachers</b>						16
<b>Assistant Teachers</b>						19
<b>Teacher Directors</b>						
<b>Administrative Directors</b>		1				1

Source: Provider Surveys July 2008, Head Start and Apache Kid Care only

### Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and child care centers, workers' salaries are related to quality child care<sup>42</sup>. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care<sup>43</sup>. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.<sup>44</sup>

The table below provides the average salaries for teachers, teacher assistants and administrative directors for San Carlos Apache early child care programs.

### Average Wages and Benefits for Child Care Professionals in San Carlos Apache Region 2004 – 2007

		2004	2007
<b>Teacher</b>	Average Hourly Wage	No Data	\$9.81
<b>Assistant Teacher</b>	Average Hourly Wage	No Data	\$7.75
<b>Teacher/ Director</b>	Average Hourly Wage	No Data	No Data
<b>Admin/ Director</b>	Average Hourly Wage	No Data	\$17.10

Sources: 2004 data is from the Compensation and Credentials Survey.

\*Source: Head Start PIR data 2006-7, Provider Survey

## Public Information and Awareness

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

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately,

42 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5<sup>th</sup> 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.

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

44 Ibid.

and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.<sup>45</sup>

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

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.<sup>46</sup>

## System Coordination

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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.<sup>47</sup> 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. Partnerships with San Carlos Apache Tribe, county and state programs that help low income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated and there is a continuum of care.

45 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.

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

47 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 San Carlos Apache Tribe has a number of programs and services to serve 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\*:

**Educational services** are available to support community members in achieving their educational and vocational goals. The San Carlos Education Department services include adult education and job placement, higher education services and scholarship, and Johnson O’Malley for students from three years old to twelfth grade. This department also oversees Head Start and Apache Kid Child Care. San Carlos Apache Library also provides educational opportunities for families.

**Culture and language preservation** efforts are available, such as the San Carlos Apache Cultural Center, which provides cultural and historical information and exhibits. A special exhibit, Window on Apache Culture, is hosted there to describe the Apache’s spiritual beginnings and ceremonies. Apache language and culture is integrated into the Head Start and Apache Kid Child Care curriculum, and is taught in the public schools.

**Social Services Department** houses a variety of family assistance programs, including Temporary Assistance to Needy Families, foster care, general assistance and parent training. Parent trainings are held weekly for eight sessions.

**Behavioral health** services provide individual and family counseling, case management, crisis intervention, and other services adult behavioral health services.

**Health and wellness** services are provided through Women, Infant and Children, the Diabetes Prevention Program, and Community Health Representatives. These programs emphasize the importance of a healthy lifestyle, diet and exercise.

**Recreational activities** are available for children and youth in the community. There is a Boys and Girls Club, six ball fields and two rodeo grounds.

\*This list does not include all San Carlos Apache programs and service available to tribal members.

## Additional Indicators of Interest to Regional Partnership Council

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Areas of interest for further data collection identified by the San Carlos Apache Regional Partnership Council include:

- Children’s reading readiness and literacy levels, parents reading to children
- Mechanisms for program and service coordination
- Child safety rates of domestic violence, abuse and neglect, home environment

## Conclusion

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### Synthesis of findings on regional child and family indicators and early childhood system

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The San Carlos Apache Tribe has a history of persistence and tenacity and is dedicated to creating opportunities for children and families. This needs and assets assessment demonstrates the need for family support in the community. Socio-economic factors and family composition often indicate the families are dealing with a tremendous amount of stress and pressure to provide for their children. 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. The region is limited in the number of early child care settings available; however, the current programs make a considerable effort to address the child care need, provide parent education, preserve language and culture, and raise community awareness.

The assessment provides evidence that coordination among programs within the community is critical to ensuring children receive 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 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 that more early childhood professionals are seeking educational opportunities as the percentage of teacher and teacher assistants with an early childhood education or related degree has increased.

The San Carlos Apache Tribe has a number of programs and services to reach parents and community and raise awareness of early childhood development and education. Further inquiry is needed to determine the level of knowledge and awareness that parents and family members have about the developmental needs of children ages birth to five.

### Identification of Greatest Regional Assets

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Some of the greatest assets of the San Carlos Apache Tribe are the Head Start, Apache Kid Child Care Program and they array of services available in support of families. The programs have shown an increase each year in the number of early care professionals who have earned a early childhood education or related degree despite the distance from many communities to a college campus. There is a strong commitment to Apache language and culture as demonstrated in the preservation and promotion efforts in educational curricula at the early care programs and in the public schools.

## Identification of Greatest Regional Needs

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As is so often the case, great strengths can also be the flip side of subtle challenges.

While the programs are providing a tremendous service to the community, there are not enough early care programs or services to meet the need of the population of children ages zero to five. Families are limited in the number of choices they have for child care, which can create difficulties with employment issues, transportation, and quality child care. According to the socio-economic indicators and family composition, many families are dealing with issues related to poverty, teen pregnancy and single head of household. While many families may have support from extended families, there can still be a tremendous amount of stress and pressure on families that can impact a child's home environment. More information is needed to determine how services are coordinated to create a continuum of care, including case management, referral and follow up, centralization of services and information sharing. Resources and facilities to accommodate more children could benefit the community to provide more child care options.



# Appendices

## Assets for San Carlos Apache Tribe

Tribal Government Departments and Programs			
Apache Head Start	31 Tonto St.	San Carlos	85550
Apache Kid Child Care Center	34 Tonto St.	San Carlos	85550
Fire Department	74 San Carlos Ave.	San Carlos	85550
Police Department	200 West Pinal	San Carlos	85550
San Carlos Apache Cultural Center	US 70 Milepost 272	Peridot	85542
San Carlos Apache Tribal Council	P.O. Box 0	San Carlos	85550
San Carlos Apache Tribe	P.O. Box 0	San Carlos	85550
San Carlos Apache Tribe – Adult Education and Training	P.O. Box 0	San Carlos	85550
San Carlos Apache Tribe – Dept. of Higher Education	P.O. Box 0	San Carlos	85550
San Carlos Apache Tribe – Education Department – Johnson O'Malley	P.O. Box 0	San Carlos	85550
Social Services – Child Protective Services	605 S Seventh St.	Globe	85501
Social Services – Department of Economic Security (DES)	Peridot Shopping Center, P.O. Box 747, Hwy. 70	Peridot	85542
Social Services – Youth Home	Route 79	San Carlos	85550
Social Services – TANF	P.O. Box 278	San Carlos	85550
Tribal Health Authority-Women, Infants and Children (WIC)	P.O. Box 0	San Carlos	85550
Tribal Health Authority – Adult Wellness Program	P.O. Box 0	San Carlos	85550
Tribal Health Authority – Community Health Representatives	P.O. Box 0	San Carlos	85550
Tribal Health Authority – Youth Wellness Program	P.O. Box 0	San Carlos	85550
Schools			
Peridot Lutheran School	Hwy. 170	Peridot	85542
Rice Elementary School	N. San Carlos Ave.	San Carlos	85550
San Carlos Alternative School	PO Box 207	San Carlos	85550
San Carlos High School	Milepost 270, Hwy. 70	San Carlos	85550
St.Charles Apache Mission School	355 San Carlos Ave.	San Carlos	85550
Hospitals/Clinics			
Bylas Health Center	P.O. Box 208	San Carlos	85550
Indian Health Service	P.O. Box 208	San Carlos	85550
San Carlos Apache Hospital – San Carlos Service Unit	P.O. Box 208	San Carlos	85550
Colleges			
Arizona State University	411 N. Central Ave.	Phoenix	85004
Central Arizona College	168 S. Main Street	Coolidge	85228
Northern Arizona University	8470 N. Overfield Rd.	Coolidge	85228
Scottsdale Community College	9000 E Chaparral Rd., <i>Get Directions</i>	Scottsdale	85256
Recreation Centers			
Boys and Girls Club	P.O. Box 1651	San Carlos	85550
Libraries			
San Carlos Apache Tribal Library	P.O. Box 0	San Carlos	85550
Non Tribal Programs/Agencies/Coalitions			
Inter Tribal Council of Arizona-Women, Infant and Children -Dental Program	2214 N Central Ave # 100	Phoenix	85004

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- American Montessori Society: [www.amshq.org](http://www.amshq.org)
- Annie E. Casey Foundation Kids Count Data Center <http://www.kidscount.org/datacenter/compare>
- Annie E. Casey Foundation. Kids Count. Children in immigrant families: [http://www.kidscount.org/datacenter/profile\\_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8](http://www.kidscount.org/datacenter/profile_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8)
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## Description of Methodologies Employed for Data Collection

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The needs and assets assessment process commenced on May 1, 2008. On June 3, 2008, the First Things First Regional Manager, Coordinator, the Chair of the San Carlos Apache Tribe Regional Partnership Council, and consultant presented an overview of the program and the Needs and Assets Assessment to Tribal Council, who approved the request. Tribal Council expressed their support and directed First Things First to present the request to the Education Committee on June 4, 2008 for review and approval. The Education Committee approved the data collection method and approved approach and referred the request back to Tribal Council. On June 26, 2008, the San Carlos Apache Tribal Council approved the data collection method and approach for the Community Needs and Assets Assessment and Report by tribal resolution, which was passed by majority vote. All data was 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 San Carlos Apache Region, this rapid needs and assets assessment approach consisted of consultants working with the Coordinator and 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 four surveys were completed. Data collected from the centers were analyzed using sums, averages, and percentages as applicable to each question for which survey data were supplied.

As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data was not always available at the regional level of analysis, particularly for the tribally specific data. In particular, data for children zero to five years was 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 was reported which does 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 is available for this population of children (zero to 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 zero to 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.





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