



2012

NEEDS AND ASSETS REPORT

San Carlos Apache Regional Partnership Council



FIRST THINGS FIRST

Ready for School. Set for Life.

REGIONAL PARTNERSHIP COUNCIL

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LETTER FROM THE CHAIR

February 6, 2013

On behalf of the First Things First San Carlos Apache Regional Partnership council, I would like to thank the members of our First Things First San Carlos Apache Regional Partnership Council who include specialists in school administration, education, business, health services provider, child care provider, faith-based, parent, philanthropy, and three at-large community members. It has been rewarding to be a part of the First Things First San Carlos Apache Regional Partnership Council and to partner with the community to deliver our mission to build a better future for our young children and their families in the San Carlos Apache Region.

Our strategic direction has been guided by an updated 2012 Needs and Assets Report. The Regional Needs and Asset Report provides a snapshot of the demographic characteristics of the region's young children ages zero through five and their families; the early care, development and health systems, services, and other assets available to children and families; and the areas in which the region has unmet needs for early childhood development and health systems and service for these children and families.

The First Things First San Carlos Apache Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides basic data that will aid the Regional Council's decisions and funding allocations, while contributing to the development of a comprehensive statewide early childhood system.

To the current and past members of the San Carlos Apache Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region.

Sincerely,



Delphine R. Rodriguez, Chair
San Carlos Apache Regional Partnership Council



INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

A child's most important development years are those leading up to kindergarten. First Things First is committed to helping Arizona kids age five and younger receive the quality education, healthcare and family support they need to arrive at school healthy and ready to succeed. Children's success is fundamental to the wellbeing of our communities, society and the State of Arizona.

The Needs and Assets Report for the San Carlos Apache Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The First Things First San Carlos Apache 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 throughout the San Carlos Apache Region, in the past year, are parent education and family support that is culturally sensitive and specific to the needs of families and caregivers in the region, and access to high quality early care and education. This report provides basic data points that will aid the Regional Council's decisions and funding allocations, while building a true comprehensive statewide early childhood system.

ACKNOWLEDGEMENTS

The San Carlos Apache Regional Partnership Council owes special gratitude to the San Carlos Apache Tribal Council, the San Carlos Apache Tribe Education Committee, community agencies, service providers and key stakeholders who participated in work sessions and community forums throughout the past two years. The success of First Things First is due, in large measure, to the contributions of numerous individuals who give their time, skill, support, knowledge and expertise.

To the current and past members of the San Carlos Apache Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will aid in the direction of building a truly comprehensive early childhood system for the betterment of young children within the region and the entire state.

The San Carlos Apache Regional Partnership Council would also like to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System, the San Carlos Apache Tribe and the Tribal Departments, for their contribution of data for this report.



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Additional Offices in the Bay Area and Southern California



EXECUTIVE SUMMARY

The San Carlos Apache Indian Reservation is located in Southeastern Arizona and spans Gila, Graham, and Pinal counties. Encompassing 1,834,781 acres of land area, the reservation varies in landscape, including desert, alpine meadows, and contains the largest strand of ponderosa pines in the world. The closest city is Globe, located 20 miles to the west of the business district of San Carlos. The San Carlos Apache Tribe engages in a number of business enterprises including the operation of retail stores, timber production, and processing. The reservation also houses a hotel, conference center, and casino, and operates a development corporation.

There is one school district on the San Carlos Apache Indian Reservation, and children in the area also attend schools in surrounding districts including: Globe Unified, Miami Unified and Ft. Thomas Unified School Districts. Medical services are located in both San Carlos and Bylas. However, those in need of major medical services are referred to hospitals in Phoenix or Tucson.

The San Carlos Apache Indian Reservation is divided into four unique communities, referred to as districts. The four districts include Seven Mile Wash, Gilson Wash, Peridot, and Bylas. The Peridot district has the largest population followed by the Gilson Wash district, then the Seven Mile Wash district. The Bylas district has the smallest population of the San Carlos Apache Indian Reservation communities. Each district is unique in terms of its location, autonomy, politics, economy, architecture, infrastructure, and decision-making. The four districts on the San Carlos Apache Indian Reservation expand over three zip codes that correspond to the communities of San Carlos, Peridot, and Bylas.

There were nearly 15,000 members of the San Carlos Apache Tribe in 2012, and 1,074 were children ages birth through 5. About one third of tribal members were under the age of 18. Nearly 75% (11,096) of tribal members were living on Reservation lands.

Ninety-three percent of residents on the San Carlos Apache Indian Reservation under the age of six were identified as Native American, 5% as Hispanic/Latino, and less than 1% as White alone, according to 2006-2010 U.S. Census data. Nearly 40% of the population ages five and older spoke a Native North American Language in the home.

On the San Carlos Apache Indian Reservation nearly 50% of children were living in households headed by their grandparent, yet just 4% of those households did not include the child's parent(s). Forty percent of children ages birth through 5 on the San Carlos Apache Indian Reservation were living with a single mother in 2010, nearly double the percentage of female headed households in the state or nation.



The Face of Poverty

Income

Children who grow up in poverty are more likely to lack adequate food, become victims of crime and violence, and lack basic health care. They are at significant risk for dropping out of school early, poor academic performance, behavior problems in school, lower levels of literacy, and lower levels of education.

What does the economy look like for local children and their families?

- More than half (54%) of children ages birth through 5 were living in poverty on the San Carlos Apache Indian Reservation, according to 2006-2010 U.S. Census estimates.
- The median family income for all families living on the San Carlos Apache Indian Reservation was \$32,063, nearly \$20,000 less than Arizona, according to 2006-2010 U.S. Census estimates. Median family income for a single mother on the reservation was \$12,742, less than half the income of single mothers in the state of Arizona.

Unemployment

Healthy communities require an adequate supply of jobs that generate enough income to pay for basic needs.

Are families experiencing high rates of unemployment?

- The unemployment rate on the San Carlos Apache Indian Reservation was 35% in 2011, a much higher rate than in Arizona (9%). Since 2007, the unemployment rate on the reservation has increased by roughly 18%.

Economic Supports

Going without basic needs such as food, housing, child care, health care, or clothing can have short and long-term consequences to residents' health and well-being. When children suffer from lack of food, it can lead to poor physical and mental health, difficulty learning, increased school absences, and lower test scores. This makes children more likely to suffer from poverty when they become adults.

Can families meet their basic needs?

- 65% of families living on the San Carlos Apache Indian Reservation had received some form of social support (Supplemental Security Income (SSI), Cash Public Assistance or Supplemental Nutritional Assistance Program (SNAP), according to 2006-2010 U.S. Census estimates.



- The number of families with children ages birth through 5 receiving SNAP in the First Things First San Carlos Apache Region has dramatically increased by 176 to 755 between 2007 and 2011, while the number of children receiving SNAP increased by more than 250 to 1,235 over the same time period.
- 250 families with children birth through 5 received Temporary Assistance for Needy Families (TANF) benefits in 2011, similar to previous years.
- San Carlos Apache Tribe Social Services Department, with funding by the First Things First San Carlos Apache Regional Partnership Council, helps to address the nutritional needs of families and children by providing food boxes.

THE EARLY CHILDHOOD SYSTEM

Quality child care helps children develop social and cognitive skills in preparation for school and life success. Child care, and in particular, subsidized care for low-income families, also provides critical support so that parents may go to work.

Do parents have access to high quality child care?

- Child care options on the reservation are limited and do not fully meet the needs of the community.
- The San Carlos Apache Tribe Education Department and Head Start are the primary child care providers in the region, offering a total of 315 child care slots.
- Both providers have opened new child care sites; however due to funding constraints these programs have not increased overall child care capacity in the community.

Early Care and Education

Child Care Professionals

Research shows that the education and ongoing professional development of early child care professionals is closely linked to increased student learning and development. Better prepared teachers lead to better prepared students.

What is the education level of Head Start teachers?

- 10 of the 12 Head Start teachers had completed their Associate's degree in Early Childhood Education (ECE) and the remaining teachers and assistant teachers were all enrolled in ECE classes, according to 2008/09 data.



- In 2012, Head Start teachers were required to have an Associate's degree in Early Childhood Education—the program's goal is that all teachers will have a Bachelor's degree in Early Childhood Education by 2014, according to a San Carlos Apache Tribe Education Department representative. Arizona State University has a co-op program into which new Head Start hires will be enrolled.

School Readiness and Success

Many Arizona school districts utilize an assessment of each kindergartener's skill level at the time of entry, to determine their school readiness. The San Carlos Unified School District assesses children's literacy and reading skills using the AIMSweb Test of Early Literacy. The assessment focuses on measures such as letter naming, letter sound, phoneme segmentation, and word fluency. While the AIMSweb only focuses on the early literacy aspects of kindergarten readiness, the results provide some picture of how well children are prepared when beginning school. As children progress in their course of study, third grade reading skills are measured. Third grade reading scores have shown to be an excellent predictor of later school success, including high school graduation rates and career success.

Are children ready for school?

- At the beginning of the 2011/2012 school year, only 23% of kindergarten students in the San Carlos Unified School District were at grade level, according to their AIMSweb testing results. By the end of the school year that percentage increased to 28%.

Are children learning to read?

- Only 20% of 3rd graders in the San Carlos Unified School District met or exceeded the Arizona Instrument to Measure Standards (AIMS) reading standards in 2011, continuing a downward trend from 35% in 2008. Only 7% of students met or exceeded AIMS standards in math, down from 41% in 2008.

Are children learning about their culture heritage and traditions?

- The Language Preservation Program plans to develop an Apache language curriculum in order to provide materials, awareness, and outreach to children in tribal communities, connecting them to their native language and culture. The Language Preservation Program has a goal to reach 30 professionals in early childhood and train them in this curriculum.

Are youth graduating from high school?

- The percentage of students graduating from San Carlos Unified School District has steadily increased since 2005, yet one-third (33%) of students did not graduate in 2010.



Children with Special Needs

It's crucial to have early identification of children's special needs in order for children to get the support they need to achieve success in school and in the community. Developmental screenings including oral, vision, cognitive, and hearing, are an important practice to ensure children's optimal growth.

How many children receive AzEIP services?

- An additional 8 children, age birth to 35 months old, were identified with developmental delays, or at risk for delays, and are receiving Arizona Early Intervention Program (AzEIP) assistance in the region.

Parent Knowledge of Child Development

Are parents familiar with the stages of social and emotional development of their children?

- According to a 2008 survey of First Things First San Carlos Apache Region parent respondents, the majority understood three major elements of a child's intellectual and brain development; the fact that emotional closeness with a baby can strongly influence the child's intellectual development; that the first year of a baby's life has a major impact on school performance; and parents can significantly impact a child's brain development from birth.

Health

Access to Health Care and Health Insurance

Children with a regular source of primary health care and health insurance have better health, receive more preventative care, and have lower rates of hospitalization because they receive treatment for conditions before they become too serious.

Do children have health insurance in the region?

- Ninety-nine percent of children ages birth through 5 registered at the Indian Health Services San Carlos Service Unit were covered through a 3rd party insurer such as Arizona Health Care Cost Containment System (AHCCCS).

Are there enough doctors/health professionals?

- The San Carlos Apache Indian Reservation is classified as a Health Professional Shortage Area and a Medically Underserved Area.
- The ratio of providers to people on the Reservation is 1 to 3,356. This is an increase due to the loss of 2 primary care providers, 1 registered nurse and 2 midwives from 2009 to 2010.



Healthy Births

Women who receive adequate prenatal care are more likely to have healthy babies. Babies born to mothers who receive no prenatal care are three times more likely to be born at a low birth weight (less than 5.5 pounds), and five times more likely to die. Teen parents and their children are often at greater risk of experiencing short- and long-term health, economic, social, and academic challenges than parents who delay childbirth.

Are mothers getting prenatal care?

- Only 6 of the 288 births to American Indian women residing on the San Carlos Apache Indian Reservation in 2009 received no prenatal care, a decrease from the previous three years.

Are babies born healthy?

- 7% of babies were born at low birth weight (less than 5.5 pounds) to American Indian women residing on the San Carlos Apache Indian Reservation in 2009, a small decline from previous years.
- 13% of births to American Indian women residing on the San Carlos Apache Indian Reservation were preterm births in 2009, a number similar to past years.
- 33% of births to American Indian women residing on the San Carlos Apache Indian Reservation had medical risk factors in 2009, a drop from 46% from the previous year.

Do teenagers have high rates of giving birth?

- Teen births represented 29% of the births to American Indian women living on the San Carlos Apache Indian Reservation in 2009, a number similar to previous years.

Nutrition

When children are overweight and obese, it can lead to physical and emotional health effects including a greater risk of hospitalization, type II diabetes, cardiovascular disease, low self-esteem, and depression.

Is the population struggling with obesity?

- More than half (58%) of children ages 2 through 5 were overweight or obese in 2011.
- 59% of children ages 6-17 and 89% of adults were overweight or obese in 2011.



Oral Health

Oral health problems can be minimized through regular preventive dental services. Experts recommend that children as young as one year old be examined for tooth decay and cavities, the most common form of childhood oral disease.¹

Do children have dental care?

- More dentists are needed to serve the local population. One dentist served the entire region in 2010, down from two dentists in 2009.
- 1,418 children ages birth through 5 were seen by the IHS San Carlos Service Unit for dental examinations between 2007 and 2011.

Coordination of Services

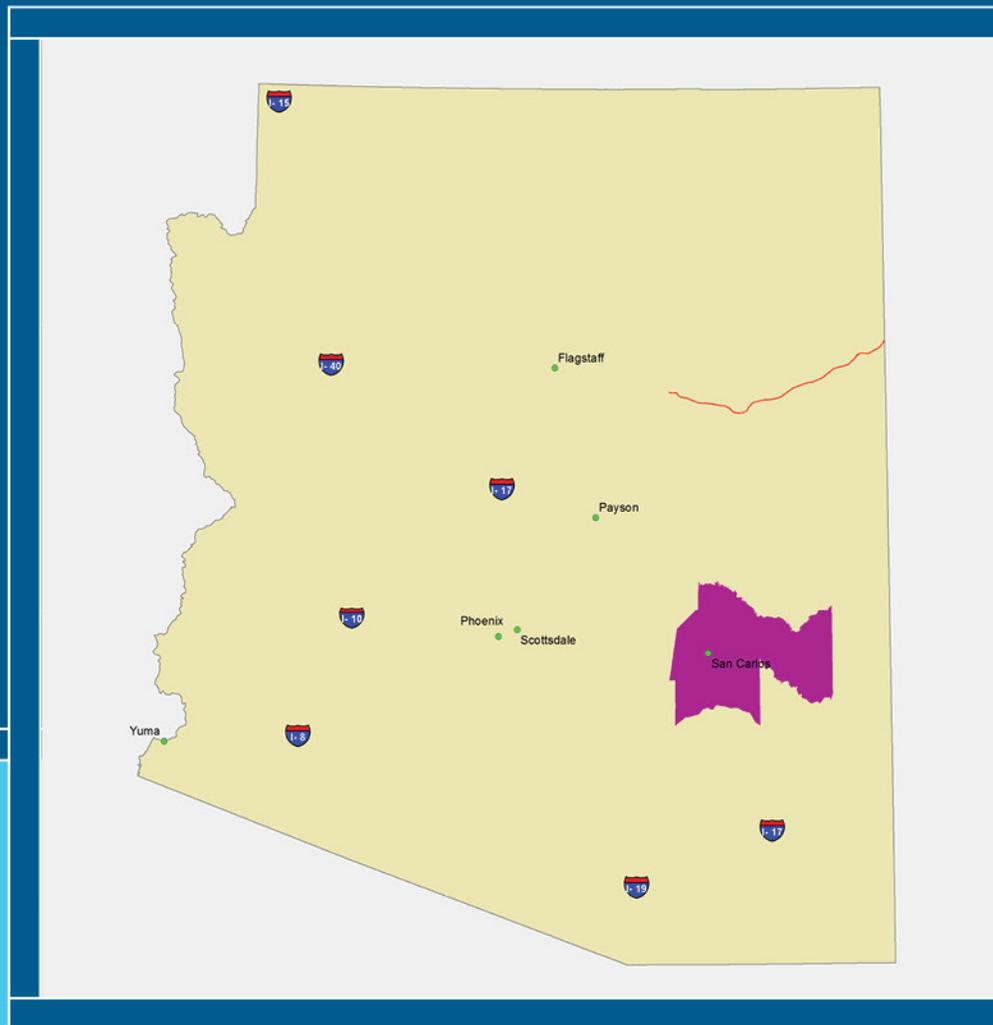
What is the availability and quality of services and information?

- Parent survey respondents in the First Things First San Carlos Apache Region were “somewhat” or “very” satisfied with information and resources available about children’s development and health (94%) in 2008.
- Parent survey respondents in the First Things First San Carlos Apache Region reported that they “somewhat” or “strongly” agreed that service providers spoke their language and that materials were in their language (84%), that services were very good (73%), that services reflected their cultural values (67%), that services were easy to locate (66%), and that services filled some of their needs but not all of the family needs (66%).
- One in four parent survey respondents (25%) reported they did not know if there were eligible to receive services.

¹American Academy of Pediatric Dentistry. Council on Clinical Affairs. (2010). Policy on the Dental Home. Retrieved 2012 from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf



DEMOGRAPHIC OVERVIEW: WHO ARE THE FAMILIES AND CHILDREN LIVING IN THE SAN CARLOS APACHE REGION?



ABOUT THE FIRST THINGS FIRST SAN CARLOS APACHE REGION

The San Carlos Apache Indian Reservation is located in Southeastern Arizona and spans Gila, Graham, and Pinal counties. Encompassing 1,834,781 acres of land area, the reservation varies in landscape, including desert, alpine meadows, and contains the largest strand of ponderosa pines in the world. The closest city is Globe, located 20 miles to the west of the business district of San Carlos. The San Carlos Apache Tribe engages in a number of business enterprises including the operation of retail stores, timber production, and processing. The reservation also houses a hotel, conference center, and casino, and operates a development corporation.

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BASIC DEMOGRAPHICS

Demographics describe the region's population including gender, age, ethnicity and language. These factors are important to help First Things First provide services that fit local needs.

SELECTED INDICATORS

- Population
- Family Types
- Race/Ethnic Distribution
- Language Characteristics



Population

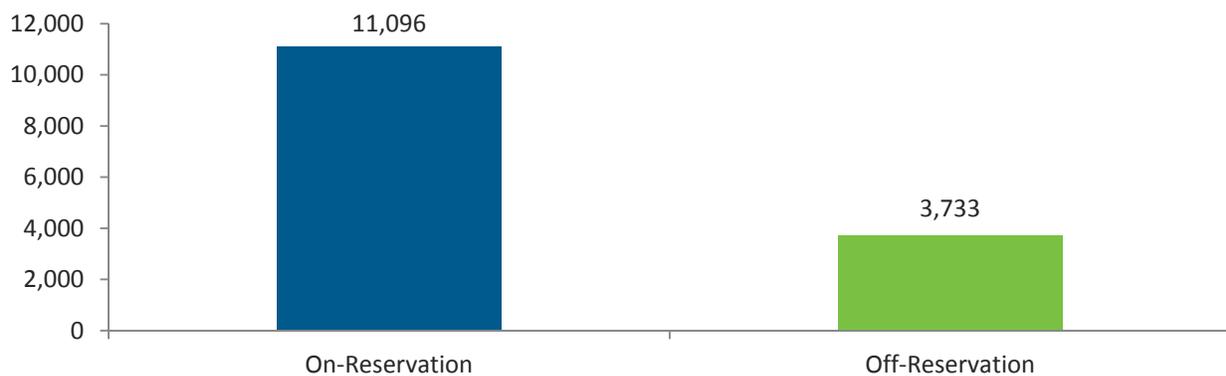
Why It Is Important

Since the 2010 First Things First Needs and Assets Report, the U.S. Census Bureau released a number of new data. Demographics of the region rely heavily on these data. While these data provide a general understanding of the region, it is important to recognize their limitations as they are self-reported and rely on the Bureau's ability to reach and build trust with local community members.

What the Data Tell Us

There were nearly 15,000 members of the San Carlos Apache Tribe. Nearly 75% (11,096) of tribal members were living on reservation lands.

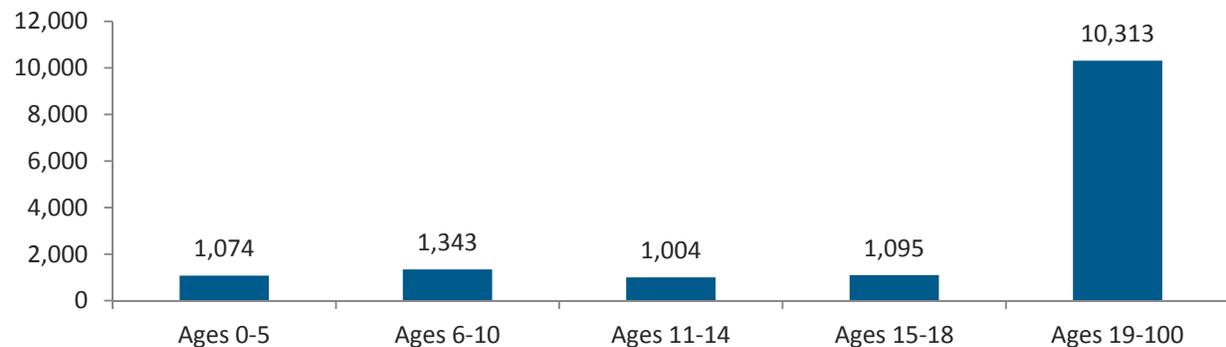
Tribal Enrollment, San Carlos Apache Tribe, 2012



Source: San Carlos Apache Tribal Enrollment Office. (March 21, 2012). Personal Correspondence with Representative. Received 2012 from San Carlos Apache Tribal Enrollment Office.

There were 1,074 children age birth through 5 years old enrolled in the San Carlos Apache Tribe in 2012. About one third of tribal members were ages 18 and under (4,516 children and youth).

Tribal Enrollment by Age Group, San Carlos Apache Tribe, 2012

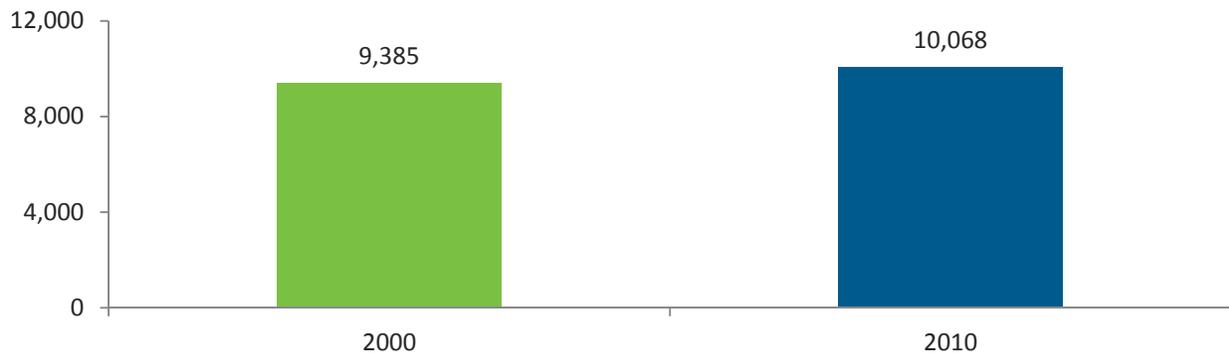


Source: San Carlos Apache Tribal Enrollment Office. (March 21, 2012). Personal Correspondence with Representative. Received 2012 from San Carlos Apache Tribal Enrollment Office.



The overall population of the San Carlos Apache Indian Reservation was 10,068 in 2010, an increase of 7% since 2000.

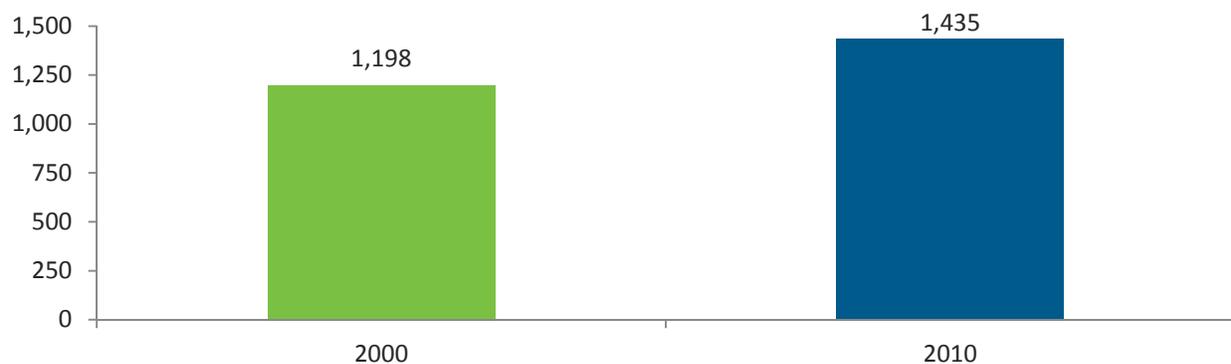
Total Population, San Carlos Apache Indian Reservation



Source: U.S. Census. (2011). Table QT-P2- Single Years of Age and Sex. *Decennial Census*. Retrieved 2011 from www.factfinder2.Census.gov.

There were 1,435 children birth through 5 on the San Carlos Apache Indian Reservation, representing 13% of the population living on the Reservation.

Population Birth Through 5, San Carlos Apache Indian Reservation



Source: U.S. Census. (2011). Table QT-P2-Single Years of Age and Sex. *Decennial Census*. Retrieved 2011 from www.factfinder2.Census.gov

Family Types

Why It Is Important

Family structure is an important factor in the health and development of young children. Household structures and family environments have been correlated with children's educational achievement and physical well-being.² A 2008 study by McLanahan and Percheski suggest that

² Fields, J. & Smith, K. (1998). Poverty, family structure, and child well-being: Indicators from the SIPP. *U.S. Census Bureau, Population Division, Working Paper 23*. Washington DC: U.S. Census Bureau. Retrieved 2012 from <http://www.census.gov/population/www/documentation/twps0023/twps0023.html>



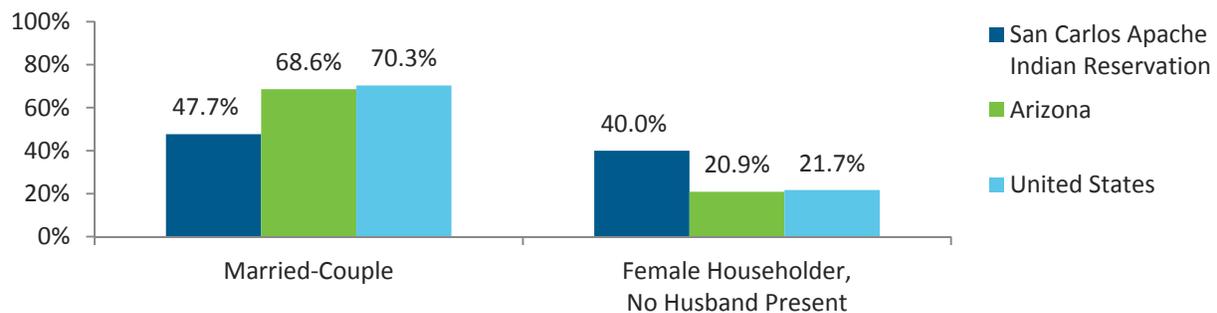
the links between family structure, income inequality, and ethnicity are not only compounded by one another but increase generationally. Income inequality may lead to increases in single motherhood; single motherhood decreases children's economic mobility, and these in turn are exacerbated by already existing racial inequalities.³ Knowledge of this circle is key to preventing it from happening and giving every child the best possible chance at success.

The effects of single parent households on the health and wellbeing of children have been long recognized. However, recent economic challenges have added new pressures to families across the country, creating new alternative family structures, including multigenerational households and households in which grandparents are raising children. In Arizona, 6% of children were living in grandparent households in 2009. These grandfamilies require unique programs and services targeted at bridging the generation gap.⁴

What the Data Tell Us

Forty percent of children ages birth through 5 on the San Carlos Apache Indian Reservation were living with a single mother in 2010. There were nearly double the percentage of single mother households on the San Carlos Apache Indian Reservation than in the state of Arizona and the nation as a whole.

Families with at Least One Child Under 6 by Family Type, 2010



Source: U.S. Census Bureau. (2011). Table QT-P11- Households and Families. Retrieved 2011 from <http://factfinder.Census.gov>.

The number of families in which grandparents are raising grandchildren is increasing across the country.⁵ In Arizona, about 9% of children were living in grandparent households. On the San Carlos Apache Indian Reservation, nearly 50% of children were living in households headed by their grandparent, yet just 4% of those households did not include the child's parent(s).

³ McLanahan, S. & Percheski, C. (2008). Family Structure and the Reproduction of Inequalities. *Annual Review of Sociology*, Vol. 34: 257-276.

⁴ Edwards, Oliver W.; Taub, Gordon E. (2009). A conceptual pathways model to promote positive youth development in children raised by their grandparents. *School Psychology Quarterly*, Vol 24(3), Sep 2009, 160-172. doi: 10.1037/a0016226

⁵ Ibid.



Grandparents Living with and Responsible for Grandchildren Under 18 Years, 2010

REGION	NUMBER	PERCENT
San Carlos Apache Indian Reservation Total	653	47.1%*
Parent Present	594	42.9%*
No Parent Present	59	4.3%*
Arizona	69,896	8.9%
United States	2,701,685	6.9%

Source: U.S. Census Bureau. (2011). Table B1002: Grandchildren under 18 Years Living with a Grandparent by Grandparents Responsibility and Presence of Parent. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder2.Census.gov>.

U.S. Census Bureau. (2011). Table B1005: Households by Presence of People Under 18 Years by Household Type. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder2.Census.gov>.

* Caution should be used when interpreting these numbers due to small population.

Race/Ethnic Distribution

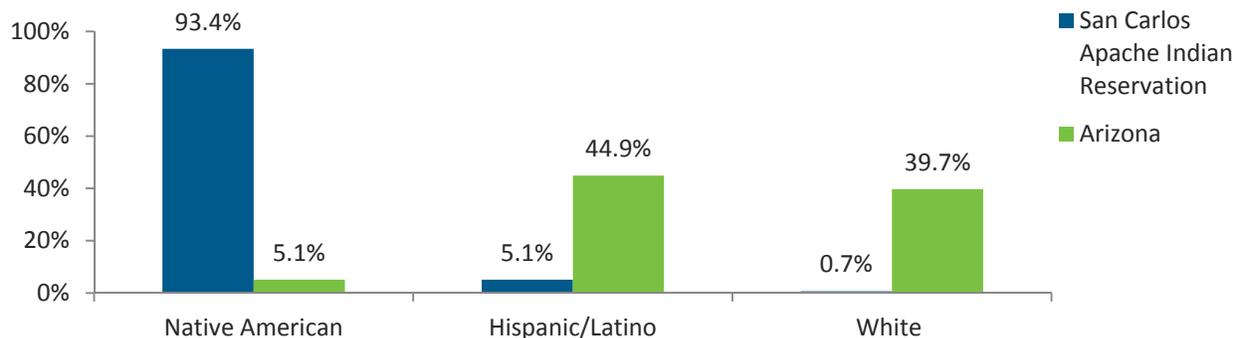
Why It Is Important

Arizona is a very ethnically diverse state with large percentages of Whites, Latinos and American Indians. Understanding racial and ethnic diversity within the region allows First Things First to provide culturally appropriate services to families of different backgrounds.

What the Data Tell Us

Ninety-three percent of residents on the San Carlos Apache Indian Reservation under the age of 5 were identified as Native American, 5% as Hispanic or Latino, and less than 1% as White.

Race/Ethnicity of Children Ages Birth Through Four, 2006-2010 5-Year Estimates



Source: U.S. Census Bureau. (2010). Table PCT: 12- Sex by Age. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder2.Census.gov/>

Note: The U.S. Census considers race and ethnicity to be two separate and distinct concepts. Respondents are asked whether or not they are of Hispanic in addition to the ethnicity with which they identify. Data presented are Hispanic/Latino, White alone, not Hispanic or Latino, and Native American alone, not Hispanic or Latino.

Note: The U.S. Census combines Native American and Alaska Native. The term Alaska Native has been omitted from our report for relevance.



Language Characteristics

Why It Is Important

In Arizona, English is the most commonly spoken language, followed by Spanish, and Native North American languages.⁶ The San Carlos Apache Tribe is working to preserve the Apache language. Apache is an Athabaskan language and there are clear differences between Western Apache, spoken by the San Carlos Apache and White Mountain Apache, and Eastern Apache, spoken by Jicarilla, Lipan, and Plains Apache.

What the Community Is Doing

- **Head Start programs** within the region provide introductions to the Apache language for their students.
- **Regional elders** attend each of the area schools to teach the Apache language in the classroom and children in grades 8-12 may take the language as an elective.
- **The First Things First San Carlos Apache Regional Partnership Council** provided a grant to the **San Carlos Apache Tribe's Language Preservation Program**. The Language Preservation Program plans to develop an Apache language curriculum in order to provide materials, awareness, and outreach to children in tribal communities, connecting them to their native language and culture during their critical early years. The Language Preservation Program has a goal to reach 30 professionals in early childhood and train them in this curriculum.

What the Community Is Saying

- According to a San Carlos Apache Tribe Education Department representative, K-12 education has language as an elective. However, the education department is separate from the school district and there are difficulties in getting the language programs into the schools while the schools are focused on curriculum that will raise test scores.
- Another interviewee expressed concern that children are not learning the language and are losing their cultural identity.

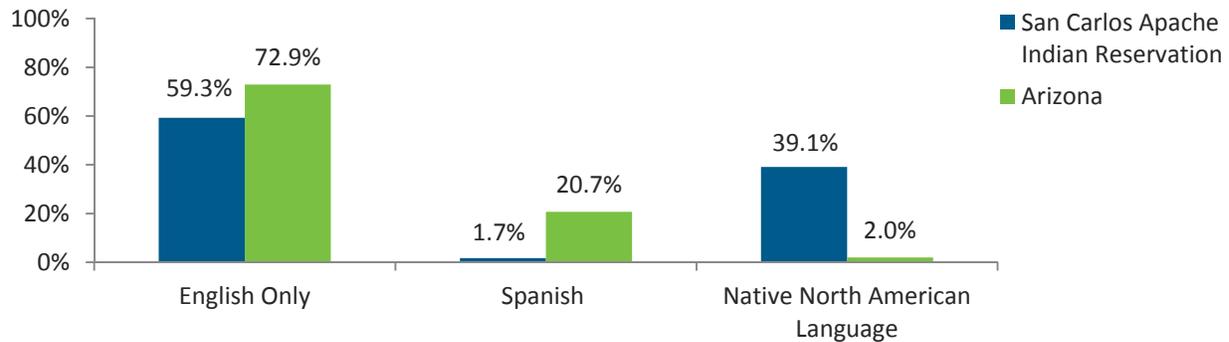
⁶ The Center for Public Education (2000). Top Five Languages by State. Retrieved 2012 from <http://www.centerforpubliceducation.org>



What the Data Tell Us

According to the U.S. Census, nearly 60% of the population 5 and over on the San Carlos Apache Indian Reservation spoke English only. Nearly 40% reported speaking a Native North American Language in the home in 2010.

Language Spoken at Home for the Population 5 and Over, 2006-2010 5-Year Estimates



Source: U.S. Census Bureau. (2010). Table B16001- Language Spoken At Home by Ability to Speak English for the Population 5 Years and Over. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder.Census.gov>.

Note: Caution should be used when interpreting these data due to the small population size on the San Carlos Apache Indian Reservation.
Note: Native North American Languages includes Navajo and other Native North American languages.

Of the nearly 10,000 residents over the age of 5 on the San Carlos Apache Indian Reservation, nearly everyone speaks English fluently. Fewer than 400 residents speak English “less than very well.” On the San Carlos Apache Indian Reservation, 16 children under the age of 18 lived in non-English speaking households, where no one speaks English, or no one over the age of 14 speaks English “very well.”⁷ Of those individuals, age 5 or over who speak English “less than very well,” most spoke native languages.

Population 5 and Over Who Speak English “Less than Very Well,” 2006-2010 5-Year Estimates

LANGUAGE	NUMBER	PERCENT OF THE OVERALL POPULATION
Spanish	25	0.3%
Navajo	71	0.7%
Other Native North American Language	277	2.8%

Source: U.S. Census Bureau. (2010). Table B16001- Language Spoken At Home by Ability to Speak English for the Population 5 Years and Over. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder2.Census.gov>.

Note: Caution should be used when interpreting these data due to the small population size on the San Carlos Apache Indian Reservation.

⁷ Values are the number of children ages 5 through 17 living in linguistically isolated households divided by the total number of children ages 5 through 17 living in households. A “non-English speaking” household is one “in which no person 14 years old and over speaks only English and no person 14 years old and over who speaks a language other than English speaks English ‘Very well.’ In other words, a household in which all members 14 years old and over speak a non-English language and also speak English less than ‘Very well’ (have difficulty with English).” (U.S. Census Bureau)



ECONOMIC CIRCUMSTANCES

It is important to consider the current national economic climate when assessing the needs and assets of local regions. The nation still faces economic challenges that greatly impact families and their children. Cuts in federal and state spending have major effects on health status, child care, and the educational needs of young children.

SELECTED INDICATORS

- Income
- Unemployment
- Poverty
- Economic Supports
- Food Insecurity



Income

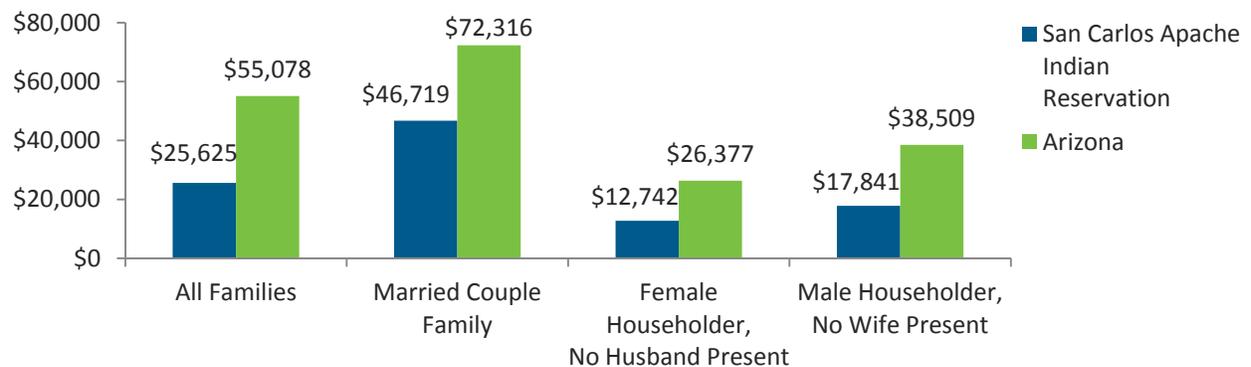
Why It Is Important

Income levels are important for understanding the vitality of a community and the well-being of its residents. The income of families is related to the health, well-being, educational attainment, and future economic success of children.

What the Data Tell Us

The median family income on the San Carlos Apache Indian Reservation was \$25,625, according to 2006-2010 U.S. Census estimates. The median income of married couple families (\$46,719) was nearly four times that of single female headed households (\$12,742).

Median Family Income of Families with Children Under 18 Years, 2006-2010 5-Year Estimates



Source: U.S. Census Bureau. (2010). Table B19125- Median Family Income in the Past 12 Months. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder.Census.gov>.

Note: Caution should be used when interpreting these data due to the small population size on the San Carlos Apache Indian Reservation.



Unemployment

Why It Is Important

Healthy communities require an adequate supply of jobs that generate enough income to pay for basic needs. The unemployment rate as defined by the International Labor Organization measures the number of people who are without jobs and who have actively sought work within the past four weeks.⁸ The unemployment rate is calculated as a percentage by dividing the number of unemployed individuals by all individuals currently in the labor force. Since the economic recession began, much attention has been paid to the unemployment rate and its inability to capture data on individuals that are underemployed or have stopped searching for work. However, it remains the primary indicator of a community's economy. Job growth is an additional indicator of economic well-being and Arizona has added jobs at a slower rate than the US as a whole for the past three years (2010 to 2012).⁹

What the Community Is Doing

- *The San Carlos Apache Tribe Education Department* offers job training and employment opportunities for enrolled members of the San Carlos Apache Tribe 18-35 years old who have GEDs or high school diplomas.

What the Community Is Saying

- According to a San Carlos Apache Tribe Education Department representative:
 - The department has a vocational school; they took over a building that had previously been a high school. Participants in the department's job training and tuition program pursue training in fields such as medical, automotive, business, and massage therapy. At one point in the recent past, the program had more than 30 people on the waiting list. However, the current (as of early 2012) round had no waiting list because the program had more funds and were seeking students to fill upcoming job openings in the new hospital.
 - There were 25 students at the department's job shadow day this year (2012).
 - Freeport-McMoRan Copper & Gold (a mining company) offers training in engineering and heavy equipment. Trainees, who need to have their GED or high school diploma to be in the program, are paid to attend and are guaranteed a job.

⁸ International Labour Organization. (1982). Resolution concerning statistics of the economically active population, employment, unemployment and underemployment adopted by the Thirteenth International Conference of Labour Statistics. Thirteenth International Conference on Labour Statistics.

⁹ Arizona Directions. (2012). Arizona Indicators. Received 2012 from Arizonaindicators.org

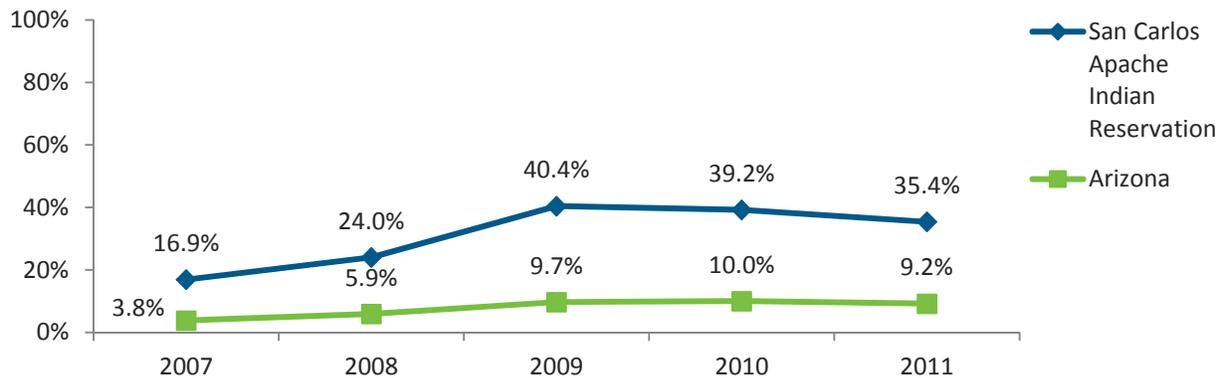


- One local interviewee commented that in the past, many mothers received funds from the Department of Economic Security and other subsidies, and their children saw them able to meet family needs with that support. Now with all the cuts, however, there is not the same kind of support available, and there is more of a need to find employment.

What the Data Tell Us

The unemployment rate on the San Carlos Apache Indian Reservation was 35% in 2011. While the unemployment rate among residents has dropped since 2009, it remains nearly four times that of the state of Arizona.

Unemployment Rate



Source: Department of Commerce Research Administration. (2012). Special unemployment report. *Arizona Workforce Informer*. Retrieved 2012 from <http://www.workforce.az.gov/>.

The unemployment rate on the San Carlos Apache Indian Reservation varied by community, it was 43% in San Carlos CDP compared to 31% in Peridot CDP in 2011. The unemployment rates in Gila, Graham, and Pinal counties (all at 11%) were higher than the state of Arizona (9%), but much lower than on the San Carlos Apache Indian Reservation (35%).

Unemployment Rate by Community

COMMUNITY	2007	2008	2009	2010	2011
Peridot CDP	13.8%	20.7%	37.3%	35.2%	30.5%
San Carlos CDP	22.5%	30.3%	45.1%	45.2%	43.3%
San Carlos Apache Indian Reservation	16.9%	24.0%	40.4%	39.2%	35.4%
Gila County	4.2%	6.2%	10.4%	11.1%	10.5%
Graham County	4.2%	6.8%	14.7%	13.5%	10.9%
Pinal County	4.5%	7.1%	12.0%	12.0%	11.0%
Arizona	3.8%	5.9%	9.7%	10.0%	9.2%

Source: Arizona Unemployment Statistics Program. (2011). Special Unemployment Report. Retrieved 2011 from <http://www.workforce.az.gov/?PAGEID=67&SUBID=142>.

Note: Data are not available for Bylas.



Poverty

Why It Is Important

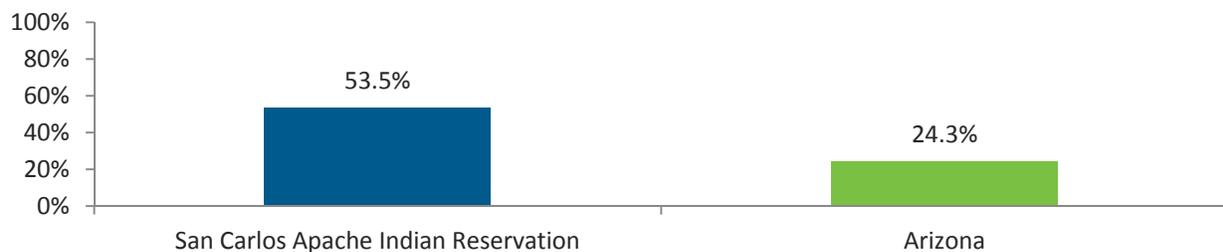
Developed in the early 1960s, the Federal Poverty Thresholds (more commonly known as Federal Poverty Levels) were based on three times the cost of a nutritionally adequate food plan, as determined by the Department of Agriculture. This figure presupposes that the average family spends one-third of their income on food. Annual adjustments for inflation occur, based on changes in the Consumer Price Index, but the Federal Poverty Thresholds do not consider other factors such as child care and housing costs. The Federal Poverty Thresholds are used mainly for statistical purposes – including estimates of the number of Americans in poverty each year. Each person or family is assigned to one of 48 possible poverty thresholds based on size of family and ages of the family members.¹⁰

With more than 1 in 4 children living in poverty, Arizona had the 5th highest child poverty rate in the nation in 2010.¹¹ Living in poverty puts children at risk for a wide variety of challenges with both immediate and lasting effects. Children who grow up in poverty are more likely to lack adequate food, become victims of crime and violence, and lack basic health care. They are at significant risk for dropping out of school early, poor academic performance, behavior problems in school, lower levels of literacy, and lower educational attainment.¹²

What the Data Tell Us

More than half of children, age birth through 5 on the San Carlos Apache Indian Reservation, were living in poverty (54%), according to the 2006-2010 U.S. Census estimates. This was more than double the state of Arizona (24%).

Children Ages Birth Through 5 In Families Earning Less than the Federal Poverty Level, 2006-2010



Source: U.S. Census Bureau. (2011). Table B17006- Poverty Status in the Past 12 months of Related Children Under 18 by Family Type by Age of Related Children Under 18 Years. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder2.Census.gov>.
Note: Caution should be used when interpreting these data due to the small population size on the San Carlos Apache Indian Reservation.

¹⁰U.S. Department of Health and Human Services. (2011). Poverty Guidelines and Poverty Measurement. Retrieved January 5, 2011 from <http://aspe.hhs.gov/poverty/index.shtml>.

¹¹ Arizona Directions. (2012). Arizona Indicators. Received 2012 from Arizonaindicators.org

¹² Winsler, A., Tran, H., Hartman, S. C., Madigan, A. L., Manfra, L., & Bleiker, C. (2008). School readiness gains made by ethnically diverse children in poverty attending center-based childcare and public school pre-kindergarten programs. *Early Childhood Research Quarterly*, 23(3), 314-329.



Thirty-nine percent of children over the age of five in the area served by San Carlos Unified School District were living in poverty in 2010. This was similar to those living in the Fort Thomas Unified School District and Miami Unified School District areas, with 38% and 35% respectively. Globe Unified School District had the lowest percentage of families living in poverty; however they still had 1 in 5 children living in poverty.

Children Ages 5 Through 17 in Families Living in Poverty, First Things First San Carlos Apache Region School Districts

COMMUNITY	2006	2007	2008	2009	2010
Fort Thomas Unified District	38.9%	39.8%	34.3%	36.7%	38.0%
Globe Unified District	22.2%	19.6%	19.8%	22.4%	19.9%
Miami Unified District	26.6%	23.5%	23.6%	27.0%	34.7%
San Carlos Unified District	55.1%	48.0%	48.2%	57.2%	38.8%

Source: U.S. Census Bureau. (2011). Small Area Income and Poverty Assessments. Retrieved 2011 from <http://www.Census.gov/cgi-bin/saipa/saipa.cgi>

Economic Supports

Why It Is Important

Many families need economic support to meet their basic needs during periods of reduced income, illness, or unemployment. Some families are falling into the income eligibility gap for support services. To be eligible for federal and state supports, a family has to be extremely low-income. Those who earn slightly more are not eligible for support, yet often have difficulty meeting their basic needs. There is still a need, therefore, for supplemental services like food banks and clothing for those families.

What the Community Is Doing

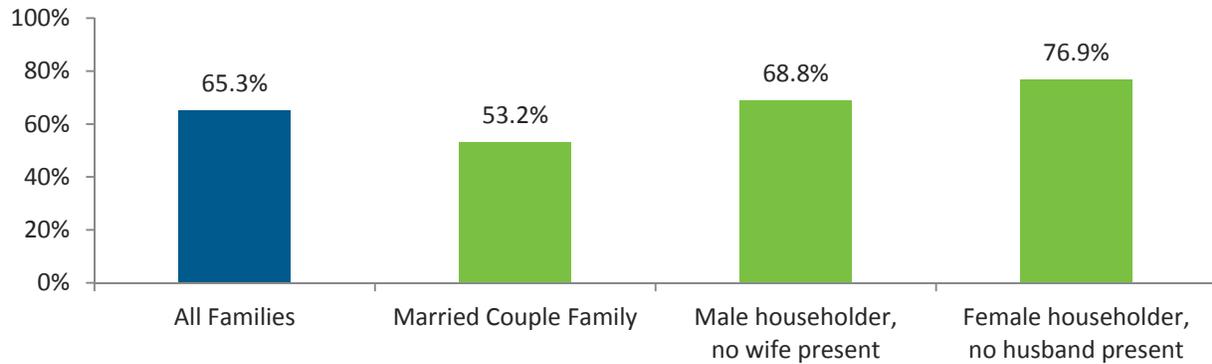
- *The Low Income Home Energy Income Assistance Program (LIHEAP)* provides funds through the San Carlos Apache Tribe to assist low-income households in meeting their immediate energy needs.

What the Data Tell Us

The U.S. Census estimated that 65% of children under the age of 18 on the San Carlos Apache Indian Reservation were living in families who received at least one form of social support, according to the 2006-2010 U.S. Census estimates. The percentage was lower among children in married couple families and higher among children in households with a single mother. These rates are reflective of the incomes associated with the different family types.



Children Under 18 Living in Households Receiving Social Support, San Carlos Apache Indian Reservation, 2006-2010



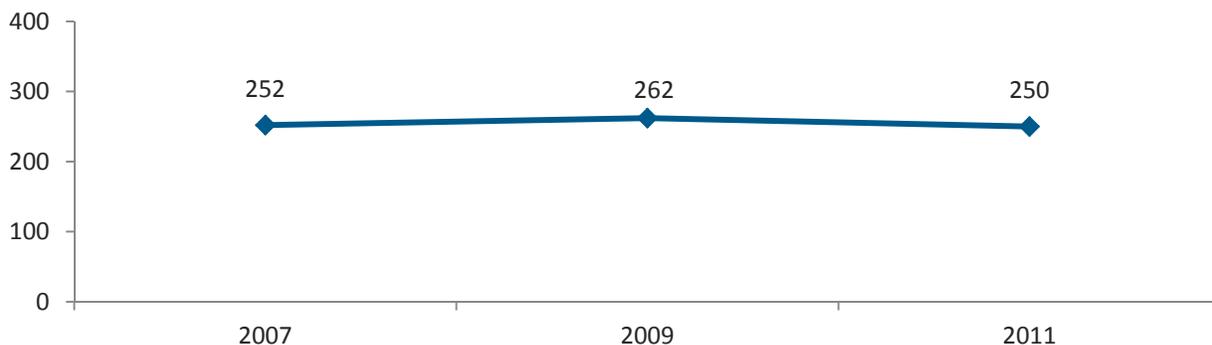
Source: U.S. Census Bureau. (2011). Table B19010- Receipt of Supplemental Security Income, Cash Public Assistance, or Food Stamps/SNAP in the Past 12 Months. *American Community Survey 2006-2010 5-Year Estimates*. Retrieved 2011 from <http://factfinder2.Census.gov>.

Note: Caution should be used when interpreting these data due to the small population size on the San Carlos Apache Indian Reservation.

The Temporary Assistance for Needy Families (TANF) program provides some temporary cash assistance for struggling families with children, while the parent/parents are trying to return to work.¹³ The federal TANF law allows states to offer a maximum of 60 months of assistance within one's lifetime. In 2012, Arizona reduced its TANF cash assistance time limit to 24 months, one of the shortest in the nation.

Similar to previous years, there were 250 families with children ages birth through 5 receiving TANF benefits in the First Things First San Carlos Apache Region in 2011.

Families with Children Ages Birth through 5 Receiving Temporary Assistance for Needy Families (TANF) Recipients, First Things First San Carlos Apache Region



Source: Arizona Department of Economic Security. (2011). DES Multidata Database. (Unpublished Data). Received 2012 from First Things First.

Note: Data from January of each year.

Note: Data includes families with children ages birth through 5 in zip codes: 85530, 85542, and 85550.

¹³ U.S. Department of Health and Human Services. (2008, November 20). About TANF. Retrieved 2012 from <http://www.acf.hhs.gov/programs/ofa/tanf/about.html>



Food Insecurity

Why It Is Important

Households are classified as food insecure with hunger if one or more household members went hungry at least once during the year because the household could not afford enough food to eat. Approximately 16 million children lived in households without enough food in the US in 2010. Arizona was among the top 5 states with the highest rate of food insecure children.¹⁴

The lack of nutritious food is harmful to any individual, but food insecurity is particularly devastating to children and can have long-term consequences. Chronic under-nutrition, food insecurity, unhealthy foods, and hunger can lead to poorer physical and mental health, difficulty learning, lower test scores, increased school absences, tardiness, and suspensions.¹⁵ This makes children more likely to suffer from poverty when they become adults.

For families who earn above 185% of the poverty level (where WIC and SNAP end) but are still unable to afford food, charitable services and programs become their safety net.¹⁶

What the Community Is Doing

- ***The People's Garden*** provides four garden plots in San Carlos and one in Bylas. The program offers education and community outreach on sustainable gardening as part of working the plots.
- ***San Carlos Apache Tribe, Social Services Department***, with funding by the First Things First San Carlos Apache Regional Partnership Council, supplies nutritious food to families in need by providing food boxes.

What the Data Tell Us

The Supplemental Nutrition Assistance Program (SNAP), previously called Food Stamps, provides benefits to individuals struggling to obtain food for their families. The program focuses on providing nutritional assistance that can be used on any foods that can be eaten in the home. In 2009, 48% of all SNAP participants were children in the US. The average SNAP (food stamp) benefit is \$29/week for a qualifying individual.¹⁷

Over 1,200 children were receiving SNAP benefits in January 2011 in the First Things First San Carlos Apache Region.

¹⁴ Feeding America. (2012). Child Hunger Facts. Retrieved 2012 from <http://www.feedingamerica.org>.

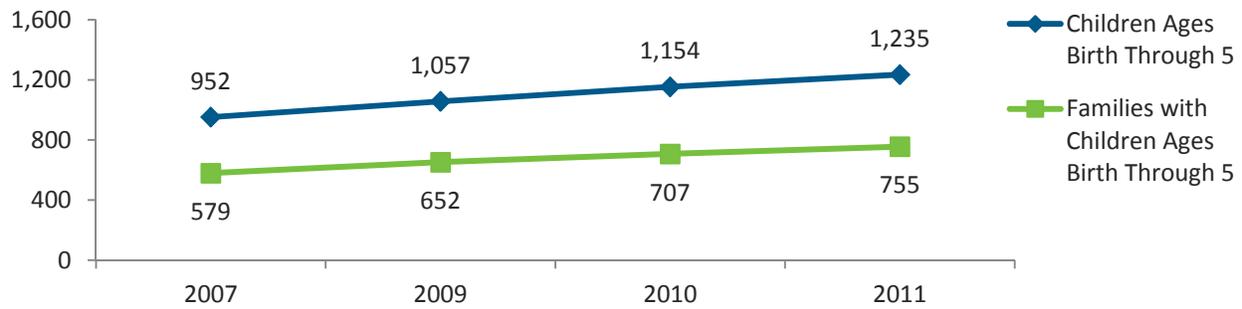
¹⁵ Center on Hunger and Poverty, Heller School for Social Policy and Management. (2002, June). The Consequences of Hunger and Food Insecurity for Children, Evidence from Recent Scientific Studies. Massachusetts: Brandeis University.

¹⁶ Gundersen, C., E. Waxman, E. Engelhard and J. Brown. (2011). Map the Meal Gap: Child Food Insecurity. *Feeding America*.

¹⁷ Gundersen, C., E. Waxman, E. Engelhard and J. Brown. (2011). Map the Meal Gap: Child Food Insecurity. *Feeding America*.



Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Recipients, First Things First San Carlos Apache Region



Source: Arizona Department of Economic Security. (2011). Supplemental Nutrition Assistance Program (SNAP) Recipients. (Unpublished Data). Received 2011 from First Things First.

Note: Data from zip codes: 85530, 85542 and 85550.

Note: Data presented are from January of each year.

The National School Lunch Program qualifies low-income children living in families between 130% and 185% of the Federal Poverty Level for reduced-cost meals and those at or below 130% of the poverty level for free meals.¹⁸

Eighty-eight percent of children in the San Carlos Unified School District were eligible for free or reduced price meals in 2011. This was similar to students in the Ft. Thomas Unified School District (81%) but much higher than the percentage of eligible students in both Miami (63%) and Globe Unified School Districts (58%).

Children Eligible for Free and Reduced Price Meals, First Things First San Carlos Apache Unified School Districts

SCHOOL DISTRICT	MARCH 2008	MARCH 2009	MARCH 2010	MARCH 2011
San Carlos Unified School District	84.0%	87.7%	87.7%	87.7%
Ft. Thomas Unified District	93.6%	81.4%	81.4%	81.4%
Globe Unified School District	50.0%	54.9%	57.3%	57.8%
Miami Unified School District	55.2%	58.5%	64.7%	63.4%

Source: Arizona Department of Education. (2011). National School Lunch Program and School Breakfast Program. Retrieved 2012 from <http://www.ade.az.gov/health-safety/cnp/nslp/>.

¹⁸United States Department of Agriculture, Food and Nutrition Service. (2009, August). National School Lunch Fact Sheets. Retrieved June 22, 2010 from <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf>



THE EARLY CHILDHOOD SYSTEM

EARLY CARE AND EDUCATION

Over forty years of research has shown that children begin learning at birth and they need quality learning environments that support optimal growth and development.¹⁹ For example, children exposed to high quality early childhood education are less likely to need special education or be held back a grade. They score higher on school-readiness tests and are more likely to advance to college and successful careers.²⁰

Parents need options for their children to be cared for in quality early care and educational settings. Quality early care and education settings include: safe, healthy environments; highly educated teachers; classrooms and materials that stimulate children at different stages of learning; low staff turnover rates, and small child to staff ratios so that kids get the attention and support they need. All of these can contribute to a child's development and have long term effects that extend into adolescence and adulthood.²¹

SELECTED INDICATORS

Early Child Care and Development

- Child Care Access and Enrollment
- Cost of Child Care
- Child Care Providers
- Parent Knowledge of Child Development

Special Needs

- Children with Disabilities: Identification & Services

Education

- School Enrollment
- School Readiness
- 3rd Grade Test Scores
- Graduation Rate
- Educational Attainment
- Family Literacy

¹⁹ Enterprise Community Partners, Inc. (2006). The Importance of Early Care and Education. Retrieved 2010 from <http://www.practitionerresources.org/cache/documents/639/63935.doc/>

²⁰ First Things First.(2010).Quality Early Learning. 2010 Annual Report. Retrieved 2012 from http://www.aztf.gov/WhoWeAre/Board/Documents/FTF_Annual_Report_FY2010_web.pdf.

²¹ Ibid.



Early Child Care and Development

Child Care Access and Enrollment

Why It Is Important

Quality child care helps children develop social and cognitive skills in preparation for school and life success.²² Child care, and in particular, subsidized care for low-income families, also provides critical support for working families. Child care choices include center-based facilities, family and child care homes, and informal care by family (kin) and friends (kith).

Family, friend, and neighborhood child care programs (kith and kin) are a likely option for parents who cannot afford licensed child care centers. In Arizona, as many as 50% of children, age birth through 5, are being cared for by relatives or neighbors in kith and kin settings. Family, Friend, and Neighbor programs are used to provide these relatives and neighbors with access to information and training on child development, health, and safety issues.²³

Quality First was started by First Things First in 2009 to increase the availability of quality early care and education in child care centers and homes. It is a voluntary quality improvement and rating system for programs serving children age birth through 5. This system helps providers to: develop lessons focused on early literacy; support teachers in becoming better trained to work with infants, toddlers, and preschoolers; and purchase age-appropriate learning materials. Approximately 36,000 Arizona children had access to a higher standard of child care through Quality First in 2010. The ratings of nearly 1,000 providers will be publicly advertised to parents across the state in 2013.²⁴

The Child Care Resource and Referral Network (CCR&R) helps parents to find quality early care programs in their community. CCR&R maintains a list of child care providers who are licensed by the Department of Health Services, certified by the Department of Economic Security, or registered with the CCR&R. There are providers that are registered with the CCR&R that are not licensed or certified but do meet the minimum requirements of passing a Child Protective Services background check and receiving CPR and First Aid training. CCR&R helps to match children to programs that fit their needs based on age, personality, special needs, and location. Parents are also provided with a checklist to use when visiting potential child care providers.

²² National Institute of Child Health and Human Development. (n.d.). Link Between Child Care and Academic Achievement and Behavior Persists Into Adolescence. Retrieved 2010 from <http://www.nichd.nih.gov/>

²³ First Things First. (2010). Annual Report. Retrieved 2012 from http://www.azftf.gov/WhoWeAre/Board/Documents/FTF_Annual_Report_2011.pdf

²⁴ First Things First. (2011). Annual Report. Retrieved 2012 from http://www.azftf.gov/WhoWeAre/Board/Documents/FTF_Annual_Report_FY2010_web.pdf



What the Community Is Doing

- *The Family, Friends and Neighbors* program, funded by the First Things First San Carlos Apache Regional Partnership Council, provides support, outreach, and training for family members, friends, and neighbors caring for children birth through 5.

What the Community Is Saying

- Early literacy is a primary need in the community, according to a San Carlos Apache Tribe Education Department representative. The representative reported that while Head Start and preschool programs address this need, they don't have a lot of spaces:
 - Although Head Start now has four program locations, they had to cut back the number of spaces offered in all locations due to funding constraints.
 - The San Carlos Apache Tribe Education Department opened another child care center in Bylas. However, due to a decrease in funding, they had to lower the number of children to 15 per class given the number of child care providers they could pay.

What the Data Tell Us

There are limited options for parents seeking child care on the San Carlos Apache Indian Reservation. The primary sources of early childhood education and care are San Carlos Head Start and Apache Kid Childcare. In 2011, the two programs were offering services to 315 children on the San Carlos Apache Indian Reservation.

There seem to be a few child care homes in the area. The Department of Economic Security (DES) reports that child care subsidies have been distributed to providers in the First Things First San Carlos Apache Region, however, 0 child care homes were listed with DES and Child Care Resource and Referral (CCR&R).

Head Start offers services in Seven Mile Wash, Gilson Wash, Peridot and Bylas. Apache Kid Childcare also provides early childhood care and educational services in Bylas and San Carlos.

Child Care Enrollment, First Things First San Carlos Apache Region

	2012
San Carlos Head Start/Early Head Start	233
Apache Kid Childcare	82

Source: Head Start. (2012). Personal Correspondence with Representative. Received 2012 from Head Start.
Apache Kid Childcare. (2012). Personal Correspondence with Representative. Received 2012 from Apache Kid Childcare.



Cost of Child Care

Why It Is Important

Child care can be very costly for families. The cost of child care has grown twice as fast as the median income of families with children in the United States since 2000²⁵. However, many families are benefiting from local child care programs and subsidies that significantly lessen these costs. For those who qualify, Head Start child care is provided at no cost to parents. Low-income parents who are working, in job training, or in school can receive child care subsidies through the Federal Child Care and Development Fund (CCDF). The statutory limit for eligibility for child care assistance is 85% of the state median income. In Arizona, the Department of Economic Security (DES) administers CCDF subsidies.

In addition to CCDF subsidies, Arizona was the first in the nation to launch a statewide scholarship program through its First Things First emergency Child Care Scholarships. Implemented in April 2009, it allocated \$23 million, totaling more than 11,600 children who could benefit from the program.

What the Data Tell Us

The cost of child care through San Carlos Head Start and Apache Kid Childcare is very low. Head Start is provided at no cost to most parents on the reservation and Apache Kid Childcare reported the average weekly cost was between \$5 and \$17, depending on income and family size.

The First Things First San Carlos Apache Regional Council funds 4 Quality First child care slots, helping to increase children's access to quality child care.

In January of 2011, 44 children were receiving Department of Economic Security (DES) child care subsidies in the First Things First San Carlos Apache Region.

²⁵ McSweeney, T. (January 29, 2010). Helping Middle Class Families with Soaring Child Care Costs. In the White House. Retrieved July 1, 2010 from www.thewhitehouse.gov/blog/2010/01/29/helping-middle-class-families-with-soaring-child-care-costs.



Families Eligible and Receiving Department of Economic Security (DES) Child Care Subsidies

	JANUARY 2009	JANUARY 2010	JANUARY 2011
Families			
Number of Families Eligible for Subsidies	42	32	27
Number of Families Receiving Subsidies	35	23	23
Percent of Eligible Families Receiving Subsidies: San Carlos Apache	83.3%	71.9%	85.2%
Percent of Eligible Families Receiving Subsidies: Arizona	81.3%	82.2%	81.1%
Children			
Number of Children Eligible for Subsidies	76	65	48
Number of Children Receiving Subsidies	61	38	44
Percent of Eligible Children Receiving Subsidies: San Carlos Apache	80.3%	58.5%	91.7%
Percent of Eligible Children Receiving Subsidies: Arizona	76.4%	77.0%	81.8%

Source: Arizona Department of Economic Security. (2012). DES Multidata Database. (Unpublished Data). Received 2012 from First Things First.
Note: Data shown for zip codes: 85530, 85542, and 85550.

Child Care Providers

Why It Is Important

The preparation and ongoing professional development of early child care professionals is closely linked to increased student learning and development.²⁶ According to the National Association of Early Childhood Teacher Educators, teachers who have good preparation in early childhood education can apply their knowledge of child development, use appropriate teaching strategies, meet the social/emotional demands of young children, understand children's thinking, know how to build student learning over time, and understand language and literacy developments.

It is often too costly for those who want to seek further education in the area of child development to obtain advanced degrees. To address this barrier, First Things First offers Teacher Education And Compensation Helps (TEACH) scholarships to help child care center teachers, directors and providers to obtain their Early Childhood Associate's Degree or Child Development Associate (CDA) certificate by providing recipients with support for tuition, books, travel, and paid release time. Professional REWARDS was designed to incentivize professional development, continued education, and help retain qualified teachers to care for and educate young children. It was launched in 2010 to offer financial incentives (from \$300 to \$2000) to early care and education professionals for education and commitment to continuous employment for at least a year.

²⁶ Bowman, B. T., Donovan, M. S., & Burns, M. S. (2000). Eager to learn: Educating our preschoolers. Washington DC: National Academy Press.



What the Community Is Doing

- *The First Things First San Carlos Apache Regional Partnership Council* funded 8 TEACH Scholarships in 2012. The Regional Council also provided funds to retain childcare professionals through the Professional REWARD\$ program.
- *San Carlos Career and Technical Education* have submitted a proposal to develop an Early Childhood Education (ECE) program of study at San Carlos High School.

What the Community Is Saying

- In 2012 Head Start teachers qualified for their position if they had an Associate degree in Early Childhood Education—but the program’s goal is that all teachers will have a Bachelor’s degree in Early Childhood Education by 2014, according to a San Carlos Apache Tribe Education Department representative. Arizona State University has a co-op program into which new Head Start hires will be enrolled.

What the Data Tell Us

For those interested in pursuing an education in early childhood education, there are a limited number of local programs. Eastern Arizona College offers courses in Thatcher and Gila Community College offer courses in Globe, and San Carlos. For those living in other areas or who are interested in higher levels of education, a number of colleges offer online degree and certificate programs.



Early Childhood Education (ECE) Professional Development Programs

COLLEGE OR INSTITUTION	DEGREE	DEGREE NAME	LOCATION
Arizona State University	M.Ed.	Curriculum and Instruction – Concentration in Early Childhood Education	Online
Arizona Western College	Certificate	Early Childhood Education	Online
	Occupational Degree	Early Childhood Education	Online
	A.A.	Elementary Education: Early Childhood Emphasis	Online
Gila Community College	Certificate	Early Childhood Education	Globe; San Carlos; Online
	AAS	Early Childhood Education	Globe; San Carlos; Online
Eastern Arizona College Childcare Education Institute	Certificate	Early Childhood Education	Thatcher, Arizona
	AAS	Early Childhood Education	Thatcher, Arizona
	BAS	Early Childhood Education	Thatcher, Arizona
Grand Canyon University	C.D.A. Certificate	Child Development Associate	Online
	B.S.	Elementary Education: Early Childhood Education	Online
Northern Arizona University	M.A.	Elementary Education	Online
	B.A.S.	Early Childhood Education	Online
	M.Ed.	Special Education: Early Childhood	Online
Prescott College	M.Ed.	Early Childhood Education	Online
	B.A.	Early Childhood Education	Online
Rio Salado College	B.A.	Early Childhood Special Education	Online
	Certificate	Early Childhood Education	Online
	A.A.S.	Early Childhood Education	Online
	A.A.S.	Early Learning and Development	Online
	A.A.S.	Early Childhood Administration and Management	Online
University of Phoenix	A.T.P.	Early Childhood Teacher Education	Online
	M.Ed.	Early Childhood Education	Online

Source: College or Institution website searches. (2012).

Note: Eastern Arizona College offers courses toward their Certificate and AAS programs through Gila Community College but students are required to take some courses on the main campus.



All of the teachers and assistant Head Start teachers in the region had completed some schooling in Early Childhood Education (ECE) in 2008/09. All of the teaching assistants were enrolled in ECE classes and 10 of the 12 Teachers had completed an Associate's degree in ECE in that year.

Level of Education of Head Start Professionals, 2008/09

TYPE OF ECE PROFESSIONAL	NUMBER	LEVEL OF EDUCATION
Teacher	12	10 AA Early Childhood Education and 2 C.D.A.
Assistant Teacher	12	12 Enrolled in ECE classes
Bus Drivers	6	6 CDL
Cooks	6	Unknown

Source: San Carlos Head Start. (2010). Personal Correspondence with Representative. (Unpublished data). Received 2010 from San Carlos Head Start.

Parent Knowledge of Child Development

Why It Is Important

Parents provide the emotional and physical support that children need to succeed in school and life. Having a basic understanding of child development allows parents to provide the right kind of support at the right time.²⁷ Having such knowledge helps parents know what to expect from their children, understand why their children act the way that they do, and help them identify toys, games, and activities that correspond to their child's current developmental stage. Increased understanding can also help parents to feel less stressed or worried about their child's development and identify developmental delays before they become more acute.

What the Community Is Doing

- *The Arizona Parent Kit* is offered to families statewide, including new parents in hospitals. It includes instructional DVDs, resource guides, helpline information, and a baby book to inform and empower new parents.

What the Community Is Saying

- The San Carlos Apache Tribe Education Department builds parent workshops into their child care and Head Start programs; workshops include tips on how parents can work with their child, according to a department representative.

²⁷The Child Development Institute. (n.d.). Home Page. *Child Development Institute*. Retrieved 2012 from <http://www.childdevelopmentinfo.com>

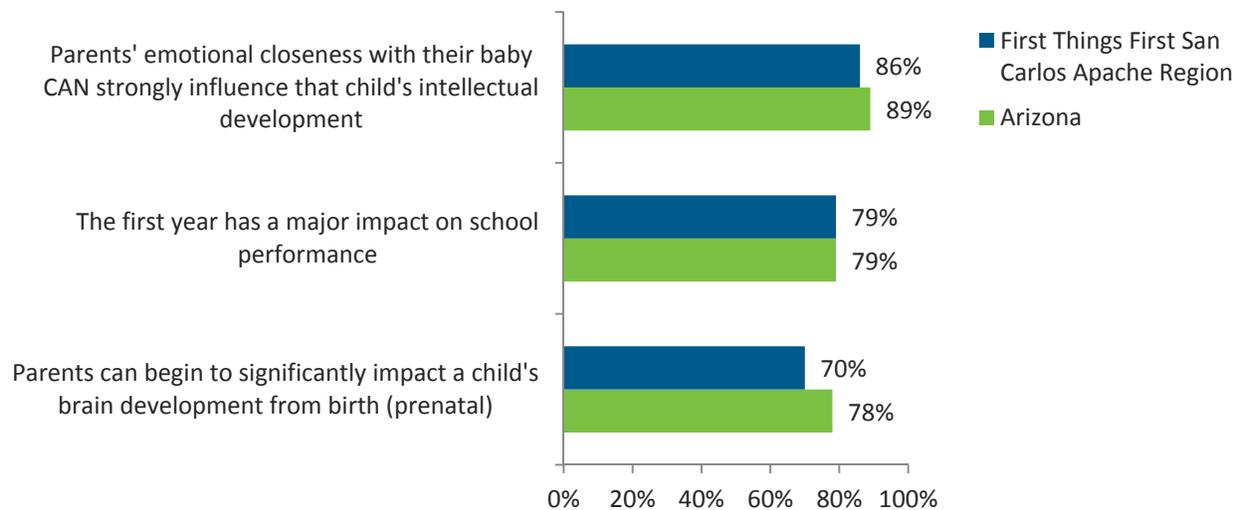


What the Data Tell Us

There is limited data on parent's knowledge of child development in the San Carlos Apache Region. In 2008, a survey of 22 parents was conducted by First Things First to assess parent knowledge. The results of this study are presented below, however, it is important to recognize that only a small number of parents were surveyed (22) and the data may not accurately reflect parent knowledge throughout the region.

In 2008, the majority of First Things First San Carlos Apache Region parent survey respondents understood three major elements of a child's intellectual and brain development: the fact that emotional closeness with a baby can strongly influence the child's intellectual development; that the first year of a baby's life has a major impact on school performance; and parents can significantly impact a child's brain development from birth.

Parents Who Accurately Responded to Questions Regarding Their Child's Cognitive Development, 2008



2008: N=22 for First Things First San Carlos Apache Region; N= 5,193 for Arizona.

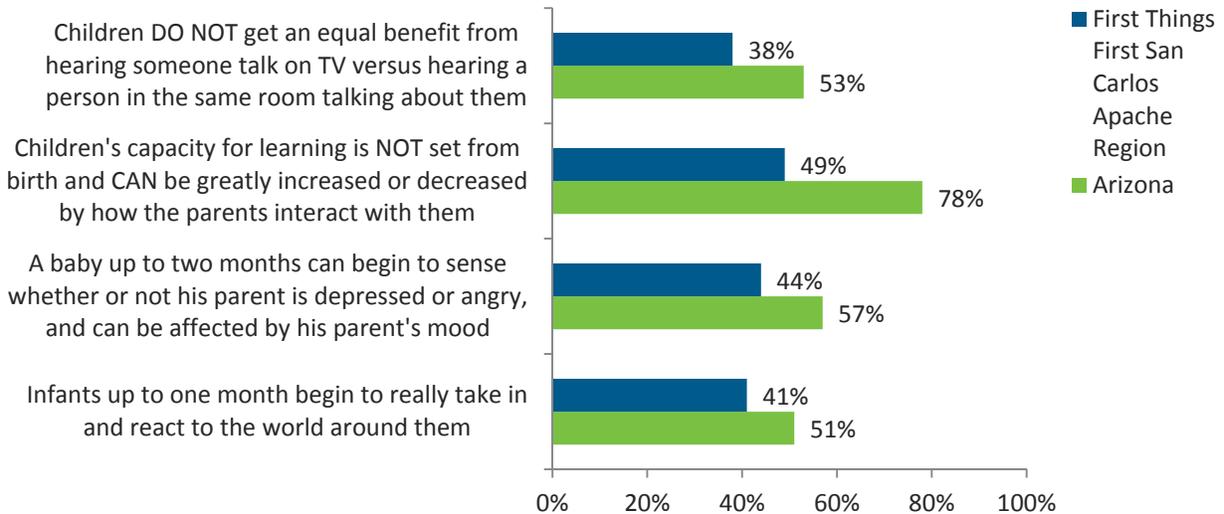
Source: First Things First. (2008). Family and Community Survey. (Unpublished Data). Received 2010 from First Things First.

Note: Caution should be used when interpreting these data due to the small sample size.



The majority of local parent respondents did not correctly evaluate four other statements about child development in 2008. For example, 59% of parent survey respondents in the First Things First San Carlos Apache Region did not know that an infant under the age of 1 month has already begun to take in and react to the world around them.

Parents Who Accurately Responded to Questions Regarding Their Child's Cognitive Development, 2008



2008: N=22 for First Things First San Carlos Apache Region; N= 5,193 for Arizona.

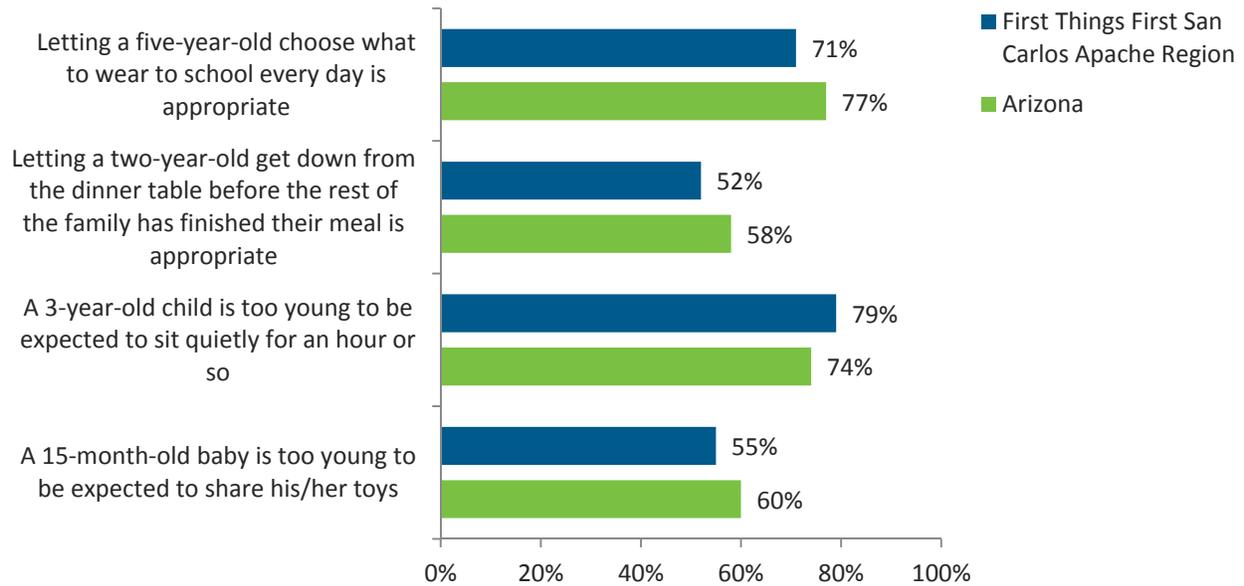
Source: First Things First. (2008). Family and Community Survey. (Unpublished Data). Received 2010 from First Things First.

Note: Caution should be used when interpreting these data due to the small sample size.



Over half or more of local parent survey respondents correctly evaluated four elements of a child’s social and emotional development: that a 3-year old is too young to sit quietly for an hour, that it’s okay to let a 5-year old pick his/her clothes for school every day, that a 15-month old is too young to be expected to share toys, and that it’s okay to let a 2-year old get down from the dinner table while the rest of the family finishes the meal.

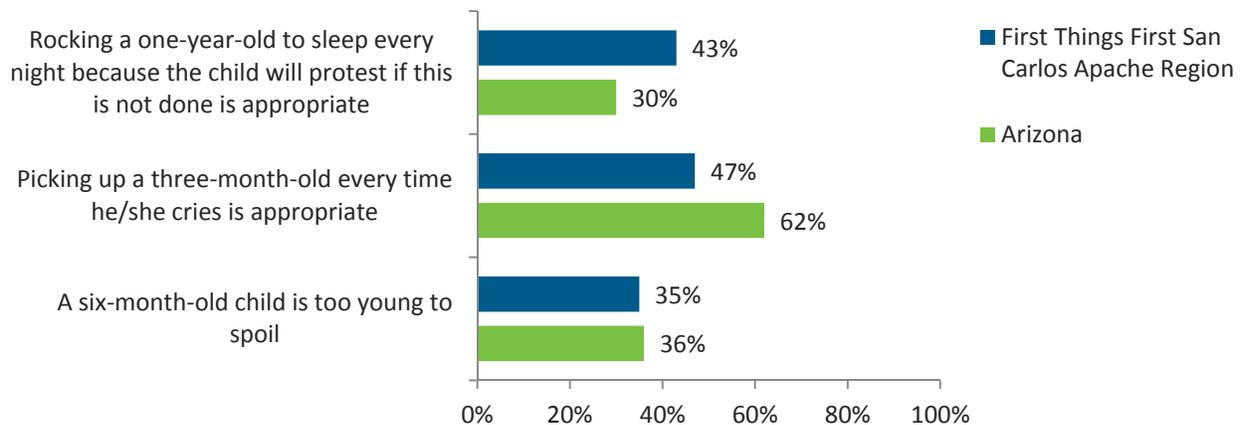
Parents Who Accurately Responded to Questions Regarding Their Child’s Social and Emotional Development, 2008



2008: N=22 for First Things First San Carlos Apache; N= 5,193 for Arizona.
 Source: First Things First. (2008). Family and Community Survey. (Unpublished Data). Received 2010 from First Things First.

The majority of local parent survey respondents did not correctly evaluate three other statements about a child’s social and emotional development. For example, just 35% of parents in the First Things First San Carlos Apache Region correctly believed that a six-month-old child is too young to spoil.

Parents Who Accurately Responded to Questions Regarding Their Child’s Social and Emotional Development, 2008



2008: N=22 for First Things First San Carlos Apache; N= 5,193 for Arizona.
 Source: First Things First. (2008). Family and Community Survey. (Unpublished Data). Received 2010 from First Things First.



Special Needs

Children with Disabilities: Identification & Services

Why It Is Important

Early identification of children with special needs helps ensure these children get the support and opportunities they need to achieve success in school and in the community.²⁸ Developmental screenings including oral, vision, cognitive, and hearing are an important practice to ensure children's optimal growth, setting them up for success by identifying early on when services are needed.

The Comprehensive System of Personnel Development Unit supports all Arizona districts and charter schools with teacher recruitment, retention, and professional development for improving the knowledge, skills, and services of staff to improve outcomes for students with disabilities.

The Arizona State Performance Plan is dedicated to improving achievement for students with disabilities and assisting schools in complying with indicators like preschool placements and outcomes.

The Parent Information Network Specialists serve every county in Arizona to provide essential information to parents to be active participants in all areas of their child's special education (free resources, trainings, workshops, and consultations).

State budget cuts have led to dramatic reductions or complete eliminations in behavioral health services (also known as mental health services). Over 4,600 children in Arizona have lost behavioral health services completely. Four thousand children served by Children's Rehabilitation Services program lost medical services and therapies in 2009 that may result in long-term health impairment.

What the Community Is Doing

- *The San Carlos Apache Tribe*, with funding by the First Things First San Carlos Apache Regional Partnership Council provides developmental, vision, and/or hearing screenings.

What the Community is Saying

- Children with special needs are transported to the district preschool, according to a San Carlos Apache Tribe Education Department representative. The preschool provides services for at least four hours a day and the children see the physical therapist there.

²⁸ Steele, M.M. (2004). Making the Case for Early Identification and Intervention for Young Children at Risk for Learning Disabilities. *Early Childhood Education Journal*, Vol. 32, 2, 75-79.



What the Data Tell Us

The San Carlos Head Start staff reported that about 10% of their students were identified as having a special need each year for the past several years.

There were 54 preschoolers identified with special needs in the San Carlos Unified School District and Globe Unified School District in the 2011/2012 school year.

Education

Children's success in school is improved by a combination of promoting physical and mental health, increasing literacy, and enhancing social and emotional skills. Typically, children who do well in school have early literacy skills and higher social and emotional skills at entry to kindergarten. However, Arizona students scored below the national average on every subject at every grade level tested, according to the National Assessment of Educational Progress (NAEP).²⁹

School Enrollment

Why It Is Important

School enrollment data are used to determine school funding and to plan for services and programs for students.

What the Community Is Saying

- In addition to local public schools, San Carlos Apache Children are attending boarding schools in California, Oklahoma, and Oregon.
- The San Carlos Unified School District contains a "failing school" and some parents have transferred their children to Globe public schools or charter schools when Globe was not accepting more students due to lack of capacity, according to a San Carlos Apache Tribe Education Department representative.

What the Data Tell Us

There were 27 students enrolled in preschool and 167 kindergarteners enrolled in the San Carlos Unified School District in 2010/11. There were also 48 kindergarteners enrolled in Fort Thomas Unified School District in 2010/11.

²⁹ Arizona Directions. (2012). Arizona Indicators. Retrieved 2012 from Arizonaindicators.org



Preschool and Kindergarten Enrollment

	2006/07	2007/08	2008/09	2009/10	2010/11
Preschool Enrollment					
San Carlos Unified School District	23	31	27	24	27
Kindergarten Enrollment					
San Carlos Unified School District	99	123	110	145	167
Fort Thomas Unified School District	39	35	38	45	48

Source: Arizona Department of Education. (2012). School Enrollment by District, School, Grade. Retrieved 2012 from www.azed.gov/research-evaluation/AZEnroll/

School Readiness

Why It Is Important

Children who have early learning skills as they enter kindergarten do better in school, are more likely to graduate with a high school diploma, are more successful in their careers, and are less likely to be involved in crime and drugs.³⁰ A recent study in high needs schools revealed that of children who were ready for kindergarten, 62% of them performed well on standardized tests at 3rd grade. Of children who weren't ready for kindergarten, only 6% of them performed well on standardized tests at 3rd grade. Typically, children will not make up the learning gap that they started off with when they entered kindergarten.³¹

In Arizona, children's literacy and reading skills in kindergarten are often assessed using the AIMSweb Test of Early Literacy. The assessment focuses on letter naming, letter sound, phoneme segmentation, and nonsense word fluency. While the AIMSweb only focuses on one aspect of kindergarten readiness, the results provide some picture of how well children are prepared when beginning school.

³⁰ Rolnick, A., & Grunewald, R. (2003). Early Childhood Development: Economic Development with a High Public Return. *Big Ideas for Children*. First Focus, Washington, DC.

³¹ Applied Survey Research. (2008). Does readiness matter: How kindergarten readiness translates into academic success. San Jose, California: Applied Survey Research.



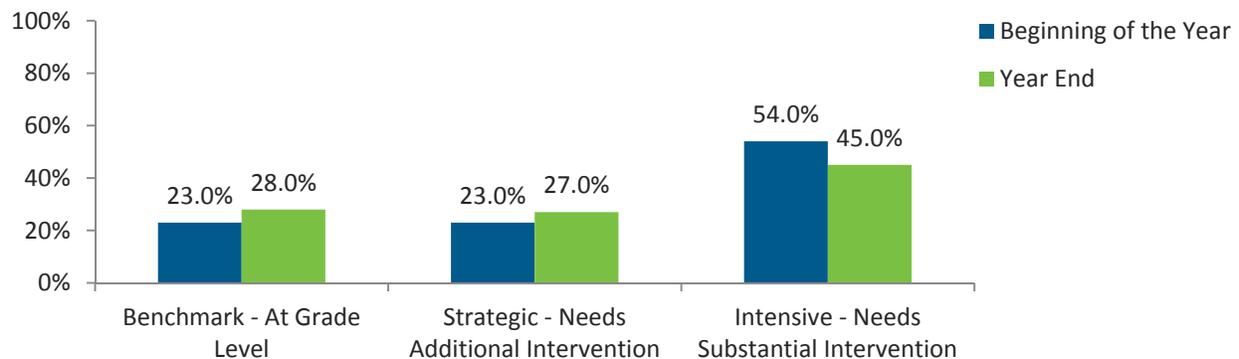
What the Community Is Saying

- Young parents don't necessarily know to start teaching their children at home, so some children are behind when they start kindergarten, according to a San Carlos Apache Tribe Education Department representative.

What the Data Tell Us

At the beginning of the 2011/2012 school year, 23% of kindergarten students in the San Carlos Unified School District were at grade level, but 23% needed additional intervention, and 54% needed substantial intervention. By the end of the year, a higher percentage of kindergarteners (28%) were at grade level, but 27% of students still needed additional intervention and 45% needed substantial intervention.

Kindergarten AIMSweb Scores, San Carlos Unified School District, 2011/2012



Source: San Carlos Unified School District. (2012). Correspondence with District Representative. Received 2012 from San Carlos Unified School District.

3rd Grade Test Scores

Why It Is Important

One of the most powerful indicators of later academic success is a child's reading level at the end of third grade. In third grade it is expected that children will show evidence of reading comprehension and be able to read unfamiliar words through various strategies. Reading proficiency at this point prepares the student for fourth grade, where the focus of reading instruction changes from "learning to read" to "reading to learn."³² The Arizona Instrument to Measure Standards (AIMS) is the tool used to measure third grade academic proficiency in Arizona.

³² Annie E. Casey Foundation. (2010). Early Warning! Why Reading by the End of Third Grade Matters. Retrieved June 23, 2010 from <http://datacenter.kidscount.org/>.



What the Community Is Saying

- Children’s reading skills are low, as are their math skills—but the math may be related to reading issues, according to a San Carlos Apache Tribe Education Department representative.

What the Data Tell Us

Since 2008, the San Carlos Unified School District has seen decreasing numbers of students meeting or exceeding AIMS 3rd grade standards in reading and math. For example, 35% of 3rd grade students in the local school district met or exceeded the AIMS reading standards in 2008, declining to 20% in 2011. There were larger drops in math from 41% in 2008 to 7% in 2011, but caution should be used due to a low number of students. In comparison, the Fort Thomas Unified School District has seen an increase in the number of students meeting or exceeding AIMS 3rd grade standards in reading and math. For example, 19% of 3rd grade students met or exceeded the AIM reading standards in 2008, increasing to 38% in 2011.

3rd Grade Students Meeting or Exceeding the AIMS Standards

SCHOOL	2008	2009	2010	2011
Reading				
Fort Thomas Unified School District	19%	54%	43%	38%
San Carlos Unified School District	35%	28%	NA	20%
Arizona	65%	72%	73%	76%
Math				
Fort Thomas Unified School District	22%	46%	39%	43%
San Carlos Unified School District	41%	28%	NA	7%
Arizona	71%	73%	65%	68%

Source: Arizona Department of Education. (2012). AIMS Data. (Unpublished data). Received 2011 from First Things First.

Note: Due to missing data, comparisons with the state are limited. Those comparisons showed San Carlos Unified to be far behind the number of students meeting or exceeding standards in Arizona.



Graduation Rate

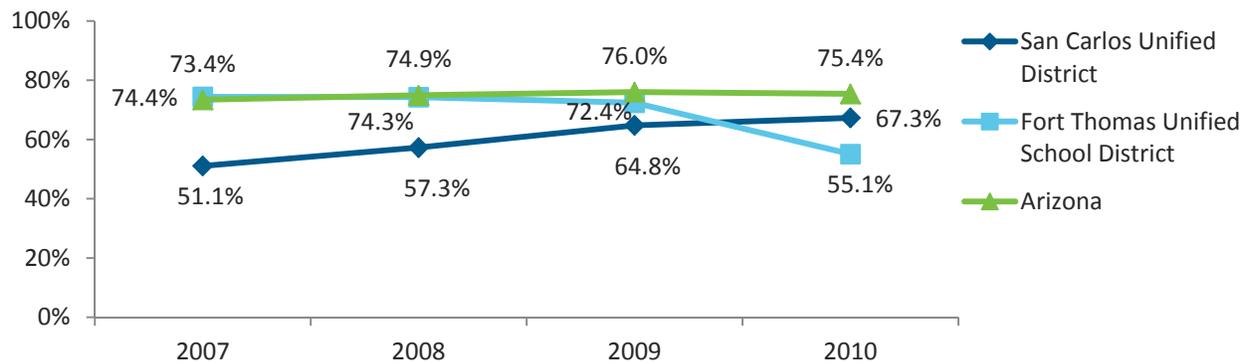
Why It Is Important

High school graduation is an important indicator of future economic and personal success. Youth who leave high school prior to graduation are more likely to experience lower earnings and unemployment.³³ Dropping out of high school may be a result of several risk factors including child abuse, substance abuse, unaddressed learning disabilities, mental health problems, pregnancy, homelessness, and poverty.³⁴ There are differences in graduation rates by ethnicity in Arizona which may be due to language and cultural barriers, as well as higher poverty rates. It is important to identify the contributing factors to these low graduation rates to ensure greater success for all children.³⁵

What the Data Tell Us

The percentage of students graduating from San Carlos Unified School District increased from 2007 to 2009. Although this number has steadily increased, only two-thirds of students graduated in 2010. In the Fort Thomas Unified School District, the percent of graduates had remained consistent ranging from 72%-74% between 2007 and 2009, however in 2010 the percentage decreased to 55%.

4 Year Graduation Rate



Source: Arizona Department of Education. (2011). Research Evaluation Section. Retrieved 2012 from <https://www.ade.state.az.us/researchpolicy/grad/>.

Note: 2009 State data is unavailable at this time.

³³ United States Department of Education. (n.d.). Promoting Educational Excellence for all Americans. *Questions and Answers on No Child Left Behind*. Retrieved 2012 from <http://www.ed.gov/>

³⁴ U. S. Department of Health and Human Services. (2000). Trends in the Well-being of America's Youth. Retrieved 2012 from <http://www.aspe.hhs.gov/hsp/00trends/EA1.pdf>

³⁵ Arizona Directions. (2012). Arizona Indicators. Retrieved 2012 from Arizonaindicators.org.



Educational Attainment

Why It Is Important

Educational attainment is an important indicator of future economic success because those with at least a high school diploma have better employment opportunities. Limited education and employment can also impact other quality of life areas including access to health care and life expectancy. Low educational attainment is often associated with lower income or poverty, less access to quality child care, and poorer health.

What the Community Is Doing

- ***The San Carlos Apache Tribe Education Department:***
 - Offers ***free GED educational assistance*** and financial incentives to tribal members of the San Carlos Apache Tribe from the San Carlos and Bylas communities. Applicants need to be at least 16 years old.
 - Has a ***Higher Education program that provides grants*** to students who are enrolled members of the San Carlos Apache Tribe, who are enrolled in or have been accepted to an accredited college or university, and who have established financial need.
 - Offers a ***Pathways to College program that helps high school*** students prepare for college. According to a department representative, the program has four counselors who help students fill out their paperwork and seek scholarships.

What the Community Is Saying

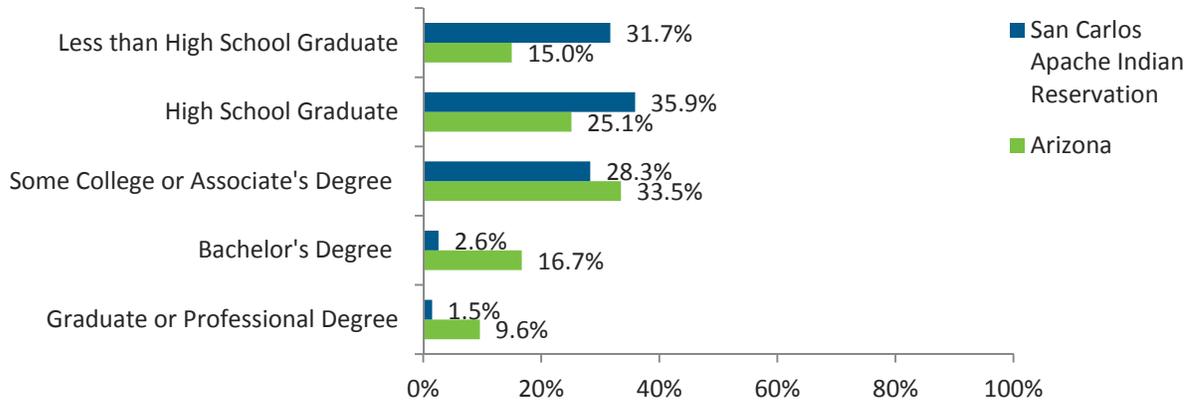
- According to a representative from the San Carlos Apache Tribe Education Department:
 - The department's GED tutoring program is currently (2012) run by their accountant, but the department hopes to hire someone with a teaching background.
 - The department's program offers grants to help fund 2-year college degrees. The program received more than 400 applications in 2011, more people than it had the capacity to serve.

What the Data Tell Us

According to U.S. Census estimates, 32% of San Carlos Apache Indian Reservation residents over the age of 25 had not completed high school or received a GED. The percentage of residents who had pursued some college or an Associate's degree was similar to the state, 28% compared to 34%, however the number having completed a Bachelor's degree or higher (4%) was much lower than the state overall (26%).



Educational Attainment, 2006-2010 5-Year Estimates



Source: U.S. Census Bureau. (2010). Table S501- Educational Attainment. American Communities Survey 2006-2010 5-Year Estimates. Retrieved 2012 from <http://factfinder2.Census.gov/>.

Research suggests that a mother’s education relates to her child’s health,³⁶ school readiness,³⁷ and school achievement.³⁸ Mothers who have attained higher levels of education tend to have healthier children who are more ready for school, and who do better in school. On the San Carlos Apache Indian Reservation, 38% of mothers had not obtained a high school diploma or completed their GED, 47% were high school graduates, and 14% obtained an Associate’s degree or attended at least some college in 2009.

Educational Attainment of Mothers Who Gave Birth, San Carlos Apache Indian Reservation

EDUCATIONAL ATTAINMENT LEVEL	2005	2006	2007	2008	2009
Less than High School Graduate	41.3%	43.5%	39.0%	43.1%	38.2%
High School Graduate	39.8%	38.3%	43.3%	38.2%	47.2%
Some College, Associate’s Degree or Bachelor’s Degree	18.5%	16.8%	17.7%	18.0%	13.9%
Graduate or Professional Degree	0.4%	0.5%	0.0%	0.4%	0.7%
Total Number of Births	254	214	231	283	288

Source: Arizona Department of Health Services. (2012). Health Status and Vital Statistics. *Health Status Profile of American Indians*. Retrieved 2012 from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Note: Percentage of all births based on small N’s, interpret results with caution.

³⁶ Basu, A. M., & Stephenson, R. (2005). Low levels of maternal education and the proximate determinants of childhood mortality: A little learning is not a dangerous thing. *Social Science & Medicine*, 60(9), 2011-2023.

³⁷ Augustine, J.M., Cavanagh, S. E., & Crosnoe, R. (2009). Maternal education, early child care and the reproduction of advantage. *Social Forces*, 88(1), 1-29.

³⁸ Boxer, P., Dubow, E.F., Huesmann, L.R. (2009). Long-term effects of parents’ education on children’s educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *Merill Palmer Q (Wayne State University Press)*, 55(3).



Family Literacy

Why It Is Important

One important component of parenting knowledge is understanding the importance of reading to and with children from an early age. When families read to their infants and preschool children, children learn crucial skills such as how to recognize letters, words, and sounds. Young children who have these early literacy skills are more successful later in school and life.³⁹ Other key activities such as playing games and exercising also help children learn and develop.

The national Reach Out and Read program promotes early literacy and school readiness by giving new books to children and educating parents about the importance of reading to children. The program partners with doctors in 185 locations in Arizona (as of 2011) as the primary point of contact with children and families. In a 2010 parent survey of the program, 99% of respondents reported receiving a book from their doctor or nurse during their first well child visit and 87% said their child's doctor provided advice about early literacy that inspired parents and children to read together.⁴⁰

What the Community Is Saying

- **The San Carlos Public Library** offers two early literacy programs, according to a library representative:
 - *The library partners with four Head Start programs and one child care center to offer early literacy activities* on topics the children are already reading about. The library program offers a topical story followed by an opportunity for the children to make a craft they can then take home. This program served approximately 125 children who came to the library between one and three times per month in 2011-12.
 - The library's *summer reading program* is for children between three and thirteen years old. The library has scheduled 2012 summer reading to complement other local program schedules and maximize participation; it will take place in July after summer school and Boys & Girls Club activities. There were nearly 60 participants in the 2011 summer reading program; the library has worked to get the word out since then and anticipates even more participation in 2012.

³⁹ Levy, B. A., Gong, Z., Hessels, S., Evans, M. A., & Jared, D. (2006). Understanding print: Early reading development and the contributions of home literacy experiences. *Journal of Experimental Child Psychology*, 93(1), 63-93.

⁴⁰ Ready for School. (2012). Personal correspondence. *Reach out and Read Arizona*.



- According to a San Carlos Apache Tribe Education Department Representative, the primary need she sees in the community is early literacy.
 - Young parents don't know to start teaching their children at home and so the children are behind when they start kindergarten.
 - Programs that address early literacy needs include Head Start and preschool however, neither program has a lot of space and in order to open the more program sites they have to cut back on the number of spaces in the existing programs.



HEALTH

Ensuring that children and youth are in good physical health provides an essential foundation for healthy development so that children can become successful, healthy, and thriving adults. It is critical that children have access to health care to ensure that they have a chance at obtaining optimum health. However, Arizona's general fund budget has been reduced by more than 20%, from \$10.6 billion in fiscal year (FY) 2008 to \$8.5 billion in FY 2011. Cuts to health and human services have been especially profound.⁴¹

According to the 2008 FTF Family and Community Survey, more than 1/3 of parents were dissatisfied with the health information and resources available, and 70% of parents of children with health issues expressed dissatisfaction with available information and resources. The cuts that have occurred to date are beginning to take their toll on children and their families, especially the most vulnerable populations such as children with behavioral health conditions and special health needs.

SELECTED INDICATORS

Maternal and Child Health

- Prenatal Care
- Birth Characteristics
- Substance Abuse During Pregnancy
- Teen Births
- Breastfeeding
- Immunizations

Health Care

- Health Insurance
- Primary Care
- Oral Health Care

Chronic Disease and Mortality

- Injury and Illness
- Asthma
- Overweight and Obesity
- Diabetes
- Leading Causes of Death

⁴¹ Arizona Health Futures. (2011). After the Dust Settles. Retrieved 2012 from <http://slhi.org/wp-content/uploads/2011/05/ib-2011-April.pdf>.



Maternal and Child Health

Prenatal Care

Why It Is Important

Prenatal care is comprehensive medical care for pregnant women, including screening and treatment for medical conditions and identification and interventions for behavioral risk factors like tobacco, alcohol, and substance abuse that are associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term births and babies born weighing more than 5.5 pounds. Babies born to mothers who receive no prenatal care are three times more likely to be born at a low birth weight (less than 5.5 pounds), and five times more likely to die, than those whose mothers received prenatal care. Lack of prenatal care is often associated with lack of health insurance and other barriers to health care, including communication difficulties, lack of child care, and transportation obstacles.

It is essential for women to receive prenatal care early in their pregnancy (first trimester) and to have regular prenatal visits throughout the pregnancy (nine or more visits). Timely and consistent visits allow for the identification of medical problems. Health providers are also able to provide pregnancy and delivery education, education service referrals, and prevent maternal health risks including death.

What the Community Is Saying

- While women on the San Carlos Apache Indian Reservation have to travel to hospitals in Tucson or Phoenix to give birth, the Bylas Clinic does offer prenatal care, according to a local hospital representative.

What the Data Tell Us

Six out of 288 births were to American Indian mothers residing on the San Carlos Apache Indian Reservation who received no prenatal care in 2009.

Births to Women Who Received No Prenatal Care During Pregnancy, American Indians Residing on the San Carlos Apache Indian Reservation

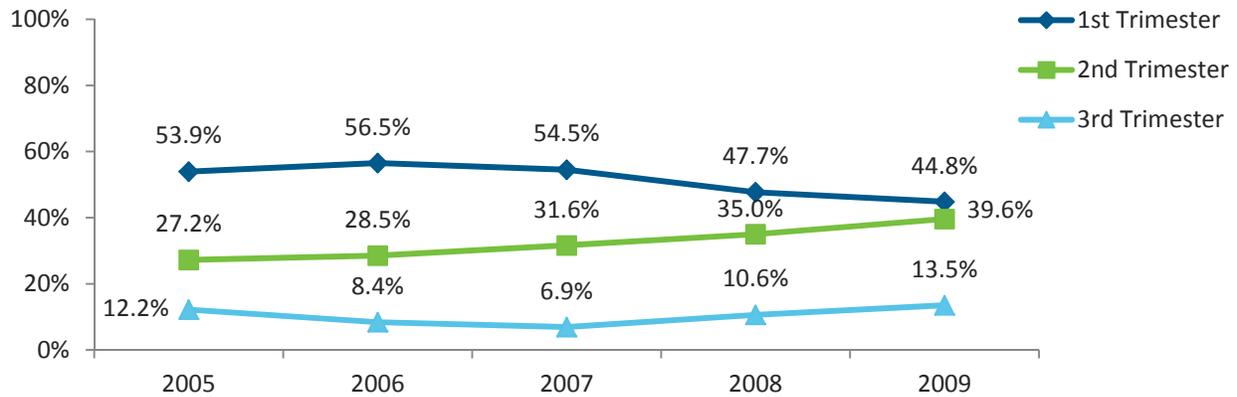
	2005	2006	2007	2008	2009
No Prenatal Care	17	14	16	14	6
Total Births	254	214	231	283	288

Source: Arizona Department of Health Services. (2009). Health Status Profile of American Indians. Retrieved 2012 from <http://www.azdhs.gov/plan/index.html/>

Of those who received prenatal care, 45% had their first visit during the first trimester of pregnancy, in 2009. An additional 40% had their first prenatal visit in the second trimester, and 14% had their first visit in the third trimester.



Women Receiving Prenatal Care by Trimester of First Visit, American Indians Residing on the San Carlos Apache Indian Reservation



Source: Arizona Department of Health Services. (2009). Health Status Profile of American Indians. Retrieved 2012 from <http://www.azdhs.gov/plan/index.html/>

Birth Characteristics

Why It Is Important

There are many factors surrounding a child's birth that are related to infant and child survival, health, and development. Low birth weight in particular is a risk factor for developmental delays, visual and hearing defects, chronic respiratory problems, autism, and learning difficulties.⁴² Low birth weights are commonly associated with pre-term births which also increase the risk of serious lasting disabilities like cerebral palsy and increased infant mortality.⁴³ Births with medical complications of labor and delivery include such things as long delivery, uncoordinated contractions, and overstretching of the uterus. Births with medical risk factors apply to the mother and include such things as anemia, heart disease, diabetes, hypertension and kidney disease.

What the Community Is Saying

- The hospital on the San Carlos Apache Indian Reservation provided pediatric and OBGYN care in the past, but currently does not deliver babies, according to a hospital representative.

⁴² U.S. Department of Health and Human Services, Health Resources and Services and Administration. (2009, September). Child health USA 2008-2009. Retrieved 2012 from <http://mchb.hrsa.gov/chusa08/>

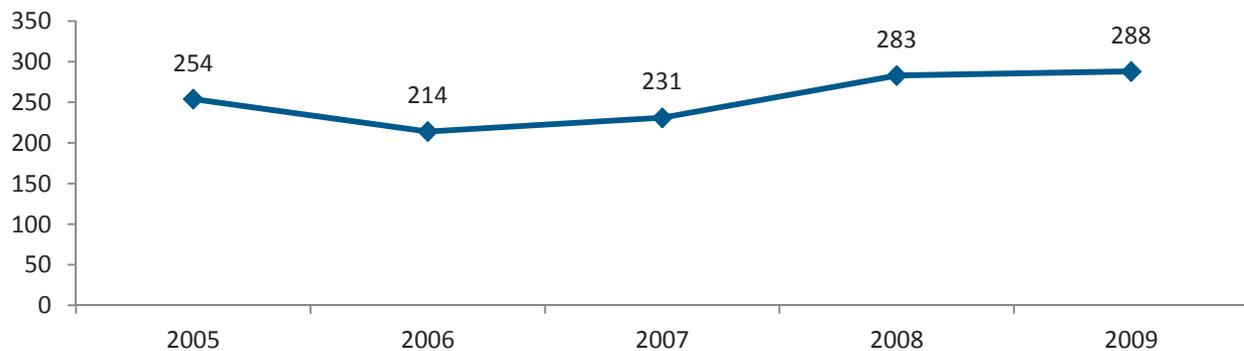
⁴³ March of Dimes Foundation. (2010). Preterm Births. Retrieved June 22, 2010 from http://www.marchofdimes.com/professionals/14332_1157.asp#head4



What the Data Tell Us

Though there was a slight drop in the number of births between 2005 and 2006, the number of births increased in 2008, and again in 2009. Two hundred and eighty-eight children were born to American Indian mothers residing on the San Carlos Apache Indian Reservation in 2009.

Total Births, American Indians Residing on the San Carlos Apache Indian Reservation



Source: Arizona Department of Health Services. (2009). Health Status Profile of American Indians. Retrieved 2012 from <http://www.azdhs.gov/plan/report/hspam/hspam09/index.htm>.

One in three births American Indian women residing on the San Carlos Apache Indian Reservation had medical risk factors in 2009. Seven percent of babies were born at low birth weight, 13% of babies were born early, and 29% of births involved some complications with labor and delivery in that same year.

Selected Birth Characteristics, American Indians Residing on the San Carlos Apache Indian Reservation

BIRTH CHARACTERISTIC	2005	2006	2007	2008	2009
Low Birth Weight (Less than 2,500 Grams)	6.3%	8.9%	8.2%	9.5%	6.9%
Preterm Births (Gestational Age of Less Than 37 Weeks)	14.2%	16.8%	15.2%	12.7%	12.5%
Births with Complication of Labor and Delivery	26.4%	34.6%	35.5%	35.0%	29.2%
Births with Medical Risk Factors	44.1%	50.0%	52.4%	46.3%	32.6%
Total Births	254	214	231	283	288

Source: Arizona Department of Health Services. (2011). Health Status Profile of American Indians. Retrieved 2012 from First Things First. <http://www.azdhs.gov/plan/index.html/>

Most births to American Indians women residing on the San Carlos Apache Indian Reservation had a medical doctor as an attendant (98%) and 2 births were attended by a nurse midwife in 2009.

Attendant at Birth, American Indians Residing on the San Carlos Apache Indian Reservation

ATTENDANT	2005	2006	2007	2008	2009
Doctor of Medicine (M.D.)	245	211	212	260	281
Certified Nurse Midwife	4	2	6	4	2
Doctor of Osteopathic Medicine (D.O.)	3	1	13	15	2
Other	2	0	0	4	3

Source: Arizona Department of Health Services. (2011). Health Status Profile of American Indians. Retrieved 2012 from <http://www.azdhs.gov/plan/index.html/>



Most births (76%) were paid for by IHS. Five percent were paid for by private insurance, and 19% were paid through AHCCCS.

Source of Payment for Labor and Delivery, American Indians Residing on the San Carlos Apache Indian Reservation

PAYEE	2005	2006	2007	2008	2009
AHCCCS					
American Indians Residing on the San Carlos Apache Indian Reservation	28.0%	19.6%	23.4%	23.3%	18.8%
Arizona American Indians Residing on a Reservation	55.8%	55.4%	53.9%	55.8%	57.5%
Indian Health Service					
American Indians Residing on the San Carlos Apache Indian Reservation	66.9%	77.1%	69.7%	69.6%	76.4%
Arizona American Indians Residing on a Reservation	25.9%	27.0%	29.2%	27.8%	25.9%
Private Insurance					
American Indians Residing on the San Carlos Apache Indian Reservation	3.1%	2.8%	6.9%	5.3%	4.5%
Arizona American Indians Residing on a Reservation	12.9%	14.2%	13.9%	13.2%	12.5%
Self					
American Indians Residing on the San Carlos Apache Indian Reservation	1.2%	0.0%	0.0%	0.7%	0.3%
Arizona American Indians Residing on a Reservation	1.3%	0.9%	0.8%	0.8%	0.8%
Unknown					
American Indians Residing on the San Carlos Apache Indian Reservation	0.8%	0.5%	0.0%	1.1%	0.0%
Arizona American Indians Residing on a Reservation	4.1%	2.4%	2.2%	2.4%	3.3%

Source: Arizona Department of Health Services. (2011). Health Status Profile of American Indians. Retrieved 2012 from <http://www.azdhs.gov/plan/index.html/>



Substance Abuse During Pregnancy

Why It Is Important

Tobacco and alcohol use by pregnant women has a number of serious consequences. Infants prenatally exposed to alcohol may develop a range of disorders known as fetal alcohol spectrum disorders such as developmental delays in thinking, speech, movement or social skills, poor coordination, and heart defects.⁴⁴ Furthermore, smoking tobacco during pregnancy is the single most preventable cause of illness and death among mothers and infants. Babies born to smokers are more likely to be born prematurely, with a low birth weight and reduced life expectancy.⁴⁵

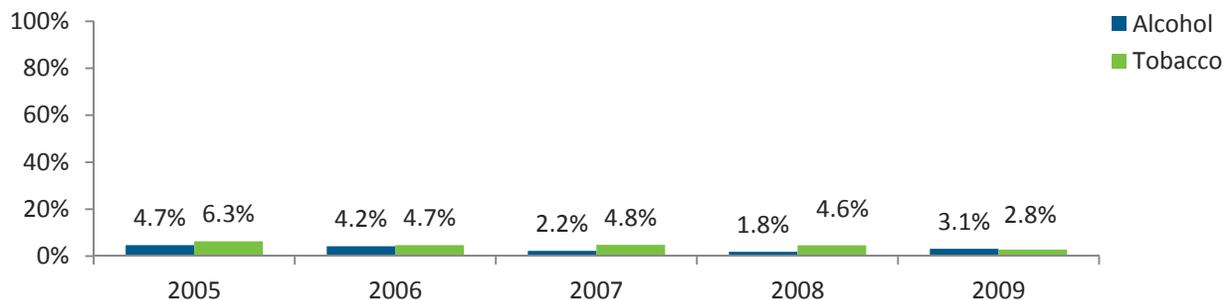
What the Community Is Saying

- There are no in-house alcohol or drug services at the hospital/clinic on the Reservation, according to a local hospital representative.

What the Data Tell Us

Three percent of American Indian mothers residing on the San Carlos Apache Indian Reservation used alcohol and 3% used tobacco during pregnancy in 2009. Tobacco use by mothers residing on the San Carlos Apache Indian Reservation decreased between 2005 and 2009, from 6% to less than 3%. Alcohol use also declined between 2005 and 2008, but increased in 2009 to 3%.

Substance Use During Pregnancy, American Indians Residing on the San Carlos Apache Indian Reservation



Source: Arizona Department of Health Services. (2011). Health Status Profile of American Indians. Retrieved 2012 from <http://www.azdhs.gov/plan/index.html>

⁴⁴ Centers for Disease Control and Prevention. (2007). Fetal Alcohol Spectrum Disorders. Retrieved 2007 from <http://www.cdc.gov>.

⁴⁵ Centers for Disease Control and Prevention. (2007). Tobacco Use and Pregnancy. Retrieved 2007 from <http://www.cdc.gov>.



Teen Births

Why It Is Important

Teen parents and their children are often at greater risk of experiencing short- and long-term health, economic, social, and academic challenges than parents who delay childbirth. Teen mothers tend to give birth prematurely and have babies born at low birth rates. Teen mothers are less likely to complete high school and therefore have lower earning power in their careers. Children born to teens are 50% more likely to repeat a grade, are less likely to complete high school, and perform lower on standardized tests than children of older mothers.⁴⁶ Arizona had the 6th highest teen birth rate in the nation in 2009.⁴⁷

What the Community Is Saying

- One local interviewee commented that there is a generation of young mothers who were themselves raised by young mothers. In addition, some young/teen mothers come from homes with drug and alcohol issues. These situations offer decreased opportunities for parent guidance.

What the Data Tell Us

The percentage of births to American Indian teen mothers residing on the San Carlos Apache Indian Reservation has remained between 24% and 29% for the past 5 years. This was more than the percentage of teen births to American Indian mothers in Arizona overall.

Births to Teen Mothers

	2005	2006	2007	2008	2009
Number of Births to American Indian Teen Mothers Residing on the San Carlos Apache Indian Reservation	62	63	61	75	83
Percent of Births to American Indian Teen Mothers Residing on the San Carlos Apache Indian Reservation	24.4%	29.4%	26.4%	26.5%	28.8%
Percent of American Indian Teen Mothers residing in Arizona	19.1%	19.1%	20.1%	18.6%	19.0%

Source: For American Indians: Arizona Department of Health Services. (2011). Health Status and Vital Statistics. *Health Status Profile of American Indians*. Retrieved 2012 from <http://www.azdhs.gov/plan/report/hspam/index.htm>; For Arizona as a whole: Arizona Department of Health Services. (2011). Health and Vital Statistics. Retrieved 2012 from <http://www.azdhs.gov/plan/report/ahs/index.htm>.

Breastfeeding

⁴⁶ National Campaign to Prevent Teen and Unplanned Pregnancy. (2002). Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues. Retrieved 2004 from <http://www.teenpregnancy.org/resoures/data/pdf/notjust.pdf>.

⁴⁷ Arizona Department of Health Services and National Center for Health Statistics.



Why It Is Important

Breastfeeding offers multiple health advantages to the infant and the mother. Breast milk contains properties that increase immunity, lower the risk of infection, and decrease susceptibility to chronic illness. Mothers who breastfeed have fewer postpartum problems and a reduced risk of osteoporosis, ovarian cancer, and breast cancer.⁴⁸

The state of Arizona has Breastfeeding Help AZ to provide classes and lactation consultations.

What the Community Is Saying

- A very low percentage of women on the reservation breastfeed their children. In particular, there are many young mothers on the Reservation, and they don't tend to breastfeed, according to a local hospital representative.

What the Data Tell Us

There is limited data on the number of mothers who breastfeed on the San Carlos Apache Indian Reservation. What little data is available comes from the number of women with visits to the IHS San Carlos Service Unit that mentioned breastfeeding. However, due to the fact that women do not give birth in San Carlos, these numbers represent a smaller population than the total number of mothers.

In 2011, 21 mothers were seen for breastfeeding at the IHS San Carlos Service Unit.

Women Seen by Indian Health Service IHS San Carlos Service Unit for Breastfeeding

	2007	2008	2009	2010	2011
Number of Patients	19	24	0	16	21
Number of Visits	19	24	0	16	23

Source: IHS San Carlos Service Unit. (2012). Personal Correspondence with Representative. Received 2012 from IHS San Carlos Service Unit.

⁴⁸ Schack-Nielsen, L, Larnkjær, A & Michaelsen, K. F. (2005) Long Term Effects of Breastfeeding on the Infant and Mother. *Early Nutrition and its Later Consequences: New Opportunities*. (pp16-23). Springer Netherlands doi: 10.1007/1-4020-3535-7_3



Immunizations

Why It Is Important

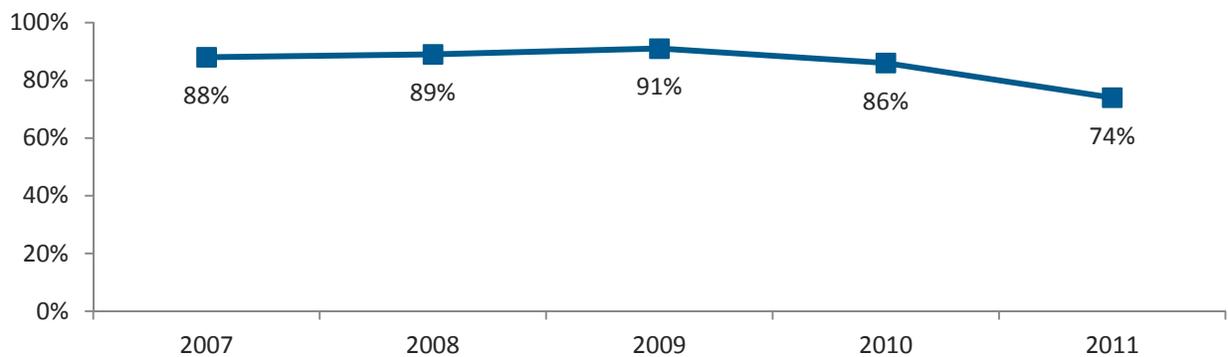
Immunization requirements help to prevent against a number of serious and sometimes fatal vaccine-preventable diseases in young children. In Arizona, immunizations are a requirement for entry into kindergarten and children must be up-to-date with age-appropriate vaccinations in order to attend preschool or child care. The required vaccinations protect against hepatitis B, polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, influenza, and varicella (chickenpox).

A standard measure of vaccinations, as measured by the National Immunization Survey, is the percentage of children ages 19 to 35 months who have received the appropriate number of vaccines across a wide range of diseases; it is referred to as the 4:3:1:3:3:1 immunization schedule.⁴⁹

What the Data Tell Us

The percentage of children who had completed their vaccination schedules decreased between 2009 and 2011. Seventy-four percent of children had completed their 4:3:1:3:3:1 immunizations in 2011, compared to 91% in 2009.

Children Ages 19 to 35 Months with Completed Vaccination Schedule 4:3:1:3:3:1, IHS San Carlos Service Unit



Source: IHS San Carlos Service Unit. (2012). Personal Correspondence with Representative. Received 2012 from IHS San Carlos Service Unit.

⁴⁹ U.S. Centers for Disease Control (May 2010). National Immunization Survey. Retrieved June 2010 from <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis>.



Health Care

Health Insurance

Why It Is Important

A key measure of access to the health care system is whether a child has health insurance. Children who have health insurance learn better in school and miss fewer days of school.⁵⁰ Children who don't have health insurance are four times more likely to have delayed medical care and are more likely to be hospitalized for conditions that could have been treated by a primary care physician.⁵¹

The situation is slightly different among the American Indian population, in which every person with a Certificate of Degree of Indian Blood is guaranteed coverage by the Indian Health Service (IHS). IHS, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians.⁵² IHS provides a health service delivery system for approximately 1.9 million American Indians who belong to 564 federally recognized tribes in 35 states. While every person with a Certificate of Degree of Indian Blood is guaranteed coverage by IHS, having an additional source of insurance, whether through private, employment-based insurance, or through state programs like the Arizona Health Care Cost Containment System (AHCCCS), allows tribal members to have access to additional care beyond what IHS offers.

⁵⁰ Mathematica Policy Research, Inc. (2004). Evaluation of the Santa Clara County Children's Health Initiative. *Brief Number 4*. Retrieved June 22, 2010 from <http://www.mathematica-mpr.com/publications/PDFs/CHIimproves.pdf>

⁵¹ American Academy of Pediatrics. (2010). MediKids Fact Sheet. Retrieved June 22, 2010 from <http://www.aap.org/advocacy/washing/MediKids-Fact-Sheet.pdf>,

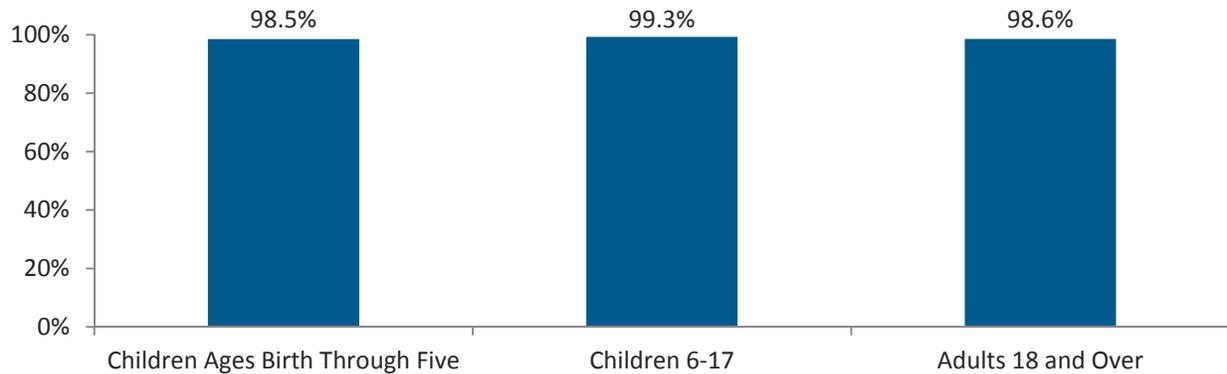
⁵² The U.S. Census combines Native American and Alaska Native. The term Alaska Native has been omitted from our report for relevance.



What the Data Tell Us

Nearly all patients seen through the IHS San Carlos Service Unit were covered through a 3rd party insurance such as Medicare or AHCCCS. Ninety-nine percent of children 0-5 were covered through a 3rd party.

San Carlos Hospital PCC Patients with 3rd Party Insurance Coverage, 2011



Source: San Carlos Hospital. (2012). Personal Correspondence with Representative. Received 2012 from San Carlos Hospital.

Note: Data presented are the percentage of patients who had visited San Carlos Hospital in a given year.

Primary Care

Why It Is Important

Access to primary care is tied to many financial, physical, and cultural factors, such as employment, health insurance, transportation, language, and education.⁵³ Children's access to primary health care is especially important to monitor healthy growth and development and to prevent illnesses from progressing into more serious health problems. However, there are not enough doctors or therapists in the state to serve many communities, especially children with special health care or socio-emotional needs. The Arizona Department of Health Services defines Health Professional Shortage Areas and Medically Underserved Areas as having a need for medical services based on demographic data, including the ratio of providers to the population, the number of people living in poverty, uninsured births, low birth weight babies, access to prenatal care, infant mortality rates, and unemployment rates.⁵⁴

⁵³ U.S. Department of Health and Human Services. (2003). National Healthcare Disparities Report 2003. Retrieved June 22, 2010 from <http://www.ahrq.gov/qual/nhdr03/nhdrsum03.htm#ref6>

⁵⁴ Arizona Department of Health Services. Bureau of Health Systems Development and Oral Health. (2010). Arizona Medically Underserved Areas. Retrieved 2012 from <http://www.azdhs.gov/hsd/azmuadesignation.htm>.



What the Community Is Doing

- A new hospital is currently being built for the IHS San Carlos Service Unit on the San Carlos Apache Indian Reservation.
- ***Bylas Health Center***, located 28 miles east of San Carlos, is an ambulatory clinic that provides outpatient urgent care and community outreach programs. Its staff includes a physician.
- ***The San Carlos Tribal Wellness Center*** offers a mix of mental health and substance abuse services, including individual and family therapy, crisis services and outreach, and education. The Center has relationships with several San Carlos Apache traditional healers; anyone who utilizes services at the Wellness Center can ask to be referred to one of these traditional healers for additional blessings and healing ceremonies.
- ***The San Carlos Apache Tribe 5th Grade Pathways Into Health Initiative*** encourages young people to consider and ultimately enter health professions. Starting its work at the 5th grade level, the initiative instills practical scientific knowledge and skills, shares information with students about the variety of health care career opportunities and academic pathways into those careers, and provides opportunities for positive interactions with role models from the community.

What the Community Is Saying

- According to a local hospital representative:
 - The current hospital on the reservation does not have a Computerized Axial Tomography (CAT) scan. The new hospital will have a CAT scan and an ultrasound, and all services will be in one building.
 - The Bylas Clinic provides well-child and other types of care. It has two doctors on most days, but no Emergency Room, x-ray machine, or ultrasound.
 - The hospital on the reservation has 8 beds, but they don't admit children. Children are transferred by helicopter to Tucson or Phoenix.
 - Dedicated employees are the hospital and clinics' "number one asset."
 - The "number one Indian health goal" is to improve patient care teams. The ongoing changeover of doctors presents a challenge to team coordination, and nurses need to function as team case managers. The shift into working in teams is a difficult adjustment and a lot of work.

What the Data Tell Us

There were a limited number of service providers on the San Carlos Apache Indian Reservation in 2010. The ratio of providers to people on the San Carlos Apache Indian Reservation was 3,380:1



compared to the Arizona with 465:1. Between 2009 and 2010, the San Carlos Apache Indian Reservation lost two primary care providers, one registered nurse, one emergency medical services provider, and all of the midwives (2).

Health Care Providers, San Carlos Apache Indian Reservation

TYPE OF PROVIDER	2009	2011
Primary Care Providers	5	3
Nurse Practitioners	0	0
Registered Nurses	10	9
Midwives	0	0
Emergency Medical	24	23

Source: Arizona Department of Health Services, Bureau of Health Systems Development. (2009). Statistical Profile Area. *San Carlos Apache Tribe Primary Care Area*. Retrieved 2012 from www.azdhs.gov/hsd/profiles.

Oral Health Care

Why It Is Important

Many pediatricians highlight dental problems as a major health problem. Arizona has substantial disparities in oral health where low income children, Hispanic children and children of color have more dental needs.⁵⁵ Dental diseases can be serious and are linked to premature birth, low birth weight infants, failure to thrive, diabetes, cardiovascular diseases, and stroke. Dental care is the most common unmet health need in children, and is the cause of impaired speech development, inability to concentrate in school, poor social relationships, and reduced self-esteem.⁵⁶ Experts recommend that children as young as one year old be examined for tooth decay.⁵⁷

⁵⁵ Arizona Department of Health Services, Office of Oral Health. (2005). The Oral Health of Arizona's Children. Received November 2005 from the Arizona Department of Health Services, Office of Oral Health.

⁵⁶ Arizona Department of Health Services, Bureau of Women and Children's Health, Office of Oral Health. (2011). The State of American Indian Children's Oral Health in Arizona. Retrieved May 2011 from the Arizona Department of Health Services, Office of Oral Health.

⁵⁷ American Association for Pediatric Dentistry. (2004). Policy on the Dental Home. Retrieved June 22, 2010 from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf



What the Community Is Saying

- The Bylas Clinic includes a separate building for dental care, according to a local hospital representative.
- According to a local hospital representative:
 - It takes two hours to drive to the nearest orthodontist
 - There is a lot of tooth decay on the reservation
 - Soda is a huge problem; it's the #1 seller at the store

What the Data Tell Us

In 2010, the Arizona Department of Health Services reported there was only 1 dentist serving the San Carlos Apache Tribe down from 2 in 2009. The IHS San Carlos Service Unit reported 1,418 children ages birth to 5 were seen for dental examinations between 2007 and 2011.

Chronic Disease and Mortality

Injury

Why It Is Important

Injuries among children can be intentional or unintentional. Intentional injuries, including child abuse, assault, and self-inflicted injuries require intervention by the authorities to protect the child and prevent recurrence. Unintentional injuries, or accidents, are more common, and are generally preventable. Parent education on the importance of child-proofing the home, appropriate use of car/booster seats, placing fences around pools and yards, bicycle helmet use, animal safety, and safe storage of firearms can reduce the likelihood of accidents.

What the Community Is Saying

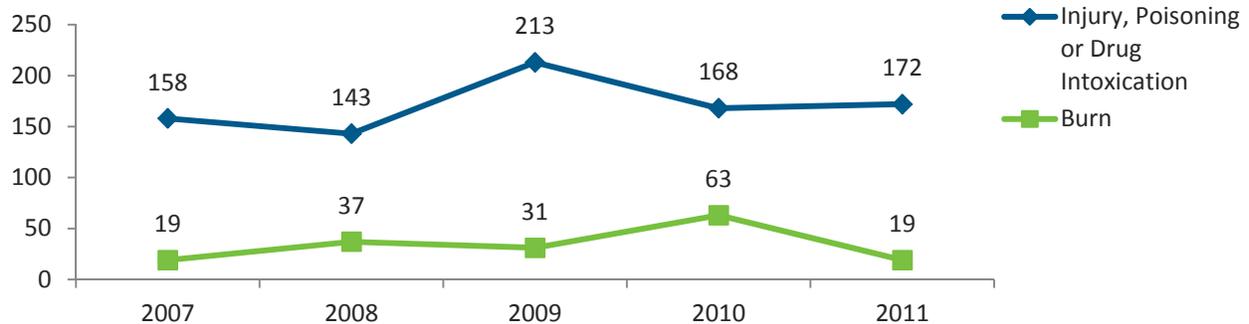
- Children can go to the Emergency Room on the reservation, but if the problem is serious they are transferred to Tucson or Phoenix, according to a local hospital representative.
- Emergency Room doctors are on contract rather than being permanent staff. This is one of the factors in the reservation's health care system that frustrates some tribal community members, according to one interviewee. Other frustrations mentioned include not enough staff or equipment.



What the Data Tell Us

Nearly 200 children were seen in the Emergency Room for injuries, poisonings or drug intoxication in 2011. Nineteen children were seen for burns.

Emergency Room Visits for Children Ages Birth Through 5 Due to Burns and Injury



Source: IHS San Carlos Service Unit. (2012). Personal Correspondence with Representative. Received 2012 from the IHS San Carlos Service Unit.

Illness

Why It Is Important

Childhood illnesses can come on unexpectedly and affect everyone in the household. It is therefore important to promote good health as a child grows from infancy through adolescence and experiences common problems ranging from diaper rash in babies, to sore throats and sports injuries in older children.

What the Data Tell Us

The most frequent causes of children age birth through 5 seeking services were diseases of the respiratory system. One hundred forty children were seen for pneumonia.

San Carlos Medical Clinic Use for Children Ages Birth Through 5 for Selected Visits Category, 2011

DIAGNOSIS	NUMBER OF VISITS	NUMBER OF PATIENTS
Diseases of the Respiratory System (Includes Acute Respiratory Infections)	1,066	655
Unspecified Viral Infections	223	199
Ear Infections and Other Ear Complaints	701	462
Pneumonia	177	140
Toxic Effect from Venom	107	93

Source: IHS San Carlos Service Unit. (2012). Personal Correspondence with Representative. Received 2012 from the IHS San Carlos Service Unit.



Asthma

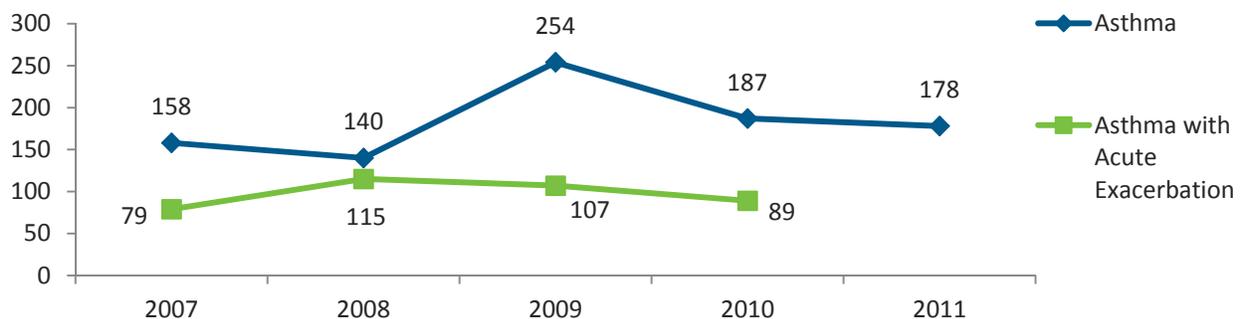
Why It Is Important

In the United States, nearly 9 million children have asthma. Children have smaller airways than adults, which makes asthma especially serious for them. Many things can cause asthma, including allergens (mold, pollen, animals, and irritants such as, cigarette smoke and air pollution), weather (cold air, changes in weather), exercise, and infections, including the flu and the common cold.⁵⁸ Asthma is treated with two kinds of medicines: quick-relief medicines to stop asthma symptoms and long-term control medicines to prevent symptoms.⁵⁹ Even severe asthma symptoms can be minimized with appropriate medical care. Well-controlled asthma allows for less symptoms and decreases interference with normal activities, including sleep, work, and school.⁶⁰

What the Data Tell Us

There were 178 asthma-related health visits for children ages birth through 5 in 2011.

Asthma Related Health Visits for Children Ages Birth Through 5, IHS San Carlos Service Unit



Source: IHS San Carlos Service Unit. (2012). Personal Correspondence with Representative. Received 2012 from the IHS San Carlos Service Unit.

⁵⁸ U.S. National Library of Medicine and the National Institutes of Health. (2010). Asthma. Medline Plus. Retrieved June 23 2010 from <http://www.nlm.nih.gov/medlineplus/asthmainchildren.html>.

⁵⁹ Ibid.

⁶⁰ The Mayo Clinic. (2010). Asthma. Retrieved June 23, 2010 from <http://www.mayoclinic.com/health/asthma-treatment/AS00011/NSECTIONGROUP=2>.



Overweight and Obesity

Why It Is Important

Children and adolescents with a body mass index (BMI) between the 85th and 94th percentiles are generally considered overweight, and those with a BMI at or above the gender- and age-specific 95th percentile of the population are typically considered obese. Overweight and obese conditions in children can lead to severe physical and emotional health effects, including a greater risk of hospitalization, type II diabetes, cardiovascular disease, low self-esteem, and depression. Furthermore, overweight adolescents have a 70% chance of becoming overweight adults, and this increases to 80% if one or both parents are overweight.⁶¹

Arizona ranks 15th worst among states for childhood obesity. The rate of childhood obesity is so serious that today's youth are expected to be the first generation of Americans to have a shorter lifespan than their parents.

What the Community Is Doing

- ***The University of Arizona Cooperative Extension*** on the reservation offers:
 - A 4-H Youth Development Program includes a natural resources practicum camp, arts and crafts, archery, gardening and nutrition activities, a cooking project and more.
 - The Community Gardening and Landscaping Program provide a nature day camp, nutrition education, a junior master gardener program and more.
- ***Save the Children***, funded by the First Things First San Carlos Apache Regional Partnership Council, provides health education to prevent obesity in children. Topics include healthy food choices and appropriate physical activity.
- ***The Boys and Girls Club*** of the San Carlos Apache Tribe offers sports programs for young people.

⁶¹ Goran, M. (2001). Metabolic precursors and effects of obesity in children: A decade of progress, 1990–1999. *American Journal of Clinical Nutrition*, 73(2), 158-171.



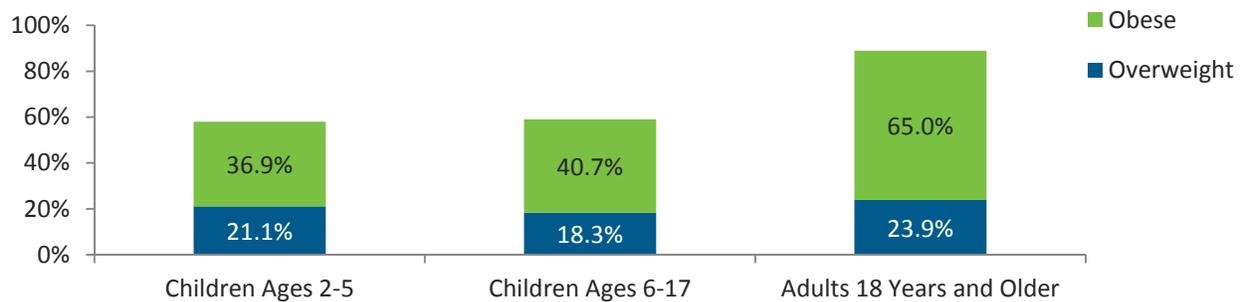
What the Community Is Saying

- There are not a lot of school-based afterschool activities for kids, according to one local interviewee. The schools do have gyms, but it is hard to create programming at the schools because the focus is on academics. There are some sports leagues that operate year round.

What the Data Tell Us

Most of the adult population utilizing the IHS San Carlos Service Unit services were overweight (24%) or obese (65%). Of children age 2 to 5 years old, more than half (58%) were considered overweight or obese for their age.

Children and Adults Who are Overweight or Obese, 2011



Source: IHS San Carlos Service Unit. (2011). Personal Correspondence with Representative. Received 2012 from the IHS San Carlos Service Unit.

Diabetes

Why It Is Important

While type II diabetes is primarily associated with overweight adults over age 40, inactivity and increased obesity rates have led to greater incidence in children. Children with type II diabetes are at greater risk for the long-term complications of diabetes, including hypertension and cardiovascular disease. Early diagnosis and treatment of type II diabetes can prevent or delay the onset of diabetes complications. The cornerstones of diabetes management for children with type II diabetes are weight management and increased physical activity.⁶²

⁶² National Diabetes Education Program. (2008). Overview of Diabetes in Children and Adolescents. Retrieved June 22, 2010 from www.yourdiabetesinfo.org



Adult diabetes was 31% higher in Arizona than across the nation. Direct medical costs for those with diabetes are 2.3 times greater than for those who don't suffer from the disease and many additional indirect costs are sustained through lost worker productivity.⁶³ In addition, diabetes is the 4th leading cause of death for American Indians in Arizona.⁶⁴ This requires aggressive public education campaigns that are bilingual and culturally sensitive.

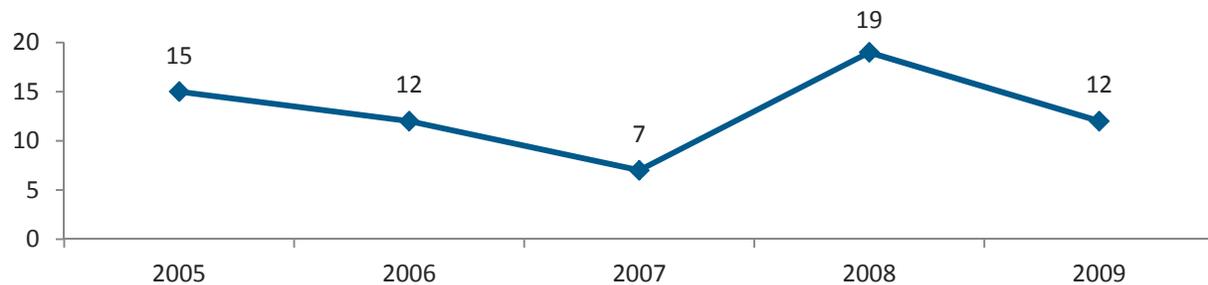
What the Community Is Saying

- The San Carlos hospital has a diabetes educator who helps people who have been newly diagnosed learn about diet, insulin, and treatment, according to a hospital representative.
- The Bylas Clinic offers diabetes care, according to a local hospital representative.

What the Data Tell Us

Though there are no children under the age of 5 on the San Carlos Apache Indian Reservation with diabetes, it is a major issue for adults in the region.⁶⁵ In 2009, 12 deaths in the region were related to diabetes.

Diabetes-Related Deaths, IHS San Carlos Service Unit



Source: Arizona Department of Health Services. (2011). Health Status and Vital Statistics. *Health Status Profile of American Indians*. Retrieved 2012 from <http://www.azdhs.gov/plan/report/hspam/index.htm>.

Why It Is Important

The infant mortality rate in the United States has decreased dramatically over the last 30 years from 20 deaths per 1,000 babies born to 6.9 deaths in 2003.⁶⁶ The leading causes of death are birth defects, premature birth, Sudden Infant Death Syndrome (SIDS) and complications with the mother.

⁶³ CDC, National Center for Chronic Disease Prevention and Health Promotion.

⁶⁴ Arizona Department of Health Services, Vital Statistics.

⁶⁵ IHS San Carlos Service Unit. (2012). Personal Correspondence with Representative. Received 2012 from IHS San Carlos Service Unit.

⁶⁶ United States Department of Health and Human Services. (2006). Preventing Infant Mortality Fact Sheet. Received 2012 from <http://www.hhs.gov/news/factsheet/infant.html>.



What the Data Tell Us

The four primary causes of deaths among American Indians of all ages residing on the San Carlos Apache Indian Reservation included cardiovascular diseases (15 deaths), accidental deaths (13), flu or pneumonia (8), and cancer (7) in 2009.

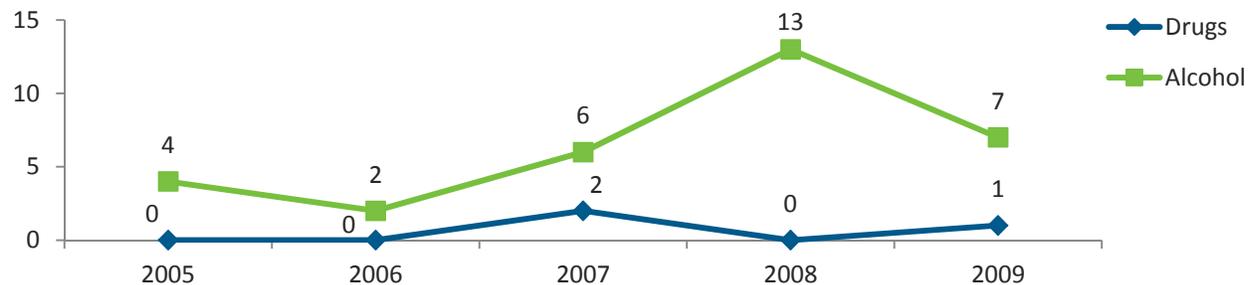
Cause of Death, All Ages, American Indians Residing on the San Carlos Apache Indian Reservation

CAUSE OF DEATH	2009
Accidental Death	13
Cardiovascular Disease	15
Cancer	7
Chronic Liver Disease or Cirrhosis	4
Diabetes	6
Influenza or Pneumonia	8
Septicemia	3
Suicide/Homicide/ Undetermined Intent	4
Symptoms, Signs, Abnormal Findings	1
Other	26
Total	87

Source: Arizona Department of Health Services. (2010). Health Status and Vital Statistics. *Health Status Profile of American Indians*. Retrieved 2012 from <http://www.azdhs.gov/plan/report/hspam/index.htm>.

There were 7 deaths due to alcohol in 2009, a decrease from 13 deaths in 2008.

Deaths Due to Drugs or Alcohol, American Indians Residing on the San Carlos Apache Indian Reservation



Source: Arizona Department of Health Services. (2011). Health Status Profile of American Indians in Arizona. *Health Status Profile of American Indians*. Retrieved 2012 from <http://www.azdhs.gov/plan/report/hspam/hspam05/index.htm>.



PUBLIC AWARENESS AND COLLABORATION

Parents are their children's first teachers and all parents can benefit from networking with other parents, sharing ideas with them, and hearing from experts about a range of topics such as child development, nutrition, positive discipline, managing a crying baby, and building a child's self-esteem. Family support includes collaboration between families, programs and services with the goal of helping families reach their full potential.

The Birth to Five Helpline (1-877-705-KIDS) is a free resource open to all families with young children and professionals looking for information about their child's development. The helpline is staffed by early childhood development specialists, registered nurses, disability specialists, early literacy specialists, and mental health counselors.

SELECTED INDICATORS

- Parent Satisfaction with Early Childhood Services



Parent Satisfaction with Early Childhood Services

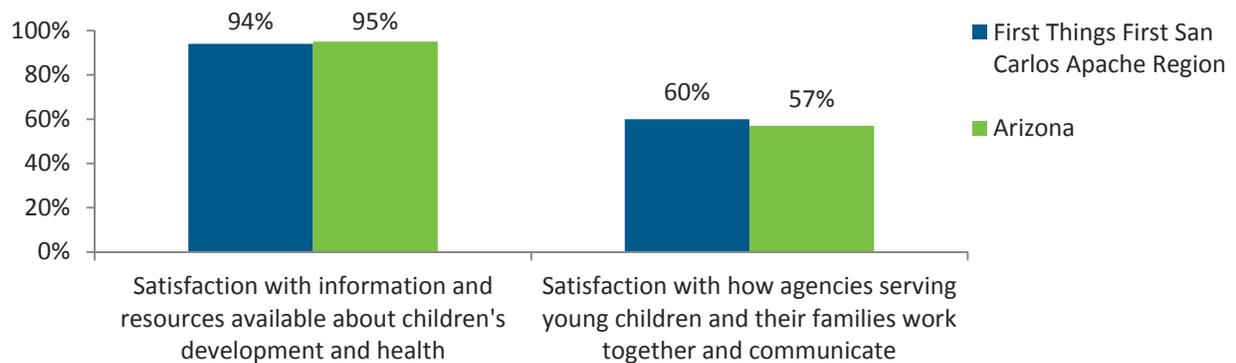
Why Is It Important

It is important to know the perceptions of parents about early childhood services in the region so that First Things First can work with partner agencies to improve services and supports to local parents.

What the Data Tell Us

Parents in the First Things First San Carlos Apache Region were “somewhat satisfied” and “very satisfied” with information and resources available about children’s development and health (94%). However only 60% of parents were “somewhat satisfied” or “very satisfied” with how agencies serving children worked together in 2008.

Parents Who Responded “Somewhat Satisfied” or “Very Satisfied” to the Following Statements



Source: First Things First. (2008). Family and Community Survey. (Unpublished Data). Received 2010 from First Things First.



Parent survey respondents in the First Things First San Carlos Apache Region reported that they “somewhat agree” or “strongly agree” that service providers speak their language and that materials are in their language (84%), that services are very good (73%), services reflect their cultural values (67%), and services are easy to locate (66%). One in four parent survey respondents reported they did not know if they are eligible for services.

Parents That “Somewhat Agree” or “Strongly Agree” with the Following Statements



Source: First Things First. (2008). Family and Community Survey. (Unpublished Data). Received 2010 from First Things First.

* These questions were asked of respondents in the reverse: “Service providers do not speak my language or materials are not in my language,” and “Services are not available at times or locations that are convenient.” The questions were reversed in this report for consistency.



CONCLUSION

Conclusion

The families and children living within the First Things First San Carlos Apache Region

There were nearly 15,000 members enrolled in the San Carlos Apache tribe in 2012, according to the San Carlos Apache Tribal Enrollment Office. Of those individuals, 11,096 lived on the Reservation and 3,733 off the Reservation. There were 1,074 children age birth through 5 enrolled as members in 2012.

A vast majority (93%) of the residents, age birth through five living on the San Carlos Apache Indian Reservation, identified as “American Indian,” and 5% identified as “Hispanic/Latino,” according to U.S. Census data. Nearly 60% of the population five years and older in the region spoke English only. Of families with at least one child under six, 48% were married couple families and 40% were single mother households.

Community Assets and Areas of Strength

There are many people and organizations in the First Things First San Carlos Apache Region dedicated to making a difference in the lives of children ages birth through 5 and their families, and they appear to be having a positive effect.

Children are covered by health insurance

In addition to the services provided by the Indian Health Service, 99% of children age birth through 5 are covered through a 3rd party insurance such as AHCCCS.

More pregnant women are receiving prenatal care

Only 2% of births in 2009 were to women who received no prenatal care, down from 7% in 2005.

Fewer pregnant women are smoking

In 2005, 6.3% of American Indian mothers residing on the San Carlos Apache Indian Reservation used tobacco during pregnancy but by 2009 that number fell to 2.8%. The percent of American Indian mothers residing on the San Carlos Apache Indian Reservation who drank alcohol during their pregnancy also decreased from 4.7% in 2005 to 3.1% in 2009.

Community Challenges and Areas for Improvement

Despite the concerted efforts of First Things First, community organizations, and individuals, there are areas affecting the health and well-being of children and families in the First Things First San Carlos Apache Region that need additional improvement.



The region is severely impacted by poverty and unemployment

More than half of children birth through 5 on the San Carlos Apache Indian Reservation were living in poverty (54%), according to the 2006-2010 U.S. Census estimates. This was more than double the state of Arizona (24%). The unemployment rate on the San Carlos Apache Indian Reservation was at 35% in 2011, almost four times greater than Arizona State. The San Carlos Apache Tribe Education Department is working to help people become employed but more jobs are needed. They offer job training and employment opportunities for enrolled members of the San Carlos Apache Tribe 18- 35 years old who have GEDs or high school diplomas.

School readiness needs improvement

At the beginning of the 2011/2012 school year, only 23% of kindergarten students in the San Carlos Unified School District were at grade level based on the AIMS web Test of Early Literacy. By the end of the year, a higher percentage of kindergarteners (28%) were at grade level, but 27% of students still needed additional intervention and 45% needed substantial intervention. These large numbers of students run a great risk of being left behind in the classroom. According to a San Carlos Apache Tribe Education Department representative, many young parents don't necessarily know to start teaching their children at home, and so some children are behind when they start kindergarten.

High rates of obesity

Eighty-nine percent of adults using the IHS San Carlos Service Unit were overweight or obese. Over half (58%) of children ages two through five were obese or overweight. Recognizing the issue of obesity on the Reservation, many organizations have implemented youth-based programs including the University of Arizona Cooperative Extension, Save the Children, and the Boys and Girls Club of the San Carlos Apache Tribe. While each of these organizations programs focus primarily on youth, the obesity issues spans all age groups, and more assistance is needed.

Conclusion

This Needs and Assets report on the health and well-being of children age birth through 5 in the First Things First San Carlos Apache Region has identified the areas where children are doing well and areas that need additional investment. Many families are struggling to meet some of the health, economic and social needs of their children. In light of these challenges, targeted efforts and continued collaboration are needed to help improve the situation of children and families. First Things First is committed to working with the San Carlos Apache Indian Reservation to address these issues and ensure that all children have the opportunity for a bright and healthy future.



APPENDICES

APPENDIX A: METHODOLOGY

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; the Arizona Department of Health Services; the Arizona Department of Economic Security; the Arizona Department of Education; San Carlos Tribal Departments such as the Tribal Enrollment Office, Department of Education, San Carlos Head Start, Apache Kid Childcare, and the IHS San Carlos Service Unit; and other local, state, and federal agencies. Additional data were provided by First Things First and local community members for inclusion in the Needs and Assets Report.

Whenever possible, multiple years of data were collected to present trends. County and state level data were also collected for comparison to local San Carlos Apache data. While all efforts were made to identify data for the population ages birth through 5 on the San Carlos Apache Indian Reservation, data were not always available at this level. In these cases, data were collected for other age ranges (such as birth through four) or for comparable areas (such as the First Things First regional zip codes 85530, 85542, and 85550 or the areas such as Bylas, Peridot, and San Carlos). San Carlos Apache data presented from the U.S. Census is for the “San Carlos Apache Indian Reservation.” San Carlos data from the Arizona Department of Health Services is for American Indians residing on the San Carlos Apache Indian Reservation.

School Districts: San Carlos Unified, Globe Unified, and Fort Thomas Unified School Districts were included when data were available as local community representatives indicated that many San Carlos children had to travel to these school districts for school.

Data in the report underwent extensive proofing to ensure accuracy. The data proofing protocol is a nine-step process that thoroughly checks text, numbers, and formatting in narrative, tables, charts, and graphs no fewer than three times.

Arizona State First Things First Family and Community Survey

First Things First conducted a survey of community members and parents (or related, non-paid caregivers) of children ages birth through 5 in 2008. The survey assessed respondents' views of coordination among service providers, the quality and accessibility of family support programs, and their understanding of early childhood development and parenting. A randomly-selected, geographically-balanced sample of 5,193 Arizona adults (18 and older) was surveyed. The sample included 3,690 parents/caregivers of children ages birth through 5 and 1,503 members of the general population who did not have children under six. This randomized sample was drawn to ensure the generalizability of results to the adult Arizona population. Computer Assisted Telephone Interviews (CATIs) were conducted during August and September 2008. The respondents were selected randomly from sample lists, and random predictive dialing was also used to supplement the purchased lists. This strategy helped to ensure that residents who were



not yet listed in a directory (or who chose not to be listed) were still eligible for selection. To include “cell phone only” households, the contractor manually dialed randomly-generated cell phone numbers (based on known cell phone exchanges). Cell phone contacts were given the option of completing their interview using their calling plan minutes or scheduling a call-back (on a land line or such a time when cell phone calling plan minutes were “free”). The average length of a parent interview was 21 minutes and the average general population interview lasted 7 minutes. Interviewers and respondents did not know the survey’s sponsor. For the First Things First San Carlos Apache Region, there were 22 surveys completed. The survey sample may not be representative of the region as a whole especially those families living poverty, teen parents, and other families at risk.



APPENDIX B: DATA DEVELOPMENT AGENDA

Thanks to the support and collaboration of the San Carlos Apache Tribe this is the most comprehensive Needs and Assets report to date. Data collection for small communities such as the San Carlos Apache Tribe can be difficult. Many state and federal agencies do not provide data at this level, and data that are available may not be fully representative of the community. Working directly with the departments on the Reservation can provide the most accurate up-to-date data. In the future, continued partnership is essential for monitoring and updating the status of children ages birth through 5 and their families. In particular, enrollment data; San Carlos Head Start data; and health data from the Indian Health Service San Carlos Service Unit would not have been accessible without the collaboration between First Things First and the San Carlos Apache Tribe.

Even with collaboration between First Things First and the San Carlos Apache Tribal Departments, some vital information about the children birth through 5 on the Reservation was still missing simply because the data do not exist. More comprehensive, current, and representative data will help to make informed conclusions about the state of San Carlos Apache Indian children and can better guide initiatives in the community. Future efforts should be made to improve the data available for the following areas of interest:

- **Educational Data** –The education data presented represents only those children attending school on the Reservation. As noted by a community representative, many children are no longer attending school on the Reservation due to the “failing school” status. In future reports, additional data on children attending school off the Reservation could provide a better understanding of the educational strengths and needs of the community.
- **Children with Disabilities** – The data available do not give a comprehensive picture of the children with disabilities on the San Carlos Apache Indian Reservation. More data would help to identify whether this is an area of concern and whether services are meeting the needs of the community.
- **Child Abuse and Foster Care** – The majority of child abuse and foster care data is only available at the county level. The number of cases was too few on the Reservation that presenting the information may identify the victim or perpetrator. Continued partnership with the tribe and the Social Services Department could help provide more information in the future.
- **Breastfeeding** – Limited data on breastfeeding was provided by the IHS San Carlos Service Unit about the number of visits for assistance with breastfeeding. A greater understanding of the number of women breastfeeding their babies would help the council understand the need.



- **Barriers to Care** – Members of the San Carlos Apache Tribe have access to free or reduced cost health care, education, and social supports but are not always taking full advantage of these services. In future reports, a survey of residents and parents about barriers to care, support needed, and knowledge of supports would provide a better understanding regarding the underutilization of services.
- **Dental Care** – Information on dental care was limited. More data on the number of children with dental caries and dental disease would be helpful in providing a better understanding of the dental issues for children in the region.

