



**2016**

**NEEDS AND ASSETS REPORT**

 **FIRST THINGS FIRST**

Tohono O'odham Nation Region

# **Tohono O'odham Nation Regional Partnership Council**

**2016**

## **Needs and Assets Report**

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**Funded by**

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## Tohono O’odham Nation Regional Partnership Council

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### Message from the Chair:

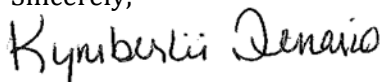
The 2016 Tohono O’odham Nation Regional Needs and Assets Report is the fifth in a series of assessments conducted every two years for the First Things Tohono O’odham Nation Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in the region. It is a collection of useful data and community information that will help determine how best to invest resources to improve the lives of young children and families in the region.

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

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

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

Sincerely,



Kymerlii Tenario, Chair  
Tohono O’odham Nation Regional Partnership Council

## Introductory Summary and Acknowledgments

Ninety percent of a child's brain develops before kindergarten and the quality of a child's early experiences impact whether their brain will develop in positive ways that promote learning. Understanding the critical role the early years play in a child's future success is crucial to our ability to foster each child's optimal development and, in turn, impact all aspects of wellbeing of our communities and our state.

This Needs and Assets Report for the Tohono O'odham Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. An overview of this information is provided in the Executive Summary and documented in further detail in the full report.

The First Things First Tohono O'odham Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development of young children in their care. This report provides information that will aid the Council's funding decisions, as well as our work with community partners on building a comprehensive early childhood system that best meets the needs of young children in our community.

It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the Tohono O'odham region. This information may also be useful to stakeholders in our area as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to 5 years old in our area.

### ***Acknowledgments:***

We want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona Department of Education, the Census Bureau, the Arizona Department of Administration- Employment and Population Statistics, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

To the current and past members of the Tohono O'odham Regional Partnership Council, your vision, dedication, and passion have been instrumental in improving outcomes for young children and families within the region. Our current efforts will build upon those successes with the ultimate goal of building a comprehensive early childhood system for the betterment of young children within the region and the entire state.

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## Executive Summary

### ***Regional Description***

The Tohono O'odham Nation's lands are located within the Sonoran Desert in south central Arizona. The Tohono O'odham Regional Partnership Council boundaries are the same as the Nation's Federally-recognized reservation boundaries. These include the noncontiguous San Xavier (Tucson) and San Lucy (Gila Bend & Glendale) Districts, Florence Village—a small community outside the City of Florence in Pinal County— and the eight contiguous Districts that make up the majority of Western Pima County and small Southern portions of Maricopa and Pinal Counties. They include Gu Vo, Hickiwan, Sif Oidak, Gu Achi, Pisinemo, Chukut Kuk, Sells, Shuk Toak, and Baboquivari Districts.

### ***Data Sources***

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA).

Where available, tables and figures in this report include data for all Arizona reservations combined in addition to data for the state of Arizona to allow for appropriate comparisons between the region and other relevant geographies.

### ***Population Characteristics***

According to the U.S. Census the Tohono O'odham Nation Region had a population of 10,201 in 2010, of whom 1,180 (12%) were young children under the age of six. The census counted 2,781 households in the region; 738 of these (27%) included at least one child under six.

The majority of young children in the region (80%) live with one unmarried parent, which is somewhat higher than the proportion seen on all Arizona reservations (68%). Most of the remaining young children live with two married parents or step-parents (15%) or with other relatives (6%). About half of the region's young children (51%) lived in households headed by a single female, according to the 2010 Census. For all Arizona reservations, this proportion was somewhat less (42%).

About six percent of the region's children under six live with a parent who was not born in the United States. This is twice the percentage of all Arizona reservations combined, though statewide, about 28 percent of the children under six live with a foreign-born parent.

The proportion of young children living in a grandparent's household in the region (43%) is slightly higher than that in all Arizona reservations combined (40%), but substantially higher than the statewide percentage (14%). For those children living in a grandparent's household in



the region, 47 percent live with a grandparent who is financially responsible for them, but only three percent of the children have no parent present in the home.

### ***Economic Circumstances***

Poverty rates for both the overall population and the population of young children are higher in the Tohono O'odham Nation Region than across all Arizona reservations combined and the state as a whole. For the overall population, 45 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide. In all these geographies, young children are consistently more likely to be living in poverty than members of the overall population. More than two-thirds (69%) of the children in the region live in poverty, a higher proportion than that in all Arizona reservations combined and the state (56% and 28%, respectively). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region, and across all Arizona reservations are low income, i.e., near but not below the federal poverty level (FPL). Eighty-two percent of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677 a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state. The median family income in the region (\$29,957) is less than half of the median family income in the state of Arizona (\$58,897).

The average unemployment rate in the region for the 2009-2013 period was 24.6 percent, higher than the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent.

Given the high poverty levels in the region, safety net programs such as Temporary Assistance to Needy Families program (TANF), the Supplemental Nutrition Assistance Program (SNAP) and the school-based free or reduced-price lunch program, are used by many families. In 2014, 29 percent of children in the region received TANF benefits, while only four percent of children statewide did. The proportion of children on TANF has remained stable between 2012 and 2014. In that same period, the proportion of young children in the region receiving SNAP decreased slightly (from 86% to 80%). Over three-quarters (77%) of the children attending Baboquivari Unified School District, the only Arizona Department of Education district with boundaries wholly contained within in the region, were eligible for free or reduced lunch in 2014.

### ***Educational Indicators***

Children from the region attend schools in a number of Arizona Department of Education (ADE) districts and Bureau of Indian Education schools. Data are provided for the one ADE district wholly contained within tribal lands, Baboquivari Unified School District. Students are considered to “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Baboquivari Unified School District, half (50%) of third grade students passed the AIMS Math test and just under two-thirds (63%) passed the AIMS reading test. Thirteen percent of third graders in the region scored “falls far below” in math; three percent

scored “falls far below” on the reading test, putting them at risk of grade retention under Arizona Revised Statute §15-701.

### ***Early Learning***

Child care and early education services in the Tohono O'odham Nation are tribally licensed and regulated by the Early Childhood Education Division Head Start. Child care and early education options to families in the Tohono O'odham Nation include the tribal Child Care Centers, Head Start centers, tribally approved family home providers (on and off the reservation boundaries), as well as private child care centers and home-based providers licensed by the Arizona Department of Economic Security in the Tucson area that the Early Childhood Education Division contracts with.

### **Center and Home-based Care**

There are four tribally-operated Child Care Centers that provide services to children six months to three years old under the Early Childhood Division. The Child Care centers are located in the communities of Santa Rosa, Pisinemo, San Xavier and Sells. In addition, a new center in the San Lucy District is in the process of completing renovations and is expected to open soon. As of 12/12/2014 there were a total of 31 children enrolled in all four centers, which have a total combined capacity to serve 48 children. Cost of services is based on family income, using a sliding scale fee. Priority is given to high school students, foster families and tribal Child Protective Services placements.

Demand for center-based child care services is highest in the population centers of Sells and San Xavier (for Sells, for instance, the waiting list included 15 children as of March of 2014, and key informants noted that children often age out of the waiting list). Language and culture are incorporated into the daily activities of the Child Care Centers. The Early Childhood Education Division has a bilingual/bicultural curriculum available for teachers, which can also be used at Head Start centers.

There are also a number of home-based child care providers under the Early Childhood Education Division. Those interested in providing services must undergo a background check, as well as CPR training. Obtaining the training and certification for CPR, as well as the fingerprinting process associated with the background checks can become an obstacle to potential home providers because of the cost associated with these procedures as well as limited opportunities to do the CPR training locally. And in general, turnover of home-based providers tends to be high. The Early Childhood Education Division continuously makes efforts to recruit new providers through fliers, announcements in the community and word of mouth. And because families get to choose their providers, if they elect to have their children be cared for by other family members they can recommend that they go through the process to become a certified provider under the Early Childhood Education Division.

### **Tohono O'odham Nation Head Start Program**

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early

childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Tohono O'odham Nation operates a federally regulated Tribal Head Start program.

The Tohono O'odham Nation Head Start program serves a total of 215 children in six centers throughout the Nation in the communities of Hickawan, North Komelik Santa Rosa, San Xavier, Sells and Pisinemo. Of the total number of children enrolled, 190 participate in the center-based program, while the remaining 25 are enrolled in the home-based program. The Tohono O'odham Head Start program runs on a 5-day week, to match the calendar of the local school district. Another important aspect of the early childhood educational opportunities available through the Head Start program include an emphasis on the O'odham language and culture that is embedded in the curriculum .

### **Baboquivari Unified School District Pre-K Program**

The Baboquivari Unified School District Pre-K Program is a comprehensive early childhood education program for pre-school aged children. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Baboquivari Unified School District operates a Arizona Department of Education Pre-k program.

The Baboquivari Unified School District Pre-K program serves a total of 80 children in four classroom on the campus of Indian-Oasis Elementary in the Sells. The Baboquivari Unified School District Pre-K program runs on a 5-day week schedule that is aligned with Indian-Oasis Elementary.

In the Tohono O'odham Nation Region there were 27 referrals made to the Arizona Early Intervention Program (AzEIP) in FY 2014 for children aged 25 to 35 months. The number of Division of Developmental Disabilities (DDD) service visits for children aged 0-2 and 3-5 decreased from 2013 to 2014 in the region and the state

### ***Child Health***

In 2013, there were 180 babies born to women residing in the region. Over half (52%) of pregnant women in the region had no prenatal care during the first trimester. This proportion, which is substantially higher than that in the state as a whole (19%), does not meet the Healthy People 2020 objective of fewer than 22.1 percent without care. Almost one-quarter (24%) of pregnant women in the region had fewer than five prenatal care visits, compared to five percent in the state. A similar proportion of babies in the region (9%) and the state (9%) were premature (less than 37 weeks), both meeting the Healthy People 2020 objective of fewer than 11.4 percent premature. The region also met the Healthy People 2020 objective of having fewer than 7.8 percent of babies with a low birth weight, with a percentage (6%) lower across the state (7%).

The majority of births in the region (80%) were paid for by a public payor (AHCCCS, Arizona's Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category.

According to the American Community Survey, twenty-one percent of the young children in the Tohono O'odham Nation Region are estimated to be uninsured. This proportion is similar to that of all Arizona reservations combined (20%) but substantially higher than the state (10%).

While immunizations rates vary by vaccine, in the school year 2014-2015 all children in school-based preschool in the region had been immunized against seven important diseases; these rates, which represent only one school-based preschool program in the region, are higher than those of the state. The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for the DTAP, polio and MMR vaccines is 90 percent, so children in this school meet the target. However, because of immunization requirements, the rates of immunization for children in child care may be higher than immunization rates for children not in child care. Therefore, the rates across all children in the region may not be as high. One hundred percent of children enrolled in kindergarten at Indian Oasis Elementary School Primary and San Xavier Mission School were vaccinated. There were no religious or personal belief exemptions from immunizations in the Tohono O'odham Nation preschool and schools for which data were available.

### ***Family Support and Literacy***

#### **Raising young children in the region: positive aspects and challenges**

Key informants interviewed in 2014 were asked about the positive aspects of raising children in the region, and the things that work well for families with young children. They indicated that having the support of extended family members is an asset for parents of young children who can count on a large support network. Key informants also referred to programs and services provided by both tribal and non-tribal agencies including Head Start and WIC as important resources for families with young children. They emphasized the fact that many programs work together in collaboration to provide high-quality services to community members, particularly when they are able to do it in a "one-stop" approach. This is important because lack of transportation was identified as a major challenge for parents, who often need to travel long distances to access services. Key informants also highlighted the fact that children can attend school locally because it is much easier for parents to participate in school activities (something that can be very challenging if children attend off-reservation school). Key informants also pointed out that children being able to attend school in the community (as opposed to going to off-reservation boarding schools) also allows them to participate in the various traditional activities and ceremonies taking place in the villages.

Key informants were also asked about the challenges that families with young children face in the region. They reported that parents, particularly young parents, need more support so that they can continue their education. This could include providing scholarships and tutoring to help them obtain their GED certificate. Additional one-on-one support for parents with young children, family-oriented activities and more events for young children were also highlighted as needs. Key informants also pointed out that limited housing is a major challenge in the region. They reported that there is a high demand for new homes but that only a limited number of them are being built. Families often share one home until another one becomes available.

Transportation is another major challenge in the region. Families often lack a way to get around and find it difficult to access services because of the long distances they need to travel. Key informants also pointed out that supporting grandparent raising their grandchildren is a need in the community, as often these grandparents are unaware of the resources available to them. Securing reliable, full-time child care for working parents is also a challenge in the region.

Availability of drugs and alcohol was identified as another challenge for families; key informants suggested having additional support services for community members struggling with substance abuse. Other services that continue to be needed according to key informants are: behavioral health services to assist community members dealing with depression; nutrition information so families know how to raise healthy children; and helping parents learn how to cook healthy meals using the resources they have at hand (like WIC vouchers).

### **Child Welfare**

Child Welfare services in the Tohono O'odham Nation Region are provided by the Tohono O'odham Nation Department of Health and Human Services.

Children in the region who are removed from their homes by the Child Welfare Program are placed in foster homes, in the tribally-operated Children's Home Program or in contracted group homes.

According to key informants older children are usually placed in the Children's Home program or contracted group homes. Catholic Community Services has facilities that are especially suited for pregnant teens where they can stay with their newborns for up to one year.

Finding new foster homes is a challenge in the region. Most current foster parents under the Tohono O'odham Nation Child Welfare Program have been in the system for a long time and are very committed. Some have adopted children that were under their care, and continue to serve as foster parents. Recruiting new foster parents, however, is difficult because of the background check that all adults in the household need to clear. Limited housing is a challenge in the region, which means that often several family members share a home, but all adults must go through the background checks in order for children to be placed in that home.

The Child Welfare Program also makes traditional healing services available to families in crisis who request this service, as one more resource to assist them in their reunification efforts.

Key informants indicated that the Tohono O'odham Nation tribal council passed new Child Welfare legislation in May of 2013 to make child welfare practices in the Nation more aligned with the state. One of the new mandates requires the Child Welfare Program to respond to allegations of child neglect or abuse within 24 hours. This new practice essentially eliminates the priority system previously in place, where allegations were investigated depending on the level of seriousness. The new legislation requires a response to all allegations within the same time window. This has meant that the Child Welfare Program is able to intervene in cases at an earlier point and refer families to other services (e.g. counseling) in order to avoid an escalation that may lead to a removal, even if the allegation is not substantiated. Nevertheless, the new

mandate did not provide additional resources to the Child Welfare program, whose case workers had an already high caseload even before the new legislation. The Program has a total of six case managers and five investigators, and an average of 25-35 cases per case worker.

According to key informants, other challenges for families involved with the child welfare system include the fact that children often present with a number of behavioral health concerns, many of which are related to deeply rooted trauma, and the services currently available to them may not be able to address these issues.

The majority of children in the Child Welfare Program who require behavioral health interventions receive them from Intermountain Services for Human Development, as services to meet their needs may not always be available from the tribal Behavioral Health Program. Key informants indicated that in the past, tribal Behavioral Health services concentrated mostly around adult substance abuse and had very few services for young children. But there has been a recent increase in the demand for services for the younger population. Key informants also pointed out that additional collaboration between the Child Welfare Program and the Behavioral Health program would be beneficial so that services for the youngest residents in the region (especially those from families in crisis) can be more readily available.

Another challenge in the child welfare system is the ability to provide services to families in the more remote areas of the reservation. According to key informants, services are provided to families in all districts, but follow-up with those in the more remote areas is often a challenge, especially when children return home to their families. Key informants also pointed out that decentralized after-care services and additional education among community members and other services providers may help ensure that families receive the support they need.

Finally, key informants indicated that much of the coordination around services happens in response to crisis situations, but additional coordination around prevention services could benefit the families in the region. A good example of such coordination is the Family Preservation Program. This program offers parenting and personal growth resources, as well as motherhood and fatherhood support groups. The curriculum used in the programs can be modified to include culturally-appropriate materials. Most of the program participants are referred by the court as part of their family reunification or prevention of removal process. The Child Welfare program collaborates closely with the court and other programs under the Judicial Branch and Behavioral Health programs in order to better provide motherhood and personal growth services. The Behavioral Health program refers client to the Family Preservation Program.

### ***Communication, Public Information and Awareness and Systems Coordination among Early Childhood Programs and Services***

As noted above, key informants agreed that there continues to be a need for increasing parental awareness around critical early childhood topics such as developmental milestones, early identification and treatment of special needs. The Tohono O'odham Nation Regional Partnership Council has recognized this need and provides funding for the Family Support and Child Development Program. Key informants pointed out that the work of the health advocates

who staff this program has been crucial in addressing these needs. However, the advocates provide home-based services in the entire reservation area which means that they are limited in the number of families that they can reach. Continued partnership between this program and other agencies and services targeting families with young children will be critical in order to meet the high need for support services around early childhood development.

The existing partnership among tribal and non-tribal agencies working together under the Early Intervention Collaborative Group is a good example of this collaborative approach to meeting the needs of children with special needs in the region.

Other examples of good coordination efforts in the region cited by key informants included: the coordination between the Children's Home and various other agencies such as WIC and AzEIP to make sure that children from families in crises receive the services available to them, even after they are reunited with their families; and the Community of Practice, which brings together stakeholders from the early childhood education system and also helps coordinate efforts with other programs in the region serving families with young children through their workshops and presentations.

## The Tohono O'odham Nation Region

### Regional Description

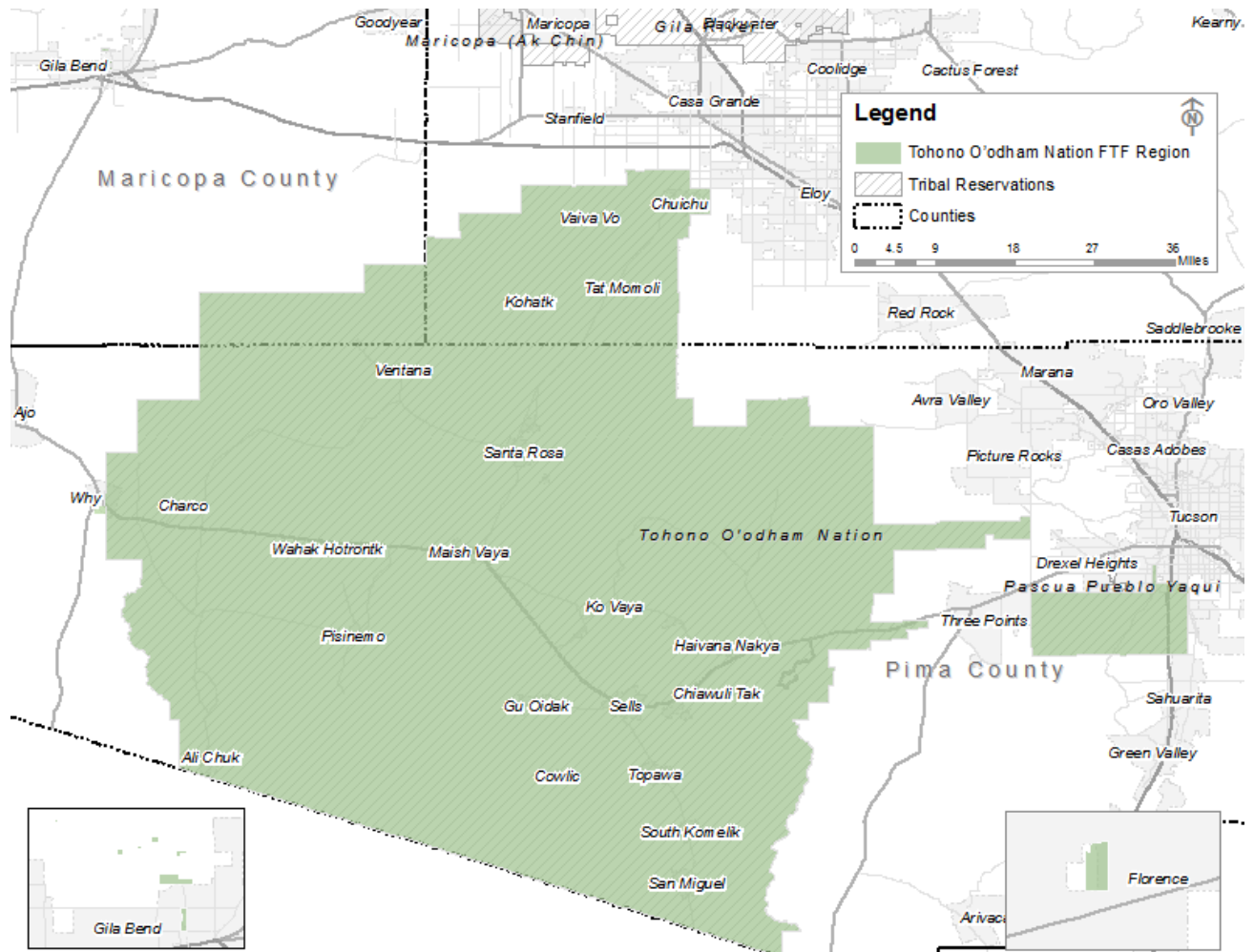
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Tohono O'odham Nation was one of 10 tribes that chose to be designated as its own region. This decision must be ratified every two years, and the Tohono O'odham Nation has opted to continue to be designated as its own region.

The Tohono O'odham Nation's lands are located within the Sonoran Desert in south central Arizona. The Tohono O'odham Regional Partnership Council boundaries are the same as the Nation's Federally-recognized reservation boundaries. These include the noncontiguous San Xavier (Tucson) and San Lucy (Gila Bend & Glendale) Districts, Florence Village—a small community outside the City of Florence in Pinal County—and the eight contiguous Districts that make up the majority of Western Pima County and small Southern portions of Maricopa and Pinal Counties. They include Gu Vo, HICKIWAN, SIF Oidak, Gu Achi, Pisinemo, Chukut Kuk, Sells, Shuk Toak, and Baboquivari Districts.

Figure 1 shows the geographical area covered by the Tohono O'odham Nation Region. Additional information available at the end of this report includes a map of the region by zip code in Appendix 1, a table listing zip codes for the region in Appendix 2, and a map of school districts in the region in Appendix 3.



**Figure 1. The Tohono O'odham Nation Region**



Source: U.S. Census Bureau (2010). TIGER/Line Shapefiles: TabBlocks, Streets, Counties, American Indian/Alaska Native Homelands. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

## Data Sources

The data contained in this report comes from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA).

The U.S. Census<sup>1</sup> is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the Tohono O'odham Nation Region presented in this report were calculated by identifying each block in the region, and aggregating the data over all of those blocks.

The American Community Survey<sup>2</sup> is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Tohono O'odham Nation Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the Tohono O'odham Nation Region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2009 to 2013. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than ten, and preclude our reporting data related to health or developmental delay if the count is less than twenty-five. In addition, some data received from state agencies may be suppressed according to their own guidelines. The Arizona Department of Health Services, for example, does not report counts less than six. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "N/A" in the data tables.

**A note on the Census and American Community Survey data included in this report:**

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: U.S. Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them

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<sup>1</sup> U.S. Census Bureau. (May, 2000). *Factfinder for the Nation*. Retrieved from <http://www.census.gov/history/pdf/cff4.pdf>

<sup>2</sup> U.S. Census Bureau (April, 2013). *American Community Survey Information Guide*. Retrieved from [http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS\\_Information\\_Guide.pdf](http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf)

have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”<sup>3</sup> In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). As noted above, the ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report<sup>4</sup> this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve. Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommend a concerted tribal-federal government effort to develop the tribes’ capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

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<sup>3</sup>U.S. Census Bureau (May, 2012)*Estimates of Undercount and Overcount in the 2010 Census* (Retrieved from [www.census.gov/newsroom/releases/archives/2010\\_census/cb12-95.html](http://www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html))

<sup>4</sup> Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs (2013). *The State of Indian Country Arizona. Volume 1*. Retrieved from [http://outreach.asu.edu/sites/default/files/SICAZ\\_report\\_20130828.pdf](http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf)

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project<sup>5</sup> begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

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<sup>5</sup> [http://aipi.clas.asu.edu/Tribal\\_Indicators](http://aipi.clas.asu.edu/Tribal_Indicators)

## Population Characteristics

### Why it Matters

The characteristics of families living within a region can influence the availability of resources and supports for those families.<sup>6</sup> Population characteristics and trends in family composition are often considered by policymakers when making decisions about the type and location of services to be provided within a region such as schools, health care facilities and services, and social services and programs. As a result of these decisions, families with young children may have very different experiences within and across regions regarding access to employment, food resources, schools, health care facilities and providers, and social services. It is important, therefore, that decision-makers understand who their constituents are so that they can prioritize policies that address the needs of diverse families with young children. Accurate and up-to-date information about population characteristics such as the number of children and families in a geographic region, their ethnic composition, whether their parents were born abroad, living arrangements and languages spoken can support the development or continuation of resources that are linguistically, culturally, and geographically most appropriate for a given locale.

In addition to being affected by community resources, the likelihood of a child reaching his or her optimal development can also be affected by the supports and resources available within the family.<sup>7,8</sup> The availability of family resources can be influenced by the characteristics of the family structure, such as who resides in a household and who is responsible for a child's care.

Children living with and being cared for by relatives or caregivers other than parents, is increasingly common.<sup>9</sup> Extended, multigenerational families and kinship care are more typical in Native communities.<sup>10,11</sup> The strengths associated with this open family structure -mutual

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<sup>6</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2014). *Child Health USA 2014. Population Characteristics*. Retrieved from: <http://mchb.hrsa.gov/chusa14/population-characteristics.html>

<sup>7</sup> Center for American Progress. (2015). *Valuing All Our Families. Progressive Policies that Strengthen Family Commitments and Reduce Family Disparities*. Retrieved from: <https://cdn.americanprogress.org/wp-content/uploads/2015/01/FamilyStructure-report.pdf>

<sup>8</sup> Kidsdata.org. (n.d.). *Summary: Family Structure*. Retrieved from: <http://www.kidsdata.org/topic/8/family-structure/summary>

<sup>9</sup> U.S. Department of Health and Human Services. (2012). *ASPE Report. Children in Nonparental Care: A Review of the Literature and Analysis of Data Gaps*. Retrieved from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>

<sup>10</sup> Harrison, A. O., Wilson, M. N., Pine, C. J., Chan, S. Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development*, 61(2), 347-362.

<sup>11</sup> Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health*, 15(3), 243.

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help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.<sup>12</sup> Grandparents are often central to these multigenerational households. However, when caring for children not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family, grandparents may be in need of specialized assistance and resources to support their grandchildren.<sup>13</sup>

Understanding language use in the region can also contribute to being better able to serve the needs of families with young children. Language preservation and revitalization have been recognized by the U.S. Department of Health & Human Services as keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.<sup>14</sup> Special consideration should be given to respecting and supporting the numerous Native languages spoken by families, particularly in tribal communities.

### What the Data Tell Us

According to the U.S. Census the Tohono O'odham Nation Region had a population of 10,201 in 2010, of whom 1,180 (12%) were young children under the age of six. The census counted 2,781 households in the region; 738 of these (27%) included at least one child under six (Table 1).

The majority of young children in the region (80%) live with one unmarried parent, which is somewhat higher than the proportion seen on all Arizona reservations (68%) (see Figure 2). Most of the remaining young children live with two married parents or step-parents (15%) or with other relatives (6%). About half of the region's young children (51%) lived in households headed by a single female, according to the 2010 Census. (Note that this head of household could be the child's mother, grandmother, or another woman. See Figure 3) For all Arizona reservations, this proportion was somewhat less (42%).

About six percent of the region's children under six live with a parent who was not born in the United States. This is twice the percentage of all Arizona reservations combined, though statewide, about 28 percent of the children under six live with a foreign-born parent (Table 4).

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<sup>12</sup> Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

<sup>13</sup> Population Reference Bureau. (2012). *More U.S. Children Raised by Grandparents*. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

<sup>14</sup> U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). *Native Languages*. Retrieved from <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>

The proportion of young children living in a grandparent's household in the region (43%) is slightly higher than that in all Arizona reservations combined (40%), but substantially higher than the statewide percentage (14%). For those children living in a grandparent's household in the region, 47 percent live with a grandparent who is financially responsible for them, but only three percent of the children have no parent present in the home (Table 5).

## Population and Households

**Table 1. Population and households, 2010**

	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Tohono O'odham Nation Region	10,201	1,180	2,781	738	27%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Arizona	6,392,017	546,609	2,380,990	384,441	16%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.  
Retrieved from: <http://factfinder.census.gov>

**Table 2. Population of children by single year-of-age, 2010**

	AGES 0-5	AGE 0	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
Tohono O'odham Nation Region	1,180	198	211	184	174	219	194
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Arizona	546,609	87,557	89,746	93,216	93,880	91,316	90,894

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P14.  
Retrieved from: <http://factfinder.census.gov>

Note: Children age 0 were born between April 2009 and March 2010; children age 5 were born between April 2004 and March 2005.

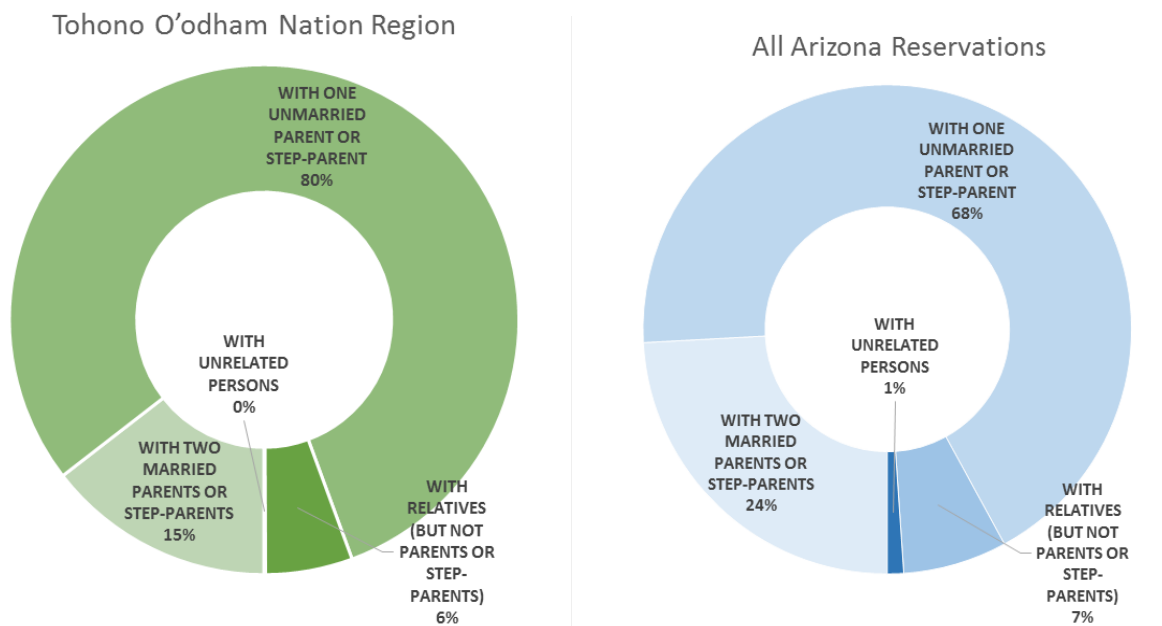
**Table 3. State and county population projections, 2015 & 2020**

	POPULATION (AGES 0-5) IN 2010 CENSUS	PROJECTED POPULATION (AGES 0-5) IN 2015	PROJECTED POPULATION (AGES 0-5) IN 2020	PROJECTED CHANGE FROM 2010 TO 2020
Arizona	546,609	537,200	610,400	12%

Sources: Arizona Dept. of Administration, Employment and Population Statistics, "2012-2050 State and county population projections" & 2010 U.S. Census. Note: Regional data were not available for this indicator.

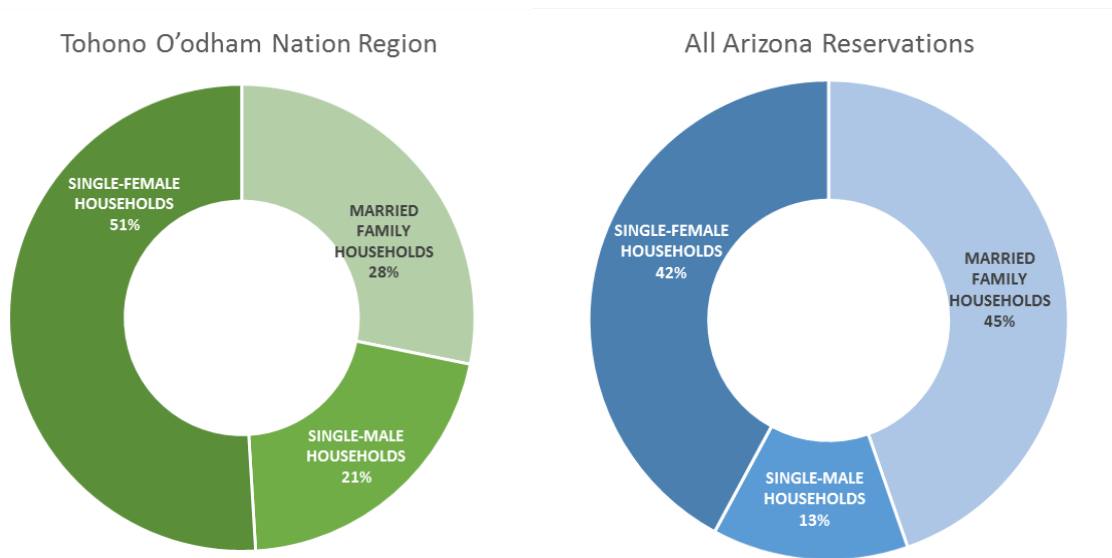
## Living Arrangements for Young Children

**Figure 2. Living arrangements for children (ages 0-5), 2009-2013 five-year estimate**



Source: American Community Survey, 5-year estimates (2009-2013), Tables B05009, B09001, B17006.  
Retrieved from: <http://factfinder.census.gov>

**Figure 3. Heads of households in which young children (ages 0-5) live, 2010**



Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P20, P32.  
Retrieved from: <http://factfinder.census.gov>



**Table 4. Children (ages 0-5) living with one or two foreign-born parents, 2009-2013 five-year estimate**

CHILDREN (0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS	
Tohono O'odham Nation Region	6%
All Arizona Reservations	3%
Arizona	28%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B05009. Retrieved from: <http://factfinder.census.gov>

**Table 5. Children (ages 0-5) living in the household of a grandparent, 2010**

CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	
Tohono O'odham Nation Region	43%
All Arizona Reservations	40%
Arizona	14%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P41. Retrieved from: <http://factfinder.census.gov>

**Table 6. Grandparents responsible for grandchildren (ages 0-17) living with them, 2009-2013 five-year estimate**

	GRANDCHILDREN (0-17) LIVING WITH GRANDPARENT HOUSEHOLDER	GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17)		GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17) WITH NO PARENT PRESENT	
Tohono O'odham Nation Region	980	462	47%	33	3%
All Arizona Reservations	17,142	10,120	59%	2,013	12%
Arizona	137,753	73,467	53%	20,102	15%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B10002. Retrieved from: <http://factfinder.census.gov>

## Race, Ethnicity, and Language

**Table 7. Race and ethnicity of the population of young children (ages 0-4), 2010**

	Total Population (ages 0-4)	Hispanic or Latino	White, not Hispanic	Black or African American	American Indian	Asian or Pacific Islander
Tohono O'odham Nation Region	986	13%	1%	0%	91%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Arizona	455,715	45%	40%	5%	6%	3%

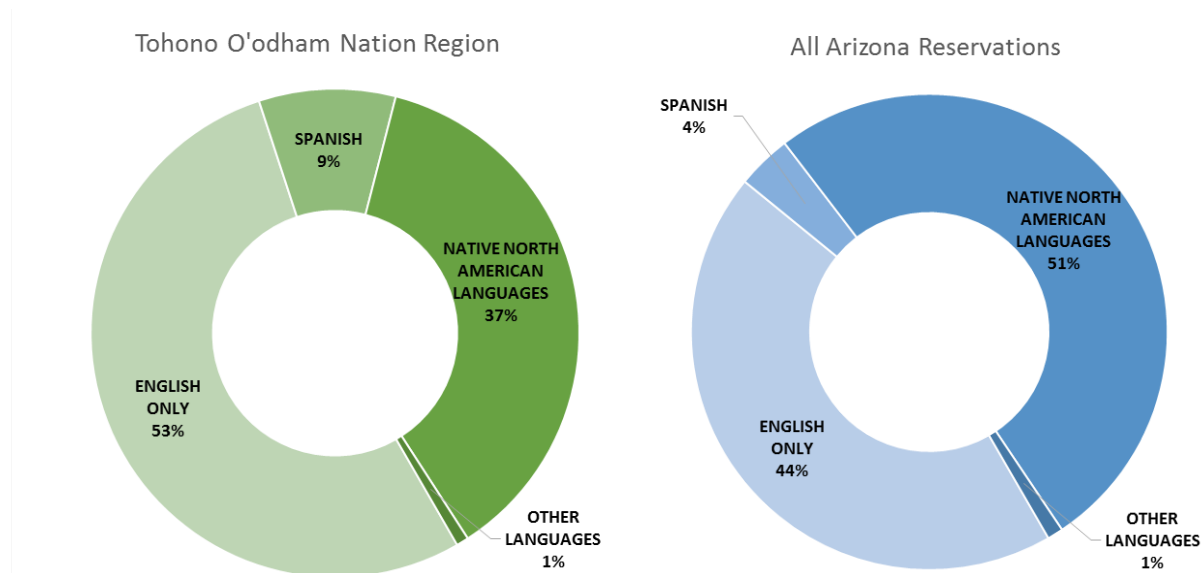
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P12A-H.  
Retrieved from: <http://factfinder.census.gov>

**Table 8. Race and ethnicity of the adult population (ages 18 and older), 2010**

	Total Population (ages 18+)	Hispanic or Latino	Not Hispanic or Latino				
			White	Black or African American	American Indian	Asian or Pacific Islander	Other
Tohono O'odham Nation Region	6,853	8%	5%	0%	86%	0%	1%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P11  
Retrieved from: <http://factfinder.census.gov>

**Figure 4. Language spoken at home, by persons ages 5 and older, 2009-2013 five-year estimate**



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B16001. Retrieved from: <http://factfinder.census.gov>

**Table 9. Household use of languages other than English, 2009-2013 five-year estimate**

	NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LIMITED ENGLISH SPEAKING HOUSEHOLDS (TOTAL)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (SPANISH)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (NOT SPANISH)
Tohono O'odham Nation Region	2,704	64%	4%	1%	3%
All Arizona Reservations	47,351	80%	1%	0%	1%
Arizona	2,370,289	27%	5%	4%	1%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B16002. Retrieved from: <http://factfinder.census.gov>

## Economic Circumstances

### Why it Matters

Many economic factors contribute to a child's well-being, including family income, parent employment status, and the availability of safety-net programs such as housing and nutrition assistance.<sup>15,16</sup> Understanding the economic context in which families with young children live is crucial when designing programs and policies intended to assist them.

Employment rates and income are common indicators of economic well-being. Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors.<sup>17</sup> Parental job loss can also impact children's school performance (shown by lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)<sup>18</sup> Unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality.

Employment rates and job opportunities contribute to the income families have available. It is estimated that families need an income of about twice the federal poverty level (FPL)<sup>19</sup> to meet basic needs.<sup>20</sup> Families earning less may experience unstable access to basic resources like food and housing. Food insecurity – the lack of reliable access to affordable, nutritious food – negatively impacts the health and well-being of children, including a heightened risk for developmental delays.<sup>21</sup> High housing costs, relative to income, are associated with increased risk for homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while

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<sup>15</sup> Annie E Casey Foundation. (2015). *Kids Count 2015 Data Book—State Trends in Child Well-being*. Retrieved from <http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-2015-em.pdf>

<sup>16</sup> Kalil, A. (2013). Effects of the great recession on child development. *The Annals of the American Academy of Political and Social Science*, 650(1), 232-250. Retrieved from <http://ann.sagepub.com/content/650/1/232.full.pdf+html>

<sup>17</sup> Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

<sup>18</sup> Ibid

<sup>19</sup> The 2015 FPL for a family of four is \$24,250. Source: U.S. Department of Health and Human Services. (2015). *2015 Poverty Guidelines*. Retrieved from: <http://aspe.hhs.gov/2015-poverty-guidelines>

<sup>20</sup> National Center for Children in Poverty. (2015). *Arizona Demographics of Low-income Children*. Retrieved from [http://www.nccp.org/profiles/AZ\\_profile\\_6.html](http://www.nccp.org/profiles/AZ_profile_6.html)

<sup>21</sup> Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., Heeren, T., Levenson, S. M., Meyers, A. F., & Frank, D. A. (2008). Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>

parents are at work, and low cognitive achievement.<sup>22</sup> Even when housing is affordable, housing *availability* is typically lower on tribal land, due to the legal complexities of land ownership and the lack of rental properties, often leading to a shortage of safe, quality housing.<sup>23</sup> Low income and poverty, especially among children, can have far reaching negative consequences, including an effect on brain development and later cognitive ability.<sup>24</sup>

Public assistance programs are one way of combating the effects of poverty and providing supports to children and families in need. Temporary Assistance for Needy Families<sup>25</sup> (TANF, which has replaced previous welfare programs) provides cash assistance and services to the very poor and can help offset some of the economic circumstances of families that may have a detrimental effect on young children.

Another safety net program, the Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.<sup>26</sup> SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by ten to 20 percent.<sup>27</sup> Similarly, the National School Lunch Program<sup>28</sup> provides free and reduced-price meals at school for students whose

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<sup>22</sup> The Federal Interagency Forum on Child and Family Statistics. (2015). *America's Children: Key National Indicators of Well-Being, 2015*. Retrieved from [http://www.childstats.gov/pdf/ac2015/ac\\_15.pdf](http://www.childstats.gov/pdf/ac2015/ac_15.pdf)

<sup>23</sup> Housing Assistance Council. (2013). *Housing on Native American Lands*. Retrieved from [http://www.ruralhome.org/storage/documents/rpts\\_pubs/ts10\\_native\\_lands.pdf](http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_lands.pdf)

<sup>24</sup> Noble, K.G., Houston, S.M., Brito, N.H., Bartsch, H. Kan E., et. al. (2015). Family income, parental education and brain structure in children and adolescents. *Nature Neuroscience*, 18, 773–778. Retrieved from <http://www.nature.com/neuro/journal/v18/n5/full/nn.3983.html#close>

<sup>25</sup> In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 annually for a family of four, and has recently undergone significant changes. Beginning in 2016, Arizona will become the first and only state that limits a person's lifetime benefit to 12 months. In addition, since 2009, a steadily decreasing percentage of Arizona TANF funds have been spent on three of the key assistance categories: cash assistance to meet basic needs, helping connect parents to employment opportunities, and child care. In 2013, Arizona ranked 51<sup>st</sup>, 47<sup>th</sup>, and 46<sup>th</sup> respectively in proportional spending in those categories across all states and the District of Columbia. Meanwhile, since 2009, an increasing percentage of Arizona TANF funds have been spent on other costs such as child protection, foster care, and adoption. Sources: Reilly, T., and Vitek, K. (2015). *TANF cuts: Is Arizona shortsighted in its dwindling support for poor families?* Retrieved from [https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc\\_0.pdf](https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc_0.pdf); Floyd, I., Pavetti, L., and Schott, L. (2015). *How states use federal and state funds under the TANF block grant*. Retrieved from <http://www.cbpp.org/research/family-income-support/how-states-use-federal-and-state-funds-under-the-tanf-block-grant>

<sup>26</sup> Food Research and Action Center. (2013). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Retrieved from [http://frac.org/pdf/snap\\_and\\_public\\_health\\_2013.pdf](http://frac.org/pdf/snap_and_public_health_2013.pdf)

<sup>27</sup> Ibid

<sup>28</sup> United States Department of Agriculture, Food and Nutrition Service. (2015). *National School Lunch Program (NSLP)*. Retrieved from <http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

families meet income criteria. These income criteria are 130 percent of the federal poverty level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch.

## What the Data Tell Us

Poverty rates for both the overall population and the population of young children are higher in the Tohono O'odham Nation Region than across all Arizona reservations combined and the state as a whole. For the overall population, 45 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide (see Figure 5). In all these geographies, young children are consistently more likely to be living in poverty than members of the overall population. More than two-thirds (69%) of the children in the region live in poverty, a higher proportion than that in all Arizona reservations combined and the state (56% and 28%, respectively). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region, and across all Arizona reservations are low income (i.e., near but not below the federal poverty level (FPL)). Eighty-two percent of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677<sup>29</sup> a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state (see Table 10). The median family income in the region (\$29,957) is less than half of the median family income in the state of Arizona (\$58,897) (see Figure 6).

The average unemployment rate in the region for the 2009-2013 period was 24.6 percent, higher than the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent (see Figure 7).

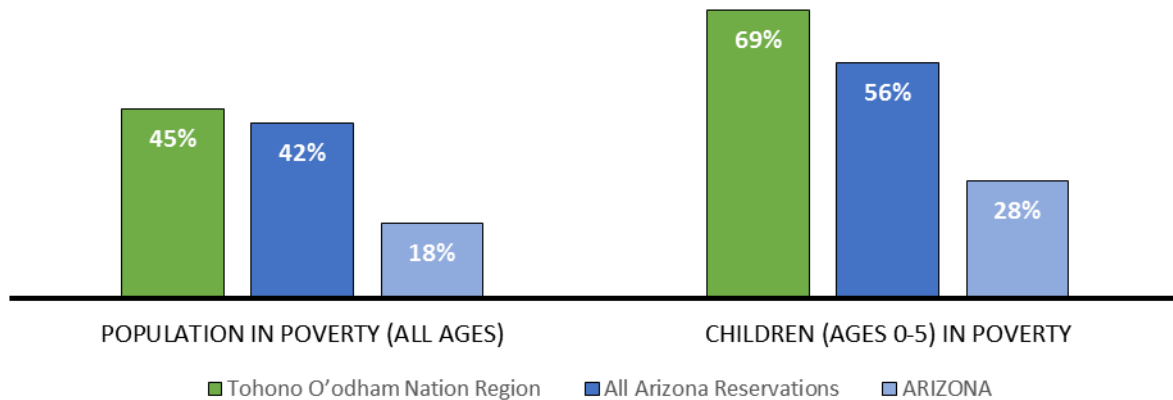
Given the high poverty levels in the region, safety net programs such as Temporary Assistance to Needy Families program (TANF), the Supplemental Nutrition Assistance Program (SNAP) and the school-based free or reduced-price lunch program, are used by many families. In 2014, 29 percent of children in the region received TANF benefits, while only four percent of children statewide did. The proportion of children on TANF has remained stable between 2012 and 2014 (Table 14). In that same period, the proportion of young children in the region receiving SNAP decreased slightly (from 86% to 80%) (Table 15). Over three-quarters (77%) of the children attending Baboquivari Unified School District, the only Arizona Department of Education district with boundaries wholly contained within in the region, were eligible for free or reduced lunch in 2014 (Table 16).

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<sup>29</sup> Based on 2014 FPL Guidelines, see <http://aspe.hhs.gov/2014-poverty-guidelines>

## Poverty and Income

**Figure 5. Percent of population in poverty, 2009-2013 five-year estimate**



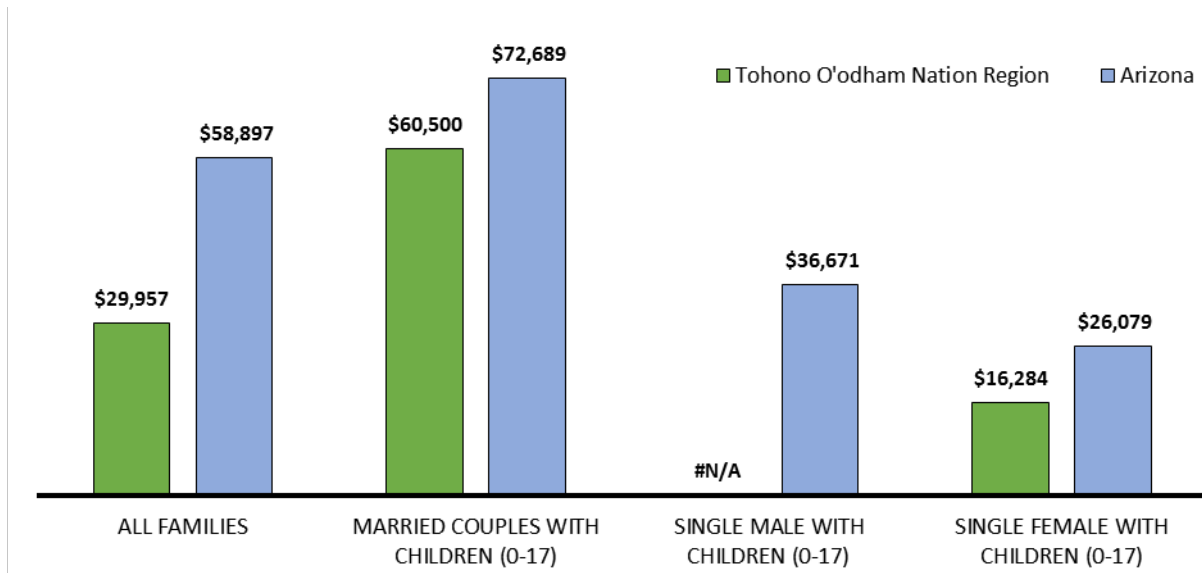
Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B17001.  
Retrieved from: <http://factfinder.census.gov>

**Table 10. Federal poverty levels for families with young children (ages 0-4), 2009-2013 five-year estimate**

	FAMILIES WITH CHILDREN 0-4	FAMILIES WITH CHILDREN 0-4			
		BELOW POVERTY	BELOW 130% POVERTY	BELOW 150% POVERTY	BELOW 185% POVERTY
Tohono O'odham Nation Region	344	62%	68%	77%	82%
All Arizona Reservations	9,660	52%	63%	69%	77%
Arizona	307,126	26%	35%	40%	48%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Tables 17010 and 17022.  
Retrieved from: <http://factfinder.census.gov>

**Figure 6. Median annual family incomes, 2009-2013 five-year estimate**

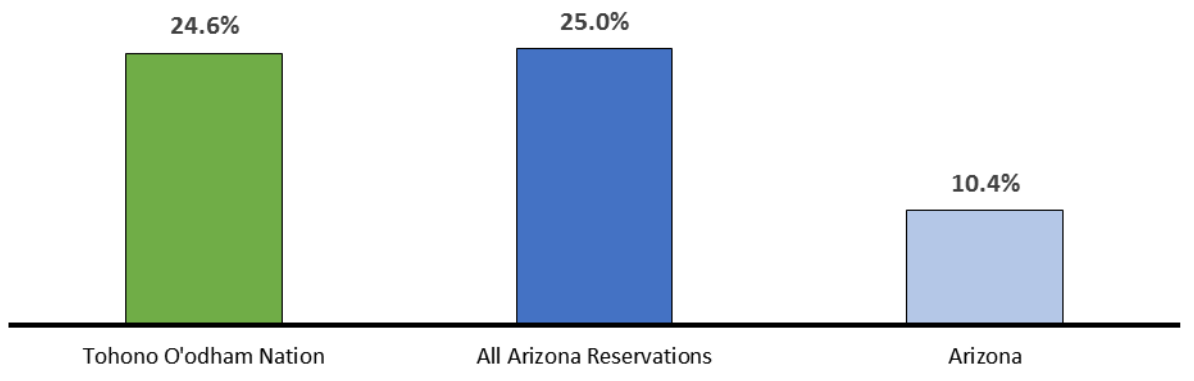


Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B19126.  
Retrieved from: <http://factfinder.census.gov>



## Employment and Housing

**Figure 7. Average annual unemployment rates, 2009 to 2013<sup>30</sup>**



Source: U.S. Census Bureau (2015). 2009-2013 American Community Survey 5-Year Estimates, Table S2301. Retrieved from <http://factfinder.census.gov>

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<sup>30</sup> Please note that the source for the unemployment data presented in this report is different than that used in previous Needs and Assets Reports for the region. The previous estimates are no longer be available, so the data in this figure are the most recent available for the region. According to the Arizona Department of Administration Office of Employment and Population Statistics, these unemployment rates are calculated using a fixed ratio method derived from the 2009-2013 American Community Survey. Previous unemployment statistics for Arizona reservations were obtained using a fixed ratio derived from the 2000 Decennial Census. Source: Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014* and Arizona Department of Administration, Office of Employment and Population Statistics (2015). *2009 to 2015 Special Unemployment Report*. Retrieved from <https://laborstats.az.gov/local-area-unemployment-statistics>

**Table 11. Parents of young children (ages 0-5) who are or are not in the labor force, 2009-2013 five-year estimate**

	ESTIMATED NUMBER OF CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO PARENTS	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH ONE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
<b>Tohono O'odham Nation Region</b>	<b>824</b>	<b>6%</b>	<b>8%</b>	<b>2%</b>	<b>39%</b>	<b>46%</b>
All Arizona Reservations	18,682	13%	11%	2%	40%	34%
Arizona	517,766	31%	29%	1%	29%	10%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B23008.

Retrieved from: <http://factfinder.census.gov>

Note: Persons who are unemployed but looking for work are considered to be "in the labor force."

**Table 12. Vacant and occupied housing units, 2009-2013 five-year estimate**

	TOTAL HOUSING UNITS	OCCUPIED HOUSING UNITS	VACANT HOUSING	
			UNITS (NON- SEASONAL)	UNITS (SEASONAL)
<b>Tohono O'odham Nation Region</b>	<b>3,829</b>	<b>71%</b>	<b>26%</b>	<b>3%</b>
All Arizona Reservations	68,118	70%	15%	15%
Arizona	2,859,768	83%	10%	7%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B25002, B25106.

Retrieved from: <http://factfinder.census.gov>

Note: Seasonal units are intended for use only in certain seasons or for weekends or other occasional use.

**Table 13. Occupied housing units and costs relative to income, 2009-2013 five-year estimate**

	NUMBER OF OCCUPIED HOUSING UNITS	UNITS WHICH COST THE OWNER OR RENTER MORE THAN 30% OF THEIR INCOME	
		NUMBER	PERCENT
<b>Tohono O'odham Nation Region</b>	<b>2,704</b>	<b>594</b>	<b>22%</b>
All Arizona Reservations	47,351	8,030	17%
Arizona	2,370,289	847,315	36%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B25002, B25106.

Retrieved from: <http://factfinder.census.gov>; <http://www.realtytrac.com/statsandtrends/az>

## Economic Supports

**Table 14. Children (ages 0-5) receiving Temporary Assistance to Needy Families (TANF)**

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING TANF			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
Tohono O'odham Nation Region	1,180	28%	30%	29%	3%
All Arizona Reservations	NA	NA	NA	NA	NA
Arizona	546,609	5%	5%	4%	-26%

Source: The Arizona Department of Economic Security (July 2015). [SNAP/TANF Dataset]. Unpublished data.

Note: The data reflect unduplicated counts of children served during each of calendar year.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

**Table 15. Children (ages 0-5) in the Supplemental Nutrition Assistance Program (SNAP)**

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING SNAP			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
Tohono O'odham Nation Region	1,180	86%	85%	80%	-7%
All Arizona Reservations	NA	NA	NA	NA	NA
Arizona	546,609	54%	53%	51%	-7%

Source: The Arizona Department of Economic Security (July 2015)

Note: The data reflect unduplicated counts of children served during each calendar year.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

**Table 16. Students eligible for free or reduced-price lunch, 2012-2014**

	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH		
	2012	2013	2014
Baboquivari Unified School District	69%	74%	77%
Arizona	57%	57%	58%

Source: The Arizona Department of Education (July 2015). [Education Dataset]. Unpublished data.

Note: Regional data were not available for this indicator.

## Educational Indicators

### Why it Matters

Characteristics of educational involvement and achievement in a region, such as school attendance, standardized tests scores, graduation rates, and the overall level of education of adults, all impact the developmental and economic resources available to young children and their families. Education, in and of itself, is an important factor in how able parents and caregivers are to provide for the children in their care. Parents who graduate from high school earn more and are less likely to rely on public assistance programs than those without high school degrees.<sup>31,32</sup> Higher levels of education are associated with better housing, neighborhood of residence, and working conditions, all of which are important for the health and well-being of children.<sup>33,34</sup>

By third grade, reading ability is strongly associated with high school completion. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.<sup>35</sup> In recognition of the importance of assuring that children are reading by the third grade, legislators enacted the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) which states that as of school year 2013-2014 a student shall not be promoted from the third grade if the student obtains a score on the statewide reading assessment “that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments.

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<sup>31</sup> Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., KewalRamani, A., & Kemp, J. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, Washington, D.C. Retrieved from: <http://nces.ed.gov/pubs2008/2008031.pdf>

<sup>32</sup> Waldfogel, J., Garfinkel, I., & Kelly, B. (2007). Welfare and the costs of public assistance. In C.R. Belfield and H.M. Levin (Eds.). *The price we pay: Economic and social consequences for inadequate education*. Washington, DC: The Brookings Institution, 160-174.

<sup>33</sup> Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

<sup>34</sup> Lynch, J., & Kaplan, G. (2000). Socioeconomic position (pp. 13-35). In *Social Epidemiology*. Berkman, L. F. & Kawachi, I. (Eds.). New York: Oxford University Press.

<sup>35</sup> Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

From 2000-2014, the primary in-school performance of students in the public elementary schools in the state has been measured by Arizona's Instrument to Measure Standards (AIMS).<sup>36</sup> AIMS scores were used to meet the requirement of *Move on When Reading*.

However, a new summative assessment system which reflects Arizona's K-12 academic standards, Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT), was implemented in the 2014-2015 school year.<sup>37</sup> This assessment replaced the reading and mathematics portions of the AIMS test. Although it is not a graduation requirement, it will still be used to determine promotion from the third grade in accordance with Arizona Revised Statute §15-701.<sup>38</sup>

AIMS results are included in this report, but future reports will use AzMERIT scores as they become available.

In order for children to be prepared to succeed on tests such as the AIMS or AzMERIT research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.<sup>39</sup>

## What the Data Tell Us

Children from the region attend schools in a number of Arizona Department of Education (ADE) districts (see Appendix 3), and Bureau of Indian Education schools. Data are provided for the one ADE district wholly contained within tribal lands, Baboquivari Unified School District. Students "pass" Arizona's Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Baboquivari Unified School District, half (50%) of third grade students passed the AIMS Math test and just under two-thirds (63%) passed the AIMS reading test (see Figure 9 and Figure 10). Thirteen percent of third graders in the Baboquivari Unified School District scored "falls far below" in math; three percent scored "falls far below" on the reading test, putting them at risk of grade retention under Arizona Revised Statute §15-701.

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<sup>36</sup> For more information on the AIMS test, see <http://arizonaindicators.org/education/aims>

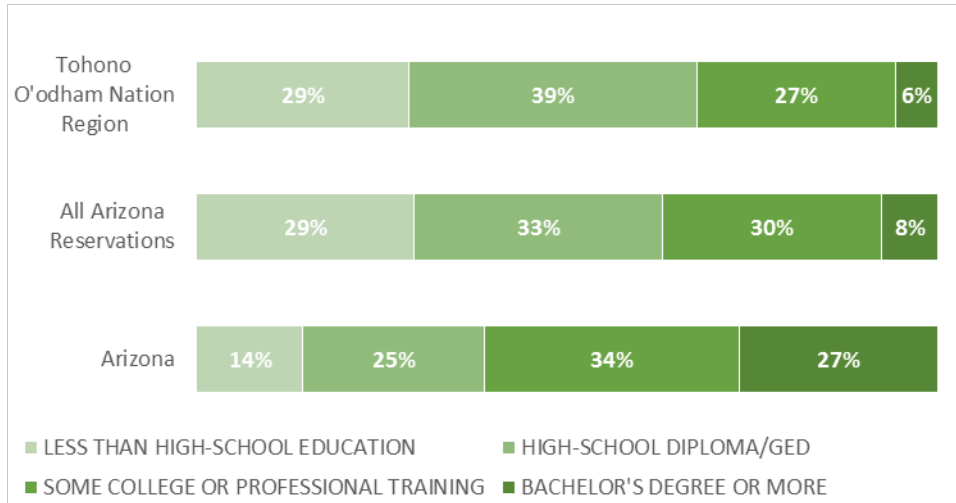
<sup>37</sup> For more information on AzMERIT, see <http://www.azed.gov/assessment/azmerit/>

<sup>38</sup> For more information on Move on When Reading, see <http://www.azed.gov/mowr/>

<sup>39</sup> First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf)

## Educational Attainment of the Adult Population

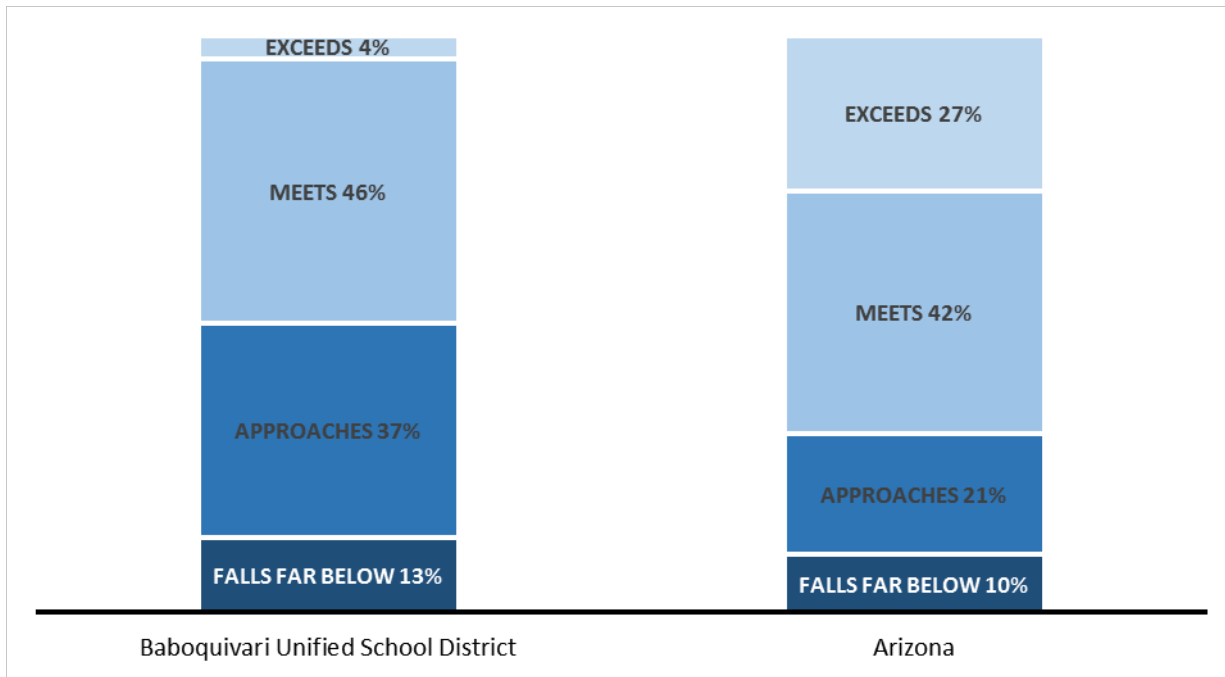
**Figure 8. Level of education for the population ages 25 and older, 2009-2013 five-year estimate**



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B15002. Retrieved from: <http://factfinder.census.gov>

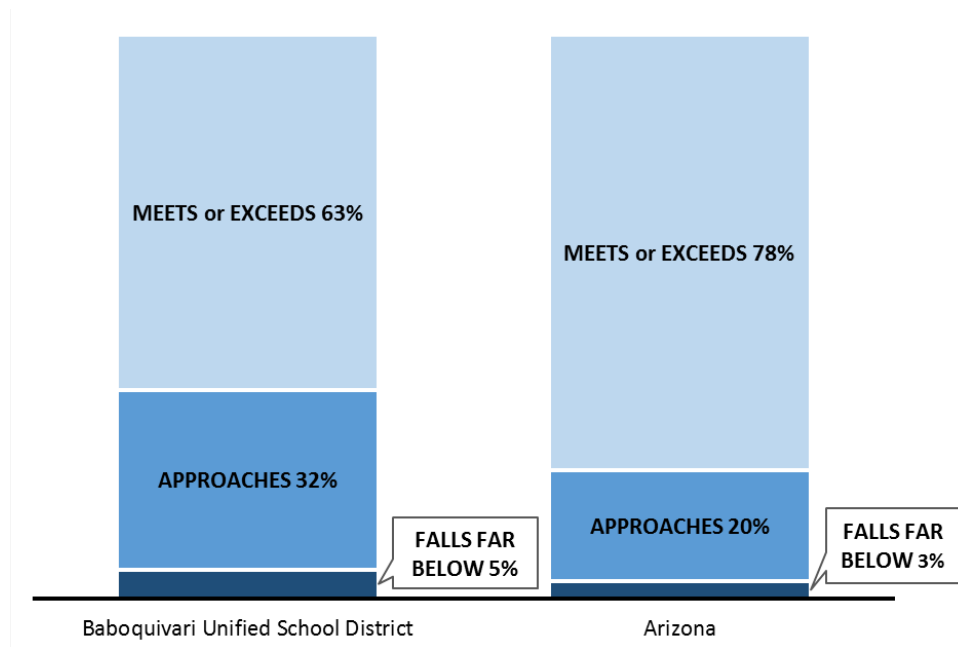
### Third-grade Test Scores

**Figure 9. Results of the 2014 third-grade AIMS Math test**



Source: Arizona Department of Education, Research and Evaluation (2015). AIMS Assessment Results  
Retrieved from: [www.azed.gov/research-evaluation/aims-assessment-results](http://www.azed.gov/research-evaluation/aims-assessment-results)

**Figure 10. Results of the 2014 third-grade AIMS Reading test**



Source: Arizona Department of Education, Research and Evaluation (2015). AIMS Assessment Results

Retrieved from: [www.azed.gov/research-evaluation/aims-assessment-results](http://www.azed.gov/research-evaluation/aims-assessment-results)

Note: Data for students exceeding the standards was suppressed due to low numbers, and were only reported in combination with those meeting the standards



## Early Learning

### Why it Matters

Early childhood marks a time of peak plasticity in the brain, and early adversity can weaken the foundation upon which future learning will be built; in other words, positive developmental experiences in early life are crucial.<sup>40</sup> Research has shown that the experiences that children have from birth to five years of age influence future health and well-being, and that supporting children during this time has a great return on investment.<sup>41</sup> Investing in high-quality early childhood programs, particularly for disadvantaged children, provides substantial benefits to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.<sup>42,43</sup> Children whose education begins with high-quality preschool repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.<sup>44</sup>

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. The annual cost of full-time center-based care for a young child in Arizona is only slightly less than a year of tuition and fees at a public college.<sup>45</sup> Although the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care,<sup>46</sup> the cost of center-based care for a single infant, toddler, or 3-5 year old is an estimated 17, 15 and 11 percent, respectively, of an average Arizona family's income.<sup>47</sup>

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<sup>40</sup> Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

<sup>41</sup> Executive Office of the President of the United States. (2014). *The Economics of Early Childhood Investments*. Retrieved from [https://www.whitehouse.gov/sites/default/files/docs/early\\_childhood\\_report1.pdf](https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf)

<sup>42</sup> The Heckman Equation. (2013). *The Heckman Equation Brochure*. Retrieved from <http://heckmanequation.org/content/resource/heckman-equation-brochure-0>

<sup>43</sup> The Heckman Equation. (n.d.) *Research Summary: Abecedarian & Health*. Retrieved from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>

<sup>44</sup> Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyReport-2013.pdf>

<sup>45</sup> Child Care Aware® of America. (2014). *Parents and the High Cost of Child Care: 2014 Report*. Retrieved from [https://www.ncsl.org/documents/cyf/2014\\_Parents\\_and\\_the\\_High\\_Cost\\_of\\_Child\\_Care.pdf](https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf)

<sup>46</sup> U.S. Department of Health and Human Services, Child Care Bureau (2008). *Child Care and Development Fund: Report of state and territory plans: FY 2008-2009*. Section 3.5.5 – Affordable co-payments, p. 89. Retrieved from <http://www.researchconnections.org/childcare/resources/14784/pdf>

<sup>47</sup> The cost of center-based care as a percentage of income is based on the Arizona median annual family income of \$58,900.

Child care subsidies can help families who otherwise would be unable to access early learning services.<sup>48</sup> However, the availability of this type of support is also limited. The number of children receiving Child Care and Development Fund (CCDF) subsidies in Arizona is low. In 2014, only 26,685 children aged birth to 5 (about 5% of Arizona's children in this age range) received CCDF vouchers. With half of young children in Arizona living below the federal poverty level, the number in need of these subsidies is likely much higher than those receiving them.

The availability of services for young children with special needs is an ongoing concern across the state, particularly in more geographically remote communities. The services available to families include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),<sup>49</sup> the Arizona Early Intervention Program (AzEIP)<sup>50</sup> and the Division of Developmental Disabilities (DDD).<sup>51</sup> These programs help identify and assist families with young children who may need additional support to meet their potential. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and social/emotional development. It also reduces educational costs by decreasing the need for special education.<sup>52,53,54</sup>

## What the Data Tell Us

Child care and early education services in the Tohono O'odham Nation are tribally licensed and regulated by the Early Childhood Education Division Head Start. Child care and early education options to families in the Tohono O'odham Nation include the tribal Child Care Centers, Head Start centers, tribally approved family home providers (on and off the reservation boundaries) as well as private child care centers and home-based providers licensed by the Arizona

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<sup>48</sup> For more information on child care subsidies, see <https://www.azdes.gov/child-care/>

<sup>49</sup> For more information on AZ FIND, see <http://www.azed.gov/special-education/az-find/>

<sup>50</sup> For more information on AzEIP, see <https://www.azdes.gov/azeip/>

<sup>51</sup> For more information on DDD, see [https://www.azdes.gov/developmental\\_disabilities/](https://www.azdes.gov/developmental_disabilities/)

<sup>52</sup> The National Early Childhood Technical Assistance Center. (2011). *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families*. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

<sup>53</sup> Hebbeler, K, Spiker, D, Bailey, D, Scarborough, A, Mallik, S, Simeonsson, R, Singer, M & Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services and outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS)*. Retrieved from [http://www.sri.com/sites/default/files/publications/neils\\_finalreport\\_200702.pdf](http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf)

<sup>54</sup> NECTAC Clearinghouse on Early Intervention and Early Childhood Special Education. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Retrieved from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

Department of Economic Security in the Tucson area that the Early Childhood Education Division contracts with.<sup>55</sup>

### **Center and Home-based Care**

There are four tribally-operated Child Care Centers that provide services to children six months to three years old under the Early Childhood Division. The Child Care centers are located in the communities of Santa Rosa, Pisinemo, San Xavier and Sells. In addition, a new center in the San Lucy District is in the process of completing renovations and is expected to open soon. As of 12/12/2014 there were a total of 31 children enrolled in all four centers, which have a total combined capacity to serve 48 children. Cost of services is based on family income, using a sliding scale fee. Priority is given to high school students, foster families and tribal Child Protective Services placements.<sup>56</sup>

Demand for center-based child care services is highest in the population centers of Sells and San Xavier (for Sells, for instance, the waiting list included 15 children as of March of 2014, and key informants noted that children often age out of the waiting list). Language and culture are incorporated into the daily activities of the Child Care Centers. The Early Childhood Education Division has a bilingual/bicultural curriculum available for teachers, which can also be used at Head Start centers.<sup>57</sup>

There are also a number of home-based child care providers under the Early Childhood Education Division. Those interested in providing services must undergo a background check, as well as CPR training. Obtaining the training and certification for CPR, as well as the fingerprinting process associated with the background checks can become an obstacle to potential home providers because of the cost associated with these procedures as well as limited opportunities to do the CPR training locally. And in general, turnover of home-based providers tends to be high. The Early Childhood Education Division continuously makes efforts to recruit new providers through fliers, announcements in the community and word of mouth. And because families get to choose their providers, if they elect to have their children be cared for by other family members they can recommend that they go through the process to become a certified provider under the Early Childhood Education Division.<sup>58</sup>

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<sup>55</sup> First Things First Tohono O'odham Nation Regional Partnership Council 2014 Needs and Assets Report. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20%E2%80%93%202014%20%E2%80%93%20Tohono%20O%E2%80%99odham%20Nation.pdf>

<sup>56</sup> Ibid

<sup>57</sup> Ibid

<sup>58</sup> Ibid

### **Tohono O'odham Nation Head Start Program**

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Tohono O'odham Nation operates a federally regulated Tribal Head Start program.<sup>59</sup>

The Tohono O'odham Nation Head Start program serves a total of 215 children in six centers throughout the Nation in the communities of Hickawan, North Komelik Santa Rosa, San Xavier, Sells and Pisinemo. Of the total number of children enrolled, 190 participate in the center-based program, while the remaining 25 are enrolled in the home-based program. The Tohono O'odham Head Start program runs on a 5-day week, to match the calendar of the local school district. Another important aspect of the early childhood educational opportunities available through the Head Start program include an emphasis on the O'odham language and culture that is embedded in the curriculum.<sup>60</sup>

### **Baboquivari Unified School District Pre-K Program**

The Baboquivari Unified School District Pre-K Program is a comprehensive early childhood education program for pre-school aged children. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Baboquivari Unified School District operates a Arizona Department of Education Pre-k program.

The Baboquivari Unified School District Pre-K program serves a total of 80 children in four classroom on the campus of Indian-Oasis Elementary in the Sells. The Baboquivari Unified School District Pre-K program runs on a 5-day week schedule that is aligned with Indian-Oasis Elementary.

In the Tohono O'odham Nation Region there were 27 referrals made to the Arizona Early Intervention Program (AzEIP) in FY 2014 for children aged 25 to 35 months (Table 17). The number of Division of Developmental Disabilities (DDD) service visits for children aged 0-2 and 3-5 decreased from 2013 to 2014 in the region and the state (see Table 18 and Table 19).

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<sup>59</sup> Ibid

<sup>60</sup> Ibid

## Families with Children Who Have Special Needs

**Table 17. AzEIP referrals and children served, 2014**

	NUMBER OF AzEIP REFERRALS DURING FISCAL YEAR 2014			NUMBER OF CHILDREN BEING SERVED BY AzEIP ON OCTOBER 1, 2014		
	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD
Tohono O'odham Nation Region	N/A	N/A	27	N/A	N/A	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	2,651	3,669	5,421	746	1,659	2,843

Source: The Arizona Department of Economic Security (July 2015). [Special needs dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

**Table 18. Division of Developmental Disabilities (DDD) services to children (ages 0-2), 2013-2014**

	CHILDREN (AGES 0-2) REFERRED TO DDD		CHILDREN (AGES 0-2) SCREENED BY DDD		CHILDREN (AGES 0-2) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 0-2)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
Tohono O'odham Nation Region	N/A	N/A	0	0	N/A	N/A	454	176
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	2,186	2,479	314	216	2,693	2,341	158,496	130,486

Source: The Arizona Department of Economic Security, Division of Developmental Disabilities (July 2015). [Special needs dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

**Table 19. Division of Developmental Disabilities (DDD) services to children (ages 3-5), 2013-2014**

	CHILDREN (AGES 3-5) REFERRED TO DDD		CHILDREN (AGES 3-5) SCREENED BY DDD		CHILDREN (AGES 3-5) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 3-5)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
<b>Tohono O'dham Nation Region</b>	N/A	N/A	N/A	0	N/A	N/A	57	53
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	1,401	1,804	731	727	2,600	2,533	374,440	367,590

Source: The Arizona Department of Economic Security, Division of Developmental Disabilities (July 2015). [Special needs dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

## Child Health

### Why it Matters

The Institute of Medicine defines children's health as the extent to which children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to successfully interact with their biological, physical, and social environments.<sup>61</sup> Health therefore encompasses not only physical health, but also mental, intellectual, social, and emotional well-being. Children's health can be influenced by their mother's health and the environment into which they are born and raised.<sup>62,63</sup> The health of a child in utero, at birth, and in early life can impact many aspects of a child's development and later life. Factors such as a mother's prenatal care, access to health care and health insurance, and receipt of preventive care such as immunizations and oral health care all influence not only a child's current health, but long-term development and success as well.<sup>64,65,66</sup>

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. Understanding where Arizona mothers and children fall in relation to these national benchmarks can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant and child health objectives for which data are available at the regional level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm

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<sup>61</sup> National Research Council and Institute of Medicine. (2004). *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: National Academies Press. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK92198/#ch2.s3>

<sup>62</sup> The Future of Children. (2015). *Policies to Promote Child Health, (25)1*. Retrieved from <http://www.princeton.edu/futureofchildren/publications/docs/FOC-spring-2015.pdf>

<sup>63</sup> Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

<sup>64</sup> Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d.) *Prenatal services*. Retrieved from <http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>

<sup>65</sup> Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health, 6*(Suppl 1), S4. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>

<sup>66</sup> Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics, 118*s(1), 405-420. Retrieved from <http://pediatrics.aappublications.org/content/118/1/405.full>

births; and increasing abstinence from cigarette smoking among pregnant women.<sup>67</sup> Although not a target of a Healthy People 2020 objective, high-birth weight, or macrosomia, is also associated with health risks for both the mother and infant during birth. These children are also at increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).<sup>68</sup>

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings. Without health insurance, each visit can be prohibitively expensive and may be skipped.<sup>69</sup> Health care services to members of federally-recognized Indian tribes are available from Indian Health Service (IHS) facilities and other tribally-administered health care facilities.<sup>70</sup> Being eligible for IHS services alone, however, does not meet the minimum essential coverage requirement under the Affordable Care Act.<sup>71</sup>

## What the Data Tell Us

In 2013, there were 180 babies born to women residing in the region. Over half (52%) of pregnant women in the region had no prenatal care during the first trimester. This proportion, which is substantially higher than that in the state as a whole (19%), does not meet the Healthy People 2020 objective of fewer than 22.1 percent without care (see Figure 11). Almost one-quarter (24%) of pregnant women in the region had fewer than five prenatal care visits, compared to five percent in the state (Table 20). A similar proportion of babies in the region (9%) and the state (9%) were premature (less than 37 weeks), both meeting the Healthy People 2020 objective of fewer than 11.4 percent premature (Figure 12). The region also met the

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<sup>67</sup> Arizona Department of Health Services. (2013). *Arizona Health Status and Vital Statistics 2013 Annual Report. Table 6A: Monitoring Progress Toward Arizona and Selected Healthy People 2020 Objectives: Statewide Trends* Retrieved from [http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1\\_10.pdf](http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1_10.pdf)

<sup>68</sup> Mayo Clinic Staff. (2015). *Fetal macrosomia*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/basics/complications/con-20035423>

<sup>69</sup> Yeung, LF, Coates, RJ, Seeff, L, Monroe, JA, Lu, MC, & Boyle, CA. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *Morbidity and Mortality Weekly Report 2014*, 63(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>.

<sup>70</sup> As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to their members. The tribes can then utilize these funds to directly provide services to tribal members. This process is often known as 638 contracts or compacts. Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The changing landscape of health care provision to American Indian Nations. *American Indian Culture and Research Journal*, 39(1), 1-24.

<sup>71</sup> <https://www.ihs.gov/aca/index.cfm/thingstoknow/>



Healthy People 2020 objective of having fewer than 7.8 percent of babies with a low birth weight, with a percentage (6%) lower than across the state (7%) (see Figure 12).

The majority of births in the region (80%) were paid for by a public payor (AHCCCS, Arizona's Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category (see Table 20).

According to the American Community Survey, twenty-one percent of the young children in the Tohono O'odham Nation Region are estimated to be uninsured.<sup>72</sup> This proportion is similar to that of all Arizona reservations combined (20%) but substantially higher than the state (10%) (Figure 13).

While immunizations rates vary by vaccine, in the school year 2014-2015 all children in school-based preschool in the region had been immunized against seven important diseases; these rates, which represent only one school-based preschool program in the region, are higher than those of the state (see Table 22). The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for the DTAP, polio and MMR vaccines is 90 percent,<sup>73</sup> so children in this school meet the target. However, because of immunization requirements, the rates of immunization for children in child care may be higher than immunization rates for children not in child care.<sup>74</sup> Therefore, the rates across all children in the region may not be as high. One hundred percent of children enrolled in kindergarten at Indian Oasis Elementary School Primary and San Xavier Mission School were vaccinated (Table 23). There were no religious or personal belief exemptions from immunizations in the Tohono O'odham Nation preschool and schools for which data were available.

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<sup>72</sup> As noted in the "Why it Matters" section above, uninsured tribal members have access to healthcare through the Indian Health Service (IHS), though being eligible for IHS services alone does not meet the minimum essential coverage requirement under the Affordable Care Act.

<sup>73</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). *Immunization and Infectious Diseases*. Washington, DC. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

<sup>74</sup> For example, the National Immunization Survey (NIS) monitors vaccination coverage among U.S. children aged 19–35 months, and estimates the Arizona statewide rate for DTAP (Diphtheria, Tetanus, Pertussis, 4 or more doses) to be about 81 percent and the statewide rate for MMR (Measles, Mumps and Rubella, 1 or more doses) to be about 84 percent. Source: Hill, H., Elam-Evans, L., Yankey, D., Singleton, J., Kolasa, M. (2015). National, state, and selected local area vaccination coverage among children aged 19–35 months—United States. *Morbidity and Mortality Weekly Report, 2014, 64*(33), 889-896. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm>

## Mothers Giving Birth

**Table 20. Selected characteristics of mothers giving birth, 2013**

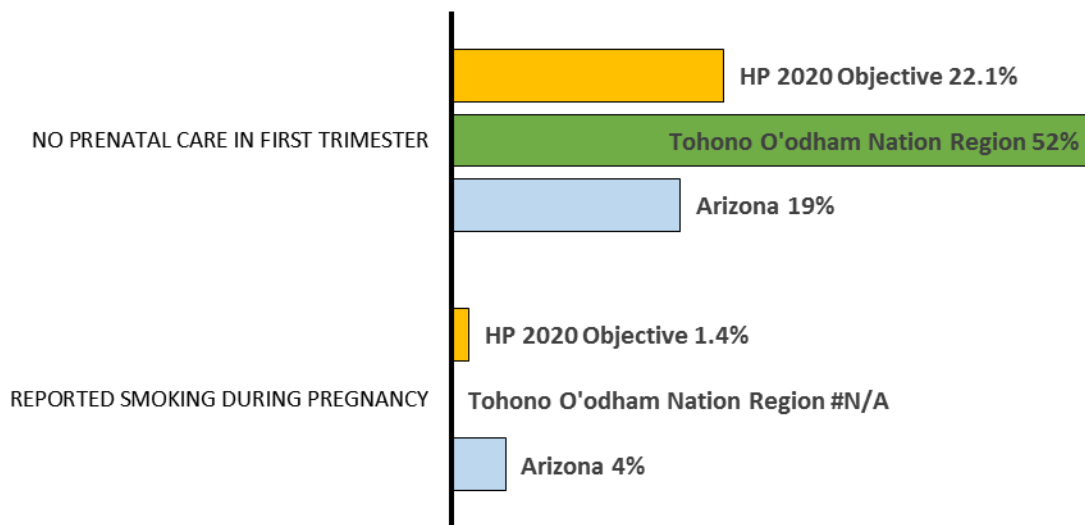
	TOTAL NUMBER BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	HAD FEWER THAN 5 PRENATAL VISITS	HAD NO PRENATAL CARE IN FIRST TRIMESTER	MOTHER REPORTED SMOKING DURING PREGNANCY	MOTHER REPORTED DRINKING DURING PREGNANCY	MOTHER HAD LESS THAN A HIGH SCHOOL-EDUCATION*	MOTHERS YOUNGER THAN 20 YEARS OLD	BIRTH WAS PAID FOR BY AHCCCS OR IHS (PUBLIC PAYOR)
Tohono O'odham Nation Region	180	24%	52%	N/A	N/A	34% to 37%	18%	80%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,963	5%	19%	4%	0%	18%	9%	55%

Source: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

\* Due to data suppression policies, exact numbers cannot be calculated for the region for this indicator.

**Figure 11. Healthy People 2020 objective for mothers, compared to 2013 region and state data**



Sources: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Healthy People 2020 objectives from ADHS, "Arizona Health Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

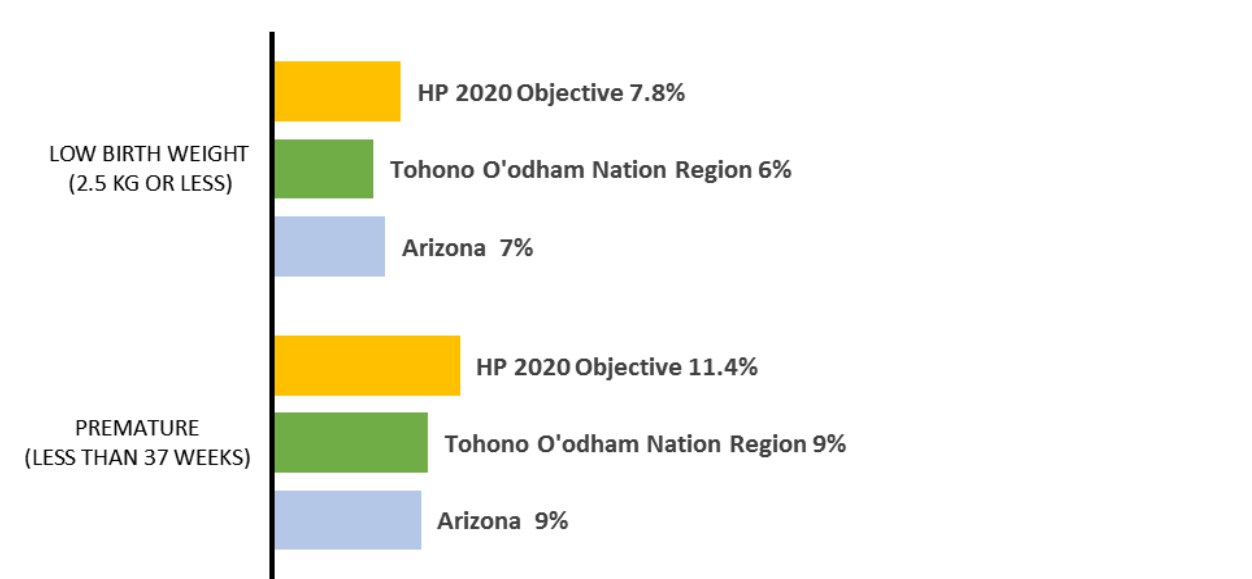
## Infant Health

**Table 21. Selected characteristics of babies born, 2013**

	TOTAL NUMBER OF BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	BABY HAD LOW BIRTH WEIGHT (2.5 kg OR LESS)	BABY HAD HIGH BIRTH WEIGHT (4 kg OR MORE)	BABY WAS PREMATURE (LESS THAN 37 WEEKS)	BABY WAS IN NEONATAL INTENSIVE CARE
Tohono O'odham Nation Region	180	6%	9%	9%	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Arizona	84,963	7%	8%	9%	5%

Source: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

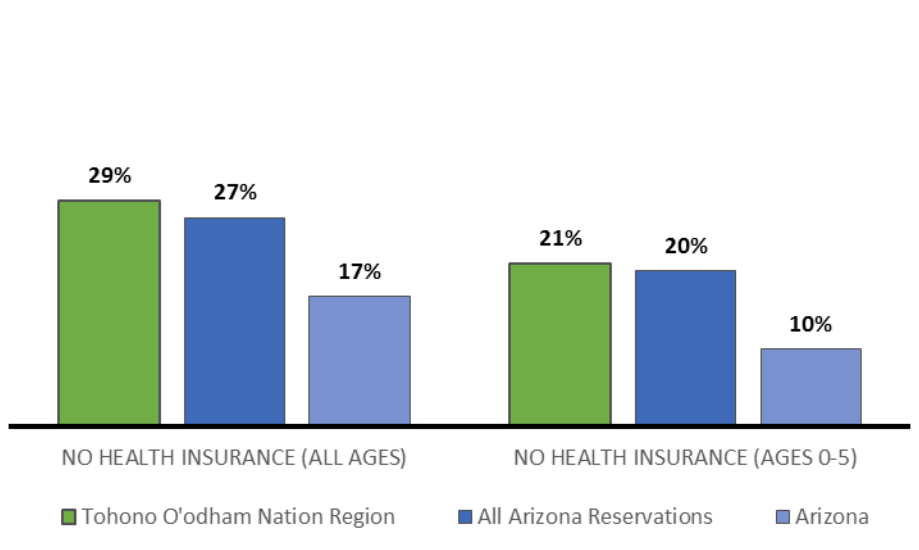
**Figure 12. Healthy People 2020 objectives for babies, compared to 2013 region and state data**



Sources: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Healthy People 2020 objectives from ADHS, "Arizona Health Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

## Health Insurance

**Figure 13. Estimated percent of population without health insurance, 2009-2013 five-year estimate**



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B27001. Retrieved from: <http://factfinder.census.gov>

## Immunizations

**Table 22. Immunizations for children in school-based preschool, school year 2014-15\***

	NUMBER OF STUDENTS	DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES	POLIO, 3 OR MORE DOSES	MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES	RELIGIOUS BELIEFS EXEMPTIONS	MEDICAL EXEMPTIONS
Tohono O'odham Nation Region	74	100%	100%	100%	0.0%	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,778	93%	95%	96%	3.6%	0.5%

\*Regional data included in this table are from Indian Oasis Elementary School Primary only.

Source: The Arizona Department of Health Services (2015). [Regional immunization dataset]. Unpublished data. Arizona Department of Health Services (2015). Arizona childcare immunization coverage. Retrieved from: <http://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

**Table 23. Immunizations for children in kindergarten, school year 2014-15\***

	NUMBER OF STUDENTS	DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES	POLIO, 3 OR MORE DOSES	MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES	PERSONAL BELIEFS EXEMPTIONS	MEDICAL EXEMPTIONS
Tohono O'odham Nation Region	123	100%	100%	100%	0.0%	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,651	94%	95%	94%	4.6%	0.3%

\*Regional data included in this table are from Indian Oasis Elementary School Primary and San Xavier Mission School only. Please note that data from these schools were not available for other indicators.

Source: Arizona Department of Health Services (2015). [Regional immunization dataset]. Unpublished data. Arizona Department of Health Services (2015). Arizona kindergarten immunization coverage. Retrieved from: <http://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

## Family Support and Literacy

### Why it Matters

Parents and families have a crucial role in providing nurturing and stable relationships for optimal brain development during their child's first years.<sup>75,76,77</sup> When children experience nurturing, responsive caregiving, they face better life prospects across a number of social, physical, academic and economic outcomes.<sup>78,79</sup> Consequently, healthy development depends on positive relationships between children and their caregivers from an early age.<sup>80</sup> For parents of young children, reading aloud, singings songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. Such interactions not only support literacy skills, but also offer exposure to a range of ideas, including recognizing and naming emotions, an important socio-emotional skill. Parents and family are children's first teachers; the most rapid expansion in vocabulary happens between ages one and three.<sup>81</sup> In fact, literacy promotion is so central to a child's development that the American Academy of Pediatrics has recently focused on it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.<sup>82</sup>

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<sup>75</sup> Evans, G. W., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cdep.12013/abstract>

<sup>76</sup> Shonkoff, J. P., & Fisher, P. A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25, 1635- 1653. Retrieved from [http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25\\_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e](http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e)

<sup>77</sup> Shonkoff, J. P. & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press. Retrieved from <http://www.nap.edu/read/9824/chapter/1>

<sup>78</sup> Magnuson, K. & Duncan, G. (2013). Parents in poverty (95-121) In Bornstein, M. *Handbook of Parenting: Biology and Ecology of Parenting Vol. 4: Social Conditions and Applied Parenting*. New Jersey: Lawrence Erlbaum.

<sup>79</sup> Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>

<sup>80</sup> National Scientific Council on the Developing Child. (n.d.). Category: Working Papers. Retrieved from <http://developingchild.harvard.edu/resourcecategory/working-papers/>

<sup>81</sup> Read On Arizona. (n.d.). *As a parent what can I do at home to support early literacy?* Retrieved from <http://readonarizona.org/about-us/faq/>

<sup>82</sup> American Academy of Pediatrics. (n.d.). *Pediatric Professional Resource: Evidence Supporting Early Literacy and Early Learning*. Retrieved from [https://www.aap.org/en-us/Documents/booksbuildconnections\\_evidencesupportingearlyliteracyandearlylearning.pdf](https://www.aap.org/en-us/Documents/booksbuildconnections_evidencesupportingearlyliteracyandearlylearning.pdf)

## What the Data Tell Us<sup>83</sup>

### **Raising young children in the region: positive aspects and challenges**

Key informants interviewed in 2014 were asked about the positive aspects of raising children in the region, and the things that work well for families with young children. They indicated that having the support of extended family members is an asset for parents of young children who can count on a large support network. Key informants also referred to programs and services provided by both tribal and non-tribal agencies including Head Start and WIC as important resources for families with young children. They emphasized the fact that many programs work together in collaboration to provide high-quality services to community members, particularly when they are able to do it in a “one-stop” approach. This is important because lack of transportation was identified as a major challenge for parents, who often need to travel long distances to access services. Key informants also highlighted the fact that children can attend school locally because it is much easier for parents to participate in school activities (something that can be very challenging if children attend off-reservation school). Key informants also pointed out that children being able to attend school in the community (as opposed to going to off-reservation boarding schools) also allows them to participate in the various traditional activities and ceremonies taking place in the villages.

Key informants were also asked about the challenges that families with young children face in the region. They reported that parents, particularly young parents, need more support so that they can continue their education. This could include providing scholarships and tutoring to help them obtain their GED certificate. Additional one-on-one support for parents with young children, family-oriented activities and more events for young children were also highlighted as needs. Key informants also pointed out that limited housing is a major challenge in the region. They reported that there is a high demand for new homes but that only a limited number of them are being built. Families often share one home until another one becomes available. Transportation is another major challenge in the region. Families often lack a way to get around and find it difficult to access services because of the long distances they need to travel. Key informants also pointed out that supporting grandparent raising their grandchildren is a need in the community, as often these grandparents are unaware of the resources available to them. Securing reliable, full-time child care for working parents is also a challenge in the region.

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<sup>83</sup> Please note that the data presented in this section are from the 2014 Tohono O'odham Nation Regional Partnership Council Needs and Assets Report and are the most recent data available. The report is available at <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20%E2%80%93202014%20%E2%80%9320Tohono%20%E2%80%99odham%20Nation.pdf>

Availability of drugs and alcohol was identified as another challenge for families; key informants suggested having additional support services for community members struggling with substance abuse. Other services that continue to be needed according to key informants are: behavioral health services to assist community members dealing with depression; nutrition information so families know how to raise healthy children; and helping parents learn how to cook healthy meals using the resources they have at hand (like WIC vouchers).

### **Child Welfare**

Child Welfare services in the Tohono O'odham Nation Region are provided by the Tohono O'odham Nation Department of Health and Human Services.

Children in the region who are removed from their homes by the Child Welfare Program are placed in foster homes, in the tribally-operated Children's Home Program or in contracted group homes.

According to key informants older children are usually placed in the Children's Home program or contracted group homes. Catholic Community Services has facilities that are especially suited for pregnant teens where they can stay with their newborns for up to one year.

Finding new foster homes is a challenge in the region. Most current foster parents under the Tohono O'odham Nation Child Welfare Program have been in the system for a long time and are very committed. Some have adopted children that were under their care, and continue to serve as foster parents. Recruiting new foster parents, however, is difficult because of the background check that all adults in the household need to clear. Limited housing is a challenge in the region, which means that often several family members share a home, but all adults must go through the background checks in order for children to be placed in that home.

The Child Welfare Program also makes traditional healing services available to families in crisis who request this service, as one more resource to assist them in their reunification efforts.

Key informants indicated that the Tohono O'odham Nation tribal council passed new Child Welfare legislation in May of 2013 to make child welfare practices in the Nation more aligned with the state. One of the new mandates requires the Child Welfare Program to respond to allegations of child neglect or abuse within 24 hours. This new practice essentially eliminates the priority system previously in place, where allegations were investigated depending on the level of seriousness. The new legislation requires a response to all allegations within the same time window. This has meant that the Child Welfare Program is able to intervene in cases at an earlier point and refer families to other services (e.g. counseling) in order to avoid an escalation that may lead to a removal, even if the allegation is not substantiated. Nevertheless, the new mandate did not provide additional resources to the Child Welfare program, whose case



workers had an already high caseload even before the new legislation. The Program has a total of six case managers and five investigators, and an average of 25-35 cases per case worker.

According to key informants, other challenges for families involved with the child welfare system include the fact that children often present with a number of behavioral health concerns, many of which are related to deeply rooted trauma, and the services currently available to them may not be able to address these issues.

The majority of children in the Child Welfare Program who require behavioral health interventions receive them from Intermountain Services for Human Development, as services to meet their needs may not always be available from the tribal Behavioral Health Program. Key informants indicated that in the past, tribal Behavioral Health services concentrated mostly around adult substance abuse and had very few services for young children. But there has been a recent increase in the demand for services for the younger population. Key informants also pointed out that additional collaboration between the Child Welfare Program and the Behavioral Health program would be beneficial so that services for the youngest residents in the region (especially those from families in crisis) can be more readily available.

Another challenge in the child welfare system is the ability to provide services to families in the more remote areas of the reservation. According to key informants, services are provided to families in all districts, but follow-up with those in the more remote areas is often a challenge, especially when children return home to their families. Key informants also pointed out that decentralized after-care services and additional education among community members and other services providers may help ensure that families receive the support they need.

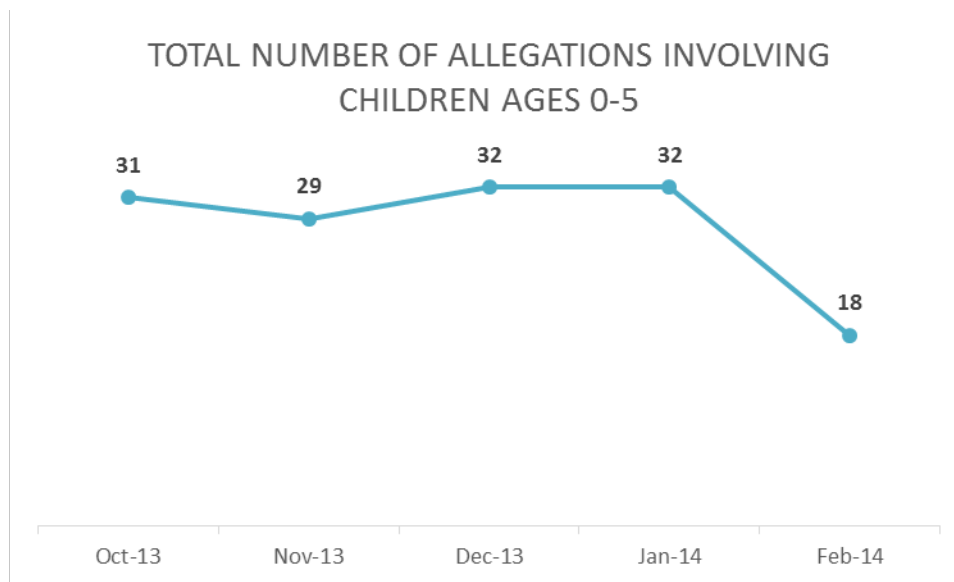
Finally, key informants indicated that much of the coordination around services happens in response to crisis situations, but additional coordination around prevention services could benefit the families in the region. A good example of such coordination is the Family Preservation Program. This program offers parenting and personal growth resources, as well as motherhood and fatherhood support groups. The curriculum used in the programs can be modified to include culturally-appropriate materials. Most of the program participants are referred by the court as part of their family reunification or prevention of removal process. The Child Welfare program collaborates closely with the court and other programs under the Judicial Branch and Behavioral Health programs in order to better provide motherhood and personal growth services. The Behavioral Health program refers client to the Family Preservation Program.

**Table 24. Allegations of child abuse and neglect, 0-17**

		FY2013
Total number of substantiated cases of child abuse or neglect (0-17)	151	
Total number of unsubstantiated cases of child abuse or neglect (0-17)	161	
Total number of allegations under investigation (0-17)	220	

Tohono O'odham Nation Child Welfare Program. (2014). Unpublished data provided by the Child Welfare Program.

**Figure 14. Total number of allegations of child abuse or neglect (children 0-5), October 2013-February 2014**



Tohono O'odham Nation Child Welfare Program. (2014). Unpublished data provided by the Child Welfare Program.

**Table 25. Out of home placements, March 2014**

TYPE OF OUT OF HOME PLACEMENT	NUMBER
<b>Foster homes</b>	
Number of tribally licensed foster homes (on and off reservation)	15
Total number of children (ages 0-17) in foster homes	43
Number of children (ages 0-5) in foster homes	<10
<b>Children's Home</b>	
Number of children (ages 0-10) in the Children's Home	<10
<b>Residential Group Home Contracts</b>	
Total number of children (ages 0-17) in residential group homes contracts	73
Number of children (ages 0-5) in residential group home contracts	14

*Tohono O'odham Nation Child Welfare Program. (2014). Unpublished data provided by the Child Welfare Program.*

## Communication, Public Information and Awareness and Systems Coordination among Early Childhood Programs and Services

### Why it Matters

To create a strong, comprehensive, and sustainable early childhood system, communities need an awareness of the importance of the first five years in a child's life, and a commitment to align priorities and resources to programs and policies affecting these first years. Supporting public awareness by providing accessible information and resources on early childhood development and health, and educating community members about the benefits of committing resources to early childhood, are key to supporting and growing this system. Assessing the reach of these educational and informational efforts in First Things First regions across the state can help early childhood leadership and stakeholders refine, expand or re-direct these efforts.

### What the Data Tell Us<sup>84</sup>

As noted above, key informants agreed that there continues to be a need for increasing parental awareness around critical early childhood topics such as developmental milestones, early identification and treatment of special needs. The Tohono O'odham Nation Regional Partnership Council has recognized this need and provides funding for the Family Support and Child Development Program. Key informants pointed out that the work of the health advocates who staff this program has been crucial in addressing these needs. However, the advocates provide home-based services in the entire reservation area which means that they are limited in the number of families that they can reach. Continued partnership between this program and other agencies and services targeting families with young children will be critical in order to meet the high need for support services around early childhood development.

The existing partnership among tribal and non-tribal agencies working together under the Early Intervention Collaborative Group is a good example of this collaborative approach to meeting the needs of children with special needs in the region.

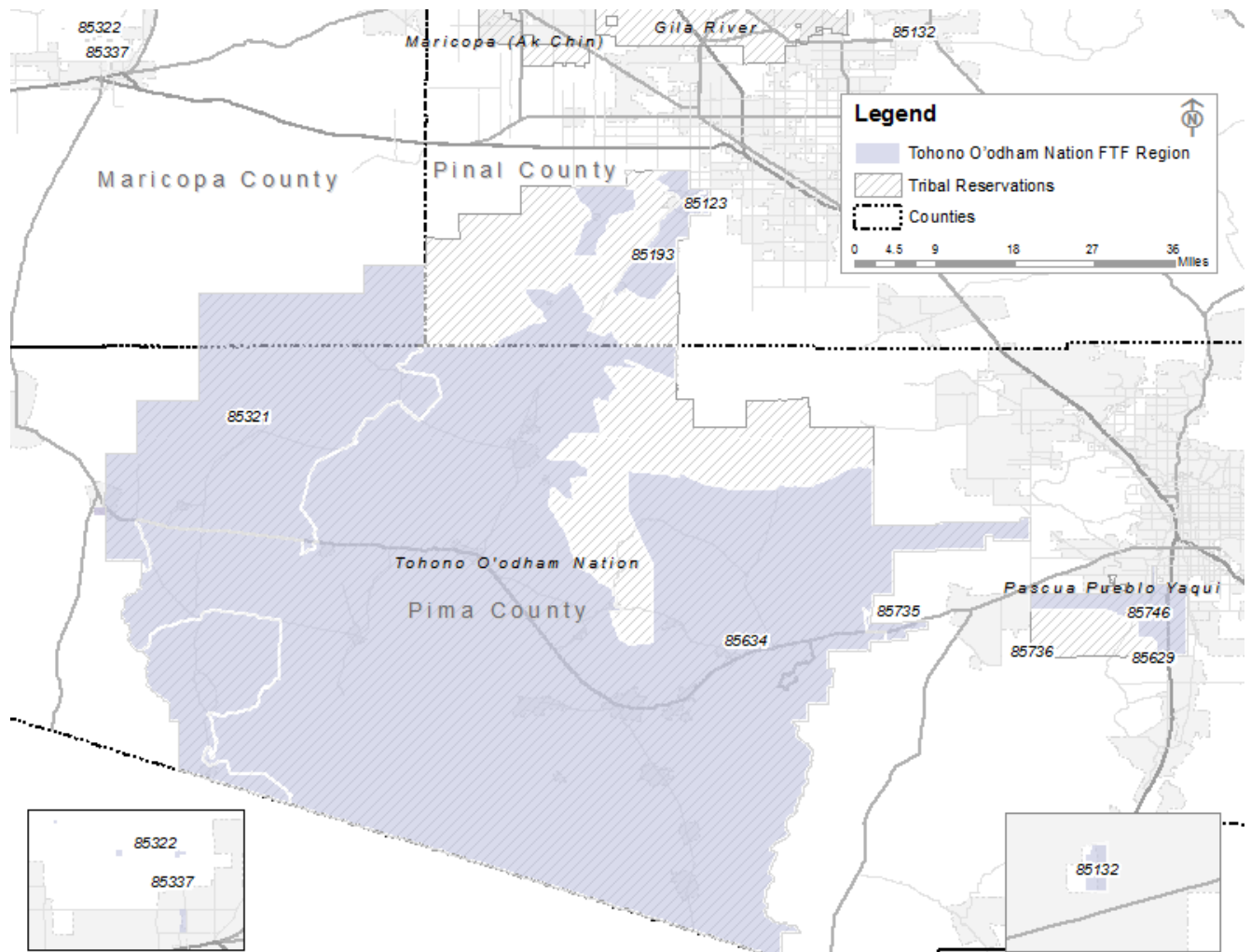
Other examples of good coordination efforts in the region cited by key informants included: the coordination between the Children's Home and various other agencies such as WIC and AzEIP to make sure that children from families in crises receive the services available to them,

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<sup>84</sup> Please note that the data presented in this section are from the 2014 Tohono O'odham Nation Regional Partnership Council Needs and Assets Report and are the most recent data available. The report is available at <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20%E2%80%93%202014%20%E2%80%93%20Tohono%20%E2%80%99odham%20Nation.pdf>

even after they are reunited with their families; and the Community of Practice, which brings together stakeholders from the early childhood education system and also helps coordinate efforts with other programs in the region serving families with young children through their workshops and presentations.

## Appendix 1: Map of zip codes of the Tohono O'odham Nation Region



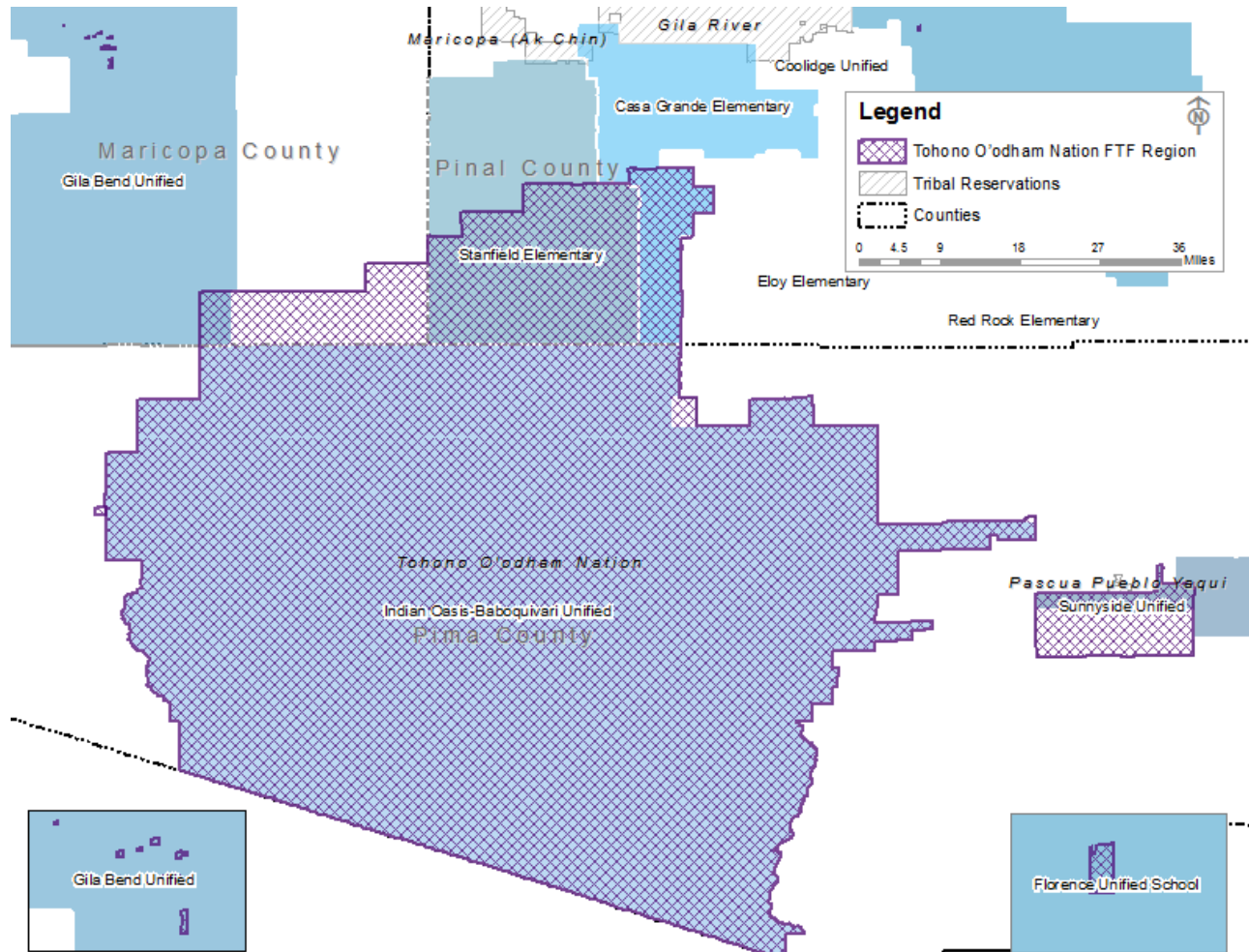
Source: U.S. Census Bureau (2010). TIGER/Line Shapefiles: ZCTAs, Counties, American Indian/Alaska Native Homelands. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

## Appendix 2: Zip codes of the Tohono O'odham Nation Region

ZIP CODE TABULATION AREA (ZCTA)	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF ZCTA'S TOTAL POPULATION LIVING IN THE TOHONO O'ODHAM NATION REGION	THIS ZCTA IS SHARED WITH
<b>Tohono O'odham Region</b>	<b>10,201</b>	<b>1,180</b>	<b>2,781</b>	<b>738</b>		
85123	14	0	5	0	0.1%	Pinal
85132	58	2	21	1	0.2%	Pinal
85193	422	46	104	28	9%	Pinal
85321	951	121	257	71	21%	Pima South
85337	388	40	79	25	14%	Southwest Maricopa
85634	6,479	735	1,738	468	99.8%	Pima North
85746	1,181	161	314	99	3%	Pima North & Pima South
85756	704	75	261	46	2%	Pima South
Other	4	0	2	0		

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

## Appendix 3: Map of Elementary and Unified School Districts in the Tohono O'odham Nation Region



Source: U.S. Census Bureau (2015). TIGER/Line Shapefiles: Elementary School Districts, Unified School Districts. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>



## Appendix 4: Data Sources

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