



2012

NEEDS AND ASSETS REPORT

Tohono O'odham Nation Regional Partnership Council



FIRST THINGS FIRST

Ready for School. Set for Life.

First Things First Needs and Assets Report

Tohono O'odham Nation Regional Partnership Council

2012

Prepared by the
Norton School of Family and Consumer Sciences
The University of Arizona

Funded by
First Things First Tohono O'odham Nation Regional Partnership Council

Norton School of Family and Consumer Sciences
The University of Arizona
PO Box 210078
Tucson, AZ 85721-0462
Phone: (520) 621-8739
Fax: (520) 621-4979
<http://ag.arizona.edu/fcs/>



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September 6th, 2012

Message from the Chair:

The 2012 Tohono O'odham Nation Regional Needs and Assets Report is the third in a series of assessments conducted every two years for the First Things Tohono O'odham Nation Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in the region. It is a collection of useful data and community information that will be used to help determine how best to invest resources to improve the lives of young children and families in the region.

The Tohono O'odham Nation Regional Partnership Council takes great pride in the progress made over the past four years. Together with our community partners, we are delivering on our promise to build a solid foundation for young children and their families. During the past year, we have provided support to young children and their families through grant awards and activities addressing early education/child care, professional development of early care and education professionals and parent outreach and awareness.

The Tohono O'odham Nation Regional Partnership Council is grateful for the support and guidance received from the Tohono O'odham Nation, Chairman, Legislative Council and Departments. With the on-going support of community members, The First Things First Tohono O'odham Nation Regional Partnership Council will continue to advocate and provide opportunities for healthy growth in the first years of life, parent education on child development, and ongoing professional development opportunities for child care providers, teachers, and family caregivers.

Thanks to the dedicated staff, volunteers, and partners with this support First Things First is making a difference in the lives of our youngest citizens, not only on Tohono O'odham Nation, but throughout Arizona.

Sincerely,

Louis Johnson, Chair
Tohono O'odham Nation Regional Partnership Council

Introductory Summary and Acknowledgments

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

This Needs and Assets Report for the Tohono O'odham Nation Regional Partnership Council statistical analysis and helps us in understanding the assets, needs, and gaps for young children and points to ways in which children and families can be supported.

The First Things First Tohono O'odham Nation Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. A strong focus of the Tohono O'odham Nation Regional Partnership Council is working with stakeholder's throughout the Tohono O'odham Nation to further develop and refine the strategies required to reach our common goals. Great progress has been made in building the partnerships and relationships necessary to implement programs across the key focus areas of early learning, professional development of early childhood professionals, health and family support to meet the varying needs of young children and families. This report provides data that will aid the Regional Council's ongoing strategic planning and help to build a comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Tohono O'odham Nation Regional Partnership Council owes special gratitude to the agencies and stakeholders who participated in numerous work sessions and community forums throughout the past four years. The success of First Things First is due, in large measure, to the contributions of numerous individuals who consistently give their time, skill, support, knowledge and expertise.

To the current and past members of Tohono O'odham Nation Regional Partnership Council, are the heart and soul of First Things First. The council's dedication, insight, and extreme passion, have guided our effort to make a difference for young children and families within the region. Our continued work together will further aid in building a truly comprehensive early childhood system for the betterment of young children within the Tohono O'odham Nation and the entire State.

Our gratitude is also given to the Tohono O'odham Nation and Districts, without your support and guidance we could not move the work of understanding and developing an early childhood system which supports the youngest members.

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Executive Summary

The Tohono O’odham Nation is a federally recognized Tribe located in southwestern and central Arizona. It is made up of three non-contiguous reservation lands (San Lucy, San Xavier, and Florence Village), as well as nine contiguous Districts (Sells, Sif Oidak, Gu Achi, Gu Vo, Hickiwan, Pisinemo, Chukut Kuk, Baboquivari, and Schuk Toak) that lie on three counties: Pinal, Pima and Maricopa. The Tohono O’odham Nation has the second largest tribal land base in the country, and its enrollment numbers also make it one of the largest tribes in the southwest. The largest community within the Tohono O’odham Nation is the district of Sells, which functions as the Nation’s capital. The boundaries of the Tohono O’odham Nation First Things First Regional Partnership Council match the boundaries of the reservation.

The 2010 US Census reported the population of the reservation to be 10,201, of whom 1,180 are children under the age of six. (Total tribal enrollment, which includes members living off the reservation, was 28,089 in 2007.) According to Census data from 2000 to 2010, there was a slight decrease of five percent in both the total population and the number of young children. The Census counted 2,781 households in the region. About one-third of these households (738) were home to one or more children under six. About 54 percent of the region’s young children live with relatives other than their parents. This proportion is higher than the statewide average (19%) and the average for all of Arizona’s reservations (47%).

A high unemployment rate, low educational attainment and limited job opportunities are among the main challenges faced by community members in the region. Despite tribal enterprises that give employment preference to tribal members, unemployment in the Tohono O’odham Reservation averaged about 34 percent in 2011. This rate is higher than all Arizona Reservations combined (24.7%) and much higher than the Arizona average of 9 percent. Limited employment opportunities are also related to the low educational attainment in the region: about 33 percent of the region’s adults do not have a high school education.

Nearly two thirds (58%) of the region’s children under six live in poverty, which is more than double the rate in Arizona as a whole (24%). The Tohono O’odham Nation WIC program provided services to an average of 236 infants and 595 children (up to four years old) a month in 2011.

Language and cultural preservation is important to the Tohono O’odham Nation. Language revitalization efforts are in place at the local Head Start centers where children are exposed early to the O’odham language in the classrooms. The Census Bureau estimates that about two-thirds of the households in the region use a language other than English at home. About 39 percent of individuals older than five years of age speak a North American Indian language at home.

Child care and early education options for families in the region include child care centers, tribally approved family home providers and Head Start centers. The Tohono O’odham Nation Head Start program is an important asset in the region. In 2011 it served a total of 215 children in six centers throughout the Tohono O’odham Nation, 204 of which participated in the center-based program, while the remaining 11 were enrolled in the home-based program. Two Head

Start centers and one home provider were enrolled in the First Things First's Quality First program that supports improving access to high quality care. An important addition to the early childhood education system in the region is the new preschool program at Indian Oasis Elementary School. The program enrolled 40 children who will start classes in August of 2012.

Another major asset in the region is the locally available professional development opportunities through the Tohono O'odham Community College, which has a new Early Childhood Education Program. Three degrees are available through this program: Certificate in Child Development Associate Preparation (CRT-CDAP), Associate of Applied Science in Early Childhood Education (AAS-ECE), and Associate of Arts in Early Childhood Education (AA-ECE). Early childhood education professionals in the region also have the opportunity to obtain a bachelor's degree in early childhood education through a partnership between Tohono O'odham Community College and Prescott College. The Tohono O'odham Nation Regional Partnership Council supports professional development opportunities in the Region through seven T.E.A.C.H. scholarships.

Health care is available to community members at the Indian Health Service Tucson Service Area facilities (Sells Hospital, San Xavier Health Center and San Simon Health Center) and the Tohono O'odham Nation Department of Health and Human Services.

Prenatal care and education services are available at all the Indian Health Service facilities in the region. About 63 percent of expectant mothers in the region receive early (first-trimester) prenatal care. This is a rate similar to that of all Arizona Reservations combined, but it does not meet the Healthy People 2020 target of 78 percent. The infant mortality rate per 1,000 live births on the Tohono O'odham Nation (16) is substantially higher than the rates seen across the state (6.7) and across Arizona Indian Nations combined (8.9).

High rates of children with up-to-date immunizations are an asset in the region. The Tucson Area service has ranked number 1 among the 12 Indian Health Service Areas for the past four years on the 19-35 month old Indian Health Service National Immunization Report Systems. Another strength in the community is the high breastfeeding rate among children participating in the WIC program, reflective of the strong support provided by the lactation specialists. An estimated 71 percent of the infants in the Tohono O'odham WIC program were ever breastfed, a rate that is higher than both the ITCA (64%) and the national rates (63%).

Childhood obesity has been identified as a challenge for children in the region, however. Nearly one third of the children 2 to 4 years old in the Tohono O'odham WIC program are obese.

Overall, challenges for families with young children in the region include problems associated with unemployment, poverty, and low educational attainment; a shortage of quality early childcare; high rates of childhood obesity; and a need for parenting classes and early childhood literacy programs.

However, a number of strong assets were identified in the Tohono O'odham Nation Region, including active language and culture preservation efforts embedded in early childhood education programs; partnerships among agencies providing services to children with special needs; high rates of immunization; high rates of breastfed infants; and good opportunities for

professional development for early childhood professionals available locally at Tohono O’odham Community College. By leveraging these substantial strengths, the Tohono O’odham can continue to support families and to help young children arrive at school healthy and ready to succeed.

Who are the families and children living in the Tohono O’odham Nation Region?

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Tohono O’odham Nation was one of 10 Tribes who chose to be designated as its own region.

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data provided by Tohono O’odham Nation agencies and departments, and findings from additional qualitative data collection that was conducted specifically for this report through key informant interviews. Appendix E provides more detailed information about these data collection methods.

Overview of the Tohono O’odham Region

The Tohono O’odham Nation is a federally recognized Tribe located in southwestern and central Arizona. It is made up of three non-contiguous reservation lands (San Lucy, San Xavier, and Florence Village), as well as nine contiguous Districts (Sells, Sif Oidak, Gu Achi, Gu Vo, Hickiwan, Pisinemo, Chukut Kuk, Baboquivari, and Schuk Toak). Tohono O’odham translates as "desert people." Historically, the area of land inhabited by Tohono O’odham people extended as far west as the Gulf of California, and south through Sonora, Mexico. Today, approximately 30,000 tribal members live both on and off the 2.8 million acres of reservation lands, a vast desert valley accentuated with mountain peaks reaching up to 8,000 feet in elevation. The Tohono O’odham Nation has the second largest tribal land base in the country, and its enrollment numbers also make it one of the largest tribes in the southwest. The boundaries of the Tohono O’odham Nation First Things First Regional Partnership Council match the boundaries of the reservation.

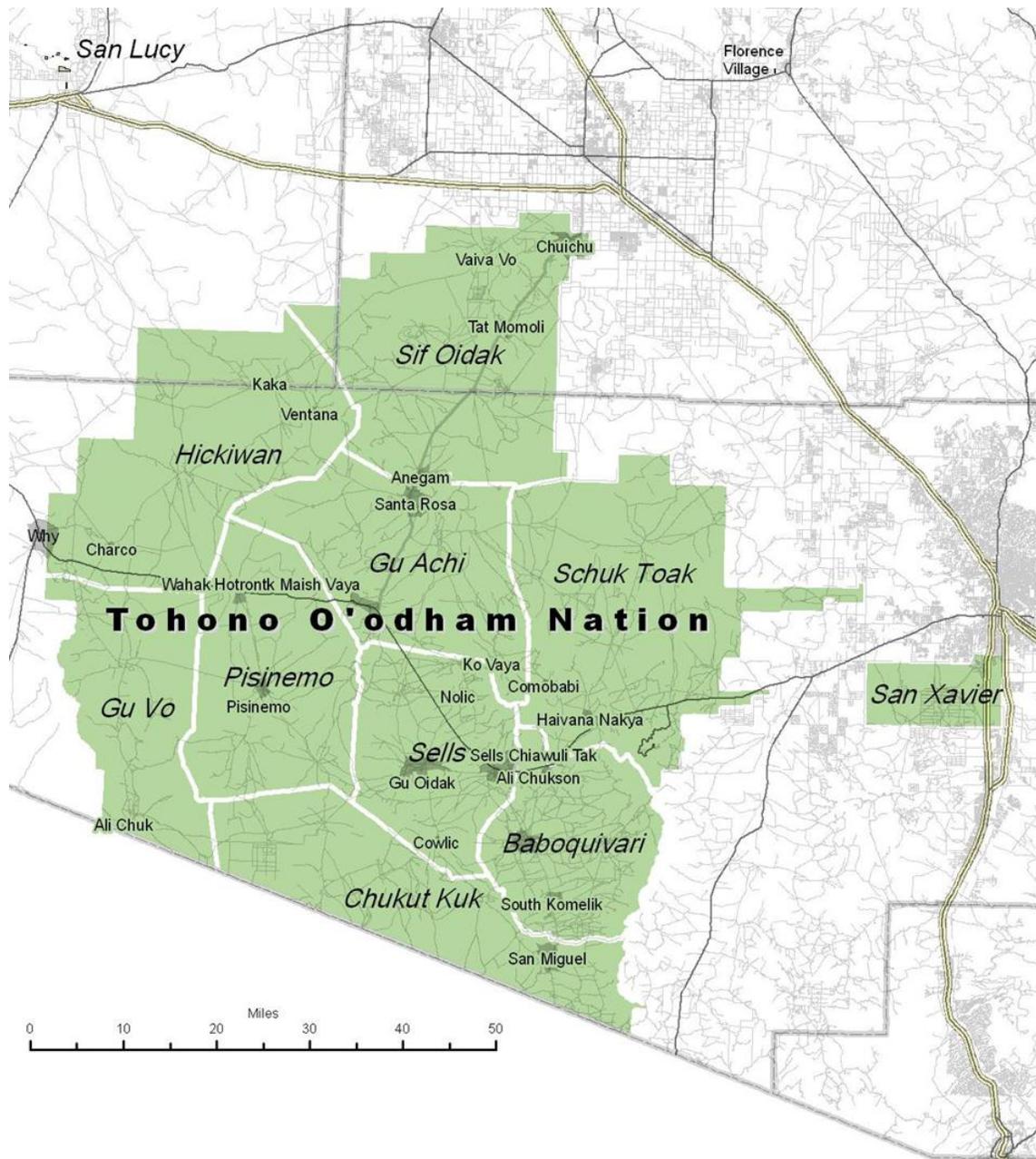
The largest community within the Tohono O’odham Nation is the district of Sells, which functions as the Nation’s capital, and also houses the Tohono O’odham Community College.

General Population Trends

Geographically, the boundaries of the First Things First Tohono O’odham Nation Region match those of the reservation. The 11 districts that comprise the reservation lie in three counties: Pima, Pinal and Maricopa.

The map below (**Error! Reference source not found.**) shows the geographical area covered by the Tohono O’odham Nation Region.

Figure 1. Geographical area of the Tohono O’odham Nation Region



According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Tohono O’odham Nation Region had a population of 10,201 in 2010 (the most recent year for which detailed population data are available), of whom 1,180 were children under the age of six. It is important to note that although the Census Bureau asserted that the 2010 Census count was

quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”¹

Tribal enrollment data from the Tohono O’odham Nation also suggest the likelihood that census data provide an undercount of families on the Tohono O’odham Nation. Tribal enrollment data from 2007 show that total on-reservation enrollment was 13,469 (total on and off- reservation tribal enrollment was 28,089). It is also important to note, however, that it is not surprising that reservation census data do not match tribal enrollment numbers. Enrollment criteria are set by each individual tribe, while census data are based on place of residence on Census Day (April 1, 2010). Table 1 shows 2007 on-reservation tribal enrollment data by district compared to Census 2010 numbers.² If we were to assume that the tribal enrollment numbers were better representative of the 2010 population across the Districts than the Census, and if we assume that the proportion of young children is similar to the rate in the Census data (11.6% of the total population), we could estimate that there may be approximately 1,560 children between birth and 5 years old living in the Tohono O’odham Nation Region, roughly 400 more than the 1,180 counted by the Census.

As can be seen, the underestimates appear to be primarily in the more rural areas, as would be expected. Compared to tribal enrollment data, the Census may be over-counting residents of the San Xavier and Sells Districts.

¹“Estimates of Undercount and Overcount in the 2010 Census” (May 22, 2012).
www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html

² Appendix 1 shows on and off-reservation tribal enrollment.

Table 1. Tohono O’odham Tribal Enrollment as of Fall 2007 compared to Census 2010 data

	On Reservation Enrollment	Census 2010	Difference between Census & Enrollment
Baboquivari District	1,649	755	-894
Chukut Kuk District	1,341	347	-994
Gu Achi District	1,356	1,201	-155
Gu Vo District	828	419	-409
Hickiwan District	903	576	-327
Pisinemo District	779	568	-211
San Lucy District	625	388	-237
San Xavier District	1,249	1,885	636
Schuk Toak District	840	397	-443
Sells District	2,451	2,963	512
Sif Oidak District	1,253	702	-551
No District	195		-195
TOTAL	13,469	10,201	-3,268

Source: Tohono O’odham Nation <http://www.tonation-nsn.gov/districts.aspx>

Although Census data may not fully capture the numbers of people living on the Tohono O’odham Nation, they are the most comprehensive publically-available data that can help describe the families that First Things First serve. Given the more rural nature of the families less likely to be represented, the census data provided here are likely to underestimate the needs of some of these families with young children. However, these data can provide a starting place for future reports to more fully explore the additional challenges these families may face.

Table 2, below, lists the total population and number of households for the state, county, and Tohono O’odham Nation Region according to Census 2010 data.

Table 2. Population and households by area in the Tohono O’odham Nation Region

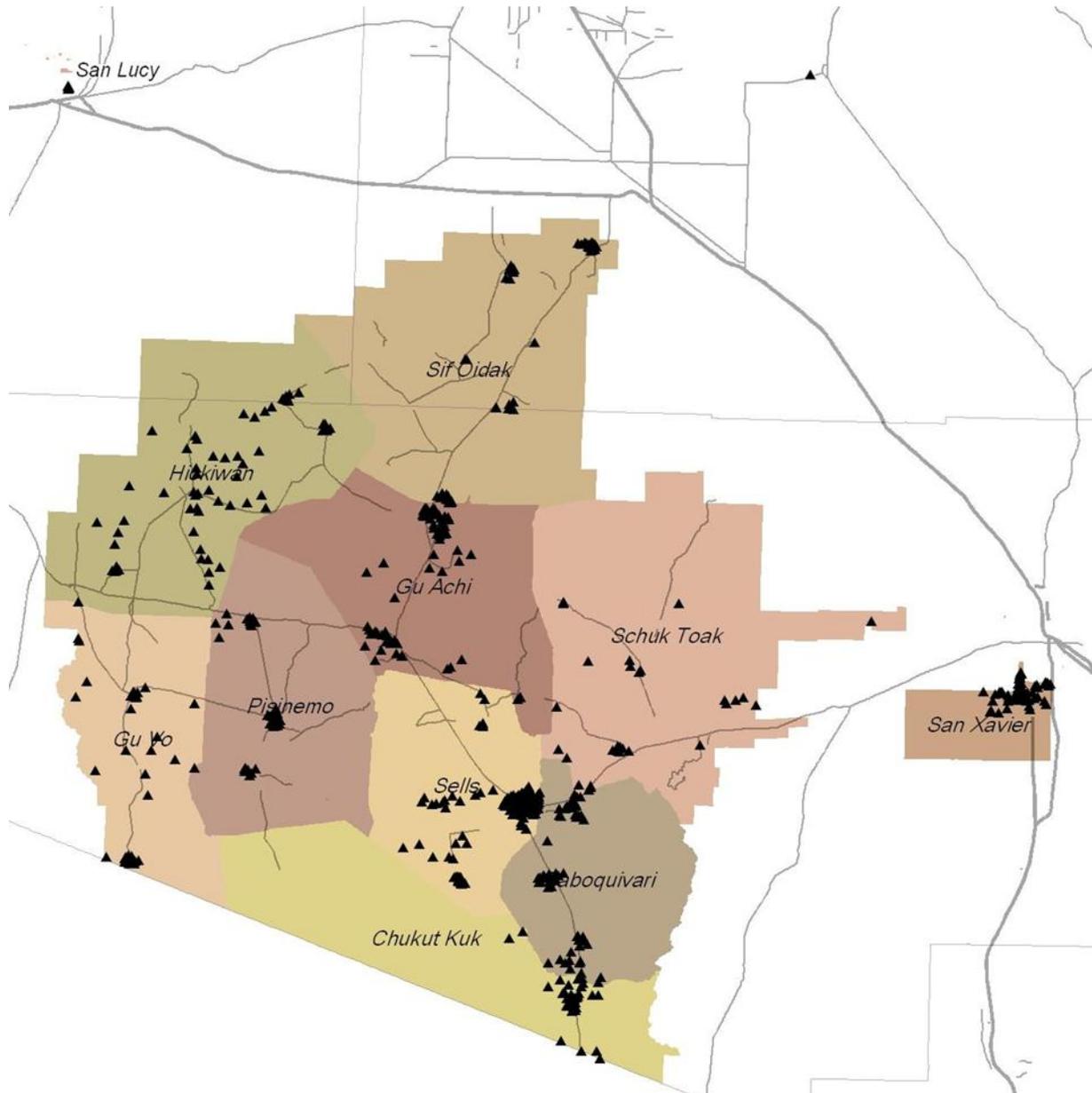
GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
All Arizona Reservations (Arizona parts only)	178,131	20,511	50,140	13,115	26%
Tohono O'odham Nation Reservation and Off-Reservation Trust Land	10,201	1,180	2,781	738	27%
Baboquivari District	755	76	238	55	23%
Chukut Kuk District	347	35	99	25	25%
Gila Bend District	388	40	79	25	32%
Gu Achi District	1,201	114	295	73	25%
Gu Vo District	419	50	117	32	27%
Hickiwan District	576	80	152	45	30%
Pisinemo District	568	71	169	44	26%
San Xavier District	1,885	236	575	145	25%
Schuk Toak District	397	42	126	27	21%
Sells District	2,963	355	755	216	29%
Sif Oidak District	702	81	176	51	29%

Source: US Census 2010, Tables P1, P14 & P20

About half of the children under six reside in the Sells and San Xavier Districts, which are the main population centers in the Tohono O’odham Nation. Compared to the state of Arizona, the Nation has a higher proportion of households with children ages birth through five. This proportion (27%), however, is similar to that seen on All Arizona Reservations combined (26%).

Figure 2 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A dot on the map represents one child. The dots do not pinpoint each child’s location, but are placed generally in each census block in which a young child was living in 2010. As the figure shows, the children in the area are concentrated around the main population centers of Sells and San Xavier, but also in Santa Rosa (Gu Achi District).

Figure 2. Geographic distribution of children under six in the Tohono O’odham Nation Region according to the 2010 Census (by census block)



A comparison between censuses provides information about increases and decreases in population. Table 3 shows changes in population between the 2000 Census and the 2010 Census.

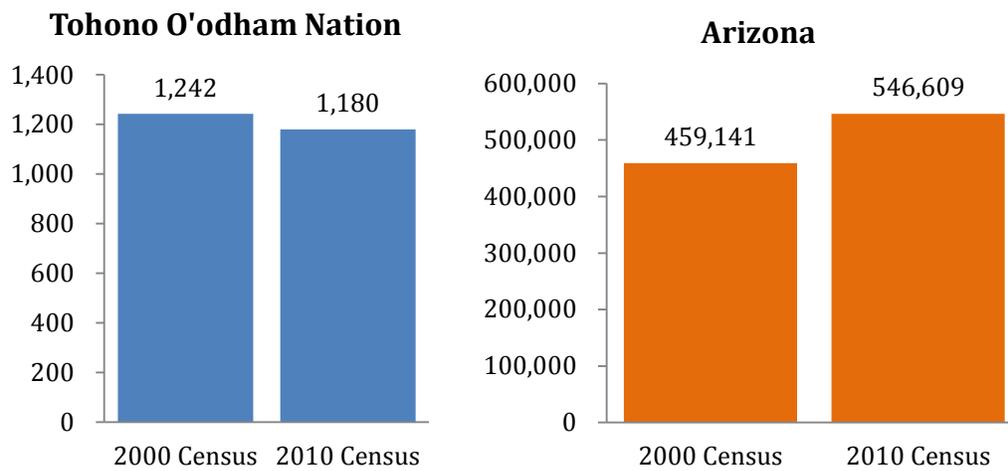
Table 3. Comparison of U.S. Census 2000 and U.S. Census 2010

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
All Arizona Reservations (Arizona parts only)	179,064	178,131	- 1%	21,216	20,511	-3%
Tohono O'odham Nation Reservation and Off-Reservation Trust Land	10,787	10,201	- 5%	1,242	1,180	- 5%
Baboquivari District	821	755	- 8%	83	76	- 8%
Chukut Kuk District	175	347	+ 98%	20	35	+ 75%
Gila Bend District	304	388	+ 28%	20	40	+ 100%
Gu Achi District	1,084	1,201	+ 11%	108	114	+ 6%
Gu Vo District	516	419	- 19%	67	50	- 25%
Hickiwan District	607	576	- 5%	69	80	+ 16%
Pisinemo District	542	568	+ 5%	54	71	+ 31%
San Xavier District	2,053	1,885	- 8%	225	236	+ 5%
Schuk Toak District	463	397	- 14%	53	42	- 21%
Sells District	3,260	2,963	- 9%	445	355	- 20%
Sif Oidak District	962	702	- 27%	98	81	- 17%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

According to the census, contrary to the state trend, the Tohono O’odham Nation Region experienced a slight decrease in both the overall population and the population of children 0 to 5 years of age. This trend, which is similar to that seen in all Arizona Reservations combined, was mostly driven by a decline in the number of residents in the main population centers in the San Xavier and Sells districts. However, more sparsely populated districts such as Chukut Kuk and Gila Bend experienced an important growth in their population. Note that the Gu Achi data shown on Table 2 include 58 people (two of which are young children) living near Florence. Also, the Gila Bend District is counted as “Off-Reservation Trust Land” by the Census. From here on, “Tohono O’odham Nation” will be used instead of “Tohono O'odham Nation Reservation and Off-Reservation Trust Land.”

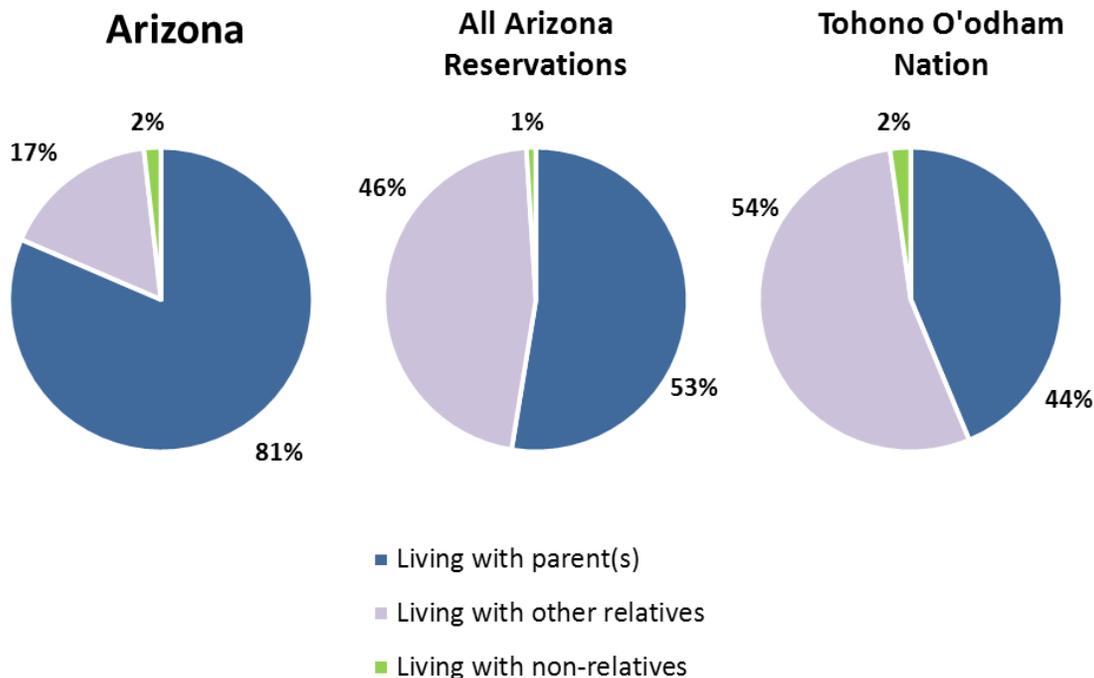
Figure 3. Comparison of population of children ages 0 to 5 in the Tohono O’odham Nation, 2000 and 2010



Additional Population Characteristics

This section presents data on the characteristics of families living in the region. In the Tohono O’odham Nation, about 44 percent of children under the age of six are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a much lower proportion than the statewide percentage, 81 percent, but closer to the proportion among All Arizona Reservations (53%). The majority of the remaining children in the region (54%) are living with relatives other than their parents (such as grandparents, uncles, or aunts). Very few children (2%) were living with unrelated persons.

Figure 4. Relationship to head of household for children in the Tohono O’odham Nation Region



Source: U.S. Census 2010; Tables P41 & PCT14

There is some regional variability in the percentage of children that live with at least one parent. For instance, in the Bavoquivari District only 34 percent of the children 0 to 5 years of age fall into this category, compared to 56 percent in the Gu Vo District (U.S. Census Bureau, Tables P41 and PCT14).

The 2010 Census provides additional information about multi-generational households and children 0 to 5 years of age living in a grandparent’s household. In Arizona, according to the 2010 Census, approximately 74,153 children 0 to 5 years of age (14%) are living in a grandparent’s household. The Arizona Children’s Action Alliance reports that in Arizona, about 36 percent of grandparents caring for their grandchildren have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.³ In the Tohono O’odham Nation, 505 children under the age of 6 (43%) are reported to be living in a grandparent’s household. This is a substantially higher percentage than the statewide rate (14%) but similar to the one for All Arizona Reservations combined (40%). Some variance within the region, as shown in Table 4 below, should be noted. The Gu Achi and Schuk Toak Districts have the

³ Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/granfamilies%20fact%20sheet%20pic%20background.pdf>.

highest proportions of children reported living in a grandparent’s households in the Tohono O’odham Nation.

Multigenerational households are also a lot more common in the Tohono O’odham Nation (18%) and All Arizona Reservations (16%) compared to the statewide proportion (5%).

Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships (Hoffman, 1981; Light & Martin, 1996).

Table 4. Number of children living in a grandparent’s household by area in the Tohono O’odham Nation Region

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
		Count	Percentage		Count	Percentage
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
All Arizona Reservations (Arizona parts only)	178,131	8,239	40%	50,140	8,104	16%
Tohono O'odham Nation	1,180	505	43%	2,781	507	18%
Baboquivari District	76	30	39%	238	41	17%
Chukut Kuk District	35	15	43%	99	16	16%
Gila Bend District	40	14	35%	79	25	32%
Gu Achi District	114	61	54%	295	51	17%
Gu Vo District	50	18	36%	117	23	20%
Hickiwan District	80	32	40%	152	34	22%
Pisinemo District	71	28	39%	169	27	16%
San Xavier District	236	113	48%	575	90	16%
Schuk Toak District	42	21	50%	126	25	20%
Sif Oidak District	81	37	46%	176	28	16%

Source: U.S. Census 2010; Tables P41 & PCT14

The vast majority (86%) of the people living in the Tohono O’odham Nation Region identified themselves as American Indian (Census 2010, Table QT-P4). Of the rest, most (10%) identified as Hispanic or Latino (of any race). However, as Table 5 shows below, there is some variability by Districts in the percentage of people who identify as Hispanic, from only 4 percent in

Bavoquivari District, to 25 percent in the San Xavier District, which is geographically closer to populations centers with a high concentration of Hispanic residents in Pima County.

Table 5. Race and ethnicity in the Tohono O’odham Nation Region

GEOGRAPHY	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona	6,392,017	30%	58%	4%	4%	3%	2%
All Arizona Reservations (Arizona parts only)	32,047	19%	9%	0%	70%	0%	2%
Tohono O'odham Nation	10,201	10%	3%	0%	86%	0%	1%
Baboquivari District	755	4%	0%	0%	96%	0%	0%
Chukut Kuk District	347	6%	0%	0%	93%	0%	0%
Gila Bend District	388	12%	0%	0%	84%	0%	4%
Gu Achi District	1,201	5%	2%	0%	91%	0%	2%
Gu Vo District	419	12%	0%	0%	87%	0%	1%
Hickiwan District	576	5%	1%	0%	93%	0%	0%
Pisinemo District	568	7%	4%	1%	87%	0%	1%
San Xavier District	1,885	25%	12%	0%	61%	0%	1%
Schuk Toak District	397	6%	1%	0%	93%	0%	1%
Sells District	2,963	5%	1%	0%	92%	1%	1%
Sif Oidak District	702	7%	1%	0%	91%	0%	1%

Source: U.S. Census 2010; Table QT-P4

An estimated 68 percent of the families in the Tohono O’odham Nation are single-parent families, compared to 27 percent in Arizona and 51 percent in all Arizona tribes combined. In addition, of the 2,781 households in the community, 28 percent are female-headed, a higher proportion than of all Arizona Indian Nations combined (19%) and substantially higher than the state (6%) (Arizona Department of Health Services, 2012)⁴.

⁴ The Census definition of a household is a group of persons living together who may or may not be related to one another.

Data about language use at home provide additional information about the characteristics of the population in the Tohono O’odham Nation Region. An estimated 67 percent of the households in the Nation report that a language other than English is spoken at home. This proportion is substantially higher than the one for the households in the entire state (27%), but closer to the one seen among All Arizona Reservations combined (74%). The percent of households where a language other than English is spoken at home is markedly high in the Hickywan and Pisinemo Districts. The percentage of linguistically isolated households in the Tohono O’odham Nation is comparable to that seen in the state, and slightly lower than the proportion among All Arizona Reservations combined. (By Census definition, a household is considered linguistically isolated if all adults speak a language other than English and none speaks English “very well.”) As Table 6 below shows, there is some regional variability.

Table 6. Household language use in the Tohono O’odham Nation Region

GEOGRAPHY	NUMBER OF HOUSEHOLDS++	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	2,326,468	27%	6%
All Arizona Reservations (Arizona parts only)		74%	11%
Tohono O'odham Nation	2,839	67%	7%
Baboquivari District	241	71%	0%
Chukut Kuk District	72	*	0%
Gila Bend District	82	*	0%
Gu Achi District	359	69%	3%
Gu Vo District	99	*	5%
Hickywan District	161	95%	0%
Pisinemo District	146	88%	22%
San Xavier District	695	53%	16%
Schuk Toak District	155	*	7%
Sells District	646	67%	3%
Sif Oidak District	183	*	0%

SOURCE: ACS 2006-2010, Tables 16001 & 16002

++ The total number of households on this table does not match the one on Tables 1 and 3 above because the data sources are different. Table 1 and 3 use Census 2010 data, whereas Table 6 use American Communities Survey data from 2006-2010.

* Confidence intervals are too wide, making the data not reliable

The Pisinemo and San Xavier Districts have the highest proportions of linguistically isolated households in the Nation (22% and 16% respectively). As Table 7 indicates, the reasons for this linguistic isolation in the two districts are different: in the Pisinemo District it appears to be

driven by the high number of people who speak a Native language (presumably O’odham). In the San Xavier District, however, this seems to be related to the high percentage of people who speak Spanish at home. In fact, the San Xavier District reports the lowest proportion of residents who speak a Native language at home. The high percentage of residents who identify as Hispanic and use Spanish at home in the San Xavier District suggests that this area may include a population of recent migrants.

Table 7. Language use at home

GEOGRAPHY	POPULATION AGE 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME
Arizona	5,783,756	73%	21%	2%
All Arizona Reservations (Arizona parts only)	159,902	41%	*	54%
Tohono O'odham Nation	8,642	55%	6%	39%
Baboquivari District	653	*	*	41%
Chukut Kuk District	258	*	*	29%
Gila Bend District	255	*	*	25%
Gu Achi District	866	41%	2%	58%
Gu Vo District	346	*	*	55%
Hickiwan District	821	*	3%	51%
Pisinemo District	340	*	*	86%
San Xavier District	1,813	53%	26%	21%
Schuk Toak District	580	*	*	33%
Sif Oidak District	640	*	*	24%

SOURCE: ACS 2006-2010, Tables 16001 & 16002

* Confidence intervals are too wide, making the data not reliable

Of the total population 5 years of age and older in the Tohono O’odham Nation, 39 percent speak a Native North American Language. Based on the data presented on Tables 6 and 7 it can be assumed that in the majority of households, the “other” language spoken is O’odham.

The O’odham language derives from the Uto-Aztecan language group. It is the third most commonly spoken Native language in Arizona, after Apache and Navajo. Three other federally recognized tribes speak the O’odham language: the Gila River Indian Community, the Ak-Chin Indian Community and the Salt River (Pima Maricopa) Indian community. In addition, members of the Hia-C’ed O’odham Band, which reside throughout southwestern Arizona but are not federally recognized, are also O’odham speakers.

Economic Circumstances

The Tohono O’odham Nation invests in tribal enterprises that provide financial resources to support day-to-day government operations as well as the governmental infrastructure. Revenue producing ventures operated by the Nation include the Tohono O’odham Utility Authority (TOUA), Tohono O’odham Economic Development Authority (TOEDA), and the Tohono O’odham Gaming Enterprise (TOGE). In addition, the Tohono O’odham Nation promotes economic development among tribal members with business plans intended to contribute to the Tohono O’odham Nation’s growing self-sustainability through micro-loans available from the Credit and Finance Program.

The Nation has established an Industrial Park located near Tucson, but still within tribal land. Tenants include Caterpillar, the Desert Diamond Casino, an enterprise of the Nation and a 23-acre foreign trade zone.

The gaming industry is a major source of revenue for the Tohono O’odham Nation that also provides capital for other forms of economic development. The Desert Diamond Casino opened in 1993 and over time, it has become one of the employers in the area, representing over 2,400 jobs. Golden Hasan, a smaller casino, opened 1999.⁵

These tribal enterprises provide much-needed resources to support the wellbeing of tribal members. Nevertheless, economic indicators show that many families in the region face financial challenges.

According to the American Communities Survey, the percentage of people living in poverty in the Tohono O’odham Nation (41%) was substantially higher than the state as a whole (15%) but similar to that of all Arizona Reservations combined. A higher proportion of the children under the age of six live in poverty in the Tohono O’odham Nation (58%) compared to all Arizona Reservations (51%) and the state as a whole (24%).

The median family income in the Tohono O’odham Nation in 2010 was less than half of that in the state as a whole.

⁵ <http://www.tonation-nsn.gov/>

Table 8. Median family annual income and persons living below the U.S. Census poverty threshold level

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$59,840	15%	24%
All Arizona Reservations (Arizona parts only)	Not Available	39%	51%
Tohono O'odham Nation	\$27,866	41%	58%

Source: American Communities Survey 2006-2010; Tables B19126 & B17001

The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly. In 2010, the bottom 60 percent of Arizonans (as measured by median household income) earned only 28 percent of the state’s income, while the top 20 percent earned 49 percent.⁶ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country, with over 1 in 4 children living at the poverty level.⁷

Poverty estimates for certain communities are also available from the Census Bureau’s Small Area Income and Poverty Estimates (SAIPE). Unfortunately, there are no separate estimates made for Indian reservations. However, SAIPE data are available for school-aged children (5 to 17) by school district. Table 9 below shows the estimated number and percent of children 5 to 17 years of age in poverty in the school districts where Tohono O’odham Nation students attend school. The Indian Oasis-Bavoquivari District is perhaps the most representative of the Tohono O’odham Nation as it is the only one located within reservation boundaries. An estimated 37 percent of the children residing within that school district live on incomes below the poverty threshold.

⁶ The Arizona Children’s Action Alliance *Income Disparity in Arizona*. Newsletter received October 26th, 2011. <http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

⁷ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Table 9. Poverty Estimates by School Districts

DISTRICT NAME	ESTIMATED TOTAL POPULATION	ESTIMATED POPULATION (AGES 5-17)	ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 5-17)	
Casa Grande Elementary District	62,073	8,909	1,797	20%
Florence Unified School District	72,464	12,760	1,585	12%
Gila Bend Unified District	2,441	511	168	33%
Indian Oasis-Baboquivari Unified District	7,188	1,665	617	37%
Stanfield Elementary District	5,305	789	192	24%
Sunnyside Unified District	87,939	20,056	7,489	37%

Source: U.S. Census Bureau, Small Area Estimates Branch, 2010 Poverty and Median Income Estimates

The rates shown in Table 9, however, are lower than other district-level measures of need, such as free and reduced lunch or overall economic disadvantage (*see Homelessness section below*). Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. For school year 2011-2012, income criteria were as follows:

Table 10. Income Criteria for Free and Reduced Lunch, 2011-2012

FEDERAL INCOME CHART: 2011-2012 SCHOOL YEAR

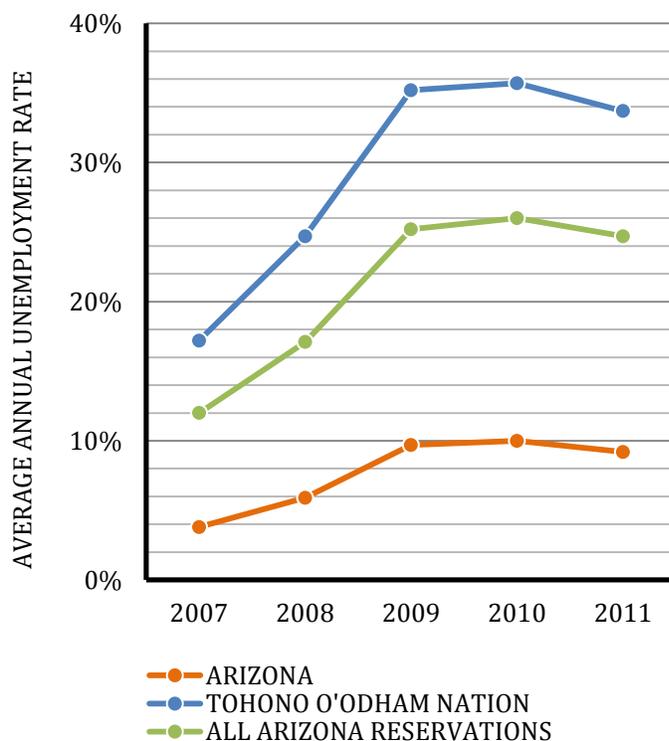
Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	\$7,067	\$589	\$136

Retrieved from the United States Department of Agriculture at www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm

Based on these guidelines, in March of 2011 seventy percent of children in the Indian Oasis-Bavoquivari School District were eligible for free and reduced lunch (Arizona Department of Education, 2011).

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in the Tohono O’odham Nation in 2011 was 33.7 percent, substantially higher than the statewide average of 9.2 percent and also higher than the average for all Arizona Reservations (24.7%). The effects of the economic crisis are visible in the unemployment rate in the Tohono O’odham Nation, which has nearly doubled since 2007.

Figure 5. Annual unemployment rates in the Tohono O’odham Nation, Arizona Reservations, and the state of Arizona



Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Participation in public assistance programs is an additional indicator of economic vitality. According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply in response to public need⁸. Public

⁸ Reinhart, M. K. (2011). Arizona budget crisis: Axing aid to poor may hurt in long run. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children, nutritional support).

In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In contrast to SNAP, the number of children in the state receiving TANF has decreased by 46 percent between June 2009 and July 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been annually enforced by state lawmakers for the past three fiscal years. A new rule which takes grandparent income into account has increased the decline of child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years, and are estimated to adversely affect 3,500 families, including 6,500 children.⁹

Data for the exact number of children 0 to 5 years of age receiving SNAP or TANF benefits in the Tohono O’odham Nation is not available. However, estimates from the American Communities Survey show that approximately 2,140 children (or 68%) of the children 0 to 17 in the Tohono O’odham Nation live in a household that participates in a public assistance program (including Supplemental Security Income (SSI), SNAP and/or TANF). Over half (57%) of the households with children 0 to 17 receive public assistance benefits (American Communities Survey 2006-2010).¹⁰

Arizona’s WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who are eligible for the program.

In many Arizona tribal communities, the WIC program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA), led by the by the Tohono O’odham Nation, Colorado River Indian Tribes, Gila River Indian Community, and Salt River Pima-Maricopa Indian Community, applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.¹¹

⁹ Reinhart, M. K. (2011). Arizona budget crisis: Axing aid to poor may hurt in long run. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

¹⁰ Data on the number of SNAP and TANF recipients are normally available from the Arizona Department of Economic Security. However, these data are available at the zip code level and do not match with the boundaries of the Tohono O’odham Nation. It is important to take into account that the numbers presented in this Figure are estimates based on survey data obtained over the past five years.

¹¹ <http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf>

Although the WIC program for Arizona American Indians is operated by ITCA, services are provided through Tribal health departments and Urban Indian Centers. The WIC program in the Tohono O’odham Nation is managed by the Nation’s Department of Health and Human Services. All eligible participants must reside in the service area but services are offered to the community at large regardless of tribal membership. The Tohono O’odham WIC program serves the entire reservation with a mobile unit.

Table 11 presents the average monthly caseloads over the past two fiscal years.

Table 11. Average monthly numbers of participating clients served by the Tohono O’odham Nation WIC Program

	PREGNANT WOMEN	POST-PARTUM WOMEN	BREAST-FEEDING WOMEN	INFANTS	CHILDREN
AVERAGE MONTHLY PARTICIPATION - FY2010	78	58	46	252	590
AVERAGE MONTHLY PARTICIPATION - FY2011	67	58	43	236	595

Source: Tohono O’odham Nation WIC Program, 2012

Table 12 below shows the proportion of WIC vouchers that were issued to clients but that were not redeemed. Vouchers issued to postpartum and breastfeeding women appear to be redeemed at lower rates compared to those issued to children. It may be that the distance that needs to be traveled in order to redeem the vouchers together with a lack of transportation results in families not always utilizing this benefit. Other barriers to access may exist. However, it is important to note that without a comparison (to all Arizona tribal WIC programs, or to Arizona as a whole, for instance) it is not possible to determine whether the percentage of unredeemed vouchers from the Tohono O’odham Nation WIC program is high, average or low.

Table 12. Redemption of WIC Vouchers, October 2009 to September 2011

CLIENT CATEGORY	VOUCHERS ISSUED	VOUCHERS REDEEMED	
Women	22,082	14,703	67%
Pregnant (PG)	8,444	5,863	69%
Postpartum (PP)	6,654	4,333	65%
Breastfeeding (BF)	6,984	4,507	65%
Infants	12,755	8,419	66%
Children	49,262	36,533	74%

CLIENT CATEGORY	VOUCHERS ISSUED	VOUCHERS REDEEMED	
Total	84,099	59,655	71%

Source: Tohono O’odham Nation WIC Program, 2012.

In FY 2010-2011, 33 (or 15%) of the 215 children ages 3 and 4 enrolled in the Tohono O’odham Head Start Program received WIC benefits. None, however, participated in the TANF program (see *The Early Childhood Education System* section below for more information on the Tohono O’odham Head Start Program).

Educational Indicators

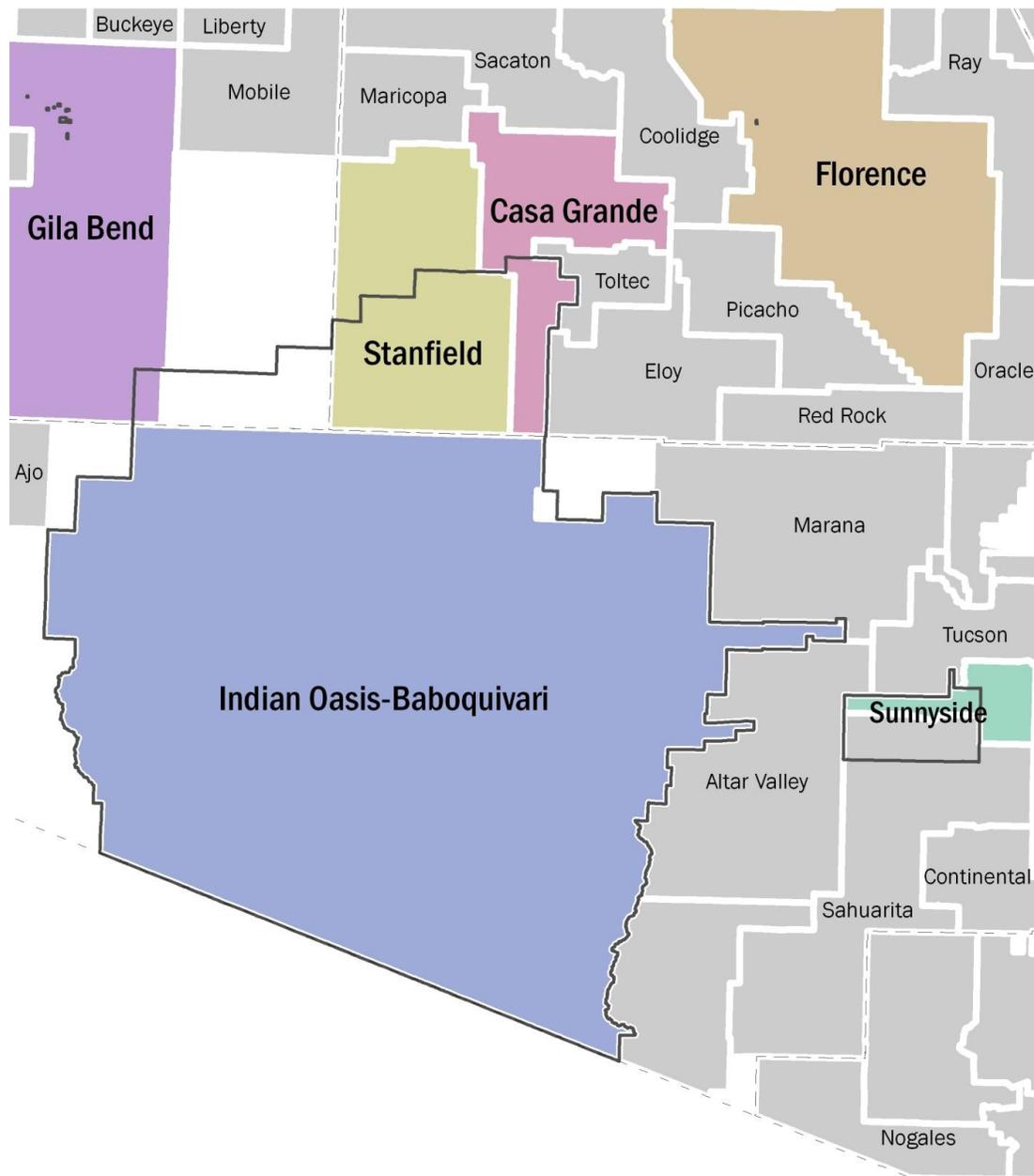
Across the U.S., the level of educational attainment in the population is closely associated with income. Those who graduate high school make, on average, about 1.5 times the annual income of those who do not graduate, and those with a college degree average 2.5 times the annual income of those who do not graduate from high school (U.S. Census, 2004). Within Arizona, the poverty rate among those with a college degree is four percent, compared to three times that rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, n.d.). In addition to having an impact on income, low levels of adult education are correlated with low levels of overall child well-being.¹²

Residents of the Tohono O’odham Nation participate in different educational systems available to tribal members: a) the Indian Oasis-Bavoquivari School District overseen by the Arizona Department of Education (ADE); b) Bureau of Indian Education (BIE) schools which include Tohono O’odham High School, San Simon Day School and Santa Rosa Day School); c) Tribal schools; d) one private charter school, the Ha:san Preparatory & Leadership School located off the reservation, in Tucson.

Tohono O’odham Nation students also attend schools in other ADE school districts off-reservation limits including the Sunnyside School District, the Tucson Unified School District and the Ajo School District. In addition, the reservation limits fall under the following school districts: Casa Grande Elementary District, Florence Unified School District, Gila Bend Unified District, and Stanfield Elementary District so it is likely that some Tohono O’odham Students attend schools in these districts. The map below in Figure 6 shows the Tohono O’odham Nation reservation boundaries and the school districts on or nearby the Tohono O’odham Nation.

¹² Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O’Hare, W., Mather, M., & Dupuis, G.

Figure 6. School districts on and around the Tohono O’odham Nation boundaries

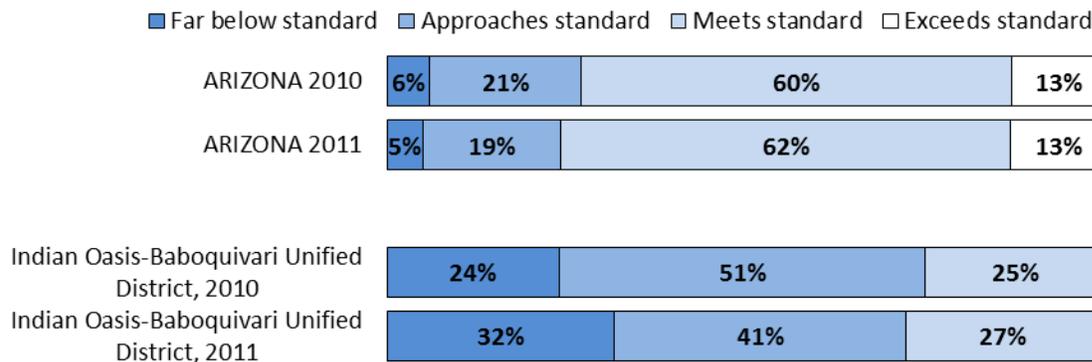


The in-school performance of current students in the public elementary schools in the state is primarily measured by the Arizona Instrument to Measure Standards (AIMS).¹³ The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute¹⁴ states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. Research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children to prepare them to succeed on later tests such as the AIMS.¹⁵ Students must also pass the grade 10 AIMS exams in order to graduate from high school.

As shown in Figure 7, third graders in the Indian Oasis-Baboquivari Unified District tend to pass the AIMS reading portion (meets + exceeds standard) at a considerably lower rate (28%) than the state as a whole (75%). A similar pattern is apparent in math, where only 20 percent of Indian Oasis-Bavoquivari Unified District third-graders pass, compared to 67 percent for the state. In addition, about four times the proportion of children in the District are falling far below the standards in both reading and math, compared to the state overall. This has implications for the likelihood that the Indian Oasis District may be faced with the challenge of retaining a number of third graders in the coming years.

Figure 7. Results of the Arizona Instrument to Measure Standards (AIMS) Test

Third-Grade AIMS Results: Reading

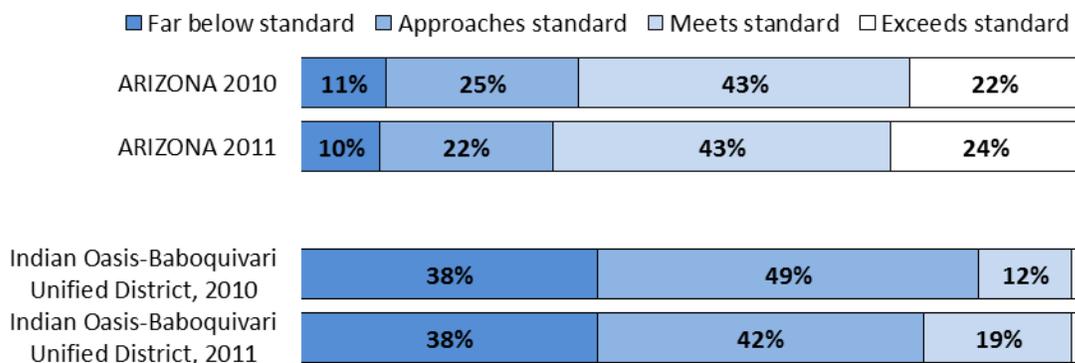


¹³ For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

¹⁴ A.R.S. §15-701

¹⁵ First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved From http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

Third-Grade AIMS Results: Math



Data about academic achievement in school year is available for BIE schools in the region.¹⁶ A total of 241 students were enrolled at Santa Rosa Day School in the 2010-2011 school year. Of these, 31 were special education students. The average daily attendance rate at this school was 92 percent. Nearly half (48%) of all students tested as proficient or advanced in reading, but only 13 percent tested as proficient or advanced in math.

San Simon School had a total enrollment of 258 in 2010-2011, including 54 special education students. The average daily attendance rate at this school was 97 percent. Only 43 percent of students tested as proficient or advanced in reading, and 19 percent in math.

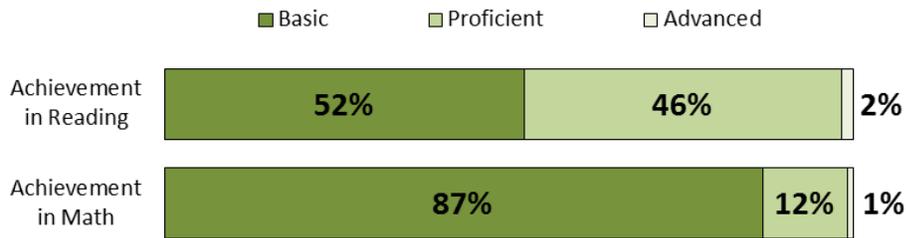
A total of 143 students were enrolled at Tohono O’odham High School in 2010-2011, including 18 special education students. The average daily attendance rate at this school was 79 percent. In this school 45 percent of students tested as proficient or advanced in reading, and 11 percent in math. Graduation rate at Tohono O’odham High School was 30 percent.

Figure 8 below show achievement testing data for these schools in more detail.

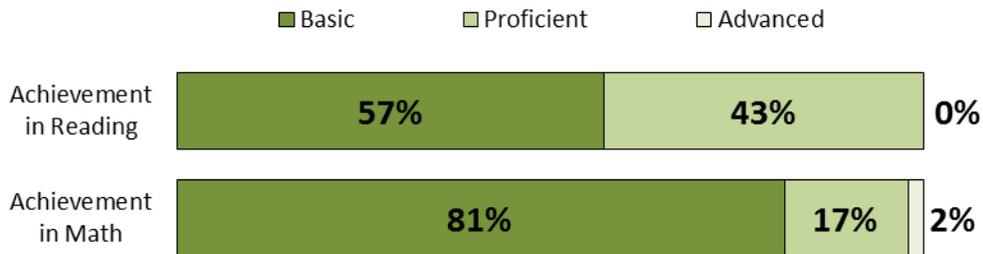
¹⁶ Data were obtained from the BIE School Report Cards available at <http://www.bie.edu/cs/groups/xbie/documents/text/idc016605.htm#H54E22>. Note that state-wide comparison for all BIE schools in Arizona was not available from the School Report Cards report.

Figure 8. Achievement testing data, Santa Rosa Day School, San Simon School and Tohono O’odham High School

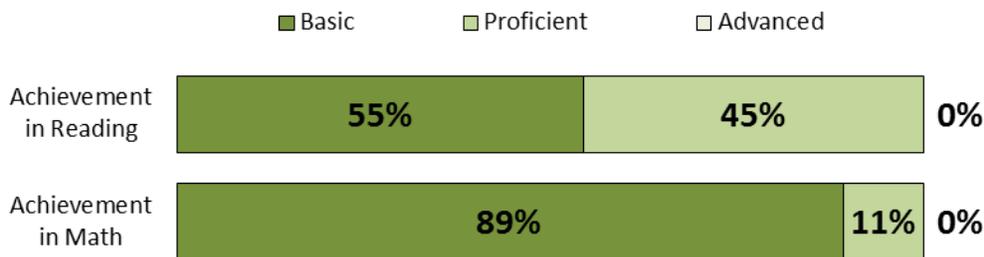
Santa Rosa Day School



San Simon School



Tohono O’Odham High School



High school graduation data was also available for the schools in the region overseen by the Arizona Department of Education (ADE). Indian Oasis (Alternative) High School had a graduation rate of 100 percent in 2011. Bavoquivari High School’s graduation rate in the same year was 63

percent. The off-reservation Ha:san Preparatory & Leadership School had a graduation rate of 56 percent in 2011.¹⁷

In 2011 four schools within the Indian Oasis-Bavoquivari Unified School District were designated as “Performing” by the Arizona Department of Education. These included Bavoquivari Middle School, Bavoquivari High School, Indian Oasis Middle School and Indian Oasis High School. This was an important achievement because some of the schools had been previously designated as “non-performing.” A note in the Tohono O’odham Nation’s newspaper *The Runner* cites Principal Rick Lawrence’s remarks at an event celebrating the new designation. According to Mr. Lawrence, Bavoquivari High School had been a “persistent lowest achieving school” in the past, and it went from “non-performing” to “performing” in less than two years. In 2008, Mr. Lawrence said, the high school’s graduation rate was 39 percent; in the last school year, graduation rate increased to 63 percent. In addition, Bavoquivari High School made annual yearly progress in the state’s monitoring system, something that had not been accomplished in nine years.¹⁸

In the Tohono O’odham Nation Region education attainment among adults is lower than the state’s; 33 percent of adults (ages 25 and older) did not have a high school degree or GED compared to 15 percent in Arizona. The proportion of residents in the Tohono O’odham Nation with a bachelor’s degree or more is only 6 percent, compared to 26 percent for the state as a whole (American Community Survey 2006-2010).

A major asset of the Tohono O’odham Nation is the Tohono O’odham Community College (TOCC), which is a two-year college managed by the Tribe and located in Sells. TOCC is considered the Tohono O’odham Nation’s center for higher education and research. Courses are arranged to complement classes at both Pima Community College and the University of Arizona. TOCC offers associate degrees for transfer to four-year universities; degrees, certificates, and apprenticeships for direct employment; and developmental education (Adult Basic Education and GED classes). Part of TOCC mission is to promote the preservation of Tohono O’odham culture and tradition. TOCC requires all students in degree programs to fulfill a *Himdag* requirement by taking courses in Tohono O’odham language and culture. (See *The Early Childhood System* section below for information on professional development opportunities offered at TOCC to early childhood education staff in the Nation).

¹⁷ The graduation rate of public high schools is a “cohort” measure of those who graduate in four-years. For example, those entering 9th grade in the 2005-06 school year comprise the cohort measured by the 2009 data (shown here). All schools are included in the county-level rates. However, charter schools, which operate independently of a district, are not included in district-level rates. High school dropout rates refer to the proportion of students who drop out of grades 7 through 12 during a single year. Dropouts include those who move to a school in another state without notifying the Arizona school; therefore areas with a more transitory population may display higher rates than other communities.

¹⁸ “Four Dist. 40 schools earn designation as Performing Schools,” *The Runner. Tohono O’odham Nation*. Vol. 18, Number 20, Oct. 21, 2011, p. 1.

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Child care and early education services in the Tohono O’odham Nation are tribally licensed and regulated by the Early Childhood Education Division Head Start.

Child care and early education options to families in the Nation include child care centers, tribally approved family home providers and Head Start centers.

According to the Arizona Department of Economic Security Tribal Consultation Report for FY2011, the Child Care Administration (CCA) has held an intergovernmental agreement (IGA) with the Tohono O’odham Nation for Child Care Services since July 1995. This agreement provides support for the operation of two child care centers on the reservation, serving approximately 80 children annually. The current IGA is in place through June 30, 2013 (Arizona Department of Economic Security, 2011).

Indian Oasis-Bavoquivari Elementary Preschool Program

In addition, the Indian Oasis-Bavoquivari Elementary school will start a new preschool program in school year 2012-2013. According to school staff, the school decided to create a preschool program to accommodate the many children in the area that do not qualify for the Head Start program. The new preschool program enrolled 40 children who will start classes in August of 2012. The program already has a waiting list. The classrooms will be staffed by two Early Childhood Education and Elementary Education-certified teachers as well as two paraprofessionals. The preschool program will be seeking accreditation through NAEYC in the coming school year.

Head Start

The Tohono O’odham Nation operates a federally regulated Tribal Head Start program. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Eligibility requirements for the Head Start program include: the child must be three or four years old by September 1st, parents must meet income eligibility guidelines, and priority is given to four year old children with special needs.¹⁹ Head Start addresses a wide range of early childhood needs such as education and

¹⁹ As of March 2012, eligibility criteria for the Head Start program include: being a resident of Arizona; being a parent or primary caregiver for a child who is too young for public school; having a pre-tax household income of \$10,830 for a one-person household, of \$18,310 for a two-person household, \$22,050 for four-person household, of \$25,790 for a five-person household, of \$29,530 for a six-person household, of \$33,270 for a seven-person household, of \$37,010 for an eight-person household, and of \$40,750 for a household larger than eight person. \$3,740 may be added for each additional person in the home for larger households. Arizona residents not meeting these criteria may still be eligible for Head Start if: their income status is low or very low, they are under-

child development, special education, health services, nutrition, and parent and family development.

The Tohono O’odham Nation Head Start program serves a total of 215 children in six centers throughout the Nation, 204 of which participate in the center-based program, while the remaining 11 are enrolled in the home-based program. The Tohono O’odham Head Start program runs on a 4-day week, to match the calendar of the local school district. In 2009-2010 transportation was provided 173 children, and to 176 in 2010-2011 (Tohono O’odham Nation Head Start Program, 2011). According to key informants, there are about 180 children on the waiting list for the Head Start program.

Key informants emphasized the importance of the transition from Head Start to Kindergarten. The Santa Rosa, San Simon and Santa Rosa Ranch schools have summer transition programs in place.

Another important aspect of the early childhood educational opportunities available through the Head Start program include an emphasis on the O’odham language and culture that is embedded in the curriculum. Key informants noted that Head Start teachers are particularly skilled at incorporating O’Odham culture into their lessons.

Plans for an O’odham language pilot immersion program for children in the Head Start program are being developed in a collaborative effort between the Tohono O’odham Community College and the Head Start program. The “Horsing Around” curriculum would bring a Native speaker into the classrooms that would teach O’odham language and culture to the children.

Key informants also highlighted that creating a teacher resource room with materials teachers can use to aid them in preparing and delivering their lessons would be the next level in supporting their language and cultural preservation efforts.

In March of 2012, the Tohono O’odham Nation hosted the Culture Teacher Gathering *“Preserving our O’otham Culture for our Children and our Future.”* The Gathering brings together educators from O’odham speaking communities including the Salt River Pima Maricopa Indian Community, the Gila River Indian Community, the Ak-Chin Community and the Tohono O’odham Nation to a space where they can share and exchange information about how they bring culture and language into the classroom.

Quality First

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star --where the provider demonstrates

employed, unemployed, or about to become unemployed, facing pregnancy, or under 19 years of age. Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

a commitment to examine practices and improve the quality of care beyond regulatory requirements—to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.

Quality First also provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, scholarships for teachers and aides, child care health consultation, and financial incentives to assist in making improvements.

In the Tohono O’odham Nation Region, 2 centers and one home were enrolled in the Quality First program as of 2012, which is the third year of participation of Tohono O’odham Nation providers in the program.

Despite the early childhood care and education options listed above, key informants noted that one of the main challenges in the region is the fact that childcare for the majority of young children is provided by family, friends or neighbors. Key informants noted a need to increase awareness about developmental milestones and identification of developmental delays among all care providers, including unregulated kin and kith caregivers.

Professional Development

Formal education attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assesses the education and pay of the early care and education workforce in Arizona (Arizona Children’s Action Alliance, 2008). Results from the 2007 survey show that across the state of Arizona, 27 percent of employers required at least some college for Teachers and 12 percent required the same for Assistant Teachers. The percentage of employers across the state requiring this level of education from Teachers had decreased over the previous 10 years, from a high of 39 percent in 2009. The median salary for Assistant Teachers was \$9.00 per hour and the median salary for teachers was \$9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period.

According to the Tohono O’odham Head Start Program Information Report, of the 11 classroom teachers, five had an Associate degree in Early Childhood Education (ECE), six had a Child Development Associate (CDA) and three were teachers with a CDA were enrolled in Associate ECE or related field degrees (Tohono O’odham Nation Head Start, 2011).

Availability of certification, credentials or degree programs

A major asset in the region is the opportunity that early childhood professionals have for professional development through the Tohono O’odham Community College (TOCC).

TOCC has begun to offer a new Early Childhood Education Program in August of 2012. Three degrees are available through this program: Certificate in Child Development Associate Preparation (CRT-CDAP), Associate of Applied Science in Early Childhood Education (AAS-ECE), and Associate of Arts in Early Childhood Education (AA-ECE).

The CRT-CDAP program prepares students to complete the Direct Assessment process leading to the national Child Development Associate (CDA) Credential. Coursework can be completed in two semesters allowing students to earn the CDA Credential in one year.

The AAS-ECE program prepares students for opportunities to work as childcare center directors, preschool teachers, teacher aides in the public or private sector, or as family home childcare providers. Coursework credits may be applied toward a Bachelor of Applied Science (BAS) or other programs. Students in this program usually complete the Certificate in Child Development Associate Preparation during their first year.

The AA-ECE degree provides students with the coursework and practical experiences needed to teach and work with children ages birth to eight. This program can also transfer to four-year institutions where students can obtain a Bachelor of Arts with an ECE endorsement. Similarly as with the AAS-ECE, students in this program usually complete the Certificate in Child Development Associate Preparation during their first year. (Tohono O’odham Community College, 2012).

All these degrees build upon each other so that credits can be applied to the next level, eventually leading to a four-year degree. This is particularly important because of a Head Start Act mandate that by September 30, 2013 fifty percent of all the Head Start teachers and education coordinators must possess at least a bachelor’s degree in early childhood education or at least a bachelor’s and coursework in a major relating to early childhood education. The Head Start Act of 2007 also requires that teaching assistants have at least a child development associate credential or must enroll in a program leading to an associate or bachelor’s degree.

A partnership between TOCC and Prescott College is further facilitating this pathway from CDA- to a BA degree. TOCC students can transfer to Prescott College to obtain their BA in Early Childhood Education utilizing a mentor-based model. This model allows students to take some preliminary courses at Prescott College (Prescott Campus) and then continue doing most of their work locally in their own communities by working with a local faculty mentor. Prescott College and TOCC have worked together to make this program possible while finding sufficient financial assistance so that students can complete their degree free of debt. Funding has been made available by the Tohono O’odham Nation, the Helios Education Foundation, First Things First and Head Start.

Staff from the Nation’s Head Start program is already taking advantage of this opportunity. According to key informants, as of July 2012 there are five Head Start staff members enrolled in the ECE Bachelor of Arts program at Prescott College, with more possibly starting in the fall. In addition, there are three childcare providers with the Tohono O’odham Nation who have already earned their CDA Credential, and ten more who submitted their applications for Direct Assessment in the spring and are waiting for a call from the national CDA Representative.²⁰

²⁰ Karen McIlroy, Tohono O’odham Community College Consultant. Personal communication July 2012.

Although this partnership presents a major asset for early childhood education staff in the Nation there are still some challenges to overcome, many of which are common to residents of rural areas: the Tohono O’odham Nation reservation covers a vast geographical area and some students must commute long hours to and from the local Community College. Also, connectivity and access to the internet can become a major obstacle for students enrolled in long-distance education. Currently, there is no wireless internet access anywhere on the reservation. The Tohono O’odham Nation Community College continues to be the main access point for students enrolled in Prescott College who are required to complete part of their assignments online.

TEACH Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential. A Bachelor’s Degree model of the TEACH program is also currently being developed. As of January 2012, the first five child care professionals in the Tohono O’odham Nation Region who received TEACH scholarships have completed their contracts and obtained their Associates Degrees. Furthermore, these professionals are on their way to completing their Bachelor’s degree in Early Childhood Education²¹ through the partnership with Prescott College. Documentation provided by the Head Start program indicate that in February 2012, seven staff members were attending school funded by a TEACH scholarship.

Recognizing the need to provide additional professional development opportunities to early childhood professionals in the region the Tohono O’odham Regional Partnership Council will support a Community Based Professional Development Early Care and Education Professionals strategy. This strategy, which will be funded in partnership with other First Things First regions in Pima County, will be delivered through a Community of Practice model. This will include ongoing education sessions, seminars, lectures and college level classes. As of August of 2012, 23 staff members from the Tohono O’odham Nation Head Start Program and the Child Care program had signed up to participate in this strategy.

Health

Access to Care

Health care in the Tohono O’odham Nation is provided by the Tohono O’odham Nation Department of Health and Human Services and by the Indian Health Service (IHS) Tucson

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http://www.azftf.gov/RPCCouncilPublicationsCenter/Tohono_Oodham_Nation_Regional_Funding_Plan_sfy13.pdf

Service Area. Both agencies combine efforts to provide inpatient, ambulatory and community health services to the members of the Tohono O’odham Nation.

Services at the IHS Tucson Area are centered at the Sells Hospital with three satellite facilities elsewhere in the Nation: the San Xavier Health Center, a large outpatient facility in the San Xavier District that is open Monday to Friday; the Santa Rosa Clinic, a small outpatient facility located in the Gu Achi District, 30 miles northwest of the Sells Hospital that provides ambulatory care five days a week; and the San Simon Health Center located 30 miles east of Ajo. The Sells hospital, a 34-bed facility built in 1961, offers general inpatient and outpatient medical and primary care, as well as 24-hour Emergency Room services.²²

In 2011, about 2,049 children birth to five were seen in these IHS facilities, accounting for nearly 16,000 visits. This number is considerably higher than the Census estimate of the population of children birth to five in the Tohono O’odham Nation Region (1,180). Although some of this difference may be accounted for by the acknowledged census undercount of young children, it is also likely that some of this number is accounted for by other eligible urban tribal members travelling to one of the facilities.

The services provided by the Tohono O’odham Nation Department of Health and Human Services include: behavioral health services, health promotion and wellness programs, WIC program, child protection and emergency shelter care services, social services, elderly services, services to individuals with developmental disabilities, and medical transportation.²³

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. These Primary Care areas are geographically based areas in which most residents seek primary medical care within the same places.²⁴ The labels for the Primary Care Areas are drawn from the major population centers for those areas. Areas including Tribal nations are given their own designation (Indian). There is one Primary Care Area for the entire Tohono O’odham Nation.

Because the Tohono O’odham Nation Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be unreliable because of small sample sizes. Therefore, the data illustrated below are an average of the rates across a number of years (2000-2009). These data are based on the Tohono O’odham Nation Primary Care Area profile described above. For comparison, they include data for the state, and for “All Arizona Indian Nations” combined.

²² http://www.ihs.gov/tucson/index.cfm?module=dsp_tuc_hf_main

²³ <http://www.tonation-nsn.gov/departments.aspx>

²⁴ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

Pregnancies and Births

Prenatal care is available to women in the Tohono O’odham Nation at the IHS facilities in the area. Previously, prenatal care used to be provided in a centralized manner where care would be provided on the same day and location to all women without set appointments. Recent changes based on the “Innovation in Patient Care” model have decentralized care so all facilities can provide appointment-based prenatal visits. While the new model may provide easier access to care, some key informants expressed their concern that it may have made it more challenging for the WIC staff to be involved in prenatal care appointments. And even with prenatal care being available at all IHS facilities, for women who live in the more remote villages, prenatal care appointments often end up requiring an all-day trip.

Most deliveries take place at the Tucson Medical Center, in Tucson, through services contracted out by IHS.

The birth rate for the Tohono O’odham Nation as a whole is comparable to that of the state as a whole and of Arizona Indian Nations.

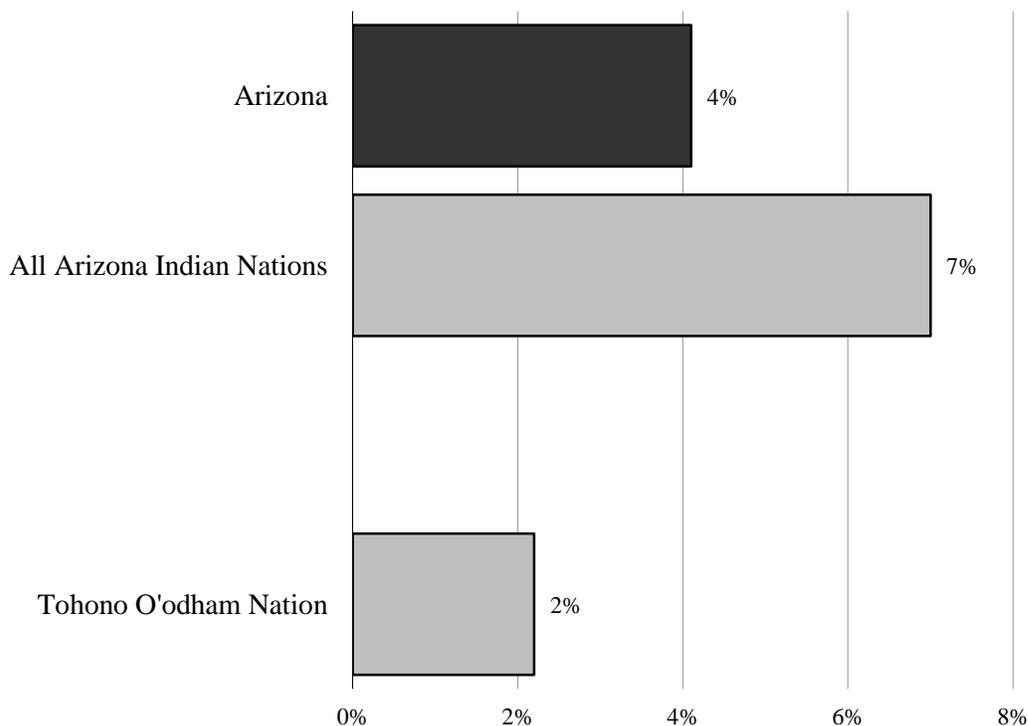
Figure 9. Birth Rate per 1,000 residents, 2000-2009



Source: Arizona Department of Health Services, February 2012

In 2009 there were 327 births to Tohono O’odham Nation residents. The source of payment of labor and delivery for the vast majority (87%) was AHCCCS or IHS, compared to 55 percent in the state as whole who used AHCCCS or IHS to cover birth expenses in the same year (American Indian Health Profile, 2010). Figure 10 below shows the rate of uninsured births (defined as self-pay or ‘unknown’ payee in the Vital Statistics birth record) in the region (2%), which was half the rate seen in the state (4%) and substantially lower than the rate across Arizona Indian Nations (7%).

Figure 10. Percent of uninsured births



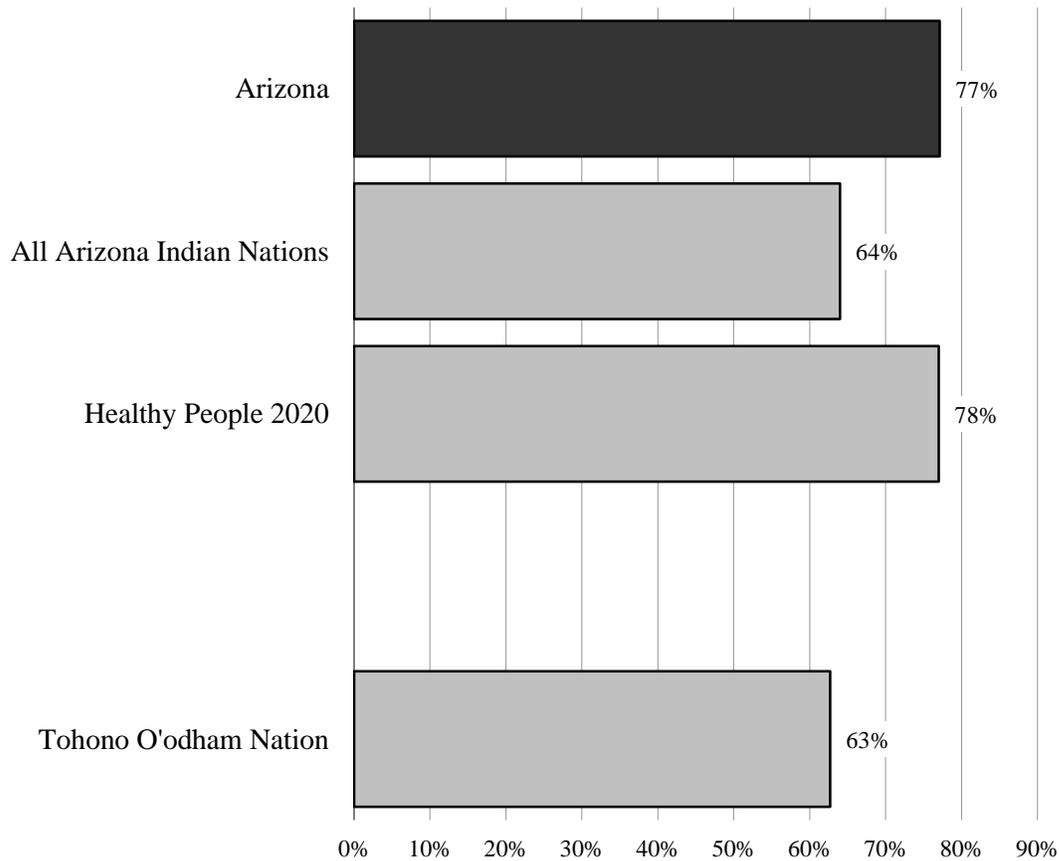
Source: Arizona Department of Health Services, February 2012

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births²⁵. Care should ideally begin in the first trimester.

An estimated 63 percent of expectant mothers in the Tohono O’odham Nation Region receive first trimester prenatal care. This rate is lower than the percentage who receives early care in the state as a whole (77%), but comparable to the rate on Arizona Indian Nations (64%). Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 77.9 percent or more.

²⁵ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC’s Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

Figure 11. Average Percent of Births with Prenatal Care Begun First Trimester, 2000-2009

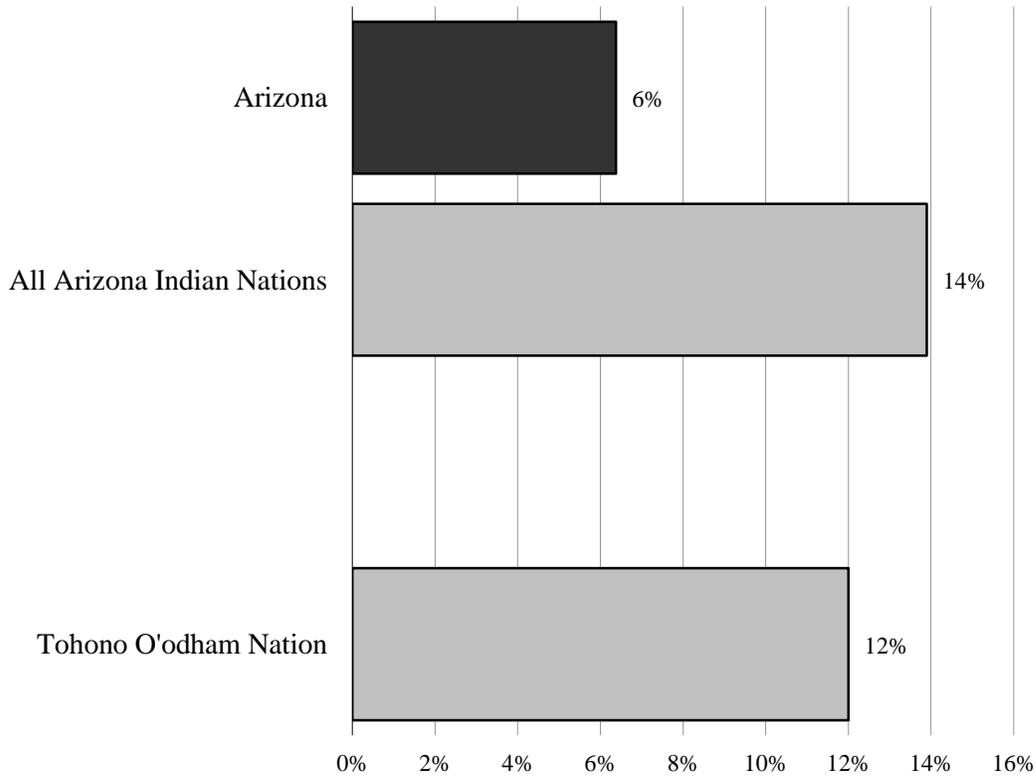


Source: Arizona Department of Health Services, February 2012

The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number (ACOG, 2002). Women in the Tohono O’odham Nation Region are more likely to receive an inadequate number of prenatal care visits. The proportion of those receiving between 0 and four prenatal visits are nearly twice as high as the state as a whole, though it is somewhat better than the rate across all Arizona Indian Nations²⁶.

²⁶ Data for seven visits or fewer were not available. Four visits or fewer represent a very inadequate number of visits, based on the ACOG guidelines.

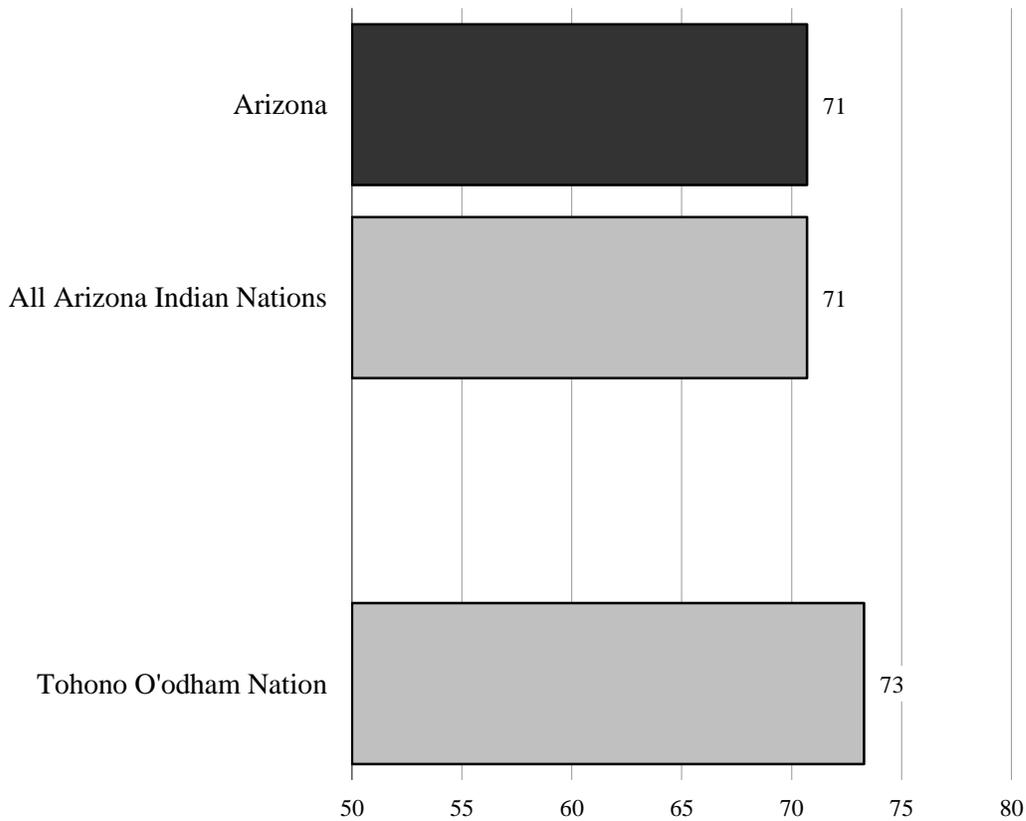
Figure 12. Average Percent of Births with Fewer Than Five Prenatal Care Visits, 2000-2009



Source: Arizona Department of Health Services, February 2012

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. The rate of low-weight births per 1000 live births in the Tohono O’odham Nation (73) is slightly higher than in the state as a whole (71) (Arizona Department of Health Services).

Figure 13. Low-weight Births per 1000 live births, 2000-2009



Source: Arizona Department of Health Services, February 2012

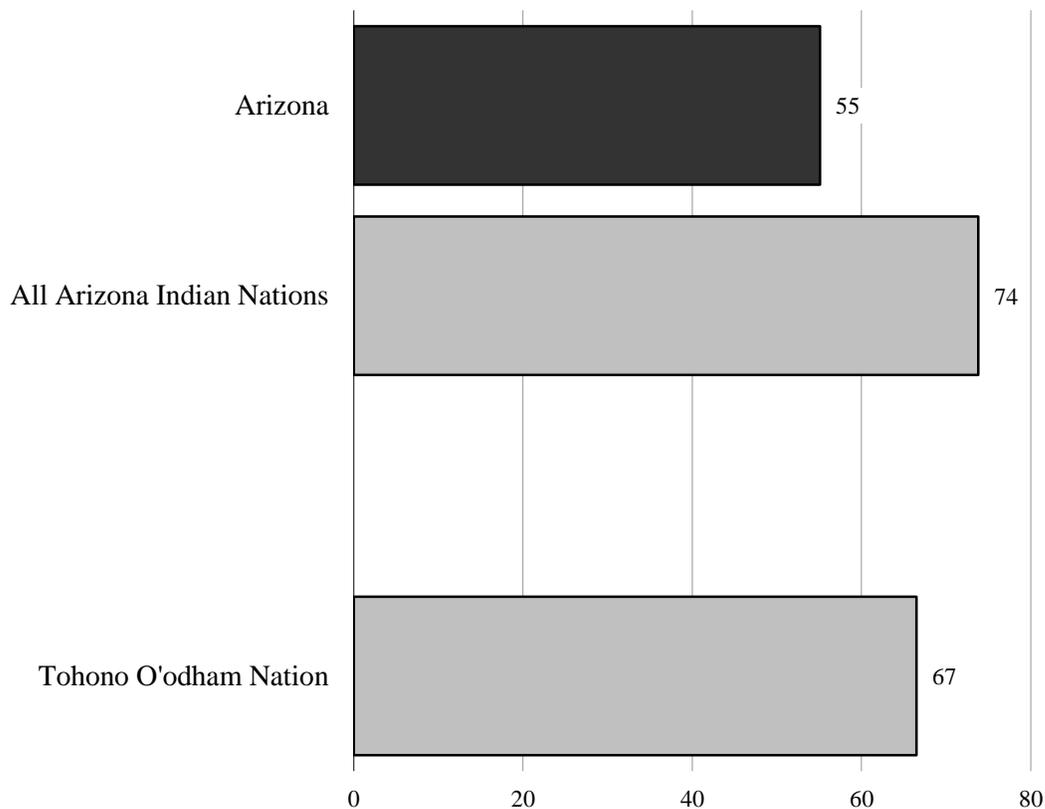
Another factor related to low birth weight is birth to a teenage mother, particularly for teenage mothers under 18 years of age. Teenage parenthood is associated with a number of negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

Teen pregnancy and birth continues to be a statewide issue in Arizona, which ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). Although the number of teen

births in Arizona has dramatically decreased in recent years, Arizona still has the 6th highest teen birth rate nationally.²⁷

The rate of births to teen mothers (14-19 years old) in the Tohono O’odham Nation has been higher in the Tohono O’odham Nation than across Arizona, though it has been lower than Arizona Indian Nations as a whole.

Figure 14. Live births per 1000 women, aged 14-19 years old, 2000-2009

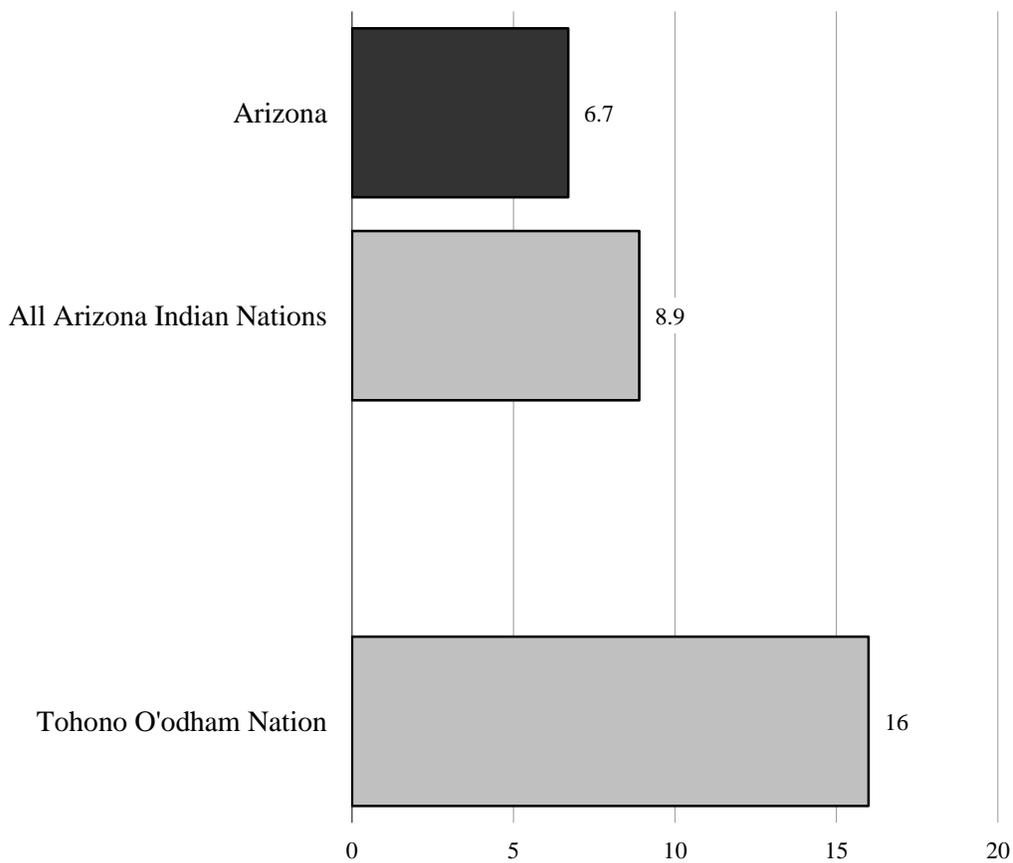


Source: Arizona Department of Health Services, February 2012

One of the consequences that have been linked to high teen birth rates, among other factors, is high infant mortality. As shown in Figure 15 below, the infant mortality rate on the Tohono O’odham Nation is nearly twice the rate seen across Arizona Indian Nations combined and almost three times the rate seen across the state. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births.

²⁷ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Figure 15. Infant Mortality per 1000 Live Births, 2000-2009



Source: Arizona Department of Health Services, February 2012

Women, Infant and Child Health Indicators

The Tribal Epidemiology Center at the Inter Tribal Council of Arizona (ITCA) compiles a report with data from the various WIC programs overseen by ITCA. The “Tohono O’odham Nation” WIC Program Maternal and Child Health Profile” presents information on a series of maternal and child health indicators for WIC participants in the Tohono O’odham Nation.

Table 13 below shows data for several infant and child health indicators, comparing the WIC clients served by the Tohono O’odham Nation, clients served by all Arizona Tribes that run a WIC program under the ITCA umbrella, and WIC clients at the national level (from the National Pediatric Nutrition Surveillance System) in 2010.

Table 13. Infant and child health indicators from the Tohono O’odham Nation WIC program

	TOHONO O’ODHAM NATION WIC (2010)	ITCA WIC (2010)	NATIONAL PEDIATRIC NUTRITION SURVEILLANCE SYSTEM (2010)	HEALTHY PEOPLE 2020 TARGET
AGES OF INFANTS AND CHILDREN DURING 2010				
0	283 23%	24%	34%	
1	316 25%	22%	22%	
2	221 18%	19%	16%	
3 to 4	435 35%	35%	28%	
BIRTH WEIGHT*				
High birth weight (4 kg or more)	xx 8%	7%	6%	
Normal birth weight	xx 77%	82%	85%	
Low birth weight (2.5 kg or less)	xx 15%	11%	9%	7.8%
PRETERM BIRTHS				
Less than 37 weeks	xx 10%	8%	xx	11.4%
INFANT BREASTFEEDING				
Ever breastfed	173 71%	64%	63%	81.9%
Breastfed 3+ months**		55%	53%	33%
Breastfed 6+ months**		31%	30%	25%
OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)				
Overweight (85th to 95 percentile)	137 21%	20%	16%	
Obese (95th percentile or greater)	203 31%	26%	14%	

Source: Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center, 2011

*Numbers suppressed due to low cell counts <25 in some cells

**Breastfed 3+ and Breastfed 6+ data presented here are for 2007, which is the most recent data available for these two indicators.

About 15 percent of the Tohono O’odham Nation WIC-participating newborns had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds). This rate is almost twice as high as the Healthy People 2020 target of 7.8 percent or less. Ten percent of Tohono O’odham Nation WIC babies were premature (defined as a gestation of less than 37 weeks). This rate is slightly higher than the ITCA one (8%) but slightly lower than the Healthy People target of not higher than 11.4 percent.

Studies have shown that breastfeeding, particularly exclusive breastfeeding, has a number of positive health effects and also a protective effect against pediatric overweight, and that effect

may persist into the teenage years and adulthood²⁸. The rates of breastfeeding in the Tohono O’odham Nation WIC program tend to be higher than both the ITCA rate and the national rate, though they are lower than the Healthy People 2020 Target.

Maternal health indicators comparing the WIC clients served by the Tohono O’odham Nation, clients served by all Arizona Tribes that run a WIC program under the ITCA umbrella, and WIC clients at the national level (from the National Pediatric Nutrition Surveillance System) in 2010 are presented in Table 14.

²⁸ Centers for Disease Control (2007). Research to Practice Series, No. 4. Accessed at: http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/breastfeeding_r2p.pdf

Table 14. Maternal health indicators from the Tohono O’odham Nation WIC program

	TOHONO O’ODHAM NATION WIC (2010)		ITCA WIC (2010)	NATIONAL PREGNANCY NUTRITION SURVEILLANCE SYSTEM (2009)	HEALTHY PEOPLE 2020 TARGET
MATERNAL AGE*					
17 or younger	xx	8%	6%	6%	
18 to 19	xx	12%	12%	12%	
20 to 29	xx	60%	60%	60%	
30 to 39	xx	20%	20%	21%	
40 or older	xx	1%	2%	2%	
PRE-PREGNANCY BODY MASS INDEX (BMI)					
Normal weight (or Underweight)	46	18%	27%	47%	53.4%
Overweight (BMI 25 to 30)	50	20%	28%	26%	
Obese (BMI over 30)	161	63%	45%	27%	
PRE-PREGNANCY OVERWEIGHT OR OBESE					
2004	169	69%	60%	43%	
2006	263	73%	62%	44%	
2007	291	74%	60%	44%	
2010	257	82%	73%	Not available	
PRENATAL CARE					
Begun during first trimester	164	80%	81%	82%	77.9%
ALCOHOL AND TOBACCO*					
Mother smokes at initial WIC visit	xx	0.9%	2.5%	13.8%	1.4%
Smoker present in the household	xx	9.2%	9.1%	16.8%	
Alcohol consumption in last trimester	xx	0.5%	0.4%	1.3%	1.7%

SOURCE: Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center, 2011.

*Numbers suppressed due to low cell counts <25 in some cells

Eighty-two percent of the Tohono O’odham Nation WIC mothers were overweight or obese at the beginning of pregnancy. The rate of overweight or obesity is higher than the ITCA average (73%). The overweight/obesity rate for Tohono O’odham Nation WIC mothers appears to have been increasing over the past few years.

More than three-quarters of Tohono O’odham Nation WIC mothers reported beginning prenatal care during the first trimester of pregnancy. This rate exceeds the Healthy People 2020 target (77.9%).

The Tohono O’odham Nation WIC data suggest that tobacco use during pregnancy and exposure to tobacco smoke is less of a problem than it is nationally. Less than one percent of Tohono O’odham Nation WIC mothers reported smoking at the time of enrollment in the WIC program. Nationally, however, almost 14 percent of mothers reported smoking. About nine percent of Tohono O’odham Nation WIC mothers reported any smokers living in their household, a rate that is substantially lower than the national one (almost 17%).

Reported alcohol consumption (0.5%) during the third trimester meets the Healthy People 2020 target (1.7% or less).

In addition to the quantitative data presented above, the WIC staff were also asked a few open ended questions about their work and what they perceived as the main assets of the Tohono O’odham Nation WIC program. Staff indicated that an aspect of the program that works exceptionally well is the FIT WIC classes held at a Head Start Center. These classes include reading a book about healthy foods, having children participate in a physical activity and giving samples of healthy snacks along with the recipe. Measuring children’s height, weight and hemoglobin levels and talking to parents about their children’s growth was also highlighted as a particularly successful part of the program.

Staff also indicated they enjoy talking with parents and caregivers about nutrition and assisting families in setting up goals and assisting parents make positive changes to improve their children’s overall health.

Among the aspects of the Tohono O’odham Nation WIC program that staff is most proud of is their ability to reach out to different areas of the reservations to provide services, including distributing the vouchers that allow families to purchase nutritious foods. Providing assistance to mothers who encounter challenges around breastfeeding is another highlight of the program. In the words of the WIC staff: “We feel a sense of pride when problems are solved and mom and baby have a successful breastfeeding experience.” This is reflected in the high rates of breastfed children who participate in the program, which exceed the ITCA and national levels.

Childhood Obesity

Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Children who are obese are more likely to have Type 2 diabetes, asthma, and lower health-related quality of life, particularly in severely obese children.²⁹ Obese children are more likely to become obese adults, and their obesity in adulthood is likely to be

²⁹ E.g., Schwimmer, Burwinkle, & Varni, 2003; Speiser et al., 2005

more severe.³⁰ Adult obesity is related to a number of serious health conditions, reduces quality of life and leads to a shorter life span.³¹ As mentioned above, the obesity rate of children who participate in the Tohono O’odham Nation WIC program is more than twice as high as the national rate among WIC eligible children and also higher than the statewide ITCA WIC rate.

AHCCCS Insurance Coverage

Health care coverage for residents of the Tohono O’odham Nation is provided by the Indian Health Service (IHS), the Arizona Health Care Cost Containment System (AHCCCS, or Arizona’s Medicaid) and through private providers.

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100-200 percent of the Federal Poverty Level. However, due to budget cuts at the state level, enrollment in the KidsCare Program has been frozen since January 1, 2010. When an application is submitted, the Department of Economic Security first verifies whether the child is eligible for AHCCCS Health Insurance. If the child is not eligible for AHCCCS Health Insurance, but he/she may be eligible for KidsCare and the family is willing to pay the monthly premium required by the program, the application is referred to the KidsCare Office to be added to a waiting list. This waiting list was started since the enrollment freeze was put in place in the event that new applications could be accepted.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through December 31, 2013, for a limited number of eligible children. KidsCare II is the result of an agreement between AHCCCS, the Centers for Medicare and Medicaid Services (CMS) and three hospital systems in the state: UA Health Network, Phoenix Children’s Hospital, and Maricopa Integrated Health Systems. The Safety Net Care Pool (SNCP) program provides hospitals with funds to cover the costs for providing uncompensated care to AHCCCS members or to the uninsured. CMS approval of the SNCP program was contingent on making a portion of the funding available to provide coverage to children in the KidsCare program. As the three hospital systems agreed, the KidsCare II program started to enroll children that had been placed in the KidsCare waiting list.

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility –it is only open to children in households with incomes from 100 to

³⁰ Biro & Wien, 2010

³¹ E.g., Schwimmer, Burwinkle, & Varni, 2003; Speiser et al., 2005

175 percent of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare. At the end of the KidsCare II coverage period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date.

American Indians in Arizona who qualify for AHCCCS have a choice to enroll in an acute managed care health plan (just like any other AHCCCS member) or the AHCCCS American Indian Health Program (formerly known as IHS/AHCCCS). The AHCCCS American Indian Health Program (AHCCCS AIHP) is a fee-for-case service and members enrolled in this option can see any provider that accepts AHCCCS insurance. While enrolled in the AIHP members may still receive care at any IHS or 638 facilities. American Indian AHCCCS members can switch between a managed care plan and the AIHP at any time by notifying AHCCCS. As of January of 2011, the majority of the American Indian AHCCCS members in the Acute Care program (68%) were enrolled in the AIHP option (Chicharello, 2011).

In 2010 AHCCCS enrollment in the Tohono O’odham Nation Region was 49 percent, more than twice the rate for the state as a whole (22%), and slightly higher than for all Arizona Indian Nations (38%). The percentage of children enrolled in KidsCare in the Tohono O’odham Nation and the state as a whole was the same (2%), and slightly higher than across Arizona Indian Nations combined (1.2%) (Arizona Department of Health Services, February 2012). Community members in the Tohono O’odham Nation can submit their applications for AHCCCS enrollment at the Sells Hospital and the satellite IHS clinics, where staff provide individualized assistance to make sure people who are eligible can be enrolled.³²

Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

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

The Indian Oasis-Bavoquivari Unified District is responsible for providing Child Find referral, evaluation, and testing services for children with special needs in the region. In the school year

³² “Health-e Arizona” is the online application system for AHCCCS, SNAP, TANF and WIC programs. The IHS Tucson Service Area facilities that serve the Tohono O’odham Nation are Application Assistance Sites of the “Health-e Arizona” Subscription Model. Through this model, application assistors can help community members complete and submit their online application. The assistors have access to individuals’ applications and also have direct contact with DES eligibility officers. Although Application Assistance Sites must pay a fee for the Subscription Model, participation facilitates the application process which may in turn result in higher reimbursement for services for the site.” AHCCCS and Indian Health. What you need to know...” conference presentation by Carol Chicharello, AHCCCS Tribal Relations Liaison at the 27th Annual Indian Child and Family Conference, Dec 7-9, 2011. Casino del Sol Pascua Yaqui Reservation, Az.

2011-2012 two children entered kindergarten at Indian Oasis-Bavoquivari Elementary with an Individualized Education Program (IEP). The school expects 4 children with an IEP to enter kindergarten in the coming school year (2012-2013).³³ In addition, children with special needs who reside in the San Xavier District receive services from the Sunnyside School District.

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

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

The Easter Seals Blake Foundation is the AzEIP service provider for the region through a sub-contract with Desert Survivors Inc.

The table below shows the number of referrals to and children served by AzEIP in the Tohono O’odham Nation. It is important to note that these numbers exclude the children who reside in the San Xavier District.³⁴

³³ Edna Morris, Indian Oasis Elementary School Principal. Personal communication. July 2012.

³⁴ Desert Survivors receives all the referrals for the families living on the Tohono O’odham Nation but not those who reside in the San Xavier district, which are handled as part of the greater Tucson area. Referrals and services provided to members of the Tohono O’odham Nation living on the San Xavier District get mixed with those of the Tucson area and it is therefore not possible for Desert Survivors to identify which services were provided to Tohono O’odham Nation members.

Table 15. AzEIP Referrals and Services in the Tohono O’odham Nation (excluding San Xavier District)

Year	Number of referrals	Eligible for AzEIP*	Not eligible or closed due to no contact*
2010	30	xx	xx
2011	43	xx	28

*Numbers suppressed due to low cell counts <25 in some cells

Staff with Desert Survivors indicated that the vast majority of the referrals they receive from the Tohono O’odham Nation come from the health care providers at the Indian Health Services facilities. Services are provided in the families’ home or place of their choosing, so they are not required to travel in order to receive services. Nevertheless, key informants pointed out that one of the challenges in providing services to families in the region is that many of those referred choose not to go through the eligibility process. The AzEIP provider will often try to make contact with families but calls are not always returned or families may be absent from the home or not be available at the time of the AzEIP appointment. In order to overcome this challenge, Desert Survivors/Easter Seals Blake Foundation partner with various agencies in the Tohono O’odham Nation that help in making contact with these families and encouraging them to participate in services. These agencies include the Special Needs Division of the Department of Health and Human Services; Special Services Division with the Department of Early Childhood Development/ Head Start; Indian Oasis-Bavoquivari School District and pediatricians with the Indian Health Services. Representatives from all of these agencies as well as others from Desert Survivors, Easter Seals Blake Foundation and the Division of Developmental Disabilities (DDD) meet regularly to coordinate their efforts and ensure the provision of high quality care to community members.

In addition to the services provided by AzEIP and Indian Oasis-Bavoquivari Elementary, children with special needs in the Tohono O’odham Nation can also receive services from the Head Start program, the IHS health care providers, the Nation’s Department of Health and Human Services Division of Special Needs and the Nation’s Department of Education Special Services program.

The Division of Special Needs provides patient advocacy and case management services, as well as transportation to appointment off-reservation appointments with specialty providers. The Division also facilitates coordination of services between IHS and Children Rehabilitative Services (CRS), currently being managed by Arizona’s Medicaid (AHCCCS); it also provides specialty medical devices that patients’ insurance or AHCCCS may not cover.

In addition to AzEIP and Child Find, screenings are also provided by the Special Services program under the Nation’s Department of Education and by the Head Start program. Screening and identification of children with special needs is also routinely conducted by the health care providers at IHS facilities. All of these entities and providers in turn refer children for further evaluation and service to the Blake Foundation, the AzEIP provider in the region. Also, for patients who are insured through Blue Cross or AHCCCS, IHS offers physical therapy services locally. A lot of families are still unaware of this opportunity and the Division of Special Needs is helping promote it, as the service is more likely to remain available if families take advantage of it.

As mentioned above, all of these agencies providing services to children with special needs work in close collaboration to make sure proper follow up is done with families in need of services. They meet on a regular basis and are working on building a referral system to help track families and children and make sure that they receive the appropriate services. According to the Arizona Department of Economic Security’s Tribal Consultation Report “when the tribe does not have a direct role in providing the services through contract or subcontract, the DES/AzEIP contractor establishes partnerships with tribal early childhood programs, such as Head Start, local schools and local health and human service organizations to ensure that communities know how to make referrals.” This report cites the relationship between local DES/AzEIP contractor and the Tohono O’odham Nation as an example of a strong partnership that has been built among the different agencies charged with providing services to children with special needs (Arizona Department of Economic Security, 2011).

Nevertheless, even with this existing network of providers and referrals, several key informants expressed a concern regarding children with special needs in the outlying communities being under identified.

Another area of opportunity is young parents whose children have special needs. According to key informants, these young parents often require a lot of support to help them understand their children’s condition and the importance of following through with treatment. This support appears to be particularly needed among parents of children with hearing impairments, whose special needs may not be so evident. Parents may not realize the relevance of early therapy for proper language and speech development. Key informants indicated that few of the parents whose children are diagnosed actually seek out services, with the added challenge that services are not available locally but in Tucson. A lot of the children who present with language and speech delays appear to be children whose hearing impairment has not been treated.

Immunizations

Children in the Tohono O’odham Nation Region who have access to services from the Indian Health Service receive their immunizations at any of the Tucson Area facilities (Sells, San Xavier, Santa Rosa and San Simon).

The rates of children with up-to-date immunizations in the Tohono O’odham Nation are high. The Tucson Area service has ranked number 1 among the 12 IHS Areas for the past 4 years on the 19-35 month old IHS National Immunization Report Systems. The San Xavier and Santa Rosa clinics have also been recognized with the Arizona Daniel Cloud Award by achieving 90% rates in 2 year olds.³⁵

In keeping with the Centers for Disease Control 2010 recommendations for “universal” annual flu vaccination³⁶, even vaccine rates for influenza are high, with 74 percent of 10-23 month olds, and 62 percent of 2-4 year olds receiving the vaccine in 2011.³⁷

³⁵ Insert citation – unpublished data provided by IHS Tucson Area, Sells Service Unit

³⁶ CDC Advisory Committee on Immunization Practices, <http://www.cdc.gov/vaccines/recs/acip/>

Oral Health

Oral health is an essential component of a young child’s overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.³⁸

Data from the 2009 Oral Health Survey of Arizona Preschool Children indicate that the prevalence of early childhood decay among American Indian children 0 to 5 years of age in the state was 10 percent (compared with 7% among non-Native children).³⁹ Among third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non-Native children (93% compared with 76 %), with 62 percent showing signs of untreated decay (compared to 41% among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59%, compared to 73% for non-American Indian children).⁴⁰

Dental services for children are available at the Sells Hospital, the San Xavier Health Center, which has a 7,888 square-foot facility with 13 dental chairs, and the Santa Rosa Health Center where a new dental facility was opened in July 2011.

The Sells Hospital participates in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative. The goal of the IHS ECC Collaborative is to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide.

Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as an infant’s teeth erupt. ECC is defined as any caries experience in a child under 6 years of age and it can progress rapidly, having lasting detrimental impact on a child’s health and well-being.⁴¹

The ECC Collaborative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among dental providers, healthcare

³⁷ Insert citation – unpublished data provided by IHS Tucson Area, Sells Service Unit

³⁸ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

³⁹ http://www.azdhs.gov/phs/owch/ooh/pdf/American-Indian-Children_Oral-Health.pdf

⁴⁰ *Arizona American Indian Oral Health Summit, Final Report* (2011). Retrieved from <http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf>

⁴¹ <http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.display>

providers in general, other programs working with young children (such as WIC and Head Start) and the community at large. The IHS Division of Oral Health provides funding for this Collaborative for printed materials, training for conducting dental health surveillance in participating communities utilizing the Basic Screening Survey (BSS), travel costs for presentations to engage community partners at many levels, and the conduction of the actual BSS.

The ECC Collaborative promotes ECC early intervention through "caries stabilization" utilizing ionomer interim therapeutic restorations (ITRs) or glass ionomer sealants.⁴² A social marketing campaign has been designed around ITRs, giving them the more appealing name of "Mighty Mouth" fillings, and a Native American "super hero" character was created by a team from the Portland, Nashville and Albuquerque Dental Support Centers to help promote ITRs among children.

The ECC Collaborative has collected oral health data from IHS Service Areas 6 months prior to, and 6 months after the ECC was launched around their four objectives of: 1) Increasing access to care, 2) Increasing number of sealants applied, 3) Increasing the number of fluoride varnish applications, and 4) Increasing the number of ITRs applications for American Indian/Alaska Native children 0 to 5 years of age. It compares all Service Areas in terms of the change in these four objectives by classifying them into three different categories: <10% increase, 10-20% increase and >20% increase. According to a report from September 2011, the IHS Tucson Service Area (which services the Pascua Yaqui Tribe and the Tohono O’odham Nation) increased its access to care (Objective 1) by >20%, and by <10% in the remaining three Objectives (Indian Health Service, 2011).

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2009 the IHS Head Start Program teamed up with IHS to develop an online fluoride varnish course available online to Head Start staff and health care providers. In 2010, the IHS Head Start Program purchased 20,000 doses of fluoride varnish to be distributed to local Head Start programs. New parent materials and bracelets were also developed to promote oral health among families.⁴³ [Follow-up can be done with Tohono O’odham Nation Head Start program to find out how they are partnering with IHS with regards to oral health]

⁴² According to the IHS ECC Collaborative’s website: "Caries stabilization involves using fluoride-releasing glass ionomer for interim therapeutic restorations (ITRs), resin and glass ionomer sealants to protect pit and fissures on primary molars, and regular recharging of ITRs and sealants through fluoride varnish applications, and twice daily use of fluoride toothpaste at home." Caries stabilization can increase treatment options for babies and young children providing a positive experience for young patients and their parents. A caries stabilization course is available to dental providers online at the IHS ECC’s website.

<http://www.ihs.gov/doh/index.cfm?fuseaction=ecc.caries>

⁴³ http://www.ihs.gov/doh/documents/ecc/IHSDentalExplorer_September2011.pdf

Family Support

Key informants indicated that there are a number of good resources available to families with young children in the Tohono O’odham Nation including playgrounds at recreations centers, outside basketball courts, safe open areas where children can play outside, and programs such as Head Start and WIC. They also identified the services available at the District level as strength in the region. Informants noted that the various Districts in the Tohono O’odham Nation are looking at the needs of their populations from a local perspective and responding to those in the way of health or educational services. Some of these may include educational programs such as back to school financial support or social activities that encourage family and community involvement and that have an educational component. The Light Parade takes place in December and is organized by Head Start was cited as an example of a community event that also provides educational activities for children.

Nevertheless, some service providers in the region expressed their concern that a number of families are not in contact with programs such as WIC and Head Start and so are not likely to be aware of other important services available to them (e.g. screening and treatment services for children with special needs). District representatives noted that there may be other innovative ways of finding and reaching out to families in more remote areas, such as the use of the “Christmas gift lists” that Districts put together with the names of children in their areas.

Parental Education and Home Visitation Programs

Parental involvement has been identified as a key factor in the positive growth and development of children. ⁴⁴ Educating parents about the importance of engaging in activities with their children that are contributory to development has become an increasing focus.

Key informants repeatedly indicated that parent education is one of the most pressing needs among families in the Tohono O’odham Nation, especially around developmental milestones and the need for early identification and treatment of developmental delays. The Tohono O’odham Nation Regional Partnership Council has responded to this need by allocating funding for two Family Support and Child Development and Health Advocate positions. According to the region’s 2013-2015 Funding Plan, these positions were developed “to educate families, the community, businesses and government about the importance of early childhood development and health. The advocates will educate parents and families about early childhood development and health, support families in advocating for their children’s needs, and disseminate and educate on how to access system resources of the Tohono O’odham Nation. The first of two positions has been staffed with training commencing⁴⁵.” These advocates will prioritize working with families with young children who are currently not connected with the education system, most of them living in the more remote areas of the reservation (west end

⁴⁴ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona’s Youngest Children*. Phoenix, AZ: St. Luke’s Health Initiatives and First Things First.

⁴⁵ Tohono O’odham Nation Regional Partnership Funding Plan, FY2013

and south of Sells). By March of 2012 one of these positions had been filled and the Nation’s Department of Health and Human Services had assigned one of its staff members to assist the advocate due to the large case load she was serving. Together with the Department of Health and Human Services Staff, the advocate was already serving a total of 35 families. In addition to the advocate positions, the Regional Partnership Council has also a Resource Guide Development Workgroup with the purpose of gathering contact information on the early childhood resources available to families in the region. As of July 2012 the compilation of the Resource Guide was near completion.

Also in the Spring of 2012, the District nurse at Bavoquivari High School began to teach teen parenting classes. The class utilizes a curriculum developed by early childhood education faculty at Tohono O’odham Community College.

Child Abuse and Neglect

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that while infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.⁴⁶

The Arizona Department of Economic Security’s Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse and neglected. This program receives screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors.

In the Tohono O’odham Nation, the Child Welfare Division of the Department of Health and Human Services is in charge of providing services to children and families in crisis.

Incarcerated Parents

In Arizona, 3% of youth under 18 are estimated to have one or more incarcerated parents. This

⁴⁶ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.⁴⁷

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.⁴⁸ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so⁴⁹ and the Arizona Department of Corrections states that it endeavors to support interactions between incarcerated parents and their children, as long as interactions are safe.⁵⁰

Statewide resources for caregivers of children with incarcerated parents are scarce. The Children of Prisoner’s Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

According to the US Department of Justice,⁵¹ the number of inmates confined in Indian country jails has been increasing, as have the numbers of incarcerated American Indians nationwide. Of the 11 facilities in Indian Country that held the majority of inmates in 2009, five were in Arizona. The Tohono O’odham Adult Detention Center (AZ) was the largest of these facilities, and often operated over capacity (up to 429% in 2008 and 186% in 2009, after expansion). About 45 percent of all inmates in custody in Indian Country were held in Arizona. This

⁴⁷ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁴⁸ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-Impactofincarceration.html>.

⁴⁹ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

⁵⁰ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

⁵¹ Minton, T. (2011). *Jails in Indian Country, 2009*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

increases the likelihood that there may need to be supports for children of incarcerated parents.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children. The 2011 Domestic Violence Shelter Fund Report identifies child care, transitional housing, and transportation services as the most needed services statewide.

Homelessness

In Arizona in 2011, 10,504 people were documented as homeless, a homelessness rate of about 16 per 10,000 residents. Of these people, 4,101 (39%) were part of families.

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. Once more, the Indian Oasis-Bavoquivari District is perhaps the most representative of the Tohono O’odham Nation as it is the only one located within reservation boundaries. As shown in Table 16, 66 percent of the children in the Indian Oasis-Bavoquivari District were classified as economically disadvantaged, and three percent of the students enrolled were homeless.

Table 16. Economic Disadvantage and Homelessness in the Tohono O’odham Nation Region

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGE STUDENTS		HOMELESS STUDENTS	
Casa Grande Elementary District	12	5,973	3,541	59%	98	2%
Florence Unified School District	8	4,729	2,530	53%	30	1%
Gila Bend Unified District	1	273	273	100%	-	
Indian Oasis-Baboquivari Unified District	2	582	387	66%	19	3%
Stanfield Elementary District	1	539	539	100%	60	11%
Sunnyside Unified District	20	10,183	8,152	80%	676	7%

Source: ADE Preschool & Elementary Needs, 2011. Unpublished data

No homeless children were served by the Tohono O’odham Nation Head Start Program in fiscal years 2009-2010 and 2010-2011.

Public Information and Awareness System Coordination

Key informants agreed that there is a need to increase parents’ awareness around critical early childhood topics such as developmental milestones, early detection and treatment of special needs and parent involvement.

As mentioned above (see Parental Education and Home Visitation Programs section) the Tohono O’odham Nation Regional Partnership Council has recognized this need and in response is allocating funding for two Family Support and Child Development and Health Advocate positions. These advocates provide of education to families in remote areas and to members of the community at large around to early childhood development and health. As part of the efforts to increase public awareness and increase access to services available, the Regional Partnership Council has also convened a Resource Guide Development Workgroup with the purpose of compiling a Resource Guide that will be available to families in the region in the Fall of 2012.

Key informants highlighted the existing collaborations among tribal and non-tribal agencies as important assets in the region. As an example, they pointed to the good communication and coordination efforts that exist among representatives from entities such as IHS, the Tohono O’odham Nation Departments of Health and Human Services and Education (including behavioral health services, child welfare services and Head Start).

Another example is the strong partnership and collaboration among agencies providing services to children with special needs.

Informants also indicated that there has been a recent increase in the reach out efforts by the Indian Oasis Elementary School to strengthen partnership with other tribal programs.

Summary and Conclusion

This needs and assets report is the third biennial assessment of early education, health, and family support in the Tohono O’odham Region.

Through examining assembled quantitative data, and through analysis of qualitative data collected from key informants in the region, it is clear that the region has substantial strengths. These include: a new preschool program at Indian Oasis Elementary; professional development opportunities available locally through Tohono O’odham Community College; early childhood education services with an emphasis on O’odham language and culture offered by the Head Start Program; and high breastfeeding rates among WIC program participants. A table containing a full summary of identified regional assets can be found in Appendix B.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been recognized as ongoing issues by the Tohono O’odham Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. Some of these needs, and the strategies proposed to deal with them, are highlighted below.

- **A need for more quality childcare services** – Although a new school-based preschool program has recently opened in the region, there continues to be a need for additional childcare and early education opportunities in the region. The Regional Partnership Council has recognized this need and is funding strategies to improve the quality of existing programs through Quality First, and to support access to those programs through scholarships. Professional development scholarships aim to assure a trained early childhood workforce.
- **A need to increase parent awareness of the importance of early childhood health and development, especially among families in remote areas** – A challenge identified in the region is the lack of awareness of and information concerning the importance of early childhood health and development among parents. Increasing awareness among families in the region is particularly challenging due to the spread out nature of the reservation; key informants expressed concern regarding families in the more remote areas not accessing the services available to them. The Community Based Training – Parent Education and Parent Outreach and Awareness strategies attempt to address these concerns. The Family Support and Child Development and Health Advocate positions supported through the Community Based Training-Parent Education strategy are already providing critical support services to families in the region.

A table listing Tohono O’odham Regional Partnership Council funded strategies for Fiscal Year 2013 is provided in Appendix D.

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

- **High infant mortality rate**— Of particular concern in the region is its extremely high infant mortality rate. Exploring reasons for this high rate and seeking solutions to it would be a priority area well worth focusing on. High rates of low-birth weight infants among the WIC population

and low rates of women receiving early and often prenatal care in the region suggest that it may be worth addressing how comprehensive prenatal care can be made more accessible.

- **Children living with relatives other than their parents** – Over half of the young children in the region live with relatives other than their parents. Support services for these caregivers (many of whom are likely to be grandparents) are important as they may not be aware of the help that is available to them or how to access it.
- **A high rate of childhood obesity** – Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Additional prevention and intervention programs that address the high rates of childhood obesity in the region (such as those provided by the Tohono O’odham WIC program) can be highly beneficial for the community as a whole, as obesity is also a concern among the adult population.
- **Lack of transportation** – A lack of transportation among families has been identified as one of the primary local barriers in the region to accessing prenatal care, child care, health, social and employment services. Highlighting this issue among collaborating service agencies may help identify additional services that could be referred to or developed to meet these needs of families without access to reliable transportation.
- **Additional support for teen parents** – Parenting classes for teen parents are being offered at Bavoquivari High School. However, this school-based program reaches a limited number of teen parents. Additional programs that support teen parents, particularly those who may not be in school, and help them understand their children’s development are needed. This is particularly important for young parents of children with special needs so they understand the importance of early treatment for the child’s future development.
- **A need for more information about the families living in the region** – Key informants expressed concerns about the limitations of Census data and the possibility that it is undercounting children in the region. A comparison of Tribal enrollment and Census data by district shows that this undercount is likely to happen among families in the more remote areas of the reservation. A more intense gathering of qualitative data for future Needs and Assets Reports may also help better understand the needs of families in the region, especially those living in more remote areas.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among Tohono O’odham Nation Regional Partnership Council and staff, Tribal leadership, First Things First and other state agencies, local providers, and other community stakeholders in the region. By leveraging the strong commitment of the community to the health and well-being of their children, such a collaboration can continue to improve the opportunities for families in the Tohono O’odham Nation Region.

Appendix A. Tohono O’odham Tribal Enrollment as of Fall 2007 compared to Census 2010 data

	On Reservation	Off Reservation	Total Enrollment	Census 2010
Baboquivari District	1,649	1,594	3,249	755
Chukut Kuk District	1,341	1,412	2,753	347
Gu Achi District	1,356	928	2,284	1,201
Gu Vo District	828	1222	2050	419
Hickiwan District	903	829	1732	576
Pisinemo District	779	1057	1836	568
San Lucy District	625	1225	1850	388
San Xavier District	1,249	778	2,027	1,885
Schuk Toak District	840	721	1561	397
Sells District	2,451	2,043	4,494	2,963
Sif Oidak District	1,253	719	1,972	702
No District	195	2086	2281	
TOTAL	13,469	14,614	28,089	10,201

Source: Tohono O’odham Nation <http://www.tonation-nsn.gov/districts.aspx>

Appendix B. Table of Regional Assets

First Things First Tohono O’odham Regional Assets

Added opportunities for early childhood education through the new preschool program at Indian Oasis Elementary School

Professional development opportunities available locally through Tohono O’odham Community College

Access to healthcare through the Indian Health Care facilities, including pediatric care

High rates of children with up-to-date immunizations

Local schools that have changed their designation to ‘performing’ and are making annual yearly progress

Early childhood education opportunities through the Tohono O’odham Nation Head Start Program

An emphasis on the O’odham culture and language in early childhood education settings

A strong partnership among the various tribal and non-tribal agencies providing services to children with special needs

A high rate of ever-breastfed children among WIC participants and strong support services from the lactation specialists in the program

Appendix C. Table of Regional Challenges

First Things First Tohono O’odham Regional Challenges

High proportion of children living with relatives other than their parents

High proportion of single parent and female-headed households

High unemployment rate

Low scores in standardized achievement measures among students in local schools

High school drop-out rates

Low educational attainment among adults in the region

Lack of transportation that limits access to services

High infant mortality rate

High obesity rate among young children and women who are WIC clients

A need to increase awareness of early childhood development milestones and early identification of developmental delays among unregulated care providers

A concern regarding under-identification of children with special needs in the more remote areas in the region

A need to provide greater opportunities to increase parent awareness of the importance of early childhood education and health

Need for expanding the capacity of current child care and early education programs

Appendix D. Tohono O’odham Nation First Things First Regional Partnership Council planned strategies for Fiscal Year 2013

Tohono O’odham Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2013		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices. Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.
Professional Development	Community Based Professional Development Early Care and Education Professionals	Provides quality education and training in community settings to early care and education professionals.
Family Support	Community Based Training – Parent Education	Provides classes on parenting, child development and problem-solving skills.
	Parent Outreach and Awareness	Provides families of young children with information, materials or connections to resources and activities that increase awareness of early childhood development and health and the resources, supports or programs available for young children and their families.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old.
Community Awareness	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

	<p>Community Awareness</p>	<p>Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.</p>
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Appendix E. Primary Data Collection Methods

The information included in this report was obtained from publicly available sources, from data provided by various state agencies via First Things First, and from regional data provided by local and Tohono O’odham Nation agencies and departments. In addition, qualitative data collection was conducted specifically for this report. Qualitative data consisted of face-to-face key informant interviews with knowledgeable individuals, and information collected in written format from responses to open ended questions. Individuals participating in this data collection process were, in most cases, representatives of agencies serving the region. The purpose of the interviews (either face-to-face or in written format) was to gather knowledgeable community members’ perspectives on the assets and needs of young children in the region. Descriptions of the services provided by local agencies were also gathered through key informant interviews.

Tribal protocol

The Norton School team conducted the collection of tribal data for this report following the protocol established by the Tohono O’odham Nation. This protocol is delineated in the July 8, 2008 letter from Ned Norris, Jr., Chairman of the Tohono O’odham Nation to Mr. Elliott Hibbs, then Executive Director of First Things First.

Data collection Instrument

The Norton School Team developed an overarching interview guide with questions relevant to the different sections of this report (e.g., Health, Child Welfare, Special Needs) as well as general questions about perceived assets and needs of young children and their families in the region. This interview guide was then modified and tailored to each specific key informant who was interviewed, depending on his/her area of expertise (see Appendix F for a copy of the overarching interview guide).

Participating agencies

Representatives from the agencies listed below were contacted as part of the data collection process of this report. They either provided qualitative data, quantitative data or a combination of both:

- Tohono O’odham Community College
- Tohono O’odham Nation Head Start Program
- Tohono O’odham Nation Department of Education
- Tohono O’odham Nation Department of Health and Human Services
- Tohono O’odham Nation Special Needs Services Division
- Tohono O’odham Nation Women, Infants and Children (WIC) Program
- Desert Survivors
- Indian Health Services Tucson Area
- Indian Oasis Elementary

Appendix F: Qualitative Data Collection Instrument

Interviewee Name: _____

Ask if unknown: May I ask your occupation?

Occupation: _____

Ask if unknown: Do you represent an organization? If so, please provide the name and location.

Interviewee Organization and location: _____

Ask if unknown: What services are provided to Children 0-5 by you/your organization? _____

What communities does your organization serve? _____

Interview location if not by phone (name of facility, city, county): _____

Interviewer: _____ **Interview date:** _____

Interviewee’s demographic information: Gender: Male Female

INTERVIEWER’S COMMENTS ABOUT INTERVIEW (Respondent’s willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.)

I’m going to begin with general questions about the needs of kids aged 0-5 in your community and then move to questions about specific services. If you don’t feel comfortable or don’t have enough information to answer any of these questions, please let me know and I’ll move on to the next question.

1. What are the things that work well in your community for kids aged 0-5? What strengths can you identify in your community? What opportunities do you think are available for families with children 0-5?
2. Based on your work with families, what do you think are the biggest challenges that parents of children 0-5 in your community are facing?
3. Do think that there are sufficient services for children aged 0-5 in your community? Why or why not?
4. Based on your work with families, what do you think are the biggest needs for parents of children 0-5 in your community?
5. Where do parents/families of kids 0-5 go for support?
 - a. Are there programs available for families in crisis? Are parents aware of these services?
6. For **parent education**: What types of parent education services are available in your community? How often are these types of services used, and which are used most often?

- a. How would you rate the quality of these services?
 - b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
- 7. For *child care/early education*:** What types of childcare are available in your community? (*types; family/friends, day care centers, home based day care*) Which of these types of childcare is used most often?
- a. How would you rate the quality of these services?
 - b. Please discuss the costs of these services? Do you think they are affordable? Are some types of care more affordable than others? Does this impact quality?
- 8. For *professional training and education*:** Do you think that there is sufficient training/education of early child care providers and teachers in your community?
- a. What types of training are being offered?
 - b. Are early child care providers and teachers in your community aware of these services?
 - c. Are these training resources easily accessible to child early child care providers and teachers? If not, what are barriers to access?
 - d. Can you think of any local resources that could better be leveraged to train and educate early childhood providers and teachers?
- 9. For *children’s health*:** Where do kids 0-5 receive health care in your community? What type of care is available in your community? (*pediatric/dental/vision/emergency/special needs*)
- a. What do you think of the quality of health services for kids 0-5 in your community?
 - b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
 - c. What about services for children with special physical health needs? Are these available and accessible? If not, what are barriers to access?
 - d. What about services for children with special developmental and mental health needs? Are these available and accessible? If not, what are barriers to access?
 - e. Are there health care services that are not available in your community that you think are needed?
- 10. For the *child welfare system*,**
- a. What are the strengths of the current child welfare system in your community for kids aged 0-5 and their families?
 - b. What are some challenges to meeting the needs of kids 0-5 in the child welfare system?

Appendix G. Citations for Resources Used and Extant Data Referenced

- Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.
- Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.
- Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.
- Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.
- Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010.
- Arizona Department of Economic Security (2011). *Children 0-5 Receiving SNAP*. Phoenix, Arizona.
- Arizona Department of Economic Security (2011). *Children 0-5 Receiving TANF*. Phoenix, Arizona.
- Arizona Department of Economic Security (2011). *Children 0-5 Receiving WIC*. Phoenix, Arizona.
- Arizona Department of Economic Security. (2011). *Domestic Violence Shelter Fund Report for SFY 2011*. Phoenix, Arizona.
- Arizona Department of Economic Security, Division of Children, Youth and Families, Administration for Children, Youth and Families (2011). *Child Welfare Reporting Requirements Semi-Annual Report for the Period of October 1, 2010 through March 31, 2011*. Phoenix, Arizona.
- Arizona Department of Economic Security. (2011). *Tribal Consultation Report FY2011*. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/tribal_consultation_report_2011.pdf
- Arizona Department of Education (2011). *Percentage of Free and Reduced Reports, March 2011*. Retrieved from: <http://www.azed.gov/health-nutrition/frpercentages>
- Arizona Department of Health Services (2012). *Arizona Primary Care Area Statistical Profiles*. Retrieved from: <http://www.azdhs.gov/hsd/profiles/index.htm>
- Arizona Department of Health Services, Bureau of Health Systems Development. (2010). Retrieved from www.azdhs.gov/hsd/profiles/frontier.pdf
- Arizona Department of Health Services, Division of Behavioral Health Services. (2012). *An Introduction to Arizona’s Public Behavioral Health System*. Phoenix, Arizona.
- Arizona Department of Health Services, Division of Behavioral Health Services. (2011). *Enrollment in the Public Behavioral Health System*.

Arizona Department of Health Services, Office of Oral Health. (2009). *Arizona Oral Health Survey of Preschool Children*.

Arizona Department of Health Services, Office of Oral Health. (April 2011). *The State of American Indian Children’s Oral Health in Arizona*. Presentation delivered at the 2011 Arizona American Indian Oral Health Summit, Fort McDowell Yavapai Nation.

Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

Association of Arizona Food Banks. (2010). *2010 Hunger in American Report: Arizona Highlights*. Phoenix, Arizona.

Benefits Details: Arizona Head Start and Early Head Start. (n.d.) Retrieved from <http://www.benefits.gov/benefits/benefit-details/1897>.

Berube, A. & Kneebone, E. (2011). Parsing U.S. Poverty at the Metropolitan Level. Retrieved from http://www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx

Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona’s Youngest Children*. Phoenix, AZ: St. Luke’s Health Initiatives and First Things First.

Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

Chicharello, C. (December 2011). *AHCCCS and American Indians. What you need to know...* Conference presentation delivered at the 27th Annual Indian Child and Family Conference, Dec 7-9, 2011. Casino del Sol Pascua Yaqui Reservation, Az

Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona’s Public Behavioral Health System*. Phoenix, Arizona.

First Things First (2009). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Phoenix, AZ.

First Things First (2009). *Regional Results of Family and Community Survey on Early Childhood*. Unpublished Data.

Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

Indian Health Service. Division of Oral Health. (September 2011). *The IHS Dental Explorer. A publication of the IHS Division of Oral Health*. Retrieved from http://www.ihs.gov/doh/documents/ecc/IHSDentalExplorer_September2011.pdf

Indian Health Service, Tucson Area. (2012). *Selected service and health indicators, 2011*. Unpublished data.

Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center. (October 2011). *Tohono O’odham Nation WIC Program: Maternal & Child Health Profile 2010*.

Light, H. K., & Martin, R.E. (1996). American Indian Families. *Journal of American Indian Education*. (26)1.

Realty Trac, Inc. (2012). *February 2012 Foreclosure Rate Heat Map*. Retrieved from:
<http://www.realtytrac.com/trendcenter/>.

Reinhart, M. K. (2011). Arizona budget crisis: Axing aid to poor may hurt in long run. The Arizona Republic: Phoenix, AZ. Retrieved from
<http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

Tohono O’odham Community College (August 2012) *Early Childhood Education Program*. Unpublished data.

Tohono O’odham Nation Head Start Program. (2010). *Program Information Report 2009-2010*. Unpublished data.

Tohono O’odham Nation Head Start Program. (2011). *Program Information Report 2010-2011*. Unpublished data.

Tohono O’odham Nation Women, Infants and Children Program (WIC). (2012). *Participation data 2010-2011*. Unpublished data.

Tohono O’odham Nation Women, Infants and Children Program (WIC). (2012). *Voucher redemption data 2010-2011*. Unpublished data.

The Arizona Children’s Action Alliance Income Disparity in Arizona. Newsletter received October 26th, 2011.

<http://azchildren.org/MyFiles/2011/Gini%20Index%20U.S.%20vs%20AZ%201979%20to%202009.pdf>

U.S. Census Bureau. (2010). *Table P1*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table P14*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table P20*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table P41*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table PCT14*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau. (2010). *Table QT-P4*. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau, American Communities Survey. (2006-2010). Detailed Tables; generated using American Fact Finder. Retrieved from: <http://www.factfinder.census.gov>

U.S. Census Bureau, Small Area Estimates Branch. (2010). *2010 Poverty and Median Income Estimates*.

U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 2009-2011 Reading Assessments.

White, J., Gebeloff, R., Fessenden, F., Tse, A., & McLean, A. (2012). The Geography of Government Benefits. Retrieved from <http://www.nytimes.com/interactive/2012/02/12/us/entitlement-map.html?ref=us>.

Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.