



2012

NEEDS AND ASSETS REPORT

Gila River Indian Community Regional Partnership Council



FIRST THINGS FIRST

Ready for School. Set for Life.

First Things First Needs and Assets Report

Gila River Indian Community Regional Partnership Council

2012

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

Funded by
First Things First Gila River Indian Community 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) 6214979
<http://ag.arizona.edu/fcs/>



FIRST THINGS FIRST

4000 North Central Avenue, Suite 800
Phoenix, Arizona 85012
Phone: 602.771.4991
Fax: 602.274.7040
www.azftf.gov

Chair

Priscilla Foote

Vice Chair

Dale Enos

Members

Priscilla Antone
Brooklyn Dee
Lillian Franklin
Melissa Madrid
Sandra Nasewytewa
Mary Tatum
Emily Warburton
Vacant
Vacant

January 4, 2013

Message from the Chair:

The 2012 Gila River Indian Community Regional Needs and Assets Report is the third in a series of assessments conducted every two years for the First Things First Gila River Indian Community 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 Gila River Indian Community 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 teen parenting, early education/child care, native language and literacy and home visitation.

The Gila River Indian Community Regional Partnership Council is grateful for the support and guidance received from the Gila River Indian Community Tribal Council. With the on-going support of tribal leadership, The First Things First Gila River Indian Community 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, First Things First is making a real difference in the lives of our youngest citizens, not only in the Gila River Indian Community, but throughout the entire State.

Sincerely,

Chair, Gila River Indian Community 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 Gila River Indian Community Geographic Region provides a clear 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 Gila River Indian Community Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. A strong focus in the Gila River Indian Community Region in the past year was working with stakeholder's through-out the large region 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, 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 Gila River Indian Community 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 the Gila River Indian Community Regional Partnership Council, you are the heart and soul of First Things First. Your 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 region and the entire State.

Our gratitude is also given to the Gila River Indian Community Council, without your support and guidance we could not move the work of understanding and establishing an early childhood system which supports our youngest members. Additionally, the Gila River Health Care, Blackwater, Gila Crossing, and Casa Blanca Community Schools, Sacaton Elementary School, and St. Peter Indian Mission School and their respective boards have all provided vial information and guidance to this report. Also, Arizona Department of Economic Security and,

the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education, and the Arizona Health Care Cost Containment System for their contribution of data for this report. In addition, our grantees: Gila River Head Start and Early Head Start, Baby Smarts program, VHM and Ira Hayes high schools, Gila River's WIC and Commodities program, and the Early Education Childcare Center are our partners and allies in advancing the early childhood movement in Gila River Indian Community and we are honored to work alongside them. We'd also like to thank all the individuals throughout the region who took the time to talk and meet with us to provide information for the 2012 Needs and Assets Report. This input was invaluable to understanding the needs and assets of young children and their families throughout the Gila River Indian Community.



First Things First Gila River Indian Community Regional Partnership Council

Priscilla Foote, Chair

Dale Enos, Vice Chair

Priscilla Antone

Brooklyn Dee

Lillian Franklin

Melissa Madrid

Sandra Nasewytewa

Mary Tatum

Emily Warburton

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Executive Summary

The Gila River Indian Community is located on 372,000 acres of land in south-central Arizona just south of the cities of Phoenix, Tempe and Chandler. Tribal membership includes the Akimel O'otham (Pima) and Pee Posh (Maricopa) tribes. The Community is divided into seven districts with the central government seat in Sacaton, Arizona. Each district has its own jurisdiction and maintains one to four seats on the Tribal Council. Language and culture preservation is a priority within the Community, with many tribal programs integrating language and culture into their program planning and curriculum.

The population of the region is 11,712, according to the 2010 US Census. The number of children five years old or younger in the region increased by 7 percent between 2000 and 2010, growing from 1,429 to 1,530. There were 232 babies born to women living in the region in 2009, the most recent year for which detailed data were available. Most of these new mothers (94%) were unmarried. Births to teen mothers in the Gila River Indian Community Region represented over a quarter of the total births in the region, which was about twice the rate seen in the state as a whole in 2009 (12%) and six percent higher than the rate for all American Indian tribes across Arizona. A teen parent education program has been put in place in the region that services youth at both regional high schools; one of the high schools has an Early Head Start program that provides child care and parent education to help young parents stay in school.

The majority of the young children in the region (58%) do not live with either parent, but with another relative, such as a grandparent. The Census Bureau estimates that there are 781 grandparents in the region who have primary caretaking responsibility for their grandchildren under 18 years of age. Of these grandparents, 60 percent are women, 64 percent are working in the labor force, and 64 percent are living in poverty. This report includes data gathered from grandparents who describe some of the joys, challenges and supports needed for those who are raising their grandchildren.

Families in the region have been hit particularly hard by the economic down turn. The average unemployment rate in the region was 31 percent during 2011, three times the statewide rate (9%). The median family income in the region is about \$25,000, which is less than half of the statewide median (almost \$60,000). An estimated 48 percent of Gila River Indian Community residents (and 60% of young children) live in poverty.

Comprehensive health care services are available in the region at the facilities of the tribally-operated Gila River Health Care Corporation, including prenatal care through the Women's Health Center. Other programs such as Women, Infants and Children (WIC) and Genesis provide healthy nutrition and physical activity educational services to young children in the region. These are important services that address the obesity epidemic in the Community.

Among two- to four-year old children participating in the tribal Women, Infants and Children nutrition program, 33 percent were identified as obese, and an additional 19 percent as overweight. These rates far exceed the national rates (14% and 16%). In 2010, 85 percent of mothers enrolled in the Gila River WIC program were overweight or obese before their pregnancy began.

A strength of the region is its diverse early childhood care and education system, including home-based childcare, school-based pre-kindergarten programs, an Early Education Childcare Center, Family and Child Education (FACE) programs, Head Start, and Early Head Start. A number of these programs put an emphasis on the Native cultures and languages of the area. Even so, the majority of children entering kindergarten (58%) had no early education experience, partly due to these programs operating at capacity. This suggests a need for expanding quality early childhood education.

Educational attainment is lower in the region than in the state as a whole. Nearly four out of ten adults 25 years of age or older in the region (37%) have less than a high school education, and nearly 60 percent of the births in the region are to mothers who do not finish high school or get a GED. Only three percent of adults in the region have bachelor's degrees, compared to 14 percent across all Arizona tribal reservation areas, and 26 percent statewide. An example of an innovative program in the community attempting to address this issue is The Vechij Himdag MashchamakuD high school (VHM). This school provides at-risk youth (including teen parents) with opportunities to continue with their education and receive job training so they can graduate and go to college with work experience and technical training. The school, in place in its current format since 2009, estimates an over 80 percent placement of its students in some post-secondary endeavor (college or employment).

Although the region faces a number of challenges, the VHM high school, early childhood education system and other innovative efforts show that the Gila River Indian Community is striving to support the health, welfare and development of the families and young children who live within the Community.

Who are the families and children living in the Gila River Indian Community Region?

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

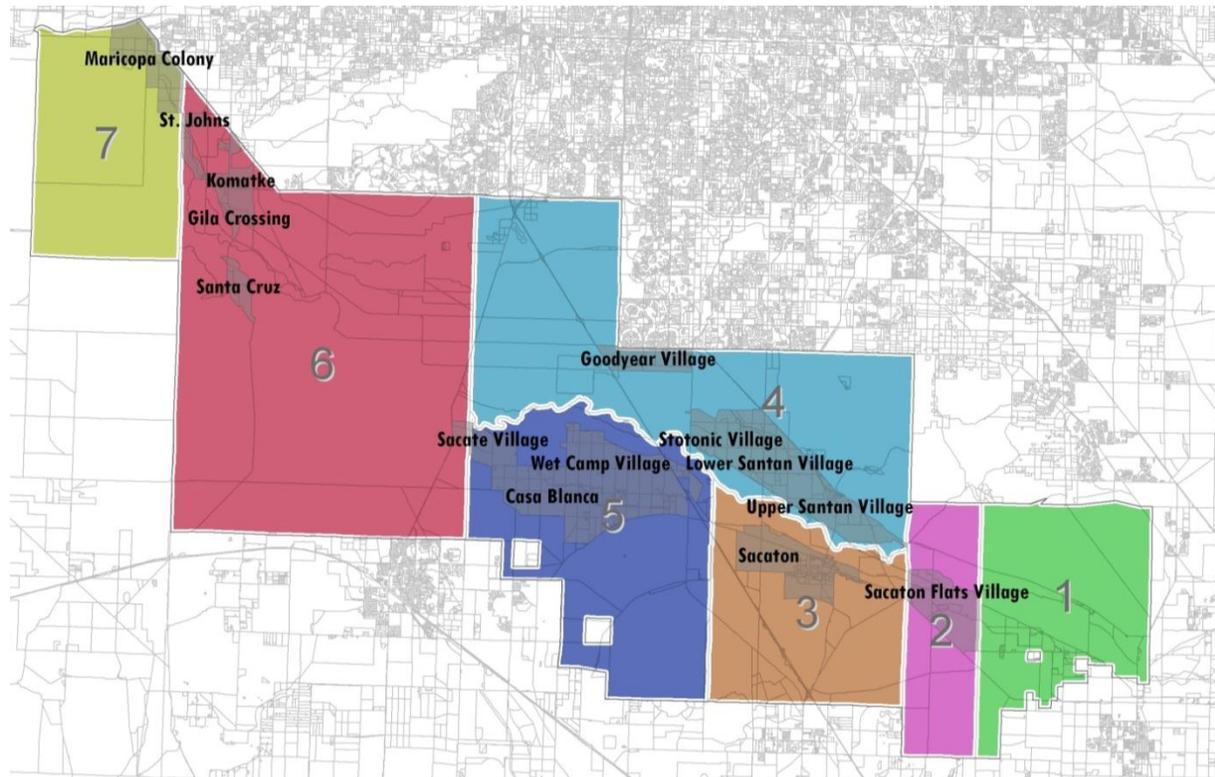
The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data provided by Gila River Indian Community agencies and departments, and findings from additional qualitative data collection that was conducted specifically for this report. The Gila River Indian Community Regional Partnership Council expressed interest in obtaining detailed information about grandparents who are raising their grandchildren in the region. Qualitative methods were deemed the most appropriate way to gather information for these purposes. A community forum was conducted with grandparents who were fully or partly taking care of their grandchildren to uncover from their perspectives what the needs and assets were for this population in the region. Appendices **A** through **C** provide more detailed information about these data collection methods and the instruments utilized.

General Population Trends

Geographically, the Gila River Indian Community is located on 372,000 acres of land in south-central Arizona. The Community lies south of the cities of Phoenix, Tempe, and Chandler, and north of Casa Grande, and its east to west borders run from Coolidge to Tolleson. The Reservation was established on February 28, 1859 by an Act of Congress. Tribal membership includes the Akimel O'otham (Pima) and Pee Posh (Maricopa) tribes. The Community is divided into seven districts with the central government seat in Sacaton, Arizona. Each district maintains one to four seats on the Tribal Council. The boundaries of the First Things First Gila River Indian Community Region match those of the reservation boundaries.

The map below (**Figure 1**) shows the geographical area covered by the Gila River Indian Community Region and the seven districts that comprise the reservation.

Figure 1. Geographical area of the Gila River Indian Community Region



According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Gila River Indian Community Region had a total population of 11,712 in 2010 (the most recent year for which detailed population data are available), of whom 1,530 were children under the age of six. **Table 1**, below, lists the total population and number of households for the Gila River Indian Community Region and the state. The proportion of households with children under the age of six (30%) in the region is nearly twice that seen on the state as a whole (16%), and is slightly higher than all Arizona reservations combined (26%).

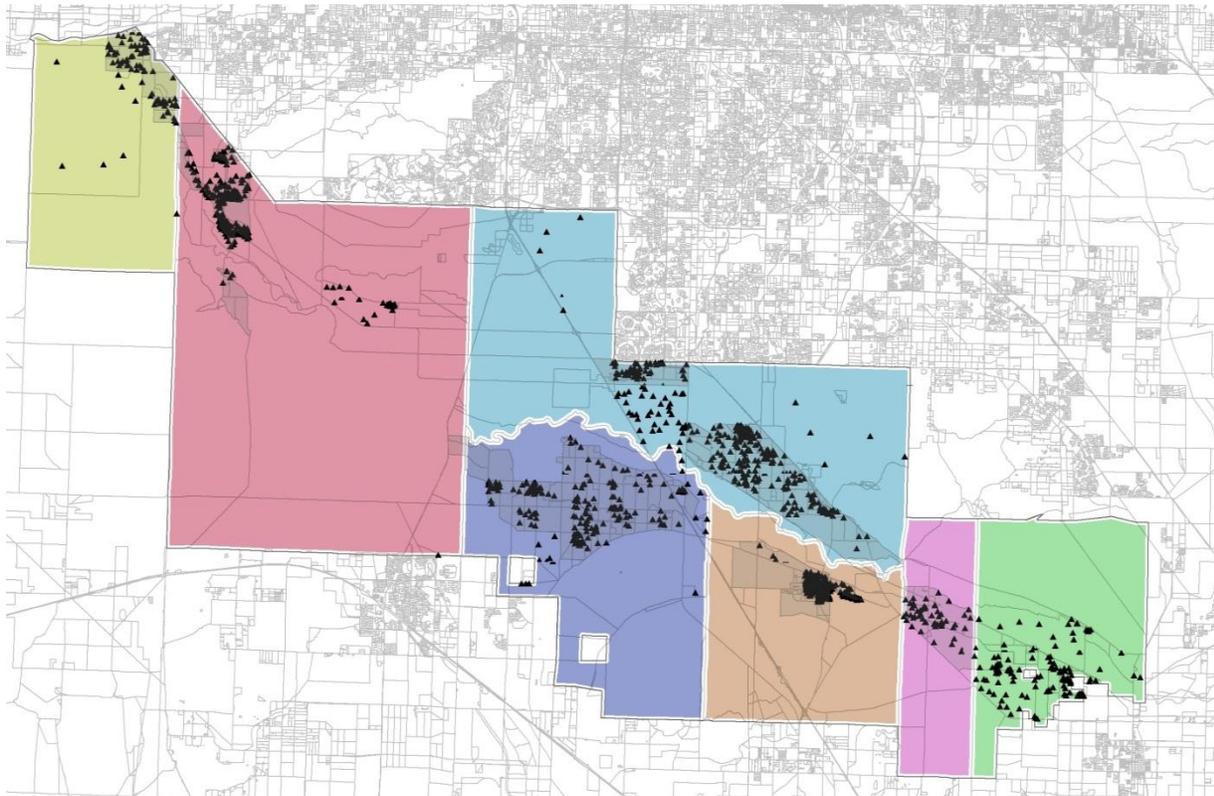
Table 1. Population and households by area in the Gila River Indian Community Region

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
				Count	Percentage
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%
Gila River Indian Reservation	11,712	1,530	2,982	905	30%
District 1 - Blackwater	1,139	146	339	95	28%
District 2 – Hashen Kehk	555	55	163	40	25%
District 3 - Sacaton	2,687	363	634	212	33%
District 4 - Santan	2,378	344	587	197	34%
District 5 - Casa Blanca	1,960	226	504	140	28%
District 6 - Komatke	2,180	301	535	168	31%
District 7 - Maricopa Colony	813	95	220	53	24%

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

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.

Figure 2. Geographic distribution of children under six according to the 2010 Census (by census block)



A comparison between censuses provides information about increases and decreases in population. Table 2 and Figure 3 below show changes in population between the 2000 Census and the 2010 Census.

The Gila River Indian Community region experienced an overall population increase as well as an increase in the population of children aged 0-5. However, as shown in **Table 2**, there was some regional variation in the changes in population between censuses. Although District 4 experienced an important growth in its population of children 0 to 5 years of age, District 5 experienced the opposite trend and a decrease of 20 percent occurred in its population of young children under the age of six. The Gila River Indian Reservation experienced a 7 percent increase in the number of children aged 0 to 5, although Arizona reservations overall experienced a 3 percent decrease.

It is important to note that the First Things First population estimates suggested a 40 percent increase in the number of young children (0-5) in the state from 2000 to 2009. First Things First funding allocations for Fiscal Year 2012 were based on these estimates. The total number of young children estimated to be in the state in 2009 was 643,783.

The US Census, however, showed a much smaller increase, 19 percent, from 2000 to 2010. The total number of young children in the state in 2010 was actually 546,609.

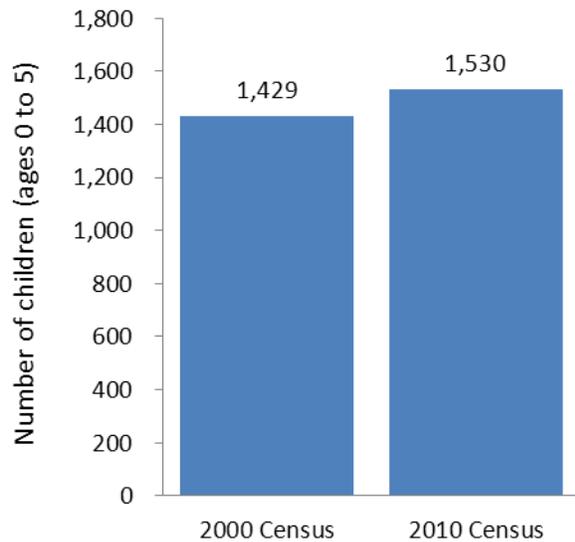
For the Gila River Indian Community Region, the population of young children was estimated to increase 79 percent from 2000 to 2009 (First Things First Gila River Indian Community Regional Partnership Council, 2010). In fact, the 0 to 5 population of the Gila River Indian Community increased by only 7 percent from 2000 to 2010. See Appendix D for more information about the population change in the region.

Table 2. 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%
Gila River Indian Reservation	11,257	11,712	+ 4%	1,429	1,530	+ 7%
District 1	879	1,139	+ 30%	111	146	+ 32%
District 2	368	555	+ 51%	43	55	+ 28%
District 3	3,014	2,687	- 11%	337	363	+ 8%
District 4	2,153	2,378	+ 10%	250	344	+ 38%
District 5	2,115	1,960	- 7%	281	226	- 20%
District 6	1,968	2,180	+ 11%	309	301	- 3%
District 7	760	813	+ 7%	98	95	- 3%

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

Figure 3. Population of children 0-5, Census 2000 and Census 2010



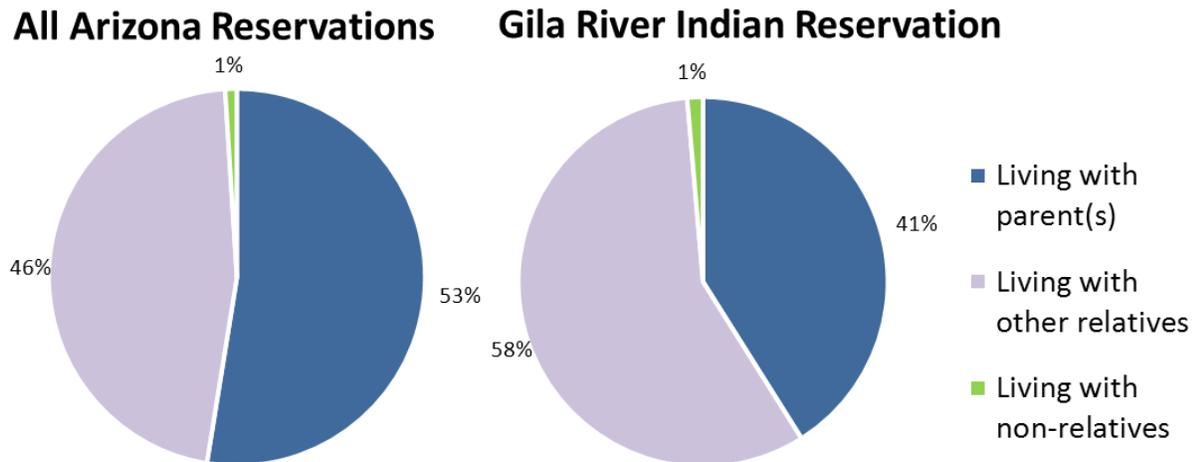
As the overall population has grown, there are increasing numbers of young children in need of services and developmental opportunities in the Gila River Indian Community region.

Additional Population Characteristics

In the Gila River Indian Community Region, less than half of the children 0 to 5 years of age (41%) are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This percentage is substantially lower than that of the state as a whole, (81%), and less than the proportion of children living with at least one parent across all Arizona reservations (53%). The majority of children (58%) are living with relatives other than their parents (such as grandparents, uncles, or aunts). These numbers most likely include children who have been placed in out-of-home care by the Gila River Indian Community Tribal Social Services.



Figure 4. Living arrangements for children 0 to 5 in the Gila River Indian Community



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

The percentage of grandparents caring for grandchildren varies across Arizona. In the Gila River Indian Community, 719 children 0-5 (47%) are reported to be living in a grandparent’s household. This is substantially higher percentage than the statewide rate (14%), and is also higher than the rate in Arizona reservations overall (40%). **Table 3** below shows detailed data about grandparents caring for grandchildren by District. The proportion of households with three or more generations in the Gila River Indian Community Region (21%) is also higher than both the statewide proportion (5%) and the rate for Arizona reservations overall (16%). It must be noted that 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).

However, there are also considerable challenges that grandparents can face when they become the primary source of care for their grandchildren not because of choice, but because parents become unable to provide care due to the parent’s physical or mental illness, substance abuse, incarceration, or because of domestic violence in the family. Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. More detailed information about the grandparents raising their grandchildren can be found in the *Family Support* section below.

Table 3. Number of children living in a grandparent's household by area in the Gila River Indian Community Region

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
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%
Gila River Indian Reservation	1,530	719	47%	2,982	636	21%
District 1	146	63	43%	339	47	14%
District 2	55	19	35%	163	23	14%
District 3	363	146	40%	634	135	21%
District 4	344	181	53%	587	136	23%
District 5	226	125	55%	504	123	24%
District 6	301	144	48%	535	135	25%
District 7	95	41	43%	220	37	17%

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

The Census 2010 data provide a snapshot of the Community at one point in time, but provide a somewhat limited amount of information about the families on which they report. American Community Survey data are aggregated over three years and provide more detail about these multigenerational families, though the numbers will not be identical to those provided by Census 2010.

The Arizona Children’s Action Alliance reports that in Arizona, approximately 36% of grandparents caring for their grandchildren have been doing so for at least five years, and that 21% of these grandparents are living in poverty¹. In the Gila River Indian Community, the

¹Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/granfamilies%20fact%20sheet%20pic%20background.pdf>.

proportion of grandparents who are responsible for their grandchildren and live in poverty is three times as high (64%) as that seen in the state.

Table 4. Grandchildren living with grandparents

	ARIZONA		GILA RIVER INDIAN COMMUNITY	
	Count	Percentage	Count	Percentage
Grandparents who are responsible for one or more grandchildren (ages 0 to 17)	61,742		431	
Grandfathers	24,747	40%	171	40%
Grandmothers	36,995	60%	260	60%
In the labor force	38,425	62%	277	64%
Not in the labor force	23,317	38%	154	36%
In poverty	13,058	21%	274	64%
Not in poverty	48,684	79%	157	36%

Source: American Community Survey, 2006-2010

More detailed information about the grandparents raising their grandchildren can be found in the *Family Support* section below.

Table 5 shows the ethnic/racial breakdown in the Gila River Indian Community. The vast majority (81%) of the people living in the region identify themselves as American Indian. Most of the rest (15%) identify as Hispanic. This trend is similar to the racial breakdown of Arizona reservations overall.



Table 5. Racial breakdown in the Gila River Indian Community 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 Nations	32,047	19%	9%	0%	70%	0%	2%
Gila River Indian Reservation	11,712	15%	1%	0%	81%	0%	2%
District 1	1,139	23%	2%	0%	72%	0%	3%
District 2	555	12%	1%	0%	86%	0%	1%
District 3	2,687	12%	1%	0%	86%	0%	1%
District 4	2,378	17%	1%	0%	79%	0%	2%
District 5	1,960	15%	1%	0%	83%	0%	1%
District 6	2,180	15%	2%	0%	80%	0%	3%
District 7	813	14%	1%	0%	83%	0%	2%

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

Data about language use at home provide additional information about the characteristics of the population in the Gila River Indian Community Region. An estimated 35% of the households in the Community report that a language other than English is spoken at home. This proportion is higher than the one for the households in the entire state (27%). **Table 6** below also shows that the percentage of linguistically isolated households in the Gila River Indian Community is lower than that seen in the state as a whole and in Arizona reservations overall. A household is linguistically isolated if all adults speak a language other than English and none speaks English “very well”.

Table 6. Language use at home in the Gila River Indian Community Region (1)

GEOGRAPHY	TOTAL 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		74%	11%
Gila River Indian Reservation	3,045	35%	2%
District 1	257		9%
District 2	258		0%
District 3	764		3%
District 4	670		2%
District 5	558		0%
District 6	443		3%
District 7	95		0%

Source: ACS 2006-2010, Tables 16001 & 16002

Of the population 5 and older in the region, a smaller percentage of people in the Gila River Indian Community speak a Native North American language at home (17%) than in Arizona reservations overall (54%) (**Table 7**). In the Gila River Indian Community, the native languages spoken are Akimel O’otham and Pee Posh. O’otham is a Uto-Aztec language and Pee Posh is a Yuman language.

Table 7. Language use at home in the Gila River Indian Community Region (2)

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME
Arizona	5,783,756	73%	21%	2%
All Arizona Reservations	159,902	41%		54%
Gila River Indian Reservation	10,063	80%	2%	17%
District 1	462			16%
District 2	549			15%
District 3	3,143			8%
District 4	1,907			12%
District 5	1,721			23%
District 6	1,558			28%
District 7	723			29%

Source: ACS 2006-2010, Tables 16001 & 16002

There are ongoing language and cultural revitalization efforts in the region. First Things First funds and supports one such effort through the Native Language Enrichment strategy, which aims to connect young children in the Gila River Indian Community to their language and culture. The program provides outreach and materials in order to promote language acquisition and cultural learning among young children and their families. In addition to the First Things First-funded programs, other language and culture revitalization efforts in the community include: implementation of the Gila River Indian Community O’otham Orthography by the parent educators at the Blackwater Community School FACE program; and the native language early literacy curriculum implemented at other FACE and pre-K programs and at the Early

Education Child Care Center²; and the language and culture class offered to students at the VHM alternative high school.

Economic Circumstances

The Gila River Indian Community is steadily increasing and diversifying its industrial, agricultural, retail and recreational economic base. The Community currently operates three industrial parks that are home to several local and national companies. One park, Lone Butte Industrial Park, is nationally acclaimed as one of the most successful Indian industrial parks in the United States.

Agriculture continues to play a prominent economic role in the Gila River Indian Community's economy. The Community's farm grows crops such as cotton, wheat, millet, alfalfa, and barley, among others, on 12,000 acres. In addition, the Gila River Indian Community owns and operates related agricultural activities, such as a chemical fertilizer plant, cotton gin, and grain storage facilities.

Other tribally owned and operated enterprises include the Gila River Telecommunications Inc., which provides residential and business phone and internet service to the Community and Gaming Enterprise, which operates three casinos within the Community. Gaming continues to be a positive economic development activity for the Gila River Indian Community. Wild Horse Pass Hotel and Casino, Vee Quiva Casino and Lone Butte Casino are the three gaming facilities in the Community, employing approximately 2,000 people, of which approximately 30 percent are Community members.

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Communities Survey, the percentage of people living in poverty in Gila River Indian Community (48%) was substantially higher than the state as a whole (15%; **Table 8**). More than half (60%) of the children living in the Gila River Indian Community are living in poverty, which is also a substantially higher percentage than the number of children living in poverty in the state overall (24%). The median family income in the Gila River Indian Community is less than half of the median family income across the state.

² All enrolled children at the Early Education Child Care Center and at the Gila Crossing Community School FACE and pre-k programs participate in classrooms where the native language and culture program is implemented in the daily curriculum. In addition, the parents of all 12 children enrolled in the Gila Crossing FACE program also participate in the native language and culture component. None of the children or parents enrolled in the Casa Blanca Community School FACE program took part in the native language and culture program.

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)	xx	39%	51%
Gila River Indian Reservation	\$25,062	48%	60%
District 1	\$7,935	70%	X
District 2	\$24,688	34%	X
District 3	\$25,991	44%	X
District 4	\$29,931	39%	X
District 5	\$21,923	48%	X
District 6	\$28,250	62%	X
District 7	\$19,038	49%	X

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.³ 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.⁴

³ 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>

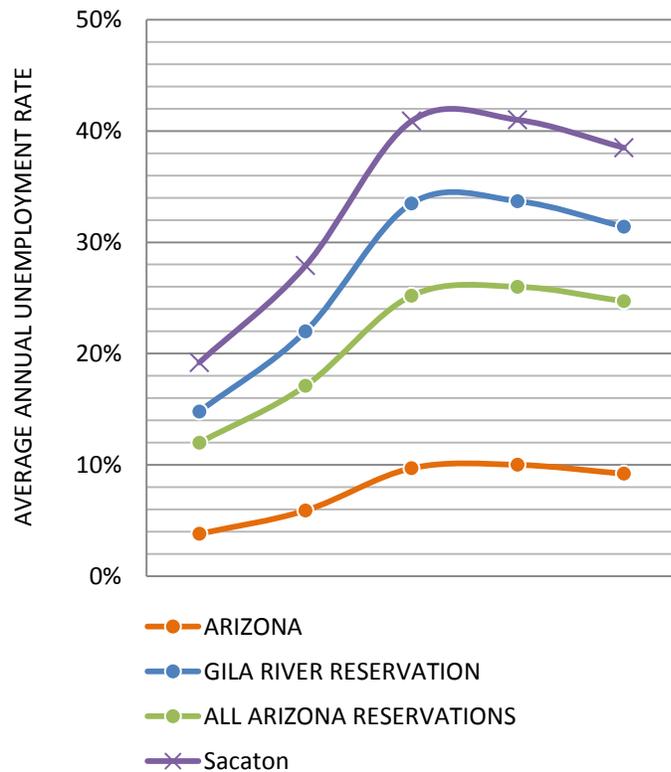
⁴ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

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)	
Coolidge Unified District	35,213	7,848	1,398	18%
Kyrene Elementary District	150,755	18,234	1,653	9%
Sacaton Elementary District	6,723	1,176	392	33%
Union Elementary District	14,042	2,712	489	18%

Annual unemployment rates are another important indicator of regional economic vitality. As shown in **Figure 5** below, Arizona reservations have shown a higher level of unemployment across time than Arizona has overall. The unemployment rate in the Gila River Indian Community has been over 30 percent for the last three years, substantially higher than the rates of unemployment in both the State and in Arizona reservations overall.

Figure 5. Annual unemployment rates in Gila River Indian Reservation



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. A survey conducted in January 2011 indicated a 27 percent increase in the number of families living on the street between 2010 and 2011, demonstrating a clear need for these programs. Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children).

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.

⁵ 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>

In contrast to SNAP, the total number of children in Arizona receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been made annually for the past three fiscal years. A new rule which takes grandparent income into account has increased the decline of child-only TANF cases. Effective July 1, 2010, the Lifetime Benefit Limit for TANF was reduced from 60 months to 36 months. All families that had received TANF from 37 to 60 months were immediately removed from the TANF roles. Fiscal year 2012 budget cuts further limited the amount of time that families can receive TANF to a maximum of two years, and are estimated to adversely affect 3,500 Arizona families, including 6,500 children.⁶ Between June 2009 and July 2011, the number of Arizona children 0 to 5 years of age that were TANF recipients decreased by 46 percent (Arizona Department of Economic Security, 2011).

Data for the exact number of children 0 to 5 years of age receiving SNAP or TANF benefits in the Gila River Indian Community is not available. However, estimates from the American Communities Survey (2006-2010) show that approximately 61 percent of the children 0 to 17 in the Gila River Indian Community live in a household that participates in a public assistance program (including SNAP and/or TANF).

The Gila River Indian Community Head Start and Early Head Start Program Information Reports provide the number of enrolled children who receive TANF benefits. Of all children enrolled in the Early Head Start program, (9%) receive TANF benefits, and of all children enrolled in the Head Start Program, 43 (21%) receive TANF benefits.

Federally recognized tribes have the option to operate their own TANF program. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) is the agency in charge of overseeing TANF and Tribal TANF programs. On its website, AFC indicates that the regulations governing tribal TANF programs acknowledge “the unique conditions and needs of tribal communities and allows for tribes to develop and administer TANF programs for specifically identified populations, address the special economic, social, and cultural needs of these populations, and use TANF dollars to provide connections to employment, ensure necessary support services, and work toward accomplishing the purposes and goals of TANF.” Currently, there are six tribes in Arizona that manage their own Tribal TANF programs. The following have been identified as some of the advantages that a Tribal TANF program may provide to tribes:

- Flexibility in the kind of programs and services that can be provided (i.e. cultural preservation and fatherhood/healthy relations programs)

⁶ 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>

- Flexibility in negotiating work participation rates (WPR) and establishing connections for job training and employment opportunities based on
- Cultural activities can be developed as part of the program
- Opportunity to “repatriate” services – take over services for the tribe and have them be managed by the tribe itself.

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. WIC program recipients are divided into five categories.

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Overtime, 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 Colorado River Indian Tribes, Gila River Indian Community, Salt River Pima-Maricopa Indian Community and the Tohono O’odham Nation, applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.⁷ The Gila River Indian Community WIC is one of the tribally operated programs under the ITCA WIC umbrella.

Table 10 presents the enrollment in the Gila River Indian Community WIC program in 2010 and 2011. The Gila River Indian Community WIC program provides services to Community members and also to residents of the surrounding communities of Casa Grande, Chandler and Coolidge. According to program staff, families who live off the reservation boundaries but receive prenatal care at Gila River Health Care facilities also choose to access WIC services from the Community’s program. This may help explain the high enrollment rate.

⁷<http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf>

Table 10. Gila River Indian Community WIC Program participation, 2010-2011

		Arizona	Gila River Indian Community
WIC Participants during 2010	Women	91,322	583
	Infants and Children 0-4	262,805	1,383
	Percent of Infants and Children 0-4	57%	108%
WIC Participants during 2011	Women	88,512	546
	Infants and Children 0-4	251,531	1,282
	Percent of Infants and Children 0-4	55%	100%

Source: Gila River Indian Community WIC Program, 2011; Arizona Department of Economic Security, 2012

The Gila River Indian Community Head Start and Early Head Start Program Information Reports provide the number of enrolled children who participate in WIC. Of all children enrolled in the Head Start Program, 144 (or 71%) receive WIC benefits.

Educational Indicators

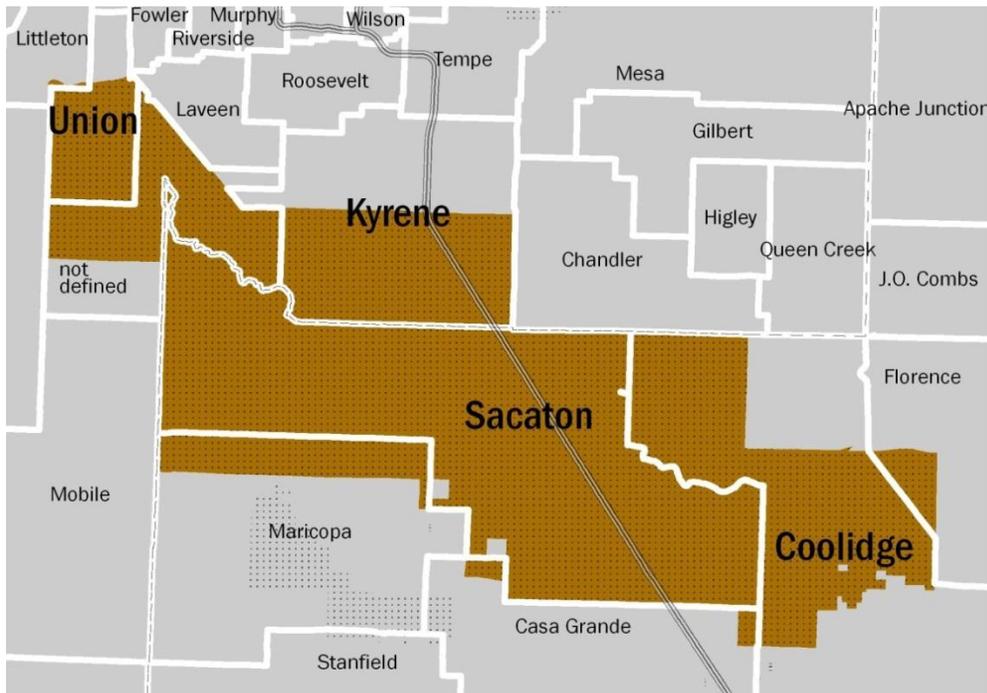
Across the U.S., the level of educational attainment in the population is closely associated with income. Those who graduate high school make, on average, about 1.5 times the annual income of those who do not graduate, and those with a college degree average 2.5 times the annual income of those who do 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.

The educational system in the Gila River Indian Community includes schools operated by the Arizona Department of Education (ADE), Bureau of Indian Education (BIE) schools, and schools chartered under the Community.

The Sacaton School District, which includes Sacaton Elementary School and Sacaton Middle School, is the only ADE district that lies fully within the reservation boundaries.

Figure 6 below shows the school districts on and around the reservation boundaries.

Figure 6. Arizona Department of Education School Districts proximal to the Gila River Indian Community Region



Blackwater Community School, Casa Blanca Community School and Gila Crossing Community Schools are all BIA grant schools.

Akimel O’Otham Pee Posh Charter School and Blackwater Community School operate as one school under a unique partnership between federal, state and tribal governments; according to the school’s website, the charter school is located on federal trust land operated under the Bureau of Indian Affairs, Bureau of Indian Education was chartered as a K-2 day school (currently Blackwater Community School, serving preschool to second grade). Seeking expansion, the Board and Administration requested that the BIE allow the school to apply for a charter school for grades 3 – 5. This was granted and in 2000 the State Board of Charters approved the application for this charter. Current enrollment in the Akimel O’Otham Pee Posh Charter School is 119. Enrollment in the BIE Blackwater Community School preschool to second grade is 253.

The Akimel O’ Otham Pee Posh/Blackwater Community School represents an important asset in the region. In addition to the unique partnership of federal, state and tribal entities that made the school expansion possible, in 2011-12 the school was awarded the National Distinguished Title 1 School of the Year Award. Arizona schools had not qualified for this award for the previous 3 years, and the Blackwater Community School website notes that this was the first

time a Native American school has won this prestigious award.⁸ This award represented a significant achievement for the school and the community. Superintendent Jacquelyn Power along with Ms. Annette Barnes, Ms. Misty Lopez, Mr. Richard Hull and the Title I team went to the National Conference in Seattle, Washington on January 21, 2012 to represent the school as it was recognized as a Distinguished National School of the Year.

Casa Blanca Community School is a single-school district serving children from kindergarten to 4th grade. The school describes itself as a safe and drug-free educational environment in which cultural identity and respect for the history and language of the Gila River Indian Community are combined with knowledge of the present. The school prides itself on offering a student to teacher ratio of 18:1. The Casa Blanca Community School made the status of Adequate Yearly Progress for the 2009-2010 year.⁹

Gila Crossing Community School located on the northwest corner of the Gila River Indian Community, serves pre-K to eighth grade students with a current enrollment is about 500 students. Gila Crossing was formerly a Bureau of Indian Affairs School and in 1995 it became a grant school chartered under the Gila River Indian Community. It is the largest Bureau-funded school in the Community. In January of 2002 the school took over a neighborhood school formerly known as Estrella Mountain Accommodation School. The new location became Gila Crossing Community School North Campus, currently called Middle School.¹⁰

Of the schools in the region, detailed data about academic achievement is available only for Casa Blanca Community School and Gila Crossing Community School.¹¹ The attendance rate in Casa Blanca Community School is high, with over 92 percent of students attending each day. Of the 82 students tested in Casa Blanca Community School, 100 percent were Native American students, and 22 percent (18) were on Individual Educational Plans (IEPs). In the 2009-2010 school year, nearly half (49%) of all students tested as proficient or advanced in reading, and 45 percent tested as proficient or advanced in math. Females demonstrated substantially higher levels of achievement than males in both reading and math during testing.

The attendance rate in Gila Crossing Community School is slightly lower than in Casa Blanca Community School, with just under 90 percent of students attending each day. Of the 240 students tested in the school, 100 percent were Native American, and 16 percent (38) are on IEPs. Nearly 45 percent of all students tested as proficient or advanced in reading, and only 22.5

⁸ For additional details, please see: <http://blackwater.cyberschool.com/District/>

⁹ More information about the school's mission and vision can be found at: <http://www.cbcschools.com/index.cfm?PID=5995>

¹⁰ <http://www.gccseagles.org/>

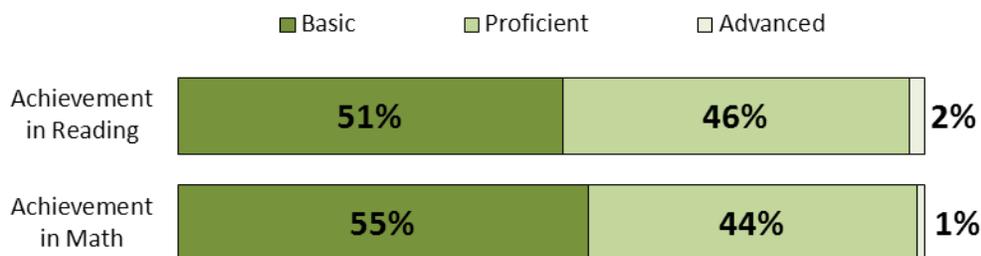
¹¹ No data are available from the Akimel O' Otham Pee Posh/Blackwater Community School because they tested fewer than 10 children.

percent of all students tested as proficient or advanced in math. Male and female students performed equally well in math, although female students performed slightly better in reading. The tables below show detailed achievement data for the school.

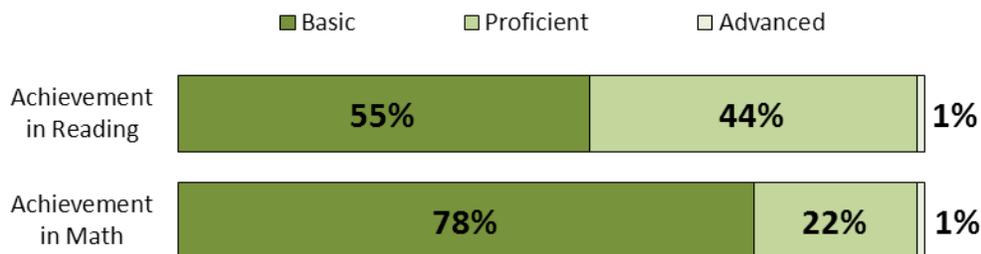
The following figures show recent achievement testing data for both Casa Blanca Community School and Gila Crossing Community School in more detail.

Figure 7. Achievement testing data, Casa Blanca Community School and Gila Crossing Community School

Casa Blanca Community School



Gila Crossing Community School



Source: United States Bureau of Indian Education, Division of Performance and Accountability, School Report Cards 2009-2010

Adult education opportunities in the Community are also available through programs that aim at strengthening families such as Family and Child Education (FACE), an early childhood and parental involvement program for American Indian families. The goals of the FACE program include increasing family literacy, strengthening family-school-community connections and promoting adult education for the parents of children involved in the early childhood component. (See *The Early Childhood Education System* section below for more information on the FACE program). Twenty six adults participated in the center-based component of the

Blackwater Community School FACE program. Of those, nine enrolled in college courses and six obtained their GED and participated in the graduation at Central Arizona College.¹²

Adult educational achievement is lower in the Gila River Indian Community than it is in Arizona overall. Only 3 percent of adults in the Gila River Indian Community have Bachelor’s degrees (compared with 26 percent statewide, and 14 percent across all reservation areas), and 37 percent do not have a high school diploma or GED (compared with 15 percent statewide, and 32 percent across all reservation areas). In 2009 (the most recent year for which these data are available), 59 percent of births in the community were to women with less than a high-school education.

Table 11. Adult educational achievement in the Gila River Indian Community

	Adults (ages 25+) without high school or GED	Percent of births to women with less than a high-school education	Adults (ages 25+) with bachelor’s degree or more
Arizona ¹	15%	22%	26%
Combined Tribal Reservation Areas ²	32%	31%	14%
Gila River Indian Community ²	37%	59%	3%

Source: ¹American Community Survey 2006-2010; Arizona Department of Health Services Vital Statistics, 2010;

²American Community Survey 2005-2009, Arizona Department of Health Services Vital Statistics, 2009

The in-school performance of current students in the public elementary schools in the region is primarily measured by the Arizona Institute 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

¹² Note: no information was available on the adult component of the Gila Crossing and Casa Blanca Community Schools FACE programs

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

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.

Sacaton Elementary third graders performed similarly in math when compared with third graders in Pinal County and in Arizona overall. However, Sacaton Elementary third graders showed lower levels of achievement in reading when compared with Pinal County third graders and Arizona third graders overall. The figures below illustrate comparisons in AIMS achievement between Sacaton Elementary third graders, Pinal County third graders, and Arizona third graders overall.

Figure 8. Third grade AIMS math scores, Sacaton Elementary School, 2011

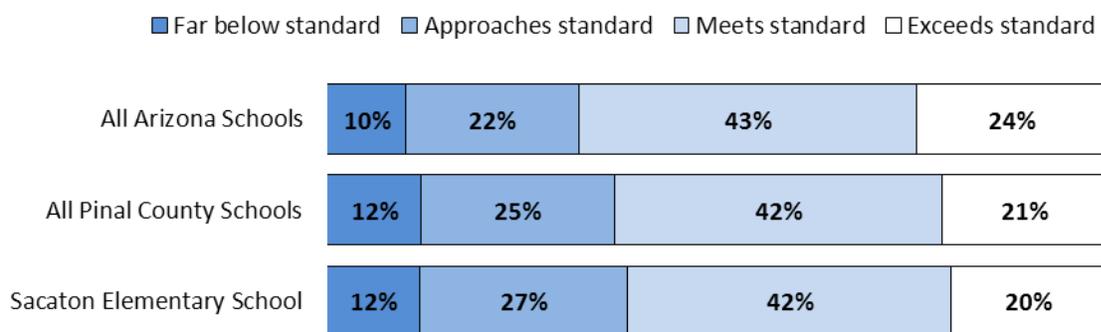


Figure 9. Third grade AIMS reading scores, Sacaton Elementary School, 2011



Youth in the Gila River Indian Community attend high schools at two local alternative charter schools (Ira H. Hayes High School and Vechij Himdag MashchamakuD), off-reservation boarding

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)

schools, and off-reservation public high schools in the surrounding communities. Enrollment at Ira H. Hayes High School is 55 students; Vechij Himdag MashchamakuD enrolls 53 students.¹⁶

Vechij Himdag MashchamakuD high school (VHM) constitutes a major asset in the community, providing at-risk youth with opportunities to continue with their education and receive job training so they can graduate and go to college while with work experience and technical training. After going through a major restructuring process that reorganized the academic program and curriculum in the summer of 2009, VHM high school currently offers a combination of online and traditional classes; for their online work, each student has access to a laptop computer and tutors are available on-site to provide any needed assistances. According to school staff, partnering with the community was crucial element of the restructuring process and the consequent success the school has experienced in the years after. VHM high school emphasizes the need to set a high level of academic rigor while removing, to the extent possible, the barriers that at-risk youth face when trying to stay in school and graduate.

VHM works closely with a wide range of community partners and tribal agencies and departments. Establishing these close partnerships was an important aspect of the restructuring process; it has helped the school successfully place its students in training opportunities and while connecting enrolled youth to services available to them. According to the school's website, the educational program "is built upon a foundation of Akimel O'Otham language and tradition, with special emphasis on sharing and service to others." In the 2011-2012 school year VHM students volunteered over 1400 hours of community service.¹⁷

Another key component of the VHM high school is the Teen Parenting Program, which provides crucial on-site support to teen parents to help them continue with their education. Youth who are expecting a child or are already parents have priority in enrollment. An important component that distinguishes the Teen Parenting program at VHM from similar programs is the fact that VHM's is not limited to teen mothers but it is also geared towards the fathers (as of January of 2012, about 15 teen mothers and 10 teen fathers were enrolled in the program, and only 3 were affiliated couples among them.) School staff indicated that many of the teen parents have graduated and taken advantage of the technical training program. The school estimates over 80 percent placement of its students in some post-secondary endeavor (college or employment).

As part of the Teen Parenting program, in 2010 VHM partnered with Early Head Start to bring a small child care center to the school campus. According to school staff, at the time of its

¹⁶ <https://peerta.acf.hhs.gov/uploadedFiles/Career%20Pathways%20508.pdf>

¹⁷ http://vhmschool.org/Home_Page.html

inception this was the first Early Head Start program to be located on a school campus nationwide. The VHM Teen Parenting program also receives support from the Gila River Indian Community Regional Partnership Council through its Parent Education Community-Based Training Initiative strategy. This strategy funds a teen parent education program that services youth at both VHM and Ira H. Hayes high schools.

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Early care and education options available to parents of young children in the Gila River Indian Community include child care centers, home-based care, school-based preschools, Family and Child Education (FACE) programs, Head Start/Early Head Start Programs and off-reservation child care services. Despite the variety of options, early care for children in the Community is limited: All of these programs combined provide a total of 489 early childhood care and education slots available to children under six in the region. This means that about 70 percent of the children ages 0 to 5 have little to no access to formal early care settings.

School-based Preschool

School-based preschool programs in the Gila River Indian Community Region include the Blackwater Community School pre-K program, the Gila Crossing Community School pre-K program, and the Sacaton Elementary School preschool program. In the 2011-2012 school year, 22 children were enrolled in the Blackwater Community School pre-K program, funded by First Things First. In the same year, 11 children participated in the preschool program at the Sacaton Elementary School and the Gila Crossing Community School pre-k program served 26 children, while another 17 children were on its waiting list (Arizona Department of Education, 2011).

Early Education Child Care Center

The Early Education Child Care Center (EECC) is a tribally owned and operated program. The EECC Center receives federal funding from the Child Care Development Fund. The EECC center is tribally licensed through GRIC Department of Public Health Environmental Health Services. The EECC is a one of the child care services options provided by the Child Care and Development Services Department to families in the Community who meet income guidelines and who are in need of child-care services because they are either: employed or looking for employment, in training, attending school or training. Child care services through this Department are also available to children involved with CPS or in foster care.¹⁸ The EECC also serves GRIC employees who are either qualified for the Child Care and Development funding or full pay parents. In addition to Child Care Development Fund EECC also has Child Care Scholarships through Valley of the Sun United Way.

¹⁸ Gila River Indian Community Employees who are enrolled with another tribe may be eligible for child care assistance if they meet the following criteria: proof of enrollment in a federally recognized tribe; proof of tribal enrollment for children; meet income guidelines and provide any necessary documentation for application process. <http://mygilariver.com/gricted/earlyeducation/childcare/childcare.htm>

The EECC is located in District 3 (Sacaton) and has a capacity to serve a total of 122 children (48 children 0 to 3 years of age, and 74 children in the pre-K component which includes children 3 to 5 years old). EECC enrollment in the 2011-2012 year was 104 children; the Center rarely has any 0 to 3 slots available because those get filled as soon as they become vacant –in 2011 there were 31 children on the 0 to 3 waiting list. In 2011 the EECC had 17 children in their kindergarten transition program. Another EECC site used to be located in District 6 (Laveen) but it was closed in 2010 due to funding limitations.

Although EEECC rates for full-time child care are low relative to the rates charged by full-time regulated child care centers in surrounding counties and in the state overall, the rates are still very challenging for many families in the Gila River Indian Community to meet. The table below shows the cost of child care in the EECC center by percent of median income for parents who do not qualify for CCDF assistance.

Table 12. Cost of full-time child care by percent of median income (parents who do not qualify for CCDF assistance)

GEOGRAPHY	Children Under 1	Children 1 - 2 years old	Children 3 -5 years old
Arizona	11%	11%	10%
Maricopa County	11%	11%	11%
Pinal County	19%	17%	12%
Gila River Indian Community	26%	24%	22%

Sources: American

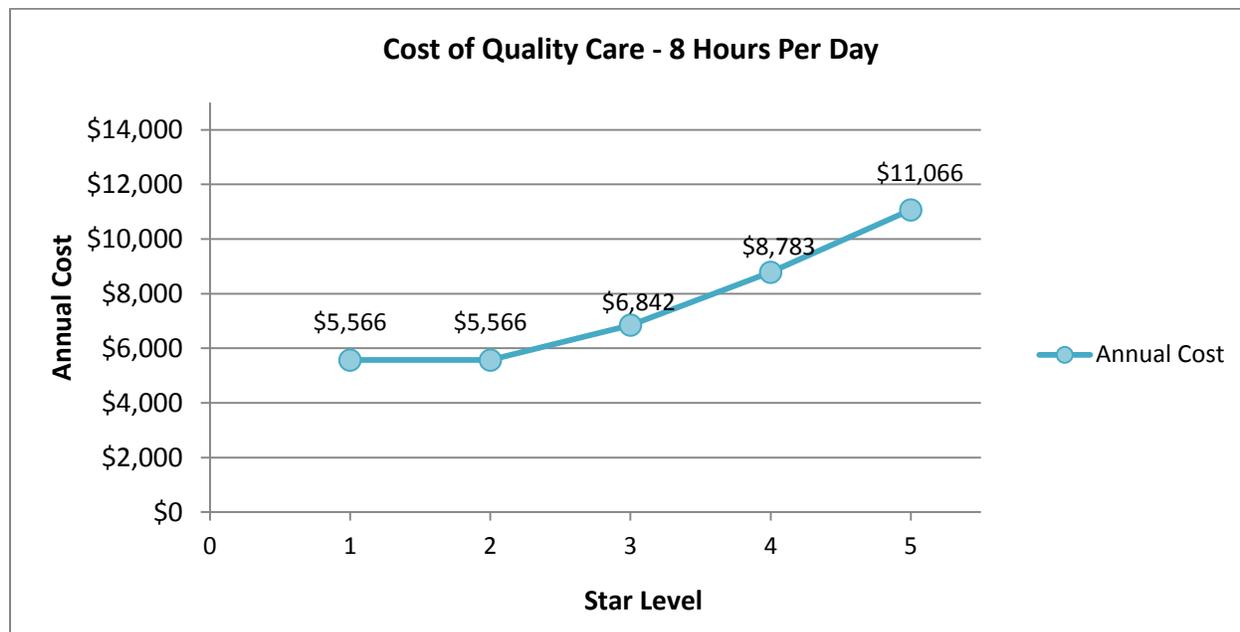
Community Survey 2006-2010; Child Care Market Rate Survey 2010; Gila River Indian Community Child Care Program Rate Sheet retrieved from http://www.mygilariver.com/griected/child_care/rate_sheet.pdf

The above table illustrates that EECC center child care subsumes a higher percentage of the average family income in the Gila River Indian Community than child care in regulated child care centers subsumes in surrounding counties, and in Arizona overall. The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care.

Recent work conducted at the statewide level by First Things First suggests that the high cost of quality care is a statewide concern. As shown in the figure below, the annual cost of an average 5-star Quality First Center is estimated to be nearly double the average annual cost of a 1 or 2-

star Quality First Center. More about the Quality First program can be found in the Quality First section of this report.

Figure 10. Cost of Quality Care



Source: Arizona Cost of Quality in Early Education Study (First Things First), 2011

Note: These are estimated costs reflective of statewide level data for non-profit and for-profit center-based providers only.

FACE

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three. The center-based component includes an early childhood education program for children aged three to five, adult education for the children’s parents, and parent/child time. FACE programs operate at Blackwater, Casa Blanca and Gila Crossing Community Schools. However, each program is independent and must apply for funding individually.

The table below shows enrollment data for the three FACE programs in the region, as well as enrollment data for other early childcare providers in the region.

Table 13. FACE and other childcare provider enrollment data

	Blackwater Community School*	Casa Blanca Community School**	Gila Crossing Community School**	Early Education Child Care Centers**	Early Head Start / Head Start**
Number of children in home-based component (0 to 3)	32	12	24	N/A (31 in center-based component)	32
Number of children in center-based component (3 to 5)	14	10	12	74	203
Number of children in kindergarten transition program	35	2	27	17	119
Number of children in waiting list	3	0 (home based or center based)	11 (home-based); 17 (center-based)	31	130

*Data from 2010-2011 year

** Data from 2011-2012 year

Sources: Blackwater Community School, 2012; Casa Blanca Community School, 2012; Gila Crossing Community School, 2012; Early Education Child Care Centers, 2012; Early Head Start/Head Start, 2012

The FACE programs are an important asset in the Gila River Indian Community, providing critical educational services to the family as a whole. The programs are well embedded in their respective schools and both staff and parents actively participate in school and community-wide activities. The Blackwater FACE program, for instance, has been in existence for 18 years and for many years the school has supplemented the program’s budget. FACE program staff works closely with the school’s pre-kindergarten staff to ensure continuity between the programs. They also participate in the transition program (home-based to center-based, center-based to kindergarten) that assists children and their families moving from one level to the

next. Blackwater FACE staff members also serve as mentors to the other FACE programs in the region.¹⁹

Head Start/Early Head Start

The Gila River Indian Community operates federally regulated Tribal Head Start and Early Head Start programs. 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.²⁰The Gila River Indian Community Head Start is a half-day program funded to enroll a total of 203 children in four centers throughout the Community: Sacaton Head Start Center, with three classrooms serving 60 children and families; Santan Head Start Center, with two classrooms serving 43 children and families; Vah-Ki Head Start Center, with three classrooms serving 60 children and families; and the District Six Head Start Center, serving 40 children and families in morning and afternoon groups.²¹In the 2010-2011 year, 119 children participated in a kindergarten transition program. During the same year, there were 130 children in the Head Start waiting list.

Early Head Start is a similar program targeted at families with children aged 0 to 3. Each Early Head Start program determines its own eligibility criteria, although children and families who receive TANF, SSI, are homeless or in foster care are eligible for services. Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged 0 to 3. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care is provided by the Early Head Start Program.

In 2010 the Gila River Indian Community received a grant to provide Early Head Start services to Community members. Four Early Head Start centers are located throughout the region: two of

¹⁹ FACE: 20 Years of Weaving Dreams for American Families (2010). National Center for Family Literacy and the Bureau of Indian Education, Vol. 16(4).

²⁰As 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-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>.

²¹<http://mygilariver.com/griected/earlyeducation/headstart/centers.htm>

them (District 6, in Laveen and Vah-Ki in Bapchule) share their location with Head Centers; another one is housed at the Vechij Himdag MashchamakuD (VHM) Alternative high school, which provides services to teen parents enrolled in the school; and the fourth one, Santan Early Head Start, is located in Stotonic. The center-based component of the program provides full-day services, five days per week.

The Gila River Indian Community Early Head Start program is funded to serve 50 children and 11 pregnant women. In 2010-2011 services were provided at capacity, so a total of 61 individuals were enrolled in the program, which had a waiting list of 125 children ages 0 to 3 (Early Head Start and Head Start Program Information Report, 2012).

First Things First funds a Summer Transition to Kindergarten Strategy through Gila Crossing Community School. The program provides a first-time classroom experience to children and families who have not had a pre-school experience in order to aid children in preparing for the transition to kindergarten.

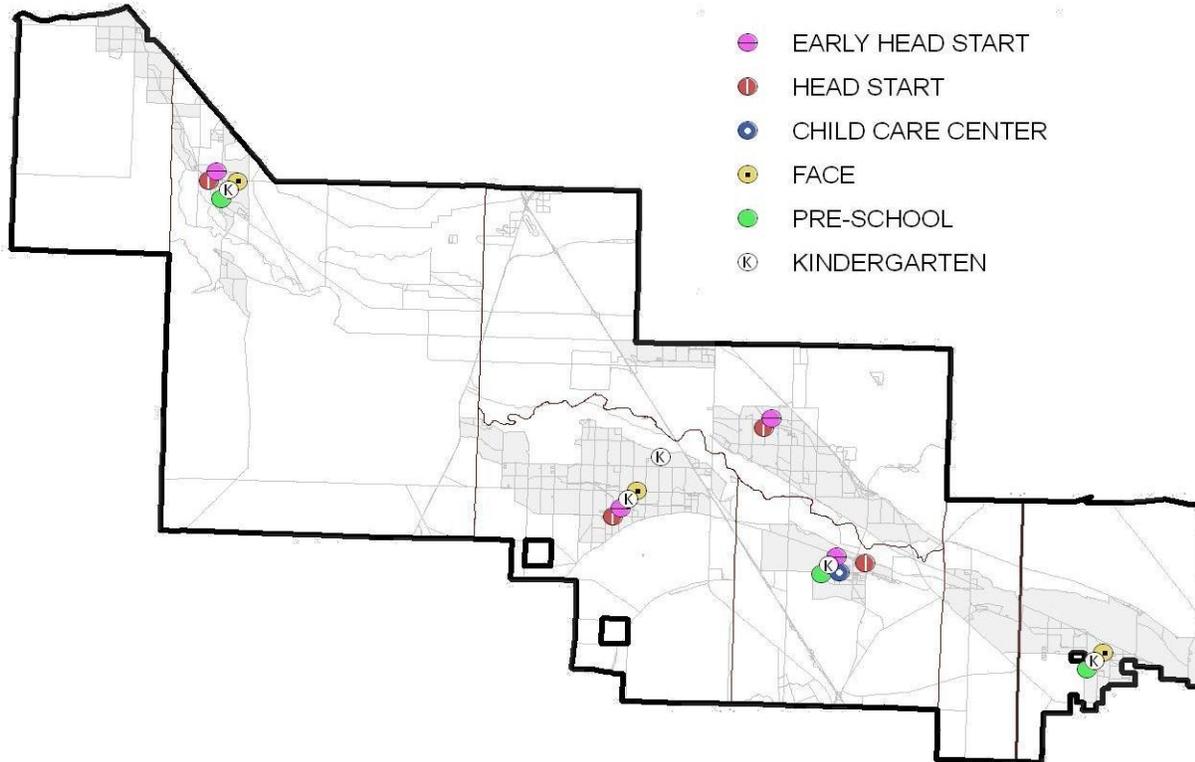
In addition to the various programs described above, the Gila River Indian Community's Child Care and Development Services Department offers families the option of utilizing the services of licensed home-based child care providers. Providers must live within tribal boundaries and are required to attend 12 hours of in-service training each year. In 2011, two home providers were available in the region. As of May 2012, there is one home provider available and two others that are completing their application paperwork (.

Families can also apply for financial assistance to cover the cost off-reservation child care services within allotted boundaries.²²

The map below (**Figure 11**) shows how child-care providers are distributed throughout the Gila River Indian Community Region.

²²<http://mygilariver.com/gricted/earlyeducation/childcare/childcare.htm>

Figure 11. Early childhood care and education locations in the Gila River Indian Community



In the school year 2011-2012, a total of 128 children age 4 in the region were served by the programs listed above. In the same year, there were 289 children enrolled in kindergarten in the schools located within the region’s boundaries. This means that about 42 percent of the children entering kindergarten had some sort of early childhood education experience prior to starting school. The early childhood care and education system comprised by the programs listed above is without a doubt a major asset in the region. The fact that several of these programs put an emphasis on the Native cultures and languages represents a particular strength of the system. Nevertheless, key informants indicated that there is a strong need for more quality early childhood care education services in the Community. They pointed out the existing programs are successful and provide good services to families in the region, but that they operate at capacity. They suggested that expanding existing programs might be the best approach to meeting the demand for additional child care services. Responding to this need, the Gila River Indian Community Regional Partnership Council has recently submitted a proposal to the Tribal Council to fund the expansion of school-based pre-K programs in the region in the next five years so that approximately 82 percent of preschool-age children in the region have access to formal early childhood education. The Gila River Indian Community Regional Partnership Council is also funding a Family, Friend, and Neighbor strategy in

partnership with the South Phoenix Regional Partnership Council. This strategy will provide support, training, resources and referrals to unregulated (kith and kin) child care providers in order to increase the quality of care they offer. Training is delivered through weekly group meetings and trainings and financial incentives are also available for the purchase of safety and quality improvement equipment and materials.

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 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.²³

Quality First 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, TEACH scholarships, child care health consultation, and financial incentives to assist in making improvements.

In the Gila River Indian Community Region one center was enrolled in the Quality First program as of April 2012. For FY 2013 there are four centers being funded (two by the Gila River Regional Partnership Council and two by the South Phoenix Regional Partnership Council). There are 3 center slots available in the Quality First program to be filled in FY2013 with no applicants currently in the enrollment process.

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

²³ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

employers across the state requiring this level of education from teachers had decreased over the previous 10 years, from a high of 39% 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.

In the Gila River Indian Community, teachers have, at minimum, an Early Childhood Education (ECE) credential or an Associate's Degree (AA). Many have Bachelor's or Master's degrees. Teaching assistants usually have less education. While many have an ECE credential, some do not have a formal credential. The educational attainment of teachers and teaching assistants vary by provider, and are detailed in the table on the following page.

Table 14. Credentials of early childhood education professionals in the Gila River Indian Community Region

Professionals	Total	ECE ²⁴	CDA ²⁵	AA ²⁶	BA ²⁷	MA ²⁸
<i>Blackwater Community School</i>						
Teachers						1
Teacher Assistants				3		
<i>Head Start</i>						
Teachers	15	0	0	9 (60%)	5 (33%)	1 (6%)
Teacher Assistants	15	10 (67%)	0	5 (33%)	0	0
<i>Early Head Start</i>						
Teachers	11	0	0	6 (55%)	5 (45%)	0
Teacher Assistants	11	6 (55%)	0	5 (45%)	0	0
<i>Gila Crossing Community School</i>						
Teachers*	3	3 (100%)	0	0	2 (67%)	1 (33%)
Teacher Assistants*	3	3 (100%)	1 (33%)	1 (33%)	1 (33%)	0
<i>Casa Blanca Community School, Inc.</i>						
Teachers	2	0	0	0	2 (100%)	0
Teacher Assistants	2	0	0	0	2 (100%)	0

²⁴ Early Childhood Education

²⁵ Child Development Associate's Degree

²⁶ Associate's Degree

²⁷ Bachelor's Degree

²⁸ Master's Degree

Early Education Child Care Centers						
Teachers*	10	6 (60%)	4 (40%)	2 (20%)	0	0
Teacher Assistants*	14	2	0	0	1 (7%)	0

Sources: Gila River Indian Community Head Start, 2011; Gila River Indian Community Early Head Start, 2011; Gila Crossing Community School, 2012; Casa Blanca Community School Inc., 2012; Early Education Child Care Centers, 2012

*More than one category may be checked for each individual

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 reported in the First Things First 2013 funding plan, there are currently six TEACH scholarships available in the region and only one of them is being utilized.

A number of professional development and credentialing opportunities are available to residents of the Gila River Indian Community region through colleges proximal to the region. The table below provides information about the programs and degrees available.

Table 15. Degrees and Professional Development Opportunities Proximal to the Gila River Indian Community Region

School	Degree or Certificate
Central Arizona Community College	Early Care and Education (Transfer Pathway)
	AAS in Early Childhood Education
	CDA in Early Care and Education
	A.A.S. Early Childhood Education
	Certificate in Early Childhood Education
Mesa Community College	AAS in Early Care and Education
	AA in Transfer Partnership: Early Childhood Teacher Ed
	AAS in Early Learning and Development
Arizona State University - Tempe	B.A.E. Early Childhood Special Education*
Northern Arizona University (Online Programs)	B.A.S. in Early Childhood Education
	M.Ed. in Early Childhood Education

Health

Access to Care

As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds from IHS and provide the services through another entity). This process is commonly known as utilizing “638 contracts”.

This means that tribes have three options regarding the overall management of their health services: 1) Having IHS fully manage all services; 2) Having IHS manage some services and taking over responsibility for other services (a 638 contract); or 3) Taking over control of *all* services from IHS and have them be fully managed by the tribe (known as 638 compact). Most tribes in Arizona currently have their health services managed through options 1 or 2. The two

exceptions are the Gila River Indian Community and the Ak-Chin Indian Community, whose health services are fully tribally managed.²⁹

In 1995, the Gila River Indian Community assumed responsibility from IHS for the operation and management of health care facilities in the region: Hu Hu Kam Memorial Hospital and Gila Crossing Clinic (now the Komatke Health Center). The Gila River Indian Community formed a 501c(3) Tribal Health Corporation. This quasi-private sector model allows a more autonomous and independent relationship with the Tribe, as the Corporation is not dependent on Tribal Procurement and personnel practices. Gila River Health Care employs 700 people and their budget is supported by the IHS, grants and third-party revenues (such as Medicare, private pay, Blue Cross, and Medicaid).

The Gila River Health Care is a major asset in the Community. It provides general medical and surgical care for inpatient, outpatient, and emergency services which are available 24 hours a day, seven days a week.

The wide array of services provided by Gila River Health Care include: primary care, medical imaging, pharmacy, dental, infection control, optometry services, podiatry, behavioral health, dialysis, dietetic services, laboratory, physical therapy, life center - diabetes education, school health services, public health nursing, family planning, emergency transportation services, medical transportation services and cancer support services.³⁰

Health care facilities operated by Gila River Health Care include the Hu Hu Kam Memorial, a 10-bed hospital located in Sacaton which also offers services to the Ak-Chin Indian Reservation. Gila Crossing Health Center (now the Komatke Health Center), a freestanding clinic located in District 6 in the Village of Gila Crossing.

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas as geographically based areas in which most residents seek primary medical care within the same places. The labels for the Primary Care Areas are drawn from the major population centers for those areas. The Gila River Indian Community Primary Care Area includes the reservation, and some of the smaller surrounding communities (listed in Appendix H). (Arizona Department of Health Services, Bureau of Health Systems Development, 2012).

The Primary Care Area Program also designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. To make this designation, each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth

²⁹<http://crh.arizona.edu/resources/resource-guide/tribal>

³⁰<http://www.grhc.org/getpage.php?name=index>

weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly, and unemployed. Primary Care Areas are also designed as medically underserved if they can be categorized as a Health Professional Shortage Area (HPSA). Based on its scores on these indicators, the Gila River Indian Community Primary Care Area is designated as Medically Underserved.

Each Primary Care Area also carries a designation based on its population density; areas designated as rural are those with 44 people or fewer per square mile, and frontier areas are those with 3 people or fewer per square mile (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). For purposes of comparison, on health indicators, where available, we will provide information for the state as a whole, for other sparsely populated (rural) portions of the state, and for all American Indian Reservation lands in Arizona combined.

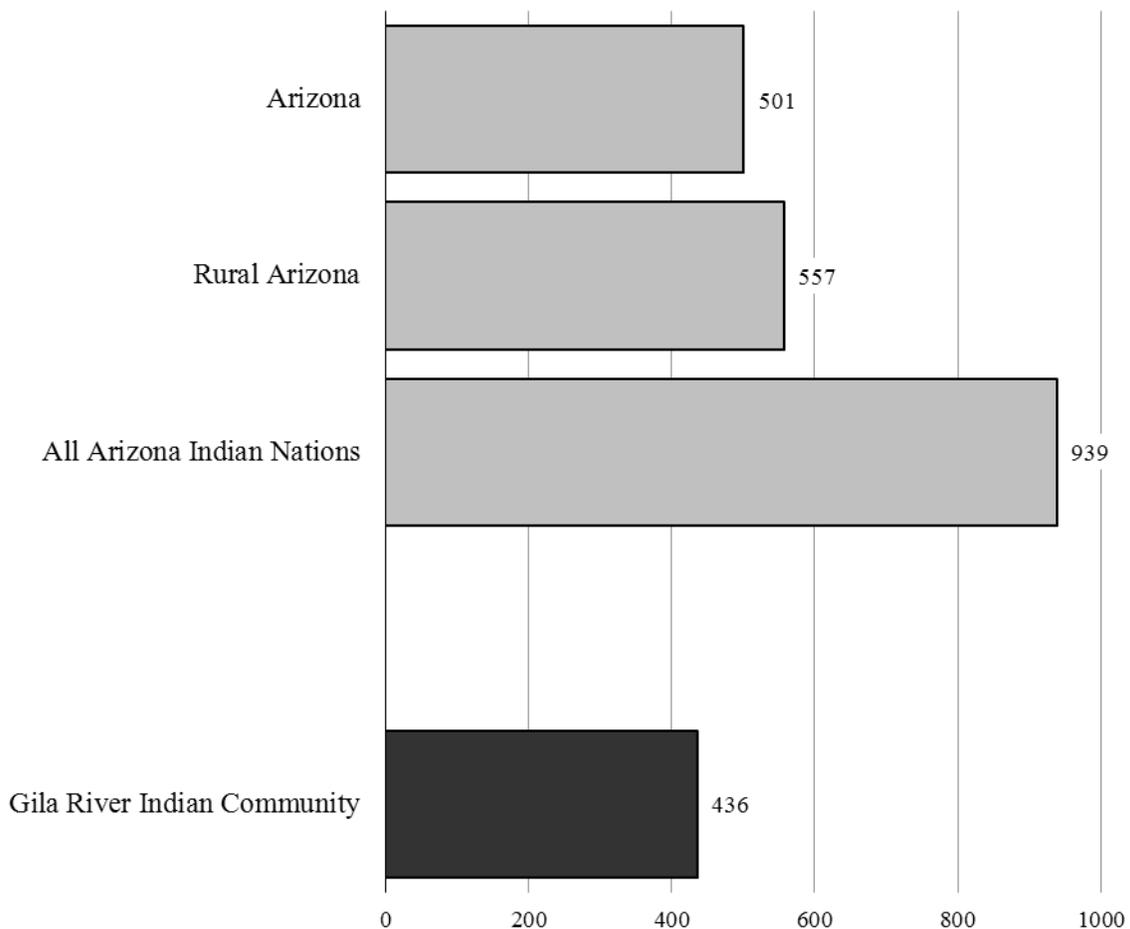
One asset to the region, though, is that the ratio of the population to primary care providers is lower than in other rural areas in the state,³¹ and even in the state as the whole, meaning that there are more providers available to care for the people in the region (see **Figure 12**).³²

In fact, the services are so well respected that many other members of federally-recognized Tribes in the Phoenix area choose to utilize the facilities. In 2011, 3,560 children from birth to five years old received care from Gila River Health Care, which is over twice the estimated population of young children in the region.

³¹ Defined by the Arizona Department of Health Services for the purposes of Primary Care Areas as those PCAs with a population density of 44 people or fewer per square mile. The Gila River Indian Community Region has a population density of 20 residents per square mile.

³² Primary care providers were considered to be active providers in Family Practice, General Practice, Gynecology, Internal Medicine, Obstetrics and Gynecology, Obstetrics, Pediatrics (MD's) physicians, all active Osteopathic Physicians (DO's), Nurse Practitioners (NP's) and Physician Assistants (PA's) working in Primary Care (includes federal doctors) in 2010.

Figure 12. Ratio of Population to Primary Care Providers, 2010



Source: Arizona Department of Health Services, January 2012

Pregnancies and Births

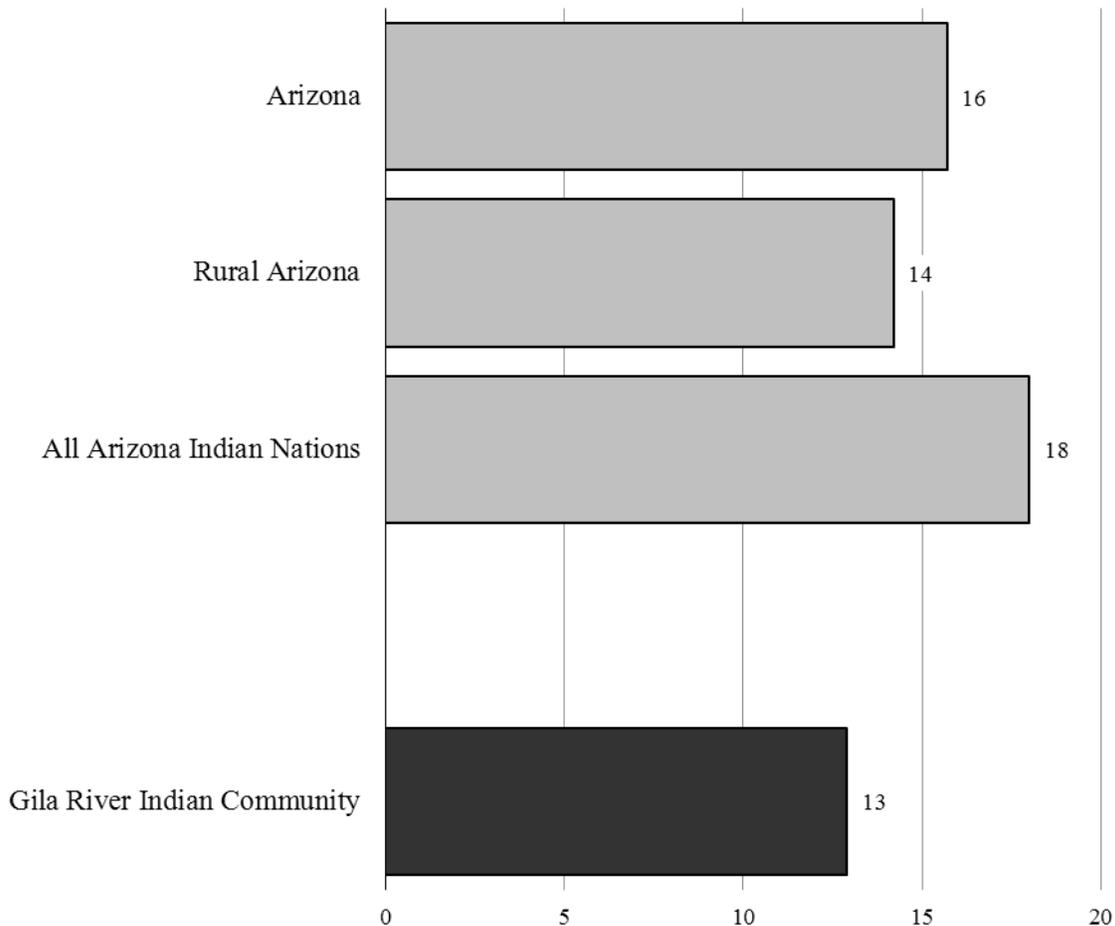
According to the Arizona Department of Health (ADHS) Vital Statistics, for the calendar year 2009 (the most recent year for which this data is available), there were a total of 232 live births to members of the Gila River Indian Community residing on the reservation. Nearly two thirds of all births (59%) were to women who had not completed high school, compared to just over one-third (31%) across all Arizona reservations, and 22 percent across the state (ADHS) Ninety-four percent of births were to unmarried mothers, compared to 80 percent across all American Indian mothers on Arizona reservations.

Because the Gila River Indian Community Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to vary across years and be difficult to interpret because of small sample sizes. Therefore, the data illustrated below are averages of the rates across a number of years (2000 to 2009). These data are based on the Gila River

Indian Community Primary Care Area Statistical Profile, described above. For comparison, they include the state average, as well as the average for other less populated (rural) areas of the state, and for composite of all Arizona Indian Nations combined.

The birthrate in the Gila River Indian Community Region is lower than for all Arizona Indian Nations, and for the state as a whole, and about the same rate as other rural areas (Arizona Department of Health Services, Bureau of Health Systems Development, 2012).

Figure 13. Birth rate per 1,000 residents



Source: Arizona Department of Health Services, January 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 births³³. Care should ideally begin in the first trimester, and 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).

Pregnant women in the Gila River Indian Community have access to on-reservation prenatal care provided at the Gila River Health Care Women's Health Center (previously known as the Purple Clinic), a facility that is part of the Gila River Health Care Corporation. In addition to Community members, the Women's Health Center also serves women from surrounding communities in the Phoenix Valley area such as Glendale, Tempe and Mesa. Key informants indicated that the high quality of care provided at the Women's Health Center attracts this off-reservation population, who opt to receive prenatal care services within the Gila River Indian Community. Medical staff with the Women's Health Center also provide ob/gyn services at the Komatke Health Center. Deliveries do not take place at this facility but in the various hospitals in the Phoenix Valley area.

Soon after their initial appointment confirming they are pregnant, patients at the Women's Health Center schedule a one-on-one prenatal education appointment with a nurse educator (staff with the clinic indicated they found individual educational sessions to be more successful than group classes).

The Women's Health Center has set up a good follow-up system for patients who do not show up for their appointments. In the past, they had found that limited follow-up resulted in higher no-show rates –patients' frequent change of address was one of the challenges that they encountered. For the last couple of years the clinic has involved a care coordinator in the follow up process who reaches out to the patient both by phone and mail. A safety check can be initiated for no-show patients living on the reservation through the Public Health Program. This safety check allows the clinic to find out if the patient's absence is due to at-risk situations such as domestic violence and substance abuse; or to help arrange transportation for the patient, if this is the reason for her missed appointment. Patients who reside off-reservation limits are followed up by mail or phone. Although this system has helped improve the clinic's no-show rates, staff pointed out that other barriers still exist. Lack of transportation is one of the main problems patients face; in addition, a common belief that pregnancy is 'something natural' that does not require frequent medical monitoring or intervention can also become an obstacle to adequate prenatal care. This can be problematic considering that staff with the clinic estimates that about 80 percent of their patients have high-risk pregnancies related to factors such as

³³Kiely, 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>

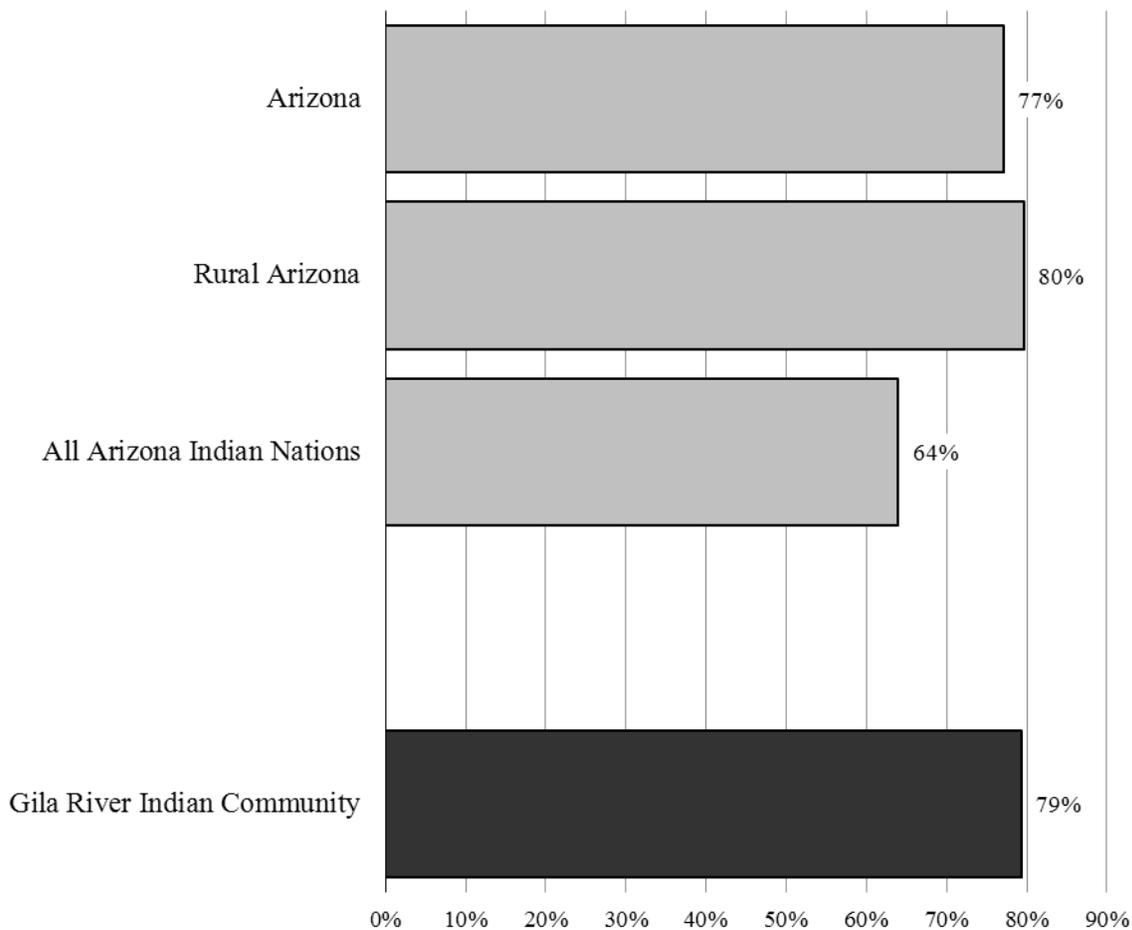
diabetes, teen pregnancy, chronic hypertension and substance abuse. For these high-risk pregnancies the Women's Health Center uses the services of contracted perinatologists that serve as consultants and co-manage care for these patients. The clinic has an obstetrics high-risk task force that meets weekly. A consultant perinatologist joins the task force once or twice a month to go over patients' files and provide advice and education to clinic staff.

The care coordinator at the Women's Health Center also conducts follow-up for the clinic's patients after delivery. The clinic is alerted about admissions in the hospitals throughout the valley to obtain a discharge summary. The patient is also contacted by phone to ensure that a six-week follow up appointment is in place. The continuum of care for the newborn is ensured through good coordination with the pediatrics department. The care coordinator with the Women's Health Center notifies the case manager in the pediatrics department of babies that are born and of any potential high-risk health issues they may face.

Key informants highlighted the support that the Women's Health Center receives from the leadership at Gila Health Care Corporation in the success of the clinic. There is currently a strong emphasis on women's health and doing outreach and education at community events. The high quality of care offered at the clinic has resulted in good word-of-mouth promotion of the services amongst community members, as staff sees mothers and other family members encouraging their daughters and relatives to seek out care.

Data from the Gila River Indian Community Primary Care Statistical Profile shows that expectant mothers in the Community receive first trimester prenatal care at a slightly higher rate (79%) than women in the state as a whole (77%). Women in the Gila River Indian Community are meeting the Healthy People 2020 target of assuring that 77.9 percent of pregnant women receive prenatal care in the first trimester.

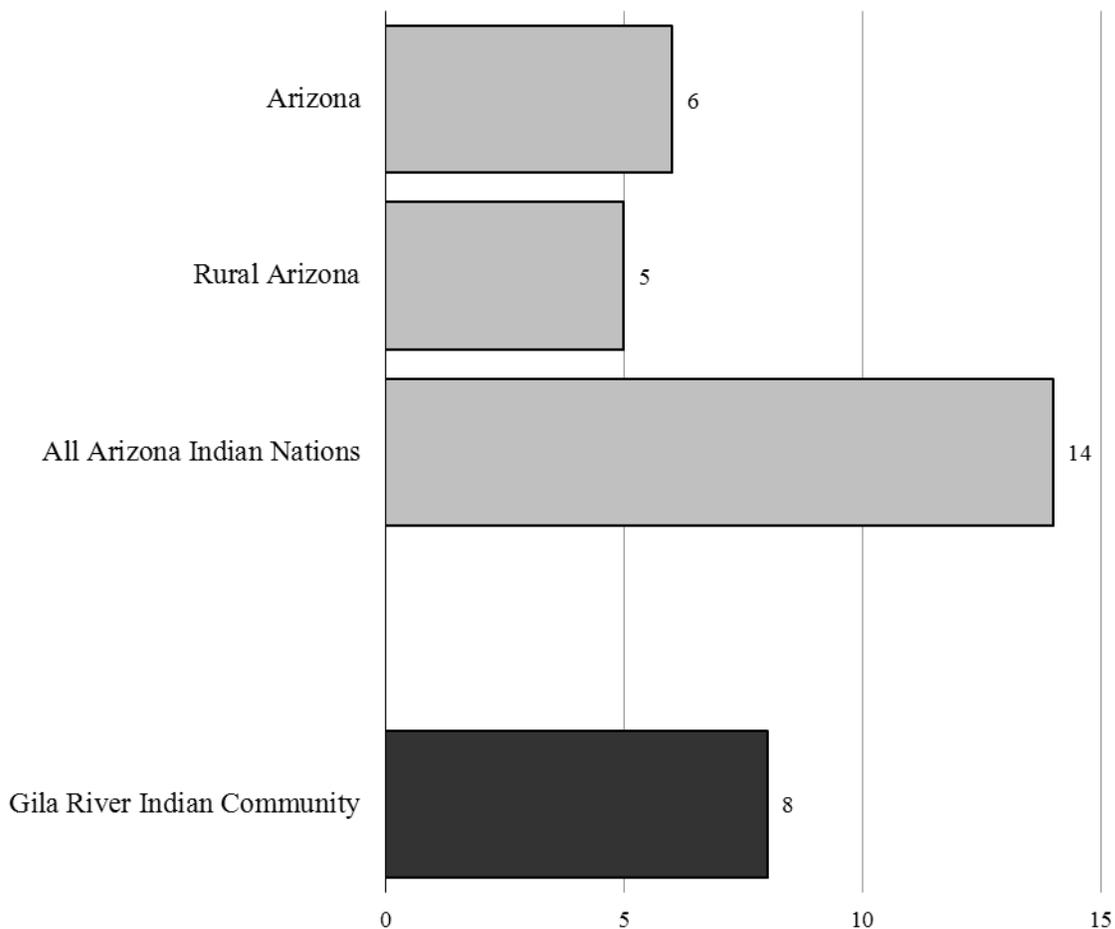
Figure 14. Average Percent of Births with Prenatal Care Begun First Trimester



Source: Arizona Department of Health Services, January 2012

The Healthy People 2020 target for first trimester prenatal care is 78 percent. Although Gila River Indian Community women meet this target, a higher proportion of women in the community are receiving an inadequate number of visits when compared with the state of Arizona overall, according to the ACOG standard of at least seven visits in a pregnancy (see Figure 15). This is consistent with the information provided by key informants (above) who referred to the challenge of high no-show rates for prenatal appointments.

Figure 15. Average Percent of Births with Fewer Than Five Prenatal Care Visits



Source: Arizona Department of Health Services, January 2012

In the state of Arizona in 2009 (the most recent year for which this data is available), about 33.5 percent of the births were to women who had been diagnosed with some sort of medical risk factor during pregnancy, such as anemia, diabetes, or eclampsia. In the Gila River Indian Community, the rates of women giving birth having been diagnosed with such risk factors were the same as the state rate (34%), and lower than the 42 percent seen across all American Indian women on Arizona reservations.³⁴

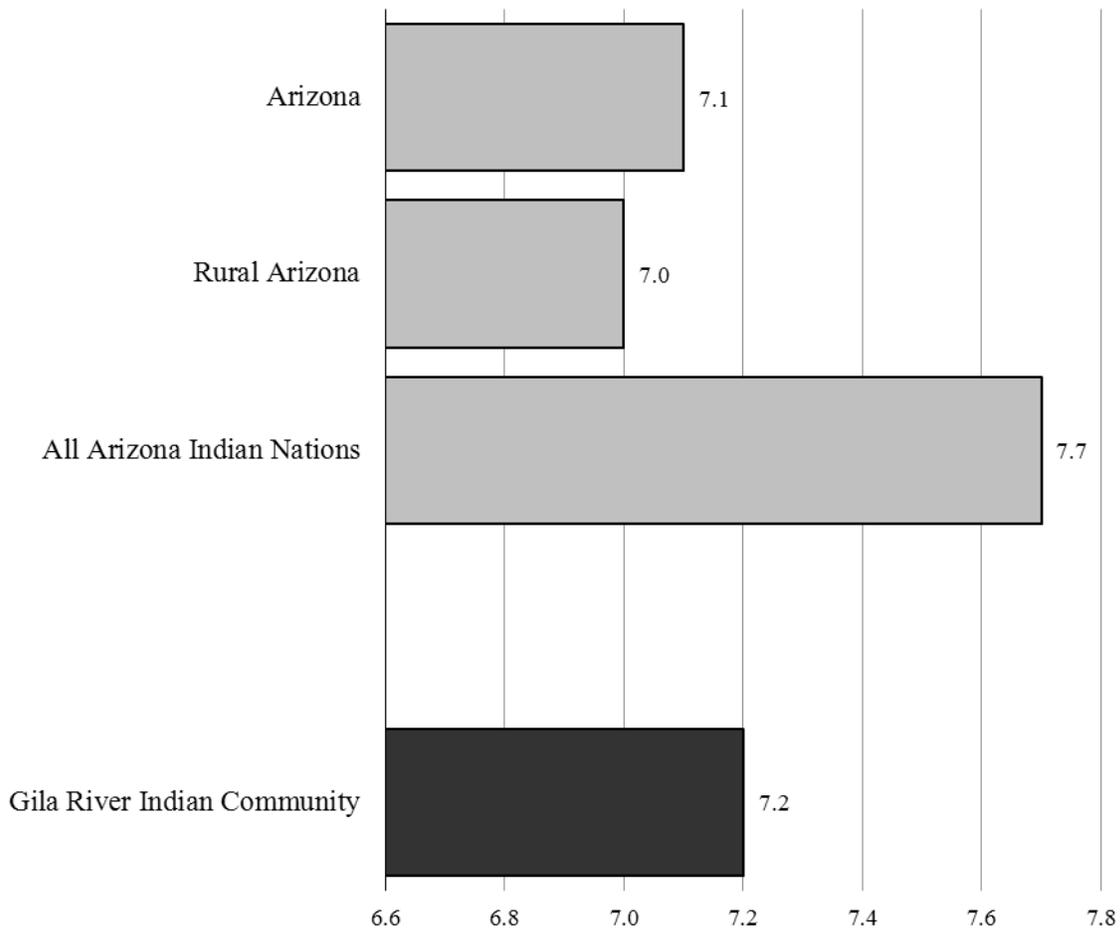
Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate³⁵. The Healthy People 2020 target for reducing low birth weight is no more than

³⁴ Although this 34 percent appears to contradict the estimated 80 percent of women seen at the Women’s Health Center having a high-risk pregnancy, it does not take into account other factors considered by the Women’s Health Center in their estimate such as substance users or teen age.

³⁵ Infant mortality rates are not available for the Gila River Indian Community due to insufficient data.

7.8 percent of births. As shown in Figure 16, births on the Gila River Indian Community are meeting this target.

Figure 16. Average Percent of Low Birth Weight (5 lbs, 8 oz or less) Births, 2000-2009



Source: Arizona Department of Health Services, January 2012

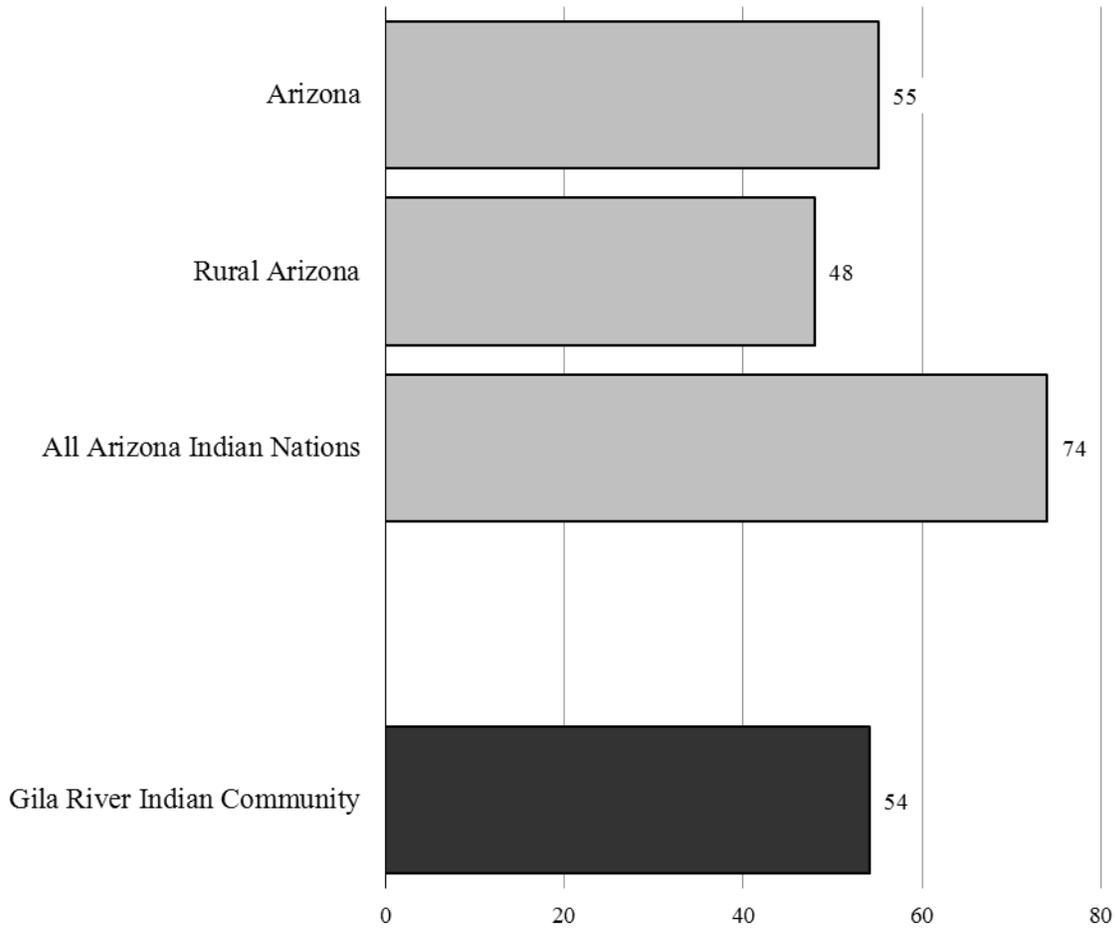
Teenage parenthood is associated with low birth weight and a number of other negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, 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. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 6th

highest teen birth rate nationally³⁶. In 2009, nearly 12% of all births in Arizona were to mothers under the age of 20. In the Gila River Indian Community, this rate was over twice the statewide rate (27 %). This was somewhat higher than the rate of teen births to American Indians in other Arizona tribal communities (21%). The rate of teen births per 1000 teen females in the Gila River Indian Community has been similar to the state rate over time (2000-2009), though it is higher than in other rural areas of the state and lower than across Arizona Indian reservations.

³⁶ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

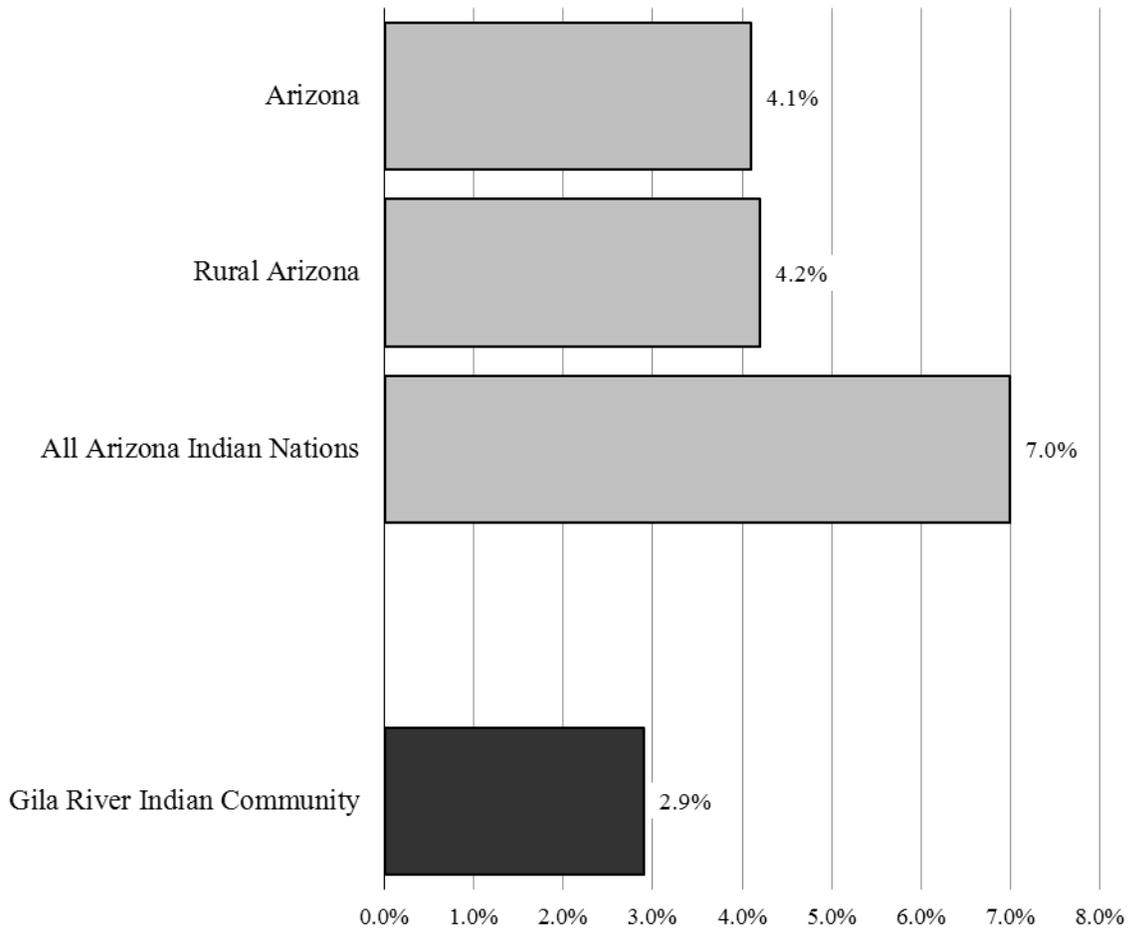
Figure 17. Teen Births per 1,000 females ages 14 to 19, 2000-2009



Source: Arizona Department of Health Services, January 2012

The rate of uninsured births (defined as self pay or 'unknown' payee in the Vital Statistics birth record) in the region (3%) was about the same as in the state and other rural areas (about 4%). The rate of uninsured births in the Gila River Indian Community is lower than the rate of uninsured births in all Arizona Nations combined.

Figure 18. Percentage of Uninsured Births



Gila River Indian Community WIC Program

As mentioned above, the Gila River Indian Community WIC tribally managed program that operates under the Inter Tribal Council of Arizona WIC program umbrella. Because WIC is a federal program local WIC offices serve all eligible individuals residing within their service area. The Gila River Indian Community WIC program provides services to Community members and also to residents of the surrounding communities of Casa Grande, Chandler and Coolidge. According to program staff, families who live off the reservation boundaries but receive prenatal care at Gila River Health Care facilities also choose to access WIC services from the Community's program.

One of the challenges the WIC program shares with the Women's Health Center, which provides prenatal care services in the Community, is a high no-show rate among their clients. Staff with the WIC program indicated that with a no-show rate of 18 percent or lower they can

still meet their caseload. In the months previous to November of 2011, the proportion of WIC clients who did not show up for their appointments ranged from 17 to 20 percent.

Data on maternal and child health indicators was also available from the Gila River Indian Community WIC program for participating women and children.

The total number of infants and children receiving services from the Gila River WIC program in 2010 was 1,369. According to the 2010 Census, there were only 1,280 children under the age of five living on the reservation. It seems likely that some of the clients of the Gila River WIC program live off the reservation. Some of the clients may also be coming from the nearby Ak-Chin reservation.

About 8 percent of the Gila River WIC newborns had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds). This rate is just over the Healthy People 2020 target of 7.8 percent. Six percent of Gila River WIC babies were premature (defined as a gestation of less than 37 weeks). This rate is much lower than the Healthy People target of 11.4 percent.

The Gila River WIC breastfeeding rate (65%) does not meet the Healthy People 2020 target (81.9%), but is consistent with the rate reported by other WIC participants across the US.

The rate of obesity in the older children in the Gila River WIC program (33%) is more than twice as high as the national rate (14%), and slightly higher than the statewide ITCA WIC rate (26%).

Table 16. Infant and child health indicators from the Gila River Indian Community WIC program

	GILA RIVER INDIAN COMMUNITY WIC (2010)		ITCA WIC (2010)	NATIONAL PEDIATRIC NUTRITION SURVEILLANCE SYSTEM (2010)	HEALTHY PEOPLE 2020 TARGET
AGES OF INFANTS AND CHILDREN DURING 2010					
0	361	26%	24%	34%	
1	270	20%	22%	22%	
2	250	18%	19%	16%	
3 to 4	488	36%	35%	28%	
BIRTH WEIGHT					
High birth weight (4 kg or more)	28	9%	7%	6%	
Normal birth weight	261	83%	82%	85%	
Low birth weight (2.5 kg or less)	24	8%	11%	9%	7.8%
PRETERM BIRTHS					
Less than 37 weeks	18	6%	8%	xx	11.4%
BREASTFEEDING					
Children breastfed	188	65%	64%	63%	81.9%
OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)					
Overweight (85th to 95 percentile)	140	19%	20%	16%	
Obese (95th percentile or greater)	243	33%	26%	14%	

SOURCE: Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center, "WIC Program: Maternal & Child Health Profile." October 2011

In terms of maternal health, ten percent of the mothers enrolled in the Gila River Indian Community WIC program in 2010 were under the age of 18. This is a higher rate than in the ITCA program statewide, or in the national WIC program.

High overweight and obesity rates are also a concern among women of childbearing age in the Community. Eighty-five percent of the Gila River WIC mothers were overweight or obese at the beginning of pregnancy. The rate of overweight or obesity is higher than the ITCA average (73%) and much higher than the national average (53%). Furthermore, the obesity rate for Gila River WIC mothers appears to have been increasing over the past few years.

More than three-quarters of Gila River WIC mothers reported beginning prenatal care during the first trimester of pregnancy. This rate matches the Healthy People 2020 target (77.9%).

The Gila River WIC data suggest that exposure to tobacco smoke is somewhat less of a problem than it is nationally. Only 1.4 percent of Gila River mothers reported smoking at the time of enrollment in the WIC program. Nationally, however, almost 14 percent of mothers reported smoking. Fewer than 8 percent of Gila River mothers reported any smokers living in their household, which is less than half of the national rate (almost 17%).

Reported alcohol consumption (less than 1%) during the third trimester meets the Healthy People 2020 target (1.7%).

Table 17. Maternal health indicators from the Gila River Indian Community WIC program

	GILA RIVER INDIAN COMMUNITY WIC (2010)		ITCA WIC (2010)	NATIONAL PREGNANCY NUTRITION SURVEILLANCE SYSTEM (2009)	HEALTHY PEOPLE 2020 TARGET
MATERNAL AGE					
17 or younger	28	10%	6%	6%	
18 to 19	34	12%	12%	12%	
20 to 29	166	57%	60%	60%	
30 to 39	59	20%	20%	21%	
40 or older	2	1%	2%	2%	
PRE-PREGNANCY BODY MASS INDEX (BMI)					
Normal weight (or Underweight)	51	15%	27%	47%	53.4%
Overweight (BMI 25 to 30)	83	25%	28%	26%	
Obese (BMI over 30)	200	60%	45%	27%	
PRE-PREGNANCY OVERWEIGHT OR OBESE					
2004	128	65%	60%	43%	
2006	239	71%	62%	44%	
2007	205	67%	60%	44%	
2010	283	85%	73%	xx	
PRENATAL CARE					
Begun during first trimester	254	77%	81%	82%	77.9%
ALCOHOL AND TOBACCO					
Mother smokes at initial WIC visit	4	1.4%	2.5%	13.8%	1.4%

Smoker present in the household	19	7.6%	9.1%	16.8%	
Alcohol consumption in last trimester	2	0.7%	0.4%	1.3%	1.7%

SOURCE: Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center, "WIC Program: Maternal & Child Health Profile." October 2011

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.³⁷ Obese children are more likely to become obese adults, and their obesity in adulthood is likely to be more severe.³⁸ Adult obesity is related to a number of serious health conditions, reduces quality of life and leads to a shorter life span.³⁹ According to the First Things First Gila River Indian Community Region Needs and Assets Report of 2010 the Gila River Indian Community has one of the highest rates of diabetes in the world. In 2010 an estimated 35% of enrolled tribal members had a diagnosis of diabetes; in the same year, 22 children under the age of 18 had a diagnosis of diabetes (7 of them were diagnosed with Type 1 diabetes and 15 with Type 2 diabetes) (First Things First Gila River Indian Community Regional Partnership Council, 2010). As mentioned above, the obesity rate of children who participate in the Gila River Indian Community WIC program is more than twice as high as the national rate and also higher than the statewide ITCA WIC rate.

One of the efforts in the region aimed at addressing the high rates of obesity and diabetes is the Genesis program. This program aims to promote awareness of the health benefits of breastfeeding, healthy food choices, and family fitness activities in order to improve the health and longevity of Gila River Indian Community children and families. The program offers breastfeeding information and support, and awareness education about nutrition, physical activity, and diabetes. Three categories of nutrition classes are offered: Nutrition Education for Infants, Nutrition Education for Toddlers and Young Children (ages 1-5), and Nutrition Education for Families. Nutrition education and physical activation classes are offered in a location selected by each client, including the client's home, school, clinic, or the Genesis office. The program also offers breastfeeding classes for pregnant women and mothers. Class topics

³⁷ E.g., Schwimmer, Burwinkle, & Varni, 2003; Speiser et al., 2005

³⁸ Biro & Wien, 2010

³⁹ E.g., Schwimmer, Burwinkle, & Varni, 2003; Speiser et al., 2005

include breastfeeding and common problems, prenatal nutrition, developing a support system, and returning to work or school. Transportation to classes is provided for registrants who live within the Gila River Indian Community boundary. Breast pumps and other supplies are additionally provided to Gila River Indian Community members by Genesis (Gila River Indian Community Department of Health Services, n.d).

Key informants interviewed for this report perceived that within the last couple of years there has been a more intense focus on the obesity epidemic in the region. They indicated that a lot of programs are raising up awareness of the health impact of obesity, particularly among children. Physical activity events such as community runs/walks and food demonstrations have become more and more prevalent. Key informants also noted there is strong support from the tribal government for nutritional education efforts.

Health Care Coverage

Members of the Gila River Indian Community receive health insurance coverage through the Indian Health Service (IHS), the Arizona Health Care Cost Containment System (AHCCCS or Arizona's Medicaid) and privately through their employers. All children who are enrolled members of a federally recognized tribe such as the Gila River Indian Community can have medical coverage through the IHS.

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% 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% 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 175% of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare.⁴⁰ 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.⁴¹

In 2010, 9.5 percent of Gila River Indian Community residents (of all ages) were enrolled in AHCCCS. This percentage is considerably lower than the 22 percent of all state residents who are covered by AHCCCS. Fewer than half a percent of children 0-17 in the region are enrolled in KidsCare, compared to 1.5 percent of children statewide. (Arizona Department of Health Services, 2012). Statewide, there has been a 70 percent decrease in KidsCare enrollment between 2009 and 2011.

Oral Health

Oral health is an essential component of a young child's overall health and well-being. If oral health suffers, children's ability to learn and grow can be impacted. Early tooth loss from dental decay can result in failure to thrive, speech development impairments, school absence, an inability to concentrate in school and reduced self-esteem (Office of Population Affairs, Department of Health and Human Services, 2010). 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.⁴² 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% vs 76 percent), with 62 percent showing signs of untreated decay

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

⁴¹ <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx>

⁴² Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

(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).⁴³

Children birth to five can access comprehensive oral health services at the Gila River Health Care. As part of these services, 285 children age 1-5 received oral health screenings in 2010. In 2009, 279 children received dental screenings and five children ages 3-5 received fluoride varnish.

The table below shows that approximately two-thirds of children enrolled in the Gila River Indian Community Head Start program completed oral health exams in program years 2009-2010 and 2010-2011. Only half the enrolled children were reported to have a dental home (continuous accessible dental care) in the 2010-2011 program year compared with 100 percent in the preceding year. In both years, over three quarters of the children completed an oral health examination. A higher proportion of the children who were identified as needing treatment in these screenings received dental treatment in the 2010 program year.

Table 18. Head Start children and dental care

Program Year	2009-2010	2010-2011
Number of children enrolled	203	203
Children with a dental home (with continuous accessible dental care by the end of the enrollment year)	100% (203)	50% (102)
Children completing oral health examination	77% (157)	90% (182)
Percent needing dental treatment who received it	57% (57/99)	75% (97/130)

Source: Gila River Indian Community Head Start, 2010

Although comprehensive oral health services for children are available locally, key informants expressed some concern that many families may not be taking advantage of them.

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

⁴³Arizona American Indian Oral Health Summit, Final Report (2011)(will provide url)

are identified through physicians, parent referrals, school districts and screenings at community events. The National Survey on Children with Special Health Care Needs estimated that 7.9 percent of children from birth to five in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008).

The Arizona Department of Economic Security, Division of Developmental Disabilities (DDD) provides screening and services for young children with developmental delays and those “at risk” of delays. According to the DDD, “Children under the age of six years old may be eligible if there is a strongly demonstrated potential he/she has or will have a developmental disability. Any child from birth to 36 months who has a developmental delay or who has an established condition, which has a high probability of resulting in a developmental delay, as defined by the state, may be eligible for supports and services. A child who has a developmental delay is defined as a child who has not reached fifty percent of the developmental milestones expected at his/her chronological age in one or more of the following areas of child development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. An established condition is defined as a diagnosis of a physical or mental condition which has a high probability of resulting in a developmental delay” (Arizona Department of Economic Security, Division of Developmental Disabilities, 2010).

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 Division of Developmental Disabilities case management). 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 or 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 AzEIP service provider for Pinal County is the Easter Seals Blake Foundation.

The Gila River Indian Community Office of Planning and Evaluation and Early Childhood Special Services shows six percent of all children aged birth to five in the Community have special needs. Across Districts, the percentage of children identified with special needs is from two

percent to 12 percent. Of the 81 children with special needs, most have communication delays (see **Table 19** below).

Table 19. Special needs by type and age range

Age Range	Special Needs	Percent
Less than two years old	Communication Delay	40%
	Developmental Delay	30%
	Other	30%
Two or three years old	Communication Delay	77%
	Motor Skills and Communication Delay	11%
	Developmental Delay	6%
	Other	6%
Four or five years old	Communication Delay	75%
	Motor Skills and Communication Delay	25%

Source: Gila River Indian Community Head Start Program Community Assessment 2008-2011

Screening and therapy services are provided by the Gila River Early Childhood Special Services (ECSS). ECSS is a Community program for families with children birth to five who may have disabilities and developmental delays. Early Childhood Special Services provides support to families through educating and providing developmental services to their children to help them reach their full potential. Services for children can include: Hearing and vision checks, physical, occupational, and speech and language therapy, activities geared to help develop learning skills, activities to help social and emotional development, continuing services at age three as the child moves on to school, supportive childcare providers or preschool teachers of enrolled children. Family services can include: Parent trainings, access to support groups, and family services, coordination of district wide agencies that provide social and health services, in home and community settings.

In 2011, ECSS provided the following services across all of their sites.

Table 20. Gila River Early Childhood Special Services, 2011

Home visits	1,790
Screenings	853
Full Evaluations	148
Therapy sessions	2,109

Source: Gila River Indian Community Early Childhood Special Services

Currently, there are many challenges for the Gila River Indian Community to reach and serve children with special needs. In particular, Speech, Physical, and Occupational Therapists are in short supply and more acutely so in rural areas of the state than others.

Immunizations

Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Therefore, Healthy People 2010 sets targets of 80 percent for full vaccination coverage among young children (19-35 months) (Office of Population Affairs, Department of Health and Human Services, 2012).

Immunization rates for the Gila River Indian Community are considerably lower than the Arizona rate and the U.S. rate based on data from the Arizona Department of Health Services.⁴⁴ In Arizona, the rate for childhood immunizations is 76 percent (Arizona Department of Health Services, 2010). For the two zip codes used to represent the Community (85221 and 85247), rates for 2010 are considerably lower: 24 percent.

Data available from the Health Services Program Information Reports for Gila River Indian Community Head Start (in table 23, below) shows children in Head Start had much higher immunization rates than the general population of Community children (Gila River Indian Community Head Start, 2012) meeting the Healthy People 2020 target rates. Head Start children are older than children represented in the data from the Arizona Department of Health Services. The high up-to-date immunization rates among children in Head Start indicate that children who are enrolled in early care and education programs are more likely to catch up with their immunizations.

⁴⁴ Indian Health Service immunization data for the region are not included in this report.

Table 21. Percent of children with up-to-date immunizations

	Children in Gila River Indian Community Head Start
2009-2010	82%
2010-2011	87%

Source: Arizona Department of Health Services, Bureau of Epidemiology and Disease Control, Arizona Immunization Program Office. Data provided by Arizona First Things First.

Behavioral Health.

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children⁴⁵. Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”⁴⁶ A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.⁴⁷ Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities.⁴⁷ Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development, including distractibility, abnormal patterns of emotion expression, disruptions in feeding and sleeping, and developmental delays in motor and language skills.⁴⁸

A continuum of services to address prevention and treatment in infant and toddler mental health has been proposed by a number of national organizations. These components would include 1) incorporating awareness of infant and toddler mental health issues in early childhood care and education programs, home visiting programs, and health-related programs to promote infant mental health and prevent mental health challenges; 2) providing focused interventions to children and families who may be more at risk for developing mental health problems (for example, families experiencing chronic illness, homelessness, high stress, abuse, substance use,

⁴⁵ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

⁴⁶ Zero to Three Infant Mental Health Task force Steering Committee, 2001

⁴⁷ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

⁴⁸ Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

or children with physical health problems); and 3) providing intensive services with mental health professionals for infants, toddlers and their families who face very challenging situations and experience traumatic events that lead to mental health concerns, in order to return them to positive developmental progress.⁴⁷

The Arizona Department of Health Services/Division of Behavioral Health Services is the permanent authority for publicly-funded behavioral health services in the state. The Division contracts with Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs) to deliver integrated managed care services through six geographic service areas throughout the state. In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system through RBHAs and TRBHAs.⁴⁹ According to Arizona Department of Health data, 64,277 (21.3%) of enrollees were children or adolescents; children aged 0-5 comprised 3.8 percent of all enrollees,⁵⁰ or approximately 8,000 young children statewide. With about 546,600 children birth to 5 in Arizona, this means that about one percent of young children statewide are receiving care in the public behavioral health system⁵¹. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood, particularly in more rural areas, has been noted is a barrier to meeting the full continuum of service needs for young children. Better equipping healthcare and other service providers to meet infant mental health needs and to serve as effective sources of referral has been proposed as one strategy to help with this barrier to access to this level of care.⁵²

The Gila River Regional Behavioral Health Authority is the contracted agency providing services in the region.

⁴⁹ Starting October 1, 2010 AHCCCS members are automatically enrolled in their corresponding RBHA or TRBHA.

⁵⁰ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

⁵¹ Woodworth, R. (1994,). Grandparent-headed households and their grandchildren: A special report. Washington, DC: AARP Grandparent Information Center.

⁵² U.S. Department of Health and Human Services. (2000). Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda. Washington, DC: Author.

Table 22. Enrollment in Public Behavioral Health System

Counties	Regional Behavioral Health Authority / Tribal Regional Behavioral Health Authority	Number Enrolled	Percent of Clients Enrolled Statewide
Apache, Coconino, Mohave, Navajo, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)	27,819	13.20%
La Paz, Yuma, Cochise, Gila, Graham, Greenlee, Santa Cruz, Pinal	Cenpatico Behavioral Health System (CBHS)	22,980	11.20%
Pima	Community Partnership of Southern Arizona (CPSA)	44,223	21.50%
Maricopa	Magellan of Arizona	106,008	51.60%
Tribal Authority	Navajo Nation	1,937	0.90%
Tribal Authority	Gila River Indian Community	1,519	0.70%
Tribal Authority	Pascua Yaqui	1,158	0.60%
Tribal Authority	White Mountain Apache	295	0.10%

Source: Division of Behavioral Health Services, Arizona Department of Health Services, 2012

The Behavioral Health Services Department of Gila River Health Care serves all tribal members, AHCCCS enrollees and the uninsured. Services available through this department include: outpatient mental health counseling program (individual and family counseling); child and adult psychiatric services; crisis intervention; medical social work services and prevention. Case management is provided by a clinical liaison in several offices throughout the community, although most clients receive services in Sacaton.

The Behavioral Health Services Department also has a 90-day substance abuse treatment component. A residential program for adults is available within the Community and clients can bring in their children 12 and under.

Counselors with the Department conduct mental health observations of the children in the Gila River Indian Community Head Start program at least twice a year (within the first 60-90 days of school). Depending on the results of these observations counselors might have more frequent visits. If any behavioral health issues arise as part of the observations a meeting with the parents is set up and a referral to psychological or psychiatric services is made when

appropriate. Counselors are also available to do in-services for the Head Start staff. A Maricopa county fellowship program for child psychologists allows fellows to provide services once a week at the Gila River Behavioral Health Services Department on a rotation basis. Fellows conduct observations with clients and can also offer training for the Department's staff; they are also able to attend meetings set up with parents to provide education to reduce the stigma surrounding behavioral health services.

Family Support

Key informants interviewed for this report repeatedly highlighted that an important asset of the Gila River Indian Community Region is the strong commitment community members have towards the wellbeing of their children. Key informants noted that the tribal government has shown a lot of support for early childhood programs and services. Children and the elders are considered priority populations not only to the tribal administration but also among the community at large. Key informants pointed out that when the tribal government is faced with the challenging decision of making budget cuts, programs that serve these two populations are protected as much as possible. Initiatives targeting young children, such as First Things First, have therefore been welcomed and receive support from other agencies and programs that serve families in the region.

This section describes programs that are available to support families with young children in the region.

Home Visitation

The Gila River Indian Community Regional Partnership Council has been funding a home visitation program since FY 2012, at which time the primary grantee for the strategy was Gila River Health Care Corporation. The region's home visitation program provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health. Funding currently has the capacity to reach up to 90 families in the region, and in FY 2013, the target population for the region's home visitation strategy will focus on individuals who are identified as "at risk". Other strategies funded by the Gila River Indian Community Regional Partnership Council work in tandem with the home visitation strategy, to offer a holistic approach to care. These strategies include the region's teen parent education program, which educates teen parents and provides them with the opportunities to practice their new skills, and the region's Native Language Enrichment program, which provides materials and outreach to promote native language and cultural acquisition for the young children of Tribal families (First Things First Gila River Indian Community Regional Partnership Council, 2012) .

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 services⁵³.

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.



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

⁵³ 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.

safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children.

According to the US Department of Justice, over one-third of Indian women and one-eighth of Indian men in the United States will experience domestic violence.⁵⁴ Although there are no hard numbers on the rates of domestic violence in the region, the Gila River Department of Corrections-Adult reported a 74 percent decline in the number of inmates held for a domestic violence between 2007 (180) and 2009 (46).⁵⁵ This was the largest decline amongst any facility in Indian Country.⁵⁶

Grandparents raising grandchildren

The Gila River Indian Community Regional Partnership Council expressed a special interest in obtaining detailed information about the needs of grandparents in the region who are responsible for their grandchildren. A combination of quantitative and qualitative data collection methods was considered the most appropriate approach to gather information for this purpose.

A focus group with Community grandparents was coordinated in collaboration with the Elderly Services Division of the Community Services Program. In addition, an individual survey was prepared so each grandparent participating in the focus group could also provide his or her input individually in a written manner. Both the focus group discussion guide and the individual survey were developed in close collaboration with staff from the Elderly Services Division. Appendices A through C provide more detailed information about the data collection methods and the instruments utilized.

The focus group was conducted in the Multipurpose Building District #1 on February 22, 2012. Eleven grandparents completed the individual survey at the grandparent focus group; ten additional grandparents who did not participate in the group discussion completed the survey in the weeks following the focus group.

Of the survey respondents, fourteen were grandmothers, one was a grandfather and six did not provide this information. The mean age of the respondents was 51 years old, and ranged from

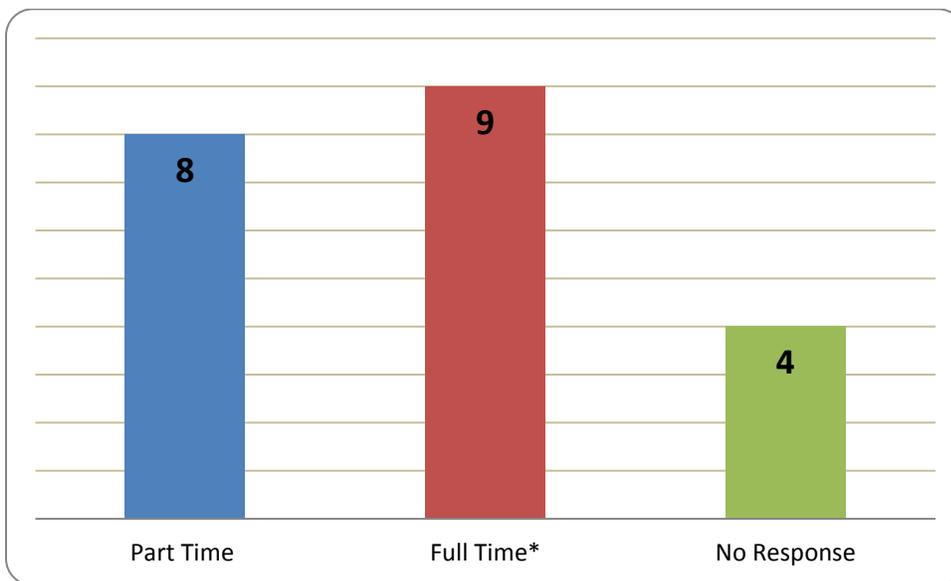
⁵⁴Department of Justice, Office of Justice Programs, *Extent, Nature, and Consequences of Intimate Partner Violence*, NCJ 181867 (Washington, D.C.: 2000). Justice uses the term Indian in this study to refer to persons who self-identify as American Indian or Alaska Native and does not limit the term to those enrolled in state- or federally recognized tribes.

⁵⁵ Minton, T. (2011). *Jails in Indian Country, 2009*. Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.

⁵⁶ Note that without more context, it is difficult to interpret these declines. Declines in prosecutions for domestic violence can be attributed to increased awareness and prevention of domestic violence incidents, or to a decrease in a willingness of victims to prosecute.

45 years old to 83 years old. Of the grandparents who provide care to their grandchildren, eight of the grandparents indicated they were responsible for their grandchildren’s care full time, six indicated they were responsible for their grandchildren’s care part time, two provided babysitting, and one was in charge “most of the time”. Two did not respond or said that they did not care for their grandchildren (see **Figure 19** below). Of those who responded, nine of the grandparents reported caring for their grandchildren for five or more years; only two had been providing care for less than a year.

Figure 19. Are you responsible for caring for your grandchildren full time or part of the time?

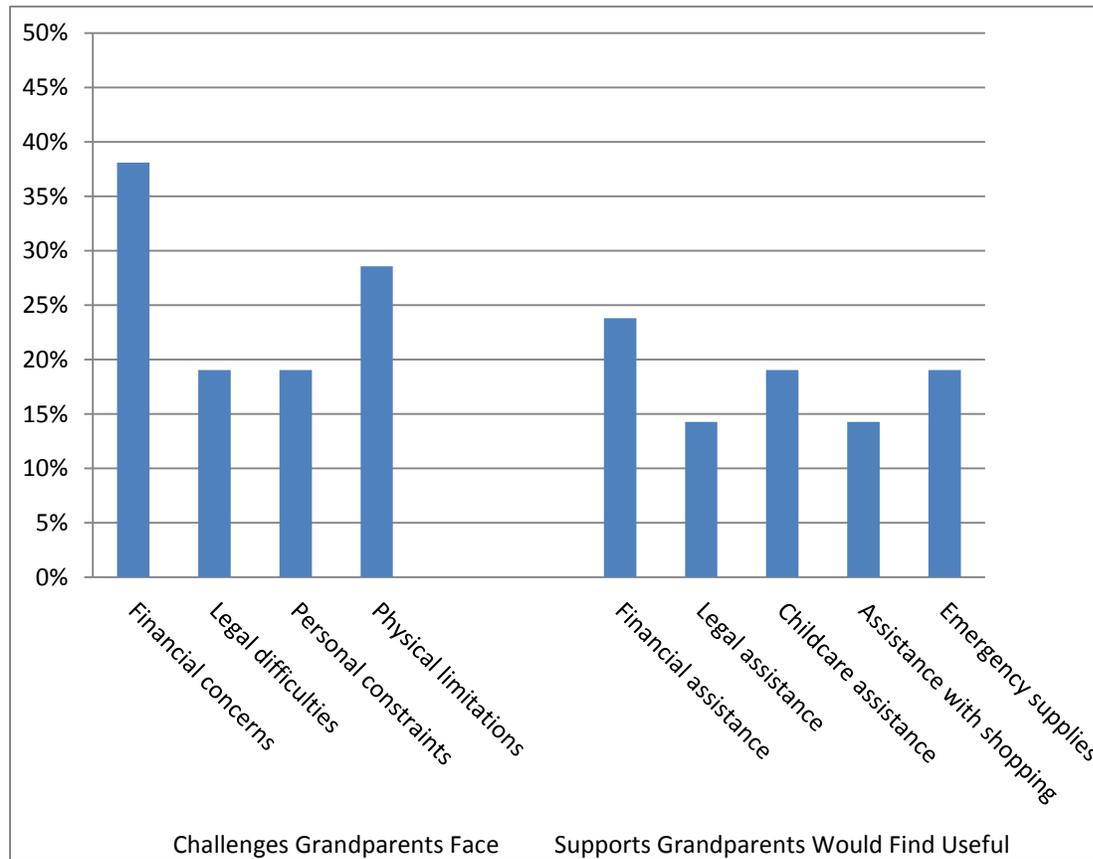


*"Full Time" includes one recipient who specified, "most of the time"

N=21

Figure 20 illustrates the challenges the grandparents responding to the survey report facing as care providers, and the areas of support they said that they would find most useful. Legal difficulties included issues such as child custody struggles, or not being able to access services due to lack of legal guardianship; personal constraints included having less time for him/herself; and physical limitations such as lack of sleep or own health concerns. In addition, one grandparent indicated that counseling for the parent would be helpful to get the child’s parents more involved in his/her care. Another grandparent expressed concern that schooling options for children with special needs are limited in the community.

Figure 20. Challenges Grandparents Face and Supports They Would Find Useful



N=21

At the focus group grandparents were asked about the aspects of caring for their grandchildren that they enjoy. They indicated liking the stability they can provide to their grandchildren; they also appreciated the fact that caring for their grandchildren is a way to support their own children.

The discussion then turned to the challenges that grandparents face when they are partially or fully responsible for their grandchildren. These are described below.

Grandparents noted that there can be particular challenges in caring for young children. Often it has been a long time since the grandparent has had a younger child around, and they do not have easy access to the supplies needed to care for an infant or toddler. One grandmother who obtained custody of her two year old granddaughter said “she came with nothing,” and the grandmother did not know where to go to find baby things like clothes, diapers and furniture. In addition, these supplies can be costly, putting a financial strain on grandparenting families. Child care is another area of challenge for grandparents. One grandfather noted that in his family, he and his wife alternated working day and night shifts in order to take care of their granddaughter with the help of a niece. Some grandparents stated that they are also still caring for their own children in addition to taking care of their teenage children’s children, and noted the difficulties of caring for children across a wide age range.

As much as they felt an obligation and a desire to care for their grandchildren in need, grandparents also described the strain in family relationships that is often imposed by their involvement with their grandchildren (both when legal custody is involved and when they care for them ‘informally’). Grandparents report that it is difficult being ‘in the middle,’ and getting anger from their children or children-in-law.

Grandparents were asked about the types of assistance or services that would be most helpful in supporting them in caring for their grandchildren. The issues they raised are outlined below.

Supports needed

Grandparents caring for their grandchildren face numerous financial difficulties, and often need help to buy basic supplies, such as clothes, beds, cribs, diapers, and to help offset increased food, utility and transportation costs. Grandparents noted that some sort of Kinship program that provides financial assistance to grandparents even if they do not have legal custody of their grandchildren would be of substantial help. They note that the Department of Economic Security used to run a “Kincare” program on the Gila River Indian Reservation, but that it was closed with funding cuts.

Even grandparents with custody felt overwhelmed and often did not know where to go to get help. They noted that a community resource guide would be useful. They felt a guide targeted specifically at the special needs of elders taking care of grandchildren, and not just elder services in general, would be the most helpful.

Grandparents reported a desire for more information around parenting and developmental issues, including topics on discipline and communication. They felt that a grandparent support group would be a good way to get and share information. At the grandparent conference, organized by the Elderly Services Division in October of 2011, some of the participants had had

an opportunity to be together with others in similar situation. “It was good to have someone to talk to and share”. There is currently one support group but childcare is not offered. These grandparents felt that having childcare would be particularly helpful for those that are responsible for their grandchildren full-time, and would help increase attendance.

One of the challenges identified in both the surveys and the focus group was the need for grandparents, who have already raised one set of children, to have some time to themselves occasionally. One grandmother described how she would use Walmart shopping as “her time,” a retreat that allowed her to have some adult-only time. Grandparents felt that some sort of respite support that provided safe child care would help them find the time to recharge themselves. Because of the fact that many extended families live near one another, some grandparents are able to get help from other family members to care for grandchildren. This type of support was not available to all, however, particularly in families facing the most challenges.

Nearly all of the grandparents described various challenges they had had with some of the social systems they had interacted with on behalf of their grandchildren; they urged system changes that might better meet the needs of their grandchildren. They suggested that the judicial system could be better at setting up goals for parents, with firmer enforcement of court mandates such as attending parenting classes. They believed this would encourage parents to provide better care for their children and that it would be one way that the court could display more support for families. Similarly, they would like to see more involvement and support from Child Protective Services (CPS) with better follow-up and firmer enforcement of goals set for parents in order to reunite with their children. There was a general sense of wanting support from these systems to help to ‘push’ parents to be more responsible for their own children. They want their adult children to “step up and care for their children, be there for them.”

Community key informants also noted that grandparents are sometimes reluctant to ask for help and support because of concerns about their legal situation with regards to their children (not having legal custody) and because of worries that they will be seen as not providing adequate care for their grandchildren. They worry that their grandchildren could be taken away from them if they seek assistance. In other cases, grandparents may be willing to care for their grandchildren who are involved with CPS or the courts, but they do not meet the legal requirements to have the child placed with them because of past legal involvement or because they cannot meet the housing requirements called for (e.g., because of too many family members per bedroom). This sometimes leads to children needing to be placed in non-relative homes. (See *Family Support* section for more information on out-of-home placements).

The wide age range of the grandparents raising their grandchildren has implications for the types of challenges they face and the kind of assistance that would be helpful for them. For instance, younger grandparents who are still in the workforce may need more help with child

care while they work outside the home, while older grandparents may be more concerned about their own health and how it may limit their ability to care for their grandchildren. They are united, though, in a desire to assure that their grandchildren receive the care and nurturance they need to grow up healthy and happy, in spite of the difficulties they may be facing.

Public Information and Awareness/System Coordination

Key informants shared a perception that, despite the various early childhood care and education programs available in the region, there is a need to increase parents' awareness of the relevance of early childhood educational opportunities. One informant noted that parents attending parenting classes at first have very little knowledge about developmental markers; this informant pointed out that when families must face a long list of other socio economic and health challenges, learning about early childhood development unfortunately may not be a priority.

The potential success of programs that target teen parents was highlighted by another key informant. This person noted how much young people appreciate the information they receive around early childhood issues, stating "teen parents are like sponges. They soak it all up."

The Gila River Indian Community Regional Partnership Council recognizes service coordination as a crucial component of the early childhood system, and noted in its fiscal year 2013 funding plan that because Gila River Indian Community is a rural region, it lacks the infrastructure found in well-established metropolitan communities like Phoenix. The Regional Council has therefore worked to foster relationships with tribal leaders and with neighboring Regional Partnership Councils, in order to strengthen the coordination of services. The Regional Council has also sought to enhance the understanding local policy makers have of the early childhood system through meetings with Gila River Indian Community Education and Health/Social Standing Committees. Further, the Regional Council supports the Tribal Council of the Gila River Indian Community in maintaining early childhood issues as a priority. These collaborative efforts serve to enhance service coordination in the Gila River Indian Community region, as well as the overall strength of the early childhood system in the region (First Things First Gila River Indian Community Regional Partnership Council, 2012).

Key informants agreed that the Gila River Indian Community Regional Partnership Council has played an important role in the coordination of services for families and young children in the region. By facilitating coordination meetings that convene agencies providing similar services (e.g. home visitation; nutrition) the Regional Partnership Council contributes to improving the communication and collaboration among these services providers. Some key informants perceived that this collaborative effort is helping increase mutual referrals and reduce duplication of services.

Nevertheless, key informants also pointed out that there is some room for improving the communication among some tribal agencies that provide crucial service to families in the region. As an example, they indicated that improving cross-agency collaboration with Tribal Social Services would benefit the many at-risk families served by multiple agencies.

Reaching out and partnering with existing services has been critical to the success of programs like the VHM alternative high school, which can serve as a model for other collaborative efforts. As one key informant said:

“When you can remove obstacles from people and allow them to work together and cooperate amazing things are possible...a lot can happen. How to facilitate that? It’s an enormous task. It takes coordination and willingness at the highest level. Everybody has to see this as their mission, to coordinate and collaborate with everybody else.”

Summary and Conclusion

This Needs and Assets Report is the third biennial assessment of early education and health services in the Gila River Indian Community Region. Through assembly of quantitative data, and through analysis of qualitative data collected from parents and providers in the region, it is clear that the region has substantial strengths. These include an early childhood education system that provides a variety of programs to families in the region; a community that strongly values children as a priority population; and comprehensive health care services available locally. A table containing a full summary of identified regional assets can be found in **Appendix E**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. A table containing a full summary of identified regional challenges can be found in **Appendix F**. Many of these have been recognized as ongoing issues by the Gila River Regional Partnership Council and are being addressed by current FTF-supported strategies in the region. Some of these needs, and the strategies proposed to address them, are highlighted below. A table of Gila River Indian Community Regional Partnership Council Planned Strategies for fiscal year 2013 is provided in **Appendix G**.

- **A need for more quality childcare services** – Although the early childhood education system in the region offers a variety of programs to families, most of them operate at capacity. Lack of quality child care can have an impact not only on the well-being of the child, but on a family's employment situation. Having reliable child care makes it easier for parents to avoid missing work or being late. The Regional Partnership Council has recognized this need and has submitted a Pre-K programs expansion proposal the Gila River Indian Community Tribal Council. In addition, a number of strategies are in place to improve the quality of existing programs through Quality First, and to support access to those programs through scholarships. The Family, Friend and Neighbor Strategy addresses the reality of many families who only have access to, or deliberately chose to have their children cared by kith and kin. 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.** Key informants note that parents often do not take advantage of the myriad of services and programs available to families in the region. This may be for a variety of reasons. One barrier identified is a lack of awareness of and information concerning the importance of early childhood health and development. This may also be influencing the high no-show rates for medical and service appointments noted by service providers (for example, for prenatal care and WIC appointments), as well as the low rates of immunization and high rates of childhood obesity. Current strategies

attempt to address this through community-based parent education training and home visitation strategies. Another barrier may be transportation (see below).

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

- **Children living with grandparents**—The majority of young children in the region are living with relatives other than their parents, many of those with grandparents. Grandparents identified a number of supports that would be helpful to them in facing the unique physical, emotional, legal and financial challenges of raising their young grandchildren. Among these were: financial assistance similar to that provided to foster parents; support groups of other grandparents that include child care; respite support that provides safe child care; and a resource guide targeted specifically at the needs of elders taking care of grandchildren.
- **Lack of transportation** – A lack of transportation among families has been identified as one of the primary local barriers in the region to accessing 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.
- **Low educational attainment in adults** – Data from this report suggest that the low educational attainment of adults contributes to the high level of unemployment seen in the region. Key informants noted a need for programs that support parents in attaining job training
- **Additional supports for teen parents**– The Gila River Indian Community has an innovative program supporting teen mothers and fathers in the Vechij Himdag MashchamakuD high school program that provides child care and opportunities to continue with their education and receive job training. Ira H. Hayes High School offers parent education classes. These programs only reach a limited number of teen parents in the region, however. Additional programs that encourage and provide prenatal care for expectant teen mothers who are not in school, as well as education and support to enable them to continue their education and care well for their infant, are needed. Additional programs that involve and educate teen fathers would also help strengthen and stabilize young families.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among the Gila River Indian Community 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 priority placed on children throughout the region, early childhood advocates in the Gila River Indian Community can continue to make “amazing things possible.”

Appendix A. Description of Qualitative 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 Gila River Indian Community agencies and departments. In addition, qualitative data collection was conducted specifically for this report. This section describes the process followed to gather the qualitative data, which consisted of both phone and face-to-face key informant interviews with knowledgeable individuals who were, in most cases, representatives of agencies serving the region. The purpose of the interviews was to gather knowledgeable community members' perspectives on the assets and needs of young children in the region. Often, descriptions of the services provided by local agencies were also gathered through key informant interviews.

Tribal Approval

The Norton School team secured tribal approval for the collection of tribal-specific information data for the First Things First Gila River Indian Community Regional Partnership Council 2012 Needs and Assets Report. Approval was granted by tribal resolution GR-98-11 signed on July 6th, 2011.

Data collection Instruments

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.

In addition, the Gila River Indian Community Regional Partnership Council expressed a special interest in obtaining detailed information about the needs of grandparents in the region who are responsible for their grandchildren. A combination of quantitative and qualitative data collection methods was considered the most appropriate approach to gather information for this purpose.

A community forum with Community grandparents was coordinated in collaboration with the Elderly Services Division of the Community Services Program. The discussion guide for the community forum was developed in close collaboration with staff from the Elderly Services Division.

Grandparents Community Forum

A total of eleven parents attended the forum and participated in the discussion. The information they provided was analyzed in categories of common themes.

Interviews

A total of 5 interviews were conducted with 6 individuals (in one case the interview included more than one individual) from the following organizations/programs:

- Elderly Services Division
- Women's Health Center
- VHM Alternative High School
- Behavioral Health Services Department
- Gila River Indian Community WIC program

All these interviews were conducted by phone except for two who were done in person.

Additional agencies provided data for the report but did not participate in key informant interviews.

Appendix B. Grandparenting Discussion Guide

Grandparents Parenting Grandchildren in the Gila River Indian Community

Location: _____

Facilitator: _____ Session date: _____

Number of participants: _____

Introduction: Thank you for participating in this forum. The experiences you share with us today will serve to inform the First Things First Gila River Indian Community Regional Partnership Council about the needs of grandparents raising their grandchildren in your community.

- 1) We want to start by asking you: what do you like about caring for your grandchildren?
- 2) Now we'd like to talk about the challenges, what is difficult for you about raising your grandchildren? What are the challenges that you face?

Additional Probes:

- Are there financial constrains or concerns?
- Are there legal challenges such as child custody struggles?
- Are there personal constrains such as having less time for yourself, or your family and friends?
- Are there physical limitations that pose challenges, such as lack of sleep or your own health concerns?
- Are there logistical constrains such as driving and shopping?
- Do your grandchild/ren's special needs pose challenges?

- 3) Of the services that are currently available in the community, which ones are you currently using? Which ones do you find most helpful?

Additional Probes:

- Diabetes Prevention Program
- Caregivers & Grandparents Raising Grandchildren Support Group
- Education Affordability Program
- Elderly Food Box program
- Transportation

- 4) What kind of support would be most helpful in taking care of your grandchildren?

Additional Probes:

- financial assistance
- emergency help such as diapers, formula, and clothes
- legal assistance

- childcare assistance
- assistance with shopping
- support group/getting together with other grandparents

Appendix C. Grandparenting Survey

Thank you for participating in this forum. The experiences you share with us today will help the First Things First Gila River Indian Community Regional Partnership Council learn about the needs of grandparents raising their grandchildren in your community. If there are any questions that you don't feel comfortable providing answers to, feel free to skip them and move on to the next question.

Are you a (circle) Grandmother / Grandfather

How old are you? _____

1) How old are the grandchildren you care for?

1. age _____

2. age _____

3. age _____

4. age _____

5. age _____

2) Do you live with your grandchild/ren?

___ Yes

___ No

3) Who else lives at home with you? (check all that apply)

___ I live alone

___ Spouse

___ Children

___ Grandchildren

___ Others (please specify _____)

4) Are you responsible for your grandchild/ren... ?

___ full-time

___ part of the time

Please turn the page over

5) How did you become responsible for caring for your grandchild/ren?

Parent(s) died

Parent(s) are in the military

Parent(s) in jail/prison

Parent(s) were deported

Child(ren) have been removed from the parent(s) by CPS

Parent divorced/remarried

Parent(s) unable to care for children because of: not enough money

substance abuse

domestic violence

Other, please explain:

6) How long have you been responsible for caring for your grandchild/ren?

(If you are responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.)

Less than 6 months

6 to 11 months

1 to 2 years

3 to 4 years

5 years or more

7) Do you have grandchild/ren with special needs?

no

yes, If yes, what kind of special needs does the child(ren) have?

8) Do you get help from anyone else in caring for your grandchild/ren?

No

Yes

IF YES - Who is that person(s)? What is your relationship to them?

Please turn the page over

9) What are the challenges that you face in raising your grandchildren? (check all that apply)

- Financial concerns
- Legal difficulties such as child custody struggles, or not being able to access services due to lack of legal guardianship
- Personal constrains such as having less time for yourself, or your family and friends
- Physical limitations such as lack of sleep or your own health concerns
- Difficulty parenting the child (or children)
- Grandchildren with special needs
- Other: (please explain) _____

10) What kind of support would help you most in taking care of your grandchildren?

- Financial assistance
- Legal assistance
- Childcare assistance
- Assistance with shopping
- Emergency help such as diapers, formula, and clothes, furniture
- Other: (please explain) _____

Appendix D: Change in population of children birth to five 2000, 2009 and 2010

Populations of Children Under Six Years Old

Comparison of 2000 Census to 2009 Estimates and 2010 Census

State Totals and Gila River Indian Community Regional Partnership Council

	2000 Census, Ages 0-5	2009 Estimated Population (0-5), used for FY12 FTF Allocations	Estimated increase from 2000 to 2009	2010 Census, Ages 0-5	Increase or decrease from Census 2000 to Census 2010
Arizona	459,141	643,783	40%	546,609	19%
Gila River Indian Community	1,429	2,556	79%	1,530	7%

SOURCES:

First Things First, "FY 2012 Population Estimates used for Allocations"

US Census 2000

US Census 2010

Appendix E. Table of Regional Assets

First Things First Gila River Indian Community Regional Assets

Early childhood care and education system that includes a large selection of programs, many of which have a strong Native cultural component

High quality public schools - Akimel O’otham Pee Posh/Blackwater School – nationally recognized

Gila River Health Care – comprehensive health care services operated by the Gila River Indian Community itself available locally in the Community

High quality prenatal care that is reflected in rate of first-trimester prenatal care meeting Healthy People 2020 target

Programs that focus on reducing the high rates of childhood obesity

Supportive leadership – Tribal Council supportive of early childhood initiatives and programs

A wide variety of programs and services available locally for families with young children

Parent education sessions at both local high schools including innovative Teen Parenting Program at Vechij Himdag MashchamakuD alternative high school

Appendix F. Table of Regional Challenges

First Things First Gila River Indian Community Regional Challenges

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

Lack of transportation

Need for increasing parent awareness of the importance of early childhood health and development

Poor patient compliance and high no-show rates for medical and service appointments, especially prenatal care and WIC

High rates of childhood obesity

Substance abuse

High unemployment rate

Need for supporting grandparents caring for their grandchildren

Appendix G. Table of Regional Funded Strategies, Fiscal Year 2013

Gila River Indian Community 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.
	Quality First Child Care Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children.
	Child Care Health Consultation	Addresses the region's limited access to high quality, affordable early care and education programs for children living within the region.
	Pre-Kindergarten Scholarships	Provides scholarships to quality preschool programs in a variety of settings to allow programs serve more children.
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Conference Scholarships	Increase knowledge and awareness about early childhood development and health issues by providing increased access to seminars and conferences within and across the region.
Family Support	Parent Education Community-Based Training	Provides classes on parenting, child development and problem-solving skills.
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development,

		literacy, health and nutrition.
	Native Language Enrichment	Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.
	Family, Friends and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources.
	Summer Transition to Kindergarten	Provides first time classroom experiences for children who are about to begin kindergarten, and information to their parents.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Community Awareness	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Awareness	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.

Appendix H. Towns and places included in the Gila River Indian Community Primary Care Area Statistical Profile

- Bapchule
- Blackwater
- Burns
- Cottonwood
- Camp Rivers
- Casa Blanca
- Co-Op Village
- Dock
- Firebird Lake
- Gila Crossing
- Gila River Indian Reservation
- Komatke
- Lone Butte Ranch
- Maricopa Village
- Morgans Ferry
- Olberg
- Poston
- Sacate
- Sacaton
- Sacaton Flats
- Santa Cruz
- Santan
- Snaketown
- South Santan
- St Johns
- Stotonic
- Sweetwater
- Villa Buena

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