

 **FIRST THINGS FIRST**

Pascua Yaqui Tribe Region



2022

NEEDS AND ASSETS
REPORT

**PASCUA YAQUI TRIBE
REGIONAL PARTNERSHIP COUNCIL
2022
NEEDS AND ASSETS
REPORT**

Funded by the
First Things First Pascua Yaqui Tribe Regional Partnership Council

Prepared by
Community Research, Evaluation & Development (CRED)
John & Doris Norton School of Family and Consumer Sciences
College of Agricultural and Life Sciences

The University of Arizona

PO Box 210078

Tucson, AZ 85721-0462

Phone: (520) 621-8739

Fax: (520) 621-4979

<https://norton.arizona.edu/cred>

INTRODUCTION

Ninety percent of a child's brain growth occurs before kindergarten, and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to start kindergarten prepared to be successful. 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 well-being in our communities and our state.

This Needs and Assets Report for the Pascua Yaqui Tribe 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 report is organized by topic areas pertinent to young children in the region, such as population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The First Things First Pascua Yaqui Tribe 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 and education of young children in their care. 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 Pascua Yaqui Tribe Region. To that end, this information may be useful to local stakeholders 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 throughout the region.

ACKNOWLEDGEMENTS

The First Things First Pascua Yaqui Tribe Regional Partnership Council wishes to thank the Pascua Yaqui Tribal Council and staff, as well as all of the federal, state and local partners whose contributions of data, ongoing support and partnership with First Things First made this report possible. These partners included the Pascua Yaqui Tribe Education Department; Pascua Yaqui Tribe Enrollment Department; Pascua Yaqui Tribe Health Services Division; Pascua Yaqui Tribe Centered Spirit Program; Pascua Yaqui Tribe Social Services Department; the Inter Tribal Council of Arizona; the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security and Health Services; the Arizona Health Care Cost Containment System; Child Care Resource and Referral; and the U.S. Census Bureau. We are especially grateful for the spirit of collaboration exhibited by all our partners during an unprecedented time of crisis for our state and our nation.

We also want to thank parents and caregivers, local service providers and members of the public who attended regional council meetings and voiced their opinions, as well as all the organizations working to transform the vision of the regional council into concrete programs and services for children and families in the Pascua Yaqui Tribe Region.

Lastly, we want to acknowledge the current and past members of the Pascua Yaqui Tribe Regional Partnership Council whose vision, dedication, and passion have been instrumental in improving outcomes for young children and families within the region. As we build upon those successes, we move ever closer to our ultimate goal of creating a comprehensive early childhood system that ensures children throughout Arizona are ready for school and set for life.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	13
ABOUT THIS REPORT	21
THE PASCUA YAQUI TRIBE REGION	23
POPULATION CHARACTERISTICS.....	25
Why It Matters	26
What the Data Tell Us	27
Population, Race, and Ethnicity	27
Language Use.....	34
Family and Household Composition.....	39
ECONOMIC CIRCUMSTANCES.....	44
Why it Matters	45
What the Data Tell Us	46
Income and Poverty	46
Food Insecurity.....	51
Employment.....	59
Housing Affordability and Instability	65
Information Access Through Computers and Internet.....	66
EDUCATIONAL INDICATORS	71
Why it Matters	72
What the Data Tell Us	72
School Attendance and Absenteeism	72
Achievement on Standardized Testing.....	77
Graduation Rates and Adult Educational Attainment.....	82
EARLY LEARNING	89
Why it Matters	90
What the Data Tell Us	90
Early Care and Education Programs.....	90
Early Care and Education Affordability.....	99
Young Children with Special Needs.....	104
CHILD HEALTH.....	108
Why it Matters	109
What the Data Tell Us	109
Access to care.....	109
Prenatal care.....	114
Maternal characteristics	116
Birth outcomes	120
Nutrition and Weight Status	124
Oral Health.....	128
Immunizations and Infectious Disease.....	130
Illness, Injury and Mortality.....	135
FAMILY SUPPORT AND LITERACY	141
Why it Matters	142
What the Data Tell Us	143
Parenting Education, Family Involvement, and Early Literacy	143
Mental and Behavioral Health	143
Substance Use Disorders	145
Child Welfare.....	146

SUMMARY AND CONCLUSIONS	152
APPENDIX 1: ADDITIONAL DATA TABLES.....	156
Population Characteristics	156
Economic Circumstances.....	160
Educational Indicators.....	169
Early Childhood System.....	173
Child Health.....	176
Family Support.....	183
APPENDIX 2: METHODS AND DATA SOURCES.....	184
APPENDIX 3: ZIP CODES OF THE PASCUA YAQUI TRIBE REGION.....	187
APPENDIX 4: SCHOOL DISTRICTS OF THE PASCUA YAQUI TRIBE REGION.....	188
APPENDIX 5: DATA SOURCES	189
REFERENCES.....	192

LIST OF FIGURES

Figure 1. The First Things First Pascua Yaqui Tribe Region 24

Figure 2. Pascua Yaqui Tribe On-Reservation Enrollment, 2019 to 2020 30

Figure 3. Number of babies born, 2014 to 2019 31

Figure 4. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS 34

Figure 5. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS 35

Figure 6. Proportion of households that are limited-English-speaking, 2015-2019 ACS 36

Figure 7. Language use reported by respondents to the Pascua Yaqui Community Survey, 2020..... 37

Figure 8. Participation in Pascua Yaqui Tribe Department of Language and Culture programs, 2018-2019 school year 38

Figure 9. Percentage of families that speak Spanish at home and percentage of children ages birth to 5 living with parents who are foreign-born 39

Figure 10. Living arrangements for children ages birth to 5, 2015-2019 ACS 41

Figure 11. Living arrangements for children in Pascua Yaqui Tribe Head Start, 2018-19 41

Figure 12. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS 42

Figure 13. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS 43

Figure 14. Median annual family income, 2015-2019 ACS..... 47

Figure 15. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS 48

Figure 16. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS 49

Figure 17. Number of children ages birth to 5 and households with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020 50

Figure 18. Number of children ages birth to 5 and households with children birth to 5 participating in SNAP, state fiscal years 2016 to 2020 52

Figure 19. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021..... 53

Figure 20. Participation rates in the Pascua Yaqui Tribe & All ITCA WIC Programs, 2020 55

Figure 21. Children birth to age 4 enrolled in the Pascua Yaqui Tribe & All ITCA WIC Programs, 2017 to 2020 56

Figure 22. Percent of all students eligible for free or reduced-price lunch, 2019-20 57

Figure 23. Monthly unemployment claims in the Pascua Yaqui Tribe Region, Nov 2019 to Nov 2020..... 62

Figure 24. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS 64

Figure 25. Percent of households with housing costs of 30 percent or more of household income by home ownership status, 2015-2019 ACS 65

Figure 26. Households with and without computers and smartphones, 2015-2019 ACS	67
Figure 27. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS	68
Figure 28. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS	69
Figure 29. Pascua Yaqui Tribe students enrolled in Tucson area public schools, 2018-19 to 2019-20	73
Figure 30. AzMERIT assessment results for American Indian students: Third Grade English Language Arts and Math, 2018-19	81
Figure 31. Trends in passing rates for American Indian students: Third Grade English Language Arts and Math AzMERIT, 2017-18 to 2018-19	82
Figure 32. Trends in 4-year and 5-year graduation rates, 2017 to 2019.....	84
Figure 33. Graduation and dropout rates for Pascua Yaqui Tribe students enrolled in Tucson Unified School District, 2018-19 to 2019-20	85
Figure 34. Level of education for the adult population (ages 25 and older)	87
Figure 35. Early Care and Education providers listed in the Child Care Resource & Referral Guide (CCRR) serving Pascua Yaqui Tribe children in the Tucson Area	99
Figure 36. Median monthly charge for full-time child care, 2018	101
Figure 37. Cost of center-based child care as a percentage of income, 2018.....	102
Figure 38. Children birth to 5 eligible for, receiving, and on waitlist for DES child care subsidies, 2015 to 2019.....	103
Figure 39. DCS-involved children receiving DES child care subsidies	104
Figure 40. Children with IEPs enrolled in Head Start by disability type, 2018-19	107
Figure 41. Health insurance coverage, 2015-2019 ACS	111
Figure 42. Active members in Yoeme Health Plan, 2018 to 2020	112
Figure 43. Births paid by AHCCCS and IHS, 2014 to 2019.....	113
Figure 44. Prenatal care for the mothers of babies born in 2019.....	115
Figure 45. Pre-pregnancy obesity rates for mothers enrolled in WIC (all participants), 2014 to 2018.....	119
Figure 46. Pre-pregnancy obesity rates for mothers enrolled in WIC (AI/AN participants only), 2014 to 2018.....	120
Figure 47. Selected birth outcomes, calendar year 2019	121
Figure 48. Low birthweight births (less than 2,500 grams), 2014 to 2019	122
Figure 49. Preterm births (less than 37 weeks gestation), 2014 to 2019.....	122
Figure 50. Babies admitted to a neonatal intensive care unit (NICU), 2014 to 2019	123
Figure 51. Breastfeeding rates for WIC-enrolled infants.....	126
Figure 52. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018.....	127
Figure 53. Unique children (ages 0-5) seen at the Pascua Yaqui Dental Center, 2018 to 2020	129
Figure 54. Pascua Yaqui Tribe Dental Center Procedures, 2016 to 2020	130

Figure 55. Children in child care with selected required immunizations, 2019-20	132
Figure 56. Child care immunization exemption rates, 2015-16 to 2019-20.....	133
Figure 57. Kindergarteners with selected required immunizations, 2019-20	134
Figure 58. Kindergarten immunization exemption rates, 2015-16 to 2019-20	135
Figure 59. WIC-enrolled children exposed to smoking in the household, 2014 to 2018	137
Figure 60. Top 10 diagnoses by number of visits among children ages 0-5 seen at Pascua Yaqui El Rio or Yoeme Health Plans, FY2019 & FY 2020.....	138
Figure 61. Non-fatal emergency department visits due to unintentional injuries for children ages birth to 4 by selected mechanism of injury, 2016-2020 combined	139
Figure 62. Placement of wards of the court, 2019 to 2020	148
Figure 63. Percent of kindergarten to third grade students who were English Language Learners, 2019-20	158
Figure 64. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS	161
Figure 65. Average annual unemployment rates (not seasonally adjusted), 2010 to 2020 ...	165
Figure 66. Monthly unemployment rates (seasonally adjusted), 2019 to 2020.....	165
Figure 67. Zip Code Tabulation Areas (ZCTAs) in the Pascua Yaqui Tribe Region	187
Figure 68. School Districts in the Pascua Yaqui Tribe Region.....	188

LIST OF TABLES

Table 1. Population and households in the 2010 U.S. Census.....	27
Table 2. Population and households, U.S. Census, 2010 and 2020.....	28
Table 3. Pascua Yaqui Tribe Enrollment, 2019 to 2020	29
Table 4. Race and ethnicity of the population of all ages, 2020 Census	32
Table 5. Race and ethnicity of children birth to 4, 2015-2019 ACS	33
Table 6. Race and ethnicity for the mothers of babies born in 2018 and 2019.....	33
Table 7. Enrollment in the Pascua Yaqui Tribe WIC Program, 2020	54
Table 8. Yearly participation rates in the Pascua Yaqui Tribe WIC Program, 2017 to 2020....	56
Table 9. Lunches served through the National School Lunch Program, 2017-18 to 2019-20..	58
Table 10. Lunches served through the Child and Adult Care Feeding Program, 2017-18 to 2019-20	58
Table 11. Lunches served through the Summer Food Service Program, 2017-18 to 2019-20	59
Table 12. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS.....	61
Table 13. Monthly unemployment insurance claims, Nov 2019 to Nov 2020.....	63
Table 14. Employment status of families of children enrolled in Head Start, 2018-19	64
Table 15. Job training or school status of families of children enrolled in Head Start, 2018-19	65
Table 16. Students experiencing homelessness (McKinney-Vento), 2017-18 to 2019-20.....	66
Table 17. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS.....	70
Table 18. Pascua Yaqui Tribe students enrolled in Tucson area public schools, 2018-19 to 2019-20	74
Table 19. American Indian preschool to third grade students enrolled in public or charter schools, 2019-20	75
Table 20. Kindergarten to third grade students with chronic absences, 2018-19 to 2019-20 ..	76
Table 21. AzMERIT assessment results: third grade English Language Arts, 2018-19.....	78
Table 22. AzMERIT assessment results: Third Grade Math, 2018-19.....	80
Table 23. 4-year and 5-year graduation rates, 2019.....	83
Table 24. 4-year and 5-year graduation rates for American Indian students, 2019	83
Table 25. Trends in graduation rates for American Indian students, 2017 to 2019.....	84
Table 26. Trends in 7 th -12 th grade dropout rates, 2017 to 2019.....	86
Table 27. Level of education for the mothers of babies born in 2018 and 2019	87
Table 28. Children participating in Ili Uusim Mahtawa’apo Pascua Yaqui Head Start, 2018-19	91
Table 29. Pascua Yaqui Tribe Child Care Program Indicators, 2019 to 2020.....	93
Table 30. Number of children ages 0-6 who received a child care subsidy from the Pascua Yaqui Tribe Child Care Program, 2019 to 2020.....	94
Table 31. Child care centers most often used by families receiving subsidies from the Pascua	

Yaqui Tribe Child Care Program, 2021.....	94
Table 32. Number and capacity of regulated early care and educational providers by type, December 2020	95
Table 33. Number and capacity of accredited early care and educational providers, December 2020.....	95
Table 34. Number and capacity of regulated early care and educational providers by operational status in December 2020	96
Table 35. Arizona Enrichment Centers and Arizona DES COVID-19 grantees, December 2020	98
Table 36. Annual amount of Pascua Yaqui Tribe Child Care Program subsidy for family home provider and center-based provider care by age, 2019 to 2020	100
Table 37. Median monthly charge for full-time child care, 2018.....	101
Table 38. Children referred to and found eligible for AzEIP, federal fiscal years 2018-2020 .	105
Table 39. Children (ages 0-5) receiving services from DDD, state fiscal years 2017 to 2020	105
Table 40. Total children (ages 0-2) receiving services from AzEIP and/or DDD, state fiscal years 2019 and 2020	106
Table 41. Screenings for children enrolled in Pascua Yaqui Tribe Head Start, 2018-19	106
Table 42. Health insurance status for children enrolled in Pascua Yaqui Tribe Head Start, FY2019.....	113
Table 43. Prenatal care for the mothers of babies born in 2014-2016 and 2017-2019.....	116
Table 44. Selected characteristics of mothers giving birth, 2018 to 2019.....	117
Table 45. Selected characteristics of mothers giving birth, three-year estimates for 2014-2016 and 2017-2019	118
Table 46. Pre-pregnancy weight status for mothers enrolled in WIC (all participants), 2018.	118
Table 47. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018.....	120
Table 48. Selected characteristics of mothers giving birth, three-year estimates for 2014-2016 and 2017-2019	124
Table 49. Newborns hospitalized because of maternal drug use during pregnancy, January 2016 to June 2020 cumulative	124
Table 50. Breastfeeding status for WIC enrolled infants, 2020.....	125
Table 51. Children (ages 2-5) with obesity, El Rio Pascua Health Clinic 2018 to 2020	127
Table 52. Dental care for children enrolled in Pascua Yaqui Tribe Head Start, FY2019	128
Table 54. Immunization rates for children enrolled in Pascua Yaqui Tribe Head Start, 2017-18 & 2018-19.....	131
Table 55. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined	136
Table 56. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4, 2016-2020 combined	139
Table 57. Numbers of deaths and mortality rates for infants, young children ages birth to 4, and all children ages birth to 17, 2018 to 2019	140
Table 58. Children (ages 0-5) receiving services from the Centered Spirit Program, 2018 to	

2021.....	144
Table 59. Reports and substantiated cases of child abuse and/or neglect, 2019 and 2020 ..	146
Table 60. Children removed by Social Services Division, Children Services, 2019 and 2020	147
Table 61. Foster care availability, 2019 and 2020	148
Table 62. Children in ICWA placements, 2019 and 2020	151
Table 63. Number of babies born, 2015 to 2019	156
Table 64. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS	156
Table 65. Number of English Language Learners enrolled in kindergarten to third grade, 2017-18 to 2019-20	157
Table 66. Limited-English-speaking households, 2015-2019 ACS	157
Table 67. Participation in Pascua Yaqui Tribe Department of Language and Culture programs, 2018-2019 school year	158
Table 68. Living arrangements for children ages birth to 5, 2015-2019 ACS.....	159
Table 69. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS	159
Table 70. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS	160
Table 71. Median annual family income, 2015-2019 ACS	160
Table 72. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS.....	161
Table 73. Families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020	162
Table 74. Children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020.....	162
Table 75. Families participating in SNAP, state fiscal years 2016 to 2020	162
Table 76. Children participating in SNAP, state fiscal years 2016 to 2020	163
Table 77. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021	163
Table 78. Children (ages 0-4) enrolled in the Pascua Yaqui Tribe WIC Program, 2016 to 2020	163
Table 79. Percent of students eligible for free or reduced-price lunch, 2017-18 to 2019-20..	164
Table 80. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS	166
Table 81. Housing-cost burden for all households, and for owners and renters separately, 2015-2019 ACS	166
Table 82. Households with and without computers and smartphones, 2015-2019 ACS	167
Table 83. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS	167
Table 84. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS	168
Table 85. Preschool to third grade students enrolled in public or charter schools, 2019-20..	169
Table 86. Preschool to third grade students enrolled in public or charter schools, 2019-20..	170

Table 87. AzMERIT assessment results for American Indian students: Third Grade English Language Arts, 2018-19	171
Table 88. AzMERIT assessment results for American Indian students: Third Grade Math, 2018-19	172
Table 89. Trends in graduation rates, 2017 to 2019	172
Table 90. Graduation rates for Pascua Yaqui Tribe students enrolled in Tucson Unified School District, 2018-19 to 2019-20	173
Table 91. Staff credentials at Pascua Yaqui Tribe Head Start, 2018-19.....	173
Table 92. Median daily charge for full-time child care, 2018.....	173
Table 93. Cost of center-based child care for one child as a percentage of income, 2018....	174
Table 94. Preschoolers with disabilities enrolled in special education in public and charter schools attended by children from the Pascua Yaqui Tribe Region, 2017-18 to 2019-20	174
Table 95. Preschoolers with disabilities enrolled in special education in public and charter schools by disability type, 2019-20	175
Table 96. Kindergarten to third grade students with disabilities enrolled in special education in public and charter schools, 2017-18 to 2019-20.....	175
Table 97. Kindergarten to third grade students with disabilities enrolled in special education in public and charter schools by disability type, 2019-20.....	176
Table 98. Health insurance coverage, 2015-2019 ACS.....	176
Table 99. Prenatal care for the mothers of babies born in 2018 and 2019	177
Table 100. Children in child care with selected required immunizations, 2019-20.....	178
Table 101. Child care immunization exemption rates, 2015-16 to 2019-20	179
Table 102. Kindergarteners with selected required immunizations, 2019-20.....	180
Table 103. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2017-18 to 2019-20	181
Table 104. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2018 to 2020.....	181
Table 105. Top 10 diagnoses by number of visits among children ages 0-5 seen at Pascua Yaqui El Rio or Yoeme Health Plans, FY2019.....	182
Table 106. Number of deaths with opiates or opioids contributing, 2017 through 2020	183
Table 107. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020.....	183
Table 108. Children ages birth to 17 removed by the Department of Child Services (DCS), July-Dec 2020.....	183
Table 109. Zip Code Tabulation Areas (ZCTAs) in the Pascua Yaqui Tribe Region	187

EXECUTIVE SUMMARY

The Pascua Yaqui Tribe Region. The boundaries of the First Things First Pascua Yaqui Tribe Region are those of the Pascua Pueblo Yaqui Reservation in Pima County. The Region covers approximately 2.2 square miles. In addition to the reservation land, which is also known as New Pascua, the Pascua Yaqui Tribe has seven other traditional communities in Pima, Maricopa and Pinal Counties where the tribal government also provides services. This includes Old Pascua, Barrio Libre and Yoem Pueblo (Marana) in Pima County; Coolidge in Pinal County; and Guadalupe, Penjamo (Scottsdale) and High Town (Chandler) in Maricopa County. Programs and services provided by the Pascua Yaqui Tribe are often available to all enrolled members regardless of their place of residence. Consequently, the number of young children who access these services is larger than the number of children birth to 5 living in the First Things First Pascua Yaqui Tribe Region.

Population Characteristics. The 2010 Decennial Census has the most recent detailed estimate of the population by age residing in the Pascua Yaqui Tribe Region as of the writing of this report. U.S. Census 2020 data for the breakdown of children birth to 5 in the region were not available; those files are expected to be released by mid-2023. However, limited redistricting data have been released from the 2020 U.S. Census showing that in the period between the decennial counts, the overall population of the region remained stable: In 2020, there were 3,466 residents in the region compared to 3,484 in 2010. Among children birth to 17, there was a 7% decrease in population, from 1,313 in 2010, to 1,217 in 2020. According to data provided by the Pascua Yaqui Tribe Enrollment office, in 2020 there were 1,001 children birth to 17 who were enrolled members of the tribe residing within the reservation boundaries. The birth rate in the region has declined over time. In 2019, there were 69 babies born in the region, a substantial decrease from 96 babies born in 2014. This declining trend might explain the difference in the overall number of children in the U.S. Census 2010 and 2020.

While the number of on-reservation enrolled minors is smaller than the U.S. Census 2020 count of children in the region (1,217) the opposite is true for the population as a whole: In 2020 there were 3,981 enrolled members of the Pascua Yaqui Tribe residing within the reservation boundaries, a higher count compared to the reported 3,466 total population according to U.S. Census 2020 data. Key informants indicated that the Pascua Yaqui Tribe carried out an important outreach campaign led by the Community Services Department towards full participation in the U.S. Census 2020 count on the reservation. These efforts, which took place under very challenging pandemic-related circumstances, were highly successful and resulted in 100% participation. Key informants noted that the difference between the Census population count and tribal enrollment may originate in the fact that some community members may have their permanent address recorded as being on the reservation but actually reside elsewhere.

The majority of the population in the region (90%) identifies as American Indian (alone or in combination), a slightly lower proportion compared to all Arizona reservations combined (93%). The region's racial and ethnic composition varies notably from other Arizona reservations in the proportion

of residents who identify as Hispanic or Latino, which is 24% in the Pascua Yaqui Region compared to 6% across all Arizona reservations. Similar to the adult population, a much larger share of young children in the region identify as Hispanic or Latino (29%) compared to children in all Arizona reservations combined (9%).

Nearly two-thirds (61%) of residents ages 5 and older in the Pascua Yaqui Tribe Region speak only English at home, a substantially larger proportion compared to that in all Arizona reservations combined (46%). The share of the population who speak Spanish at home also differs markedly in the region and other Arizona reservations, with over one-third (35%) of Pascua Yaqui Tribe residents speaking Spanish, compared to only 3% across all Arizona reservations. Only 3% of individuals in the region speak a language other than English or Spanish at home (most likely a Native North American language), compared to over half (51%) in all Arizona reservations. The Pascua Yaqui Tribe Department of Language and Culture provides language classes to community members interested in learning the Yoeme language. In the 2018-19 school year, there were 289 people registered for classes in the Language Program, and 112 registered in the Traditional Arts Program. This high level of interest in the Yoeme language is a strength in the region.

Three-quarters (75%) of children ages birth to 5 in the Pascua Yaqui Tribe Region live with a single parent. This percentage is higher than in all Arizona reservations (62%) and twice as large as that in Pima County (38%). An estimated 8% of young children live with two married parents (or a parent and a stepparent) compared to 27% across Arizona reservations. An important limitation of the American Community Survey (ACS) data, from which this is drawn, is the fact that it does not allow for the identification of both parents being present in the household if they are unmarried. Therefore, a full count of the number of children living with both parents is not available from ACS data. With the move to remote learning during the pandemic, parents and caregivers took on the challenging role of assisting with children's online learning. The burden was particularly taxing for single-parent households. These families might benefit from additional supports.

The ACS estimates that nearly half (46%) of young children in the Pascua Yaqui Tribe Region live in their grandparent's household, indicating a high prevalence of multi-generational households. Grandparents in the region are younger than grandparents across Arizona reservations as a whole, with only about one-quarter (27%) being 60 or older, compared to nearly half (45%) across all Arizona reservations. Younger grandparents responsible for their grandchildren are more likely to be in the labor force and require child care support when caring for young children.

Economic Circumstances. The American Community Survey (ACS) estimates that the median family income (for families with or without children) for the Pascua Yaqui Tribe Region is \$36,600, with married-couple families with children having a higher median income of \$58,500. However, even this higher median income is below the self-sufficiency standard for a two-parent family with two young children in Pima County (\$62,174), suggesting that families may struggle to make ends meet.

Financial hardship is, however, substantially larger for single-parent headed families in the region, as their income is less than half of that of married-couple families. Forty-three percent of children birth to

17 in the Pascua Yaqui Tribe Region live in households led by a single parent. This means those children are more likely to live in families with low incomes that are insufficient to meet their basic needs and that may require additional support from safety-net programs in the region and the county.

More than half of young children birth to 5 in the region live in poverty (52%), as do over one-third of the overall population (37%). Three out of every four young children (75%) live in households with incomes under 185% of the federal poverty level meaning they may be eligible for safety net programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Pascua Yaqui Tribal TANF (PY-YOEME) program. The overall increasing trend in the number of young children and families participating in TANF in the region differs from a statewide decrease in participation between SFY 2016 and 2019.

The number of children participating in other safety net programs designed to combat food insecurity declined in the Pascua Yaqui Tribe Region despite the economic stresses of the pandemic. The number of young children who participate in Supplemental Nutrition Assistance Program (SNAP) fell from 400 in SFY 2017 to 318 in SFY 2020. In that same period, the number of infants and children enrolled in the Pascua Yaqui Tribe WIC program steadily declined from 1,038 to 731, a trend that mirrors a decline in enrollment across all WIC programs operated under the Inter Tribal Council of Arizona. Despite the declines in the number of children enrolled, overall participation rates (for women and children combined) in the Pascua Yaqui Tribe WIC program have remained at similar or higher rates than all ITCA WIC programs, suggesting that most participants are able to use the benefits the program provides.

According to the ACS, the unemployment rate in the Pascua Yaqui Tribe Region was 13%, lower than the rate across all Arizona reservations (17%). Nearly two-thirds (62%) of working-age teens and adults are working or actively looking for work, a notably higher proportion than across all Arizona reservations (45%). Nevertheless, a larger share of the population live in poverty in the region (37%) compared to Pima County (17%) and the state (15%) reflecting that although residents in the region are employed at similar rates than in these other geographies they have lower median incomes than the population in the county and the state. The majority of children birth to 5 in the region (76%) live with a single parent who is in the labor force or two married parents who are both in the labor force, meaning that access to child care is particularly important to enable parents to work. These families may have particularly struggled with pandemic-related child care disruptions.

The share of children birth to 17 with access to both a computer and the internet at home was substantially higher in the region (85%) than in all Arizona reservations (46%) before the pandemic. Key informants noted that these high levels of computer and internet access reflect efforts made by the Pascua Yaqui Tribe to increase connectivity in the community even prior to the pandemic. The majority of residents in the region (99%) access the internet primarily through cellular-data; only half of residents reported using fixed-broadband internet (51%), suggesting that, while connectivity is high in general, the quality of the internet connection in the region may not be as reliable. The level and quality of the internet connection is likely to improve after additional investments were made as part of the pandemic emergency response in the region.

Educational Indicators. Children from the community attend a variety of schools, most of which are part of the Tucson Unified School District (TUSD) or Sunnyside Unified School District (SUDS). The only school within the regional boundaries, Hiaki High School, is a collaboration between the Pascua Yaqui Tribe Education Department and the non-profit organization Chicanos Por la Causa. The Pascua Yaqui Tribe Education Department provides support services for students from the region through the Yaqui Education Services (YES) Program. In 2019-20 there were nearly 900 children from the Pascua Yaqui Tribe enrolled in off-reservation public schools in the Tucson area, most of them attending TUSD schools.

School attendance and academic engagement early in life can significantly impact the direction of a child's schooling. Truancy intervention is provided as part of the Pascua Yaqui Tribe Attendance Achievement Program, a court diversion program that aims at improving school attendance and reducing truancy among Pascua Yaqui students. The program is a collaboration of the tribal prosecutor's office, the Pascua Yaqui Tribe Education Department, the Sewa U'usim Community Partnership at the Pascua Yaqui Tribe Health Department, and TUSD. Individualized plans are developed to address each child's needs and to provide comprehensive support services for the parents. Each year, the Attendance Achievement Program serves over 100 students through diversion resources and community engagement activities. Key informants estimated that the program is able to divert an estimated 60% of truancy cases. Recognizing that truancy is often the result of underlying challenges in family systems, the Attendance Achievement Program is one of the three components of the Pascua Yaqui Tribe Tiwahe (or Itom Yoemia) initiative. Tiwahe is a 5-year Bureau of Indian Affairs demonstration project that promotes coordinated service delivery to support participating communities in improving the health and well-being of their people. The Pascua Yaqui Tribe joined Tiwahe in 2016.

When third grade American Indian students in schools serving the Pascua Yaqui Tribe Region took AzMERIT assessments in the 2018-19 school year, 23% received passing scores on English Language Arts (ELA) and 18% had passing scores on Math. There was, however, a wide range in the passing rates of American Indian students at each individual school, with the lowest rates at Warren Elementary School, and highest rates at White Elementary. The percentage passing ELA and Math assessments at Anna Lawrence Intermediate School, the school with the largest enrollment of students from the Pascua Yaqui Tribe, was 6%.

Hiaki High School is the only school within the boundaries of the Pascua Yaqui Tribe Region and it offers instruction in Yaqui Studies and the Yaqui language. Students at Hiaki High School can obtain dual credits with Pima Community College. The 4-year graduation rate at Hiaki High School declined between 2017 (58%) and 2019 (34%), and was lower than the 2019 graduation rate for American Indian students in Pima County (57%) and American Indian students statewide (75%). However, American Indian students at Cholla High School, the public high school with the largest number of students from the Pascua Yaqui Tribe, had a notably higher graduation rate (84%). Dropout rates for Pascua Yaqui Tribe students enrolled in TUSD schools rose from 2.5% in 2018-19 to 4.2% in 2019-20. The dropout rate at Hiaki High School in 2019-20 (12%) was less than half that in the two previous years (28% and 25%).

The ACS estimates that almost one-third (32%) of adults ages 25 and older in the region have less than a high-school education, 33% graduated high school or received a GED but did not go farther and 35% had more than a high-school education.

Early Learning. Early care and education opportunities for children in the Pascua Yaqui Tribe Region are available through the Ili Uusim Mahtawa'apo Pascua Yaqui Head Start; family child care providers and group home providers who are certified/licensed by the Pascua Yaqui Tribe Child Care Program; and off-reservation child care centers. The Child Care Program does not have a child care center but it is in the planning phases for the construction of a tribally-operated facility.

In 2018-19 the Ili Uusim Mahtawa'apo had a funded enrollment of 141 children, and a cumulative enrollment of 150 children. In 2019 and 2020 there were 21 home-based providers certified/licensed by the Pascua Yaqui Tribe Child Care Program. Most of these providers were located in the Tucson area, and 6 of them were located in the town of Guadalupe. The total number of children (ages birth to 12) and the number of young children (birth to 5) who received services from home-based providers increased between 2019 and 2020, especially among young children, with 17 of them being cared for by home-based providers in 2019 and 42 in 2020. Key informants noted that the home-based providers working with the Child Care Program are an asset in the region, with some having worked in the program for over 20 years. Before the pandemic, the Child Care program had monthly cultural trainings with the providers with participation from elders in the community.

The Pascua Yaqui Tribe Child Care program also provides child care subsidies for families whose children are enrolled in off-reservation private child care centers. In 2019, the Pascua Yaqui Tribe Child Care program provided subsidies to 120 children ages birth to 6 residing in the program's designated service area (all of Pima, Pinal and Maricopa Counties). In 2020, subsidies were provided to only 94 children, likely due to the pandemic-related closure of child care centers. The Child Care Program did not have a waiting list in either of those two years. There are 52 licensed child care providers registered with the Child Care Resources & Referral Guide within a 5-mile radius of the Pascua Yaqui Tribe Region, with a licensed capacity to serve 2,316 children.

In addition to the subsidies provided by the Pascua Yaqui Tribe Child Care Program, some families in the region also receive child care subsidies from the Arizona Department of Economic Security (DES). In 2019, 57 children received DES subsidies, a number that decreased to 35 in 2020, likely due pandemic-related child care closures.

Fewer than 10 children per year ages birth to 2 received services from either the Arizona Early Intervention Program (AZEIP) or the Division of Developmental Disabilities (DDD) Division of Developmental Disabilities (DDD) in 2019 or 2020 even though 14 to 18 children were referred to AZEIP each year. The Pascua Yaqui Tribe Education Department provides support services for students with special needs enrolled in Ili Uusim Mahtawa'apo Pascua Yaqui Head Start and in public schools who have an Individualized Educational Plan (IEP); Ili Uusim Mahtawa'apo Pascua Yaqui Head Start has a full-time interventionist who works with children on site. In 2018-19 all 97 newly enrolled children (ages 3 and 4) at Ili Uusim Mahtawa'apo received developmental, sensory and behavioral

screenings within 45 days of enrollment. Of those, 23% required a follow-up assessment or evaluation. A total of 19 children in Ili Uusim Mahtawa'apo (or 13% of all children enrolled) had an IEP. Of those, nearly three-quarters were diagnosed with a speech or language impairment, and about one-quarter with a developmental delay. In 2019 and 2020, "Developmental disorder of speech/language" was among the top 10 diagnoses for young children (ages birth to 5) seen at the El Rio Pascua Health Clinic or receiving care elsewhere with coverage from the Yoeme Health Plan. As of August of 2021, 120 Pascua Yaqui Tribe students (in all grades) were identified as eligible for special education services and were receiving support from the Yaqui Education Services Program.

Child Health. Health care services are available to residents from the Pascua Yaqui Tribe Region through the Pascua Yaqui Health Services Division (PYHSD). PYHSD provides services to community members using a combination of federal, state, tribal, and private funds. In 2011 the Pascua Yaqui Tribe took over control of a managed care plan initially established by IHS for medical, dental and specialty services to community members residing in Pima County through El Rio Health Centers. PYHSD acquired national accreditation from the Public Health Accreditation Board in August of 2021.

In the Pascua Yaqui Tribe 13% of young children in the region are uninsured, a lower rate than that in all Arizona reservations combined (17%). The proportion of births in the region that were paid for by AHCCCS decreased substantially between 2014 (75%) and 2017 (43%) but has been on the rise ever since. In 2019, almost two-thirds (64%) of births in the region were paid for by AHCCCS, a smaller proportion than across all Arizona reservations combined (70%). Residents in the region who are tribal members and do not qualify for AHCCCS are eligible for enrollment in the Yoeme Health Plan, a managed care plan administered by PYHSD. The number of young children enrolled in the Yoeme Health Plan decreased from 98 in 2018 to 75 in 2020. A decrease in enrollment could reflect successful efforts towards supporting community members accessing health care coverage through other means.

Of the 69 births in the Pascua Yaqui Tribe Region in 2019, only 58% were to mothers who received prenatal care in the first trimester, which is noticeably lower than in all Arizona reservations (75.3%) and far below the Healthy People 2020 target of 84.8% or more. The share of births to mothers who had no prenatal care in the region (7.2%) was slightly higher than in reservation lands across the state (6.4%). The proportion of births in the region with inadequate prenatal care (i.e. mother did not have any prenatal care or mother had fewer than five prenatal care visits) increased between 2014-2016 and 2017-2019, while the percentage of women who began care in their first trimester decreased. This lack of adequate prenatal care puts mothers and infants at higher risk of poor health outcomes.

In fact, there has been a corresponding concerning trend in infant health outcomes in the region: between 2014 and 2019, the rate of low birthweight births doubled from 8.3% to 15.9%, and the proportion of preterm births remained about four percentage points above the Healthy People 2020 target of 9.4% or less in most of those years; the rate of babies admitted into the NICU nearly tripled from 6.3% in 2014 to 15.9% in 2019. Together with the data on inadequate prenatal care, these numbers suggest the need for expanded outreach and education in the region around the importance of prenatal care and its impact on birth outcomes.

In 2020, a slightly higher percent of infants were ever breastfed in the Pascua Yaqui Tribe WIC program (71%) than across all ITCA WIC Programs (69%), though the 6-month breastfeeding rate in the Pascua Yaqui Tribe WIC program (17%), on the other hand, was lower relative to the combined rate in all ITCA WIC programs (23%). Data for children participating in WIC in 2018 show that the obesity rate among American Indian children (ages 2 to 4) enrolled in the Pascua Yaqui Tribe WIC program (22.8%) was similar to that across all ITCA WIC programs (23%). Among children (ages 2 to 5) receiving services at the Pascua Health Clinic in 2020, the obesity rate was very similar (22%).

In 2018-2019 most children enrolled in the Ili Uusim Mahtawa'apo had access to dental care (94%), had received preventative dental care (99%) and had a professional dental exam (99%), with 17% of children requiring dental treatment, and 13% of them receiving such treatment.

In both 2017-2018 and 2018-2019, 83% of children enrolled at Ili Uusim Mahtawa'apo were up to date on their immunizations at the end of the enrollment year. The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for the three major vaccine series (DTaP, polio, and MMR) is 90%. Vaccine exemption rates in the child care centers and schools serving families from the Pascua Yaqui Tribe Region have been low over the past five years (below 1%). Among children enrolled in Pascua Yaqui Tribe WIC, the rate of exposure to secondhand smoke at home has been consistently higher than that across all ITCA WIC programs (8% vs 3% in 2018), a concerning proportion. There were no child deaths in the region in 2018, and so few deaths in 2019 that mortality rates could not be presented in this report.

Family Support and Literacy. The First Things First Pascua Yaqui Tribe Regional Partnership Council funds Parenting Workshops as part of the Parenting Outreach and Awareness strategy. These workshops, which prior to the pandemic had been offered at the Dr. Fernando Escalante Tribal Library, are offered at no charge to families with young children. Wraparound support for parents in the region is also available from the Sewa U'usim Community Partnership which offers the Ili Uusim Hiapsi Program (*Little Children's Hearts*), a community and home-based program available on a voluntary basis for families during pregnancy and up until the child turns 10 years of age.

Behavioral health services are available from the Pascua Yaqui Health Services Division (PYHSD) as part of the Pascua Yaqui Behavioral Health Centered Spirit Program. Centered Spirit is fully operated by the Pascua Yaqui Tribe as a Tribal Regional Behavioral Health Services Authority (TRBHA). The program aims at providing culturally compatible mental health and substance use services to families in the region. Centered Spirit offers onsite psychiatric and psychological services, as well as crisis evaluations for emergency situations. Services include individual, couple, family and group therapy, a methadone/suboxone clinic, youth life skills group, and group homes for adolescents and adult women and men. Community-based, culturally-informed and trauma-sensitive services for families with young children are provided by the Centered Spirit Child and Family Team. In the period of 2018-2020 between 42 and 48 children ages birth to 5 received services from the Centered Spirit Child and Family Team Program. In 2021, 35 children had received services as of September of that year. Behavioral health services for youth in the region are also provided through Sewa U'usim, a comprehensive, wraparound treatment program for children and their families that includes formal support (e.g.

counselors), other community-based support (e.g. friends, elders, traditional healers), and relatives. Services under Sewa U'usim include the Yoeme Kari Group Home (YKGH) and the Tortuga Ranch and Ka'vai Hitevi (Horse Healers).

According to the *Gathering Hiaki Voices Survey* fielded in 2020 as part of the Pascua Yaqui Tribe 2021 Community Health Needs Assessment, substance use was ranked among the top three health problems in the community by 80% of survey respondents. Support services for community members struggling with substance use are available in the region through Centered Spirit's Tu'iriauwicha Vo'o, Men's and Women's PATH residential programs; and New Beginnings, a medication-assisted treatment clinic for individuals with opioid use disorder.

Child Welfare services in the Pascua Yaqui Tribe Region are provided by the Pascua Yaqui Tribe Social Services Division, Children Services. In 2019 there were 111 reports of child abuse and/or neglect for children ages birth to 17, and fewer than ten substantiated cases. The following year, the number of reports increased slightly to 121, with ten substantiated cases of child abuse and/or neglect that year. Fewer than ten children ages birth to 17 were removed from their homes by the Pascua Yaqui Tribe Children Services in 2019, and 10 children were removed in 2020. In 2020, most of the children removed from their homes were placed with relatives (46%) and in tribal foster homes (37%).

In 2015-2016 the Bureau of Indian Affairs (BIA) invited six American Indian and Alaska Native communities to participate in the 5-year Tiwahe Initiative demonstration project, one of them being the Pascua Yaqui Tribe. Tiwahe promoted a coordinated service delivery model to increase access to social services, create alternatives to incarceration, improve access to prevention, intervention and treatment services, and improve partnership and collaboration among programs and agencies serving tribal children and families. Tiwahe allowed for full self-determination in the identification of community needs and best ways to address them. The Pascua Yaqui Tribe received \$10,585,504 in Tiwahe funding over the five years. The vision of the Pascua Yaqui Tribe Tiwahe Initiative, also known as Itom Yoemia, is for Yaqui families to be self-sufficient and culturally connected. The three key programs and activities of Itom Yoemia are: 1. ICWA Support and Foster Care Program, to increase support to Yaqui foster families and families involved in the child welfare system; 2. Attendance Achievement Program, a court diversion program that aims at improving school attendance and reducing truancy among Pascua Yaqui students; and 3. Recidivism Reduction Initiative (RRI), an alternative to incarceration program for adult substance use offenders that provides integrated community resources and culturally appropriate treatment. As a result of Itom Yoemia activities, the tribe was able to reduce the intervention time in Yaqui child welfare cases handled by the state from 10 to three days. The attendance rate of Pascua Yaqui students increased by an average of 6% (or 11 more days in school) during their participation in the program. And after six months of participating in RRI, 72% of offenders did not have a new arrest; after 12 months in RRI, 66% of offenders did not have a new arrest.

ABOUT THIS REPORT

The data contained in this report come from a variety of sources including regional, state and federal agencies. Federal government sources include limited data from the 2010 U.S. Census and the 2020 U.S. Census. Because the 2010 U.S. Census is now a decade old, it is used minimally in this report.ⁱ The Census Bureau expects to release detailed tables from the 2020 U.S. Census in early 2023,ⁱⁱ therefore only data for total population counts and the number of children birth to 17 are included. This report also uses data from the 2015-2019 American Community Survey (ACS) 5-Year Estimates. Important information about the limitations of U.S. Census and American Community Survey data in tribal communities is included in *Appendix 2: Methods and Data Sources*.

Data were provided to First Things First (FTF) by state agencies including the Arizona Department of Health Services, the Arizona Department of Education, and the Arizona Department of Economic Security. In most cases, the data in this report were calculated especially for the Needs & Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report uses data tailored to the region, but in some cases, there are only county-level or statewide data available to report.

In addition to these public sources this report includes: 1) Quantitative data obtained from various Pascua Yaqui Tribe departments and programs with approval from the Pascua Yaqui Tribal Council in a Memorandum of Understanding for multiple data collection approved by Tribal Resolution No. C03-63-20; and 2) Findings from qualitative data collection conducted in 2021 and 2022 specifically for this report through key informant interviews with service providers and stakeholders in the region. Not all data will be available at a FTF regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

First Things First Pascua Yaqui Tribe Regional Partnership Council members, Tribal Council members and other local stakeholders participated in a facilitated data discussion on March 10, 2022 of selected data included in this report. During this session they shared their local knowledge and perspective in interpreting the data collected. Perspectives and feedback from participating session members are included as key informant perspectives within this report.

In most tables in this report, the top rows of data correspond to the FTF Pascua Yaqui Tribe Region. When available, the next rows show data that are useful for comparison purposes: all Arizona reservations combined, Pima County, the state of Arizona and national estimates or targets where available. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation "N/A." State agencies have varying policies about reporting small values. Entries such as "<10" or "<11" are used when the count is too small to be

ⁱ Only Table 2 ("Population and households") and Figure 1 ("Share of children birth to 5 by sub-region") use 2010 Census data.

ⁱⁱ U.S. Census Bureau (2021). *About 2020 Census Data Products, Demographic and Housing Characteristics File*. Accessed at <https://www.census.gov/programs-surveys/decennial-census/decade/2020/planning-management/release/about-2020-data-products.html>

reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as "[11 to 27]" because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of "DS" indicate that data have been suppressed and we are unable to provide a useful range of possible values.

For more detailed information on data sources, methodology, suppression guidelines, and limitations, please see also *Appendix 2: Methods and Data Sources*.

THE PASCUA YAQUI TRIBE REGION

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

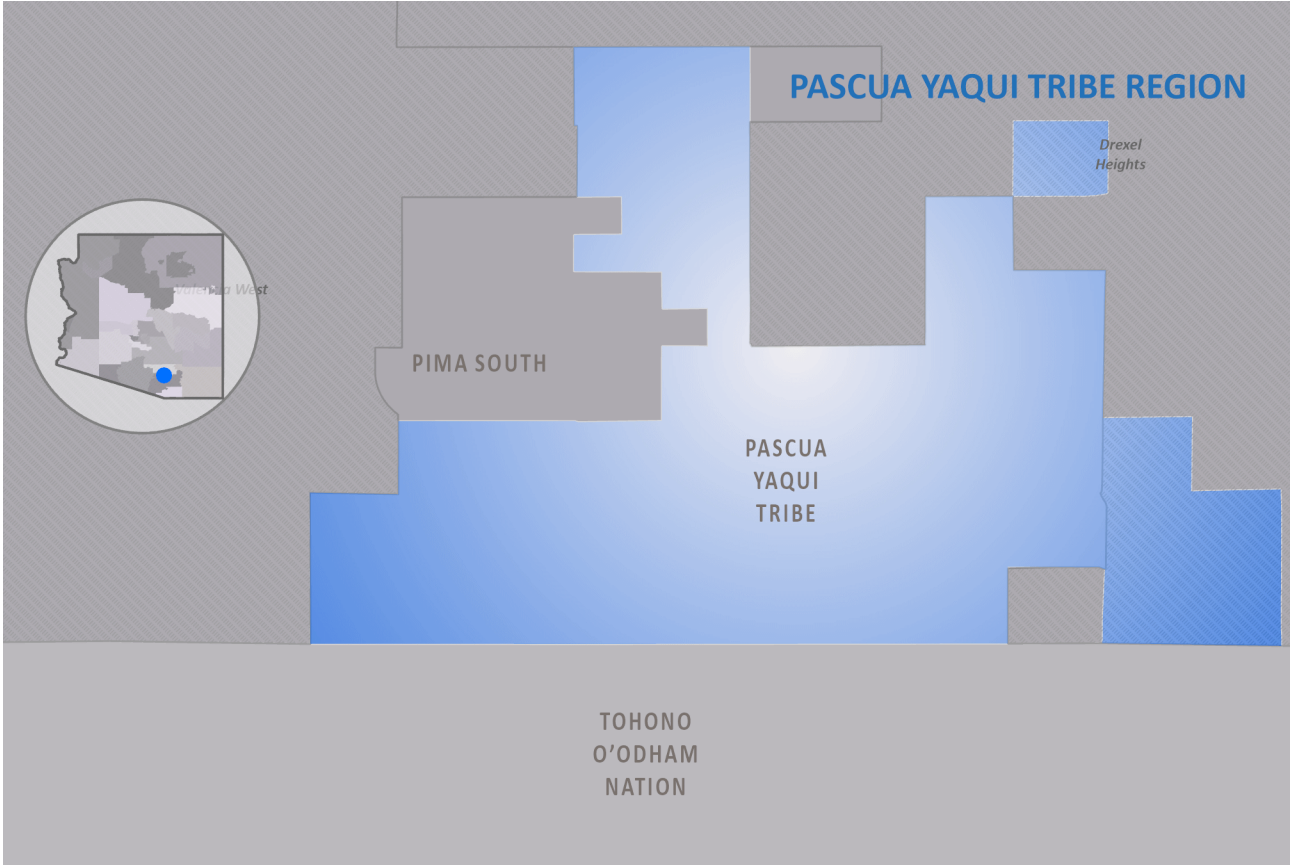
The boundaries of the First Things First Pascua Yaqui Tribe Region are those of the Pascua Pueblo Yaqui Reservation in Pima County. The Pascua Yaqui Tribe Region covers approximately 2.2 square miles. It is important to note that in addition to the reservation land, which is also known as New Pascua, the Pascua Yaqui Tribe has seven other traditional communities in Pima, Maricopa and Pinal Counties where the tribal government also provides services. This includes Old Pascua, Barrio Libre and Yoem Pueblo (Marana) in Pima County; Coolidge in Pinal County; and Guadalupe, Penjamo (Scottsdale) and High Town (Chandler) in Maricopa County.

Programs and services provided by the Pascua Yaqui Tribe are often available to all enrolled members regardless of their place of residence. This means that the number of young children eligible for these services is larger than the number of children birth to 5 living in the region. Where possible, this report will indicate the service area of the programs being described and whether data are presented only for families or children who reside within the regional boundaries, or whether they include residents of other communities outside of New Pascua. Key informants indicated that for members of the Pascua Yaqui Tribe, the regional boundaries do not necessarily match the way they conceive of their Nation as comprised of all of these various communities in Pima, Maricopa and Pinal Counties. In the words of a key informant: “Our Nation is all of our tribal community.”

Figure 1 shows the geographical area covered by the Pascua Yaqui Tribe Region. Additional information available at the end of this report includes a map of the region by zip code and a table listing zip codes for the region in Appendix 3, and a map of school districts in the region in Appendix 4.

Figure 1. The First Things First Pascua Yaqui Tribe Region

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Source: 2010 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.



POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Families with young children often utilize community resources such as early education, health care facilities and social services to help their children thrive.^{1,2,3,4,5} Accurate and up-to-date information about the characteristics of families is critical for ensuring policy makers and program providers can determine what resources are needed in their regions, including where these services should be located and how to tailor offerings to the specific needs of those who are likely to use them. Having reliable access to child care, health care and social services has been shown to improve children's health and educational outcomes.^{6,7,8,9}

Knowing the languages spoken and linguistic heritage of a community also helps decision-makers and program providers understand what families with young children need. Households where multiple languages are spoken pose a unique balance of benefits for child learning and barriers to parental engagement. Acknowledging and valuing linguistic heritage (such as through language preservation efforts) and recognizing needs for resources and services in languages other than English should remain important considerations for organizations and agencies across Arizona.^{10,11} Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity, and to the promotion of social unity, community well-being, and Indigenous self-determination.^{12,13} Special consideration should be given to respecting and supporting the numerous Native American languages spoken, particularly in tribal communities around the state.

In addition to growing racial, ethnic and social diversity, U.S. and Arizona families are becoming more diverse in terms of family structure.¹⁴ Many children live in single-parent households, and it is increasingly common for children to live in kinship care (care of children by someone other than their parents, such as relatives or close friends).^{15,16} Though it varies from one Native community to another, extended, multigenerational families, and kinship care are common in Native communities.^{17,18} The strengths associated with this family structure—mutual help and respect—can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.¹⁹ Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history, and culture.^{20,21}

As family structure changes, so can family strengths and challenges that impact child development, such as poverty, access to health and education resources and the quality of a child's interactions with adult caregivers.^{22,23,24,25} Regardless of their family structure, all young children benefit from nurturing relationships with adults. Research has identified that these early relationships are a primary influence on brain development.²⁶ Ensuring that children have adult caregivers who consistently engage in high quality interactions beginning in infancy can help protect young children from negative effects of stress and adversity and builds a foundation in the brain for all the learning, behavior and health that follow.^{27,28} Program and policy decisions that are informed by data on the structure and stability of

children’s home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

What the Data Tell Us

Population, Race, and Ethnicity

According to the 2010 U.S. Census, the Pascua Yaqui Tribe had a population of 3,484, of whom 470 were children birth to 5.ⁱⁱⁱ The percent of households in the Pascua Yaqui Tribe Region that included at least one young child (36%) was higher than in all Arizona reservations (26%) and more than twice than in the state (16%) (Table 1).

Table 1. Population and households in the 2010 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
Pascua Yaqui Tribe	3,484	470	802	287	36%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Pima County	980,263	74,796	388,660	53,862	14%
Arizona	6,392,017	546,609	2,380,990	384,441	16%
United States	308,745,538	24,258,220	116,716,292	17,613,638	15%

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

Even though the 2010 Decennial Census had the most recent detailed estimate of the population by age residing in the Pascua Yaqui Tribe as of the writing of this report, limited redistricting data have been released from the 2020 U.S. Census. These data show that in the period between the decennial counts, the total population of the region remained stable: In 2020, there were 3,466 residents in the region, compared to 3,484 in 2010 (Table 2). Among children birth to 17, on the other hand, there was a 7% decrease in population, from 1,313 in 2010, to 1,217 in 2020. Additional data from the 2020 U.S. Census were not available, including the breakdown of children birth to 5 in the region. Those files will be released by mid-2023.

ⁱⁱⁱ Please note that the total population count in this table (3,484) differs from that in the First Things First Pascua Yaqui Tribe Region 2020 Needs and Assets Report (3,478). The 2020 report included the total population count based on the Census geography for the Pascua Pueblo Yaqui Reservation and Off-Reservation Trust Land. In order to make an accurate comparison between U.S. Census 2010 and U.S. Census 2020 data we are using the population counts for the Pascua Pueblo Yaqui Reservation and Off-Reservation Trust Land from both the 2010 Decennial Census Summary File 1 and 2020 Decennial Census Redistricting Data (PL 94-171).

Table 2. Population and households, U.S. Census, 2010 and 2020

Geography	Total 2010 population	Total 2020 population	Change from 2010 to 2020 in total population	2010 Children (ages 0-17)	2020 Children (ages 0-17)	Change from 2010 to 2020 in children (ages 0-17)
Pascua Yaqui Tribe Region	3,484	3,466	-1%	1,313	1,217	-7%
All Arizona Reservations	178,131	173,499	-3%	61,082	51,848	-15%
Pima County	980,263	1,043,433	+6%	225,316	209,168	-7%
Arizona	6,392,017	7,151,502	+12%	1,629,014	1,609,526	-1%
United States	308,745,538	331,449,281	+7%	74,181,467	73,106,000	-1%

Sources: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20. U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.

Note: These data are drawn from the redistricting file, which is the only Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023.

Appendix 2. Methods and Data Sources at the end of this report outlines important considerations related to Census undercounts in tribal communities. Because of these limitations often seen in Census data for individuals residing on reservations, tribal enrollment is another important source of data regarding population counts in these communities. According to data provided by the Pascua Yaqui Tribe Enrollment Department, in 2020 there were 1,001 children birth to 17 who were enrolled members of the tribe residing within the reservation boundaries (Table 3). While the number of on-reservation enrolled minors is smaller than the U.S. Census 2020 count of children in the region (1,217) the opposite is true for the population as a whole: In 2020 there were 3,981 enrolled members of the Pascua Yaqui Tribe residing within the reservation boundaries, a higher count compared to the reported 3,466 total population according to U.S. Census 2020 data. Key informants indicated that the Pascua Yaqui Tribe carried out an important outreach campaign led by the Community Development Department towards full participation in the U.S. Census 2020 count on the reservation. These efforts, which took place under very challenging pandemic-related circumstances, were highly successful and resulted in 100% participation. Key informants noted that the difference between the Census population count and tribal enrollment may originate in the fact that some community members have their permanent address recorded as being on the reservation but actually reside elsewhere.

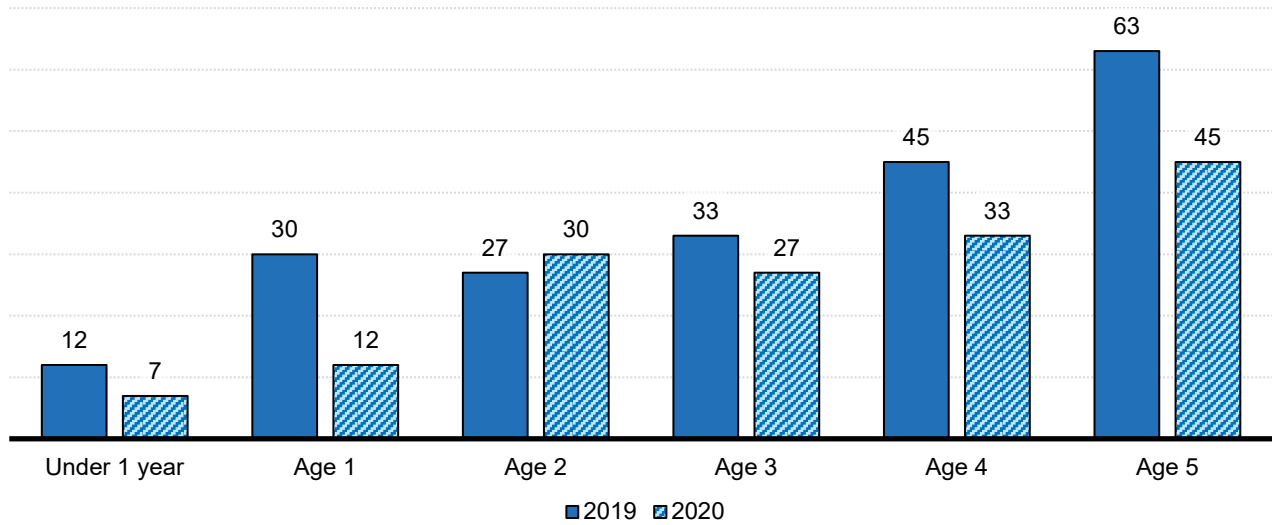
Table 3. Pascua Yaqui Tribe Enrollment, 2019 to 2020

Age group	On Reservation (2019)	Off Reservation (2019)	Total (2019)	On Reservation (2020)	Off Reservation (2020)	Total (2020)
Young children (ages 0-5)	210	709	919	154	570	724
Under age 1	12	56	68	7	15	22
Age 1	30	89	119	12	55	67
Age 2	27	115	142	30	89	119
Age 3	33	137	170	27	115	142
Age 4	45	157	202	33	138	171
Age 5	63	155	218	45	158	203
School-age children (ages 6-17)	847	2,723	3,570	847	2,665	3,512
Total children (ages 0-17)	1,057	3,432	4,489	1,001	3,235	4,236
Adults (ages 18 and older)	2,909	11,137	14,046	2,980	11,366	14,346
Total membership	3,966	14,569	18,535	3,981	14,601	18,582

Source: Pascua Yaqui Tribe Enrollment Department (2021). [Enrollment dataset]. Unpublished tribal data received by request.

A comparison of the enrollment data for children ages birth to 5 in 2019 and 2020 shows that, with the exception of 2-year-olds, fewer children in each year of age were enrolled in 2020. This reduction in enrollment numbers is likely a result of the pandemic as some families might have delayed submitting their paperwork for enrollment. Key informants also noted that staff from the Enrollment Department were heavily involved in the tribe’s pandemic mitigation efforts, which resulted in a backlog of enrollment applications that need to be processed.

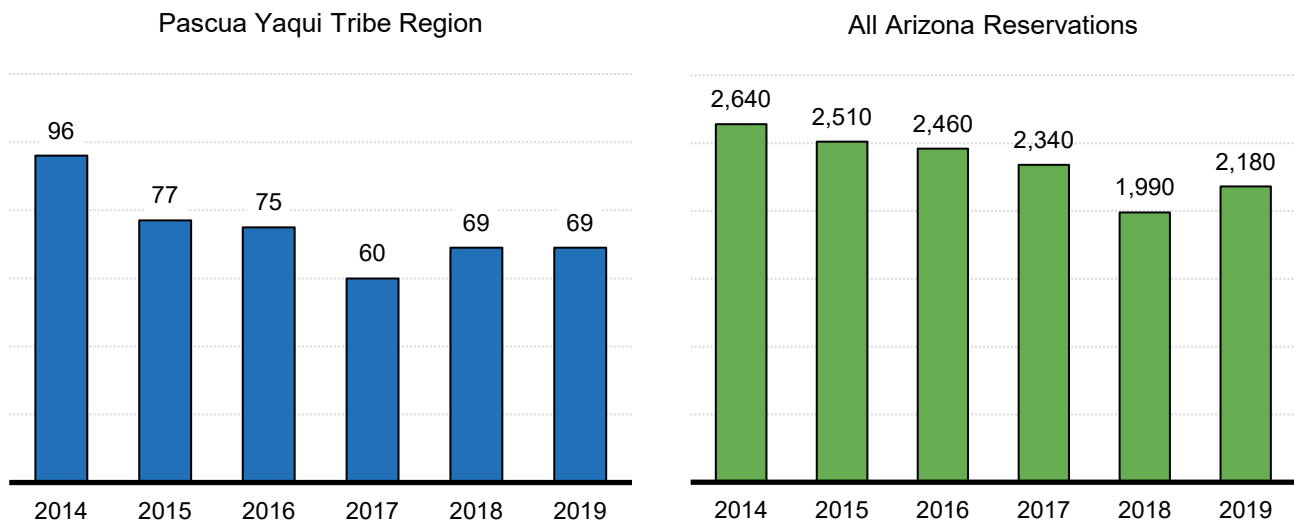
Figure 2. Pascua Yaqui Tribe On-Reservation Enrollment, 2019 to 2020



Source: Pascua Yaqui Tribe Enrollment Office (2021). [Enrollment dataset]. Unpublished data received by request.

The decline in the number of babies born in the Pascua Yaqui Tribe Region over the last years mirrors a trend across all Arizona reservations. In 2019, there were 69 babies born in the region, a substantial decrease from 96 babies born in 2014. This declining trend in the number of babies born over time might also explain the difference in the overall number of children in the U.S. Census 2010 and 2020.

Figure 3. Number of babies born, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: ‘All Arizona Reservations’ data reflect only births to American Indian mothers residing on Arizona reservations.

The U.S. Census Bureau made design improvements to the race and ethnicity questions in the Census 2020 to allow individuals to more accurately and thoroughly report how they self-identify.²⁹ Overall, these changes show that the U.S. population as a whole is more diverse than what the Census Bureau had measured in the past: the multi-racial population in the country changed substantially since 2010, showing a 276% increase in the Census 2020. For the American Indian and Alaska Native population specifically, between 2010 to 2020 there was a 27% increase in the number of individuals who identify as American Indian or Alaska Native alone. In that same period, the number of people reporting their race as American Indian or Alaska Native in combination^{iv} grew by 160% nationally.³⁰

As of the writing of this report, U.S. Census 2020 data were available for the racial and ethnic breakdown of the Pascua Yaqui Tribe population as a whole, but not for that of young children. Table 4 below shows that, according to Census 2020 data, the majority of the population in the region (90%) identifies as American Indian (alone or in combination), a slightly lower proportion compared to all Arizona reservations combined (93%). The region’s racial and ethnic composition varies notably from other Arizona reservations in the proportion of residents who identify as Hispanic or Latino, which is 24% in the Pascua Yaqui Region compared to 6% across all Arizona reservations. In addition, only 2% of residents in the region identify as White, with 5% across Arizona reservations; the share of multi-

^{iv} “Alone” refers to individuals who reported only American Indian/Alaska Native as their race. “In combination” means that these individuals selected American Indian/Alaska Native as their race and one or more other races such as Black/African American or White.

racial individuals is higher in the Pascua Yaqui Tribe than in all reservations across the state (8% vs 3%, respectively).

Table 4. Race and ethnicity of the population of all ages, 2020 Census

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino (alone or in combination)	Black or African-American (alone or in combination)	American Indian or Alaska Native (alone or in combination)	Asian or Pacific Islander (alone or in combination)	Two or more races (alone or in combination)
Pascua Yaqui Tribe Region	3,466	24%	2%	1%	90%	0%	8%
All Arizona Reservations	173,499	6%	5%	1%	93%	1%	3%
Pima County	1,043,433	36%	55%	5%	5%	5%	17%
Arizona	7,1515,02	31%	57%	6%	6%	5%	14%
United States	331,449,281	19%	62%	14%	3%	8%	10%

Source: U.S. Census Bureau. (2021). 2020 Decennial Census, Redistricting Data PL 94-171, Tables P1, P2, P3, P4, & H1.

Note: These data are drawn from the redistricting file, which is the only Decennial Census data available at the sub-county level at the time of publication. More detailed data files from the 2020 Census are expected to be released in late 2022 and early 2023. The total across rows will sum to more than 100% because each individual is counted in every category they identify in (thus someone who identifies as American Indian and Hispanic is counted in both the Hispanic and American Indian columns).

According to the 2015-2019 American Community Survey (ACS), in both the Pascua Yaqui Tribe Region (87%) and reservation lands across Arizona (91%), nearly all young children birth to 4 were identified as American Indian or Alaska Native. Similar to the adult population, a much larger share of young children in the region were identified as Hispanic or Latino (29%) compared to children in all Arizona reservations combined (9%). The proportion of multiracial children is similar in the region (5%) and all Arizona reservations (4%) (Table 5). Please note the categories in the table below are not exclusive, meaning that children are counted in each category with which they identify.

According to the Arizona Department of Health Services (ADHS), in 2019 – the most recent year for which data were available, the racial and ethnic breakdown of mothers giving birth in the region was similar to 2020 Census estimates for all ages and those of young children from the ACS. The majority of mothers giving birth in the region (70%) identified as American Indian or Alaska Native, and nearly three in 10 mothers (28%) giving birth reported being Hispanic or Latina.^v

^v Please note that the way ADHS defines race and ethnicity differs slightly than the methods used in the Census 2020 and 2015-2019 ACS data presented in this report. ADHS uses a bridging method to place individuals into the smallest race/ethnicity category with which they identify. Individuals who identify as Hispanic or Latina and any other race besides White will appear in the specific race category that they identify with, while White and Hispanic or Latina individuals are counted as Hispanic or Latina. Thus, a mother who identifies as both Hispanic or Latina and American Indian will be counted in the American Indian category.

Table 5. Race and ethnicity of children birth to 4, 2015-2019 ACS

Geography	Estimated number of children (birth to 4 years old)	Hispanic or Latino	White, not Hispanic or Latino	Black or African-American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Pascua Yaqui Tribe Region	413	29%	2%	0%	87%	0%	5%
All Arizona Reservations	15,185	9%	1%	0%	91%	0%	4%
Pima County	58,325	53%	34%	4%	5%	2%	11%
Arizona	433,968	45%	38%	5%	6%	3%	9%
United States	19,767,670	26%	50%	14%	1%	5%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Note: The six percentages in each row may sum to more or less than 100% because (a) children reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) children reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Table 6. Race and ethnicity for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African-American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Pascua Yaqui Tribe Region	2018	69	6%	12%	0%	83%	0%
	2019	69	1%	28%	0%	70%	1%
All Arizona Reservations	2018	1,990	N/A	N/A	N/A	N/A	N/A
	2019	2,180	N/A	N/A	N/A	N/A	N/A
Pima County	2018	10,661	39%	49%	5%	4%	4%
	2019	10,357	39%	48%	5%	4%	3%
Arizona	2018	80,539	43%	41%	6%	6%	4%
	2019	79,183	43%	41%	6%	6%	4%

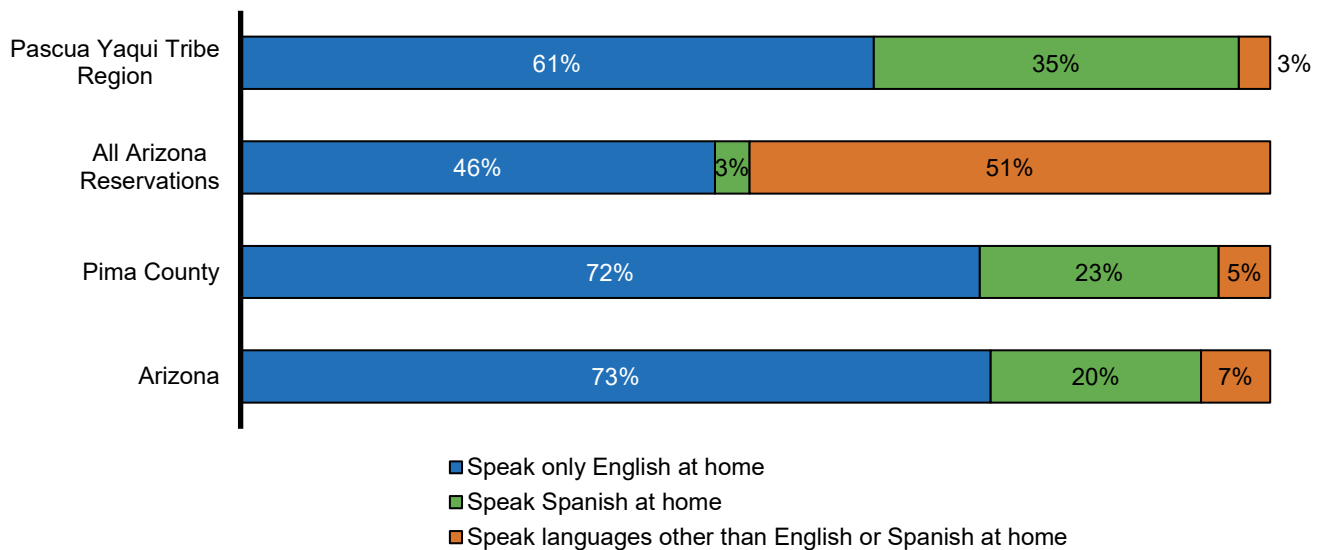
Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table. Please note that 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

Language Use

Estimates from the American Community Survey (ACS) indicate that, similar to the racial and ethnic breakdown, language use in the Pascua Yaqui Tribe Region differs notably from that across other Arizona reservations. Nearly two-thirds (61%) of residents ages 5 and older in the Pascua Yaqui Tribe Region speak only English at home, a substantially larger proportion compared to that in all Arizona reservations combined (46%). The share of the population who speak Spanish at home also differs markedly in the region and other Arizona reservations, with over one-third (35%) of Pascua Yaqui Tribe residents speaking Spanish, compared to only 3% across all Arizona reservations. In the same way, only 3% of individuals in the region speak a language other than English or Spanish at home, compared to over half (51%) in all Arizona reservations. The ACS no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state as it did in the past. Previous Needs and Assets Reports for the Pascua Yaqui Tribe Region suggest that the 3% of individuals who speak a language other than English or Spanish at home are speakers of a North American Language,³¹ most likely the Yoeme language.

Figure 4. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

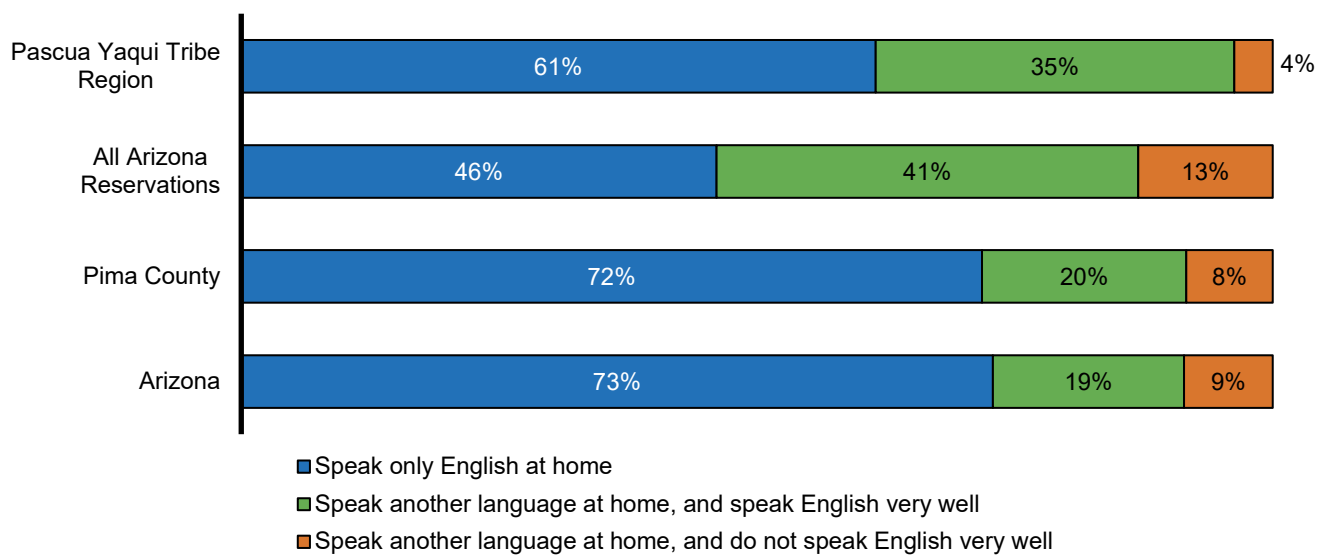


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each bar may not sum to 100% because of rounding. The ACS no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Most residents of the Pascua Yaqui Tribe Region who speak a language other than English at home report that they speak English “very well,”^{vi} meaning they are proficiently bilingual or multilingual. This is the case for 35% of Pascua Yaqui Tribe Region residents ages 5 and older. The share of people in the region who speak another language at home and do not speak English very well is small (4%), and it is about half of the Pima County rate (8%) and about one-third of that in all Arizona reservations combined (13%) (Figure 5). Young children can benefit from exposure to multiple languages; mastery of more than one language is an asset in school readiness and academic achievement, and offers cognitive and social-emotional benefits in early school and throughout their lifetime.^{32,33,34,35}

Figure 5. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS



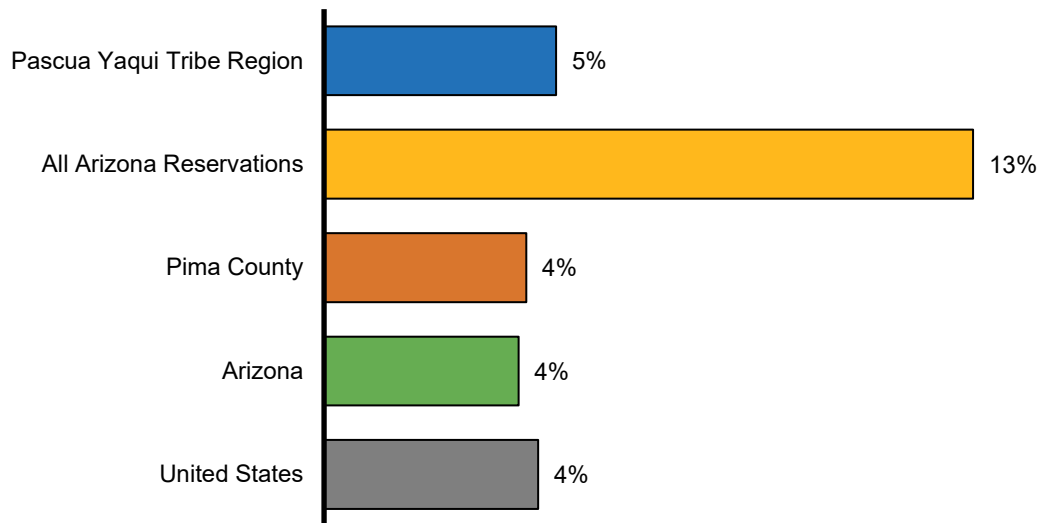
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in the figure should sum to 100%, but may not because of rounding.

At the household level, 5% of the households in the Pascua Yaqui Tribe Region are identified as "limited-English-speaking," which means that no adult or teenager in the home speaks English very well. While this proportion is similar to that in Pima County and the state (4%) it is substantially lower than that across all Arizona reservations (13%) (Figure 6).

^{vi} “Very well” refers to the self-rated ability to speak English in response to the American Community Survey question “How well does this person speak English?”. Other response options include: “well,” “not well” and “not at all.” See <https://www.census.gov/topics/population/language-use/about.html>

Figure 6. Proportion of households that are limited-English-speaking, 2015-2019 ACS

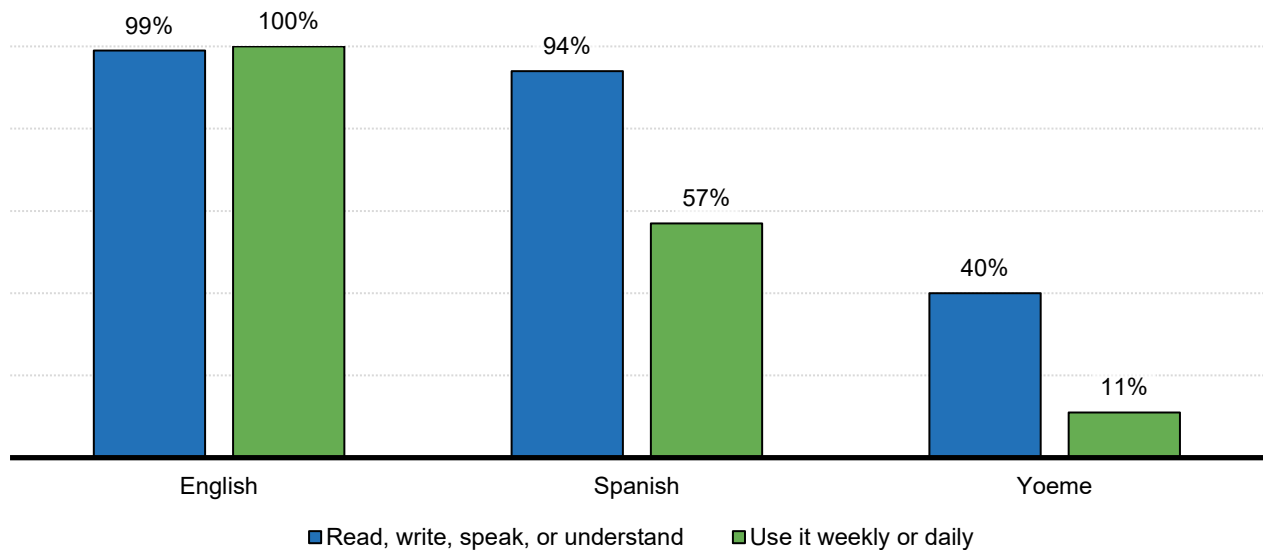


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

Note: A “limited-English-speaking” household is one in which no one over the age of 13 speaks English very well.

Local sources for language use in the region mirror the pattern revealed by the ACS. According to data from the *Gathering Hiaki Voices Survey* conducted as part of the Pascua Yaqui Tribe Community Health Needs Assessment, almost all community members participating in the survey reported being able to read, write, speak or understand English (99%), and to use this language weekly or daily (100%) (Figure 7). Most survey respondents (94%) also indicated an ability to read, write, speak or understand Spanish, with more than half (57%) saying they used Spanish weekly or daily. Four in 10 participants reported reading, writing, speaking or understanding the Yoeme language, but only 11% indicated that they use it on a weekly or daily basis.

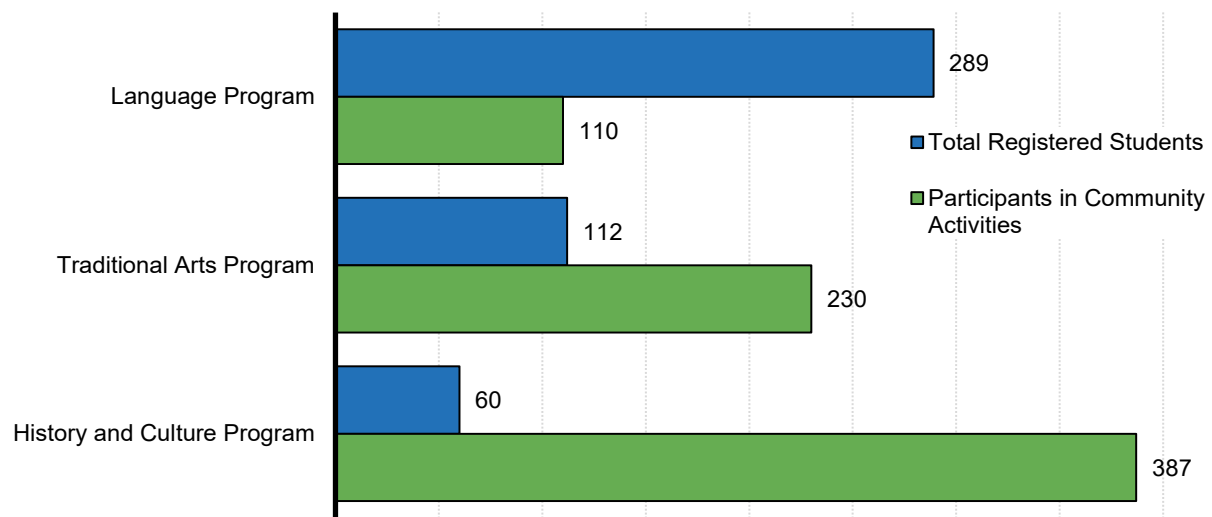
Figure 7. Language use reported by respondents to the Pascua Yaqui Community Survey, 2020



Source: Pascua Yaqui Tribe Health Services Division (2021). 2021 Community Health Needs Assessment. Report received by request.

Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity, and to the promotion of social unity, community well-being and Indigenous self-determination.^{36,37} The Pascua Yaqui Tribe Department of Language and Culture provides language classes to community members interested in learning the Yoeme language. In the 2018-19 school year, there were 289 people registered for classes in the Language Program, and 112 registered in the Traditional Arts Program. This high level of interest in the Yoeme language is a strength in the region.

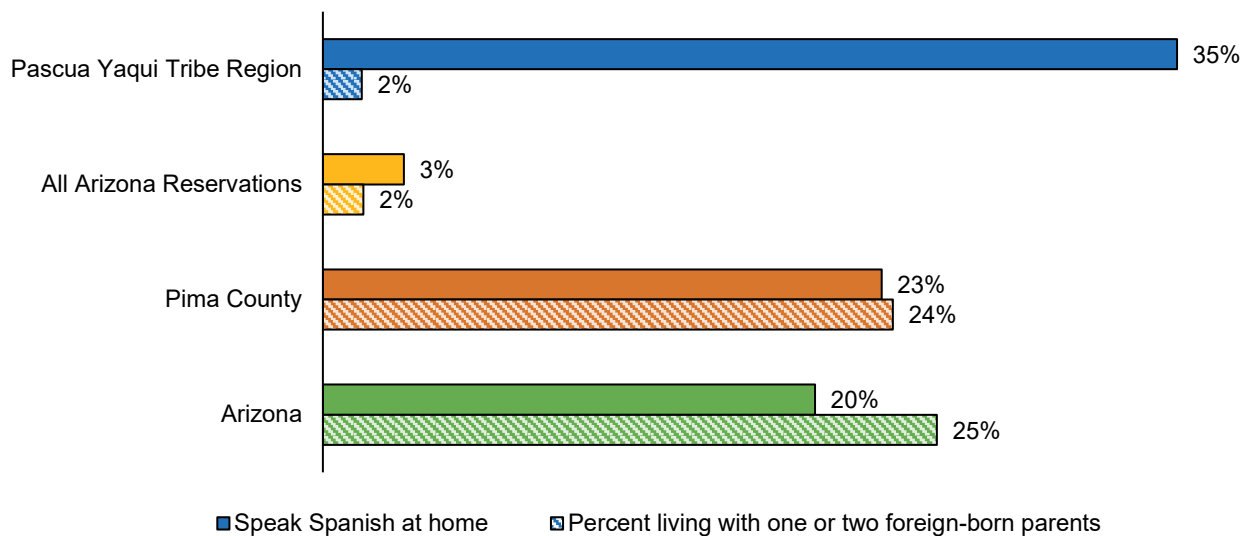
Figure 8. Participation in Pascua Yaqui Tribe Department of Language and Culture programs, 2018-2019 school year



Source: Pascua Yaqui Tribe Department of Language and Culture (2021). 2018-2019 Budget Report Services. Report received by request.

In other geographies like Pima County and the state of Arizona, the use of the Spanish language at home is related to the number of residents who are foreign-born (Figure 9). The traditional use of Spanish among members of the Pascua Yaqui Tribe is reflected in the fact that, despite the large proportion of residents in the region speaking Spanish at home (35%) only 2% of children ages birth to 5 live with parents who are foreign-born, the same percentage as that of young children in all Arizona reservations combined. Comparatively, in Pima County about one-quarter of the population (23%) speak Spanish at home, and a similar proportion of young children live with parents who are foreign-born (24%). Note that these parents may or may not have become naturalized citizens or permanent residents.

Figure 9. Percentage of families that speak Spanish at home and percentage of children ages birth to 5 living with parents who are foreign-born



Sources: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables C16001 & B05009

Notes: The three percentages in the figure should sum to 100%, but may not because of rounding. The term “parent” here includes stepparents.

Family and Household Composition

According to the ACS, three-quarters (75%) of children ages birth to 5 in the Pascua Yaqui Tribe Region live with a single parent (Figure 10). This percentage is higher than in all Arizona reservations (62%) and twice as large as that in Pima County (38%). An estimated 8% of young children live with two married parents (or a parent and a stepparent) compared to 27% across Arizona reservations.

Additional information about family and household composition were available from the Ili Uusim Mahtawa’apo Pascua Yaqui Head Start program. In 2018-19, nearly six in 10 children enrolled at Ili Uusim Mahtawa’apo (57%) lived in families with two parents present, while 40% lived with single-parents (Figure 11). This family composition profile is different from that in the region as reported by the ACS. Key informants suggested a couple of reasons behind this difference. First, they pointed out that Ili Uusim Mahtawa’apo serves families outside of the First Things First Region. And second, they indicated that some parents in the region may not be legally married but are cohabitating and raising children together. When these parents complete the ACS questionnaire, key informants noted, they are likely to enter their relationship status as unmarried. The Head Start application form, on the other hand, only asks whether the family is a “one-parent family” or a “two-parent family,” making it easier for these parents who are cohabitating to indicate that theirs is a “two-parent family,” regardless of the legal status of their relationship.

An important limitation of the ACS data is the fact that it does not allow for the identification of both parents being present in the household if they are unmarried. The ACS only captures the relationship of the child to the householder, not to the other parent. Therefore, a full count of the number of children living with both parents is not available from ACS data.³⁸ Furthermore, in communities where cohabitation is common, the ACS may overestimate the number of children living with single parents.

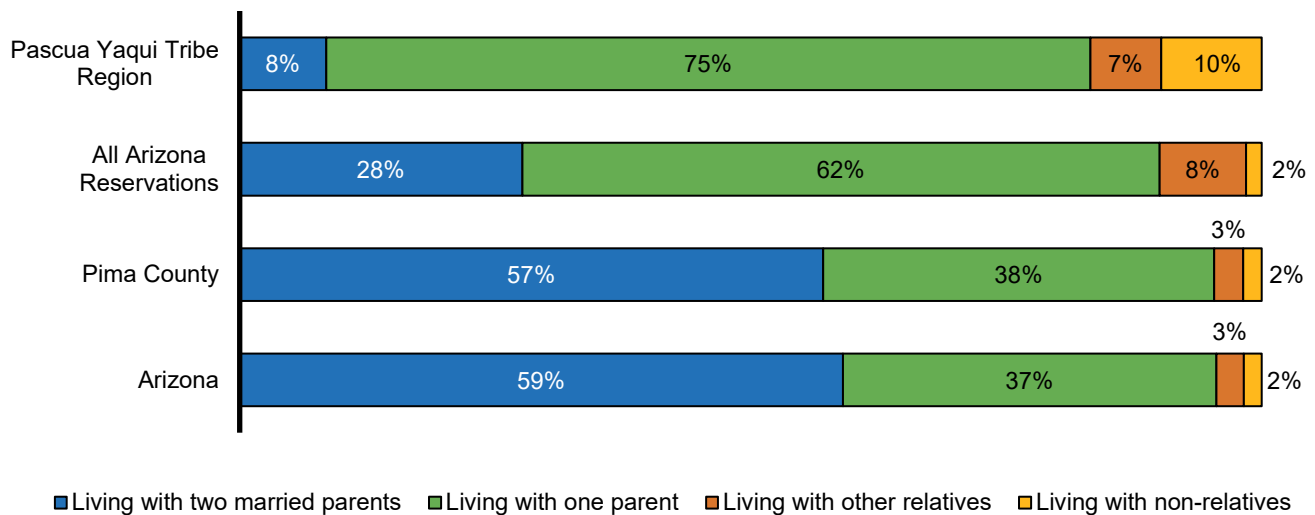
ACS data about the households in the region support the observations of key informants regarding cohabitating families. According to the most recent ACS estimates (2015-2019) there were 363 households in the Pascua Yaqui Tribe Region where the householder had their own children under the age of 18 residing in the home.^{vii} Of these, 137 were single-female-headed households (38%), 18 were single-male-headed households (5%), 115 were cohabitating (unmarried) couple households (32%), and 93 were married-couple households (26%). In sum, 43% of these were single-parent households, and 57% were households with both partners present (regardless of marital status).³⁹

Even if the number of young children living with only one parent is lower than what ACS data in Figure 10 suggest, single-parent families in the region may need additional support. With the move to remote learning during the pandemic, parents and caregivers took on the challenging role of assisting with children's online learning. The burden was particularly taxing for single-parent households, with more than three-quarters (78%) of single parents surveyed nationally managing children's online learning. Single-parent households were more likely to experience unemployment, food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children during the pandemic.^{40,41,42} Single-parent households were also more likely to rely upon grandparents to take on primary caregiving (37%) and support of children's remote learning (20%) compared to the overall population (26% and 11%, respectively).⁴³ These additional hardships may impact young children living with a single parent in the Pascua Yaqui Tribe Region.

Similar proportions of young children live with relatives other than their parents (such as grandparents, uncles, and aunts) in the Pascua Yaqui Tribe Region (7%) and all Arizona reservations (8%). However, one in 10 children in the region live in the household of an unrelated person (such as a foster parent), a share that is substantially higher than that in Arizona reservations (2%) and Pima County (2%) (Figure 10). Children living in kinship care can arrive in those situations for a variety of reasons, including a parent's absence for work or military service, chronic illness, drug abuse or incarceration, or due to abuse, neglect or homelessness. These families can face unique challenges, including navigating the logistics of informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and addressing the challenges of being an ageing caregiver for a young child. In some situations, children in kinship care may also face special needs as a result of trauma and could benefit from additional support and assistance to help them adjust and to ensure they have a stable and nurturing home environment.⁴⁴

^{vii} There are other households in the region with children residing in them where the householder is not the parent such as children in kinship care, foster children, or cases where the householder is not the parent of the children, e.g., a grandparent is the householder. These are not included in the 363 count. Data for households with children birth to 5 were not available from the ACS.

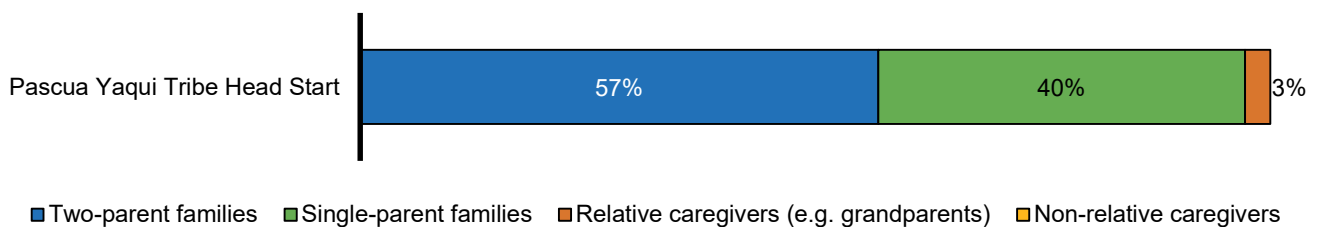
Figure 10. Living arrangements for children ages birth to 5, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category)..

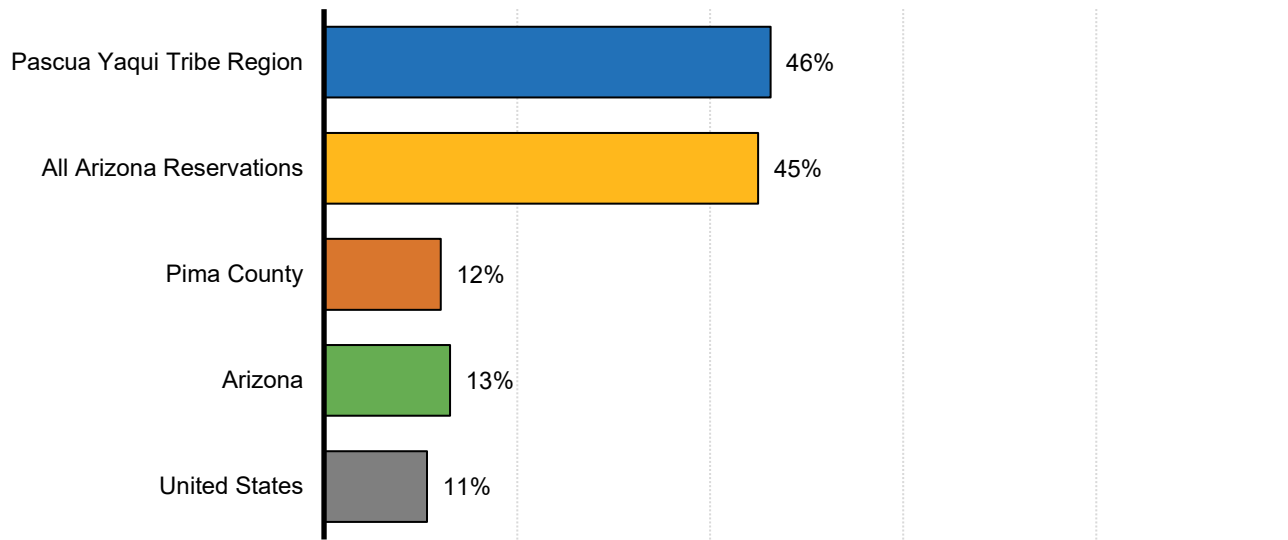
Figure 11. Living arrangements for children in Pascua Yaqui Tribe Head Start, 2018-19



Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

The ACS estimates that nearly half (46%) of young children in the Pascua Yaqui Tribe Region live in their grandparent's household, a similar proportion that in all Arizona reservations (45%) (Figure 12). Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household.

Figure 12. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS

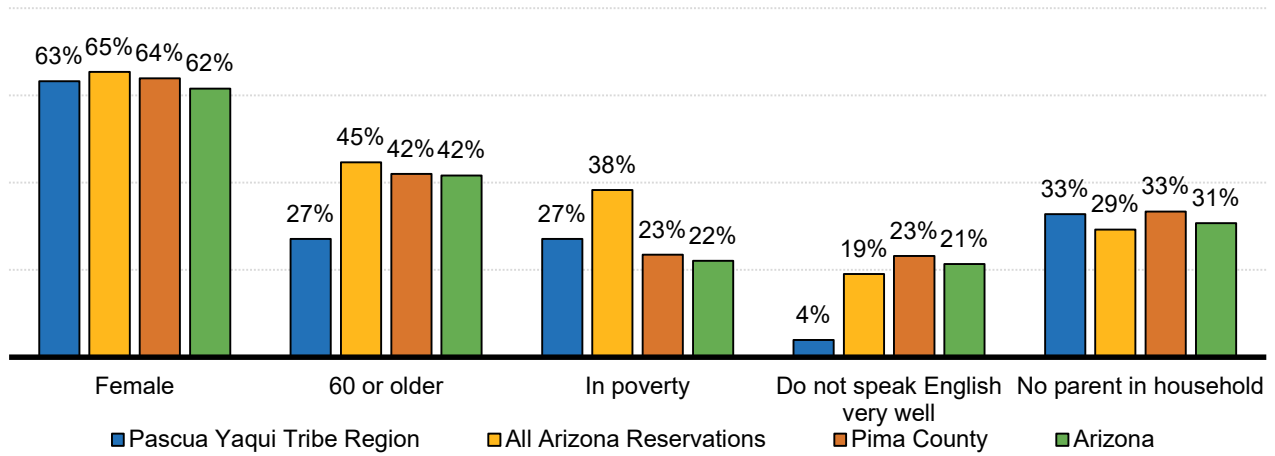


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

According to ACS data, grandparents are considered responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Figure 13 below shows selected characteristics of grandparents in the Pascua Yaqui Tribe Region who are responsible for raising one or more grandchildren ages birth to 17 who live with them. These grandparents are similar in some ways to those in all Arizona reservations: Almost two-thirds are female (63% vs 65%, respectively) and about one-third do not have the child's parent(s) living in the household (33% vs 29%). Grandparents in the region, however, are different from those across Arizona reservations in other ways: they are younger, with only about one-quarter (27%) being 60 or older, compared to nearly half (45%) across Arizona reservations. A smaller proportion of grandparents in the region are in poverty (27%) than in Arizona reservations (38%) and only 4% percent are not proficient English speakers, a substantially lower share than across all reservations in the state (19%). Younger grandparents responsible for their grandchildren are more likely to be in the labor force and so are likely to require child care support when caring for young children.

Figure 13. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household.

Additional data tables related to *Population Characteristics* can be found in Appendix 1 of this report.



ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

Poor economic conditions are a threat to child well-being across a range of indicators including academic achievement, physical health, and mental health.⁴⁵ Poverty can affect the way children grow and develop, even including changes to their brains.^{46,47} As such, children in impoverished homes are at a greater risk of problems that include being born at a low birth weight, lower school achievement and poor health.^{48,49,50,51,52,53,54} They are also more likely to remain poor later in life, passing along these challenges to future generations.^{55,56} On the other hand, children raised in families with higher incomes tend to do better in a variety of ways across their lives. This includes being less likely to have health problems like depression and diabetes and more likely to finish high school and earn higher wages.^{57,58,59,60}

Economic circumstances in tribal communities can be much more complex than in other parts of the state. For many historical and legal reasons, economic development in tribal areas has followed a different trajectory than in other areas. Economic disparities between non-Native and Native communities have compounded over decades, affecting the poverty, employment, housing instability and food security in tribal areas.⁶¹ At the same time, it is common for tribal governments to be involved in community and economic development, investing in forestry, fisheries, gaming, and many other economic arenas to strengthen the social and economic conditions of their people.⁶²

Economic resources are important for meeting basic needs, like providing nutrition. Food security, defined by the U.S. Department of Agriculture (USDA) as “access at all times to enough food for an active, healthy life for all household members”⁶³ is linked with many aspects of child well-being, and yet households with young children experience food insecurity at nearly twice the rate (15.3%) of households with no children (8.8%).⁶⁴ Safety-net programs aim to minimize the impacts of poverty on child and family well-being.^{65,66,67} These programs include:

- The Supplemental Nutrition Assistance Program (SNAP; also referred to as “nutrition assistance” and “food stamps”),^{viii}
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC),^{ix}
- The National School Lunch Program^x and Summer Food Service Program,^{xi}

^{viii} For more information see: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

^{ix} For more information see: <https://www.fns.usda.gov/wic>

^x For more information see: <https://www.fns.usda.gov/nslp>

^{xi} For more information see: <https://www.fns.usda.gov/sfsp/summer-food-service-program>

- Temporary Assistance for Needy Families (TANF),^{xii}
- KidsCare (the state children’s health insurance program),^{xiii}
- Child care assistance from the Arizona Department of Economic Security,^{xiv}
- Tribal food distribution programs,
- Tribal child care assistance programs, such as the Tribal Child Care and Development Fund, and
- Tribal housing programs.

Other factors related to economic stability include employment and housing.⁶⁸ Unemployment (and underemployment^{xv}) can limit access to resources like health insurance – typically provided by employers – that support children’s health and well-being. Unemployment can also contribute to family stress, conflict, homelessness and child abuse.^{69,70} Similarly, housing instability can harm the physical, social-emotional and cognitive development of young children.⁷¹ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{72,73} This high relative cost leaves inadequate funds for other necessities, such as food and utilities.⁷⁴

What the Data Tell Us

Income and Poverty

The American Community Survey (ACS) estimates that the median family income for the Pascua Yaqui Tribe Region is \$36,600 (Figure 14), which means that half of the region’s families have incomes lower than that amount and the other half have incomes above it. This includes all families of at least two people, whether or not they have children. For families who have at least one child (up to 17 years old), the median income is \$58,500, higher than that of all families, likely because many such families are dual-income earners. However, even this higher median income is markedly lower than the median income for married couples in Pima County (\$85,300). This disparity in income between the region and the surrounding county may mean that families face more difficulties affording services outside the region. The 2021 self-sufficiency standard in Pima County for a two-parent family with an infant and a preschooler was \$62,174,⁷⁵ suggesting that even dual-income families in the region may not have sufficient incomes to meet all their families’ needs without additional support.

Financial hardship is, however, substantially larger for single-parent headed families in the region, as their income is less than half that of married-couple families: \$23,800 for single-male-headed families

^{xii} For more information see: <https://www.acf.hhs.gov/ofa/programs/tanf>

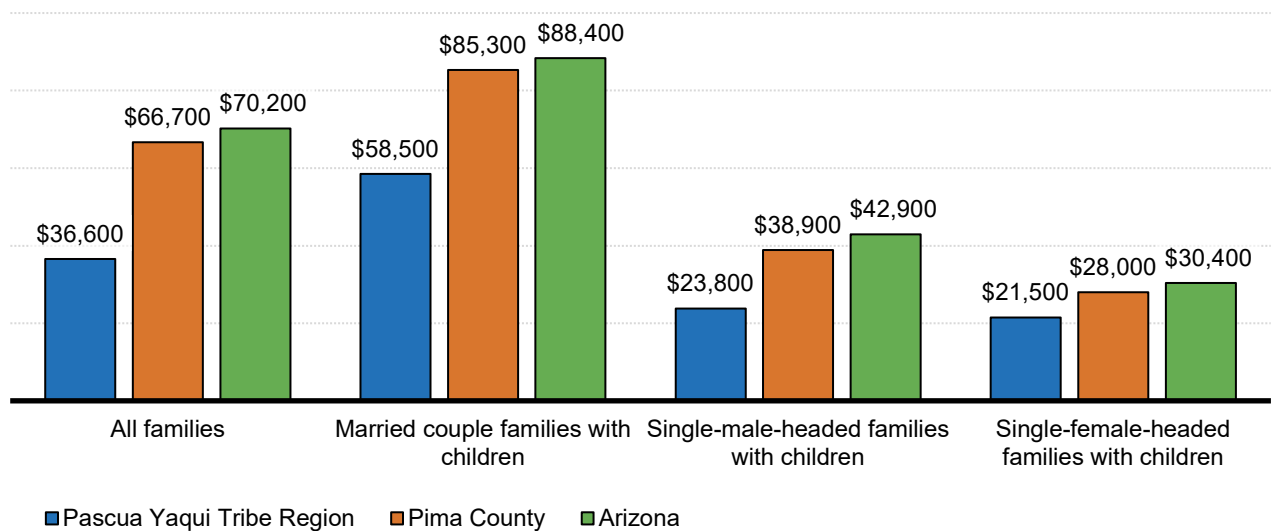
^{xiii} For more information see: <https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.htm>

^{xiv} For more information see: <https://des.az.gov/services/child-and-family/child-care>

^{xv} Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have

and \$21,500 for single-female-headed households (Figure 14). As mentioned above in the *Family and Household Composition* section, 43% of the households with children birth to 17 in the Pascua Yaqui Tribe Region are led by a single parent. This means those young children also live in families with low incomes that are likely insufficient to meet their basic needs and that require additional support from safety-net programs in the region and the county.

Figure 14. Median annual family income, 2015-2019 ACS

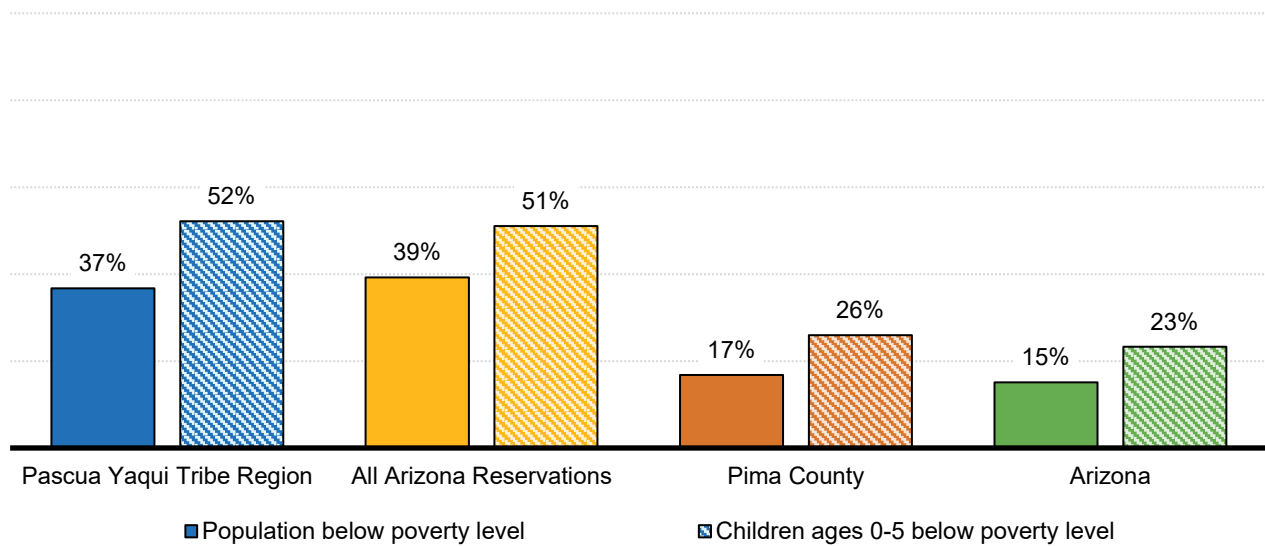


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children.

Consistent with the lower median family incomes in the region, rates of poverty for the overall population (37%) and for young children (52%) are more than double those seen statewide (15% and 23%, respectively). Regional rates are more similar to the overall rate (39%) and young child poverty rate (51%) seen in reservations across Arizona. These rates are the averages over the past five years, 2015 to 2019. (Figure 15)

Figure 15. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS

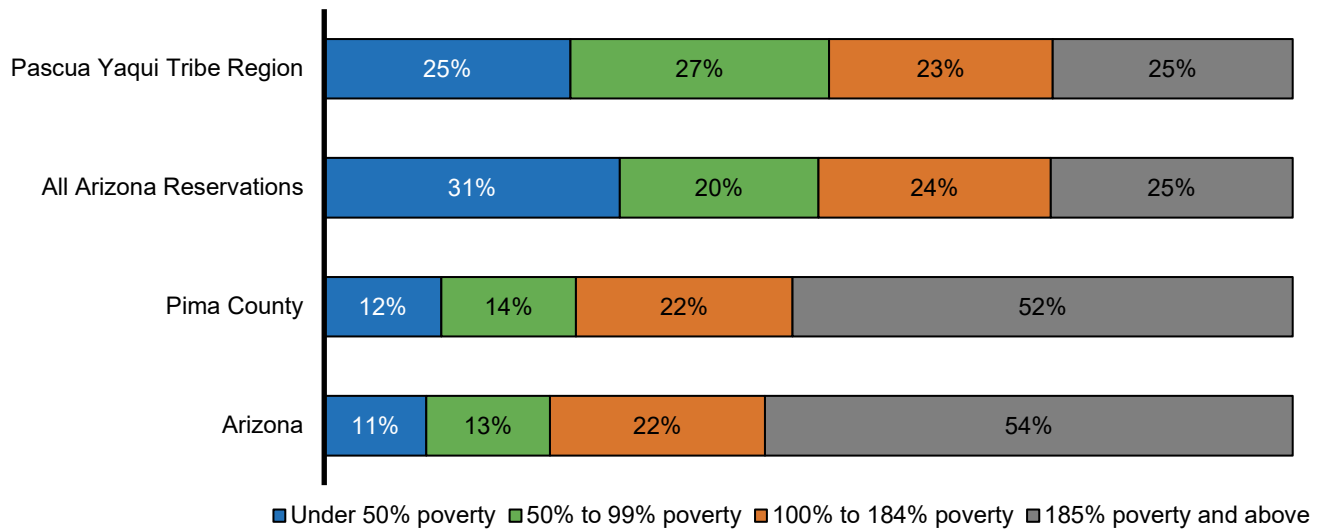


Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

In the Pascua Yaqui Tribe Region, an estimated three out of every four young children (75%) live in households with incomes under 185% of the poverty level, a commonly used threshold for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and free or reduced-price school meals (Figure 16). This again matches the percentage seen across reservations in Arizona (75%), but far exceed the rate in the state (46%) or Pima County (48%).

Figure 16. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

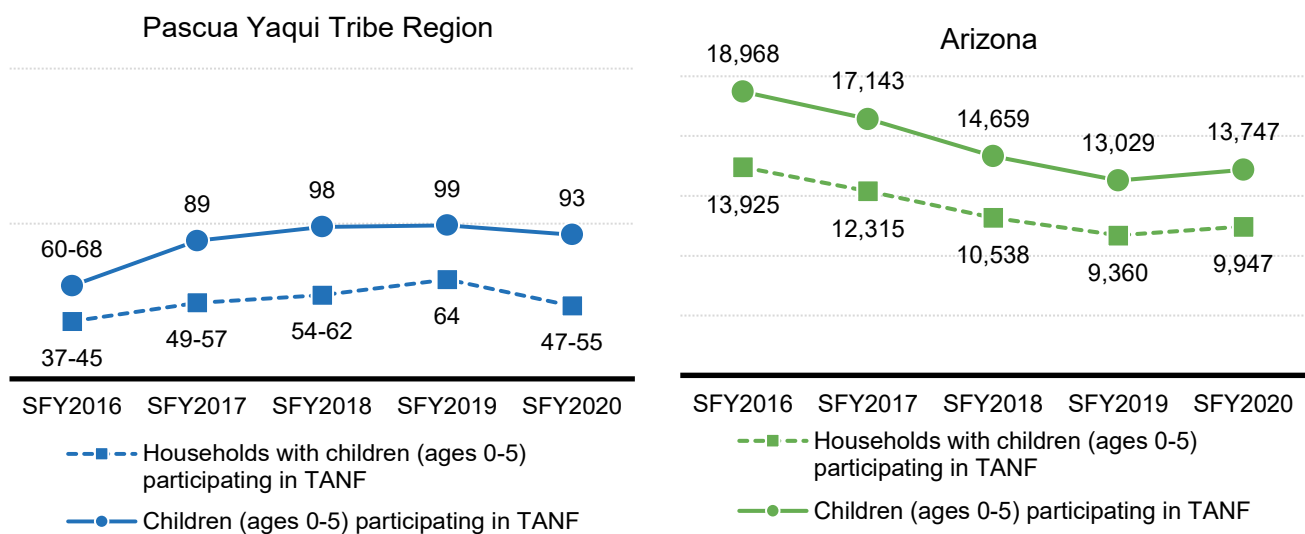
The poverty and income data presented above represent a five-year window of ACS data collection prior to 2020. The COVID-19 pandemic had a sudden and dramatic impact on income for many families nationwide, with about half of adults surveyed by the Census Bureau’s Household Pulse Survey in Arizona reporting that someone in their household had lost employment income throughout 2020.⁷⁶

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and support services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In recognition of tribal sovereignty, federally-recognized tribes have the option to administer their own TANF programs. Since tribes set their own priorities for their communities and many design their own social services, some Tribal TANF program requirements may differ from those in state programs (e.g. time limit on receipt of TANF cash assistance). Tribal TANF programs also have more flexibility in determining program requirements to meet the needs of their own communities. With a focus on self-sufficiency, tribal TANF programs can include community and social programs that are unique to their spiritual and cultural traditions.⁷⁷

The Pascua Yaqui Tribe is one of the six Arizona tribes that operate a Tribal TANF program, known as the Pascua Yaqui Tribal TANF (PY-YOEME). Overall, the number of young children birth to 5 participating in the PY-YOEME program increased over the past five years, from fewer than 70 in state fiscal year (SFY) 2016 to a high of 99 in SFY 2019. In SFY 2020 this number decreased slightly to 93 (Figure 17). Similarly, the number of households with young children ages birth to 5 participating in

PY-YOEME also increased from fewer than 46 in SFY 2016 to 64 in SFY 2019, and decreased slightly in SFY 2020 to fewer than 48 households.^{xvi} The overall inclining trend in the number of young children and families participating in TANF in the region differs from a statewide decrease in participation between SFY 2016 and 2019. And while TANF numbers in the region fell during the first year of the pandemic, statewide there was an increase in participation in the program. The immediate, widespread economic hardship induced by the pandemic resulted in shifts in existing cash assistance programs and the development of additional economic supports. For example, between February and July 2020, the number of families using TANF rose 35% in Arizona. During the state of emergency order, Arizona suspended the TANF work requirement⁷⁸ and lifetime eligibility limit of 12 months,⁷⁹ which had been the shortest in the nation,⁸⁰ thereby allowing more families to tap into these emergency funds. Key informants noted that the tribe’s ability to determine its own eligibility requirements and lifetime eligibility limit for participation in the program, which is longer than the state’s, might help explain the increasing trend in TANF participation rates in the region relative to the state.

Figure 17. Number of children ages birth to 5 and households with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

To help alleviate the financial need brought on by the COVID-19 pandemic, the federal government also issued three Economic Impact Payments to eligible individuals in 2020 and 2021. These funds were

^{xvi} For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. For additional information on data suppression guidelines used in this report please see Appendix 2: Methods and Data Sources.

available to U.S. citizens or permanent residents whose adjusted gross incomes were no more than \$75,000 for single adults, \$112,500 for heads of household, and \$150,000 for married couples filing jointly.⁸¹ Eligible families received: \$1,200 per adult and \$500 per child in April 2020; \$600 per family member in December 2020/January 2021; and \$1,400 per person in March 2021.⁸²

Food Insecurity

Many families struggle with consistent access to “enough food for an active, healthy life,” a problem known as food insecurity.⁸³ This limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays⁸⁴ and having obesity.⁸⁵ To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),⁸⁶ the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),⁸⁷ the National School Lunch Program (NSLP),⁸⁸ the School Breakfast Program,⁸⁹ the Summer Food Service Program (SFSP)⁹⁰ and the Child and Adult Care Food Program (CACFP).⁹¹

An additional food resource in the Pascua Yaqui Tribe Region is the Tu’i Bwa’ame (Good Food) Pantry, a partnership between the Pascua Yaqui Charitable Organization, the Community Food Bank of Southern Arizona and the Pascua Yaqui Tribe Social Services Department. Tu’i Bwa’ame provides food resources to families from the Pascua Yaqui Tribe with household incomes below 150% of the federal poverty level.⁹²

Supplemental Nutrition Assistance Program (SNAP)

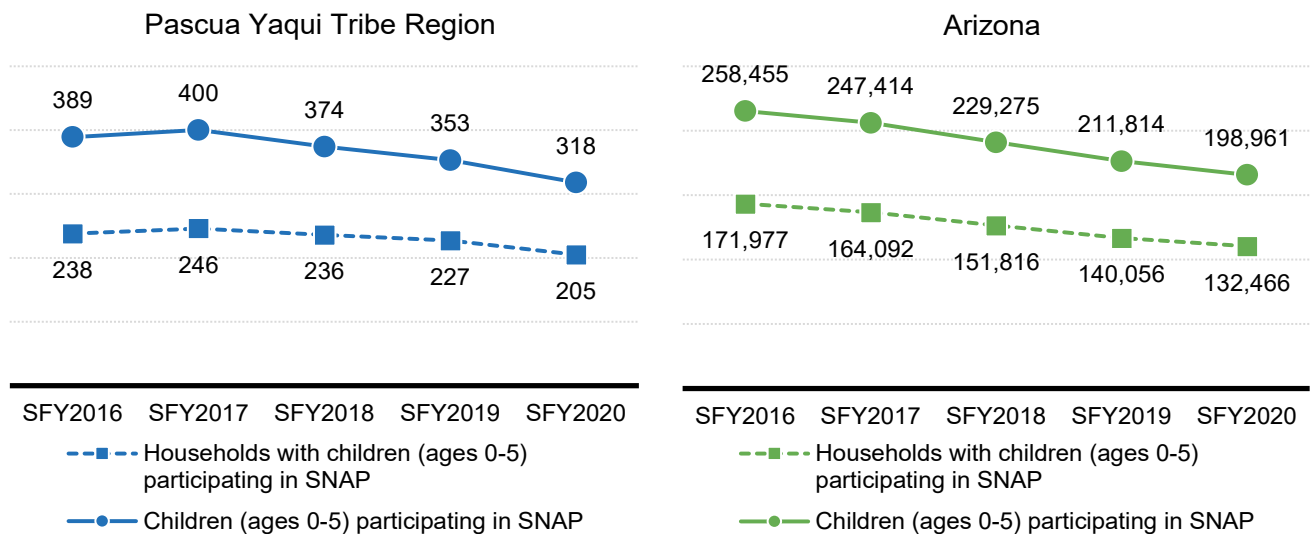
Administered by the Arizona Department of Economic Security and also referred to as “Nutrition Assistance” and “food stamps,” SNAP is designed to combat food insecurity. The program has been shown to help reduce hunger and improve access to healthier food.⁹³ In the years prior to the pandemic, there was an overall decline in the number of families with young children who participate in SNAP across both the Pascua Yaqui Tribe Region and Arizona as a whole (Figure 18). The number of households with young children ages birth to 5 receiving SNAP fell from a high of 246 in SFY 2017 to 205 in SFY 2020, and the total number of young children receiving SNAP declined from 400 in SFY 2017 to 318 in SFY 2020.

SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional funds available to access food from SNAP can help make a meaningful difference. For example, for a three-person family with one person who earns a minimum wage, SNAP benefits can boost take-home income by 10-20 percent.⁹⁴ However, even among those accessing SNAP benefits, nearly half of households in poverty still struggle with food security.⁹⁵

During the pandemic, changes were made to SNAP program administration to better meet the needs of families in a time of crisis. Beginning in December 2020, participants received a 15% increase in benefits. Among other administrative changes, interviews were waived, certification periods were extended and online shopping was approved, making it easier for families to access benefits. WIC also adjusted administrative guidelines, and participants were allotted extra monthly funds to use on fruits and vegetables. Beginning October 2021, the USDA also instituted a roughly 27% increase in SNAP benefits, the largest permanent increase in the program’s history.

Despite these efforts to adapt SNAP benefits to the pandemic, in a survey of SNAP users in Arizona, nearly half (46%) of respondents found their benefits insufficient to meet their family’s needs, due to barriers such as issues paying for online groceries and not being able to use a full month’s benefit due to COVID-19 related shopping difficulties, such as stores running out of food items. Individuals with fewer financial resources are less able to stock up on necessities needed for a quarantine, and formula stocking shortages were a particular concern for families with young children.^{96,97}

Figure 18. Number of children ages birth to 5 and households with children birth to 5 participating in SNAP, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

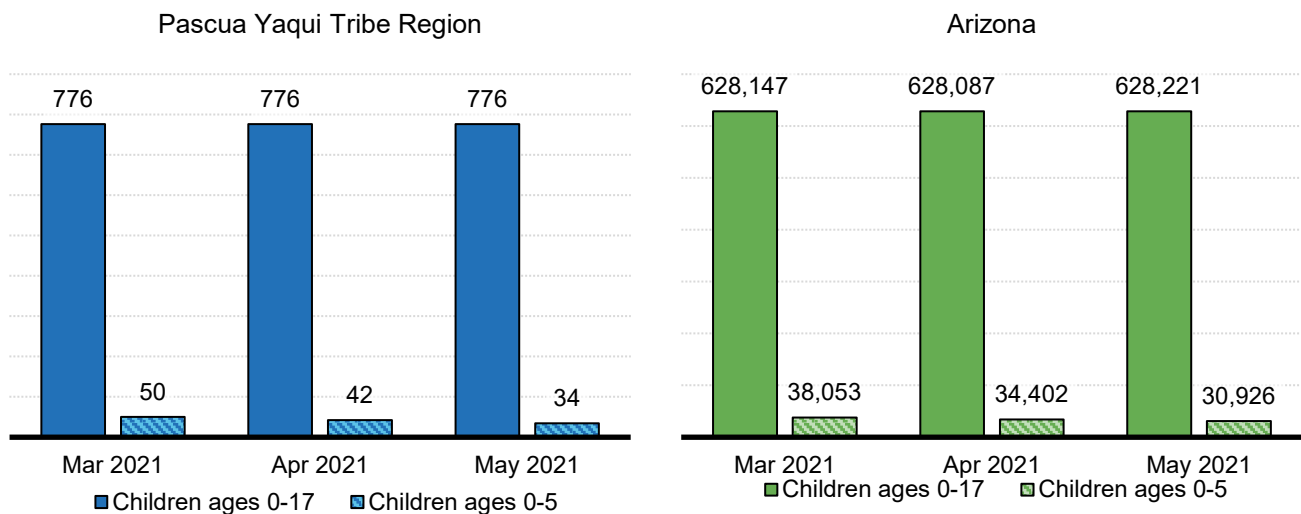
Pandemic Electronic Benefit Transfer Program (P-EBT)

The Pandemic Electronic Benefit Transfer Program (P-EBT), a collaboration between the Arizona Department of Education, the Arizona Department of Economic Security and the USDA Food and Nutrition Service, was established to offset the loss of meals normally received for free at schools or in child care settings. Eligible families included those participating in SNAP with a child birth to 5 and

families with a child of any age who received free or reduced-price school lunch. Over 520,200 children were eligible for the program in Arizona, which ended on September 24, 2021.

The majority of the children who received Pandemic EBT in the Pascua Yaqui Tribe Region were above the age of 5, even though children birth to 5 who were receiving SNAP were eligible to receive P-EBT. For example, in March 2021, only 50 of the 776 children ages birth to 17 receiving P-EBT were under 6 years of age; similar patterns were seen statewide (Figure 19). In contrast, in 2020, over 300 children under the age of 6 were participating in SNAP in the region (Figure 18), suggesting that less than a fifth of eligible young children were enrolled in Pandemic EBT. In addition, while receipt of P-EBT remained constant across all children aged 0-17, receipt for children aged birth to 5 decreased between March and May 2021 in the region.

Figure 19. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

The WIC program is administered in the state of Arizona by the Arizona Department of Health Services (ADHS) and by the Inter Tribal Council of Arizona (ITCA) for 21 tribal nations in the state, including the Pascua Yaqui Tribe. WIC serves pregnant, postpartum and breastfeeding women, as well as infants and young children (ages birth to 4) who are low-income (i.e., family incomes at or below 185% of the federal poverty level). The program offers funds for nutritious food, breastfeeding and nutrition education and referrals to health and social services.^{xvii} Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity,

^{xvii} For more information on the ITCA WIC Program, visit <https://itcaonline.com/programs/wic-program/>

improved access to health care and improved cognitive development and academic achievement for children.⁹⁸

The Pascua Yaqui Tribe WIC program serves tribal and non-tribal members in Pima County. Key informants noted that a few years back, the program also served Pascua Yaqui Tribe families in the town of Guadalupe. At present, those families can access WIC services through a monthly clinic run by Native Health, an organization that offers health care services and programs to the urban Native population in Maricopa County. The Pascua Yaqui Tribe WIC program’s current service area is the entirety of Pima County. Preference would be given to tribal members if needed, but according to key informants the demand for services has not been as high as for the program to have to prioritize tribal members. Key informants estimated that, of June 2021, just over half of the participants enrolled in the program were members of the Pascua Yaqui Tribe or were related to individuals who were tribal members.

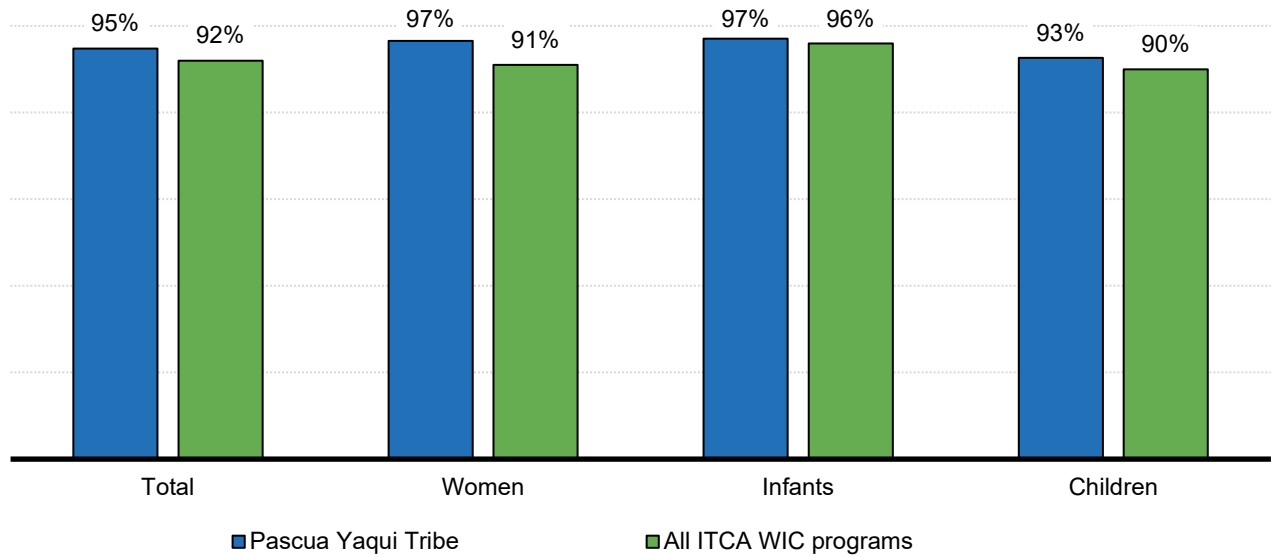
In 2020, the most recent year for which data were available, 963 individuals were enrolled in the Pascua Yaqui Tribe WIC program, including 232 women, 271 infants and 460 children ages 1 to 4 (Table 7). WIC participation rates in the region, meaning the percent of women, infants and children who actively received benefits during the calendar year, were higher in the Pascua Yaqui Tribe WIC program than in ITCA WIC programs overall for all eligible groups. Participation were highest among women and infants (97%), followed by children ages 1 to 4 (93%) (Figure 20). Please note that, as indicated above, these numbers reflect all program participants including those who are not members of the Pascua Yaqui Tribe.

Table 7. Enrollment in the Pascua Yaqui Tribe WIC Program, 2020

	Women enrolled	Infants enrolled	Children enrolled	Total enrolled
Pascua Yaqui Tribe	232	271	460	963
All ITCA WIC programs	2,865	3,095	6,247	12,207

Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Figure 20. Participation rates in the Pascua Yaqui Tribe & All ITCA WIC Programs, 2020

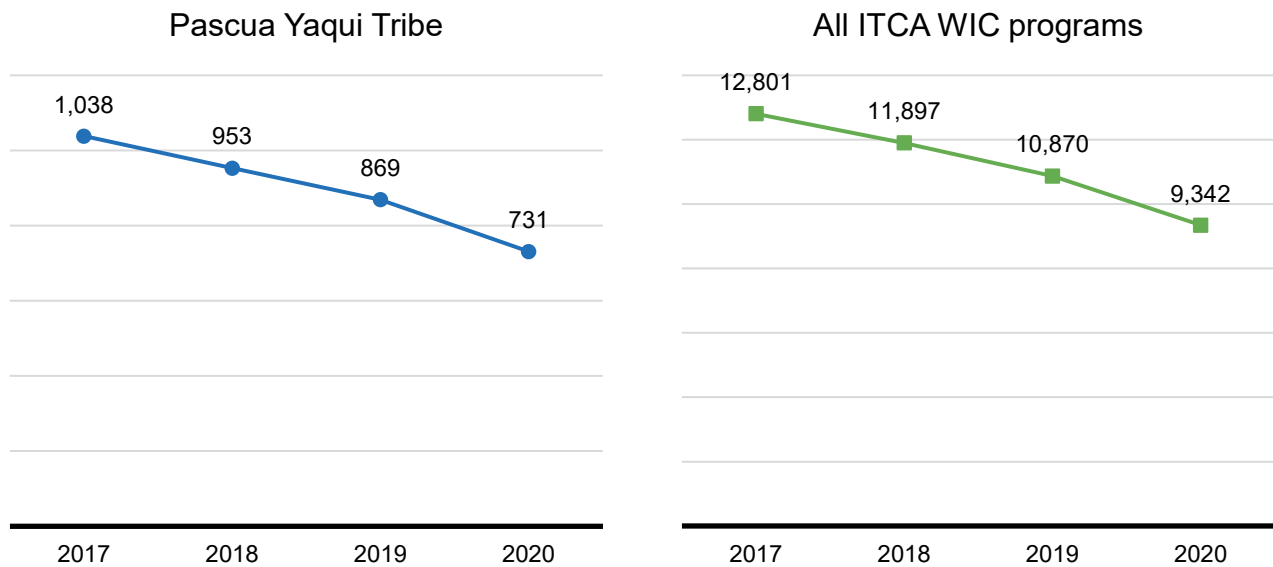


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: Individuals are counted as 'participating' if they received benefits during the time period in question.

Between 2017 and 2020 the number of children and infants enrolled in the Pascua Yaqui Tribe WIC program steadily declined, a trend that mirrors that across all ITCA WIC programs. In 2017 there were 1,038 infants and children ages birth to 4 enrolled in the Pascua Yaqui Tribe WIC program and that number fell to 731 in 2020 (Figure 21). Key informants noted that the decline in program enrollment in the program may be due to a variety of reasons: some participants enroll only for the child’s first year of life and then drop out; some families may move away from the area, or their phone and address may change and they do not update their contact information with the program, which in turn cannot get in touch with them. Another explanation given is that families may not know that they are eligible for services until the child turns 5. Some families might perceive that they do not need the program, or have difficulties making their appointments, while some others may at some point not meet the income eligibility criteria. Despite the declines in the number of children enrolled, overall participation rates (for women and children combined) in the Pascua Yaqui Tribe WIC program have remained at similar or higher rates than all ITCA WIC programs (Table 8), suggesting that most participants are able to use the benefits the program provides.

Figure 21. Children birth to age 4 enrolled in the Pascua Yaqui Tribe & All ITCA WIC Programs, 2017 to 2020



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 8. Yearly participation rates in the Pascua Yaqui Tribe WIC Program, 2017 to 2020

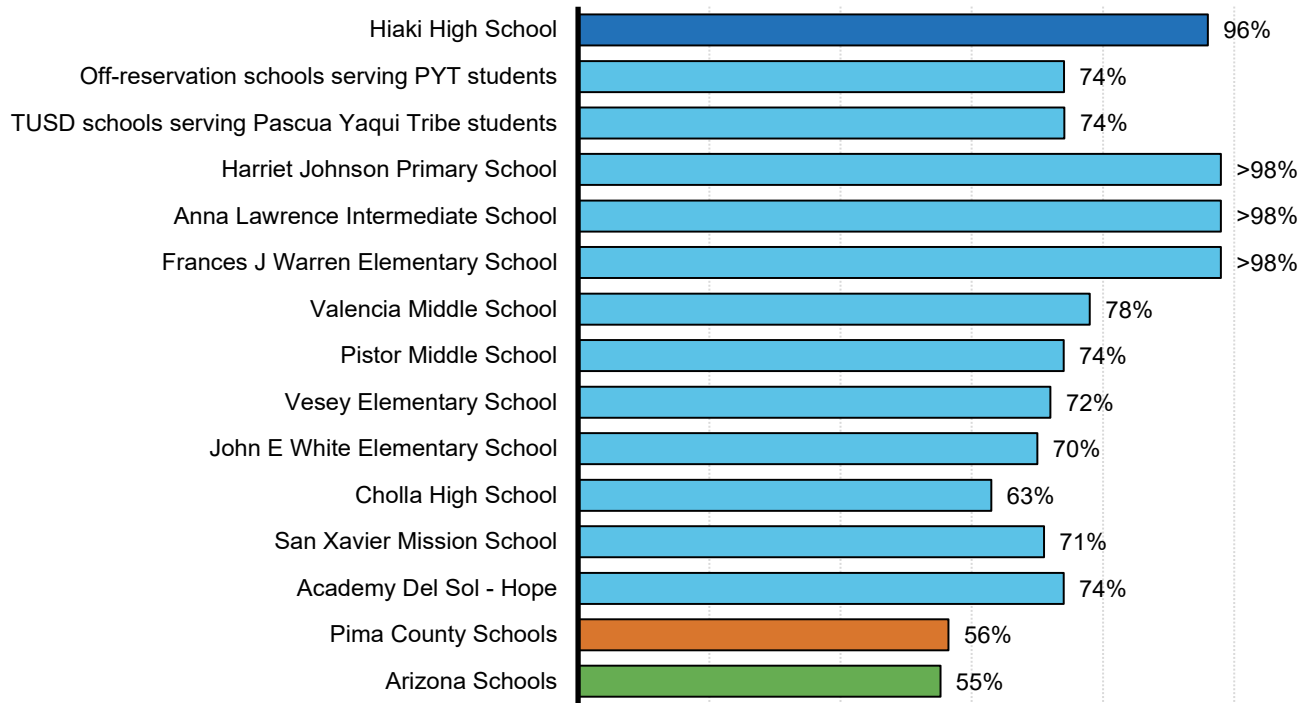
	Participation rate, 2017	Participation rate, 2018	Participation rate, 2019	Participation rate, 2020
Pascua Yaqui Tribe	90%	95%	91%	95%
All ITCA WIC programs	90%	94%	91%	92%

Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

School Meal Programs

Schools play an important role in the nutrition assistance system, especially for children who are food insecure. Administered by the Arizona Department of Education (ADE), the National School Lunch Program (NSLP) provides free and reduced-price meals at school for students whose family incomes are at or less than 130% of the federal poverty level for free lunch, and 185% of the federal poverty level for reduced-price lunch. Nearly all students (96%) at Hiaki High School, the only school within the regional boundaries, were eligible for free or reduced-price lunch in the 2019-20 school year (Figure 22). This greatly exceeded eligibility rates in Pima County schools (56%), and schools statewide (55%).

Figure 22. Percent of all students eligible for free or reduced-price lunch, 2019-20



Source: Arizona Department of Education (2021). [Health & Nutrition dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Note: The “Off-reservation schools serving PYT students” row includes the following Tucson Unified School District (TUSD) schools Harriet Johnson Primary School, Anna Lawrence Intermediate School, Vesey Elementary School, Frances J Warren Elementary School, John E White Elementary School, Pistor Middle School, Valencia Middle School, Cholla High School. It also includes San Xavier Mission School and Academy Del Sol – Hope.

The number of meals per school year served at Hiaki High School through the NSLP increased notably between 2017-18 (2,236 meals) and 2018-19 (7,877 meals), reflecting an increase in enrollment at the school. In 2019-20 the reported number of lunches served decreased to 5,510, likely because of the closure of schools due to the COVID-19 pandemic (Table 9).

Table 9. Lunches served through the National School Lunch Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Hiaki High School	1	1	1	2,236	7,877	5,510
Pima County Schools	277	268	282	11,728,756	11,596,142	8,946,544
Arizona Schools	18,190	18,202	14,767	101,727,112	102,012,129	76,454,370

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

In addition to the NSLP, ADE supports two other programs addressing children’s food security. Funded by the USDA, the Child and Adult Care Food Program (CACFP)^{xviii} gives reimbursements to participating child care centers, preschools, emergency centers, and after-school programs for nutritious meals and snacks served to eligible children. Providers must complete a renewal each year. Eligible providers include non-profit providers or for-profit child care centers serving at least 25% free or reduced-price lunch participants.⁹⁹ The Ili Uusim Mahtawa’apo Pascua Yaqui Head Start program is the only CACFP site in the Pascua Yaqui Tribe Region (see Table 10).

Table 10. Lunches served through the Child and Adult Care Feeding Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Pascua Yaqui Head Start (Ili Uusim Mahtawa’apo)	1	1	1	15,988	19,461	12,229
Pima County Schools	139	199	106	1,468,611	1,448,880	1,163,587
Arizona Schools	7,693	7,336	6,305	7,225,302	7,242,730	5,556,341

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Also funded by the USDA, the Summer Food Service Program (SFSP)^{xix} works to keep all children birth to 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. The SFSP program unites community sponsors like camps, faith-based organizations, schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.¹⁰⁰ There are four SFSP sites in the region: Pascua Yaqui - B&G

^{xviii} For more information see: <https://www.azed.gov/hns/cacfp>

^{xix} For more information see: <https://www.azed.gov/hns/sfsp>

Clubhouse, and Ili Uusim Mahtawa’apo Pascua Yaqui Head Start. In March 2020 in response to school closures due to the COVID-19 pandemic, the USDA approved year-round operation of SFSP with no free or reduced-price lunch eligibility criteria applied. Table 11 below shows that in 2019-20, Ili Uusim Mahtawa’apo Pascua Yaqui Head Start added a Delivery Route that provided 646 lunches in addition to the 1,710 lunches served by the program that same year.

The Pascua Yaqui Tribe has another SFSP site, Pascua Community Center, in the town of Guadalupe, in Maricopa County. The Pascua Community Center served 1,417 lunches in 2017-18; 1,078 in 2018-19; and 35,421 in 2019-20.

Table 11. Lunches served through the Summer Food Service Program, 2017-18 to 2019-20

Geography	Number of sites			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Pascua Yaqui Tribe Region	2	2	3	3,673	3,712	2,920
Pascua Yaqui - B&G Clubhouse	1	1	1	1,584	1,613	564
Pascua Yaqui Head Start (Ili Uusim Mahtawa’apo)	1	1	1	2,089	2,099	1,710
Pascua Yaqui Head Start Delivery Route	N/A	N/A	1	N/A	N/A	646
Pima County Schools	183	138	337	167,854	168,458	1,899,420
Arizona Schools	2,199	1,845	9,136	1,870,111	1,868,539	21,786,393

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Under the USDA waiver, all delivery routes had to be listed as their own site. Home delivery routes are defined as routes where meals are delivered directly to students’ homes. During the pandemic, the Pascua Yaqui Head Start program was able to also set up a home delivery route.

A nationally representative survey found that for caregivers in low-income families, food insecurity during the pandemic, exacerbated by the loss of free meals (e.g., school lunch), was the lone consistent predictor of anxiety, depression and stress.¹⁰¹ Arizona families with young children have been particularly vulnerable to being persistently food insecure and becoming food insecure during the pandemic. Furthermore, food insecurity tends to be worse for people of color. Nationally, Hispanic individuals are almost twice as likely (15.8%) as non-Hispanic White individuals (8.1%) to be food insecure, and Native Americans are three times as likely (23.5%) to be food insecure.¹⁰²

As schools resume more normal operations, programs that help reduce food insecurity will continue to be a vital support for child food security, especially after the disruptions of the pandemic.

Employment

Unemployment and underemployment can affect a family’s ability to meet the expenses of daily living, as well as their access to resources needed to support their children’s well-being and healthy

development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension or expulsion.¹⁰³ Unemployment can also put families at greater risk for stress, family conflict, and homelessness.¹⁰⁴

The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Note that unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to work but could not find a suitable job and so have stopped looking for employment.¹⁰⁵ An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed.

The American Community Survey estimates that the average unemployment rate for the Pascua Yaqui Tribe Region over the five years from 2015 to 2019 is 13%. This is lower than the unemployment rate across all Arizona reservations (17%) (Table 12). Relatedly, the labor force participation rate in the region (62%) is notably higher than that seen across all Arizona reservations (45%) and it is also slightly higher than that in Pima County (58%) and Arizona (60%). This means that nearly two-thirds of working-age teens and adults are working or actively looking work, while the other third are not (which includes students, retirees, stay-at-home parents, and others). A high proportion of the population actively working or looking for work is a positive economic indicator in the region. Nevertheless, the larger share of the population living in poverty in the region (37%) compared to Pima County (17%) and the state (15%) (Figure 15) suggests that residents in the region are employed at similar rates than in these other geographies but earn lower salaries than the population in the county and the state. This disparity is also seen in the median family income, which is markedly lower in the region than in Pima County and the state (Figure 14).

Table 12. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	Percent of working-age population in the labor force and employed	Percent of working-age population in the labor force but unemployed	Percent of working-age population not in the labor force
Pascua Yaqui Tribe Region	2,775	13%	62%	54%	8%	38%
All Arizona Reservations	136,151	17%	45%	37%	8%	55%
Pima County	834,998	7%	58%	54%	4%	42%
Arizona	5,600,921	6%	60%	56%	3%	40%
United States	259,662,880	5%	63%	60%	3%	37%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed. The last three percentages in each row (employed, unemployed, and not in the labor force) should sum to 100%, but may not because of rounding.

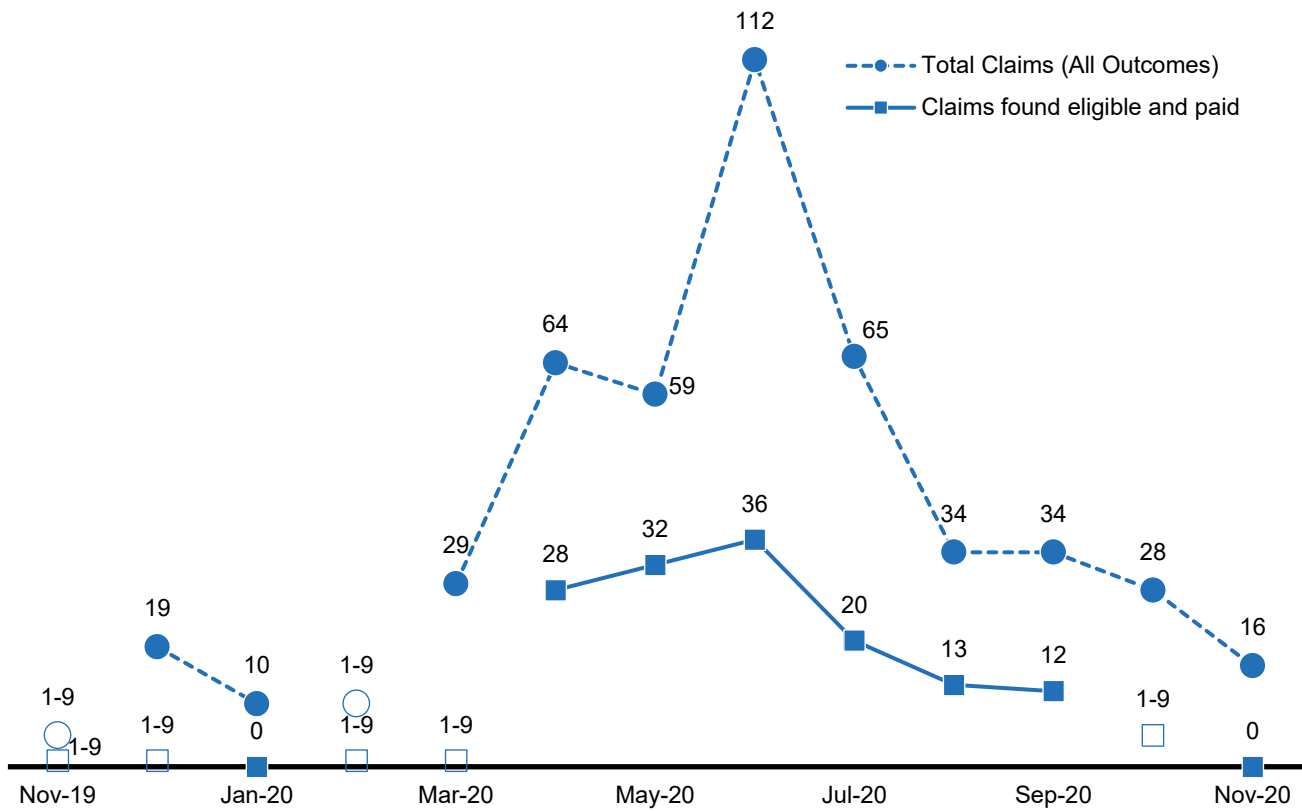
The COVID-19 pandemic shocked the labor market. Statewide, unemployment insurance claims peaked at 262,523 the week of May 16, 2020. This is over twice the number of claims at the peak of the Great Recession in 2009.¹⁰⁶ In March 2020, the Pandemic Unemployment Assistance (PUA) program temporarily expanded unemployment insurance eligibility to categories of workers who were not previously eligible for unemployment, including self-employed workers, freelancers, independent contractors and part-time workers. The Pandemic Emergency Unemployment Assistance (PEUC) program extended benefits for those who had already used the 26 weeks of benefits usually allowed in Arizona.¹⁰⁷ In addition to expanded eligibility, federal provisions granted unemployed workers nationwide supplemental funds during the pandemic - \$600 additional per week through July 31, 2020, and \$300 additional per week through September 5, 2021.¹⁰⁸

The demand for these programs in the Pascua Yaqui Tribe Region is highlighted in Figure 23. The number of unemployment claims jumped substantially, from fewer than 20 prior to March 2020, to a high of 112 in June 2020. Claims remained elevated above pre-pandemic levels through October 2020, and returned to rates similar to pre-pandemic times in November 2020. Notably, even as claims surged during the pandemic, there was a consistent gap between the number of claims filed and the number of claims found eligible and paid. This was particularly salient in July 2020, when only 31% of claims were found valid and paid (Table 13). This suggests there may be economic challenges for families with lost incomes who requested but did not receive unemployment benefits. By November of 2020, however, unemployment claims were already notably closer to pre-pandemic times.

In May 2021, the governor announced that supplemental unemployment funding would end early in Arizona, on July 10, 2021, and instead launched Arizona's Back to Work Program which offered

financial incentives for returning to work (\$2000 for full-time, \$1000 for part-time for eligible workers) as well as scholarships for community colleges.^{109,110}

Figure 23. Monthly unemployment claims in the Pascua Yaqui Tribe Region, Nov 2019 to Nov 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Note: The unfilled data markers on this figure represent data that are only available in ranges due to data suppression

Table 13. Monthly unemployment insurance claims, Nov 2019 to Nov 2020

Month	Pascua Yaqui Tribe Region			Arizona		
	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid
Nov 2019	[1-9]	[1-9]	DS	7,787	2,275	29%
Dec 2019	19	[1-9]	DS	7,906	2,312	29%
Jan 2020	10	0	0%	9,892	2,712	27%
Feb 2020	10	[1-9]	DS	7,185	1,919	27%
Mar 2020	29	[1-9]	DS	110,129	66,655	61%
Apr 2020	64	28	44%	186,217	93,529	50%
May 2020	59	32	54%	98,786	33,481	34%
Jun 2020	112	36	32%	94,720	30,465	32%
July 2020	65	20	31%	78,744	26,081	33%
Aug 2020	34	13	38%	46,360	16,028	35%
Sept 2020	34	12	35%	39,660	9,464	24%
Oct 2020	28	[1-9]	DS	30,032	7,807	26%
Nov 2020	16	0	0%	15,835	1,812	11%

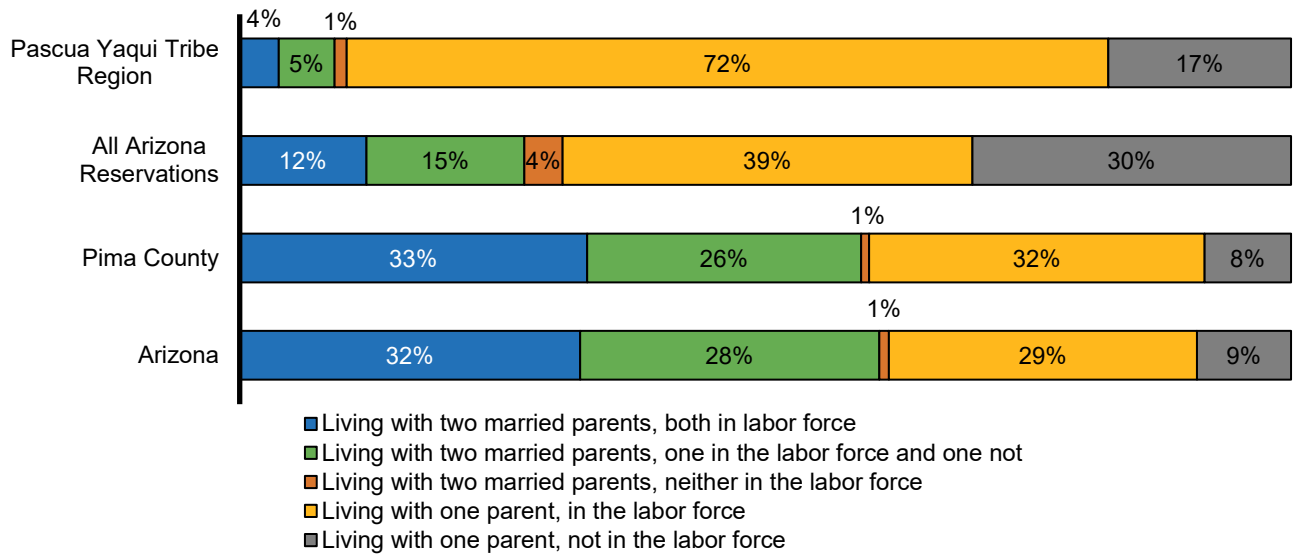
Sources: Arizona Department of Economic Security (2021). [Unemployment Insurance dataset]. Unpublished data.

For parents of young children, many employment decisions may be influenced by the availability and affordability of child care. Over three-quarters (76%) of children birth to 5 in the Pascua Yaqui Tribe, live in households where parents are in the workforce (that is, are employed, or actively seeking paying work) (Figure 24). This includes children in households with a single parent who is in the labor force (72%) and households with two married parents where both parents work (4%). In other words, the majority of households with young children likely require some form of child care, and the percent of young children living in households with all parents in the labor force is substantially higher in the region than in all Arizona reservations (51%), Pima County (55%) and the state (62%).^{xx}

^{xx} Note that, as indicated above in the Family and Household Composition section, the ACS does not allow for the identification of both parents being present in the household if they are unmarried. Thus, the data on Figure 24 only shows estimates for children living with two married parents and may overestimate the proportion of children living with a single parent, as some of those parents may have a cohabitating partner.

These working families may have faced particular challenges during the pandemic when local schools and early care and education centers transitioned to remote learning. The families may have needed to rely on extended family networks to help manage remote learning while also juggling employment.

Figure 24. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Additional local data from Ili Uusim Mahtawa’apo Pascua Yaqui Head Start shows that in about three-quarters (74%) of families with children enrolled in the program, one or both parents or caregivers were employed. Another 7% of parents or caregivers were enrolled in school or job training.

Table 14. Employment status of families of children enrolled in Head Start, 2018-19

	Total Families	One or both parents/caregivers employed	Parent(s) unemployed, retired, or disabled
Pascua Yaqui Tribe Head Start	144	74%	26%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 15. Job training or school status of families of children enrolled in Head Start, 2018-19

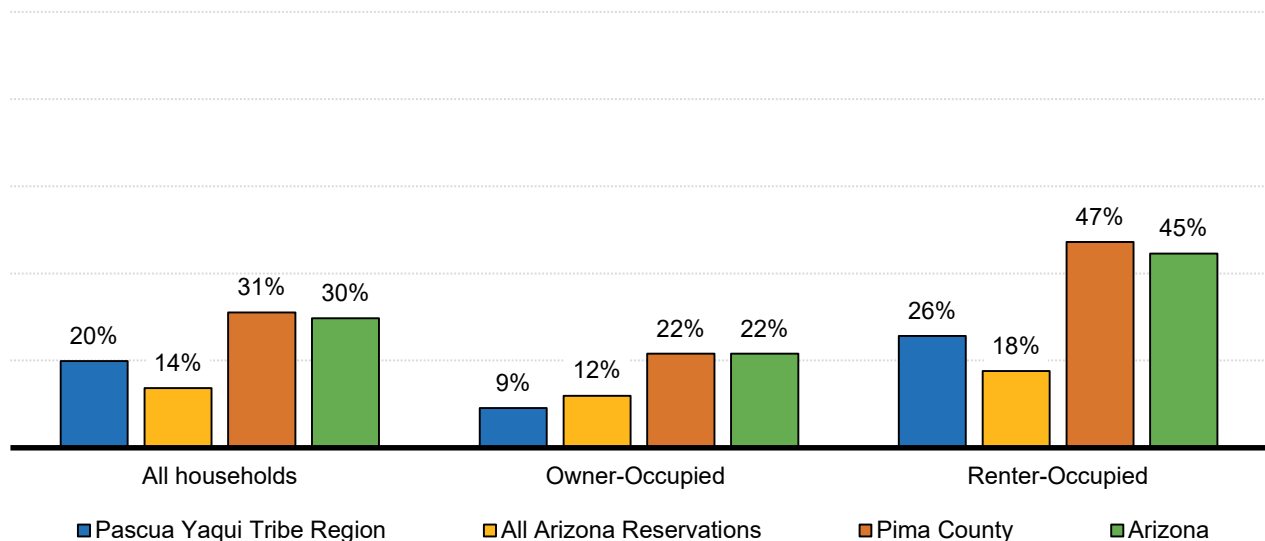
	Total Families	One or both parents/caregivers in school/job training	Parent(s) not in school/job training
Pascua Yaqui Tribe Head Start	144	7%	93%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Housing Affordability and Instability

Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of young children and their families in a region. Housing challenges such as issues paying rent or mortgage, overcrowded living conditions, unstable housing arrangements, and homelessness can have harmful effects on the physical, social-emotional, and cognitive development of young children.¹¹¹ The most recent data available on housing affordability predates the COVID-19 pandemic. According to ACS five-year estimates (2015-2019), one in five households in the Pascua Yaqui Tribe Region were housing-cost burdened, i.e., spending more than 30% of their household income on housing. This proportion is higher than that in all Arizona reservations combined (12%). The share of housing-cost burdened homes in the region is even higher in renter-occupied households (26%) (Figure 25).

Figure 25. Percent of households with housing costs of 30 percent or more of household income by home ownership status, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

While pre-pandemic housing cost burdens were already high enough to cause concern in some areas of Arizona, the economic disruptions of the COVID-19 pandemic, including losses of household employment income reported by approximately half of adults in the state, led to housing instability for some families as they struggled to make housing payments. The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship.¹¹² Data on the number of students experiencing homelessness under the McKinney-Vento Act at Hiaki High School were suppressed due to small numbers (i.e. fewer than 11). At off-reservation schools that serve children from the Pascua Yaqui Tribe Region, 2% of students in school year 2019-20 were homeless (Table 16). Among children enrolled at Ili Uusim Mahtawa’apo Pascua Yaqui Head Start, 13% qualified as homeless.¹¹³

Table 16. Students experiencing homelessness (McKinney-Vento), 2017-18 to 2019-20

Geography	Number of students experiencing homelessness			Percent of students who were homeless		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Hiaki High School	DS	DS	DS	DS	DS	DS
Off-reservation schools serving Pascua Yaqui Tribe students	165	115	96	3%	2%	2%
TUSD schools serving Pascua Yaqui Tribe students	165	115	96	2%	2%	1%
Academy Del Sol	DS	DS	DS	DS	DS	DS
Pima County Schools	2,860	2,270	1,831	2%	2%	1%
Arizona Schools	15,923	12,931	11,538	1%	1%	1%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CREC Team.

Note: The McKinney-Vento Act provides funding and supports to ensure that homeless children and youth have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship. More information can be found on the ADE website: <https://www.azed.gov/homeless>

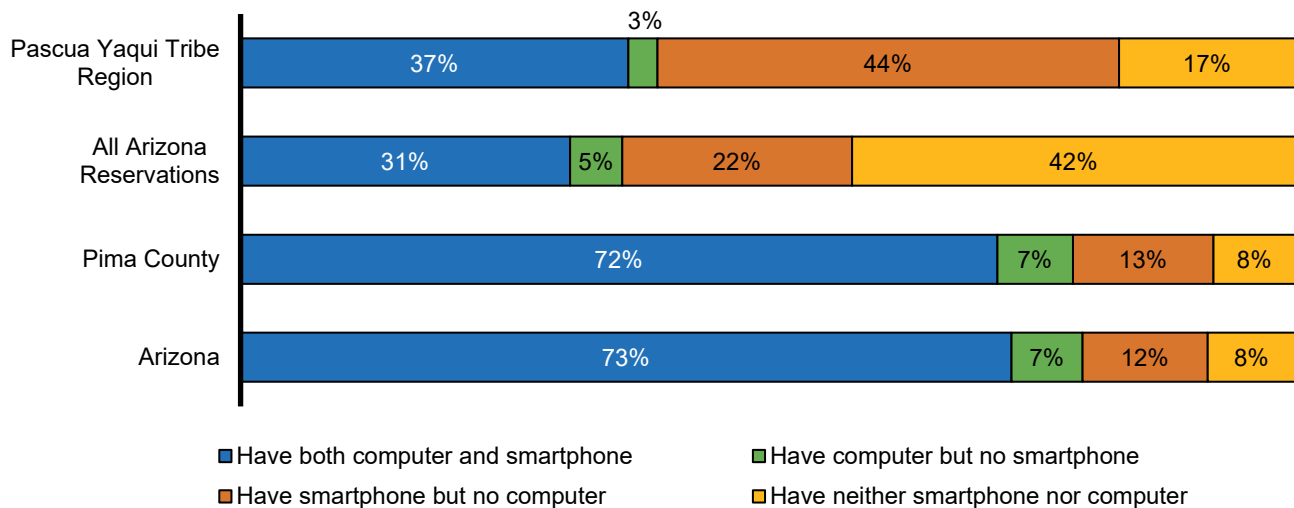
Information Access Through Computers and Internet

One increasingly critical need for modern homes is a reliable means of internet access. Families often rely on communication and information technologies to access information, connect socially, pursue an education and apply for employment opportunities. During the pandemic, a reliable internet connection was essential for a successful transition to remote work and school for many. Parents are also more likely to turn to online resources, rather than in-person resources, for information about obtaining health care and sensitive parenting topics including bonding, separation anxiety and managing parenting

challenges.¹¹⁴ The term “digital divide” refers to disparities in communication and information technologies,¹¹⁵ and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.¹¹⁶ Low-income households may experience regular disruptions to this increasingly important service when they cannot pay bills, repair or update equipment or access public locations that may offer connectivity (e.g., computers at local libraries).¹¹⁷

According to pre-pandemic data from the ACS, over one-third of households (37%) in the Pascua Yaqui Tribe Region have both a computer and a smartphone in their home, a proportion that is slightly higher than that across Arizona reservations (31%) but substantially lower than in Pima County (72%) and the state (73%) (Figure 26). Notably, the percentage of households in the Pascua Yaqui Tribe Region that have a smartphone but no computer is twice as large in the region (44%) than in Arizona reservations combined (22%).

Figure 26. Households with and without computers and smartphones, 2015-2019 ACS



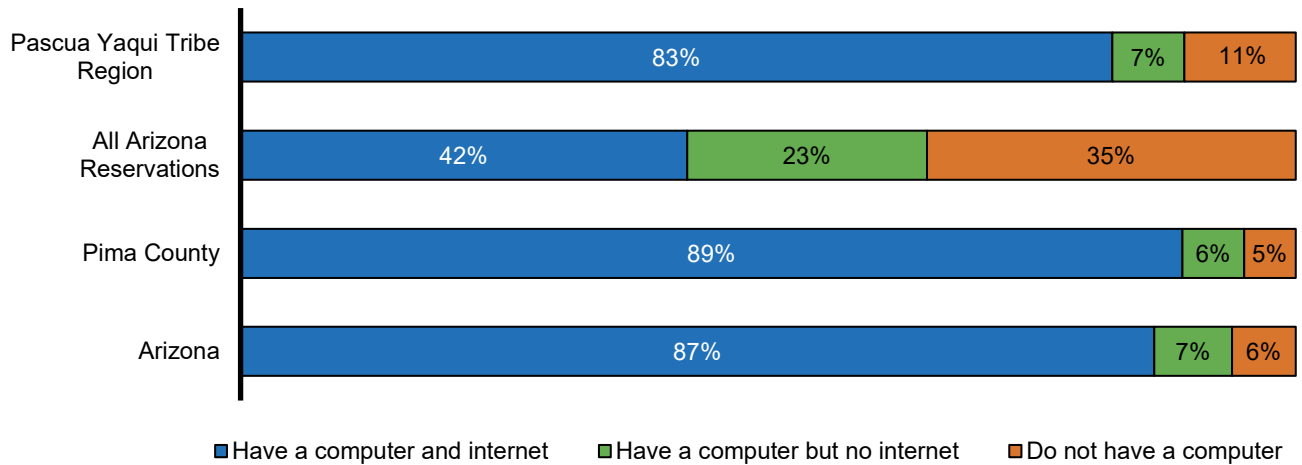
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this table, “computer” includes both desktops and laptops; “smartphone” includes tablets and other portable wireless devices. The four percentages in each row should sum to 100%, but may not because of rounding.

Looking at individuals rather than households, eight out of 10 Pascua Yaqui Tribe Region residents have access to a computer and internet connectivity (83%) (Figure 27). About 11% do not have a computer and 7% have a computer but no internet access. The share of individuals with access to a computer and internet in the region is twice as high as that in all Arizona reservations combined (42%). Among children birth to 17, rates of computer and internet access at home were slightly higher, with 85% of children living in households with both a computer and internet access (Figure 28). This was also nearly double the rate of computer and internet access for children living in reservations across Arizona, meaning that even before the pandemic started, children from the Pascua Yaqui Tribe Region were

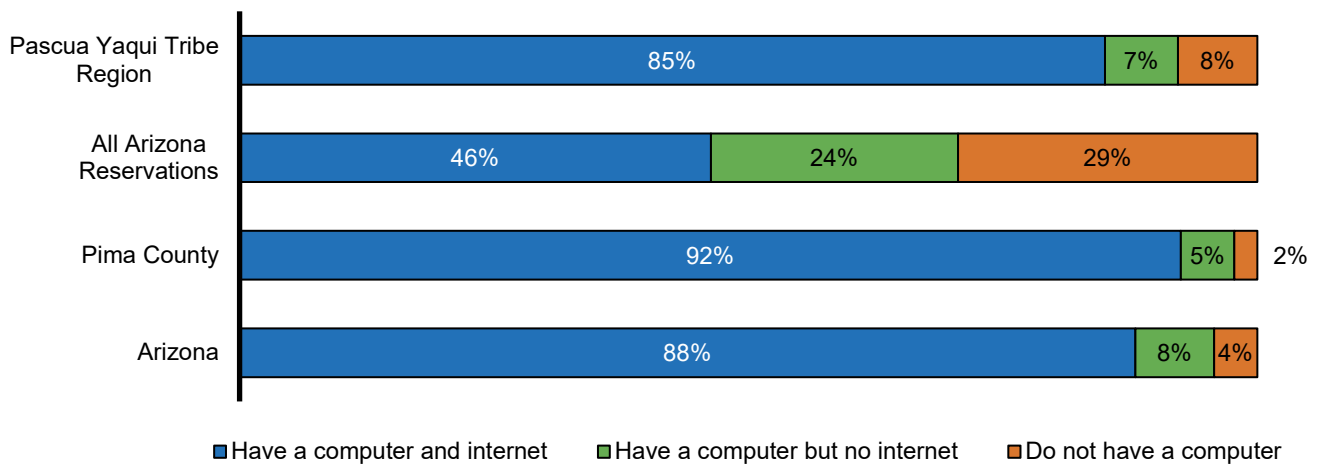
better poised to adapt to remote learning than many other Native American students across the state. Key informants noted that these high levels of computer and internet access reflect efforts made by the Pascua Yaqui Tribe to increase connectivity in the community even prior to the pandemic. They also noted that these rates are likely to increase after additional investments were made as part of the pandemic emergency response in the region.

Figure 27. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Figure 28. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Despite the overall high access to computers and internet connectivity in the region, Table 17 below shows that residents of the Pascua Yaqui Tribe Region access the internet primarily through cellular-data, with nearly all residents accessing the internet this way (99%). This is notably higher than among residents in all Arizona reservations (68%) and even higher than Pima County (85%) and the state (82%). In contrast, only half of residents in the Pascua Yaqui Tribe Region reported using fixed-broadband internet (51%), compared to over two-thirds of persons across Arizona reservations (68%). This indicates that the region had higher connectivity in general, but the quality of the internet connection in the region may not be as reliable. American households are increasingly reliant on smartphones as their sole source of internet access. Particularly for individuals who are younger, lower-income, and non-white, broadband service at home is less common and smartphone-only internet use is more common.¹¹⁸ One advantage of high cellular-data internet access may be the ability for families to receive online communications and announcements via social media.

During the pandemic, this high level of internet connectivity through cellular-data allowed families to stay connected to various services that were not available in-person. This high level of pre-pandemic connectivity is a strength in the region, especially as the pandemic required more activities to be conducted virtually. Lessons learned through transitioning services to online and distance modalities can help provide access to more families in more creative ways going forward. For additional information about how services in the region shifted to online modality please see the *Covid-19 Impact Report Supplement*.

Table 17. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households with computer and internet	With fixed-broadband internet	With cellular-data internet	With only dial-up internet
Pascua Yaqui Tribe Region	3,432	51%	99%	0%
All Arizona Reservations	77,951	68%	68%	2%
Pima County	889,998	86%	85%	0%
Arizona	5,968,639	87%	82%	0.3%
United States	273,795,622	88%	82%	0.3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28008

Note: The percentages in each row sum to more than 100% because many households use both fixed-broadband and cellular-data internet.

Additional data tables related to *Economic Circumstances* can be found in Appendix 1 at the end of this report.



EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children and their families, as well as the economic well-being of the entire community. Individuals with higher levels of education are less likely to live in poverty and tend to live longer and healthier lives.¹¹⁹ Graduating from high school, in particular, is associated with better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to dropping out of high school.^{120,121} Parents with more education are also more likely to have children with positive outcomes related to school readiness and educational achievement, with children of parents who have at least a high school diploma or GED scoring higher in reading, math and science in their first four years of school.^{122,123} The educational achievement of adults within a region speaks to the assets and challenges of a community's workforce, including those that are working with or on behalf of young children and their families.

High-quality early learning experiences lay a foundation for children's learning in kindergarten, early elementary school and beyond.¹²⁴ Participation in high-quality early education has been linked to better school performance in elementary and high school.¹²⁵ Reading skills in third grade, specifically, are an important predictor of later academic learning and success measured in standardized tests. Students who are at or above grade-level reading in third grade are more likely to graduate high school and attend college.¹²⁶ Given these intergenerational impacts of educational attainment and the cascading effect of early education on later academic achievement and success in adulthood, it is critical to provide substantial support for early education and promote policies and programs that encourage the persistence and success of Arizona's children.

What the Data Tell Us

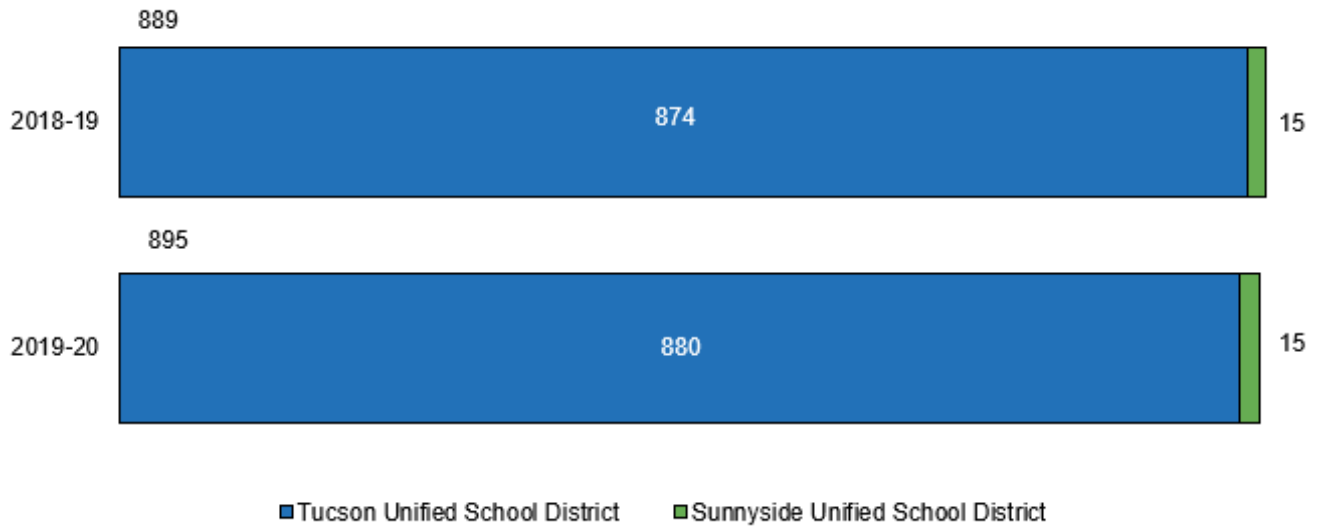
School Attendance and Absenteeism

Children from the community attend a variety of schools, most of which are part of the Tucson Unified School District (TUSD) or Sunnyside Unified School District (SUSD). There are no schools within the boundaries of the Pascua Yaqui Tribe Region that serve elementary and middle school-age children. The only school in the region is Hiaki High School, a collaboration between the Pascua Yaqui Tribe Education Department and the non-profit organization Chicanos Por la Causa. The Pascua Yaqui Tribe Education Department provides support services for students from the region through the Yaqui Education Services (YES) Program. To be eligible for YES services, students must be members of the Pascua Yaqui Tribe and be enrolled in a K-12 grade school.¹²⁷ Key informants indicated that YES staff track student grades and attendance and provide student support services such as a home-school liaison and after-school tutoring.

According to data provided by the Pascua Yaqui Tribe Education Department, in school year 2019-20 there were nearly 900 children from the Pascua Yaqui Tribe enrolled in off-reservation public schools in the Tucson area. Most of these children attended TUSD schools (n=874) and a much smaller group were

enrolled at SUSD schools (n=15) (Figure 29). In school year 2017-18, there were 120 students enrolled at Hiaki High School; this number increased to 130 in school year 2018-19, and decreased slightly to 128 in 2019-20.¹²⁸

Figure 29. Pascua Yaqui Tribe students enrolled in Tucson area public schools, 2018-19 to 2019-20



Source: Pascua Yaqui Tribe Education Department (2021) [K-12 Student Dataset]. Unpublished data received by request.

Table 18 shows detailed enrollment data for Pascua Yaqui Tribe students at TUSD and SUSD schools. In 2019-20 there were 485 Pascua Yaqui Tribe children enrolled at TUSD elementary schools, with most children attending Lawrence Elementary (n=173) and Johnson Primary (n=116). In that same year, 156 Pascua Yaqui Tribe students attended TUSD middle schools, primarily Valencia (n=58) and Pistor Middle School (n=44). A total of 239 Pascua Yaqui Tribe children were enrolled in TUSD high schools, with many of them enrolled at Cholla High (n=110).

Additional enrollment data were available for students in lower grades attending schools that serve the Pascua Yaqui Tribe Region from the Arizona Department of Education (ADE). These data, however, reflect all American Indian students, and not only those who are members of the Pascua Yaqui Tribe. In 2019-20, there were fewer than 11 American Indian children enrolled in preschool and 12 children enrolled in Kindergarten at TUSD schools serving families from the region (Table 19). The number of American Indian students in grades first to third was about four times as that in Kindergarten, suggesting that many families are not enrolling their children in elementary school until first grade.

Table 18. Pascua Yaqui Tribe students enrolled in Tucson area public schools, 2018-19 to 2019-20

	2018-19	2019-20
Total Students	889	895
Tucson Unified School District	874	880
TUSD Elementary Schools	503	485
Lawrence 3-8	196	173
Johnson Primary	94	116
White Elementary	50	60
Miller Elementary	42	38
Vesey Elementary	38	34
Warren Elementary	25	17
Other Elementary Schools	58	47
TUSD Middle Schools	146	156
Valencia Middle	69	58
Pistor Middle	25	44
Roskruge Bilingual K-8 Magnet	13	15
Safford K-8	11	11
Other Middle Schools	28	28
TUSD High Schools	227	239
Cholla High	122	110
Tucson High Magnet	49	69
Pueblo High	36	40
Other High Schools	20	20
Sunnyside Unified School District	15	15

Source: Pascua Yaqui Tribe Education Department (2021) [K-12 Student Dataset]. Unpublished data received by request.

Table 19. American Indian preschool to third grade students enrolled in public or charter schools, 2019-20

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
TUSD schools serving Pascua Yaqui Tribe students	<11	12	48	53	42
Academy Del Sol – Hope	N/A	<11	<11	<11	<11
Pima County Schools	50	213	294	295	269
Arizona Schools	905	3,290	3,260	3,262	3,452

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The “TUSD schools serving Pascua Yaqui Tribe students” row includes the following schools: Harriet Johnson Primary School, Anna Lawrence Intermediate School, Vesey Elementary School, Frances J Warren Elementary School and John E White Elementary School.

School attendance and academic engagement early in life can significantly impact the direction of a child’s schooling. Chronic absenteeism is defined as missing more than 10% of the school days within a school year, and it affects even the youngest children, with more than 10% of U.S. kindergarteners and first graders considered chronically absent.¹²⁹ Poor school attendance can cause children to fall behind academically, leading to lower proficiency in reading and math and increased risk of not being promoted to the next grade.¹³⁰ Chronic absenteeism also negatively impacts the development of key social-emotional skills, including self-management, self-efficacy, and social awareness.¹³¹ Consistent school attendance is particularly important for children from economically disadvantaged backgrounds, the group of children most at risk for chronic absenteeism.^{132,133}

Data on chronic absenteeism were not available for Pascua Yaqui Tribe students or all American Indian students in public schools. Table 20 below shows chronic absence rates for all students enrolled in the schools attended by children from the Pascua Yaqui Tribe Region. In 2018-19, the last “normal” school year prior to the pandemic, the combined chronic absence rate for all schools serving children from the region (26%) was notably higher than that of all schools in Pima County (16%) and the state (13%). The drops in chronic absenteeism are likely driven by changes due to the pandemic including changes in how attendance was tracked by schools in the spring of 2020.

Table 20. Kindergarten to third grade students with chronic absences, 2018-19 to 2019-20

Geography	K-3 students enrolled, 2018-19	K-3 students with chronic absences, 2018-19	Chronic absence rate, 2018-19	K-3 students enrolled, 2019-20	K-3 students with chronic absences, 2019-20	Chronic absence rate, 2019-20
Off-reservation schools serving Pascua Yaqui Tribe students	1,563	406	26%	1,533	237	15%
TUSD schools serving Pascua Yaqui Tribe students	1,243	320	26%	1,258	211	17%
Harriet Johnson Primary School	194	48	25%	260	46	18%
Anna Lawrence Intermediate School	DS	DS	31%	DS	DS	23%
Vesey Elementary School	427	85	20%	396	59	15%
Frances J Warren Elementary School	153	53	35%	154	33	21%
John E White Elementary School	434	123	28%	435	70	16%
Academy Del Sol - Hope	320	86	27%	275	26	9%
Pima County Schools	41,975	6,917	16%	42,046	4,199	10%
Arizona Schools	326,891	43,773	13%	329,300	25,382	8%

Source: Arizona Department of Education (2021). [Absences Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Truancy intervention is provided as part of the Pascua Yaqui Tribe Attendance Achievement Program, a court diversion program that aims at improving school attendance and reducing truancy among Pascua Yaqui students. The program is a collaboration of the tribal prosecutor's office, the Pascua Yaqui Tribe Education Department, the Sewa U'usim Community Partnership at the Pascua Yaqui Tribe Health Services Division and TUSD. Individualized plans are developed to address each child's needs and to provide comprehensive support services for the parents. The program was initiated after an internal 2012 justice system assessment identified truancy as a challenge for the community affecting student performance. The program targets Pascua Yaqui Tribe youth of all ages who have been issued a truancy citation in tribal court.¹³⁴ Key informants estimated that the program is able to divert an estimated 60% of truancy cases.

Recognizing that truancy is often the result of underlying challenges in family systems, the Attendance Achievement Program is one of the three components of the Pascua Yaqui Tribe Tiwahe (or Itom Yoemia) initiative. Tiwahe is a 5-year Bureau of Indian Affairs demonstration project that promotes coordinated service delivery to support participating communities in improving the health and well-being of their people. The Pascua Yaqui Tribe joined Tiwahe in 2016. For additional information on the tribe's Tiwahe model, later renamed Itom Yoemia, see the *Family Support – Mental and Behavioral Health* section below.

Under the Tiwahe model, the Pascua Yaqui Tribe’s Attendance Achievement Program staff provides wrap-around stabilizing resources to children in unstable environments, making referrals to tribal and non-tribal programs including the Workforce Development Department, the Language and Culture Department, and the Boys and Girls Club. Each year, the Attendance Achievement Program serves over 100 students through diversion resources and community engagement activities. According to data from a recent evaluation of the national Tiwahe initiative, the program was able to raise the attendance rate of Pascua Yaqui students above the rates of other minority groups in Tucson schools for the first time ever. Also, the attendance rate of a sample of 20 Pascua Yaqui students increased by an average of 6% (or 11 more days in school) during their participation in the program, compared to the time before they joined.¹³⁵

Achievement on Standardized Testing

A child’s third grade reading skills have been identified as a critical indicator of future academic success.¹³⁶ Students who are at or above grade level reading in third grade are more likely to go on to graduate high school and attend college.¹³⁷ The link between poor reading skills and risk of dropping out of high school is even stronger for children living in poverty. More than one quarter (26%) of children who were living in poverty and not reading proficiently in third grade did not finish high school. This is more than six times the high school dropout rate of proficient readers.¹³⁸

As of 2019, the statewide assessment tool for English language arts (ELA), including reading and writing, is Arizona’s Statewide Achievement Assessment for English Language Arts and Math (AzM2).^{xxi,139,140} In March 2020, Arizona cancelled statewide AzM2 testing and other statewide assessments for the 2019-20 school year.¹⁴¹ Thus, the most recent data available for this report are from the 2018-19 school year, when the AzMERIT assessment was administered. In the 2018-19 school year, only 38% percent of third grade students in schools that serve the Pascua Yaqui Tribe Region achieved passing scores on the third grade ELA assessment, which was lower than across Arizona as a whole (46%) (Table 21). Passing rates varied across individual schools, from 3% at Anna Lawrence Intermediate School, to 43% at Warren Elementary School. Data specific for American Indian students in schools that serve children from the region show that the combined passing rate on the third grade ELA assessment was lower (23%) that the rate for all students (38%) (Figure 30). This passing rate, nevertheless, is higher than that for American Indian students in Pima County (16%) and the state (22%). There was also a wide range in the passing rates of third grade American Indian students at each individual school, although the pattern of high vs low scoring schools is different than that for all students: less than 2% of American Indian students achieved passing scores at Warren Elementary School, compared to 57% at White Elementary (Figure 30). At Anna Lawrence Intermedia School, the school with the largest enrollment of students from the Pascua Yaqui Tribe (Table 18), 6% of American Indian students achieved passing scores.

^{xxi} AzMERIT was renamed to AzM2 during the 2019-2020 school year. In 2022, AzM2 will be replaced by AASA (Arizona’s Academic Standards Assessment).

Table 21. AzMERIT assessment results: third grade English Language Arts, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Off-reservation schools serving Pascua Yaqui Tribe students	376	49%	13%	30%	7%	38%
TUSD schools serving Pascua Yaqui Tribe students	DS	50%	13%	31%	7%	37%
Harriet Johnson Primary School	N/A	N/A	N/A	N/A	N/A	N/A
Anna Lawrence Intermediate School	DS	97%	<2%	3%	<2%	3%
Vesey Elementary School	DS	49%	9%	36%	6%	42%
Frances J Warren Elementary School	DS	38%	19%	31%	12%	43%
John E White Elementary School	DS	41%	19%	32%	8%	40%
Academy Del Sol - Hope	DS	44%	17%	28%	11%	39%
Pima County Schools	10,701	40%	14%	32%	14%	46%
Arizona Schools	82,653	40%	14%	32%	14%	46%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

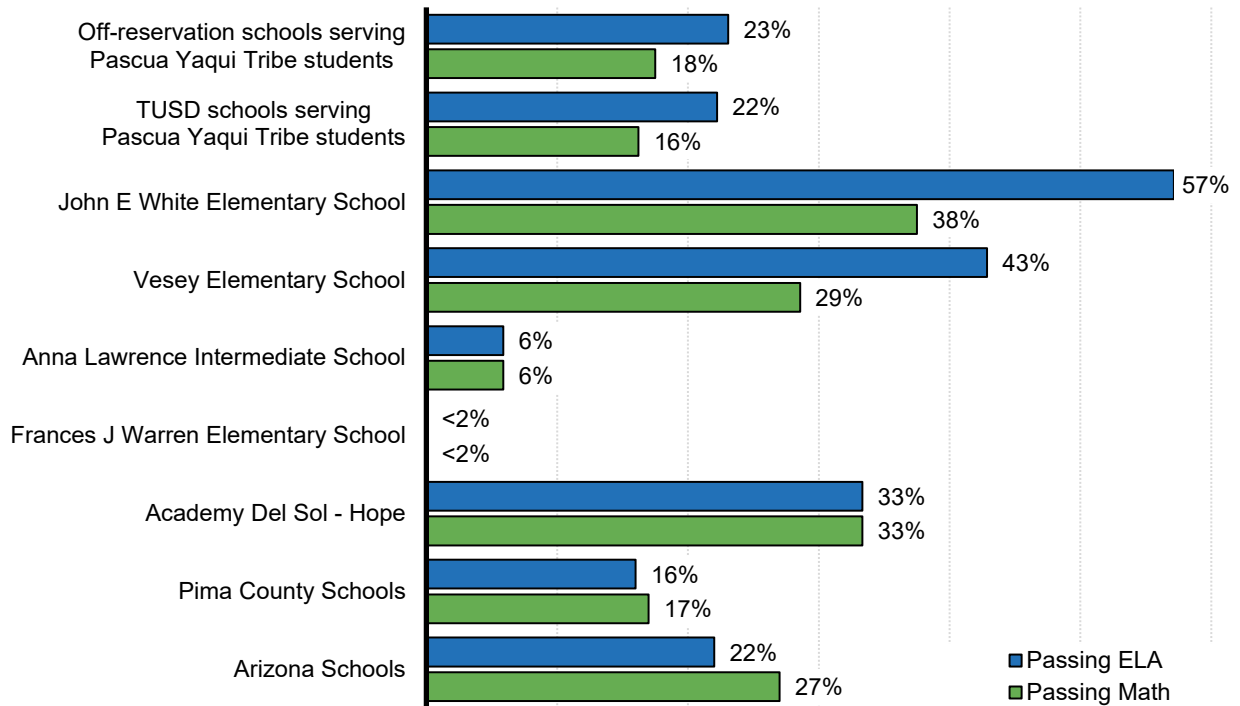
Performance on the math test was the same as in the ELA test, with 38% of all third grade students in schools serving the region achieving passing scores in the 2018-19 school year. This combined passing rate was also lower than the rate across the state (51%) (Table 22). The combined math passing score for third grade American Indian students in schools serving children from the Pascua Yaqui Tribe Region (18%) is slightly higher than that for American Indian students across Pima County (17%), but lower than the statewide rate (27%). Similar to the ELA test, there was also a wide range in the math passing rates of American Indian students at each individual school, with less than 2% of American Indian students achieving passing scores at Warren Elementary School, and 38% at White Elementary (Figure 30). The percentage of American Indian students passing the math assessment at Anna Lawrence Intermedia School, the school with the largest enrollment of students from the Pascua Yaqui Tribe (Table 18), was 6%.

Table 22. AzMERIT assessment results: Third Grade Math, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Off-reservation schools serving Pascua Yaqui Tribe students	378	30%	31%	26%	13%	38%
TUSD schools serving Pascua Yaqui Tribe students	DS	32%	31%	25%	12%	38%
Harriet Johnson Primary School	N/A	N/A	N/A	N/A	N/A	N/A
Anna Lawrence Intermediate School	DS	73%	21%	6%	<2%	6%
Vesey Elementary School	DS	27%	29%	32%	13%	44%
Frances J Warren Elementary School	DS	33%	26%	21%	21%	42%
John E White Elementary School	DS	23%	39%	26%	12%	37%
Academy Del Sol – Hope	DS	24%	35%	26%	15%	42%
Pima County Schools	10765	24%	26%	32%	18%	50%
Arizona Schools	83,042	23%	26%	33%	18%	51%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

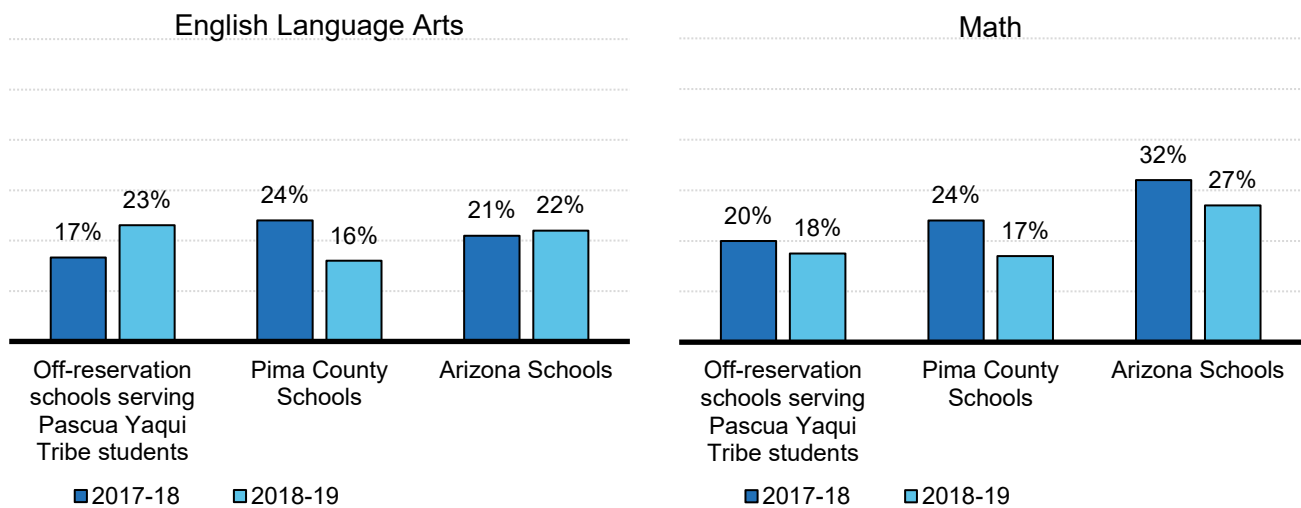
Figure 30. AzMERIT assessment results for American Indian students: Third Grade English Language Arts and Math, 2018-19



Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Looking at trends of passing rates for American Indian third grade students, there is variability in both ELA and math passing scores each year in schools that serve the region, as well as in Pima County and the state (Figure 31). Whereas the percentage of American Indian students passing the math assessment decreased from the 2017-2018 to 2018-19 school years for off-reservation schools serving Pascua Yaqui Tribe students, Pima County schools and all Arizona schools, a different pattern appeared for the ELA assessment. The percentage of American Indian students passing the ELA assessment increased from the 2017-2018 to 2018-19 school years for off-reservation schools serving Pascua Yaqui Tribe students while a decrease was seen over the same period for American Indian students in all Pima County schools and the state.

Figure 31. Trends in passing rates for American Indian students: Third Grade English Language Arts and Math AzMERIT, 2017-18 to 2018-19



Source: Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

National research on missed learning during the pandemic found that, on average, students ended the 2020-21 school year four months behind on reading and five months behind on math.¹⁴² Strategies to recover unfinished learning will be critical, not only for student’s current academic progress but their long-term academic and professional trajectory.

Graduation Rates and Adult Educational Attainment

Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. Adults who graduated from high school have better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to adults who dropped out of high school.^{143,144} Increasingly, a high-school education is necessary for employment in the U.S., with nearly two-thirds of all jobs in 2020 requiring more than a high-school education.¹⁴⁵ Adults with lower educational attainment also tended to experience more economic challenges during the pandemic, with adults with less than a high school diploma experiencing more than twice the unemployment rate of adults with a bachelor’s degree or higher.¹⁴⁶

As mentioned above, Hiaki High School is the only school within the boundaries of the Pascua Yaqui Tribe Region. A collaborative enterprise of the Pascua Yaqui Tribe Education Department and Chicanos Por La Causa, Hiaki High School offers instruction in Yaqui Studies and the Yaqui language, and it also allows students to obtain dual credits with Pima Community College.¹⁴⁷

Data from ADE show that in 2019 both the 4-year graduation rate (34%) and the 5-year graduation rate (45%) for all students at Hiaki High School were substantially lower than the 4 and 5-year rates for all students in Pima County (75% and 79%, respectively), and the state (79% and 83%, respectively) (Table

23). Cholla High School, the public school with the largest number of students from the Pascua Yaqui Tribe, had notably higher graduation rates than Hiaki High School, schools in Pima County and schools statewide. The 4-year rate was 91%, and 93% for the 5-year cohort.

In 2019, graduation rates for American Indian students at Cholla High School, Pima County schools and high schools statewide were lower than the all-student rates. At Hiaki High School, the rates for American Indian students are the same as for all students, as most likely all students at this school are Native students. Despite generally lower rates for American Indian students, the same pattern is present where Native students at Cholla High School have substantially higher 4- and 5-year graduation rates (84% in both cases) than Native students across Pima County (57% and 60%, respectively) and the state (69% and 75%) (Table 24).

Table 23. 4-year and 5-year graduation rates, 2019

Geography	4-Year Senior Cohort (2019)	4-Year Graduates (2019)	4-Year Graduation Rate (2019)	5-Year Graduates (2019)	5-Year Graduation Rate (2019)
Hiaki High School	DS	DS	34%	13	45%
Cholla High School	418	381	91%	385	93%
Pima County Schools	11,798	8,818	75%	9,358	79%
Arizona Schools	86,355	68,393	79%	71,610	83%

Source: Arizona Department of Education (2021). [Graduation & dropout dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 24. 4-year and 5-year graduation rates for American Indian students, 2019

Geography	4-Year Senior Cohort (2019)	4-Year Graduates (2019)	4-Year Graduation Rate (2019)	5-Year Graduates (2019)	5-Year Graduation Rate (2019)
Hiaki High School	DS	DS	34%	13	45%
Cholla High School	19	16	84%	16	84%
Pima County Schools	301	171	57%	181	60%
Arizona Schools	3,772	2,617	69%	2,846	75%

Source: Arizona Department of Education (2021). [Graduation & dropout dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

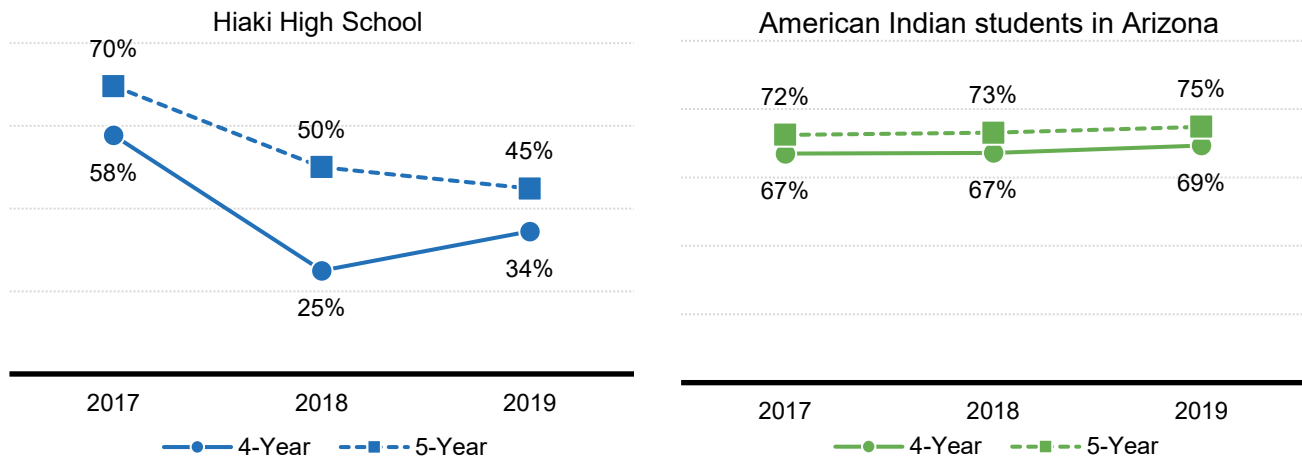
Table 25, however, shows that graduation rates for American Indian students at Hiaki School and Cholla High School vary widely each year. Between 2017 and 2019, however, there was an overall declining trend in the graduation rates of Hiaki High School students, while the rates for American Indian Students across Arizona have remained steady or increased slightly in that time period (Figure 32).

Table 25. Trends in graduation rates for American Indian students, 2017 to 2019

	Four-year graduation rates			Five-year graduation rates		
	2017	2018	2019	2017	2018	2019
Hiaki High School	58%	25%	34%	70%	50%	45%
Cholla High School	73%	95%	84%	76%	100%	84%
Pima County Schools	56%	60%	57%	63%	66%	60%
Arizona schools	67%	67%	69%	72%	73%	75%

Source: Arizona Department of Education (2021). [Graduation dataset]. Custom tabulation by the UArizona CRED team

Figure 32. Trends in 4-year and 5-year graduation rates, 2017 to 2019

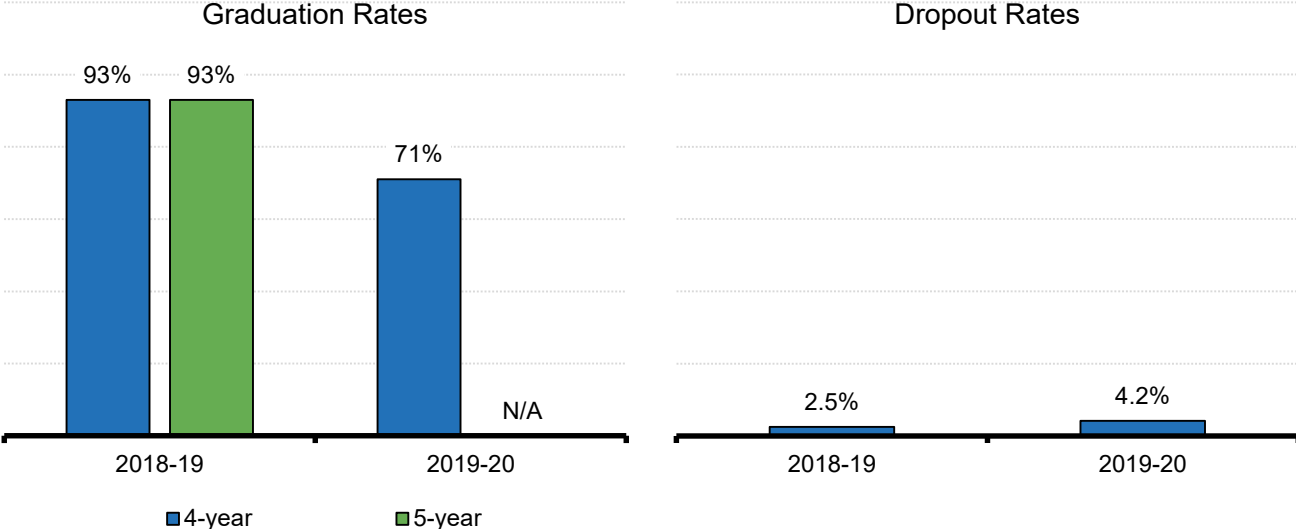


Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Data provided by the Pascua Yaqui Tribe Education Department specific for Yaqui students enrolled in TUSD schools in the year 2018-19 show that both their 4-year graduation rate and 5-year graduation rate (93% in both cases) (Figure 33) was higher than that for American Indian students at Hiaki and Cholla High Schools, and also higher than that of Native students across Pima County and the state (Table 25). The 4-year graduation rate for Pascua Yaqui Tribe students at TUSD schools declined in 2019-20 to 71%, likely due to the impact of the pandemic and school closures at the end of that school year (Figure 33).

Dropout rates for Pascua Yaqui Tribe students enrolled in TUSD schools increased from 2.5% in 2018-19 to 4.2% in 2019-20 (Figure 33). The pandemic may have had an impact on students' ability to stay enrolled in school. The dropout rate at Hiaki High School in 2019-20 (12%), on the other hand, was less than half of the rates in the two previous years (28% and 25%) (Table 26). Even with this notable decline, the 2019-20 dropout rate at Hiaki High School was still substantially higher than the rate of Pascua Yaqui Tribe students at TUSD or the combined rate for all schools serving families from the region (2%) (Table 26).

Figure 33. Graduation and dropout rates for Pascua Yaqui Tribe students enrolled in Tucson Unified School District, 2018-19 to 2019-20



Source: Pascua Yaqui Tribe Education Department (2021) [K-12 Student Dataset]. Unpublished data received by request.

Table 26. Trends in 7th-12th grade dropout rates, 2017 to 2019

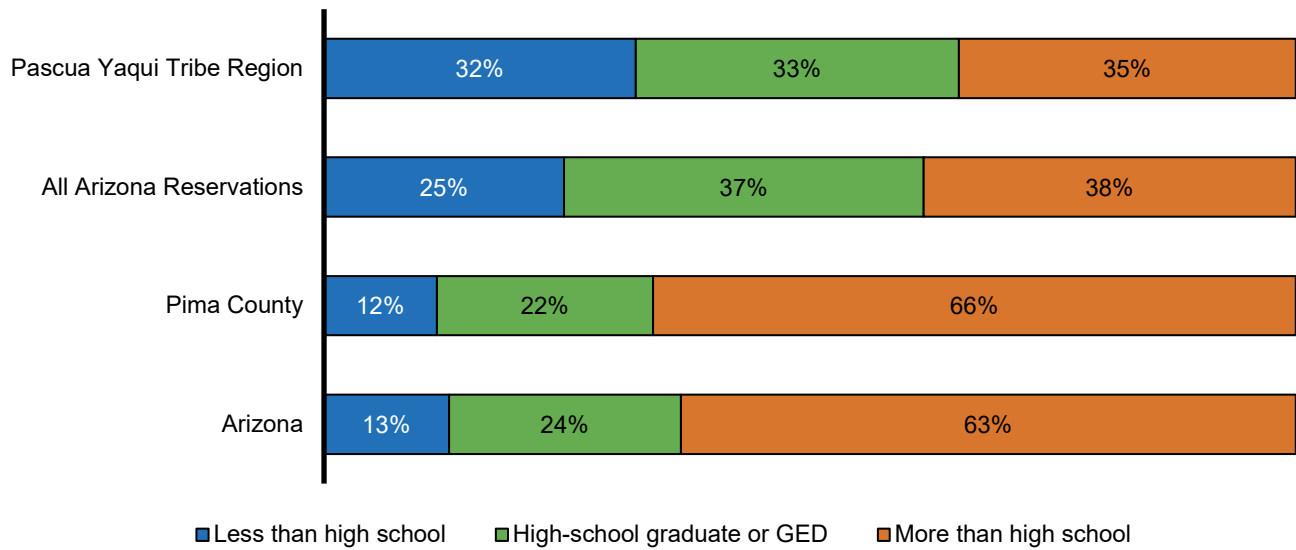
Geography	Dropout Rate, 2017-18	Dropout Rate, 2018-19	Dropout Rate, 2019-20
Hiaki High School	28%	25%	12%
Off-reservation schools serving Pascua Yaqui Tribe students	3%	3%	2%
TUSD schools serving Pascua Yaqui Tribe students	3%	3%	2%
Anna Lawrence Intermediate School	3%	4%	1%
Pistor Middle School	1%	2%	0.5%
Valencia Middle School	4%	4%	2%
Cholla High School	4%	3%	3%
Academy Del Sol - Hope	1%	4%	1%
Pima County Schools	5%	6%	4%
Arizona Schools	5%	4%	3%

Source: Arizona Department of Education (2021). [Dropout dataset]. Custom tabulation by the UArizona CRED Team

According to American Community Survey estimates, adult educational attainment in the Pascua Yaqui Tribe Region is lower than that across all Arizona reservations. Almost one-third of adults in the region (32%) have less than a high-school education, compared to one-quarter (25%) in all Arizona reservations (Figure 34). The percentage of adults in the region with a high school diploma or GED (33%) and with more than a high-school education (35%) is lower than across Arizona reservations (37% and 38%, respectively).

Parental educational attainment has been shown to influence child educational outcomes.¹⁴⁸ Education is also a key mechanism for upward mobility; parents with higher educational levels typically secure higher incomes to support their families.¹⁴⁹ Higher maternal education, in particular, is linked to both cognitive and socio-emotional development as well as general health in young children.¹⁵⁰ The educational attainment of mothers in the region varies each year (Table 27), but generally mirrors that of all Arizona reservations as a whole (Figure 34). With the high proportion of mothers with less than a high-school education, the region may benefit from programs that aim to simultaneously serve both young children and their parents. Such *two-generation programs* are designed to provide family-centered supports to low-income parents and their young children by providing access to education and workforce development for parents and high-quality early education for young children.^{151,152} Providing resources and programming to support parental and youth education can help grow the human capital of both.^{153,154}

Figure 34. Level of education for the adult population (ages 25 and older)



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B15002

Note: The three percentages in each bar should sum to 100%, but may not because of rounding.

Table 27. Level of education for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Pascua Yaqui Tribe Region	2018	69	29%	42%	29%
	2019	69	[33% to 36%]	36%	[28% to 30%]
All Arizona Reservations	2018	1,990	N/A	N/A	N/A
	2019	2,180	N/A	N/A	N/A
Pima County	2018	10,661	16%	27%	57%
	2019	10,357	15%	27%	58%
Arizona	2018	80,539	17%	26%	57%
	2019	79,183	16%	27%	57%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

Additional data tables related to *Educational Indicators* can be found in Appendix 1 at the end of this report.



EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is an exciting time of rapid physical, cognitive and social-emotional development. The experiences young children have during these early years are critical for healthy brain development and set the stage for lifelong learning and well-being.^{155,156} Just as rich, stimulating environments can promote development, early negative experiences can have lasting effects. For example, gaps in language development between children from disadvantaged backgrounds and their more advantaged peers can be seen by two and a half years of age;¹⁵⁷ those disparities that persist until kindergarten tend to predict later academic problems.¹⁵⁸

Quality early care and education can positively influence children's overall development.^{159,160} This is particularly true for children in poverty.¹⁶¹ Access to quality child care and classroom environments can provide enriching experiences children might not have access to at home. Children who attend high-quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.¹⁶² Furthermore, early childhood programs help identify children with special needs and can provide targeted interventions that may reduce their risk of developmental delays and prevent preschool expulsion.^{163,164} Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,^{165,166} as they are more likely to experience more adverse childhood experiences than typically developing children,¹⁶⁷ and are at an increased risk for maltreatment and neglect.^{168,169}

A statewide early care and education system that is accessible, affordable and high-quality is essential for the social and economic health of Arizona. Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to keep steady jobs and support their families.¹⁷⁰ Investment in programs for young children leads to increased education and employment, reduced crime and better overall health.^{171,172} The investment in early childhood is also potentially one of the most productive investments a community can make, with experts estimating that society gets back about \$8.60 for every \$1 spent on early learning programs.¹⁷³

What the Data Tell Us

Early Care and Education Programs

Children who begin their education in high-quality preschool programs repeat grades less frequently, score higher on standardized tests, have fewer behavior problems and are more likely to graduate from high school.¹⁷⁴ This provides a return on investment to society through increased educational achievement and employment, reductions in crime and better overall health of children as they mature into adults.^{175,176} Early care and education opportunities for children in the Pascua Yaqui Tribe Region are available through the Ili Uusim Mahtawa'apo Pascua Yaqui Head Start; family child care providers

and group home providers who are certified/licensed by the Pascua Yaqui Tribe Child Care Program; and off-reservation child care centers.

Ili Uusim Mahtawa’apo

Ili Uusim Mahtawa’apo Pascua Yaqui Head Start is a program of the Pascua Yaqui Tribe Education Department that provides early education services to children ages 3 and 4 in the region. Ili Uusim Mahtawa’apo can serve families that are enrolled members of a federally-recognized tribe (or that are eligible for enrollment). As a tribal Head Start, Ili Uusim Mahtawa’apo is able to determine its service area, which the program defines as primarily the New Pascua Community, followed by all other Pascua Yaqui Communities in the Tucson Area, Yaqui Families living off-reservation, and finally other eligible families within the service area.

In 2018-19 the Ili Uusim Mahtawa’apo had a funded enrollment of 141 children, which means that at any given moment, that many children are participating in the program. With some children exiting the program during the year and other children from the waiting list taking their place, the program had a cumulative enrollment of 150 children in that school year. Of those, 57 were 3-year-old and 97 were 4-year-old (Table 28). Only nine children left the program during that school year; most children stay enrolled throughout the entire year. As of April of 2022, the program had six children on the waiting list.

Ili Uusim Mahtawa’apo has eight classrooms and, in a typical year, five of them are for 4-year-old children transitioning into Kindergarten while three classrooms are for 3-year-old children. Program hours are 8:00 am to 2:00 pm four days per week, and Wednesdays are half days from 8:00 am to 12:00 pm. Key informants noted that a handful of children are transported early in the morning and picked up in the afternoon by private child care centers that serve families from the region who need early care and education services beyond Ili Uusim Mahtawa’apo’s services hours. Other families make arrangements for early hours and afternoon care with support from family members.

Funding for Ili Uusim Mahtawa’apo comes from a blend of federal funds from the Office of Head Start (for 72 children) and funding from the Pascua Yaqui Tribe (for 59 children).

Table 28. Children participating in Ili Uusim Mahtawa’apo Pascua Yaqui Head Start, 2018-19

	Total Funded Enrollment	Cumulative Enrollment	Children age 3	Children age 4
Pascua Yaqui Tribe	141	150	57	93

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

With funding from First Things First Pascua Yaqui Tribe Regional Partnership Council, Ili Uusim Mahtawa'apo offers a Summer Transition to Kindergarten program for children who did not have any previous preschool experiences. The program can enroll up to 60 children and runs for 20 days during the summer on a full day (8:00am -2:00 pm) schedule.

Pascua Yaqui Tribe Child Care Program

The Pascua Yaqui Tribe Child Care Program, under the tribe's Social Services Department, offers services to families in the region through family child care providers and group home providers who are certified/licensed by the tribe. The program does not have a child care center but it is in the planning phases for the construction of a tribally-operated facility.

As is the case with other programs in the region, the Pascua Yaqui Tribe Child Care Program provides services to families living both within the regional boundaries and in other Pascua Yaqui communities. The program's service area includes all of Pima, Pinal and Maricopa Counties and families are eligible for services as long as they are enrolled members of the Pascua Yaqui Tribe. Families who are enrolled members of other tribes are also eligible for services if they live within the reservation boundaries, though at the time of writing this report the program was only serving Pascua Yaqui families.

In 2019 and 2020 there were 21 home-based providers certified/licensed by the Child Care Program (Table 29). Most of these providers were located in New Pascua and the Tucson area, and six of them were located in the town of Guadalupe. The total number of children (ages birth to 12) and the number of young children (birth to 5) who received services from these home-based providers increased between 2019 and 2020. This increase was particularly marked among young children, with 17 of them being cared for by home-based providers in 2019, and 42 in 2020.

Key informants noted that the home-based providers working with the Child Care Program are an asset in the region. Some of them have been providing child care services for over 20 years, and key informants noted that they are a valuable resource to families in the community because they are always willing to 'go the extra mile' and support families in need, especially for children removed from their homes by Tribal Child Protective Services. Before the pandemic, the Child Care program had monthly cultural trainings with the providers with participation from elders in the community. For child care providers, these monthly gatherings were an opportunity to come together to socialize and spend time with each other.

Home-based providers receive assistance from the program for purchasing outdoor play equipment such as turf, canopies and jungle gyms. The availability of this equipment was crucial for providers and the families they served during the pandemic as public parks and other recreational areas were closed. The program also provides health and safety trainings to the home-based providers. During the pandemic, these trainings took place virtually on platforms like Zoom. Key informants noted that not all providers have access to a computer to be able to take advantage of these opportunities. Additional funding from the Coronavirus Response and Relief Supplemental Appropriations Act (CCRSA) and American Rescue Plan Act (ARPA) allowed the Pascua Yaqui Tribe Child Care Program to purchase laptops for home-based providers who did not have one, and to receive mini-grants in the amount of \$1,500 - \$2,000 to

enhance their home environment. Child care providers also received a monthly stipend to help them with everyday items such as food or utilities, and personal protective equipment (PPE) such as masks, disinfecting wipes, hand sanitizer and portable wash basins.

Table 29. Pascua Yaqui Tribe Child Care Program Indicators, 2019 to 2020

	2019	2020
Number of family home providers certified/licensed by the Pascua Yaqui Tribe Social Services Department	21	21
Total number of children (0-12) that received services from certified home-based providers	62	84
Number of children ages 0-5 that received services from certified home-based providers	17	42

Source: Pascua Yaqui Tribe Social Services Department (2021) [Child Care Program Dataset]. Unpublished data received by request.

Off-reservation child care centers

Funding from the Pascua Yaqui Tribe Child Care Program is also used to provide child care subsidies for families whose children are enrolled in off-reservation private child care centers.

To be eligible, families must be enrolled in a federally-recognized tribe and live in the Pascua Yaqui Tribe Child Care Program designated service area, which as indicated above, includes all of Pima, Pinal and Maricopa Counties. Parents can select a child care center of their preference as long as it is a licensed facility. Once a center has been identified, the Child Care Program helps families complete the necessary paperwork to have their child enrolled and to receive the subsidy.

In 2019, the Pascua Yaqui Tribe Child Care Program provided subsidies to 120 children ages birth to 6 residing in the program’s designated service area. This number decreased to 94 in 2020, likely due to the pandemic-related closure of child care centers. There were no children on the waiting list for off-reservation child care subsidies in either of those two years. Table 31 below shows the off-reservation child care centers most used by families receiving child care subsidies from the Pascua Yaqui Tribe Child Care Program.

Table 30. Number of children ages 0-6 who received a child care subsidy from the Pascua Yaqui Tribe Child Care Program, 2019 to 2020

Age	2019	2020
Total (ages 0-6)	120	94
Ages 0-3	51	34
Ages 3-5	48	50
Ages 5-6	21	10

Source: Pascua Yaqui Tribe Social Services Department (2021) [Child Care Program Dataset]. Unpublished data received by request.

Table 31. Child care centers most often used by families receiving subsidies from the Pascua Yaqui Tribe Child Care Program, 2021

Age	Capacity	Ages served
Total	1,270	0-12 yrs
Brichta Early Learning Center	120*	0-5 yrs
De Colores	108	0-12 yrs
Children's Learning Adventure	450*	0-12 yrs
Growing Steps	105	1-12 yrs
Herencia Guadalupana	59*	0-12 yrs
La Petite	142	0-12 yrs
Little Friends	182	0-12 yrs
Wright Brothers Christian Academy	104	0-12 yrs

Source: Pascua Yaqui Tribe Social Services Department (2021) [Child Care Program Dataset]. Unpublished data received by request.

Note: *These centers' capacity numbers were reduced due to the pandemic

The tables below show data for licensed child care providers registered with the Child Care Resources & Referral (CCR&R) Guide within a 5-mile radius of the Pascua Yaqui Tribe Region (listed in the tables as “Pascua Yaqui Tribe Region area.”) They include the providers most used by families receiving child care subsidies from the Pascua Yaqui Tribe Child Care Program listed in Table 31, plus all additional providers in that 5-mile radius area. There are a total of 52 providers, with a licensed capacity to serve

2,316 children. Of those providers, 19 are child care centers that can serve a total of 2,123 children, and 33 are family child care providers with a licensed capacity of serving up to 193 children (Table 32).

Table 32. Number and capacity of regulated early care and educational providers by type, December 2020

Geography	All providers		Nannies or individual providers		Child care centers		Family child care providers	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Pascua Yaqui Tribe Region Area*	52	2,316	0	0	19	2,123	33	193
Pima County	520	33,151	5	19	300	31,720	215	1,412
Arizona	2,521	202,010	26	89	1,909	198,100	586	3,821

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: * The region row reflects early childcare and education (ECE) Providers registered with the Child Care Resource & Referral Guide within a 5-mile radius of the Pascua Yaqui Tribe Region or ECE providers that enroll children receiving child care subsidies from the Pascua Yaqui Tribe Child Care Program.

Providers are considered quality educational environments by the Arizona Department of Economic Security (DES) if they are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC).¹⁷⁷ In the Pascua Yaqui Tribe Region area, 10 providers (19%) listed with the CCR&R Guide have attained national accreditation. These centers have a total capacity of 348 slots, which represents 15% of the total slots in the area (Table 33).

Table 33. Number and capacity of accredited early care and educational providers, December 2020

Geography	Number of accredited providers	Percent of providers who are accredited	Capacity in accredited providers	Percent of provider capacity which is with accredited providers
Pascua Yaqui Tribe Region Area*	10	19%	348	15%
Pima County	82	16%	6,337	19%
Arizona	233	9%	24,824	12%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: * The region row reflects early childcare and education (ECE) Providers registered with the Child Care Resource & Referral Guide within a 5-mile radius of the Pascua Yaqui Tribe Region or ECE providers that enroll children receiving child care subsidies from the Pascua Yaqui Tribe Child Care program.

Of the child care centers most often used by families receiving subsidies from the Pascua Yaqui Tribe Child Care Program (see Table 31), DeColores Learning Center & Child Care and LePetite Academy

are both accredited providers. That means that 25% of the providers most used by families in the tribe’s Child Care Program are accredited, representing 20% of the combined capacity in those centers.

The COVID-19 pandemic made child care even less accessible for many families. Many child care centers and homes closed in the early days of the pandemic due to concerns about safety of children, staff and families.^{178,179} The pandemic's effect on out-of-home child care arrangements heightened stress for families and widened pre-existing inequities in work, income and well-being. In a nationally-representative survey in the summer of 2020, about half of families with young children (47%) reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.¹⁸⁰ During the month of December 2020, more than one third (35%) of the regulated early care and education providers that were listed in the CCR&R guide were closed. These providers accounted for 27% of the known care capacity in the Pascua Yaqui Tribe Region area (Table 34).

Table 34. Number and capacity of regulated early care and educational providers by operational status in December 2020

	Total Number of Programs (CCRR)	Total Capacity in Programs (CCRR)	Number of Closed Programs	Capacity of Closed Programs	Number of Open Programs	Capacity of Open Programs	Percent of Programs that were closed in Dec 2020	Percent of Capacity in closed providers, Dec 2020
Pascua Yaqui Tribe Region Area*	52	2,316	18	618	34	1,698	35%	27%
Pima County	520	33,151	165	11,554	355	21,597	32%	35%
Arizona	2,521	202,010	930	71,576	1,591	130,434	37%	35%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: * The region row reflects early childcare and education (ECE) Providers registered with the Child Care Resource & Referral Guide within a 5-mile radius of the Pascua Yaqui Tribe Region or ECE providers that enroll children receiving child care subsidies from the Pascua Yaqui Tribe Child Care program.

To help communities during the pandemic, First Things First helped recruit providers to become Arizona Enrichment Centers. The Arizona Enrichment Center program provided funding to licensed child care facilities in order to serve the children of essential workers during the pandemic in 2020 and provided scholarships to essential workers making less than \$65,000 annually.^{181, xxii} In the Pascua Yaqui Tribe Region area, eight providers became Arizona Enrichment Centers, and they were approved to serve 65 children total (Table 35).

^{xxii} As of December 2020, this program transitioned to become the Essential Workers Relief Scholarship, which provided similar funds and scholarships through August 2021. More information can be found on the DES website: <https://des.az.gov/services/child-and-family/child-care/emergency-child-care-scholarship-program>

Notably, even if child care centers remained opened during the pandemic, they had to shoulder additional costs related to cleaning and staffing changes, among others. Over half of centers (56%) surveyed by the National Association for the Education of Young Children (NAEYC) reported that they were losing money while operating in December 2020, and a quarter of home-based providers and a third of center-based providers surveyed indicated that they would close in the next three months without additional support.¹⁸² While the extent that these costs are passed on to families remains to be seen, estimates indicate that child care operating costs increased by an average of 47% nationwide. In Arizona, costs were projected to jump substantially more, potentially increasing by 84% for center-based providers (\$685 to \$1,257) and 75% for family home providers (\$732 to \$1281).¹⁸³ Many providers are also facing significant staffing challenges and low enrollments. According to a survey by NAEYC in July 2021, most Arizona child care centers surveyed (84%) experienced staffing shortages, driven in large part by the low wages in the early education sector.¹⁸⁴

For many providers, relief funds provided through the CARES Act, Coronavirus Response and Relief Supplemental Appropriations Act, and American Rescue Plan have been critical for reducing debt incurred during the pandemic.¹⁸⁵ These relief bills passed by Congress during the pandemic have allocated significant funds for child care providers, including \$1.2 billion allocated for Arizona for the next three years.¹⁸⁶ Additionally, nearly \$200 million dollars were allocated to Arizona's tribal governments for grants to tribal child care providers.^{187, 188, 189}

Due to this federal funding, DES offered a Child Care COVID-19 grant program to help child care providers cover operational costs including but not limited to salaries, tuition relief for families, cleaning supplies and rent and utilities to safely remain open or reopen during the pandemic.^{xxiii} In the Pascua Yaqui Tribe Region area, 31 providers enrolled in this grant program through DES (Table 35).

As mentioned above, the Pascua Yaqui Tribe Child Care Program was able to offer mini-grants in the amount of \$1,500 - \$2,000 to the home-based providers registered with the program as part of this additional COVID relief funding.

^{xxiii} For more information on the DES COVID-19 grant program please see <https://des.az.gov/services/child-and-family/child-care/child-care-covid-19-grant-program>

Table 35. Arizona Enrichment Centers and Arizona DES COVID-19 grantees, December 2020

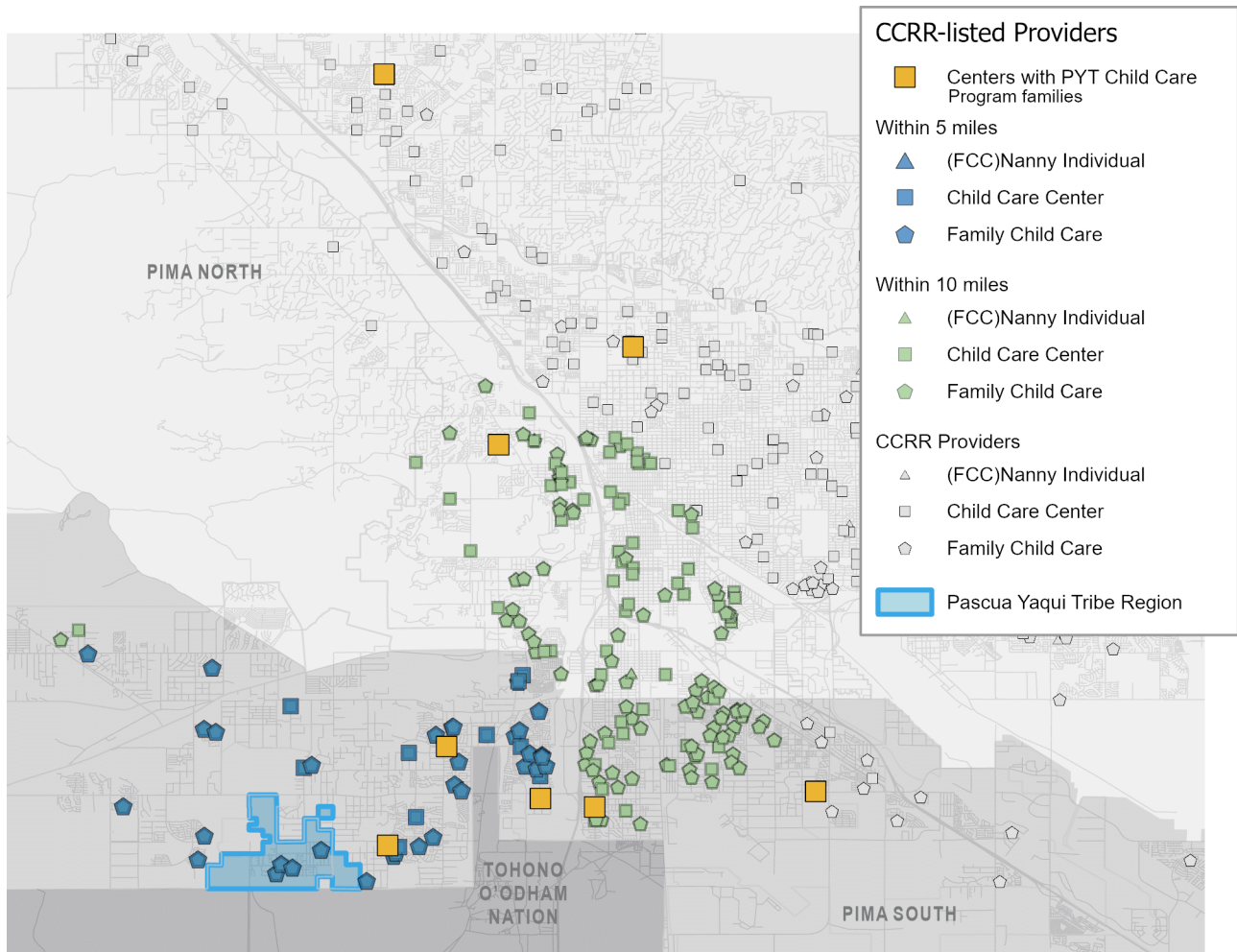
Geography	Arizona Enrichment Centers	Number of children approved for enrollment	Percent of centers that were AZ Enrichment Centers	Number of providers enrolled in COVID-19 grant program
Pascua Yaqui Tribe Region Area*	8	65	15%	31
Pima County	73	1,061	14%	41
Arizona	480	5,681	19%	1,808

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: * The region row reflects ECE Providers registered with the Child Care Resource & Referral Guide within a 5-mile radius of the Pascua Yaqui Tribe Region or ECE providers that enroll children receiving child care subsidies from the Pascua Yaqui Tribe Child Care Program.

The map in Figure 35 below shows the child care providers listed in the Child Care Resource & Referral Guide within five and ten miles of the Pascua Yaqui Tribe Region. The map also highlights the child care centers most used by families who receive child care subsidies through the Pascua Yaqui Tribe Child Care Program, regardless of where they are located.

Figure 35. Early Care and Education providers listed in the Child Care Resource & Referral Guide (CCRR) serving Pascua Yaqui Tribe children in the Tucson Area



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data. Pascua Yaqui Tribe Social Services Department (2021) [Child Care Program Dataset]. Unpublished data received by request. Mapped by the University of Arizona Community Research, Evaluation, and Development (CRED) Team. CCR&R list current to December 2020.

Early Care and Education Affordability

The high cost of early care and education can place formalized care out of reach of many families. The average annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of one year at a public college.^{190,191}

The average monthly cost for child care in Arizona varies based on the type of provider and age of the child, with licensed child care centers often having the highest rates across all age groups. In fiscal year 2019, the average monthly child care co-pay for families receiving subsidies through the Pascua Yaqui Tribe Child Care Program was \$93. The co-pay differed by type of provider: families with children enrolled in off-reservation child care centers paid, on average, \$313 per month; those whose children

were in group-home settings paid \$83; and families with children cared for by family home providers paid an average of \$32 each month.¹⁹²

Table 36 below summarizes the subsidies provided by the Pascua Yaqui Tribe Child Care Program in fiscal years 2019 and 2020 by type of provider. Consistent with the increase in the number of children cared for by home-based providers in 2020 (see Table 29), the total amount of subsidies for care by home-based providers more than doubled between 2019 and 2020, from \$17,289 to \$39,640.

As part of the pandemic emergency response, the Pascua Yaqui Tribe Child Care Program was able to help the families of essential workers with child care services regardless of their income, and to pay home-based child care providers for the number of children enrolled and not the number of children in attendance. In addition, COVID relief funding has allowed the program to help families cover the cost of their monthly co-pays and registration fees. These funds, however, are limited and can only be used through the end of the 2022 fiscal year.

Table 36. Annual amount of Pascua Yaqui Tribe Child Care Program subsidy for family home provider and center-based provider care by age, 2019 to 2020

Age	Family Home Provider (2019)	Center-based Provider (2019)	Family Home Provider (2020)	Center-based Provider (2020)
Infant (<1 year)	\$0	\$1,810	\$0	\$2,955
Toddler (ages 1-2)	\$25,342	\$64,065	\$22,882	\$24,430
Preschool (ages 3-5)	\$17,289	\$102,131	\$39,640	\$109,630

Source: Pascua Yaqui Tribe Social Services Department (2021) [Child Care Program Dataset]. Unpublished data received by request.

As mentioned above, families from the Pascua Yaqui Tribe Region access off-reservation child care services at various locations in the Tucson area. Thus, this section of the report also includes data on the cost of child care for families residing in Pima County. Without accounting for possible family discounts for families with multiple children at the same center, a family in Pima County with one preschooler and one infant can expect to pay about \$1,530 per month for care in a licensed child care center (Figure 36). As a point of comparison, the median rent in Pima County according to ACS 2015-2019 estimates was \$907,¹⁹³ meaning that formal child care arrangements may easily exceed what many families pay per month on housing.

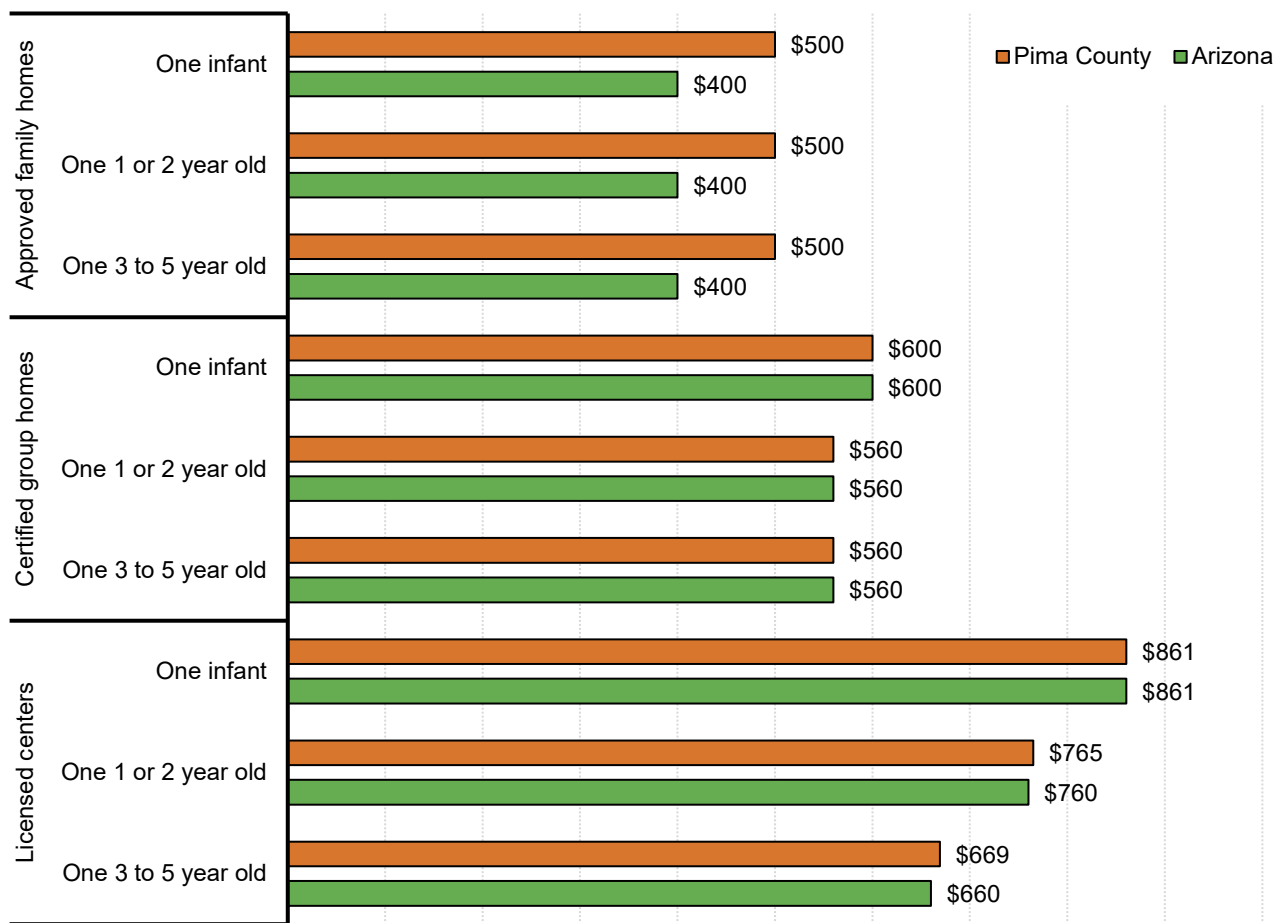
The cost of care varies by the type of care and the age of the child receiving care. Care is typically more expensive for infants because the lower teacher-to-child ratio needed for infant care means higher staffing costs for providers. In 2018 in Pima County, the median cost of full-time care across all age groups was similar to the cost of care across the state, with the exception of approved family homes where the cost was higher in Pima County compared to that seen statewide (Table 37).

Table 37. Median monthly charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Pima County	\$500	\$500	\$500	\$600	\$560	\$560	\$861	\$765	\$669
Arizona	\$400	\$400	\$400	\$600	\$560	\$560	\$861	\$760	\$660

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data received by request.

Figure 36. Median monthly charge for full-time child care, 2018



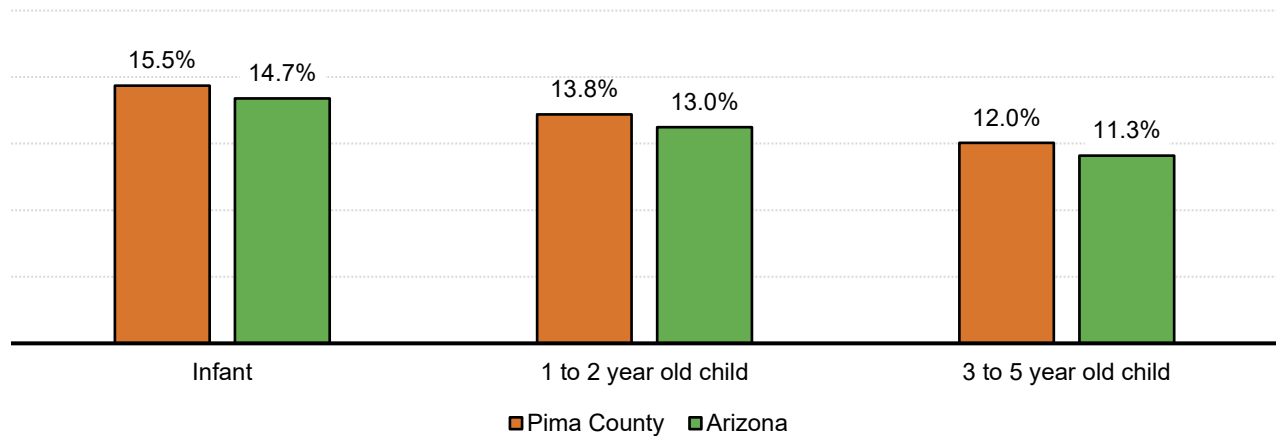
Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Median monthly charges are calculated by multiplying the daily median cost of care by 20 to approximate a full month of care.

The United States Department of Health and Human Services recommends that parents spend no more than 10% of their family income on child care to avoid being overburdened.¹⁹⁴ Based on a median

family income of \$66,700 families in Pima County pay about 12-16% of their income for child care in center-based programs, depending on the child’s age (Figure 37). This is a higher proportion of family income relative to other situations statewide (11-13% of a median \$70,200 income). Furthermore, considering that the family median income in the Pascua Yaqui Tribe Region (\$36,600) is substantially lower than that in Pima County, and it is even lower for single-parent families (\$21,500 - \$23,800) child care represents a substantial cost for families in the region, especially those with multiple young children needing care.

Figure 37. Cost of center-based child care as a percentage of income, 2018



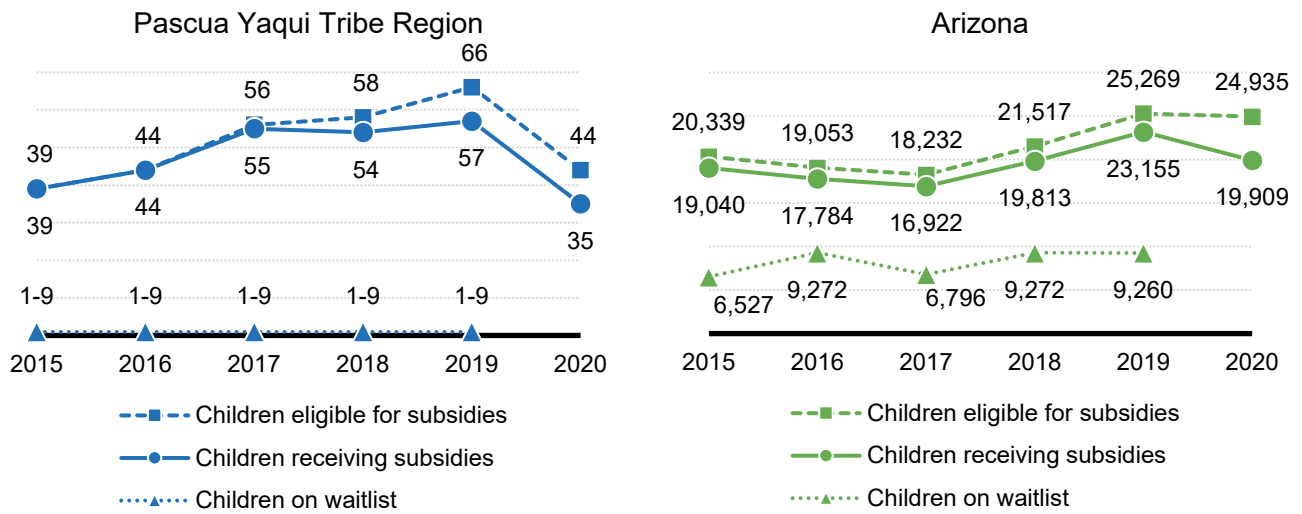
Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

In addition to the subsidies provided by the Pascua Yaqui Tribe Child Care Program, some families in the Pascua Yaqui Tribe Region also receive child care subsidies from DES^{xxiv}. Figure 38 shows the number of young children receiving child care subsidies from DES in the region, which rose from 39 in 2015 to 57 in 2019 and declined again in 2020 to 35, likely due to the effects of the pandemic. Fewer than 10 children were placed on the waiting list for DES child care subsidies in any year from 2015 to 2019. Although the number of children receiving DES child care subsidies varies by year, it represents an increasing share of the child care support available to families in the region; in 2019, the number of young children who received subsidies from DES was nearly half of those receiving child care subsidies from the Pascua Yaqui Tribe Child Care Program (57 and 120, respectively).

^{xxiv} The Pascua Yaqui Tribe Child Care Program requires that families first apply for DES child care subsidies. Proof of DES child care ineligibility is part of the required documentation to qualify for subsidies under the tribe’s Child Care Program.

Figure 38. Children birth to 5 eligible for, receiving, and on waitlist for DES child care subsidies, 2015 to 2019



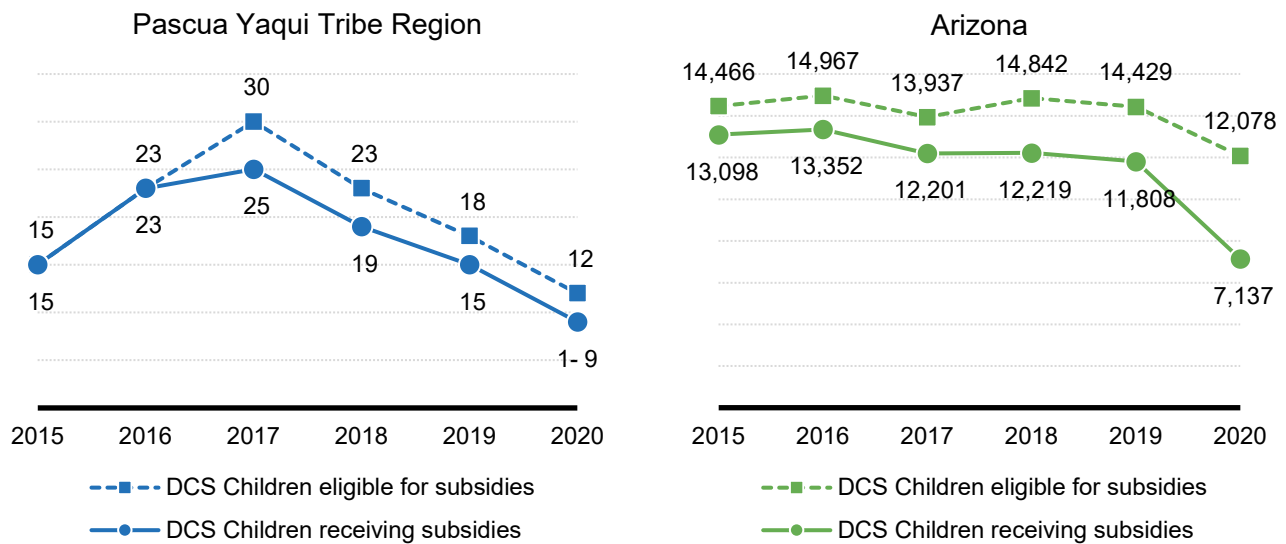
Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: The DES child care waitlist was suspended in June 2019, so there are no waitlist numbers for 2020.

The Arizona Department of Child Safety (DCS) has a special arrangement with DES to prioritize child care subsidies to DCS-involved families. This partnership aims to help protect children from abuse and neglect by reducing caregiver stress and providing opportunities for children to interact with adults outside of the family who could help alert DCS to potential concerns.¹⁹⁵ In June 2019, due to \$56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the Arizona State Legislature, the waitlist for DES child care subsidies was suspended for the first time since 2009 during the Great Recession.^{196,197} From July 2019 onwards, all children who qualify for DES child care subsidies can receive them without being put on a waiting list, assuming that they are able to find a provider. The funding increase has also allowed DES to increase provider reimbursement rates, which may make it easier for families to use their child care subsidies.¹⁹⁸ Key informants noted that as of the spring of 2022 the Pascua Yaqui Tribe Child Care Program reimbursement rates were comparable to DES rates.

Figure 39 shows that between 2015 and 2019 the number of young children involved with DCS who received child care subsidies in the region ranged from 15 to 25, with fewer than 10 children in 2020. The Pascua Yaqui Tribe Child Care Program also provides subsidies for children involved with the tribal child welfare system. In fiscal years 2019 and 2020, the Child Care Program provided child care subsidies to 22 children (ages birth to 17) who received or were in need of protective services.¹⁹⁹

Figure 39. DCS-involved children receiving DES child care subsidies



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Young Children with Special Needs

Timely and appropriate developmental screenings can help to identify children who may have special needs. By identifying these children early, intervention can help young children with, or at risk for, developmental delays to improve language, cognitive and socio-emotional development.^{200,201} It also reduces educational costs by decreasing the need for special education.²⁰² In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),²⁰³ the Division of Developmental Disabilities (DDD),²⁰⁴ and the Arizona Department of Education Early Childhood Special Education Program.²⁰⁵

The Arizona Early Intervention Program (AzEIP)^{xxv} is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays in Arizona. Raising Special Kids is the agency contracted as the AzEIP provider for the Pascua Yaqui Tribe Region.

The number of young children from the region referred to AzEIP between 2018 and 2020 ranged from a low of 13 in federal fiscal year (FFY) 2018 to a high of 18 in FFY 2019. In that same period, fewer than 10 children received AzEIP services each year (Table 38).

^{xxv} For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

Table 38. Children referred to and found eligible for AzEIP, federal fiscal years 2018-2020

Geography	Number of children (ages 0-2) referred to AzEIP			Number of children (ages 0-2) eligible for AzEIP			Percent of referrals found eligible		
	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020
Pascua Yaqui Tribe Region	13	18	14	[1-9]	[1-9]	[1-9]	DS	DS	DS
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pima County	1,773	2,020	1,694	580	567	447	33%	28%	26%
Arizona	13,803	14,692	13,615	5,372	5,225	4,675	39%	36%	34%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

AzEIP may refer families to DDD^{xxvi} if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.^{xxvii} DDD can provide services to individuals with qualifying disabilities through adulthood. Qualifying children may receive services from both AzEIP and DDD. There were no children from the Pascua Yaqui Tribe Region receiving services in state fiscal year (SFY) 2017, and fewer than 10 children received services from DDD between SFY 2018 and 2020.

Table 39. Children (ages 0-5) receiving services from DDD, state fiscal years 2017 to 2020

Geography	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Percent change from 2017 to 2020
Pascua Yaqui Tribe Region	0	[1-9]	[1-9]	[1-9]	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Pima County	592	699	413	419	-29%
Arizona	5,520	6,123	4,005	4,078	-26%

Source: Arizona Department of Economic Security (2021). [Division of Developmental Disabilities dataset]. Unpublished data.

Overall, fewer than 10 children ages birth to 2 each year in SFY 2019 and 2020 received services from AzEIP, DDD, or both programs (Table 40). A 2008 study using nationally representative data estimates

^{xxvi} For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>

^{xxvii} For more information on the Division of Developmental Disabilities (DDD) eligibility see <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

that approximately 13% of children ages birth to 2 in the U.S. have developmental delays that could benefit from early intervention services, but only about 3% of children actually receive services.²⁰⁶

Table 40. Total children (ages 0-2) receiving services from AzEIP and/or DDD, state fiscal years 2019 and 2020

Geography	SFY 2019	SFY 2020	Percent change from 2019 to 2020	2010 US Census population of children (ages 0-2)	Percent of children (ages 0-2) receiving AzEIP or DDD services, SFY 2020
Pascua Yaqui Tribe Region	[1-9]	[1-9]	N/A	234	N/A
Pima County	750	565	-25%	37,394	1.5%
Arizona	6,376	5,721	-10%	270,519	2.1%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

The Pascua Yaqui Tribe Education Department provides support services for students with special needs enrolled in Ili Uusim Mahtawa’apo Pascua Yaqui Head Start and in public schools who have an Individualized Educational Plan (IEP). Ili Uusim Mahtawa’apo Pascua Yaqui Head Start has a full-time interventionist who works with children on site, and the special education advocate with the Tribe’s Education Department is also able to provide advocacy services to parents and caregivers. According to data from the Ili Uusim Mahtawa’apo Pascua Yaqui Head Start, in school year 2018-19 all 97 newly enrolled children (ages 3 and 4) received developmental, sensory and behavioral screenings within 45 days of enrollment. Of those, 23% required a follow-up assessment or evaluation (Table 41).

Table 41. Screenings for children enrolled in Pascua Yaqui Tribe Head Start, 2018-19

	Children (ages 3-4) newly enrolled in Head Start	Received developmental, sensory, and behavioral screening within 45 days	Required follow-up assessment or evaluation
Pascua Yaqui Tribe	97	100%	23%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

In the same year, 19 children in Ili Uusim Mahtawa’apo (or 13% of all children enrolled) had an IEP. Of those, nearly three-quarters were diagnosed with a speech or language impairment, and about one-quarter with a developmental delay (Figure 40). In 2019 and 2020, “Developmental disorder of speech/language” was among the top 10 diagnoses by number of visits of children ages birth to 5 seen at the El Rio Pascua Health Clinic or receiving care elsewhere with coverage from the Yoeme Health Plan (see Figure 60 in the *Child Health* Section).

Figure 40. Children with IEPs enrolled in Head Start by disability type, 2018-19



Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Staff from the Yaqui Education Services attends biweekly or monthly meetings to coordinate support services to students with special needs enrolled in public schools in the area. Tucson Unified and Sunnyside Unified School Districts provide the Tribe’s Education Department with a list of students who have IEPs or 504 plans.^{xxviii} As of August of 2021, 120 students (in all grades) were identified as eligible for special education services and were receiving support from the Yaqui Education Services Program.

Additional data tables related to *Early Learning* can be found in Appendix 1 at the end of this report.

^{xxviii} Section 504 of the Rehabilitation Act (Section 504) prohibits disability-related discrimination by entities that receive federal funds, such as public school districts and charter schools. A 504 Plan is a document that outlines the accommodations that need to be made at school for children with disabilities to ensure adequate access to the learning environment and their academic success.



CHILD HEALTH

CHILD HEALTH

Why it Matters

The physical and mental health of both children and their parents are important for optimal child development and well-being. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.^{207,208} Experiences during the prenatal and early childhood period can result in lifelong impacts on immune functioning, brain development, and risk for chronic diseases.^{209,210} Early health also has lasting impacts on long-term economic well-being and the well-being of their future children, with poor childhood health potentially perpetuating the harmful cycle of intergenerational poverty.^{211,212} Therefore, adequate access to health insurance, preventive care and treatment services are not only vital to support a child's current health, but for their long-term development and future success.^{213,214,215}

One useful set of metrics for evaluating child health in Arizona are the Healthy People objectives. These science-based objectives define priorities for improving the nation's health and are updated every 10 years. Understanding where Arizona children and mothers fall in relation to these national benchmarks (Healthy People 2020)^{xxix,216} 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 Healthy People maternal, infant and child health objectives for which data are available at the county level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester, reducing low birth weight, reducing preterm births and increasing abstinence from cigarette smoking among pregnant women.²¹⁷

What the Data Tell Us

Access to care

The ability to obtain health care is critical for supporting the health of pregnant mothers and young children. Health care during pregnancy (i.e., prenatal care), can reduce maternal and infant mortality and complications during pregnancy.^{218,219} In the early years of a child's life, well-baby and well-child visits allow clinicians to assess and monitor the child's development and offer developmentally appropriate information and guidance to parents.²²⁰ Families without health insurance are more likely to skip these visits, and are less likely to receive preventive care for their children, or care for health conditions and chronic diseases.^{221,222} Access to health insurance is also an important indicator of children's access to health services. Children who lack health insurance are more likely to be hospitalized and to miss school.^{223,224}

^{xxix} Data included in this report are presented alongside Healthy People 2020 benchmarks because data are available through 2019. However, new Healthy People 2030 benchmarks have now been released and are noted where appropriate. For more information about Healthy People 2030 visit <https://health.gov/healthypeople>

Health care services are available to residents from the Pascua Yaqui Tribe Region through the Pascua Yaqui Health Services Division (PYHSD). PYHSD provides services to community members using a combination of federal, state, tribal, and private funds.

As a result of the Indian Self-Determination and Education Assistance Act (P.L. 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 tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds from the IHS and provide the services through another entity). This process is commonly known as utilizing “638 contracts”. This means that tribes can take over responsibility of some or all health services. Through this process, ISDEAA enables tribes more control over the federal funds that are allotted to the IHS for health care, enabling tribes to self-determine how funding will be distributed based on the tribe’s own identified needs and priorities. The Pascua Yaqui Tribe has contracts for two separate Annual Funding Agreements, one with the IHS Phoenix Area for tribal members residing in Maricopa County, and another one with the IHS Tucson Area.²²⁵

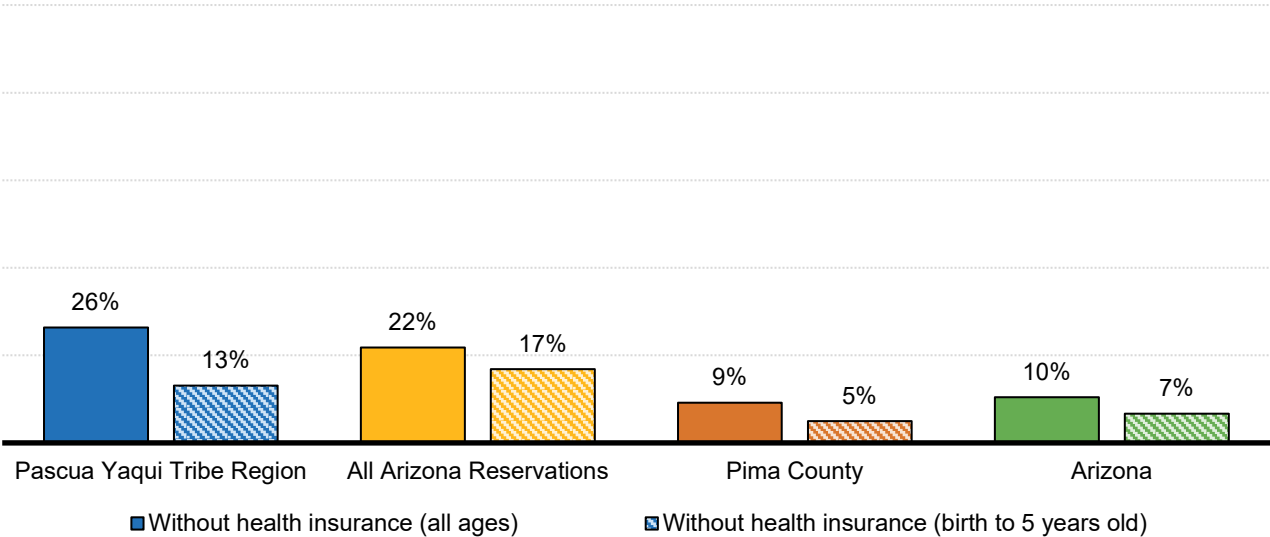
In 2011 the Pascua Yaqui Tribe took over control of a managed care plan initially established by the IHS for medical, dental and specialty services to community members residing in Pima County through El Rio Health Centers. With direct control of services, PYHSD is better able to deliver services that address the health needs of the community. To further the breadth and quality of its health care services, PYHSD pursued national accreditation from the Public Health Accreditation Board. As part of this process, PYHSD conducted a Community Health Needs Assessment that informed their efforts towards developing a Strategic Plan and Community Health Improvement Plan, both of which are required for accreditation by the Public Health Accreditation Board. The Pascua Yaqui Tribe Community Health Needs Assessment was completed in 2021 and included demographic and epidemiological data from secondary sources, data from the *Gathering Hiaki Voices Community survey* that was administered in 2020, and qualitative data from interviews and focus groups with community members.²²⁶ The Public Health Accreditation Board approved the Pascua Yaqui Tribe application to be an Accredited Public Health Department in August of 2021.

In addition to the services provided at the contracted El Rio Clinic, PYHSD has its own specialists clinic. Key informants noted that many community members are not able to leave the reservation easily to receive specialty care. Contracted specialists come to the clinic once or twice a month to provide onsite services.

PYHSD collaborates closely with the Pascua Yaqui Tribe Social Services Department. Social Services staff are able to check on people who have missed medical appointments, as this is often due to challenges faced by families where Social Services can intervene and provide additional support. During home visits, social workers are also able to make sure that families are receiving the care they need for medical needs. As of the writing of this report, PYHSD and the Social Services Department have recently moved into a new 100,000-square foot facility that hosts health services, behavioral health services and the Social Services department all under one roof. The physical proximity of the programs will further support the already strong coordination of services to the benefit of families in the region.

An estimated 26% of the population do not have health insurance coverage according to the American Community Survey, a higher percentage than that across Arizona reservations (22%). Coverage, however, is higher for young children under 6, with 13% of young children in the region uninsured, a lower rate than that in all Arizona reservations combined (17%) (Figure 41). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage, so many of the people without health insurance may still access some healthcare through IHS.

Figure 41. Health insurance coverage, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

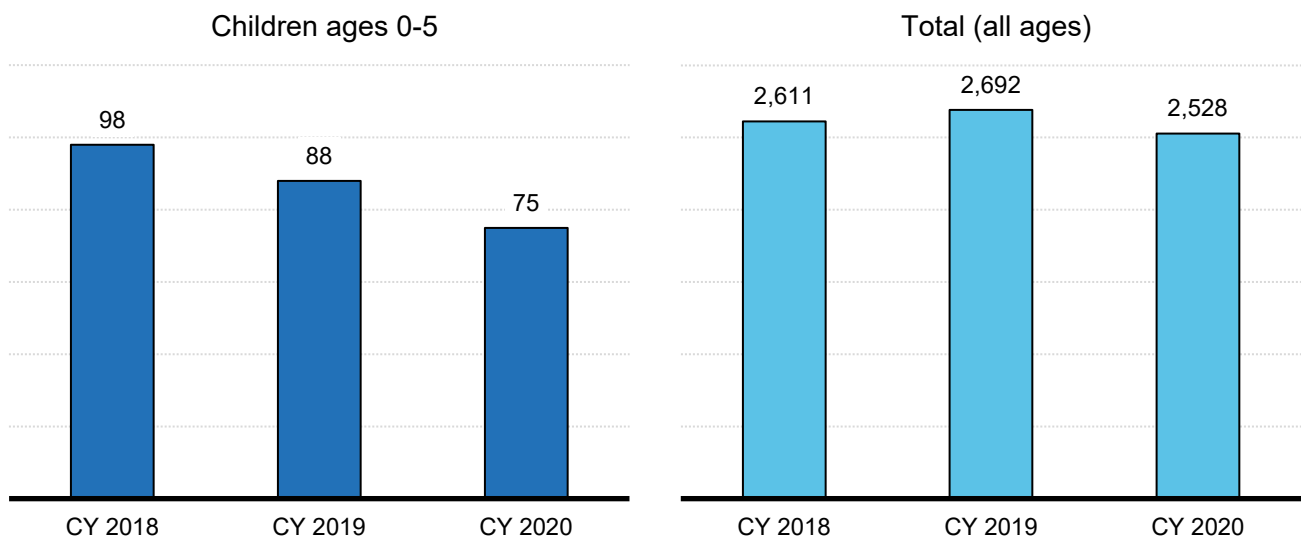
Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Residents of the Pascua Yaqui Tribe Region who are members of a federally recognized tribe and qualify for health care services through IHS are eligible to be enrolled in the Yoeme Health Plan. The Yoeme Health Plan is a managed care plan established around 2007-2008 for community members who did not have access to health insurance. The Yoeme Health Plan is considered a “last resource” for community members who do not have access to health care coverage through other means. In order to qualify for the plan, individuals must first apply for the Arizona Health Care Cost Containment System (AHCCCS, or Arizona’s Medicaid program), and be denied. Facilitating enrollment in AHCCCS can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through AHCCCS providers, IHS facilities, tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated facilities bill a third-party insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing can then be used in other ways to benefit all tribal citizens. Through a process of intense community education and by providing support in the application for AHCCCS, PYHSD has

been able to stretch the funding allocated for the Yoeme Health Plan to support more community members and to expand direct contract services.

Data provided by the PYHSD show that the number of young children enrolled in the Yoeme Health Plan decreased from 98 in 2018, to 75 in 2020. The total number of active members enrolled in the program has also seen an overall decline in that same period (from 2,611 to 2,598 (Figure 42). A decrease in enrollment in the Yoeme Health Plan could reflect successful efforts towards supporting community members accessing health care coverage through other means.

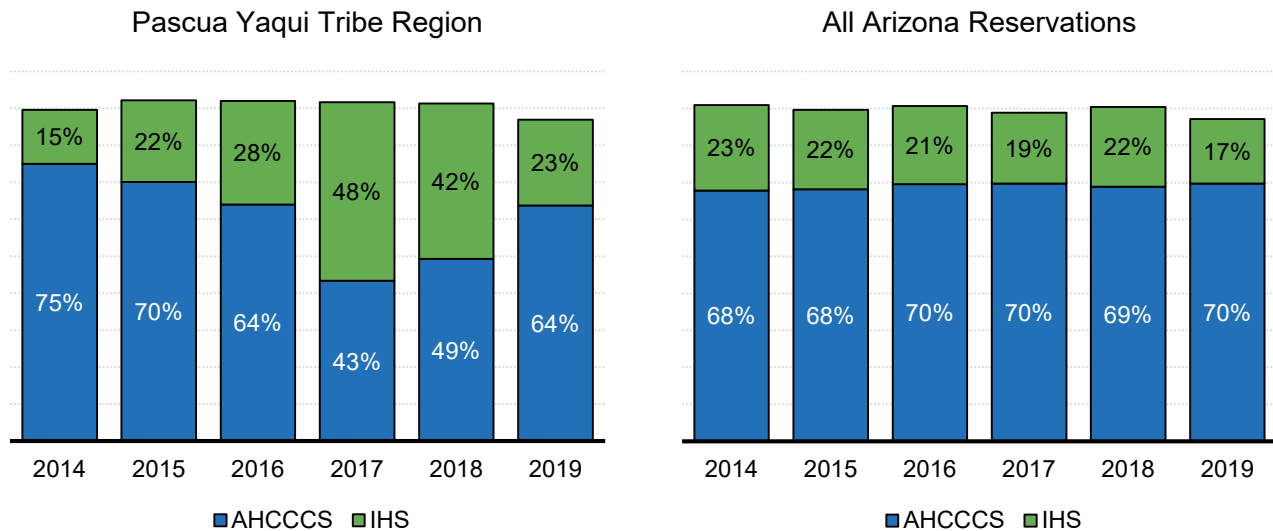
Figure 42. Active members in Yoeme Health Plan, 2018 to 2020



Source: Pascua Yaqui Health Services Division (2021). [Health indicators dataset]. Unpublished data received by request.

Another source of information about insurance coverage is the payor of births. The proportion of births in the region that were paid for by AHCCCS decreased substantially between 2014 (75%) and 2017 (43%) but has been on the rise ever since (Figure 43). In 2019, the most recent year for which data were available, almost two-thirds (64%) of births in the region were paid for by AHCCCS, a smaller proportion than that across all Arizona reservations combined (70%).

Figure 43. Births paid by AHCCCS and IHS, 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

According to the Pascua Yaqui Tribe 2018 Regional Needs and Assets Report, staff with the Pascua Yaqui Tribe Head Start partners with Yoeme Health Plan/Managed Care staff to verify the insurance coverage for children enrolled in the program. Families of children who lack insurance are supported so they can apply (or reapply) for AHCCCS and those who are denied are enrolled in the Yoeme Health Plan. In FY2019, eight out of 10 children participating in Head Start were enrolled in AHCCCS or the Children’s Health Insurance Program (CHIP, known as “KidsCare in Arizona”).²²⁷ The remaining 20% of children had private health insurance (Table 42).

Table 42. Health insurance status for children enrolled in Pascua Yaqui Tribe Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children with health insurance	Children enrolled in Medicaid/CHIP	Children with private health insurance
Pascua Yaqui Tribe	150	100%	80%	20%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Access to health care was identified as a priority area in the Pascua Yaqui Tribe Community Health Needs Assessment of 2021.²²⁸

Federal relief efforts during the pandemic have included expansion of subsidies for health insurance purchased on Affordable Care Act marketplaces as well as special and expanded enrollment periods for

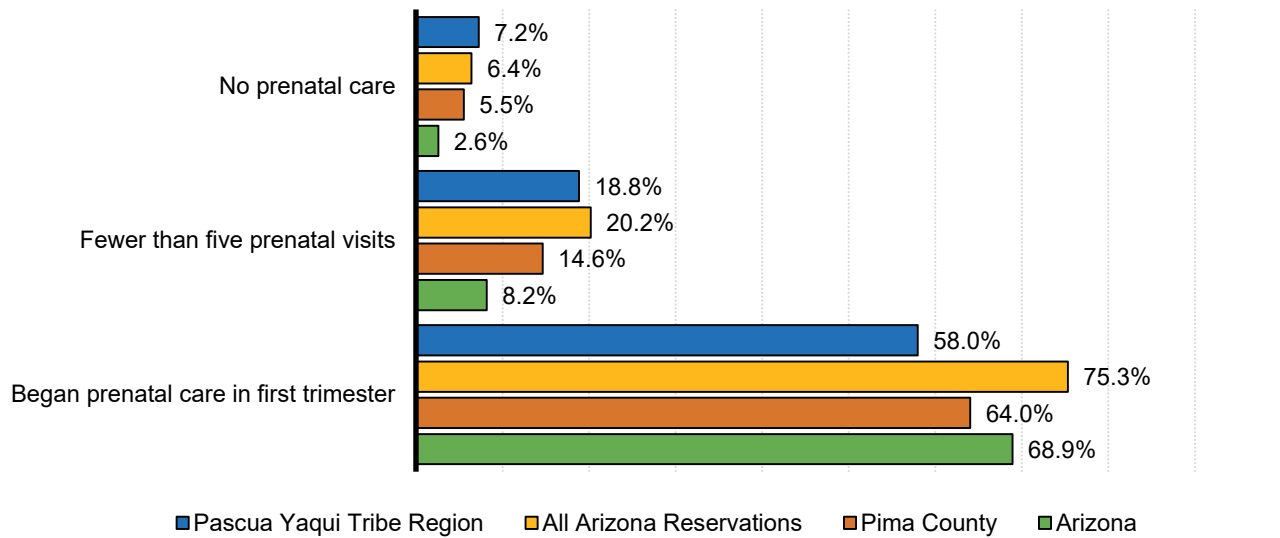
insurance through these marketplaces.²²⁹ These efforts helped prevent losses of insurance for many Americans despite the enormous number of jobs lost and may make health insurance more accessible for families in Arizona.²³⁰ The Coronavirus Aid, Relief, and Economic Security (CARES) Act, Families First Coronavirus Response Act (FFCRA), and American Rescue Plan (ARP) also included several billion dollars of funding for IHS. Though much of this funding was directed toward immediate response to the COVID-19 pandemic in Indian Country, some of the funding was allocated for updating facilities, funding community health representative and public health nursing programs, and supporting mental health care and substance use programs.^{231, 232}

Prenatal care

Consistent and accessible health care during and after pregnancy is critical for supporting pregnant mothers and young children. Prenatal care, starting early in pregnancy and continuing at regular intervals to delivery, can improve health outcomes for mothers and infants and reduces the risk of prenatal smoking, pregnancy complications, prematurity, and maternal and infant mortality.^{233,234,235,236}

In 2019, there were 69 births in the Pascua Yaqui Tribe Region (Table 44). Among these births, only 58% were to mothers who began prenatal care in their first trimester, which is noticeably lower than in all Arizona reservations (75.3%). That same year, the share of births to mothers who had no prenatal care in the region (7.2%) was slightly higher than in reservation lands across the state (6.4%). A lower percentage of births in the region were to women who had fewer than five prenatal care visits (18.8%) compared to births across all Arizona reservations combined (20.2%) (Figure 44)

Figure 44. Prenatal care for the mothers of babies born in 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: ‘All Arizona Reservations’ row reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this table.

Due to the small number of births in the region, yearly estimates on the prenatal care received by mothers each year are often suppressed. Table 43 includes data aggregated for 2014-2016 and 2017-2019 that show an increase in the proportion of births in the region with inadequate prenatal care (i.e. mother did not have any prenatal care; mother had fewer than five prenatal care visits). Consistent with this trend showing that women in the region have not been receiving the recommended amount of prenatal care, the percentage of women who begin care in their first trimester of pregnancy has also decreased and has been well below the Healthy People 2020 target of 84.8%. Given the impacts of inadequate prenatal care on birth outcomes, targeted efforts to engage more women in timely prenatal care could help improve the health of mothers and babies.

Table 43. Prenatal care for the mothers of babies born in 2014-2016 and 2017-2019

Geography	Three-year period	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Pascua Yaqui Tribe Region	2014-2016	245	5%	17%	66.5%
	2017-2019	198	9%	22%	58.1%
Healthy People 2020 Target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Maternal characteristics

Certain maternal characteristics can increase the risk of poor health outcomes for both mothers and their babies. A mother’s health status before, during and after pregnancy influences her child’s health. A mother’s use of substances, such as drugs and alcohol, has implications for her baby. Pregnancy during the teen years is also associated with a number of health concerns for children, including neonatal death, sudden infant death syndrome and child abuse and neglect.²³⁷ Babies born to mothers who smoke are more likely to be born early (pre-term), have low birthweight, die from sudden unexpected infant death (SUID) and have weaker lungs than babies born to mothers who do not smoke.^{238, 239}

In 2019, the percent of births to teenaged mothers in the Pascua Yaqui Tribe Region was lower than the proportion across Arizona reservations; no births (0%) that year were to mothers younger than 18 compared to 4% across all reservations in Arizona, and 9% were to mothers younger than 20 compared to 10% in reservation lands across the state (Table 44).

Maternal obesity is associated with increased risk of birth complications and neonatal and infant mortality.^{240,241} In addition to health implications early in life, babies of mothers with obesity are at an increased risk for chronic conditions in childhood and adulthood, including asthma, diabetes and heart disease.²⁴² In 2019, the proportion of births to women with pre-pregnancy obesity in the region (48%) was markedly higher compared to that in Pima County (29%) and the state (30%). This rate, however, varies substantially by year: in 2018 only 22% of births were to mothers who had pre-pregnancy obesity, much lower than that in Pima County (29%) and the state (29%).

Data on the rate of gestational diabetes that year were suppressed due to low counts; in 2018, 12% of the births in the region were to women with gestational diabetes, a higher rate compared to that in Pima County (9%) and the state (8%). In both 2018 and 2019, between 1% and 7% of births were to women who used tobacco during pregnancy.

Table 44. Selected characteristics of mothers giving birth, 2018 to 2019

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Mother had gestational diabetes	Mother had pre-pregnancy obesity	Mother used tobacco during pregnancy
Pascua Yaqui Tribe Region	2018	69	[1% to 7%]	9%	12%	22%	[1% to 7%]
	2019	69	0%	9%	DS	48%	[1% to 7%]
All Arizona Reservations	2018	1,990	5%	11%	N/A	N/A	4.0%
	2019	2,180	4%	10%	N/A	N/A	3.2%
Pima County	2018	10,661	1%	6%	9%	29%	5.2%
	2019	10,357	1%	6%	10%	29%	5.1%
Arizona	2018	80,539	2%	6%	8%	29%	4.5%
	2019	79,183	1%	5%	9%	30%	4.3%
Healthy People 2020 Target							1.4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to no more than 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

Looking at multi-year combined estimates over the past six years shows that the percentage of births to young mothers under age 20 has decreased from 14% in the 2014-2016 period, to 9% in 2017-2019 (Table 45). Multi-year estimates for births to mother younger than 18 are only available in ranges due to data suppression and it is therefore difficult to determine how that particular indicator has changed over time. The share of births to mothers with gestational diabetes increased from 8.5% to 10.6% over these two time periods; similarly, pre-pregnancy obesity rates have also increased from 41.9% in 2014-2016 to 46.1% in 2017-2019 (Table 45).

Table 45. Selected characteristics of mothers giving birth, three-year estimates for 2014-2016 and 2017-2019

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Mother had gestational diabetes	Mother had pre-pregnancy obesity	Mother used tobacco during pregnancy
Pascua Yaqui Tribe Region	2014-2016	245	[1% to 7%]	14%	8.5%	41.9%	[1% to 7%]
	2017-2019	198	[1% to 8%]	9%	10.6%	46.1%	[1% to 8%]
Healthy People 2020 Targets							1.4%
<i>Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.</i>							

Additional data on the pre-pregnancy weight status of women giving birth in the region were available from the Pascua Yaqui Tribe WIC program. As indicated above, the program serves all of Pima County. Therefore, data for the program as a whole represent all participating individuals, and not only those who are members of the Pascua Yaqui Tribe. Weight status data were available for participants who identified as American Indian or Alaska Native. The tables and figures below show data for both of these groups.

Among women who were enrolled in WIC in 2018 (the most recent year for which data were available), 46% of all mothers served by the Pascua Yaqui Tribe WIC program had obesity before pregnancy, a lower percentage than the across all ITCA WIC programs (49%). Only 2% of mothers were underweight before pregnancy, the same percentage seen in all ITCA WIC programs (Table 46). The proportion of all WIC-enrolled women in the Pascua Yaqui Tribe WIC program with pre-pregnancy obesity declined from 42% in 2014 to 36% in 2016, and then rose to 46% in 2018. Across all ITCA WIC programs, pre-pregnancy obesity has risen at a consistent rate of 1% per year between 2014 and 2018. As shown in Figure 46, pre-pregnancy obesity rates for American Indian Pascua Yaqui Tribe WIC program participants specifically are very similar to those across all ITCA WIC programs.

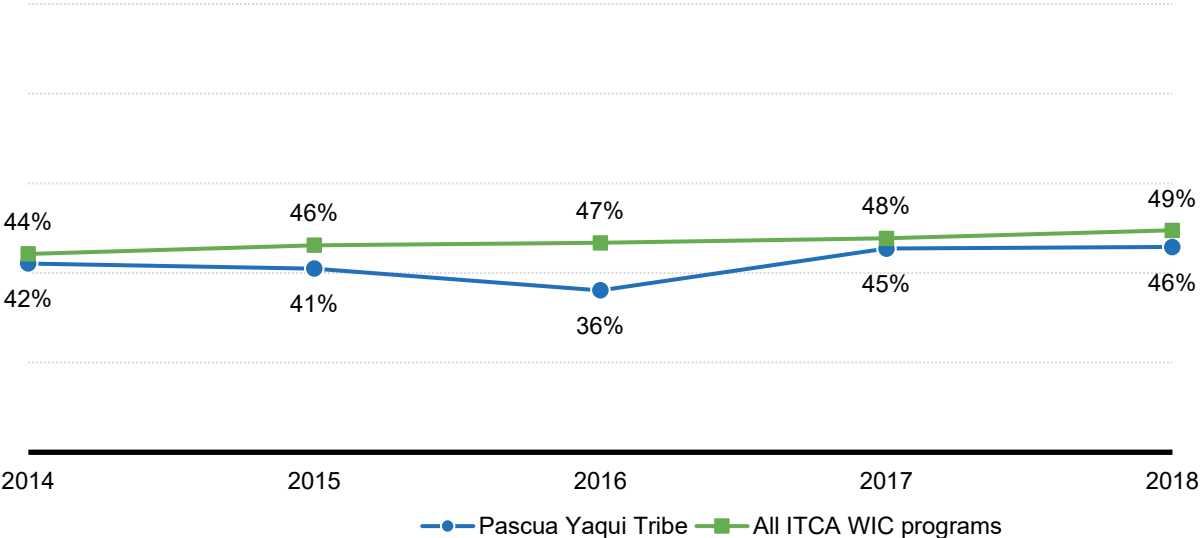
Table 46. Pre-pregnancy weight status for mothers enrolled in WIC (all participants), 2018

Geography	Women With BMI Determined	Underweight	Obese
Pascua Yaqui Tribe	179	2%	46%
All ITCA WIC programs	2,184	2%	49%

Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: The Pascua Yaqui Tribe WIC program serves tribal and non-tribal members in Pima County. The data in this table reflect all program participants including those who are not members of the Pascua Yaqui Tribe.

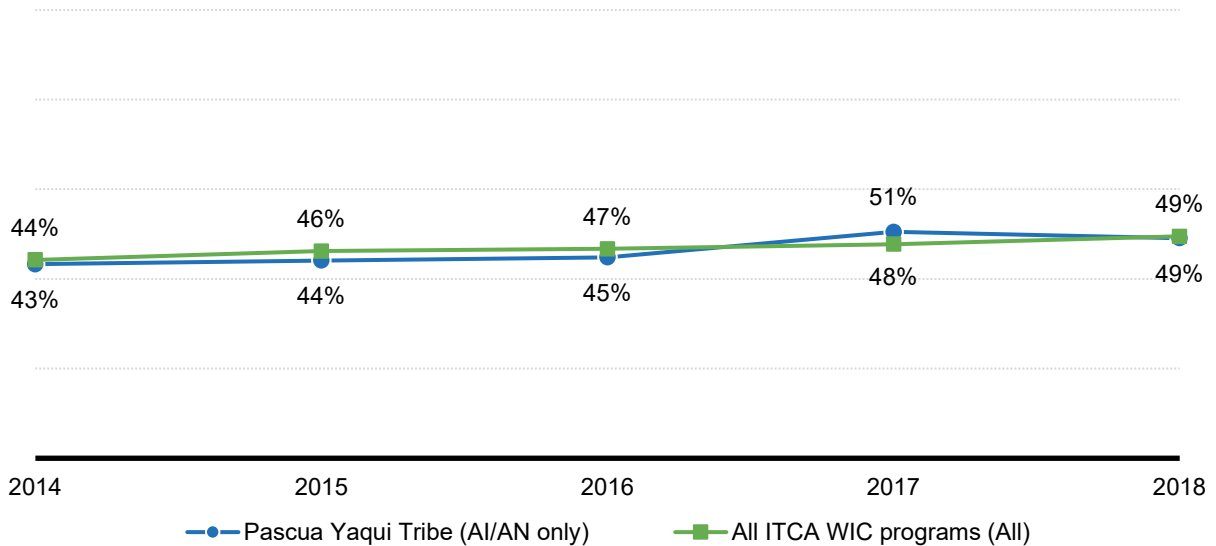
Figure 45. Pre-pregnancy obesity rates for mothers enrolled in WIC (all participants), 2014 to 2018



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: The Pascua Yaqui Tribe WIC program serves tribal and non-tribal members in Pima County. The data in this figure reflect all program participants including those who are not members of the Pascua Yaqui Tribe.

Figure 46. Pre-pregnancy obesity rates for mothers enrolled in WIC (AI/AN participants only), 2014 to 2018



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: The data shown in this figure for Pascua Yaqui Tribe reflect only American Indian or Alaska Native children. All ITCA WIC programs data reflect children of all races and ethnicities.

Table 47. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018

Geography	Maternal Obesity (2014)	Maternal Obesity (2015)	Maternal Obesity (2016)	Maternal Obesity (2017)	Maternal Obesity (2018)
Pascua Yaqui Tribe (All)	42%	41%	36%	45%	46%
Pascua Yaqui Tribe (AI/AN only)	43.3%	44.1%	44.8%	50.5%	49.1%
All ITCA WIC programs	44%	46%	47%	48%	49%

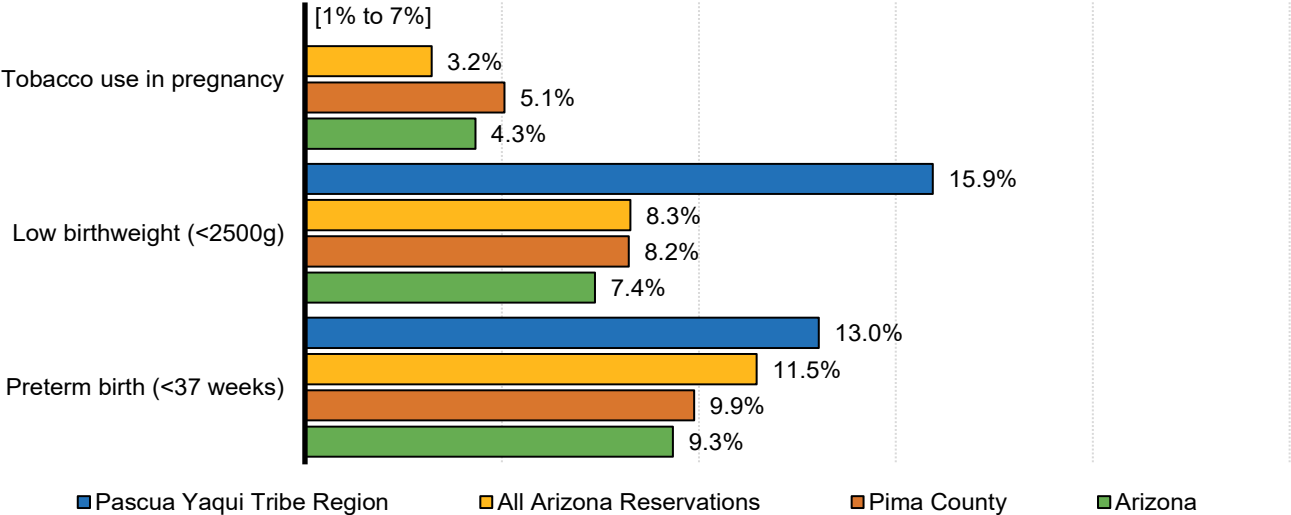
Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Birth outcomes

Preterm birth, birth at less than 37 weeks of gestation, is associated with higher infant and child mortality and often results in longer hospitalization, increased health care costs and longer-term impacts such as physical and developmental impairments.^{243,244} Babies born at a low birth weight (less than 5 pounds, 8 ounces) are at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.^{245,246} In 2019, the proportion of babies born at low birth

weight in the Pascua Yaqui Tribe Region (15.9%) was twice as high as that in all Arizona reservations combined (8.3%). The percent of babies born preterm was also higher in the region than in reservation lands across the state (13.0% vs 11.5% respectively). For both of these indicators of infant health, the region’s rates far exceeded the Healthy People 2020 targets of less than 7.8% of babies born at low birth weight and less than 9.4% born preterm. The high rates of inadequate prenatal care described above may be related to these negative infant health outcomes.

Figure 47. Selected birth outcomes, calendar year 2019

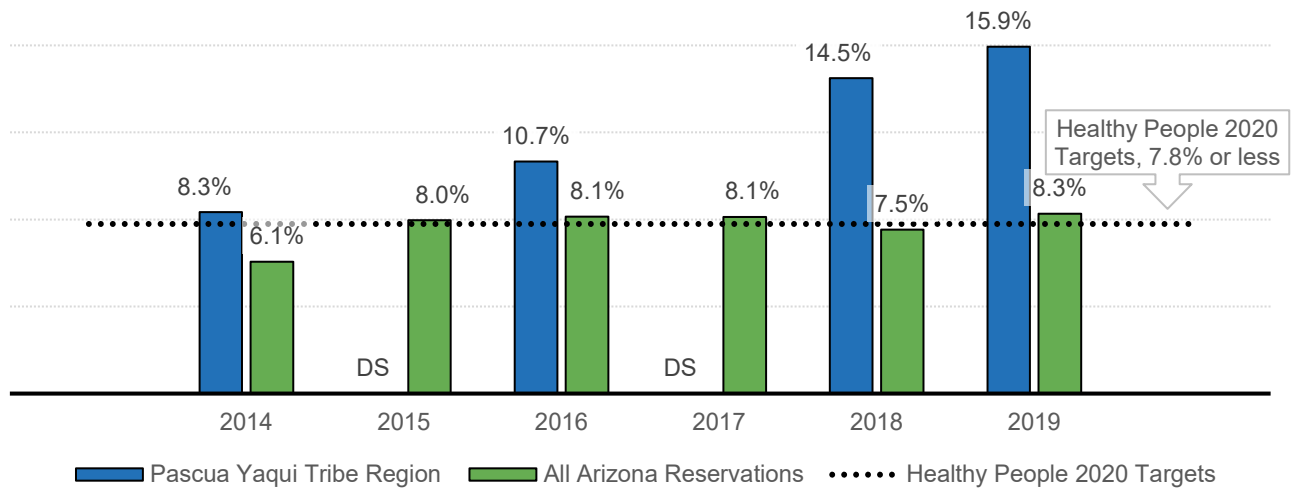


Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: ‘All Arizona Reservations’ bar reflects only births to American Indian mothers residing on Arizona reservations.

Data on selected birth outcomes for infants in the Pascua Yaqui Tribe Region are suppressed in some years due to the small number of babies born each year. Nevertheless, between 2014 and 2019, there was an overall concerning trend in infant health outcomes. The rate of low birthweight births in the region doubled from 8.3% to 15.9% (Figure 48). In that same time period, the proportion of preterm births remained about 4 percentage points above the Healthy People 2020 target of 9.4% or less in most years for which data are available (Figure 49).

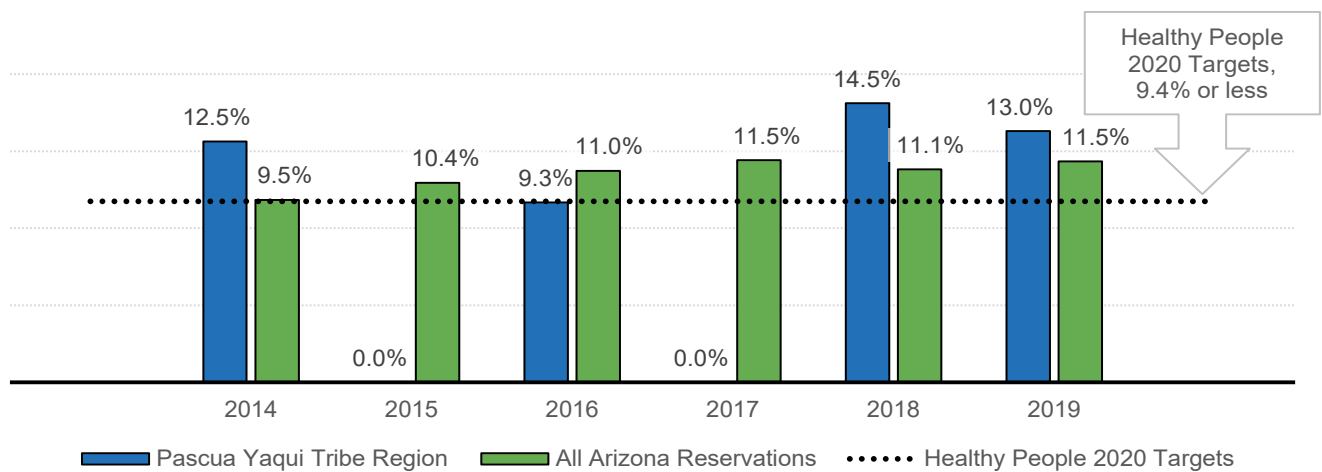
Figure 48. Low birthweight births (less than 2,500 grams), 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: The 'All Arizona Reservations' bar reflects only births to American Indian mothers residing on Arizona reservations.

Figure 49. Preterm births (less than 37 weeks gestation), 2014 to 2019



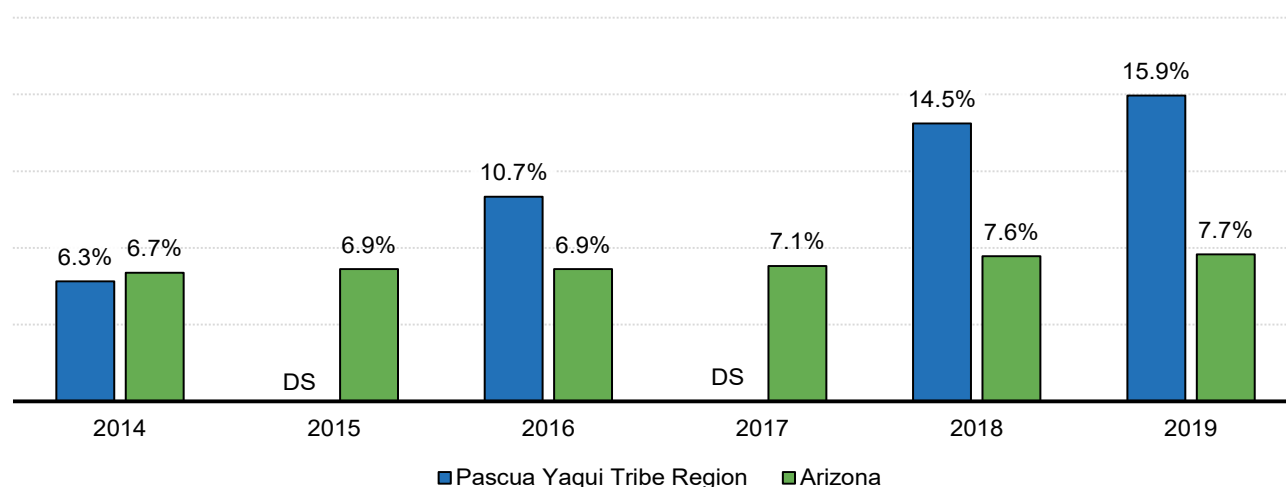
Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

Note: 'All Arizona Reservations' bar reflects only births to American Indian mothers residing on Arizona reservations.

Newborns are admitted into neonatal intensive care units (NICUs) for numerous reasons that have implications for the short and long-term health of babies.²⁴⁷ In 2019, the proportion of babies admitted to the NICU in the Pascua Yaqui Tribe Region (16%) was more than twice of that in Arizona overall (7.7%) (Figure 50). Looking at data overtime, the rate of babies admitted into the NICU nearly tripled from 6.3% in 2014 to 15.9% in 2019 (Figure 50). This increasing pattern in NICU admissions in the region over time mirrors that in the rates of low birthweight and preterm births, and is likely related to those negative birth outcomes. While NICU admissions may be an indicator of important health concerns in newborns, including low birth weight, they can also be leveraged as a potential site of family-based interventions that can positively impact infant development and parent-child relationships.²⁴⁸

Figure 50. Babies admitted to a neonatal intensive care unit (NICU), 2014 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations.

Table 48 show multi-year estimates for birth outcomes in the region to address the challenge of data suppression in individual years. Between the 3-year periods of 2014-2016 and 2017-2019 there was a marked increase in negative birth outcomes for all three indicators: preterm births, low birthweight births and NICU admissions. Together with the data on inadequate prenatal care, these numbers suggest the need for expanded outreach and education in the region around the importance of prenatal care and its impact on birth outcomes, as well as continued efforts to assure accessible prenatal care is available.

Table 48. Selected characteristics of mothers giving birth, three-year estimates for 2014-2016 and 2017-2019

Geography	Three-year period	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Pascua Yaqui Tribe Region	2014-2016	245	7.3%	9.8%	7%
	2017-2019	198	12.6%	11.6%	13%
Healthy People 2020 Target			7.8%	9.4%	

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

A mother’s use of substances such as drugs and alcohol also has implications for her baby. Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.²⁴⁹ This can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.²⁵⁰ In the Pascua Yaqui Tribe Region, there were 11 newborns hospitalized because of maternal drug use during pregnancy between January 2016 and June 2020. Their average hospital length of stay (6.6 days) was shorter than for newborns in Pima County overall (7.9 days) but higher than statewide (6.0) (Table 49).

Table 49. Newborns hospitalized because of maternal drug use during pregnancy, January 2016 to June 2020 cumulative

Geography	Newborns hospitalized	Average length of stay (days)
Pascua Yaqui Tribe Region	11	6.6
Pima County	1504	7.9
Arizona	11,027	6.0

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Nutrition and Weight Status

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.²⁵¹ The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, and continuing to breastfeed as new foods are introduced for one year or longer.²⁵² In the Pascua Yaqui Tribe WIC program, nearly three out every four infants enrolled (71%) in 2020 were ever breastfed or given human milk at birth or

sometime after (Table 50). This was slightly higher than the percentage seen across all ITCA WIC programs, where 69% of infants had breastfeeding initiated. The proportion of Pascua Yaqui Tribe WIC infants who were breastfed for at least six months (17%), on the other hand, is lower than that across all ITCA WIC programs (23%). This suggests that while breastfeeding initiation is slightly higher among the Pascua Yaqui Tribe WIC participants, they do not typically breastfeed their infants as long as participants in other ITCA WIC programs.

Table 50. Breastfeeding status for WIC enrolled infants, 2020

Geography	Infants For Whom Breastfeeding Status Is Determined	Number of Infants Ever Breastfed	Percent of Infants Ever Breastfed	Percent of Infants who are Breastfed for at Least 6 Months
Pascua Yaqui Tribe Region	157	64	71%	17%
All ITCA WIC programs	1,754	729	69%	23%

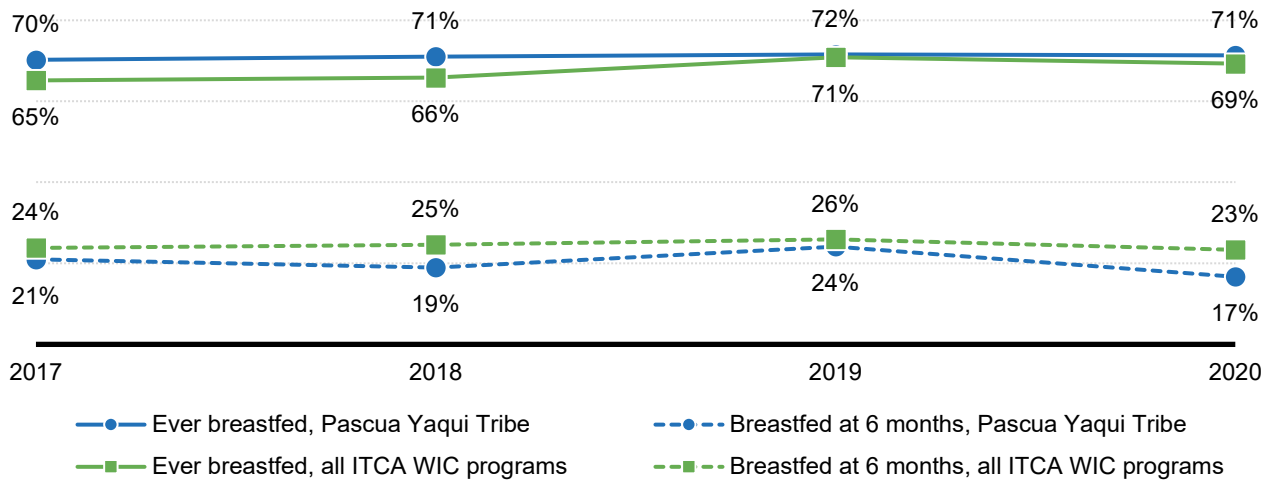
Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: 'Ever breastfed' means that an infant was breastfed or received human milk at birth or sometime after, for any duration of time.

The Pascua Yaqui Tribe WIC program serves tribal and non-tribal members in Pima County. The data in this table reflect all program participants including those who are not members of the Pascua Yaqui Tribe.

Looking at trends over time, the percent of infants ever breastfed remained stable between 2017 and 2020 at around 71% among Pascua Yaqui Tribe WIC program participants and was higher than that among infants in all ITCA WIC programs in each of those years. The percent of infants breastfed at six months, on the other hand, varied more widely each year in that same period from a low of 17% in 2020 to a high of 24% in 2019. During all these years the 6-month breastfeeding rate among infants in the Pascua Yaqui Tribe WIC program was always lower than that among infants in all ITCA WIC programs (Figure 51).

Figure 51. Breastfeeding rates for WIC-enrolled infants



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

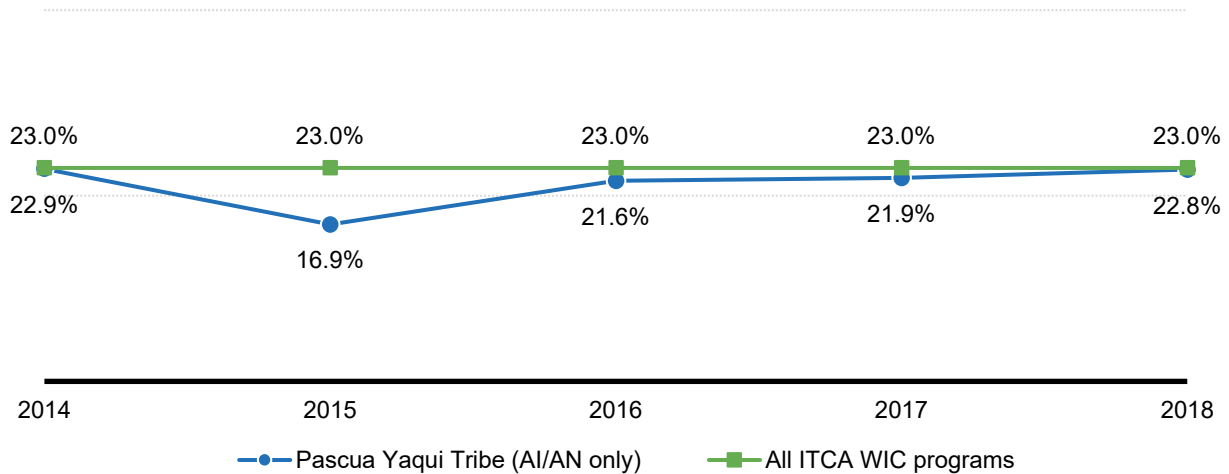
Note: 'Ever breastfed' means that an infant was breastfed or received human milk at birth or sometime after, for any duration of time

The Pascua Yaqui Tribe WIC program serves tribal and non-tribal members in Pima County. The data in this figure reflect all program participants including those who are not members of the Pascua Yaqui Tribe.

A child's weight status can have long-term impacts on health and well-being. Nationwide, an estimated 19% of children (ages 2-19) are obese and 4% are underweight, numbers that have both increased in recent years.^{253,254} Obesity can have negative consequences on physical, social and psychological well-being that begin in childhood and continue into and throughout adulthood.²⁵⁵ Higher birthweight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships, have all been shown to be related to higher childhood weight and increased risk for obesity and metabolic syndrome (which is linked to an increased risk of heart disease, stroke and diabetes).^{256, 257}

Data for children participating in WIC in 2018 show that the obesity rate among American Indian children (ages 2 to 4) enrolled in the Pascua Yaqui Tribe WIC program (22.8%) was similar to that across all ITCA WIC programs (23%). In most years between 2014 and 2018 the rate for American Indian children in the Pascua Yaqui Tribe WIC program was slightly lower or similar to that across all ITCA WIC programs, with the exception of 2015, when the obesity rate among American Indian children in the Pascua Yaqui Tribe WIC program declined notably to 16.9% (Figure 52).

Figure 52. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018



Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: The data shown in this figure for Pascua Yaqui Tribe reflect only American Indian or Alaska Native children. All ITCA WIC programs data reflect children of all races and ethnicities.

Data on obesity rates among young children in the region were also available for those who receive services through the El Rio Pascua Health Clinic. Table 51 shows data for children ages 2 to 5. Between 2018 and 2019 the proportion of young children with obesity who received health care services at the Pascua Health Clinic more than doubled from 11% to 24%. In 2020 the rate decreased slightly to 22%.

Table 51. Children (ages 2-5) with obesity, El Rio Pascua Health Clinic 2018 to 2020

	2018	2019	2020
Children (ages 2-5) seen at El Rio Pascua Health Clinic	240	220	193
Number of children (ages 2-5) with obesity	27	52	42
Percent of children (ages 2-5) with obesity	11%	24%	22%

Source: Pascua Yaqui Tribe Health Services Division (2021) [Child Health Dataset]. Unpublished data received by request.

In 2019 and 2020, “Obesity” was among the top 10 diagnoses by number of visits of children ages birth to 5 seen at the El Rio Pascua Health Clinic or receiving care elsewhere with coverage from the Yoeme Health Plan (see Figure 60 in the *Child Health* section).

Diabetes and obesity were identified as one of seven priority areas in the Pascua Yaqui Tribe Community Health Needs Assessment of 2021.²⁵⁸

Oral Health

Oral health and good oral hygiene practices are important to children’s overall health. Tooth decay and early childhood cavities can have short- and long -term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.²⁵⁹ In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children.²⁶⁰ Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate that is three times than that of White children.

The most recent data available from the 2018-19 IHS oral health survey of AI/AN children found improvements in the oral health of children ages 1 to 5 nationwide. From 2010 to 2018-19, the prevalence of early childhood caries decreased from 55% to 52%, and the prevalence of untreated decay decreased from 39% to 34%, with similar improvements seen in the Tucson IHS area (which includes the Pascua Yaqui Tribe).²⁶¹ Despite this improvement, more than half of young children ages 1 to 5 (54%) have early childhood cavities.

According to the Inter Tribal Council of Arizona’s Oral Health Surveillance report, access to dental care for active IHS users of all ages in Arizona remained steady between 2013 and 2018 with nearly 80% having at least one dental encounter. Access to care, however, was generally lower for children birth to 5 and decreased over time from 68% in 2013 to 53% in 2018. Dental sealant encounters for young IHS active users in Arizona also decreased in this time period, especially for children ages birth to 2, who had the lowest percentage of sealant encounters all of age groups and decreased from 23% in 2013 to 1% in 2018. Topical fluoride is another common tooth decay prevention method. Among Arizona young IHS users, about two-thirds of children ages 3 to 5 received at least one topical fluoride treatment each year between 2013 and 2018. In that same period, however, the proportion of children birth to 2 receiving topical fluoride treatments decreased sharply from 61% to 40%.²⁶² These data suggest that there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

Data on the oral health of young children in the Pascua Yaqui Tribe Region were also available from the Ili Uusim Mahtawa’apo Pascua Yaqui Head Start program and the Pascua Yaqui Dental Center, which is part of the Pascua Yaqui Health Services Division. In 2018-2019 most children enrolled in the Ili Uusim Mahtawa’apo had access to dental care (94%), had received preventative dental care (99%) and had a professional dental exam (99%), with 17% of children requiring dental treatment, and 13% of them receiving such treatment (Table 52).

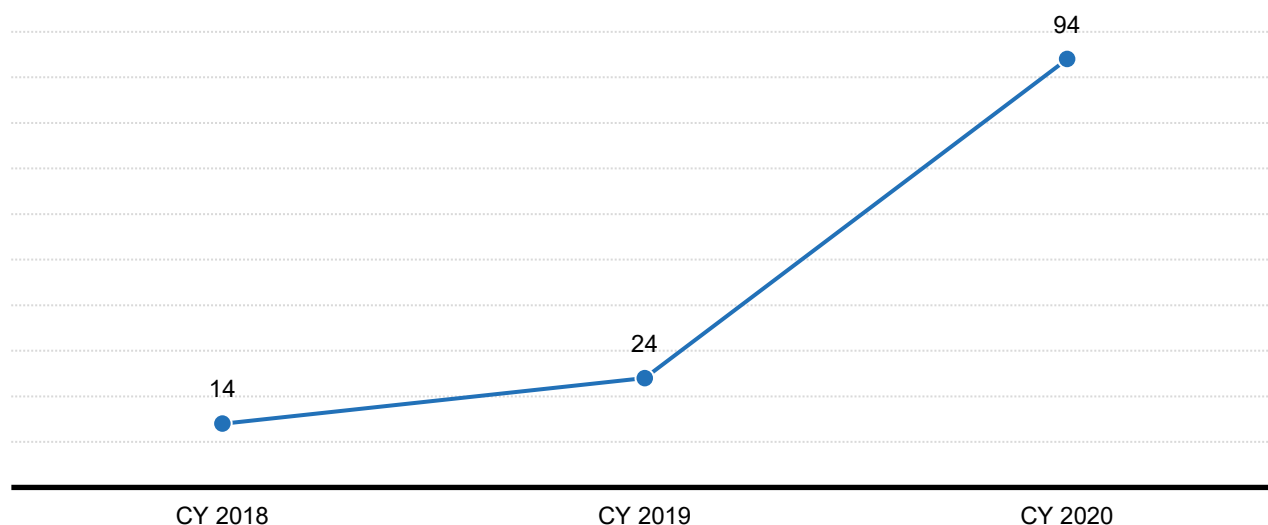
Table 52. Dental care for children enrolled in Pascua Yaqui Tribe Head Start, FY2019

	Children (ages 3-4) enrolled in Head Start	Children with continuous accessible dental care	Children receiving preventative dental care	Children with professional dental exam	Children needing dental treatment	Children receiving dental treatment
Ili Uusim Mahtawa’apo Pascua Yaqui Head Start	150	94%	99%	99%	17%	13%

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

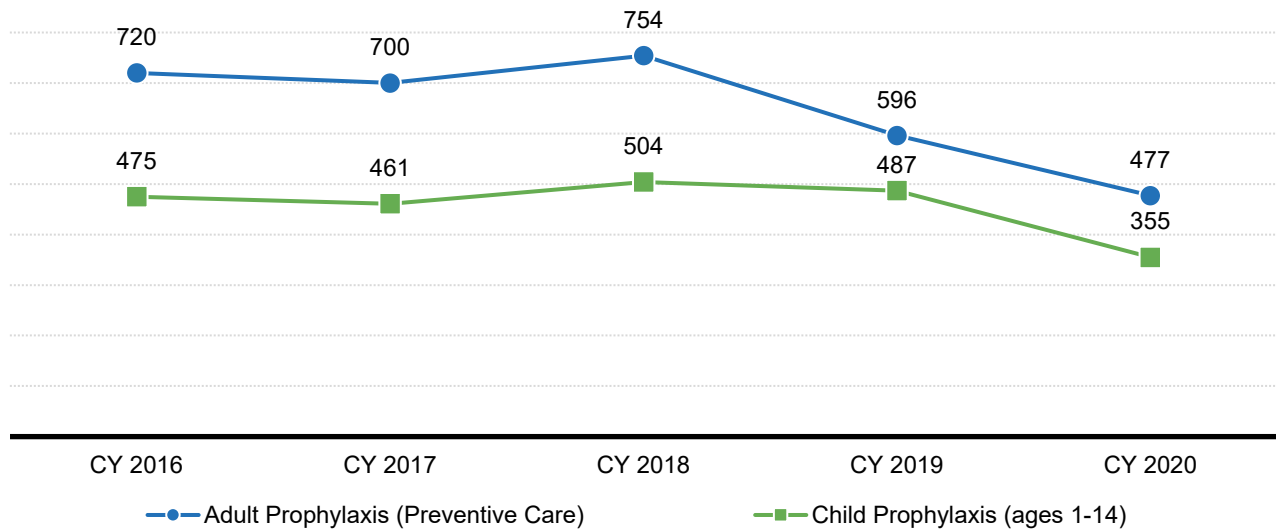
Between 2018 and 2020 there was a sharp increase in the number of children who received services at the Pascua Yaqui Dental Center, from 14 to 94 (Figure 53). Key informants noted that during the pandemic the Dental Center operated on a limited scheduled. They prioritized certain populations, and children were one of them. The top five diagnoses for children ages birth to 5 at the Dental Center were Dental examination, Radiographs, Prophylaxis, Topical Fluoride, and Emergency examination.²⁶³ The Pascua Yaqui Tribe Community Health Needs Assessment (CHNA) of 2021 includes data on the number of prophylactic dental procedures performed at the Dental Center. As shown in Figure 54, between 2016 and 2018 the number of procedures remained stable for both children and adults. In 2019 fewer procedures were conducted, though the decline was more pronounced among adult patients. The CHNA indicates that this decrease in preventative care was related to more limited availability of dental hygiene students working at the clinic that year. The number of preventative care procedures further declined in 2020 due to closures related to the pandemic.²⁶⁴

Figure 53. Unique children (ages 0-5) seen at the Pascua Yaqui Dental Center, 2018 to 2020



Source: Pascua Yaqui Tribe Health Services Division (2021). 2021 Community Health Needs Assessment. Report received by request.

Figure 54. Pascua Yaqui Tribe Dental Center Procedures, 2016 to 2020



Source: Pascua Yaqui Tribe Health Services Division (2021). 2021 Community Health Needs Assessment. Report received by request.

Immunizations and Infectious Disease

Vaccination against preventable diseases protects children and the surrounding community from illness and potentially death. Childhood vaccinations also have long-term effects on the physical, social and economic welfare of children, their families and their communities.²⁶⁵ In order to attend licensed child care programs and schools, children must obtain all required vaccinations or obtain an official exemption, which can be requested based on a specific medical condition or based on personal or religious beliefs.²⁶⁶ Data on the immunization rates for all young children in the Pascua Yaqui Tribe Region were not available for this report. This section includes information about children who have received all recommended immunizations available for their age in the Ili Uusim Mahtawa’apo Pascua Yaqui Head Start program, and for children enrolled in the child care centers most used by families in the region.

In both 2017-2018 and 2018-2019, 83% of children enrolled at Ili Uusim Mahtawa’apo were up to date on their immunizations at the end of the enrollment year (Table 54).

Table 53. Immunization rates for children enrolled in Pascua Yaqui Tribe Head Start, 2017-18 & 2018-19

	Children (ages 3-4) enrolled in Head Start (cumulative)	Children up to date on required immunizations
2017-2018	145	83%
2018-2019	150	83%

Source: Office of Head Start (2020). 2018 and 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

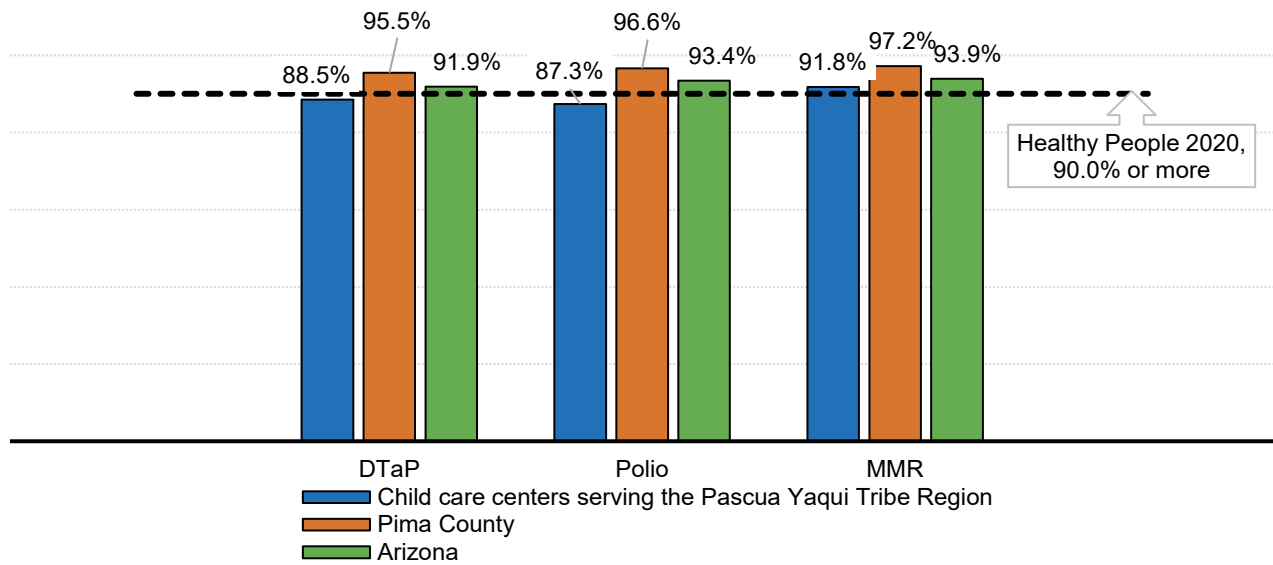
Note: These numbers reflect children up-to-date on immunizations by the enrollment year..

The enrollment number in this table reflects cumulative enrollment during that program year, not funded enrollment. Similar data on children up to date with their immunizations were included in Table 67 of the 2018 First Things First Pascua Yaqui Tribe Needs and Assets Report. Those percentages, however were calculated using the annual funded enrollment and therefore are not comparable to the rates included in this table.

Data on immunizations rates are available for the child care centers most commonly used by families who receive child care subsidies from the Pascua Yaqui Tribe Child Care Program. The list of centers includes: Brichta Infant and Early Learning Center, Children's Learning Adventure Childcare Center, De Colores Learning Center & Childcare, Growing Steps Child Care and Learning Center, Herencia Guadalupe Lab Schools, La Petite Academy, Little Friends Learning Center and Wright Brothers Christian Academy. Data for all these centers have been combined and displayed in Figure 55 and Figure 56 as “Child care centers serving the Pascua Yaqui Tribe Region.” Please note that these rates are not specific to children from the Pascua Yaqui Tribe Region, but rather they reflect the immunization status of all children enrolled in those centers. Immunization rates for the individual child care centers serving families in the region are available in the *Child Health* section of Appendix 1.

The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for the three major vaccine series (DTaP, polio, and MMR) is 90%. The combined rates for children in child care centers serving the Pascua Yaqui Tribe Region are slightly below that target for two of these vaccines: 88.5% for DTaP and 87.3% for polio. Both Pima County and the state, on the other hand, are meeting the Healthy People 2020 goal for those vaccines (Figure 55). For the MMR vaccine, the combined rate for centers serving the Pascua Yaqui Tribe Region (91.8%), Pima County (97.2%) and the state (93.9%) all meet the Healthy People goal.

Figure 55. Children in child care with selected required immunizations, 2019-20

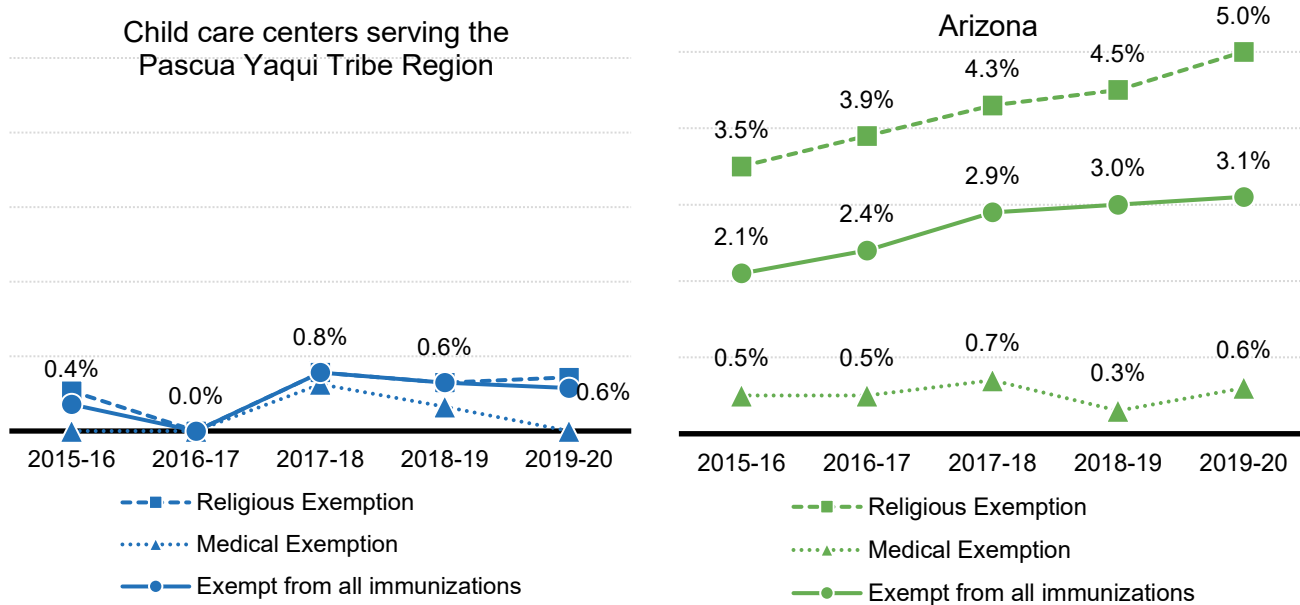


Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: These rates are not specific to children from the Pascua Yaqui Tribe Region, but rather they reflect the immunization status of all children enrolled in those centers

If medical conditions or religious beliefs stand in the way of a young child receiving a required vaccine, parents are able to file for an exemption. Vaccine exemption rates in the centers serving families from the Pascua Yaqui Tribe Region have been low over the past five years, different from the increasing trend seen across the state (Figure 56).

Figure 56. Child care immunization exemption rates, 2015-16 to 2019-20



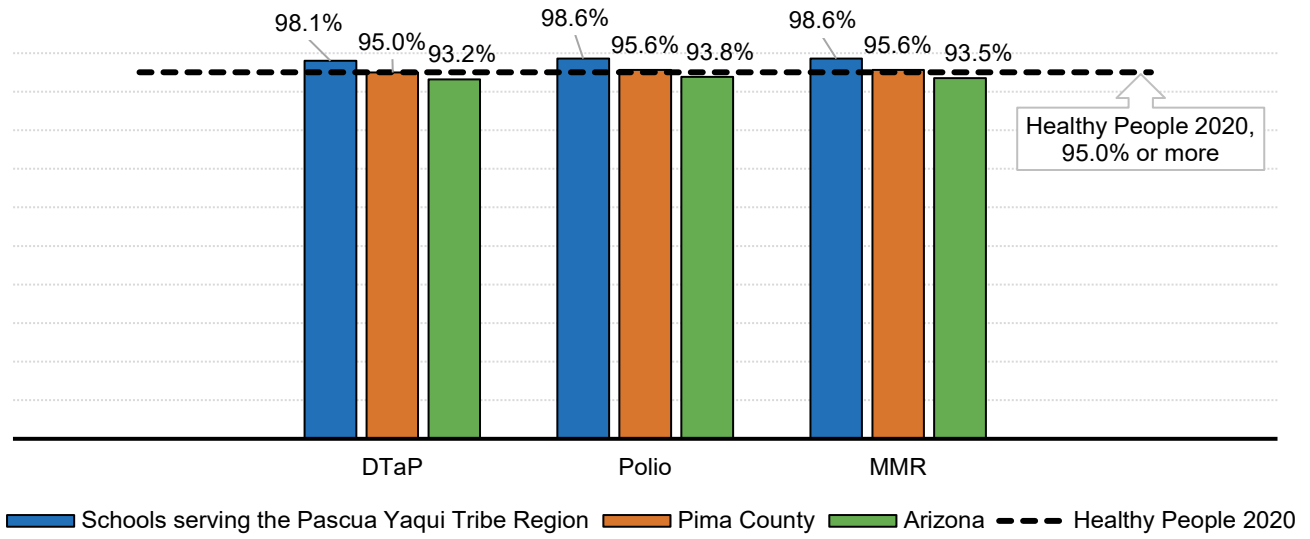
Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: These rates are not specific to children from the Pascua Yaqui Tribe Region, but rather they reflect the immunization status of all children enrolled in those centers

To enroll a child in kindergarten, whether in a district, charter, private or parochial school, Arizona law requires that parents provide proof of certain required immunizations. Data on immunization rates are available for the kindergarteners in schools attended by children from the Pascua Yaqui Tribe Region. The list of schools includes: Academy Del Sol – Hope, Frances J Warren Elementary School, Harriet Johnson Primary School, John E White Elementary School, San Xavier Mission School, and Vesey Elementary School. Please note that these rates are not specific to children from the Pascua Yaqui Tribe Region, but rather they reflect the immunization status of all kindergarteners enrolled in these schools. Immunization rates for the individual schools attended by families in the region are available in the *Child Health* section of Appendix 1.

Rates for the three major vaccine series (DTAP, polio, and MMR) for kindergarteners in schools attended by families from the Pascua Yaqui Tribe Region were higher (98.1%, 98.6%, 98.6%) than the rates in Pima County and rates seen statewide in the 2019-20 school year (Figure 57). All three rates met the Healthy People 2020 target of 95%. Exemption rates in kindergarten in the schools serving children from the region have consistently been lower than rates seen statewide over the past five years (Figure 58).

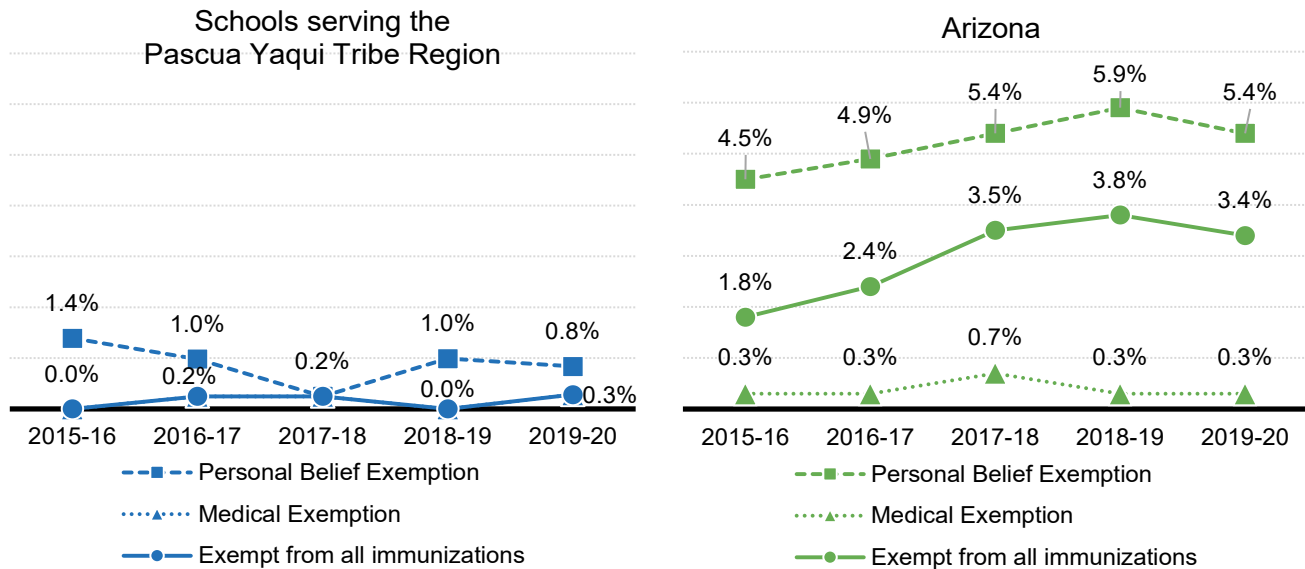
Figure 57. Kindergarteners with selected required immunizations, 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: These rates are not specific to children from the Pascua Yaqui Tribe Region, but rather they reflect the immunization status of all kindergarteners enrolled in these schools

Figure 58. Kindergarten immunization exemption rates, 2015-16 to 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: These rates are not specific to children from the Pascua Yaqui Tribe Region, but rather they reflect the immunization status of all kindergarteners enrolled in these schools

Illness, Injury and Mortality

Asthma is the most common chronic illness affecting children,²⁶⁷ and it is more prevalent among boys, Black children, American Indian or Alaska Native children, and children in low-income households.^{268,269} The total healthcare costs of childhood asthma in the United States are estimated to be between \$1.4 billion and \$6.4 billion, but these costs could be reduced through better management of asthma to prevent hospitalizations.²⁷⁰

In the Pascua Yaqui Tribe Region, between 2016 and 2020, there were 40 emergency room visits due to asthma for children up to age 14 (Table 55). A smaller set of children presented with cases severe enough to need hospitalization. In the region, 11 children ages birth to 14, of whom six were children ages birth to 4 (both excluding newborns), were hospitalized due to asthma during the same 5-year period. The average length of a child’s hospital stay was 2.5 days, the same as in Pima County but higher than the average statewide (2.0 days).

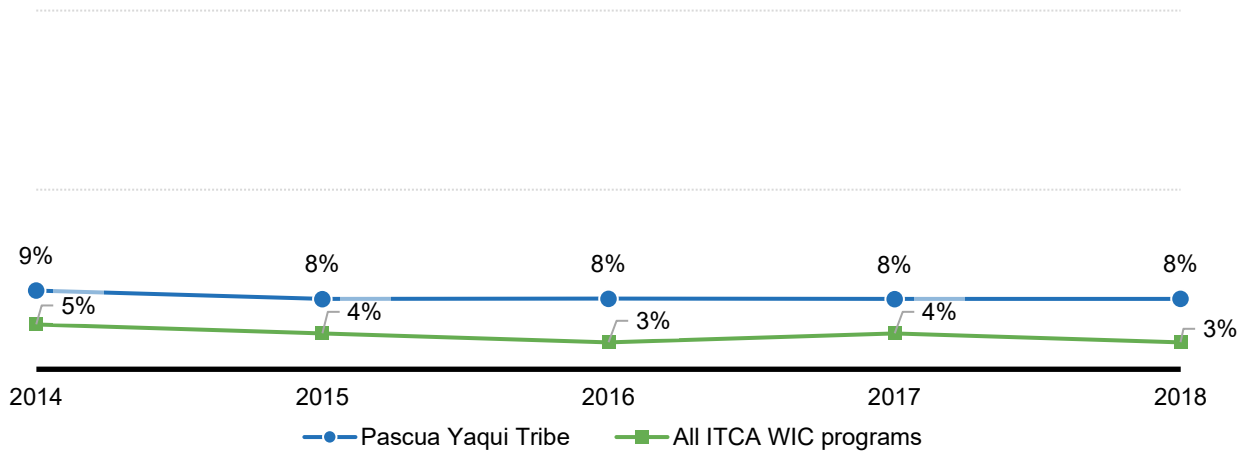
Table 54. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined

Geography	Number of inpatient asthma hospitalizations for children ages birth to 4 (except newborns)	Number of inpatient asthma hospitalizations for children ages birth to 14 (except newborns)	Average length of stay for asthma hospitalization for children ages birth to 14	Number of emergency department visits for asthma, children ages birth to 14
Pascua Yaqui Tribe Region	6	11	2.5	40
Pima County	427	930	2.5	4,080
Arizona	2,214	5,672	2.0	41,103

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Smoking in the household is another risk factor affecting children’s vulnerability to illness. Exposure to secondhand smoking puts children at a higher risk of developing ear infections, respiratory illnesses and sudden unexplained infant death (SUID).²⁷¹ The percent of WIC-enrolled children ages 1-4 exposed to smoking in the household has remained stable at around 8% among Pascua Yaqui Tribe WIC program participants over the most recent five years of data available (Figure 59). This proportion has been consistently higher than the rate of exposure in all ITCA WIC programs combined, which has ranged between 5% and 8%. This suggests a need for family and parental education and smoking cessation support to encourage healthy home environments for young children.

Figure 59. WIC-enrolled children exposed to smoking in the household, 2014 to 2018

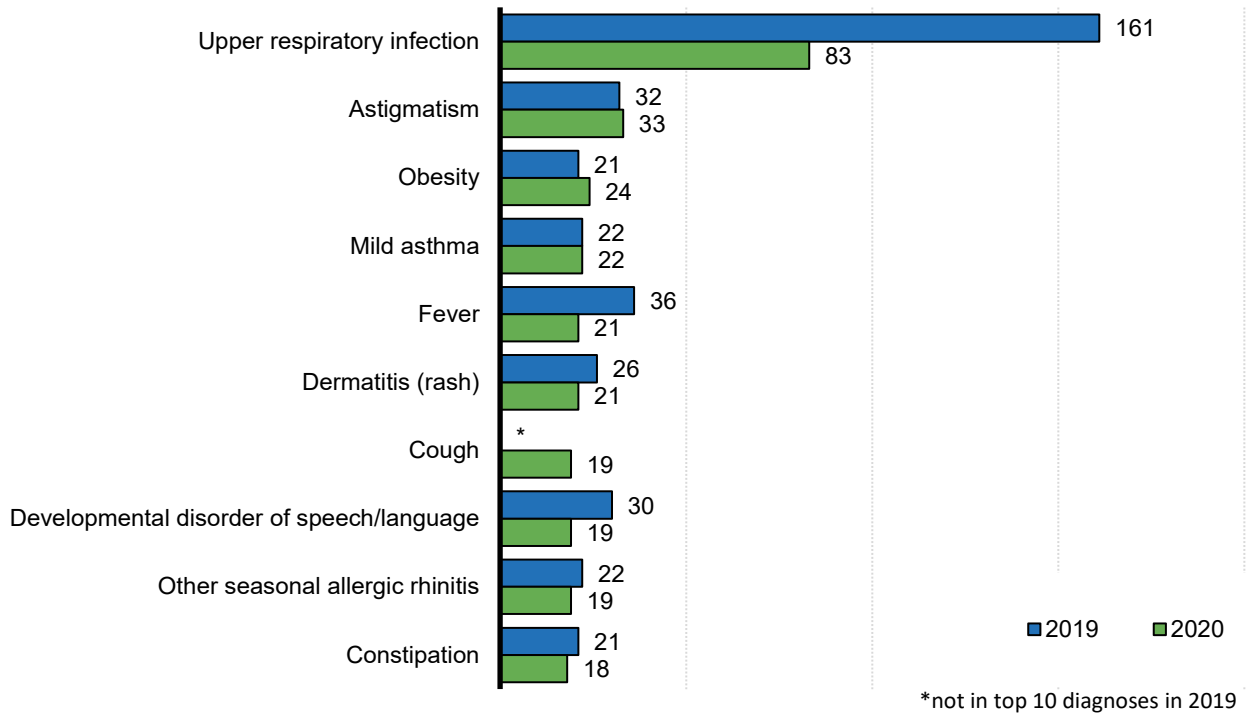


Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Note: The Pascua Yaqui Tribe WIC program serves tribal and non-tribal members in Pima County. The data in this figure reflect all program participants including those who are not members of the Pascua Yaqui Tribe.

Data were available on the top 10 diagnoses for young children in the Pascua Yaqui Tribe Region. These numbers include both children seen at El Rio Pascua Health Clinic and those receiving care elsewhere with coverage from the Yoeme Health Plan. In both 2019 and 2020, upper respiratory infection was the diagnosis with the largest numbers of visits for children birth to 5 (Figure 60). Other respiratory conditions such as mild asthma, cough and seasonal allergic rhinitis were also among the top 10 diagnoses among young children.

Figure 60. Top 10 diagnoses by number of visits among children ages 0-5 seen at Pascua Yaqui El Rio or Yoeme Health Plans, FY2019 & FY 2020



Source: Pascua Yaqui Tribe Health Services Division (2021) [Child Health Dataset]. Unpublished data received by request.

Unintentional injuries are the leading cause of death for children in Arizona and nationwide.^{272,273} It is estimated that as many as 90% of unintentional injury-related deaths could be preventable through better safety practices, such as use of proper child restraints (i.e., car seats) in vehicles and supervision of children around water, including pools.²⁷⁴ Research has shown that children in rural areas are at higher risk of unintentional injuries than those who live in more urban areas, as are children in Native communities, suggesting that injury prevention is an especially salient need in these areas.^{275,276}

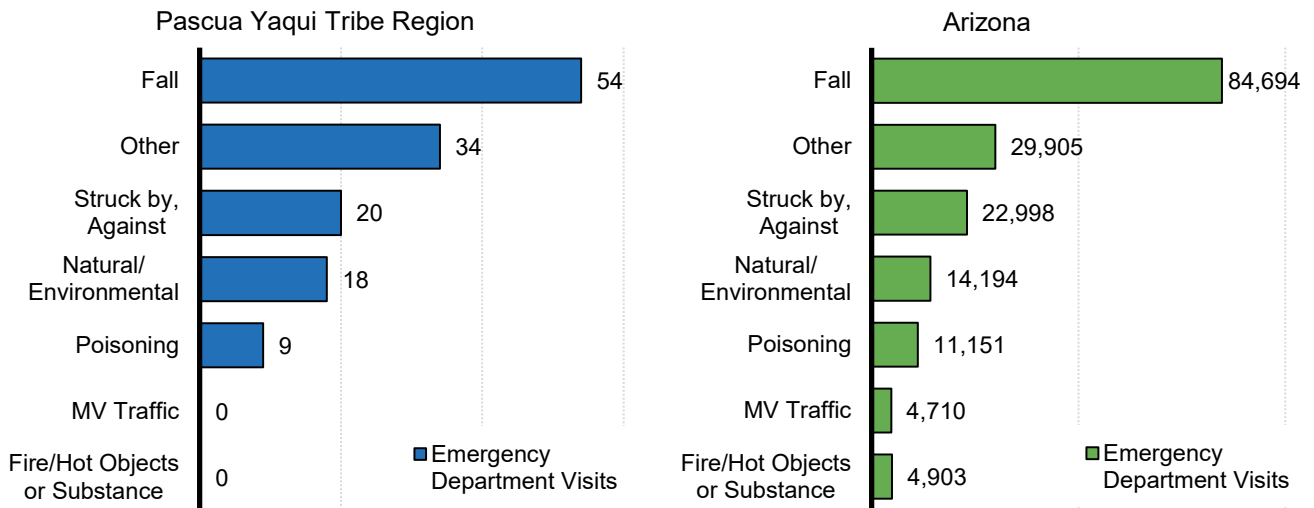
Between 2016 and 2020, there were 142 non-fatal emergency department visits and fewer than six non-fatal inpatient hospitalizations for unintentional injuries in the Pascua Yaqui Tribe Region among children ages birth to 4 (Table 56). The most common reasons for emergency departments visits were falls, accounting for over one-third of emergency department visits (Figure 61). The pattern of unintentional injuries in the region resembles the same pattern seen statewide.

Table 55. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4, 2016-2020 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Pascua Yaqui Tribe Region	<6	142
Pima County	399	24,777
Arizona	2,890	181,035

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Figure 61. Non-fatal emergency department visits due to unintentional injuries for children ages birth to 4 by selected mechanism of injury, 2016-2020 combined



Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Infant mortality describes the number of deaths of children under 1 year of age relative to live births. Arizona ranks in the middle of U.S. states in terms of infant mortality, with the 20th lowest infant mortality rate nationwide in 2019.²⁷⁷ The most common causes of infant mortality in Arizona and the U.S. are congenital abnormalities, low birthweight and preterm birth, with a smaller proportion related to maternal pregnancy complications, sudden unexplained infant death (SUID) and unintentional injuries.^{278,279}

In the Pascua Yaqui Tribe Region, no infants or children of any age died in 2018 and fewer than six children died in 2019 (data on the cause of these deaths was not available due to the very small number of deaths) (Table 57). These very low death numbers mean that mortality rates for children and infants cannot be reported to protect individual privacy.

Table 56. Numbers of deaths and mortality rates for infants, young children ages birth to 4, and all children ages birth to 17, 2018 to 2019

Geography	Calendar year	Number of infant deaths	Infant mortality rate (per 1,000 live births)	Number of young child deaths (ages 0-4)	Young child mortality rate (per 100,000 population)	All child deaths (0-17 years old)	All child mortality rate (per 100,000 population)
Pascua Yaqui Tribe Region	2018	0	0.0	0	0.0	N/A	N/A
	2019	<6	DS	<6	DS	<6	DS
Pima County	2018	61	5.7	75	125.9	114	67.6
	2019	61	5.9	72	122.4	111	66.3
Arizona	2018	447	5.6	562	127.4	824	65.2
	2019	430	5.4	513	117.4	777	61.6
Healthy People 2020 Target			6.0				

Source: Arizona Department of Health Services (2021). [Vital Statistics FTF Death Report dataset]. Unpublished data.

Note: The Healthy People 2030 target for infant mortality rate was decreased to no more than 5 infant deaths per 1,000 live births.

Additional data tables related to *Child Health* can be found in Appendix 1 at the end of this report.



FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. Families and caregivers play a critical role as their child's first and most important teacher. Positive and responsive early relationships and interactions support optimal brain development, academic skills, and literacy during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.^{280,281,282,283,284} Early literacy promotion, through singing, telling stories, and reading together, is so central to a child's development that the American Academy of Pediatrics has emphasized it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.²⁸⁵ Storytelling is an important practice in many Native communities that passes on cultural values and beliefs and supports emergent literacy for young children.^{286,287,288} A strong sense of cultural identity can be a key protective factor in fostering resilience in Native children and youth to cope with stress and maintain well-being.^{289,290} Children benefit when their families have the knowledge, resources, and support to use positive parenting practices that support their child's healthy development, nutrition, early learning, and language acquisition. Specifically, parental knowledge of positive parenting practices and child development is one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.^{xxx,291}

Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)^{xxxi} have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.^{292,293} Arizona is among the top 10 states with the highest proportion of children birth to 5 who have experienced at least one ACE, with nearly one in three (31.8%) young children in Arizona having one or more ACEs.²⁹⁴ Future poor health outcomes are more likely as an individual's ACE score increases.²⁹⁵ Children in Arizona are nearly twice as likely to have experienced two or more ACEs (15.5%) compared to children across the country (8.6%).²⁹⁶ Very young children are most at risk for extremely adverse experiences, such as child abuse, neglect and fatalities from abuse and neglect. In 2019, children ages birth to 5 made up more than half (55%) of child maltreatment victims in Arizona.²⁹⁷ These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.²⁹⁸

Alternatively, Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have similarly cumulative, though positive, long-

^{xxx} The Center for the Study of Social Policy developed Strengthening Families: A Protective Factors Framework™ to define and promote quality practice for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect. Protective factors include: parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional competence of children.

^{xxxi} ACEs include eight categories of traumatic or stressful life events experienced before the age of 18 years. The eight ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member and parental divorce or separation.

term impacts on mental and relational health.²⁹⁹ Strategies for preventing ACEs include: strengthening economic supports for families; promoting social norms that protect against violence and adversity; ensuring a strong start for children; enhancing skills to help parents and children handle stress, manage emotions, and tackle everyday challenges; connecting youth to caring adults and activities; and intervening to lessen immediate and long-term harms.³⁰⁰

What the Data Tell Us

Parenting Education, Family Involvement, and Early Literacy

A child's reading skills when entering elementary school have been shown to strongly predict academic performance in later grades, emphasizing the importance of early literacy for future academic success.^{301,302} Home-based literacy practices between parents and caregivers and young children, specifically, have been shown to improve children's reading and comprehension, as well as children's motivation to learn.^{303,304} However, low-income families may face additional barriers to home-based literacy practices, including limited free time with children, limited access to books at home, and a lack of knowledge of kindergarten readiness.³⁰⁵ Communities may employ many resources to support families in engaging with their children, including through targeted programs like home visitation programs and "stay and play" programs, or participating in larger initiatives like Read On Arizona or the national "Reach Out & Read" program.³⁰⁶

The First Things First Pascua Yaqui Tribe Regional Partnership Council funds Parenting Workshops as part of the Parenting Outreach and Awareness strategy. The goal of this strategy is to increase families' awareness of the importance of early childhood development and support early literacy and language acquisition and tribal heritage learning opportunities. These workshops, which prior to the pandemic had been offered at the Dr. Fernando Escalante Tribal Library, are offered at no charge to families with young children. Through story time, play time, and book distribution to participating families, the workshops promote the importance of early childhood development, early literacy and parental involvement.³⁰⁷ The activities at the workshops are meant to be developmentally appropriate, culturally-responsive, and strengths-based.

The Sewa U'usim Community Partnership offers the Ili Uusim Hiapsi (*Little Children's Hearts*) Program, a community and home-based program available on a voluntary basis for families during pregnancy and up until the child turns 10 years of age. Services include: developmental assessments and screenings; home visitation focused on child development education, positive parent-child interactions, nutrition and safety education, referrals to community services, intensive case management, crisis intervention, care coordination, family support groups, early child mental health consultation, child and family therapy, equine therapy, parenting support and education, and cultural art.³⁰⁸

Mental and Behavioral Health

Behavioral health supports, both for children and caregivers, are often needed to address exposure to adverse childhood events. The foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain. Sound mental health provides an essential

foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work, and community life.³⁰⁹ When young children experience stress and trauma they often suffer physical, psychological, and behavioral consequences and have limited responses available to react to those experiences. Understanding the behavioral health of mothers is also important for the well-being of Arizona’s young children. Mothers dealing with behavioral health issues, such as depression, may not be able to perform daily caregiving activities, form positive bonds with their children, or maintain relationships that serve as family supports.³¹⁰ Improving supports available through coordinated, collaborative efforts are key to early identification and intervention with young children and their families.^{311,312}

Behavioral health services are available from PYHSD as part of the Pascua Yaqui Behavioral Health Centered Spirit Program. Centered Spirit is fully operated by the Pascua Yaqui Tribe as a Tribal Regional Behavioral Health Services Authority (TRBHA). The program aims at providing culturally compatible mental health and substance use services to families in the region. Centered Spirit offers onsite psychiatric and psychological services, as well as crisis evaluations for emergency situations. Services include individual, couple, family and group therapy, a methadone/suboxone clinic, youth life skills group, and group homes for adolescents and adult women and men.

Community-based, culturally-informed and trauma-sensitive services for families with young children are provided by the Centered Spirit Child and Family Team (C&FT). Staff with the Ili Uusim Mahtawa’apo Pascua Yaqui Head Start can make referrals for evaluation and services to the C&FT. After a referral is received, C&FT schedules an intake session with the family and once the child becomes a client in the program they are able to provide services at Ili Uusim Mahtawa’apo. C&FT does outreach at community events to make sure families whose children are not enrolled at Head Start are also aware of the services they provide. C&FT also provides support for children who enroll in summer school through groups where they teach children emotional regulation skills.

From 2018 to 2020, between 42 and 48 children ages birth to 5 received services from the Centered Spirit C&FT Program. In 2021, 35 children had received services as of September of that year (Table 58).

Table 57. Children (ages 0-5) receiving services from the Centered Spirit Program, 2018 to 2021

	CY 2018	CY 2019	CY 2020	CY 2021 (Jan-Sept only)
Children age 0-5	47	48	42	35

Source: Pascua Yaqui Tribe Centered Spirit Program (2021) [Services Dataset]. Unpublished data received by request.

Behavioral health services for youth in the region are also provided through Sewa U’usim, a comprehensive, wraparound treatment program for children and their families that includes formal

support (e.g. counselors) other community-based support (e.g. friends, elders, traditional healers), and relatives. The Sewa U'usim team develops an individualized care plan for the family based on the child's and family's unique strengths that is youth-guided and family-driven, community-based and incorporates the family's culture and language.³¹³ Services under Sewa U'usim include the Yoeme Kari Group Home (YKGH) and the Tortuga Ranch and Ka'vai Hitevi (Horse Healers). YKGH is a residential facility for youth 12-17 years old that supports youth in the process of achieving sobriety, emotion regulation, mental health stability and support towards living a healthy, independent life. Tortuga Ranch and Ka'vai Hitevi (Horse Healers) offer equine wellness groups, youth horsemanship skills and youth ranch skills.

Substance Use Disorders

Much like mental health, parental substance use has major implications for children's health and well-being. A mother's use of substances such as drugs and alcohol during pregnancy can impact her newborn's health. Babies born to mothers who smoke are more likely to be born early (preterm), have low birth weight, die from sudden unexplained infant death and have weaker lungs than babies born to mothers who do not smoke.^{314,315} Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.³¹⁶ As noted previously (Table 47), between 2016 and 2020, there were 11 newborns in the Pascua Yaqui Tribe Region hospitalized because of maternal drug use during pregnancy.

Parental substance use also has other impacts on family well-being. According to the National Survey of Children's Health, young children in Arizona are more than twice as likely to live with someone with a problem with alcohol or drugs than children in the U.S. as a whole (9.8% compared to 4.5%).³¹⁷ Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental and behavioral health issues, including developing substance use disorders themselves.^{318,319} Substance use treatment and supports for parents and families grappling with these issues can help to ameliorate the short- and long-term impacts on young children.³²⁰ According to the *Gathering Hiaki Voices Survey* fielded in 2020 as part of the Pascua Yaqui Tribe 2021 Community Health Needs Assessment (CHNA), substance use was ranked among the top three health problems in the community by 80% of survey respondents. Consequently, substance use disorder is one of the seven priority areas identified in the CHNA.³²¹

Support services for community members struggling with substance use are available in the region through Centered Spirit's Tu'iriauvicha Vo'o, Men's and Women's PATH residential programs; and New Beginnings, a medication-assisted treatment clinic for individuals with opioid use disorder that includes wrap-around services.

As part of the Pascua Yaqui Tribe Tiwahe Initiative (also known as Itom Yoemia) the tribe developed a Recidivism Reduction Initiative (RRI). The RRI aims at addressing the challenge of alcohol and substance use in the community as well as its impact on criminal cases, particularly on incidents of domestic violence. The RRI supports the Healing to Wellness Court, an alternative to incarceration

program for adult substance use offenders. Integrated community resources such as those at Centered Spirit and Sewa U'uusim's culturally appropriate treatment are a core part of this program's goal of reducing criminal activity and recidivism. The RRI also involves the Pascua Yaqui Tribe Language and Culture Department to integrate the Yaqui culture, language and traditional healing practices within the structure of the tribal justice system. According to a Tiwahe evaluation report, after six months of participating in the RRI, 72% of offenders did not have a new arrest; after 12 months in the RRI, 66% of offenders did not have a new arrest.³²²

Child Welfare

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. Children involved in foster care systems often have physical and behavioral health issues, in addition to the social-emotional needs brought on by being removed from a parent's care.³²³ Foster parents often need education, support, and resources to ensure they are able to successfully care for foster children who may have these added health needs.

Child welfare services in the Pascua Yaqui Tribe Region are provided by the Pascua Yaqui Tribe Social Services Division, Children Services. According to data provided by the Pascua Yaqui Tribe Social Services Department, in 2019 there were 111 reports of child abuse and/or neglect for children ages birth to 17, and fewer than ten substantiated cases. In 2020 the number of reports increased slightly to 121, with ten substantiated cases of child abuse and/or neglect that year (Table 59).

Table 58. Reports and substantiated cases of child abuse and/or neglect, 2019 and 2020

	Reports (2019)	Substantiated Cases (2019)	Reports (2020)	Substantiated Cases (2020)
Children (ages 0-17)	111	<10	121	10

Source: Pascua Yaqui Tribe Social Services Department (2016). [Child Welfare data]. Unpublished data received by request.

In 2019, fewer than ten children ages birth to 17 were removed from their homes by Pascua Yaqui Tribe Social Services Division, Children Services; in 2020 ten children were removed by Children Services (Table 60).

Table 59. Children removed by Social Services Division, Children Services, 2019 and 2020

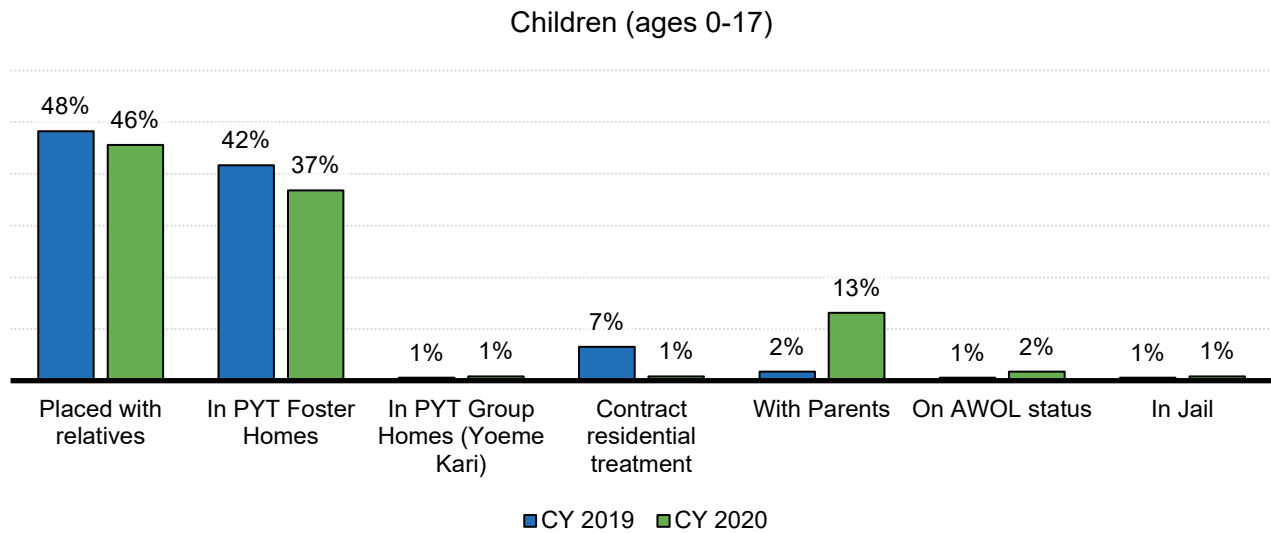
	CY 2019	CY 2020
Children (ages 0-17)	<10	10

Source: Pascua Yaqui Tribe Social Services Department (2016). [Child Welfare data]. Unpublished data received by request.

Key informants noted that major changes in federal child welfare policy in recent years have positively impacted the child welfare system in the Pascua Yaqui Tribe. On February 9, 2018, the Family First Prevention Services Act was signed into law, significantly reforming child welfare policies and redirecting federal investments to keep children safely with their families and avoid the traumatic experience of entering foster care whenever possible.³²⁴ Under this new policy, more federal funding and reimbursement are available for preventative services to keep children safely with their families. Child welfare agencies are supposed to prioritize placement of children in settings most proximate to a family, including kinship care placements, where children who are removed from their families are placed with a relative or close family friend. Research has shown that children in kinship care placements have better wellbeing, fewer mental health disorders, fewer behavioral problems and less placement disruption than children in non-relative foster care.³²⁵ According to key informants, funding from the Family First Prevention Services Act has allowed the Pascua Yaqui Tribe Social Services Division, Children Services office to allocate more resources towards prevention and intervention to support kinship placements, which has resulted in an important reduction in the number of children being removed from their families.

Data provided by the Pascua Yaqui Tribe Social Services Department show that in both 2019 and 2020, nearly half of children ages birth to 17 who were wards of the court were placed with relatives (48% and 46%, respectively). Most of the remaining children were placed in Pascua Yaqui Tribe foster homes (42% in 2019 and 37% in 2020). A notably larger proportion of children were placed with parents in 2020 (13%) compared to 2019 (2%) (Figure 52).

Figure 62. Placement of wards of the court, 2019 to 2020



Source: Pascua Yaqui Tribe Social Services Department (2016). [Child Welfare data]. Unpublished data received by request.

The total number of foster care homes licensed by the Pascua Yaqui Tribe decreased slightly from 59 in 2019 and to 57 in 2020. The number of foster beds was also reduced from 295 to 285 (Table 61). Most foster homes and beds (about 91%) were located off-reservation, including in the town of Guadalupe.

Table 60. Foster care availability, 2019 and 2020

	On-reservation, CY 2019	Off-reservation, CY 2019	Total, CY 2019	On-reservation, CY 2020	Off-reservation, CY 2020	Total, CY 2020
PYT Foster Care Homes	6	53	59	5	52	57
PYT Foster Care Beds	30	265	295	25	260	285

Source: Pascua Yaqui Tribe Social Services Department (2016). [Child Welfare data]. Unpublished data received by request.

The Pascua Yaqui Tribe Social Services Department provided data on the number of children (ages 0-17) removed from their homes by the Arizona Department of Child Safety (DCS), the state’s child welfare agency. In 2019, 49 children were removed by DCS and a similar number were removed in 2020 (N=50).³²⁶

Special federal guidelines are currently in place to regulate how American Indian children and their families interact with the state’s child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA) in response to a high rate of Indian children being removed from their families and adopted into non-Native families. ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings. Under ICWA, an American

Indian child’s family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and they may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.³²⁷

In 2015, the Bureau of Indian Affairs (BIA) invited four American Indian and Alaska Native communities to participate in a 5-year pilot of the Tiwahe Initiative. A year later, two additional communities, including the Pascua Yaqui Tribe were invited to be one of the six “Pilot Communities.” Tiwahe is a demonstration project to support participating communities in improving the health and well-being of their people. Through this initiative tribes can exercise full self-determination in identifying their needs and in funding the types of programs and services to address their individual challenges in a comprehensive, culturally-appropriate manner that builds internal capacity and results in holistic family well-being outcomes.³²⁸ Tiwahe allows for the implementation of a coordinated service delivery model to increase access to social services, create alternatives to incarceration, improve access to prevention, intervention and treatment services, and improve partnership and collaboration among programs and agencies serving tribal children and families.³²⁹ Throughout the duration of the 5-year demonstration project, the Pascua Yaqui Tribe received \$10,585,504 in Tiwahe funding.

A local project leader or Family Advocacy Coordinator (FAC) was in charge, together with the preexisting Children and Families Provider Networking Board, of planning and developing goals for the Pascua Yaqui Tribe Tiwahe initiative, later renamed Itom Yoemia. The mission of Itom Yoemia is to improve system coordination among Yaqui government agencies and integration of service delivery to families in the following priority areas: family knowledge, health, participation in the community, engagement with culture, standards of living, relationships and the natural environment. Their vision is for Yaqui families to be self-sufficient and culturally connected. The three key programs and activities of Itom Yoemia are:

1. ICWA Support and Foster Care Program – increases support to Yaqui foster families and families involved in the child welfare system (see the *Child Welfare* subsection below for additional information about this component)
2. Attendance Achievement Program - a court diversion program that aims at improving school attendance and reducing truancy among Pascua Yaqui students (see the previous *Educational Indicators – School Attendance and Absenteeism* subsection for additional information about this component)
3. Recidivism Reduction Initiative - (see the *Family Support and Literacy - Substance Use Disorders* subsection above for additional information about this component)

As part of their participation in the Tiwahe Initiative pilot demonstration, the Pascua Yaqui Tribe redesigned its Utteaka Nau Naawak (Togetherness Strong Roots) model to better deliver the ICWA program in the community. Integrated services were expanded with the goal of protecting tribal children and strengthening, preserving and reunifying families. This includes the promotion of the Pascua Yaqui

Tribe child welfare placement guidelines as stated in tribal code, and the provision of comprehensive services that have the Yaqui culture, tradition and language as their foundation.³³⁰

The Tiwahe Initiative fosters collaboration among tribal programs and state and federal agencies while enabling them to design their own solutions to the social challenges that impact the well-being of families in Native communities. The Utteaka Nau Naawak model includes the following stakeholders: enrolled Pascua Yaqui Tribe children and their families; Tribal Attorney General's Office team (ICWA attorneys, ICWA Data Clerk, ICWA paralegals and legal assistants); Social Services Department team (ICWA Social Workers, Tribal ICWA Case Aide and Tribal Foster Care program); Pascua Yaqui Tribe Housing Department and Construction Enterprise; Pascua Yaqui Tribe Enrollment Department (including ICWA Tribal Enrollment Research Specialist); relatives and tribal and non-tribal foster families; state juvenile court system; and the Pascua Yaqui Tribal Court.³³¹

Self-determination allows tribes to develop their coordinated service delivery model under Tiwahe. The Pascua Yaqui Tribe chose to create an ICWA Tribal Enrollment Research Specialist position to facilitate the tribe's early engagement and intervention in ICWA cases. The availability of an Enrollment Research Specialist position has allowed the tribe to expedite verification of enrollment and the initiation of enrollment application for tribal membership, which is required for the tribe to intervene in a child welfare case on behalf of Pascua Yaqui Tribe children and their families. As a result, in FY 2019 the tribe was able to reduce the intervention time in child welfare cases from 10 days to three days. That same year, Utteaka Nau Naawak renovated and repaired 20 kinship homes for foster care licensing through the collaboration with the Pascua Yaqui Tribe Housing Department.³³² Expanded availability of tribally-licensed foster home was also possible through the hiring of the Foster Care Assistant who recruits, supports and trains licensed and prospective Yaqui foster families. The program also hired a new Case Aide which helped reduced the time parents had to wait for visitations with their children after out-of-home placements, from up to six months to a few days. With the tribe being able to supervise visits, parents can see their children more frequently and conveniently, and children are able to be with their families during cultural events.³³³

Additional data from the Utteaka Nau Naawak Indian Child Welfare Annual Report to the Bureau of Indian Affairs shows that in FY 2019 the program had 395 new ICWA notifications. These notifications are ICWA eligible cases but the children may not be of the respective tribe and it therefore may not always be legal for the tribe to act on these cases. Of those, 76 were ICWA cases eligible for action by the Pascua Yaqui Tribe and Utteaka Nau Naawak was able to act on 100% of those cases.³³⁴ Cases acted on are those where a federally-recognized tribe has verified that the child is an enrolled citizen or is eligible for enrollment, hence the importance of the Tribal Enrollment Research Specialist position established by Utteaka Nau Naawak. That same year, Utteaka Nau Naawak participated in state court hearings of all 76 (100%) ICWA cases, a participation rate that is much higher than the combined participation rate across all six Tiwahe pilot programs (70%). Similarly, Utteaka Nau Naawak participated in the case planning of all 76 ICWA cases (100%), a participation rate which is also notably higher than the 63% combined participation rate of all Tiwahe pilot sites (63%).³³⁵

Other Utteaka Nau Naawak program outcomes in FY 2019 include:

- 90 children (76%) were reconnected with their families;
- 28 children (24%) were reunited with their families;
- 68 (59%) children were placed in relative or Indian foster family placements;
- 25 (22%) children were in guardianship with relatives or Indian families;
- 90 (76%) children were connected to their tribe; and
- 76 (100%) families were supported or engaged with tribal social services.³³⁶

Data on the number of children in ICWA placements were also available from the Pascua Yaqui Tribe Social Services Department. In calendar year 2019, 23 children (ages birth to 17) were in ICWA placements, a smaller number than in 2020, when 35 children were in ICWA placements (Table 62).

Table 61. Children in ICWA placements, 2019 and 2020

	CY 2019	CY 2020
Children (ages 0-17)	23	35

Source: Pascua Yaqui Tribe Social Services Department (2016). [Child Welfare data]. Unpublished data received by request.

Key informants indicated that as part of the Tiwahe Initiative, the Pascua Yaqui Tribe is developing the Tribal Health Initiative, a navigation resource that will provide a universal intake and referral system to foster coordination and collaboration among tribal departments. The Tribal Health Initiative will allow families in the community centralized access to information about tribal department services. The system was expected to be available by late summer of 2022.

Additional data tables related to *Family Support and Literacy* can be found in Appendix 1 at the end of this report.

SUMMARY AND CONCLUSIONS

This Needs and Assets Report is the eighth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the Pascua Yaqui Tribe Region. The quantitative data reported here, as well as qualitative information provided by key informants, highlight some of the Pascua Yaqui Tribe Region's many strengths. A summary of identified regional assets is included below.

Population Characteristics

- An outreach campaign led by the Community Development Department towards full participation in the U.S. Census 2020 count on the reservation to ensure the most accurate possible count of residents in the region. This campaign resulted in 100% participation. Census counts are critical in determining funding allocations for tribes. Community-based efforts to achieve accurate counts are an investment with long-lasting implications.
- Additional capacity to process tribal enrollment applications provided by the Tiwahe (Itom Yoemia) initiative. This has a direct impact in the tribe's ability to intervene in child welfare cases handled by the Arizona Department of Child Safety under the Indian Child Welfare Act (ICWA). Up-to-date tribal enrollment counts allows the tribe to receive adequate funding for programs such as the Pascua Yaqui Tribe Child Care and helps assure that families have access to the services they are entitled to as registered members of the Pascua Yaqui Tribe.
- The Pascua Yaqui Tribe Department of Language and Culture's involvement in a wide range of tribally-operated programs promoting the health and well-being of families in the region. The department's activities support the preservation and revitalization of the Yaqui language and culture among community members of all ages and help to cultivate a strong sense of cultural identity for young children. The high level of interest in language classes offered by the Department of Language and Culture is also a strength in the region.

Economic Circumstances

- Participation of young children and their families in the Pascua Yaqui Tribal TANF (PY-YOEME) has seen an increasing trend, contrary to that across the state. The tribe's ability to determine eligibility requirements and lifetime limits may allow families in need to more easily access this resource.
- An unemployment rate that is lower than the combined rate across Arizona reservations, together with a labor force participation rate that is notably higher than that seen across Arizona reservations. A high proportion of the population actively working or looking for work is a positive economic indicator in the region.
- The majority of children birth to 17 in the region lived in homes with both a computer and internet access pre-pandemic, a much higher rate of connectivity than seen in other tribal communities across the state.

Educational Indicators

- Services provided by the Yaqui Education Services (YES) program ensure that children attending school outside of the reservation boundaries are supported in their education with programs such as home-school liaison and after-school tutoring
- Truancy intervention provided by the Pascua Yaqui Tribe Attendance Achievement Program has allowed the tribe to address a challenge impacting student performance. Wraparound support services offered to youth and their families promote their continued engagement with school.

Early Learning

- Ili Uusim Mahtawa'apo Pascua Yaqui Head Start enrolls a high proportion of preschool-age children in the region, providing early learning opportunities and connection to other health and social community resources including early intervention screenings.
- Home-based providers working with the Pascua Yaqui Tribe Child Care Program are seen as an important resource for families in the community, and as always willing to support those in need.

Child Health

- The wide range of services available within the region through the Pascua Yaqui Health Services Division (PYHSD) allows families to access services that integrate traditional Yaqui practices and western medicine. Tribal control over the provision of services allows PYHSD to determine how to best meet the health needs of families in the region.
- The Yoeme Health Plan provides health care coverage to families who do not qualify for other publicly-funded alternatives such as AHCCCS while ensuring that tribal funds support the highest possible number of individuals in the region.

Family Support and Literacy

- Parent education programs, including those funded by the Regional Partnership Council, promote parent involvement and early literacy skills for young children and their families in the region.
- Behavioral health services provided by Centered Spirit provide culturally compatible mental health and substance use services to families in the region. Community-based, culturally-informed and trauma-sensitive interventions for families with young children are provided by the Child and Family Team.
- The Pascua Yaqui Tribe Tiwahe (Itom Yoemia) initiative has supported the expansion of wraparound services and created alternatives to incarceration, improved access to prevention, intervention and treatment services, and improved partnership and collaboration among programs and agencies serving tribal children and families. The principle of self-determination at the core of Itom Yoemia has allowed the Pascua Yaqui Tribe to creatively address some of the unique challenges to family well-being.

Even with substantial strengths in the region, there continue to be challenges to fully serving the needs of families with young children. These include:

Population Characteristics

- Use of the Yaqui language in daily/weekly activities is substantially lower than the use of English and Spanish.
- Nearly half (43%) of families with children (ages birth to 17) in the Pascua Yaqui Tribe Region are headed by a single parent. Three-quarters (75%) of children ages birth to 5 in the live with a single parent.

Economic Characteristics

- A median family income (\$36,600) that is much lower than that in Pima County (\$66,700). The median family income for single parents is even lower (\$23,800 for single-male-headed families and \$21,500 for single-female-headed households), which is concerning because of the high proportion of families headed by a single parent.

Educational Indicators

- Graduation rates at Hiaki High School, the only school within the region, have declined in recent years and are notably lower than graduation rates in other public schools serving youth from the region.

Early Learning

- A high proportion of young children live in households where all responsible parents are in the labor force, suggesting that these families need child care support.
- With limited access to child care services within the regional boundaries, families who seek care in child care centers elsewhere in Pima County are faced with child care costs that represent a high proportion of their income.

Child Health

- A marked increase in negative birth outcomes including preterm births, low birthweight births and NICU admissions. Together with the data on inadequate prenatal care, this concerning trend points to a need for further outreach and health education on the importance of timely prenatal care.
- A proportion of WIC-enrolled children exposed to smoking in the household that is notably higher than across all ITCA WIC programs suggests a need for family and parental education and smoking cessation.

Family Support and Literacy

- A high rate of substance use that negatively impacts family well-being and that has been identified as a priority area by community members.

These needs are complex issues that have root causes that no single department or organization can tackle alone. Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration between Pascua Yaqui Tribe departments, divisions and programs, the First Things First Regional Partnership Council, federal and state agencies, and other community stakeholders in and around the region. Families in the region have unique assets and strengths and a desire to provide the best life possible for their children. Ongoing collaborations and coordinated services that integrate the Yaqui culture as the foundation for the well-being of families will ensure that young children and their caregivers thrive in the Pascua Yaqui Tribe Region.

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 62. Number of babies born, 2015 to 2019

Geography	2014	2015	2016	2017	2018	2019
Pascua Yaqui Tribe Region	96	77	75	60	69	69
All Arizona Reservations	2,640	2,510	2,460	2,340	1,990	2,180
Pima County	11,844	11,476	11,403	10,970	10,661	10,357
Arizona	86,648	85,024	84,404	81,664	80,539	79,183

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: 'All Arizona Reservations' data reflect only births to American Indian mothers residing on Arizona reservations.

Table 63. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with one or two parents	Number and percent living with one or two foreign-born parents	
		Number	Percent
Pascua Yaqui Tribe Region	432	7	2%
All Arizona Reservations	16,370	277	2%
Pima County	66,199	15,666	24%
Arizona	494,590	126,082	25%
United States	22,727,705	5,631,005	25%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes stepparents.

Table 64. Number of English Language Learners enrolled in kindergarten to third grade, 2017-18 to 2019-20

Geography	Kindergarten to third-grade English Language Learners, 2017-18	Kindergarten to third-grade English Language Learners, 2018-19	Kindergarten to third-grade English Language Learners, 2019-20
Off-reservation schools serving Pascua Yaqui Tribe students	144	100	141
Pima County Schools	4,131	3,971	4,353
Arizona Schools	37,144	35,025	37,313

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: English Language Learners are students who do not score ‘proficient’ in the English language on the Arizona English Language Learner Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition.

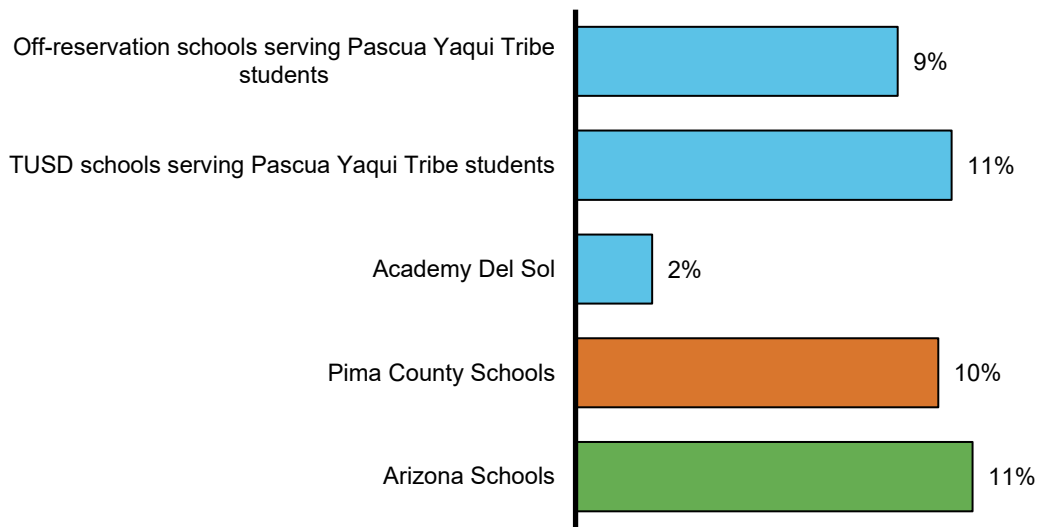
Table 65. Limited-English-speaking households, 2015-2019 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
Pascua Yaqui Tribe Region	944	45	5%
All Arizona Reservations	50,231	6,698	13%
Pima County	404,739	16,810	4%
Arizona	2,571,268	102,677	4%
United States	120,756,048	5,308,496	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

Note: A “limited-English-speaking” household is one in which no one over the age of 13 speaks English very well.

Figure 63. Percent of kindergarten to third grade students who were English Language Learners, 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note English Language Learners are students who do not score 'proficient' in the English language on the Arizona English Language Learner Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition..

Table 66. Participation in Pascua Yaqui Tribe Department of Language and Culture programs, 2018-2019 school year

	Registered students (Fall 2018)	Registered students (Spring 2019)	Registered students (Summer 2019)	Total Registered Students	Participants in Community Activities
Language Program	57	139	93	289	110
Traditional Arts Program	30	43	39	112	230
History and Culture Program	29	8	23	60	387

Source: Pascua Yaqui Tribe Department of Language and Culture (2021). 2018-2019 Budget Report Services. Report received by request.

Table 67. Living arrangements for children ages birth to 5, 2015-2019 ACS

Geography	Estimated number of children (birth to 5) living in households	Living with two parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Pascua Yaqui Tribe Region	519	8%	75%	7%	10%
All Arizona Reservations	18,182	28%	62%	8%	2%
Pima County	69,414	57%	38%	3%	2%
Arizona	517,483	59%	37%	3%	2%
United States	23,640,563	63%	33%	2%	2%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents.

Table 68. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Number and percent living in their grandparent's household	
Pascua Yaqui Tribe Region	519	240	46%
All Arizona Reservations	18,182	8,177	45%
Pima County	69,414	8,380	12%
Arizona	517,483	67,495	13%
United States	23,640,563	2,521,583	11%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Table 69. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who:				
		Are female	Are 60 years old or older	Have an income below the poverty level	Do not speak English very well	Do not have the child's parents in the household
Pascua Yaqui Tribe Region	177	63%	27%	27%	4%	33%
All Arizona Reservations	5,630	65%	45%	38%	19%	29%
Pima County	8,671	64%	42%	23%	23%	33%
Arizona	64,841	62%	42%	22%	21%	31%
United States	2,465,864	63%	44%	19%	14%	36%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household.

Economic Circumstances

Table 70. Median annual family income, 2015-2019 ACS

Geography	Median annual income for all families	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Pascua Yaqui Tribe Region	\$36,600	\$58,500	\$23,800	\$21,500
Pima County	\$66,700	\$85,300	\$38,900	\$27,900
Arizona	\$70,200	\$88,400	\$42,900	\$30,400
United States	\$77,300	\$100,000	\$45,100	\$29,000

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median. The medians have been rounded to the nearest hundred dollars.

Figure 64. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS

Geography	Estimated population for whom poverty status can be determined (all ages)	Percent of the population below the poverty level	Estimated number of children for whom poverty status can be determined (birth to 5 years old)	Percent of children below the poverty level
Pascua Yaqui Tribe Region	4,095	37%	468	52%
All Arizona Reservations	183,717	39%	17,906	51%
Pima County	998,061	17%	68,170	26%
Arizona	6,891,224	15%	508,453	23%
United States	316,715,051	13%	23,253,254	20%

Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001

Note: This table includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622.

Table 71. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Pascua Yaqui Tribe Region	468	25%	27%	23%	25%
All Arizona Reservations	17,906	31%	20%	24%	25%
Pima County	68,170	12%	14%	22%	52%
Arizona	508,453	11%	13%	22%	54%
United States	23,253,254	9%	11%	19%	60%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

Table 72. Families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Pascua Yaqui Tribe Region	287	[37-45]	[49-57]	[54-62]	64	[47-55]	DS
Pima County	53,862	2,875	2,895	2,531	2,214	2,445	5%
Arizona	384,441	13,925	12,315	10,538	9,360	9,947	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 73. Children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Pascua Yaqui Tribe Region	470	[60-68]	89	98	99	93	21%
Pima County	74,796	3,751	3,925	3,529	3,019	3,289	4%
Arizona	546,609	18,968	17,143	14,659	13,029	13,747	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 74. Families participating in SNAP, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Pascua Yaqui Tribe Region	287	238	246	236	227	205	79%
Pima County	53,862	24,954	24,381	22,598	21,104	20,190	39%
Arizona	384,441	171,977	164,092	151,816	140,056	132,466	34%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 75. Children participating in SNAP, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Pascua Yaqui Tribe Region	470	389	400	374	353	318	75%
Pima County	74,796	36,481	35,651	33,131	30,963	29,439	41%
Arizona	546,609	258,455	247,414	229,275	211,814	198,961	36%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 76. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021

Geography	Children ages 0-17 receiving P-EBT			Children ages 0-5 receiving P-EBT		
	March 2021	April 2021	May 2021	March 2021	April 2021	May 2021
Pascua Yaqui Tribe Region	776	776	776	50	42	34
Pima County	78,302	78,299	78,307	4,726	4,251	3,805
Arizona	628,147	628,087	628,221	38,053	34,402	30,926

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Table 77. Children (ages 0-4) enrolled in the Pascua Yaqui Tribe WIC Program, 2016 to 2020

	Children and infants in WIC, 2017	Children and infants in WIC, 2018	Children and infants in WIC, 2019	Children and infants in WIC, 2020
Pascua Yaqui Tribe	1,038	953	869	731
All ITCA WIC programs	12,801	11,897	10,870	9,342

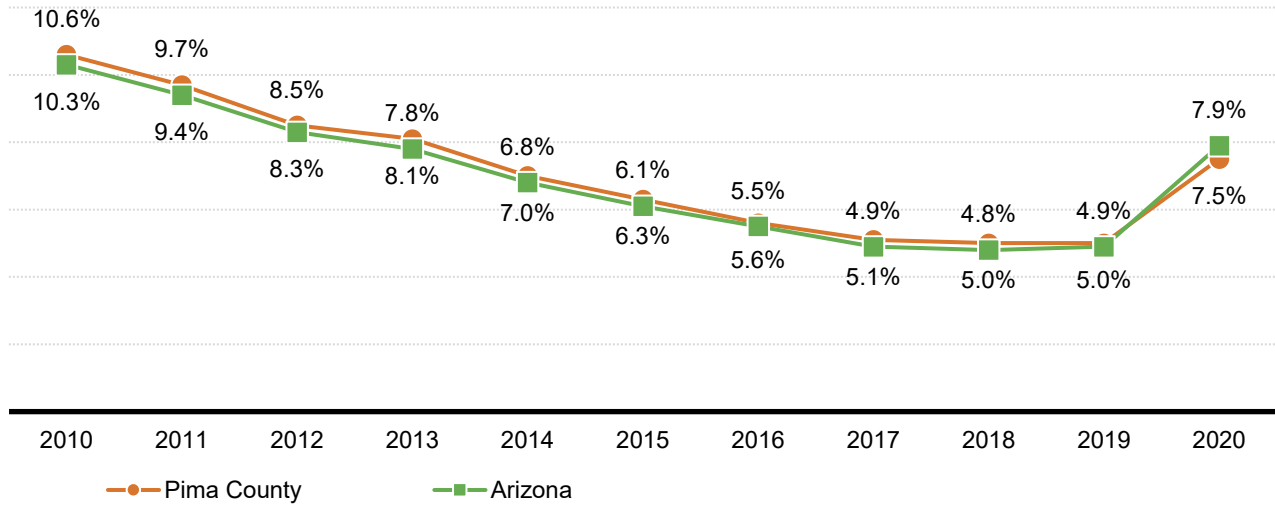
Source: Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

Table 78. Percent of students eligible for free or reduced-price lunch, 2017-18 to 2019-20

	Students (all grades) eligible for free or reduced-price lunch, 2017-18	Students (all grades) eligible for free or reduced-price lunch, 2018-19	Students (all grades) eligible for free or reduced-price lunch, 2019-20
Hiaki High School	>98%	90%	96%
Off-reservation schools serving Pascua Yaqui Tribe students	74%	70%	74%
TUSD schools serving Pascua Yaqui Tribe students	74%	69%	74%
Harriet Johnson Primary School	81%	76%	>98%
Anna Lawrence Intermediate School	89%	82%	>98%
Vesey Elementary School	72%	71%	72%
Frances J Warren Elementary School	81%	78%	>98%
John E White Elementary School	73%	68%	70%
Pistor Middle School	76%	71%	74%
Valencia Middle School	77%	76%	78%
Cholla High School	67%	61%	63%
San Xavier Mission School	76%	71%	71%
Academy Del Sol - Hope	73%	75%	74%
Pima County Schools	56%	55%	56%
Arizona schools	57%	56%	55%

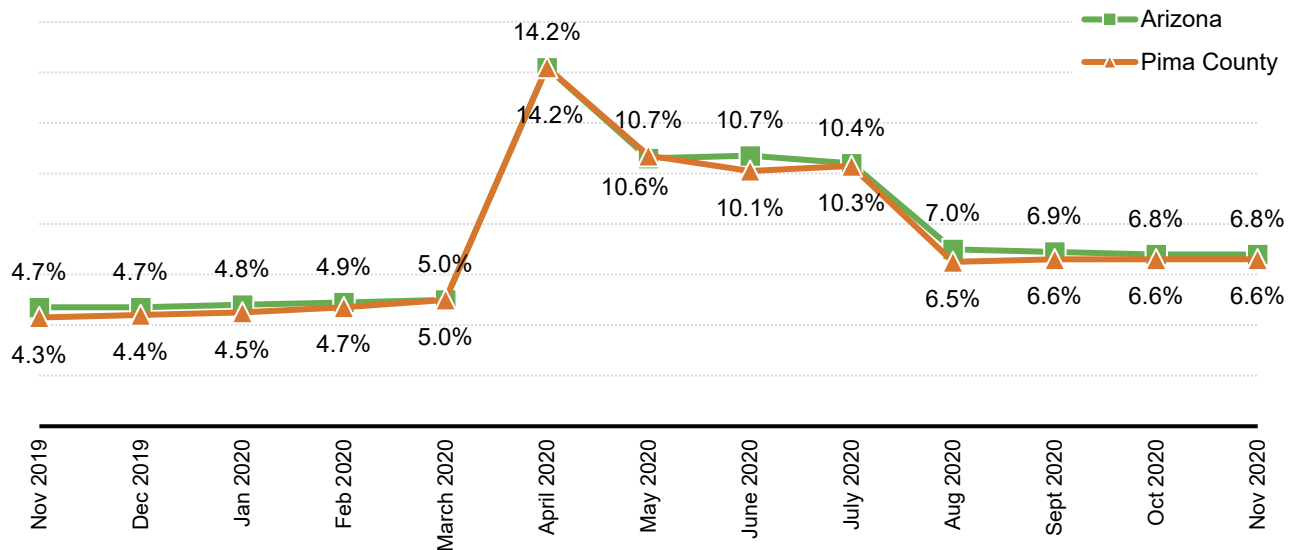
Source: Arizona Department of Education (2021). [Health & Nutrition dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Figure 65. Average annual unemployment rates (not seasonally adjusted), 2010 to 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Figure 66. Monthly unemployment rates (seasonally adjusted), 2019 to 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Note: 'Seasonal adjustment' refers to a statistical technique that tries to remove the influence of predictable seasonal patterns on employment rates (such as harvest schedules or major holidays).

Table 79. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two parents, both in the labor force	Living with two parents, one in the labor force and one not	Living with two parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Pascua Yaqui Tribe Region	432	4%	5%	1%	72%	17%
All Arizona Reservations	16,370	12%	15%	4%	39%	30%
Pima County	66,199	33%	26%	1%	32%	8%
Arizona	494,590	32%	28%	1%	29%	9%
United States	22,727,705	39%	25%	1%	27%	7%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each row should sum to 100%, but may not because of rounding.

Table 80. Housing-cost burden for all households, and for owners and renters separately, 2015-2019 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
Pascua Yaqui Tribe Region	944	20%	328	9%	616	26%
All Arizona Reservations	50,231	14%	34,358	12%	15,873	18%
Pima County	404,739	31%	255,677	22%	149,062	47%
Arizona	2,571,268	30%	1,656,756	22%	914,512	45%
United States	120,756,048	31%	77,274,381	22%	43,481,667	46%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

Note: An "occupied housing unit" is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied as separate living quarters. Buildings such as dormitories, bunkhouses and motel rooms are not counted as housing units. The number of households is equal to the number of occupied housing units.

Table 81. Households with and without computers and smartphones, 2015-2019 ACS

Geography	Estimated number of households	Have both computer and smartphone	Have computer but no smartphone	Have smartphone but no computer	Have neither smartphone nor computer
Pascua Yaqui Tribe Region	944	37%	3%	44%	17%
All Arizona Reservations	50,231	31%	5%	22%	42%
Pima County	404,739	72%	7%	13%	8%
Arizona	2,571,268	73%	7%	12%	8%
United States	120,756,048	71%	7%	13%	10%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this table, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices. The four percentages in each row should sum to 100%, but may not because of rounding.

Table 82. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Pascua Yaqui Tribe Region	4,154	83%	7%	11%
All Arizona Reservations	184,145	42%	23%	35%
Pima County	996,875	89%	6%	5%
Arizona	6,892,175	87%	7%	6%
United States	316,606,796	86%	7%	6%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 83. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Pascua Yaqui Tribe Region	1,576	85%	7%	8%
All Arizona Reservations	55,802	46%	24%	29%
Pima County	216,164	92%	5%	2%
Arizona	1,632,019	88%	8%	4%
United States	73,225,376	89%	7%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Educational Indicators

Table 84. Preschool to third grade students enrolled in public or charter schools, 2019-20

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Off-reservation schools serving Pascua Yaqui Tribe students	128	356	391	395	391
TUSD schools serving Pascua Yaqui Tribe students	128	287	319	330	322
Harriet Johnson Primary School	57	69	69	68	54
Anna Lawrence Intermediate School	N/A	N/A	N/A	N/A	13
Vesey Elementary School	20	90	93	107	106
Frances J Warren Elementary School	25	33	40	37	44
John E White Elementary School	26	95	117	118	105
Academy Del Sol - Hope	N/A	69	72	65	69
Pima County Schools	3,054	10,418	10,551	10,370	10,707
Arizona Schools	21,867	81,606	82,386	82,305	83,003

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Data in this table reflect all students enrolled in these schools, not just Pascua Yaqui Tribe students or American Indian students

Table 85. Preschool to third grade students enrolled in public or charter schools, 2019-20

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Off-reservation schools serving Pascua Yaqui Tribe students	128	356	391	395	391
TUSD schools serving Pascua Yaqui Tribe students	128	287	319	330	322
Harriet Johnson Primary School	57	69	69	68	54
Anna Lawrence Intermediate School	N/A	N/A	N/A	N/A	13
Vesey Elementary School	20	90	93	107	106
Frances J Warren Elementary School	25	33	40	37	44
John E White Elementary School	26	95	117	118	105
Academy Del Sol - Hope	N/A	69	72	65	69
Pima County Schools	3,054	10,418	10,551	10,370	10,707
Arizona Schools	21,867	81,606	82,386	82,305	83,003

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Data in this table reflect all students enrolled in these schools, not just Pascua Yaqui Tribe students or American Indian students

Table 86. AzMERIT assessment results for American Indian students: Third Grade English Language Arts, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Off-reservation schools serving Pascua Yaqui Tribe students	DS	74%	3%	21%	3%	23%
TUSD schools serving Pascua Yaqui Tribe students	DS	75%	3%	19%	3%	22%
Harriet Johnson Primary School	N/A	N/A	N/A	N/A	N/A	N/A
Anna Lawrence Intermediate School	DS	94%	<2%	6%	<2%	6%
Vesey Elementary School	DS	57%	<2%	29%	14%	43%
Frances J Warren Elementary School	DS	80%	20%	<2%	<2%	<2%
John E White Elementary School	DS	43%	<2%	57%	<2%	57%
Academy Del Sol – Hope	DS	67%	<2%	33%	<2%	33%
Pima County Schools	312	76%	8%	14%	2%	16%
Arizona Schools	3,497	66%	13%	18%	4%	22%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Data in this table reflect all American Indian students enrolled in these schools, not just Pascua Yaqui Tribe students

Table 87. AzMERIT assessment results for American Indian students: Third Grade Math, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Off-reservation schools serving Pascua Yaqui Tribe students	DS	50%	33%	15%	3%	18%
TUSD schools serving Pascua Yaqui Tribe students	DS	51%	32%	14%	3%	16%
Harriet Johnson Primary School	N/A	N/A	N/A	N/A	N/A	N/A
Anna Lawrence Intermediate School	DS	71%	24%	6%	<2%	6%
Vesey Elementary School	DS	29%	43%	14%	14%	29%
Frances J Warren Elementary School	DS	60%	40%	<2%	<2%	<2%
John E White Elementary School	DS	25%	38%	38%	<2%	38%
Academy Del Sol - Hope	DS	33%	33%	33%	<2%	33%
Pima County Schools	319	54%	29%	14%	3%	17%
Arizona Schools	3,525	42%	31%	21%	5%	27%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Data in this table reflect all American Indian students enrolled in these schools, not just Pascua Yaqui Tribe students

Table 88. Trends in graduation rates, 2017 to 2019

	Four-year graduation rates			Five-year graduation rates		
	2017	2018	2019	2017	2018	2019
Hiaki High School	58%	25%	34%	70%	50%	45%
Cholla High School	88%	90%	91%	91%	93%	93%
Pima County Schools	74%	74%	75%	80%	79%	79%
Arizona schools	78%	78%	79%	82%	82%	83%

Source: Arizona Department of Education (2021). [Graduation dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team

Table 89. Graduation rates for Pascua Yaqui Tribe students enrolled in Tucson Unified School District, 2018-19 to 2019-20

	Cohort	Graduates	Graduation Rate
4-year graduates, 2018-19	27	25	93%
5-year graduates, 2018-19	28	26	93%
4-year graduates, 2019-20	17	12	71%

Source: Pascua Yaqui Tribe Education Department (2021) [K-12 Student Dataset]. Unpublished data received by request.

Early Childhood System

Table 90. Staff credentials at Pascua Yaqui Tribe Head Start, 2018-19

	Total Staff	Child Development Associate (CDA) Credential	AA in Early Childhood Education or Related Field	BA in Early Childhood Education or Related Field	Advanced Degree in Early Childhood Education
Head Start Classroom Teachers	16	0	10	2	1
Education & Child Development Managers/Coordinators	8	0	2	2	3

Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Table 91. Median daily charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Pascua Yaqui Tribe Region	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pima County	\$25.00	\$25.00	\$25.00	\$30.00	\$28.00	\$28.00	\$43.03	\$38.25	\$33.47
Arizona	\$20.00	\$20.00	\$20.00	\$30.00	\$28.00	\$28.00	\$43.03	\$38.00	\$33.00

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 92. Cost of center-based child care for one child as a percentage of income, 2018

Geography	Median family income	Cost for an infant	Cost for a 1 to 2 year old child	Cost for a 3 to 5 year old child
Pima County	\$66,700	15.5%	13.8%	12.0%
Arizona	\$70,200	14.7%	13.0%	11.3%

Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data. & U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

Table 93. Preschoolers with disabilities enrolled in special education in public and charter schools attended by children from the Pascua Yaqui Tribe Region, 2017-18 to 2019-20

Geography	Preschoolers enrolled in special education, 2017-18	Preschoolers enrolled in special education, 2018-19	Preschoolers enrolled in special education, 2019-20
Off-reservation schools serving Pascua Yaqui Tribe students	31	40	46
TUSD schools serving Pascua Yaqui Tribe students	31	40	46
Harriet Johnson Primary School	19	23	[26-36]
Anna Lawrence Intermediate School	N/A	N/A	N/A
Vesey Elementary School	DS	DS	DS
Frances J Warren Elementary School	DS	DS	DS
John E White Elementary School	DS	DS	DS
Academy Del Sol - Hope	N/A	N/A	N/A
Pima County Schools	1,345	1,387	1,420
Arizona Schools	10,123	10,314	10,521

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: This table shows data for all preschoolers with disabilities in the schools attended by students from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children, or even American Indian children in those schools.

Table 94. Preschoolers with disabilities enrolled in special education in public and charter schools by disability type, 2019-20

Geography	Number of preschoolers enrolled	Developmental Delay	Preschool Severe Delay	Speech or Language Impairment	Other Disabilities
Off-reservation schools serving Pascua Yaqui Tribe students	46	26%	13%	61%	<2%
TUSD schools serving Pascua Yaqui Tribe students	46	26%	13%	61%	<2%
Academy Del Sol - Hope	N/A	N/A	N/A	N/A	N/A
Pima County Schools	1,420	39%	17%	38%	6%
Arizona Schools	10,521	43%	20%	34%	3%

Source: Arizona Department of Education (2021). [Special Needs dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: This table shows data for all preschoolers with disabilities in the schools attended by students from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children, or even American Indian children in those schools.

Table 95. Kindergarten to third grade students with disabilities enrolled in special education in public and charter schools, 2017-18 to 2019-20

	K-3 students enrolled in special education, 2017-18	K-3 students enrolled in special education, 2018-19	K-3 students enrolled in special education, 2019-20
Off-reservation schools serving Pascua Yaqui Tribe students	169	188	149
TUSD schools serving Pascua Yaqui Tribe students	158	165	131
Academy Del Sol - Hope	11	13	18
Pima County Schools	5,337	5,385	5,308
Arizona Schools	36,807	38,115	39,071

Source: Arizona Department of Education (2021). [Special Needs dataset]. Custom tabulation by the UArizona CRED Team

Note: This table shows data for all students with disabilities in the schools attended by children from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children, or even American Indian children in those schools.

Table 96. Kindergarten to third grade students with disabilities enrolled in special education in public and charter schools by disability type, 2019-20

Geography	Number of K-3 students enrolled	Autism	Developmental Delay	Specific Learning Disability	Speech or Language Impairment	Other Disabilities
Off-reservation schools serving Pascua Yaqui Tribe students	149	5%	23%	18%	41%	14%
TUSD schools serving Pascua Yaqui Tribe students	131	3%	27%	12%	40%	18%
Academy Del Sol - Hope	DS	<2%	6%	11%	83%	<2%
Pima County Schools	5308	9%	22%	16%	40%	13%
Arizona Schools	39071	11%	25%	15%	36%	14%

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: This table shows data for all students with disabilities in the schools attended by children from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children, or even American Indian children in those schools.

Child Health

Table 97. Health insurance coverage, 2015-2019 ACS

Geography	Estimated civilian non-institutionalized population (all ages)	Without health insurance (all ages)	Estimated number of children (ages 0-5)	Without health insurance (ages 0-5)
Pascua Yaqui Tribe Region	4,187	26%	519	13%
All Arizona Reservations	185,032	22%	18,201	17%
Pima County	1,005,471	9%	69,493	5%
Arizona	6,941,028	10%	517,639	7%
United States	319,706,872	9%	23,653,661	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Table 98. Prenatal care for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Pascua Yaqui Tribe Region	2018	69	16%	29%	60.9%
	2019	69	7%	19%	58.0%
All Arizona Reservations	2018	1,990	5%	18%	64.4%
	2019	2,180	6%	20%	75.3%
Pima County	2018	10,661	7%	14%	64.0%
	2019	10,357	6%	15%	64.0%
Arizona	2018	80,539	3%	8%	68.8%
	2019	79,183	3%	8%	68.9%
Healthy People 2020 Target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: ‘All Arizona Reservations’ row reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this table.

Table 99. Children in child care with selected required immunizations, 2019-20

Geography	Number enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
Child care centers serving the Pascua Yaqui Tribe Region	695	88.5%	87.3%	91.8%	0.7%	0.0%	0.6%
T.U.S.D.#1 - Brichta Infant And Early Learning Center	148	89.9%	95.9%	98.6%	0.7%	0.0%	0.0%
Children's Learning Adventure Childcare Center	252	76.6%	69.0%	79.0%	1.2%	0.0%	1.2%
De Colores Learning Center & Childcare	61	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Growing Steps Child Care And Learning Center	31	96.8%	96.8%	96.8%	3.2%	0.0%	3.2%
Herencia Guadalupana Lab Schools	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Petite Academy	86	94.2%	96.5%	98.8%	0.0%	0.0%	0.0%
Little Friends Learning Center	78	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Wright Brothers Christian Academy	39	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
All Arizona reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pima County	12,694	95.5%	96.6%	97.2%	1.9%	0.2%	1.3%
Arizona	83,851	91.9%	93.4%	93.9%	5.0%	0.6%	3.1%
Healthy People 2020 Targets		90.0%	90.0%	90.0%			

Source: Arizona Department of Health Services (2021). Childcare Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Childcare Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: This table shows data for all children enrolled at centers that serve families from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children.

Table 100. Child care immunization exemption rates, 2015-16 to 2019-20

Geography	Children in child care with religious exemptions					Children in child care exempt from all immunizations				
	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
Child care centers serving the Pascua Yaqui Tribe Region	0.5%	0.0%	0.8%	0.6%	0.7%	0.4%	0.0%	0.8%	0.6%	0.6%
T.U.S.D.#1 - Brichta Infant And Early Learning Center	0.0%	0.0%	0.5%	0.0%	0.7%	0.0%	0.0%	0.5%	0.0%	0.0%
Children's Learning Adventure Childcare Center	0.7%	0.0%	1.4%	0.0%	1.2%	0.0%	0.0%	1.4%	0.0%	1.2%
De Colores Learning Center & Childcare	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%
Growing Steps Child Care And Learning Center	N/A	0.0%	0.0%	7.7%	3.2%	N/A	0.0%	0.0%	7.7%	3.2%
Herencia Guadalupana Lab Schools	0.0%	0.0%	N/A	N/A	N/A	0.0%	0.0%	N/A	N/A	N/A
La Petite Academy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Little Friends Learning Center	0.0%	N/A	1.9%	N/A	0.0%	0.0%	N/A	1.9%	N/A	0.0%
Wright Brothers Christian Academy	3.9%	0.0%	0.0%	0.0%	0.0%	3.9%	0.0%	0.0%	0.0%	0.0%
All Arizona reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pima County	2.1%	2.1%	2.8%	2.1%	1.9%	2.5%	2.4%	3.2%	2.2%	2.1%
Arizona	0.5%	0.5%	0.7%	0.3%	0.6%	2.1%	2.4%	2.9%	3.0%	3.1%

Source: Arizona Department of Health Services (2021). Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage> Note: This table shows data for all children enrolled at centers that serve families from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children.

Table 101. Kindergarteners with selected required immunizations, 2019-20

Geography	Number enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
Schools serving the Pascua Yaqui Tribe Region	359	98.1%	98.6%	98.6%	0.8%	0.3%	0.0%
Academy Del Sol - Hope	71	97.2%	97.2%	97.2%	2.8%	0.0%	0.0%
Frances J Warren Elementary School	32	96.9%	96.9%	96.9%	0.0%	3.1%	0.0%
Harriet Johnson Primary School	71	98.6%	98.6%	98.6%	0.0%	0.0%	0.0%
John E White Elementary School	96	99.0%	99.0%	99.0%	1.0%	0.0%	0.0%
San Xavier Mission School	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Vesey Elementary School	89	97.8%	100.0%	100.0%	0.0%	0.0%	0.0%
All Arizona reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pima County	11,301	95.0%	95.6%	95.6%	3.1%	1.1%	2.1%
Arizona	82,358	93.2%	93.8%	93.5%	5.4%	0.3%	3.4%
Healthy People 2020 Targets		90.0%	90.0%	90.0%			

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: This table shows data for all kindergarteners enrolled in schools attended by children from the Pascua Yaqui Tribe Region. These data are not specific to Pascua Yaqui Tribe children.

Table 102. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2017-18 to 2019-20

Geography	Season	Influenza	Respiratory Syncytial Virus (RSV) Infection
Pima County	2017-18	591	525
	2018-19	555	276
	2019-20 (preliminary)	543	528
Arizona	2017-18	5,319	4,530
	2018-19	4,603	3,897
	2019-20 (preliminary)	6,612	5,351

Source: Arizona Department of Health Services (2021). [FTF VPD Flu RSV dataset]. Unpublished data.

Table 103. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2018 to 2020

Geography	Calendar year	Pertussis (Whooping Cough)	Varicella (Chicken Pox)	Haemophilus influenzae	Meningococcal disease	Mumps	Measles
Pima County	2018	1	16	2	0	0	0
	2019	12	8	3	0	0	0
	2020	33	3	0	0	0	0
Arizona	2018	48	57	30	0	0	0
	2019	92	62	22	0	0	0
	2020	96	22	12	1	1	0

Source: Arizona Department of Health Services (2021). [VPD Flu RSV dataset]. Unpublished data.

Table 104. Top 10 diagnoses by number of visits among children ages 0-5 seen at Pascua Yaqui El Rio or Yoeme Health Plans, FY2019

	Number of visits (2018)	Number of visits (2019)	Number of visits (2020)
Upper respiratory infection	163	161	83
Unspecified astigmatism, bilateral	29	32	33
Obesity, unspecified	**	21	24
Mild intermittent asthma, uncomplicated	32	22	22
Fever, unspecified	35	36	21
Dermatitis (rash), unspecified	26	26	21
Cough	35	**	19
Developmental disorder of speech and language, unspecified	26	30	19
Other seasonal allergic rhinitis	**	22	19
Constipation, unspecified	**	21	18
Allergic rhinitis, unspecified	24	19	**
Overweight	**	23	**
Noninfective gastroenteritis and colitis, unspecified	**	22	**
Other viral agents as the cause of diseases	30	**	**
Candidiasis of skin and nail	23	**	**

Source: Pascua Yaqui Tribe Health Services Division (2021) [Child Health Dataset]. Unpublished data received by request.

Note: **Denotes a diagnosis that did not appear in the top 10 for that year.

Family Support

Table 105. Number of deaths with opiates or opioids contributing, 2017 through 2020

Geography	Number of deaths with opiates or opioids contributing, 2017 through 2020
Pascua Yaqui Tribe Region	DS
Pima County	889
Arizona	5,455

Source: Arizona Department of Health Services (2021). [Vital Statistics dataset]. Unpublished data.

Note: Over a third (35%) of overdose deaths were missing address information, so they could not be accurately assigned to a First Things First region. These deaths are reflected in county numbers.

Table 106. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020

Geography	Total Substantiated Maltreatment Reports	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse
Pascua Yaqui Tribe Region	N/A	N/A	N/A	N/A	N/A
Pima County	372	70%	27%	3%	0%
Arizona	1,669	69%	25%	6%	0%

Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

Table 107. Children ages birth to 17 removed by the Department of Child Services (DCS), July-Dec 2020

Geography	Total Reports	Number of children removed	Percent of children removed	Number of children with prior removal in last 24 months	Percent of children with prior removal in last 24 months
Pascua Yaqui Tribe Region	N/A	N/A	N/A	N/A	N/A
Pima County	372	70%	27%	3%	0%
Arizona	30,526	4,967	16%	198	4%

Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

APPENDIX 2: METHODS AND DATA SOURCES

The data contained in this report come from a variety of sources, including publicly available datasets; data requested from Arizona state agencies; data obtained from various Pascua Yaqui Tribe departments and programs with approval from the Pascua Yaqui Tribal Council in a Memorandum of Understanding for multiple data collection approved by Tribal Resolution No. C03-63-20; and qualitative data gathered through key informant interviews. Specific sources and methods used in this report are enumerated below.

U.S. Census and American Community Survey Data

The U.S. Census³³⁷ is an enumeration of the population of the United States. It is conducted every 10 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. Both the 2010 and 2020 Census data for the Pascua Yaqui Tribe Region presented in this report are drawn from the Census Geography for Pascua Pueblo Yaqui Reservation. The Census Bureau is expected to publish new population estimates and detailed tables from the 2020 Census for tribal geographies later in 2023.

In March of 2022 the U.S. Census Bureau released its estimates of undercount and overcount in the 2020 Census. Analyses conducted by the Bureau show that several groups that have been historically undercounted were also undercounted in the 2020 Census. This includes the Black or African American population, the American Indian/Alaska Native population residing on reservations, the Hispanic or Latino population and individuals who indicated being of “Some other race.” Among age groups, the Census 2020 also undercounted children ages birth to 17, especially children birth to 4. According to the Census Bureau, the undercount rate among American Indian/Alaska Native people living on reservations was 5.64% (a percentage that was not statistically different from the undercount rate of 4.88% in the 2010 U.S. Census).³³⁸

The American Community Survey (ACS)³³⁹ 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 Pascua Yaqui Tribe Region were also drawn from the Census Geography for the Pascua Pueblo Yaqui Reservation. Data in this report from the ACS summarize the responses from samples of residents taken between 2015 and 2019, which is notably before the COVID-19 pandemic began. Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates or estimates for tribal geographies. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report.

Education Data from ADE

Education data from the Arizona Department of Education (ADE) included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the spring of 2021. The vendor worked with the regional director to create a list of all public and charter schools that serve students from the region. This list was used to aggregate school-level data to the “Schools serving the Pascua Yaqui Tribe Region” level. This methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system and business rules over the past three years, some indicators could not be presented as a time series.

Data Suppression

To protect the confidentiality of program participants, the First Things First (FTF) Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than six. In addition, some data received from state agencies are suppressed according to their own guidelines. The Arizona Department of Health Services (ADHS) does not report counts less than six; the Arizona Department of Economic Security (DES) does not report counts between one and nine; and ADE does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of “<6” or “<10” or “<11” for counts, or “DS” (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a particular program did not operate in the region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of “N/A.”

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only TANF and 12 children enrolled in a household with TANF, the entry in the table would read “13 to 21.” This is because the suppressed number of children in Child-only TANF is between one and nine, so the possible range of values is the sum of the two known numbers plus one on the lower bound to the sum of the two known numbers plus nine on the upper bound. Ranges that include numbers below the suppression threshold of less than six or 10 may still be included if the upper limit of the range is above six or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

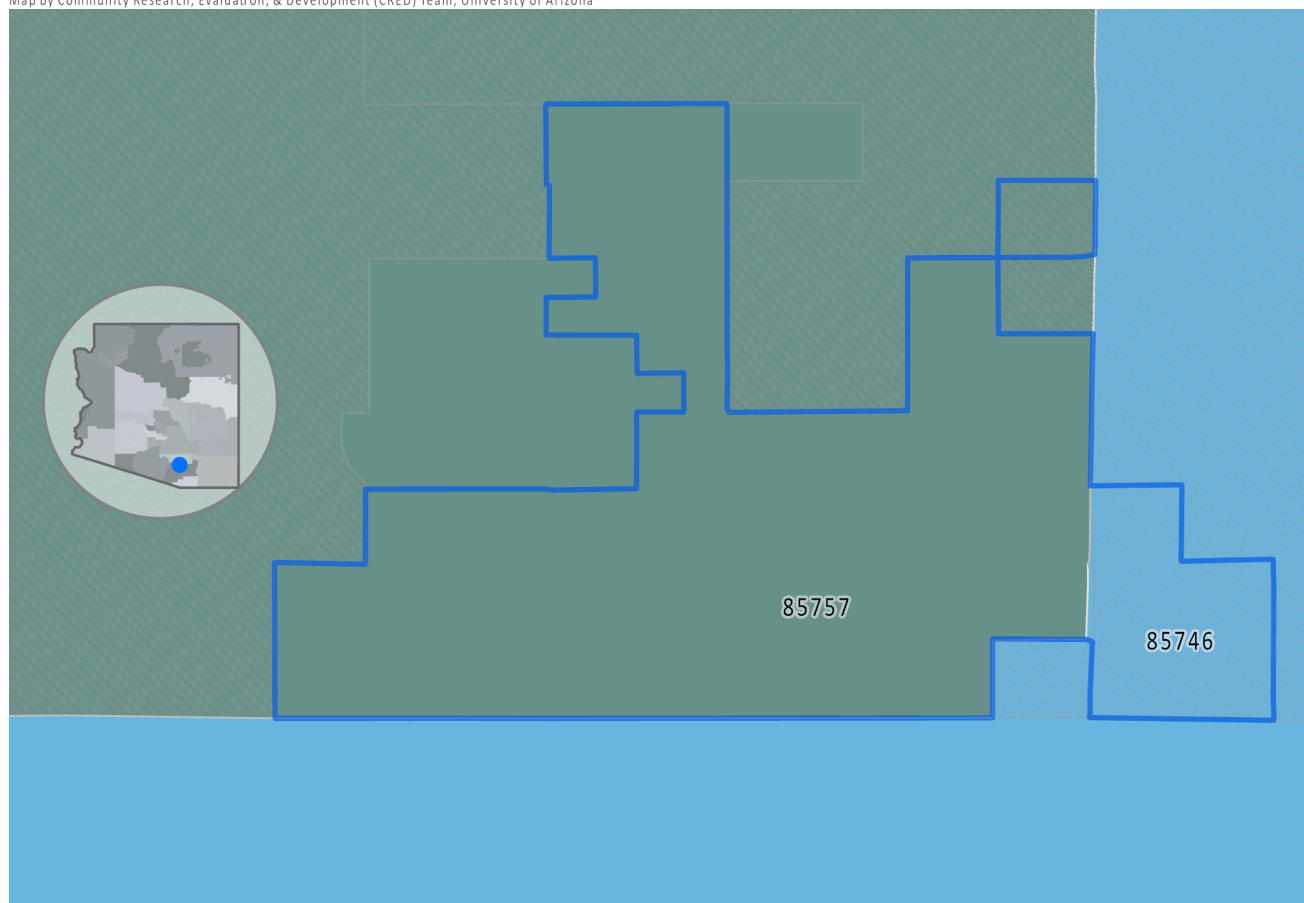
The Report Process.

This report was the product of collaboration between the vendor, the regional director, the regional partnership council and the FTF Evaluation team. The vendor worked with the FTF Evaluation team to identify and review indicators for the report and prepare data requests to submit to state agencies. The Regional Partnership Council, Regional Director, and the vendor worked together to define priority areas, identify appropriate key informants, and submit tribal data requests. The vendor worked to process, compile, analyze, and visualize data gathered as well as to review data for quality and accuracy. Following data analysis, visualization, and review, the vendor facilitated a data interpretation session with the Regional Director, the Regional Partnership Council, and key stakeholders in the region. This session aimed to allow participants to share their local knowledge and perspectives in interpreting the data collected. The vendor finally synthesized the data, analysis and findings from the data interpretation session in this report, which has been reviewed by the Regional Director, Regional Partnership Council, and Pascua Yaqui Tribal Council prior to publication.

APPENDIX 3: ZIP CODES OF THE PASCUA YAQUI TRIBE REGION

Figure 67. Zip Code Tabulation Areas (ZCTAs) in the Pascua Yaqui Tribe Region

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

Table 108. Zip Code Tabulation Areas (ZCTAs) in the Pascua Yaqui Tribe Region

Zip Code Tabulation Area (ZCTA)	Population (all ages)	Population (ages 0-5)	Total number of households	Households with young children (ages 0-5)	Percent of this ZCTA's total population living in the PYT Region	This ZCTA is shared with
Pascua Yaqui Tribe Region	3,478	470	802	287		
85757	3,478	470	802	287	20%	Pima South

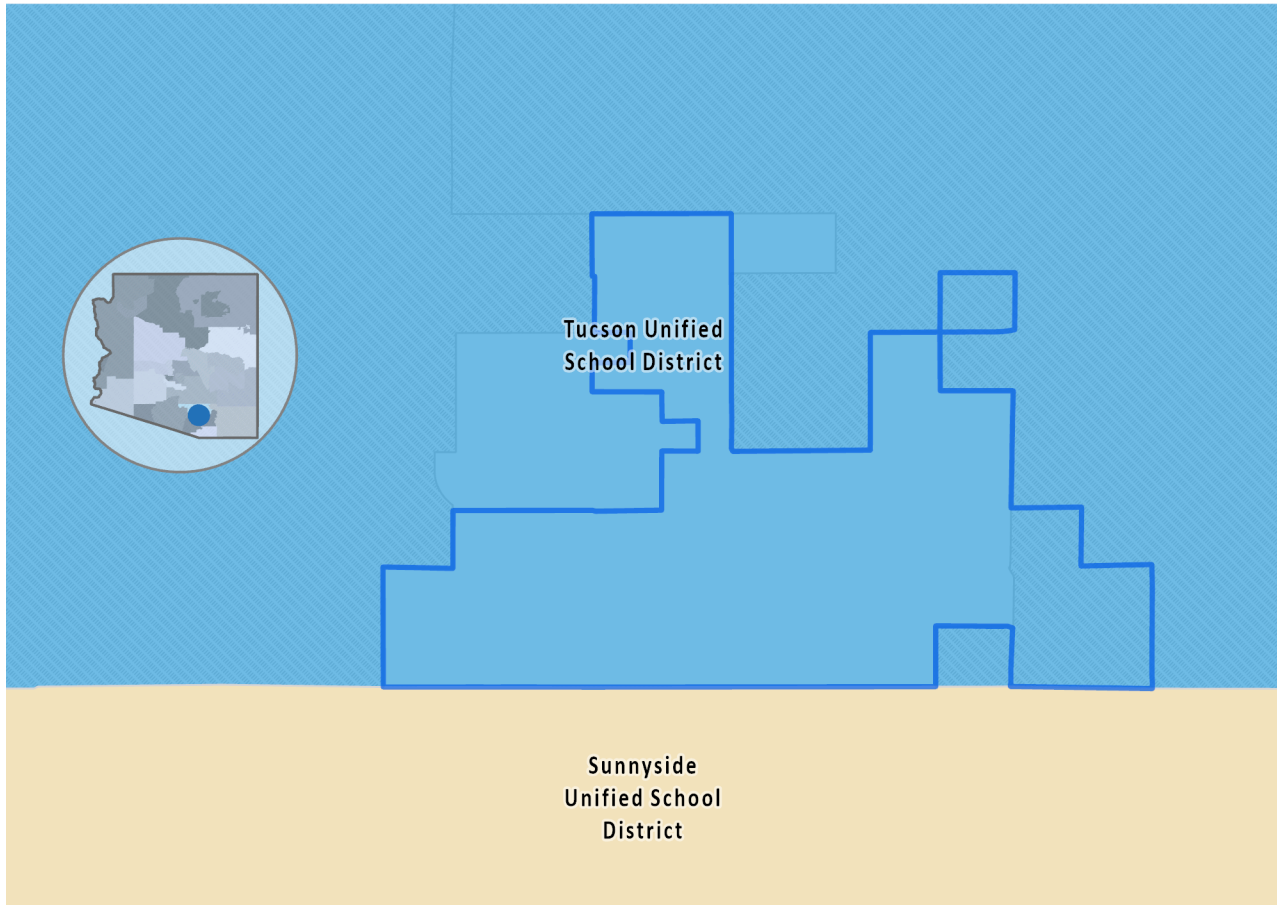
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20

Note: The Zip Code Tabulation Area 85746 overlaps the Pascua Yaqui Tribe Region but has no population living within the region. This zip code is shared with the Pima South, Pima North, and Tohono O'odham Nation Regions.

APPENDIX 4: SCHOOL DISTRICTS OF THE PASCUA YAQUI TRIBE REGION

Figure 68. School Districts in the Pascua Yaqui Tribe Region

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

APPENDIX 5: DATA SOURCES

Arizona Department of Child Safety (2021). Semi-Annual Child Welfare Reports. Retrieved from <https://dcs.az.gov/DCS-Dashboard>

Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2019). 2018 Child Care Market Rate Survey Report. Retrieved from <https://des.az.gov/file/14277/download>

Arizona Department of Economic Security. (2021). [Child Care Market Rate Survey 2018, custom tabulation]. Data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [AzeIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [Child Care Assistance Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [Division of Benefits and Medical Eligibility data set]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2021). [Chronic absence dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2021). [Graduation & dropout dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2019). [Health & Nutrition dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2021). [Oct 1 enrollment dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2021). [Special Education dataset]. Custom tabulation of unpublished data.

Arizona Department of Health Services (2021). [Child asthma dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child diabetes dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child unintentional injuries dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child care licensing dataset]. Unpublished data received by request.

Arizona Department of Health Services. (2021). [Immunizations dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services. (2021). [Infectious disease dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services (2021). [Opioid and Neonatal Abstinence Syndrome dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data received by request.

Arizona Department of Health Services, Bureau of Public Health Statistics. (2021). [Vital Statistics Dataset]. Unpublished data received from the First Things First State Agency Data Request.

Arizona Department of Health Services, Office of Disease Prevention and Health Promotion. (2020). Arizona Health Status and Vital Statistics, 2014-2019 Annual Reports. Retrieved from <https://pub.azdhs.gov/health-stats/report/ahs/index.php>

Arizona Office of Economic Opportunity. (2020). Arizona Population Projections: 2018 to 2055, Medium Series. Retrieved from <https://www.azcommerce.com/oeo/population/population-projections/>

Arizona Office of Economic Opportunity. (2021). Local area unemployment statistics (LAUS). Retrieved from <https://www.azcommerce.com/oeo/labor-market/>

Inter Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.

First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request

Pascua Yaqui Tribe Centered Spirit Program (2021) [Services Dataset]. Unpublished data received by request.

Pascua Yaqui Tribe Education Department (2021) [K-12 Student Dataset]. Unpublished data received by request.

Pascua Yaqui Tribe Enrollment Department (2021). [Enrollment dataset]. Unpublished data received by request.

Pascua Yaqui Health Services Division (2021). [Health indicators dataset]. Unpublished data received by request.

Pascua Yaqui Tribe Social Services Department (2021). [Child welfare dataset]. Unpublished data received by request.

- Pascua Yaqui Tribe Social Services Department (2021) [Child Care Program Dataset]. Unpublished data received by request.
- U.S. Census Bureau. (2012). 2010 Decennial Census, Tables P1, P4, P11, P12A, P12B, P12C, P12D, P12E, P12F, P12G, P12H, P14, P20, P32, P41. Retrieved from <https://data.census.gov/cedsci/>
- U.S. Census Bureau. (2020). 2020 Decennial Census, Redistricting File. Retrieved from <https://data.census.gov/cedsci/>
- U.S. Census Bureau. (2019). American Community Survey 5-Year Estimates, 2014-2019, Table B05009, B09001, B10002, B14003, B15002, B16001, B16002, B16005, B17001, B17002, B17006, B17022, B19126, B23008, B23025, B25002, B25106, B27001, B28005, B28008, B28010. Retrieved from <https://data.census.gov/cedsci/>
- U.S. Census Bureau. (2020). 2019, 2017, & 2010 Tiger/Line Shapefiles prepared by the U.S. Census. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

REFERENCES

- ¹ National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ² Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, *343*(6178), 1478-1485.
- ³ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City's universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, *64*, 93-107.
- ⁴ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, *31*(2), 255-269, DOI: 10.1080/02568543.2016.1273285
- ⁵ Rossin-Slater, M. (2013). WIC in your neighborhood: New evidence on the impacts of geographic access to clinics. *Journal of Public Economics*, *102*, 51-69.
- ⁶ Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, *343*(6178), 1478-1485.
- ⁷ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City's universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, *64*, 93-107.
- ⁸ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, *31*(2), 255-269, DOI: 10.1080/02568543.2016.1273285
- ⁹ Rossin-Slater, M. (2013). WIC in your neighborhood: New evidence on the impacts of geographic access to clinics. *Journal of Public Economics*, *102*, 51-69.
- ¹⁰ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). The benefits of bilingualism. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/docs/benefits-of-being-bilingual.pdf>
- ¹¹ National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the Educational Success of Children and Youth Learning English: Promising Futures*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.
- ¹² McCarty, T.L., & Nicholas, S.E. (2014). Reclaiming Indigenous Languages: A Reconsideration of the Roles and Responsibilities of Schools. *Review of Research in Education*, *38*(1), 106-136.
- ¹³ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). Native Languages. For more information, visit <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>
- ¹⁴ National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ¹⁵ Pew Research Center. (2018). *The changing profile of unmarried parents*. Retrieved August 16, 2021 from <https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>
- ¹⁶ Vandivere, S., Yrausquin, A., Allen, T., Malm, K., and McKlindon, A. (2012). *Children in nonparental care: A review of the literature and analysis of data gaps*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved August 16, 2021 from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>
- ¹⁷ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health*, *15*(3), 243.
- ¹⁸ 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; Robbins R., Robbins S., Stenner B. (2013). Native American Family Resilience. In: Becvar D. (eds) *Handbook of Family Resilience*. Springer, New York, NY
- ¹⁹ Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: *American Indian Social Research and Development Associates*
- ²⁰ Mutchler, J.E., Baker, L.A., Lee, S. (2007). Grandparents Responsible for Grandchildren in Native-American Families. *Social Science Quarterly*, *88*(4), 990.

-
- ²¹ Byers, L. (2010). Native American grandmothers: Cultural tradition and contemporary necessity. *Journal of Ethnic & Cultural Diversity in Social Work, 19*(4), 305-316.
- ²² Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC, US: National Academy Press.
- ²³ Taylor, Z. E., & Conger, R. D. (2014). Risk and resilience processes in single-mother families: An interactionist perspective. In Sloboda, Z. & Petras, H. (Eds.), *Defining prevention science* (pp. 195-217). Springer, Boston, MA.
- ²⁴ Coles, R. L. (2015). Single-father families: A review of the literature. *Journal of Family Theory & Review, 7*(2), 144-166.
- ²⁵ Ellis, R. R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012. *Current Population Reports*, pp. 20-576. U.S. Census Bureau: Washington, DC.
- ²⁶ Britto PR, Lye SJ, Proulx K, et al, and the Early Childhood Development Interventions Review Group, for the Lancet Early Childhood Development Series Steering Committee (2016). Nurturing care: promoting early childhood development. *Lancet, 389*, 91-102.
- ²⁷ Ibid
- ²⁸ Harvard University, Center on the Developing Child “Serve & Return Interaction Shapes Brain Circuitry.” Retrieved from http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/serve_and_return/
- ²⁹ Marks, R., Ramirez, R., & Ríos-Vargas M. (2021). *Improvements to the 2020 Census Race and Hispanic Origin Question Designs, Data Processing, and Coding Procedures*. Retrieved April 2, 2020 from <https://www.census.gov/newsroom/blogs/random-samplings/2021/08/improvements-to-2020-census-race-hispanic-origin-question-designs.html>
- ³⁰ Jones, N., Marks, R., Ramirez, R., & Ríos-Vargas M. (2021). *2020 Census Illuminates Racial and Ethnic Composition of the Country*. Retrieved April 4, 2022 from <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>
- ³¹ Retrieved from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202016%20-%20Pascua%20Yaqui%20Tribe.pdf>
- ³² U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). The benefits of bilingualism. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/cultural-linguistic/docs/benefits-of-being-bilingual.pdf>
- ³³ National Academies of Sciences, Engineering, and Medicine. (2017). Promoting the Educational Success of Children and Youth Learning English: Promising Futures. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.
- ³⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). The benefits of bilingualism. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/ta-system/cultural-linguistic/docs/benefits-of-being-bilingual.pdf>
- ³⁵ National Academies of Sciences, Engineering, and Medicine. (2017). Promoting the Educational Success of Children and Youth Learning English: Promising Futures. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.
- ³⁶ McCarty, T.L., & Nicholas, S.E. (2014). Reclaiming Indigenous Languages: A Reconsideration of the Roles and Responsibilities of Schools. *Review of Research in Education, 38*(1), 106-136.
- ³⁷ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.) Native Languages. For more information, visit <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>
- ³⁸ U.S. Census Bureau (2020). 2019 American Community Survey and Puerto Rico Community Survey 2019 Subject Definitions. Retrieved from https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2019_ACSSubjectDefinitions.pdf
- ³⁹ 2019 ACS, table DP02
- ⁴⁰ Center for Translational Neuroscience. (2020, November 11). *Home alone: The pandemic is overloading single-parent families*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/home-alone-the-pandemic-is-overloading-single-parent-families-c13d48d86f9e>
- ⁴¹ Center for Translational Neuroscience. (2020, December 1). *Facing hunger: The weight of the pandemic is falling on American families*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/facing-hunger-the-weight-of-the-pandemic-is-falling-on-american-families-1cbeb047a955>
- ⁴² Center for Translational Neuroscience. (2020, June 24). *Flattening the other curve: Trends for young children’s mental health are good for some but concerning for others*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-7be1e574b340>

-
- ⁴³ Center for Translational Neuroscience (2020, September 8). *Something's gotta give: Parents face an untenable set of demands as schools and child care providers begin a new academic year*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/somethings-gotta-give-6766c5a88d18>
- ⁴⁴ Department of Health and Human Services, Administration for Children and Families, and Children's Bureau. (2016). Site visit report: Arizona Kinship Navigator Project. Retrieved September 14, 2021 from <https://www.childwelfare.gov/pubPDFs/azkinship.pdf>
- ⁴⁵ Healthy People 2020. (n.d.). Social determinants of health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- ⁴⁶ Child Trends. (2014, January 8). *5 Ways Poverty Harms Children*. Retrieved September 14, 2021 from <https://www.childtrends.org/child-trends-5/5-ways-poverty-harms-children>
- ⁴⁷ Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. *JAMA pediatrics*, 169(9), 822-829.
- ⁴⁸ Brooks-Gunn, J. & Duncan, G. (1997). The effects of poverty on children. *Children and Poverty*, 7(2), 55-71.
- ⁴⁹ McLoyd, V. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185-204. doi:10.1037/0003-066X.53.2.185
- ⁵⁰ Ratcliff, C. & McKernan, S. (2012). Child poverty and its lasting consequences. *Low-Income Working Families Series*, The Urban Institute. Retrieved September 14, 2021 from http://www.urban.org/research/publication/child-poverty-and-its-lasting-consequence/view/full_report
- ⁵¹ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved September 14, 2021 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01396.x/full>
- ⁵² Gupta, R., de Wit, M., & McKeown, D. (2007). The impact of poverty on the current and future health status of children. *Pediatrics & Child Health*, 12(8), 667-672.
- ⁵³ Jensen, S. K. G., Berens, A. E., & Nelson, C. A. (2017). Effects of poverty on interacting biological systems underlying child development. *The Lancet Child & Adolescent Health*, 1(3), 225–239. [https://doi.org/10.1016/s2352-4642\(17\)30024-x](https://doi.org/10.1016/s2352-4642(17)30024-x)
- ⁵⁴ Brisson, D., McCune, S., Wilson, J. H., Speer, S. R., McCrae, J. S., & Hoops Calhoun, K. (2020). A systematic review of the association between poverty and biomarkers of toxic stress. *Journal of Evidence-Based Social Work*, 17(6), 696-713.
- ⁵⁵ Wagmiller, R. & Adelman, R. (2009). Children and intergenerational poverty: The long-term consequences of growing up poor. New York, NY: National Center for Children in Poverty. Retrieved September 14, 2021 from http://www.nccp.org/publications/pub_909.html
- ⁵⁶ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved September 14, 2021 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01396.x/full>
- ⁵⁷ Alaimo, K., Olson, C.M., Frongillo Jr, E.A. and Briefel, R.R., 2001. Food insufficiency, family income, and health in US preschool and school-aged children. *American Journal of Public Health*, 91(5), p.781.
- ⁵⁸ Hill, M.S. and Duncan, G.J., 1987. Parental family income and the socioeconomic attainment of children. *Social Science Research*, 16(1), pp.39-73.
- ⁵⁹ Larson, K. and Halfon, N., 2010. Family income gradients in the health and health care access of US children. *Maternal and child health journal*, 14(3), pp.332-342.
- ⁶⁰ Gilman, S.E., Kawachi, I., Fitzmaurice, G.M. and Buka, S.L., 2002. Socioeconomic status in childhood and the lifetime risk of major depression. *International journal of epidemiology*, 31(2), pp.359-367.
- ⁶¹ Cornell, S., and Kalt, J. P. (2010). American Indian Self-Determination. The Political Economy of a Successful Policy. JOPNA Working Papers. *Native Nations Institute and Harvard Project on American Indian Economic Development*
- ⁶² Ibid.
- ⁶³ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). Household food security in the United States in 2020, ERR-298. *US Department of Agriculture, Economic Research Service*.
- ⁶⁴ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). Household food security in the United States in 2020, ERR-298. *US Department of Agriculture, Economic Research Service*.
- ⁶⁵ 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 September 14, 2021 from http://frac.org/pdf/snap_and_public_health_2013.pdf

-
- ⁶⁶ Cohen, J., Hecht, A. A., McLoughlin, G. M., Turner, L., & Schwartz, M. B. (2021). Universal School Meals and Associations with Student Participation, Attendance, Academic Performance, Diet Quality, Food Security, and Body Mass Index: A Systematic Review. *Nutrients*, 13(3), 911. <https://doi.org/10.3390/nu13030911>
- ⁶⁷ Carlson, S., & Neuberger, Z. (2015). *WIC Works: Addressing the nutrition and health needs of low-income families for 40 years*. Washington, DC: Center on Budget and Policy Priorities. Retrieved September 14, 2021 from <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
- ⁶⁸ Healthy People 2020. (n.d.). Social determinants of health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- ⁶⁹ Berger, R.P., Fromkin, J.B., Stutz, H., Makoroff, K., Scribano, P.V., Feldman, K., Tu, L.C. and Fabio, A., 2011. Abusive head trauma during a time of increased unemployment: a multicenter analysis. *Pediatrics*, 128(4), pp.637-643. Retrieved September 14, 2021 from <https://pediatrics.aappublications.org/content/128/4/637.short>
- ⁷⁰ Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved September 14, 2021 from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>
- ⁷¹ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health*, 3(1). Retrieved September 14, 2021 from <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ⁷² Stuart Gabriel and Gary Painter. 2017. "Why Affordability Matters," 4–23. Presentation at Housing Affordability: Why Does It Matter, How Should It Be Measured, and Why Is There an Affordability Problem? American Enterprise Institute, 5–6 April 2017. Accessed 10 April 2017. Available online at: <https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf>
- ⁷³ Federal Interagency Forum on Child and Family Statistics. (2015). *America's children: Key national indicators for well-being, 2015*. Washington, DC: U.S. Government Printing Office. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf
- ⁷⁴ Schwartz, M. & Wilson, E. (n.d.). Who can afford to live in a home? A look at data from the 2006 American Community Survey. U.S. Census Bureau. Retrieved September 14, 2021 from <https://www.census.gov/housing/census/publications/who-can-afford.pdf>
- ⁷⁵ Center for Women's Welfare. (2021). *Arizona | Self Sufficiency Standard (Version 2021) [Dataset]*. Retrieved September 14, 2021 from <http://www.selfsufficiencystandard.org/arizona>
- ⁷⁶ U.S. Census Bureau (2021). Household Pulse Survey Data, Phases 1, 2, & 3. Retrieved from <https://www.census.gov/programs-surveys/household-pulse-survey.html>
- ⁷⁷ Hahn, H., Olivia Healy, Walter Hillbrant, and Chris Narducci (2013). A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs. *OPRE Report # 2013-34*, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services
- ⁷⁸ Arizona Department of Economic Security. (2021). *TANF Jobs Program*. Arizona Department of Economic Security. Retrieved September 2, 2021 from <https://des.az.gov/services/employment/job-seekers/tanf-jobs-program>
- ⁷⁹ <https://www.azleg.gov/legtext/54leg/2R/bills/HB2904H.htm>
- ⁸⁰ Floyd, I. (2016, July 5). *Arizona Cuts TANF Time Limit to Shortest Nationwide*. Center on Budget and Policy Priorities. Retrieved September 2, 2021 from: <https://www.cbpp.org/blog/arizona-cuts-tanf-time-limit-to-shortest-nationwide>
- ⁸¹ IRS. (2021) Questions and Answers about the First Economic Impact Payment — Topic A: Eligibility. Retrieved August 24, 2021 from <https://www.irs.gov/newsroom/questions-and-answers-about-the-first-economic-impact-payment-topic-a-eligibility>
- ⁸² USA.gov. (2021). *Advance Child Tax Credit and Economic Impact Payments - Stimulus Checks*. Retrieved August 25, 2021 from <https://www.usa.gov/covid-stimulus-checks>
- ⁸³ Economic Research Service, U.S. Department of Agriculture. (2021). *Definitions of Food Security*. Retrieved August 25, 2021 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>
- ⁸⁴ Rose-Jacobs, R., Black, M., Casey, P., Cook, J., Cutts, D., Chilton, M., Heeren, T., Levenson, S., Meyers, A., & Frank, D. (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>
- ⁸⁵ Ryan-Ibarra, S., Sanchez-Vaznaugh, E., Leung, C., & Induni, M. (2016). The relationship between food insecurity and overweight/obesity differs by birthplace and length of residence. *Public Health Nutrition*, 1-7. Retrieved from <https://www.cambridge.org/core/journals/public-health-nutrition/article/div-classtitlethe-relationship-between-food-insecurity-and-overweightobesity-differs-by-birthplace-and-length-of-us-residenceiv/4BEE4D6C09F9FFCABEE404F9E313BE7C>

-
- ⁸⁶ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Supplemental Nutrition Assistance Program (SNAP)*. Retrieved from <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>
- ⁸⁷ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*. Retrieved from <https://www.fns.usda.gov/wic>
- ⁸⁸ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *National School Lunch Program*. Retrieved from <https://www.fns.usda.gov/nslp>
- ⁸⁹ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *School Breakfast Program*. Retrieved from <https://www.fns.usda.gov/sbp/school-breakfast-program>
- ⁹⁰ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Summer Food Service Program*. Retrieved from <https://www.fns.usda.gov/sfsp/summer-food-service-program>
- ⁹¹ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Child and Adult Care Food Program*. Retrieved from <https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>
- ⁹² <https://yaquicharity.org/food-security-nutritional-support/>
- ⁹³ 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
- ⁹⁴ 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
- ⁹⁵ Prevalence and distribution of food insecurity status by SNAP participation and poverty level, 2019. Retrieved August 25, 2021 from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#disability>
- ⁹⁶ Feeding America . (2020). *The Impact of the Coronavirus on Food Insecurity*. Retrieved March 30, 2021 from https://www.feedingamerica.org/sites/default/files/2020-04/Brief_Impact%20of%20Covid%20on%20Food%20Insecurity%204.22%20%28002%29.pdf
- ⁹⁷ Grose, J. (2020, May 6). Families Scramble to Find Baby Formula, Diapers and Wipes. *The New York Times*. Retrieved September 14, 2021 from <https://www.nytimes.com/2020/03/30/parenting/coronavirus-baby-formula-shortages-wipes-diapers.html>
- ⁹⁸ Carlson, S., & Neuberger, Z. (2015). *WIC Works: Addressing the nutrition and health needs of low-income families for 40 years*. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
- ⁹⁹ Arizona Department of Education. (2021, June 14). *Introduction to the CACFP* [Video]. Vimeo. <https://vimeo.com/562872764>
- ¹⁰⁰ United States Department of Agriculture. (n.d.). *How to participate in summer meals*. Retrieved October 26, 2021, from <https://fnsprod.azureedge.net/sites/default/files/resource-files/SFSP-Fact-Sheet.pdf>
- ¹⁰¹ Center for Translational Neuroscience (2020, May 12). *American Dream vs American Reality*. Medium. Retrieved September 14, 2021 from <https://medium.com/rapid-ec-project/american-dream-vs-american-reality-9a0ebfc7ee6b>.
- ¹⁰² Feeding America. (2021, March). *The impact of Coronavirus on food insecurity in 2020 & 2021*. Retrieved September 14, 2021 from https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf.
- ¹⁰³ National Center for Children in Poverty. (2014). *Arizona demographics for low-income children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html
- ¹⁰⁴ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>
- ¹⁰⁵ For a discussion of current trends in labor force participation versus employment, see Uchitelle, L. (July 11, 2019). "Unemployment Is Low, but That's Only Part of the Story." Retrieved from <https://www.nytimes.com/2019/07/11/business/low-unemployment-not-seeking-work.html>
- ¹⁰⁶ Arizona Department of Economic Security. (2021, September 4). *Historical context*. Unemployment Insurance Data Dashboard. Retrieved September 9, 2021 from <https://des.az.gov/ui-data-dashboard>

-
- ¹⁰⁷ U.S. Department of Labor. (n.d.). *Unemployment insurance relief during COVID-19 outbreak*. Retrieved September 9, 2021 from <https://www.dol.gov/coronavirus/unemployment-insurance>
- ¹⁰⁸ U.S. Department of Labor. (2021, January 11). New COVID-19 unemployment benefits: Answering common questions. U.S. Department of Labor Blog. Retrieved September 14, 2021 from <https://blog.dol.gov/2021/01/11/unemployment-benefits-answering-common-questions>
- ¹⁰⁹ Arizona Department of Economic Security. (n.d.). *Arizona's back to work program*. Retrieved September 9, 2021 from <https://des.az.gov/back-to-work-program>
- ¹¹⁰ Office of the Governor. (2021, May 13). *Governor Ducey announces "Arizona Back to Work."* Office of the Arizona Governor. Retrieved September 14, 2021 from <https://azgovernor.gov/governor/news/2021/05/governor-ducey-announces-arizona-back-work>
- ¹¹¹ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health, 3(1)*. Retrieved from: <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ¹¹² Arizona Department of Education (2021). *Homeless Education Program*. Retrieved from <https://www.azed.gov/homeless>
- ¹¹³ Office of Head Start (2020). 2019 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>
- ¹¹⁴ Kinsner, K., Parlakian, R., Sanchez, G., Manzano, S., & Baretto, M. (2018). Millennial Connections: Findings from ZERO TO THREE's 2018 Parent Survey Executive Summary. *ZERO TO THREE*. Retrieved from <https://www.zerotothree.org/resources/2475-millennial-connections-executive-summary>
- ¹¹⁵ OECD. (2001). *Understanding the digital divide*. Paris, France: OECD Publications.
- ¹¹⁶ OECD. (2001). *Understanding the digital divide*. Paris, France: OECD Publications.
- ¹¹⁷ Gonzales, A. (2016). The contemporary US digital divide: from initial access to technology maintenance. *Information, Communication & Society, 19(2)*, pp. 234-248, DOI: 10.1080/1369118X.2015.1050438
- ¹¹⁸ Pew Research Center. (2019, June 12). *Internet/Broadband Fact Sheet*. Retrieved from <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>
- ¹¹⁹ Healthy People 2020. (n.d.). *Social determinants*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>
- ¹²⁰ National Research Council. 2012. *Key National Education Indicators: Workshop Summary*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13453>
- ¹²¹ Healthy People 2020. (n.d.). *Adolescent health*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved August 20, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- ¹²² Child Trends Data Bank. (2015). Parental education: Indicators on children and youth. Retrieved September 7, 2021 from https://web.archive.org/web/20150525195005/http://www.childtrends.org/wp-content/uploads/2012/04/67-Parental_Education.pdf
- ¹²³ Rathbun, A., & McFarland, J. (2017). Risk factors and academic outcomes in kindergarten through third grade. *National Center for Education Statistics*. Retrieved September 7, 2021 from https://nces.ed.gov/programs/coe/pdf/coe_tgd.pdf
- ¹²⁴ The Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyReport-2013.pdf>
- ¹²⁵ Anderson, L., Shinn, C., Fullilove, M., Scrimshaw, S., Fielding, J., Normand, J., & Carande-Kulis, V. (2003). The effectiveness of early childhood development programs: A systematic review. *American Journal of Preventive Medicine, 24(3)*, 32-46.
- ¹²⁶ Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹²⁷ <https://www.pascuayaqui-nsn.gov/education/yaqui-education-services/>
- ¹²⁸ Pascua Yaqui Tribe Education Department (2021) [*K-12 Student Dataset*]. Unpublished data received by request.

-
- ¹²⁹ Robert Wood Johnson Foundation. (2016, September). *The relationship between school attendance and health*. Retrieved August 20, 2021 from <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>
- ¹³⁰ Dahlin, M., & Squires, J. (2016). *Pre-K attendance: Why it's important and how to support it*. Center on Enhancing Early Learning Outcomes. Retrieved August 20, 2021 from http://nieer.org/wp-content/uploads/2016/09/ceelo_fastfact_state_ece_attendance_2016_02_01_final_for_web.pdf
- ¹³¹ Santibañez, L., & Guarino, C. M. (2021). The effects of absenteeism on academic and social-emotional outcomes: Lessons for COVID-19. *Educational Researcher*. <https://doi.org/10.3102/0013189X21994488>
- ¹³² Ready, D.D. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education*, 83(4), 271-286.
- ¹³³ Robert Wood Johnson Foundation. (2016, September). *The relationship between school attendance and health*. Retrieved August 20, 2021 from <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>
- ¹³⁴ <https://tribaljustice.org/places/juvenile-justice/attendance-achievement-program/#section3>
- ¹³⁵ Dukess, L., Dailey, C.R., Carter, P.J., & Garcia Lopez, V. (2020). *Tiwahe. Integrating Family, Community, and Tribal Services. Reflections and Evaluation of a Five-Year Pilot Demonstration*. Retrieved from: <https://www.bia.gov/ois/tiwahe>
- ¹³⁶ Ibid.
- ¹³⁷ Ibid.
- ¹³⁸ Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. New York, NY: The Annie E. Casey Foundation. Retrieved August 20, 2021 from <http://files.eric.ed.gov/fulltext/ED518818.pdf>
- ¹³⁹ Arizona Department of Education. (n.d.). *Assessments*. Retrieved August 20, 2021 from <https://www.azed.gov/assessment>
- ¹⁴⁰ Altavena, L. (2021, February 8). Testing for Arizona students returns in April, with lots of unanswered questions. *Arizona Republic*. Retrieved August 20, 2021 from <https://www.azcentral.com/story/news/local/arizona-education/2021/02/08/arizona-students-take-standardized-tests-april-lots-questions-unanswered/4251118001/>
- ¹⁴¹ Office of the Governor Doug Ducey. (2020, March 27). *Governor Ducey signs legislation to support schools, teachers and families* [news release]. Retrieved August 20, 2021 from <https://azgovernor.gov/governor/news/2020/03/governor-ducey-signs-legislation-support-schools-teachers-and-families>
- ¹⁴² Dorn, E., Hancock, B., Sarakatsannis, J., & Viruleg, E. (2021, July 27). COVID-19 and education: The lingering effects of unfinished learning. *McKinsey & Company*. Retrieved September 2, 2021 from <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>
- ¹⁴³ National Research Council. 2012. *Key National Education Indicators: Workshop Summary*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13453>.
- ¹⁴⁴ Healthy People 2020. (n.d.). Adolescent health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- ¹⁴⁵ Carnevale, A. P., Smith, N., & Strohl, J. (2013). Recovery: Job growth and education requirements through 2020. *Georgetown Public Policy Institute – Center on Education and the Workforce*. Retrieved September 7, 2021 from https://1gyhoq479ufd3yna29x7ubjn-wpengine.netdna-ssl.com/wp-content/uploads/2014/11/Recovery2020.ES_Web_.pdf
- ¹⁴⁶ Torpey, E. (2021, June). Education pays, 2020. *Career Outlook*, U.S. Bureau of Labor Statistics. Retrieved September 7, 2021 from <https://www.bls.gov/careeroutlook/2021/data-on-display/education-pays.htm>
- ¹⁴⁷ <https://www.pascuayaqui-nsn.gov/education/hiaki-high-school/>
- ¹⁴⁸ National Center for Education Statistics. (2021, May). Characteristics of children's families. Retrieved September 7, 2021 from <https://nces.ed.gov/programs/coe/indicator/cce#fn1>
- ¹⁴⁹ Sabol, T. J., Sommer, T. E., Chase-Lansdale, P. L., & Brooks-Gunn, J. (2021). Intergenerational economic mobility for low-income parents and their children: A dual developmental science framework. *Annual Review of Psychology*, 72(1), 265–292. <https://doi.org/10.1146/annurev-psych-010419-051001>
- ¹⁵⁰ Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Disparities in early learning and development: lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B). *Washington, DC: Child Trends*, 1-7.

-
- ¹⁵¹ Annie E. Casey Foundation (2014). *Creating Opportunity for Families: A Two-Generation Approach*. Retrieved from <https://www.aecf.org/resources/creating-opportunity-for-families>
- ¹⁵² Chase-Lansdale, L. & Brooks-Gunn, J. (2014). Two-generation programs in the twenty-first century. *Future Child*, 24, 13-39.
- ¹⁵³ Sabol, T. J., Sommer, T. E., Chase-Lansdale, P. L., & Brooks-Gunn, J. (2021). Intergenerational economic mobility for low-income parents and their children: A dual developmental science framework. *Annual Review of Psychology*, 72(1), 265–292. <https://doi.org/10.1146/annurev-psych-010419-051001>
- ¹⁵⁴ Lombardi, J., Mosle, A., Patel, N., Schumacher, R., & Stedron, J. (2014). *Gateways to Two-generations: The Potential for Early Childhood Programs and Partnerships To Support Children and Parents Together*. Aspen Institute: Washington, D.C. Retrieved from http://b3cdn.net/ascend/d3336cff8a154af047_07m6bttk2.pdf
- ¹⁵⁵ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 20, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ¹⁵⁶ Kuhl, P.K. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind, Brain, and Education*, 5(3), 128-142.
- ¹⁵⁷ Fernald, A., Marchman, V., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, 16(2), 234-248. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/desc.12019/pdf>
- ¹⁵⁸ Lee, V. & Burkam, D. (2002). *Inequality at the Starting Gate: Social background Differences in Achievement as Children Begin School*. Washington, DC: Economic Policy Institute.
- ¹⁵⁹ NICHD Early Child Care Research Network. (2002). Early child care and children's development prior to school entry: Results from the NICHD study of early child care. *American Educational Research Journal*, 39(1), 133–164. Retrieved August 20, 2021 from <http://www.jstor.org/stable/3202474>
- ¹⁶⁰ Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M., Espinosa, L., Gormley, W.,...Zaslow, M. (2013). Investing in our future: The evidence base on preschool education. Ann Arbor, MI: *Society for Research in Child Development*. Retrieved August 20, 2021 from <https://www.fcd-us.org/assets/2013/10/Evidence20Base20on20Preschool20Education20FINAL.pdf>
- ¹⁶¹ U.S. Department of Education. (2015). A matter of equity: Preschool in America. Retrieved August 20, 2021 from <https://www2.ed.gov/documents/early-learning/matter-equity-preschool-america.pdf>
- ¹⁶² The Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyreport-2013.pdf>
- ¹⁶³ Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 754-761.
- ¹⁶⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). *Understanding and eliminating expulsion in early childhood programs*. Retrieved August 20, 2021 from <https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>
- ¹⁶⁵ Mortenson, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children and Youth Services Review*, 64, 73-81
- ¹⁶⁶ Dinehart, L. H., Manfra, L., Katz, L. F., & Hartman, S. C. (2012). Associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. *Children and Youth Services Review*, 34, 1072-1080.
- ¹⁶⁷ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>
- ¹⁶⁸ Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, 77(1), 30-36. doi: 10.18043/nmc.77.1.30. Retrieved August 20, 2021 from <http://www.ncmedicaljournal.com/content/77/1/30.full.pdf+html>
- ¹⁶⁹ Kistin, C., Tompson, M., Cabral, H., Sege, R., Winter, M., & Silverstein, M. (2016). Subsequent maltreatment in children with disabilities after an unsubstantiated report for neglect. *JAMA* 2016, 315(1), 85-87. doi: 10.1001/jama.2015.12912

-
- ¹⁷⁰ Montes G & Halterman JS. (2011). The impact of child care problems on employment: Findings from a national survey of US parents. *Academic Pediatrics*, 11(1):80-87.
- ¹⁷¹ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ¹⁷² Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition*. University of Chicago: The Heckman Equation. Retrieved August 20, 2021 from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>
- ¹⁷³ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ¹⁷⁴ The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved August 20, 2021 from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>
- ¹⁷⁵ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ¹⁷⁶ Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition*. University of Chicago: The Heckman Equation. Retrieved August 20, 2021 from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>
- ¹⁷⁷ More information about Arizona's quality educational environments can be found in the DES CCDF State Plan FY2019-FY2021, available at <https://des.az.gov/documents-center>
- ¹⁷⁸ National Association for the Education of Young Children (2020). *Holding on until help comes: A survey reveals child care's fight to survive*. Retrieved August 20, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes.survey_analysis_july_2020.pdf
- ¹⁷⁹ Child Care Aware® of America (2020). *Picking up the pieces: Building a better child care system post COVID-19*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <https://www.childcareaware.org/picking-up-the-pieces/>
- ¹⁸⁰ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. *Medium*. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ¹⁸¹ Office of the Governor (2020). Governor Ducey and state child care leaders announce launch of childcare for COVID-19 frontline workers. Retrieved August 20, 2021 from <https://azgovernor.gov/governor/news/2020/04/governor-ducey-and-state-child-care-leaders-announce-launch-childcare-covid-19>
- ¹⁸² National Association for the Education of Young Children (2020). *Am I next? Sacrificing to stay open, child care providers face a bleak future without relief*. Retrieved August 20, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf
- ¹⁸³ Workman, S., & Jessen-Howard, S. (2020, September 3). *The true cost of providing safe child care during the coronavirus pandemic*. Center for American Progress. Retrieved September 29, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2020/09/03/489900/true-cost-providing-safe-child-care-coronavirus-pandemic/>
- ¹⁸⁴ National Association for the Education of Young Children (2020). *State survey data: Child care at a time of progress and peril*. Retrieved Oct 6, 2021 from https://www.naeyc.org/sites/default/files/wysiwyg/user-74/statedata_july2021_gf_092321.pdf
- ¹⁸⁵ National Association for the Education of Young Children (2020). *Progress and peril: Child care at a crossroads*. Retrieved Oct 6, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf
- ¹⁸⁶ Gonzalez, O. (2021, July 16). New funding set to nearly double the number of Quality First programs across Arizona. *First Things First*. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/2021/07/new-funding-quality-first/>
- ¹⁸⁷ U.S. Department of Health and Human Services, Administration for Children and Families. (2021, March 26). *2020 CARES Act CCDBG Supplemental Funding Allocations For Tribes*. <https://www.acf.hhs.gov/occ/data/2020-cares-act-ccdbg-supplemental-funding-allocations-tribes>
- ¹⁸⁸ U.S. Department of Health and Human Services, Administration for Children and Families. (2021, February 5). *Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) of 2021 Allocations for Tribes*. <https://www.acf.hhs.gov/occ/data/crrsa-2021-allocations-tribes>

-
- ¹⁸⁹ U.S. Department of Health and Human Services, Administration for Children and Families. (2021b, April 14). *ARPA Supplemental Stabilization and CCDF Discretionary Funding Allocation Tables – Tribes*. <https://www.acf.hhs.gov/occ/data/arpa-supplemental-stabilization-and-ccdf-discretionary-funding-allocation-tables-tribes>
- ¹⁹⁰ 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
- ¹⁹¹ Child Care Aware® of America. (2018). Arizona Cost of Child Care. Retrieved from <https://usa.childcareaware.org/wp-content/uploads/2018/10/Arizona2018.pdf>
- ¹⁹² Pascua Yaqui Tribe Social Services Department (2021) [*Child Care Program Dataset*]. Unpublished data received by request.
- ¹⁹³ U.S. Census Bureau (2020) 2015-2019 ACS Estimates, Table B25064. Retrieved from <https://data.census.gov>
- ¹⁹⁴ 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>
- ¹⁹⁵ Arizona Department of Child Safety. (2021, February 1). *Chapter 3 : Section 8.1 Child care services*. DCS Program Policy. Retrieved December 7, 2021, from https://extranet.azdcs.gov/DCSPolicy/Content/Program%20Policy/03%20Case%20Planning%20and%20Services/08%20Education%20and%20Development%20Services/CH3_S08_1%20Child%20Care%20Services.htm
- ¹⁹⁶ Arizona Department of Economic Security. (n.d.). *Child care waiting list*. Retrieved August 20, 2021 from <https://des.az.gov/services/child-and-family/child-care/child-care-waiting-list>
- ¹⁹⁷ Machelor, P. (2019, June 17). Arizona suspends child-care waiting list, increases provider reimbursements. *Arizona Daily Star*. Retrieved August 20, 2021 from https://tucson.com/news/local/arizona-suspends-child-care-waiting-list-increases-provider-reimbursements/article_a91a641f-5817-5e0d-a8c5-caaf530551ce.html
- ¹⁹⁸ Machelor, P. (2019, June 17). Arizona suspends child-care waiting list, increases provider reimbursements. *Arizona Daily Star*. Retrieved August 20, 2021 from https://tucson.com/news/local/arizona-suspends-child-care-waiting-list-increases-provider-reimbursements/article_a91a641f-5817-5e0d-a8c5-caaf530551ce.html
- ¹⁹⁹ Source: Pascua Yaqui Tribe Social Services Department (2021) [*Child Care Program Dataset*]. Unpublished data received by request.
- ²⁰⁰ The National Early Childhood Technical Assistance Center. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. *Office of Special Education Programs and U.S. Department of Education*. Retrieved August 20, 2021 from <https://whsaonline.org/2011/05/nectac-fact-sheet-on-the-importance-of-early-intervention-and-idea-part-c/#:~:text=The%20National%20Early%20Childhood%20Technical%20Assistance%20Center%20%28NECTAC%29,benefits%20of%20early%20intervention%2C%20and%20current%20unmet%20needs.>
- ²⁰¹ Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, ... Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes*. Menlo Park, CA: SRI International. Retrieved August 20, 2021 from https://www.sri.com/wp-content/uploads/pdf/neils_finalreport_200702.pdf
- ²⁰² Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Chapel Hill, NC: National Early Childhood Technical Assistance Center (NECTAC), and Early Intervention & Early Childhood Special Education. Retrieved August 20, 2021 from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>
- ²⁰³ For more information on AZEIP, visit <https://www.azed.gov/azeip/>
- ²⁰⁴ For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>
- ²⁰⁵ For more information on ADE’s Early Childhood Special Education program, visit <http://www.azed.gov/ece/early-childhood-special-education/> and <http://www.azed.gov/special-education/az-find/>
- ²⁰⁶ Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680
- ²⁰⁷ The Future of Children. (2015). Policies to promote child health. *Policies to Promote Child Health*, 25(1), Spring 2015. Woodrow Wilson School of Public and International Affairs at the Princeton University and the Brookings Institution. Retrieved August 23, 2021 from https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/policies_to_promote_child_health_25_full_journal.pdf
- ²⁰⁸ Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved August 23, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>

-
- ²⁰⁹ Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, *129*(1), e232-e246.
- ²¹⁰ Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved August 23, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²¹¹ Center on the Developing Child. (n.d.). *Health and learning are deeply interconnected in the body*. Harvard University. Retrieved August 23, 2021 from https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/2020_WP15_actionguide_FINAL.pdf
- ²¹² Case, A., Fertig, A., & Paxson, C. (2005). The lasting impact of childhood health and circumstance. *Journal of health economics*, *24*(2), 365-389.
- ²¹³ Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017). *What is prenatal care and why is it important?* Retrieved August 23, 2021 from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²¹⁴ 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 August 23, 2021 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>
- ²¹⁵ 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*(1), 405-420. Doi: 10.1542/peds.2006-1231. Retrieved August 23, 2021 from <http://pediatrics.aappublications.org/content/118/1/405.full>
- ²¹⁶ For more information about the Healthy People 2020 objectives, visit <https://www.healthypeople.gov/2020/>
- ²¹⁷ Arizona Department of Health Services. (2017). *Advance vital statistics by county of residence: Arizona, 2019. Table 6B: Monitoring progress toward Arizona and selected national year 2020 objectives: 2017 county profiles*. Retrieved September 9, 2021 from <https://pub.azdhs.gov/health-stats/menu/info/status.php>
- ²¹⁸ Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, *55*(RR-06):1-23.
- ²¹⁹ U.S. Department of Health and Human Service. (2017). *What is prenatal care and why is it important?* Retrieved from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²²⁰ Yeung, L., Coates, R., Seeff, L., Monroe, J., Lu, M., & Boyle, C. (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. *MMWR*, *63*(Suppl-2), 99-107. Retrieved from <https://www.cdc.gov/MMWR/pdf/other/su6302.pdf>
- ²²¹ Yeung, L., Coates, R., Seeff, L., Monroe, J., Lu, M., & Boyle, C. (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>
- ²²² The Henry J. Kaiser Family Foundation. (2016). *Key facts about the uninsured population*. The Kaiser Commission on Medicaid and the Uninsured. Retrieved from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- ²²³ Child Trends Databank. (2016). Health care coverage: Indicators on children and youth. *Health Care Coverage, 2016*. Retrieved September 10, 2021 from https://web.archive.org/web/20161015012130/http://www.childtrends.org/wp-content/uploads/2016/05/26_Health_Care_Coverage.pdf
- ²²⁴ Child Trends Databank. (2016). Health care coverage: Indicators on children and youth. *Health Care Coverage, 2016*. Retrieved from http://www.childtrends.org/wp-content/uploads/2016/05/26_Health_Care_Coverage.pdf
- ²²⁵ Pascua Yaqui Health Services Division. (2022). *About Health Services*. Retrieved from: <https://www.pascuayaqui-nsn.gov/health-services/health/about-health-services/>
- ²²⁶ Pascua Yaqui Tribe Health Services Division (2021). *2021 Community Health Needs Assessment*. Report received by request.
- ²²⁷ First Things First. (2018). *Pascua Yaqui Tribe Regional Partnership Council 2018 Needs and Assets Report*. Retrieved from: <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202018%20-%20Pascua%20Yaqui%20Tribe.pdf>
- ²²⁸ Pascua Yaqui Tribe Health Services Division (2021). *2021 Community Health Needs Assessment*. Report received by request

-
- ²²⁹ Gee, E., & Waldrop, T. (2021, March 11). Policies To Improve Health Insurance Coverage as America Recovers From COVID-19. *Center for American Progress*. Retrieved September 10, 2021 from <https://www.americanprogress.org/issues/healthcare/reports/2021/03/11/497019/policies-improve-health-insurance-coverage-america-recovers-covid-19/>
- ²³⁰ Agarwal, S. D., & Sommers, B. D. (2020). Insurance Coverage after Job Loss — The Importance of the ACA during the Covid-Associated Recession. *New England Journal of Medicine*, 383(17), 1603–1606. <https://doi.org/10.1056/nejmp2023312>
- ²³¹ Indian Health Service. (2021, June 16). *Biden administration invests additional \$1.8 billion in American Rescue Plan funding to combat COVID-19 in Indian Country* [Press release]. <https://www.ihs.gov/newsroom/pressreleases/2021-press-releases/biden-administration-invests-additional-1-8-billion-in-american-rescue-plan-funding-to-combat-covid-19-in-indian-country/>
- ²³² Indian Health Service. (2020, April 27). *Guidance on Indian Health Service COVID-19 funding distribution for Tribes, Tribal Organizations, and Urban Indian Organizations*. Retrieved December 20, 2021, from https://www.ihs.gov/sites/coronavirus/themes/responsive2017/display_objects/documents/COVID-19_Funding_Guidance_Tribes_UrbanIndianOrganizations.pdf
- ²³³ Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, 55(RR-06):1-23.
- ²³⁴ Partridge, S., Balayla, J., Holcroft, C. A., & Abenhaim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. *American Journal of Perinatology*, 29(10), 787–793. <https://doi.org/10.1055/s-0032-1316439>
- ²³⁵ U.S. Department of Health and Human Services, Office of Surgeon General. (2020). *The Surgeon General's Call to Action to Improve Maternal Health*. Retrieved September 7, 2021 from <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>
- ²³⁶ Osterman MJK, Martin JA. (2018). Timing and adequacy of prenatal care in the United States, 2016. *National Vital Statistics Reports*, vol 67 no 3. Hyattsville, MD: National Center for Health Statistics.
- ²³⁷ Hoffman, S.D., & Maynard, R.A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy (2nd ed.)*. Washington, DC: Urban Institute Press.
- ²³⁸ U.S. Department of Health and Human Service. (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved September 10, 2021 from <https://www.ncbi.nlm.nih.gov/books/NBK53017/>
- ²³⁹ Anderson, T.M., Lavista Ferres, J.M., You Ren, S., Moon, R.Y., Goldstein, R.D., Ramirez, J., Mitchell, E.A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, 143(4). PMID: 30848347
- ²⁴⁰ Declercq, E., MacDorman, M., Cabral, H., & Stotland, N. (2016). Prepregnancy body mass index and infant mortality in 38 U.S. States, 2012-2013. *Obstetrics and Gynecology*, 127(2), 279-287. doi: 10.1097/AOG.0000000000001241. Retrieved September 10, 2021 from <https://www.ncbi.nlm.nih.gov/pubmed/26942355>
- ²⁴¹ Tyrrell, J., Richmond, R., Palmer, T., Feenstra, B., Rangarajan, J., Metrustry, S., ... Freathy, R. (2016). Genetic evidence for causal relationships between maternal obesity-related traits and birth weight. *JAMA* 2016, 315(11), 1129-1140. doi:10.1001/jama.2016.1975. Retrieved September 10, 2021 from <http://jamanetwork.com/journals/jama/fullarticle/2503173>
- ²⁴² Godfrey, K. M., Reynolds, R. M., Prescott, S. L., Nyirenda, M., Jaddoe, V. W., Eriksson, J. G., & Broekman, B. F. (2017). Influence of maternal obesity on the long-term health of offspring. *The Lancet. Diabetes & Endocrinology*, 5(1), 53–64. [https://doi.org/10.1016/S2213-8587\(16\)30107-3](https://doi.org/10.1016/S2213-8587(16)30107-3)
- ²⁴³ Beam, A. L., Fried, I., Palmer, N., Agniel, D., Brat, G., Fox, K., ... & Armstrong, J. (2020). Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008–2016. *Journal of Perinatology*, 40(7), 1091-1099.
- ²⁴⁴ Luu, T. M., Mian, M. O. R., & Nuyt, A. M. (2017). Long-term impact of preterm birth: neurodevelopmental and physical health outcomes. *Clinics in perinatology*, 44(2), 305-314.
- ²⁴⁵ Petrou, S., Sach, T., & Davidson, L. (2001). The long-term costs of preterm birth and low birth weight: Results of a systematic review. *Child: care, health and development*, 27(2), 97-115.
- ²⁴⁶ Goldenberg, R. L., & Culhane, J. F. (2007). Low birth weight in the United States. *The American journal of clinical nutrition*, 85(2), 584S-590S.

-
- ²⁴⁷ Harrison, W., & Goodman, D. (2015). Epidemiologic trends in neonatal intensive care, 2007-2012. *JAMA pediatrics*, *169*(9), 855-862.
- ²⁴⁸ Lean, R. E., Rogers, C. E., Paul, R. A., & Gerstein, E. D. (2018). NICU Hospitalization: Long-Term Implications on Parenting and Child Behaviors. *Current treatment options in pediatrics*, *4*(1), 49–69.
- ²⁴⁹ Arizona Department of Health Services. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ²⁵⁰ Gunn, J., Rosales, C., Center, K., Nunez, A., Gibson, S., Christ, C., & Ehiri, J. (2016). Prenatal exposure to cannabis and maternal and child health outcomes: A systematic review and meta-analysis. *BMJ Open*, *6*(4). PMID: 27048634.
- ²⁵¹ Arizona Department of Health Sciences. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ²⁵² Eidelman, A., Schanler, R., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, *129*(3), e827-e841.
- ²⁵³ Fryar, C. D., Carroll, M. D., & Afful, J. (2020). Prevalence of underweight among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/hestat/underweight-child-17-18/underweight-child.htm>
- ²⁵⁴ Fryar, C. D., Carroll, M. D., & Afful, J. (2020). Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm>
- ²⁵⁵ Chaput, J.P., & Tremblay, A. (2012). *Obesity at an early age and its impact on child development*. Child Obesity: Encyclopedia on Early Childhood Development. Retrieved September 10, 2021 from <http://www.child-encyclopedia.com/sites/default/files/textes-experts/en/789/obesity-at-an-early-age-and-its-impact-on-child-development.pdf>
- ²⁵⁶ Robert Wood Johnson Foundation. (2016). The impact of the first 1,000 days on childhood obesity. *Healthy Eating Research: Building evidence to prevent childhood obesity*. Retrieved September 10, 2021 from http://healthyeatingresearch.org/wp-content/uploads/2016/03/her_1000_days_final-1.pdf
- ²⁵⁷ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved September 10, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²⁵⁸ Pascua Yaqui Tribe Health Services Division (2021). *2021 Community Health Needs Assessment*. Report received by request.
- ²⁵⁹ Çolak, H., Dülgergil, Ç.T., Dalli, M., & Hamidi, M.M. (2013). Early childhood caries update: A review of causes, diagnoses, and treatments. *Journal of Natural Science, Biology, and Medicine*, *4*(1), 29-38. <http://doi.org/10.4103/0976-9668.107257>
- ²⁶⁰ Phipps, KR, Ricks, T., Mork, NP, Lozon, T. (2019). The oral health of American Indian and Alaska Native children aged 1-5 years: Results of the 2018-19 IHS oral health survey. Indian Health Service data brief. Rockville, MD: Indian Health Service. Retrieved from <https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf>
- ²⁶¹ Ibid.
- ²⁶² Inter Tribal Council of Arizona, Inc. Oral health surveillance among american indians and alaska natives in arizona, nevada, and utah. Tribal Epidemiology Center. 2020. Retrieved from: <https://itcaonline.com/wp-content/uploads/2020/05/Oral-Health-Surveillance-Report-5.20.2020.pdf>
- ²⁶³ Pascua Yaqui Health Services Division (2021). [*Health indicators dataset*]. Unpublished tribal data received by request.
- ²⁶⁴ Pascua Yaqui Tribe Health Services Division (2021). *2021 Community Health Needs Assessment*. Report received by request.
- ²⁶⁵ Rodrigues, C. M. C., & Plotkin, S. A. (2020). Impact of vaccines; Health, economic and social perspectives. *Frontiers in Microbiology*, *11*(1526). doi: 10.3389/fmicb.2020.01526. Retrieved August 24, 2021 from <https://www.frontiersin.org/articles/10.3389/fmicb.2020.01526/full>
- ²⁶⁶ Arizona Department of Health Services (2019, July). *The Arizona Immunization Handbook for School and Childcare Programs*. Retrieved September 10, 2021 from <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/nofollow/school-childcare-immunization-guide.pdf>
- ²⁶⁷ Miller, G., Coffield, E., Leroy, Z., & Wallin, R. (2016). Prevalence and costs of five chronic conditions in children. *The Journal of School Nursing*, *32*(5):357-364.
- ²⁶⁸ Zahran, H.S., Bailey, C.M., Damon, S.A., Garbe, P.L., & Breyse, P.N. (2018). Vital Signs: Asthma in Children—United States, 2001-2016. *MMWR Morbidity and Mortality Weekly Report*, *67*(5): 149-155.
- 204 Pascua Yaqui Tribe Region

-
- ²⁶⁹ Brim, S.N., Rudd, R.A., Funk, R.H., & Callahan. (2008). Asthma prevalence among US children in underrepresented minority populations: American Indian/Alaska Native, Chinese, Filipino, and Asian Indian. *Pediatrics*, *122*(1):e217-222.
- ²⁷⁰ Perry, R., Braileanu, G., Pasmer, T., & Stevens, P. (2019). The economic burden of pediatric asthma in the United States: Literature review of current evidence. *PharmacoEconomics*, *37*(2): 155-167.
- ²⁷¹ Centers for Disease Control and Prevention (2016). Health effects of secondhand smoke. Retrieved from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/
- ²⁷² Arizona Department of Health Services. (2019). *Childhood injury fact sheet (2019)*. Retrieved October 22, 2021 from <https://www.azdhs.gov/prevention/womens-childrens-health/reports-fact-sheets/index.php#injury-prevention>
- ²⁷³ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2018). *10 Leading causes of death by age group, United States – 2018*. Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2018-508.pdf
- ²⁷⁴ Rimsza, M.E., Shackner, R.A., Bowen, K.A., & Marshall, W. (2002). Can child deaths be prevented? The Arizona Child Fatality Review Program experience. *Pediatrics*, *110*(1 Pt 1): e11. PMID: 12093992
- ²⁷⁵ West, B. A., Rudd, R. A., Sauber-Schatz, E. K., & Ballesteros, M. F. (2021). Unintentional injury deaths in children and youth, 2010–2019. *Journal of safety research*, *78*, 322-330.
- ²⁷⁶ Möller, H., Falster, K., Ivers, R., & Jorm, L. (2015). Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. *Injury Prevention*, *21*:e144-e152. PMID: 24871959.
- ²⁷⁷ National Center for Health Statistics. (2021, December 3). Stats of the States - Infant Mortality. Centers for Disease Control and Prevention. Retrieved September 10, 2021 from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm
- ²⁷⁸ Arizona Department of Health Services. (2019). Number of deaths for selected leading causes of infant mortality by year. *Population Health and Vital Statistics*. Retrieved October 11, 2021 from <https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=infant-deaths>
- ²⁷⁹ Ely, D. M. & Driscoll, A. K. (2020, July 16). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, *69*(7). Retrieved October 11, 2021 from <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>
- ²⁸⁰ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills. *MDRC: Building Knowledge to Improve Social Policy*. Retrieved August 18, 2021 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ²⁸¹ Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, *7*(1), 43-48. Retrieved August 18, 2021 from <https://srcd.onlinelibrary.wiley.com/doi/full/10.1111/cdep.12013>
- ²⁸² 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 August 18, 2021 from http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e
- ²⁸³ Magnuson, K., & Duncan, G. (2013). Parents in poverty. In Bornstein, M. (Ed.), *Handbook of parenting: Biology and ecology of parenting vol. 4: Social conditions and applied parenting*. New Jersey: Lawrence Erlbaum.
- ²⁸⁴ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 18, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²⁸⁵ American Academy of Pediatrics. (2014). *Literacy promotion: An essential component of primary care pediatric practice*. Retrieved August 18, 2021 from <https://pediatrics.aappublications.org/content/134/2/404>
- ²⁸⁶ Shaw, A. (2021). Read, speak, sing: Promoting early literacy in the health care setting. *Pediatrics & Child Health*, *26*(3), 182–188. <https://doi.org/10.1093/pch/pxab005>
- ²⁸⁷ Notary-Syverson, A., & Coolidge, J. (2014). Supporting early oral language and written literacy in young Native American children. In *Narrowing the Achievement Gap for Native American Students* (pp. 104–114). Taylor & Francis.

-
- ²⁸⁸ McKeough, A., Bird, S., Tourigny, E., Romaine, A., Graham, S., Ottmann, J., & Jeary, J. (2008). Storytelling as a foundation to literacy development for Aboriginal children: Culturally and developmentally appropriate practices. *Canadian Psychology/Psychologie Canadienne*, 49(2), 148–154. <https://doi.org/10.1037/0708-5591.49.2.148>
- ²⁸⁹ LaFromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2006). Family, community, and school influences on resilience among American Indian adolescents in the Upper Midwest. *Journal of Community Psychology*, 34(2), 193–209. <https://doi.org/10.1002/jcop.20090>
- ²⁹⁰ Sahota, P. (2019). Culture and emotional well-being in adolescents who are American Indian/Alaska Native: A review of current literature. *Child Welfare*, 97(3), 1–22. <https://www.jstor.org/stable/48623655>
- ²⁹¹ Browne, C. (2014). The strengthening families approach and protective factors framework: Branching out and reaching deeper. *Center for the Study of Social Policy*. Retrieved August 18, 2021 from <https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf>
- ²⁹² Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19.
- ²⁹³ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465.
- ²⁹⁴ Child and Adolescent Health Measurement Initiative (n.d). National Survey of Children's Health 2018-2019. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs? Retrieved October 13, 2021 from www.childhealthdata.org
- ²⁹⁵ Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., ... Dunne, M.P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.
- ²⁹⁶ Keating, K., Cole, P., & Schneider, A. (2021). *State of Babies Yearbook: 2021*. Washington, DC: ZERO TO THREE and Bethesda MD: Child Trends. Retrieved August 18, 2021 from <https://stateofbabies.org/wp-content/uploads/2021/04/State-of-Babies-2021-Full-Yearbook.pdf>
- ²⁹⁷ U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau. (2019). *Child Welfare Outcomes Report Data for Arizona*. Retrieved August 18, 2021 from <https://cwoutcomes.acf.hhs.gov/cwodataseite/childrenReports/index>
- ²⁹⁸ Centers for Disease Control and Prevention. (n.d.). *Preventing child abuse & neglect*. Retrieved August 18, 2021 from <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- ²⁹⁹ Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, 173(11), e193007-e193007.
- ³⁰⁰ National Center for Injury Prevention and Control. (2020, September). *Adverse Childhood Experiences prevention strategy*. Center for Disease Control and Prevention. Retrieved August 18, 2021 from https://www.cdc.gov/injury/pdfs/priority/ACEs-Strategic-Plan_Final_508.pdf
- ³⁰¹ Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., ... Sexton, H. (2007). School readiness and later achievement. *Developmental Psychology*, 43(6), 1428.
- ³⁰² Bernstein, S., West, J., Newsham, R., & Reid, M. (2014). *Kindergartners' skills at school entry: An analysis of the ECLS-K*. Princeton, NJ: Mathematica Policy Research.
- ³⁰³ Hood, M., Conlon, E., & Andrews, G. (2008). Preschool home literacy practices and children's literacy development: A longitudinal analysis. *Journal of Educational Psychology*, 100, 252-271.
- ³⁰⁴ Fantuzzo, J., McWayne, C., Perry, M.A., & Childs, S. (2004). Multiple dimensions of family involvement and their relations to behavioral and learning competencies for urban, low-income children. *School Psychology Review*, 33, 467-480.
- ³⁰⁵ Peterson, J., Bruce, J., Patel, N., & Chamberlain, L. (2018). Parental attitudes, behaviors, and barriers to school readiness among parents of low-income Latino children. *International Journal of Environmental Research and Public Health*, 15(2), 188.
- ³⁰⁶ *Reach Out & Read Arizona*. (n.d.). Retrieved August 18, 2021 from <https://azaap.org/programs>

-
- ³⁰⁷ First Things First Pascua Yaqui Tribe Region. (December 21, 2020). *Pascua Yaqui Tribe boy develops cognitive skills through daily play time*. Retrieved from: <https://www.firstthingsfirst.org/region-stories/pascua-yaqui-tribe-boy-develops-cognitive-skills-through-daily-play-time/>
- ³⁰⁸ Pascua Yaqui Tribe Health Services Division. *Tucson Patient Handbook 2018-2019*. Retrieved from: <https://www.pascuayaqui-nsn.gov/wp-content/uploads/2021/01/PYT-Health-Tucson-PT-Handbook-8.2018.pdf>
- ³⁰⁹ National Scientific Council on the Developing Child. (2012). *Establishing a level foundation for life: Mental health begins in early childhood*. Harvard University, Center on the Developing Child. Retrieved August 18, 2021 from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2008/05/Establishing-a-Level-Foundation-for-Life-Mental-Health-Begins-in-Early-Childhood.pdf>
- ³¹⁰ Healthy People 2020. (n.d.). *Maternal, infant, and child health: Life stages and determinants*. Retrieved August 18, 2021 from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health/determinants>
- ³¹¹ Zero to Three. (2017). *The basics of infant and early childhood mental health: A briefing paper*. Retrieved August 18, 2021 from <https://www.zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>
- ³¹² Center on the Developing Child. (n.d.). *Early childhood mental health*. Harvard University. Retrieved August 18, 2021 from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf>
- ³¹³ Pascua Yaqui Tribe Health Services Division. (2022). *Sewa U'usim*. Retrieved from: <https://www.pascuayaqui-nsn.gov/health-services/sewa-uusim/>
- ³¹⁴ U.S. Department of Health and Human Service. (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK53017/>
- ³¹⁵ Anderson, T.M., Lavista Ferres, J.M., You Ren, S., Moon, R.Y., Goldstein, R.D., Ramirez, J., Mitchell, E.A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, 143(4). PMID: 30848347
- ³¹⁶ Arizona Department of Health Services. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³¹⁷ Child and Adolescent Health Measurement Initiative. (2018). *National Survey of Children's Health 2016-2017*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org
- ³¹⁸ Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: overlap, gaps, and opportunities. *Child Maltreatment*, 12(2): 137-149.
- ³¹⁹ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ³²⁰ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ³²¹ Pascua Yaqui Tribe Health Services Division (2021). *2021 Community Health Needs Assessment*. Report received by request.
- ³²² Dukess, L., Dailey, C.R., Carter, P.J., & Garcia Lopez, V. (2020). *Tiwahe. Integrating Family, Community, and Tribal Services. Reflections and Evaluation of a Five-Year Pilot Demonstration*. Retrieved from: <https://www.bia.gov/ois/tiwahe>
- ³²³ Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), e20161118.
- ³²⁴ Children's Defense Fund. (n.d.). *Family First Prevention Services Act*. Retrieved August 18, 2021 from <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
- ³²⁵ Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Library*, 2014(1), CD006546–CD006546.
- ³²⁶ Source: Pascua Yaqui Tribe Social Services Department (2021). *[Child Welfare data]*. Unpublished data.
- ³²⁷ Frichner, T.G. (2010). *The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children*. American Indian Law Alliance

-
- ³²⁸ Whānau Tahi. (2021). Tiwahe Indian Child Welfare Act Program Impact Summary Report. Retrieved from: <https://www.bia.gov/sites/default/files/dup/assets/bia/ois/dhs/7%20-%20Appendix%206%20-%20Impact%20Summary%20Report%20Indian%20Child%20Welfare%20Act%20Program.pdf>
- ³²⁹ Dukess, L., Dailey, C.R., Carter, P.J., & Garcia Lopez, V. (2020). Tiwahe. Integrating Family, Community, and Tribal Services. Reflections and Evaluation of a Five-Year Pilot Demonstration. Retrieved from: <https://www.bia.gov/ois/tiwahe>
- ³³⁰ Whānau Tahi. (2021). Tiwahe Indian Child Welfare Act Program Impact Summary Report. Retrieved from: <https://www.bia.gov/sites/default/files/dup/assets/bia/ois/dhs/7%20-%20Appendix%206%20-%20Impact%20Summary%20Report%20Indian%20Child%20Welfare%20Act%20Program.pdf>
- ³³¹ Ibid.
- ³³² Ibid.
- ³³³ Dukess, L., Dailey, C.R., Carter, P.J., & Garcia Lopez, V. (2020). Tiwahe. Integrating Family, Community, and Tribal Services. Reflections and Evaluation of a Five-Year Pilot Demonstration. Retrieved from: <https://www.bia.gov/ois/tiwahe>
- ³³⁴ Whānau Tahi. (2021). Tiwahe Indian Child Welfare Act Program Impact Summary Report. Retrieved from: <https://www.bia.gov/sites/default/files/dup/assets/bia/ois/dhs/7%20-%20Appendix%206%20-%20Impact%20Summary%20Report%20Indian%20Child%20Welfare%20Act%20Program.pdf>
- ³³⁵ Ibid.
- ³³⁶ Ibid.
- ³³⁷ U.S. Census Bureau. (May, 2000). Factfinder for the Nation. Retrieved from <http://www.census.gov/history/pdf/cff4.pdf>
- ³³⁸ U.S. Census Bureau (March 2022). *Census Bureau Releases Estimates of Undercount and Overcount in the 2020 Census*. Retrieved from: <https://www.census.gov/newsroom/press-releases/2022/2020-census-estimates-of-undercount-and-overcount.html>
- ³³⁹ 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