FIRST THINGS FIRST

Salt River Pima Maricopa Indian Community Region

# 2022

# NEEDS AND ASSETS REPORT

# SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY REGIONAL PARTNERSHIP COUNCIL 2022 NEEDS AND ASSETS REPORT

Funded by the

**First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council**

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# 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 wellbeing in our communities and our state.

This Needs and Assets Report for the Salt River Pima-Maricopa Indian Community (SRPMIC) 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 Salt River Pima-Maricopa Indian Community 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 Salt River Pima-Maricopa Indian Community 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 in communities throughout the region.

# ACKNOWLEDGMENTS

The Salt River Pima-Maricopa Indian Community Regional Partnership Council wishes to thank all of the tribal, 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 Salt River Pima-Maricopa Indian Community Tribal Council; Inter-Tribal Council of Arizona; Indian Health Service; Bureau of Indian Education; the Arizona Departments of Economic Security, Education and Health Services; the Arizona Health Care Cost Containment System; and the U.S. Census Bureau. Local partners included SRPMIC Tribal Administration and all SRPMIC tribal departments serving young children and their families. 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 Salt River Pima-Maricopa Indian Community Region.

Lastly, we want to acknowledge the current and past members of the Salt River Pima-Maricopa Indian Community 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.

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# EXECUTIVE SUMMARY

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 First Things First Salt River Pima-Maricopa Indian Community Region.

***The Salt River Pima-Maricopa Indian Community Region.*** The Salt River Pima-Maricopa Indian Community is a sovereign tribe located in the metropolitan Phoenix, Arizona. The Community was established by Executive Order on June 14, 1879, and it consists of 52,600 acres bordering the cities of Scottsdale, Tempe, Mesa, and Fountain Hills. The Salt River Pima-Maricopa Indian Community is home to the Pima ('Akimel O'Odham,' River People) and the Maricopa ('Xalychidom Pipaash,' People who live toward the water). Geographically, the boundaries of the First Things First Salt River Pima-Maricopa Indian Community match those of the reservation.

***Population Characteristics.*** According to the Salt River Pima-Maricopa Indian Community Enrollment Office, in June 2022 there were 10,890 enrolled members in the Salt River Pima-Maricopa Indian Community, and 6,173 of these members resided within Community boundaries. Of the enrolled members residing in the Community, 457 were children birth to 5, and an additional 299 children birth to 5 were enrolled members residing outside the Community. These overall enrollment numbers exceeded the 2010 U.S. Decennial Census estimates of 626 children birth to 5 residing in the Salt River Pima-Maricopa Indian Community Region and 6,289 total people residing in the region. New redistricting data from the 2020 Census estimates that 6,321 people reside in the region. Birth rates have remained steady at about 100 to 120 children born in the Community each year. Key informants indicate that due to the robust data system that the Community has invested in, as well as the known undercounting issues in the 2020 and 2010 Census estimates, tribal enrollment numbers from the Enrollment Office likely present the most accurate picture of the population in the region.

Nearly 1 in 10 residents ages 5 and older (8%) speak other languages besides English or Spanish, and Native North American languages are the most common of these 'other languages' spoken statewide. This rate of 'other language' use is much lower than that seen across all Arizona reservations (51%). This low rate of Native language use highlights the need for language preservation and revitalization efforts carried out by the Tribal O'odham-Piipaash Language Program and the Salt River Schools' Native Language and Culture Program. Through the efforts of Salt River Schools and the Salt River Pima-Maricopa Indian Community Tribal Council, six fluent speakers of O'odham and/or Piipaash have been certified to teach in the Early Childhood Education Center (ECEC), Salt River Elementary School, and Accelerated Learning Academy under the Native American Language Certification Policy. Of the six certified Native language teachers, two are currently employed at Salt River Schools. About two out of every three children birth to 5 (62%) live with a single parent in the Salt River Pima-Maricopa Indian Community Region, and 1 in 5 (21%) live with two parents (or a parent and a stepparent). Another one out every five children birth to 5 (17%) live in kinship care arrangements, meaning they live with a relative who is not their parent, such as a grandparent or aunt. More than half of all children birth to 5

(54%) in the region live in their grandparent's household, with or without their parent, indicating a high prevalence of multi-generational households. Over 400 grandparents in the Salt River Pima-Maricopa Indian Community Region are responsible for raising their grandchildren ages birth to 17 according to the American Community Survey (ACS). Multigenerational households, and grandparent caregivers in particular, may need additional supports due to the heightened health risks faced by older adults during the pandemic and challenges accessing technology to support young children engaging in remote learning.

***Economic Circumstances.*** The ACS estimates that the overall median family income for the Salt River Pima-Maricopa Indian Community Region is $40,900, while married-couple families with children have a higher median income of $51,400. However, even this higher median income is well below the self-sufficiency standard for a two-parent family with two young children in Maricopa County ($72,544), suggesting that without the many no-cost and low-cost resources provided in the Community families may struggle to make ends meet. More than half of young children birth to 5 in the region live in poverty (57%), as do a third of the overall population (33%). About three out of every four young children live in low-income households with incomes below 185% of the federal poverty level, meaning they may be eligible for social safety programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Life Enhancement and Resource Network (LEARN), which is the Community's Tribal TANF program. However, despite these high rates of poverty and low-income for young children, the number of young children participating in LEARN has been greatly declining over the past 5 years, falling by more than half.

The number of children participating in many safety net programs designed to combat food insecurity also declined across the Salt River Pima-Maricopa Indian Community Region despite the economic stresses of the pandemic. The percentage of the region's young children who participate in Supplemental Nutrition Assistance Program (SNAP) fell from 78% in 2016 to 49% in 2020, and the number of infants and children enrolled in WIC fell by more than 25% between 2017 and 2020. However, participation rates in WIC (the percent of enrolled women, infants and children who receive benefits) reached all-time highs in 2020. The rollout of Pandemic EBT (a resource for families with young children enrolled in SNAP) was also highly effective in the region due to the efforts of staff at Salt River Schools. Comparing the number of recipients of Pandemic EBT to the number of SNAP recipients in the region shows that likely all eligible children ages birth to 5 in the region were able to participate in Pandemic EBT. School meal service changed dramatically in the 2019-20 school year due to pandemic-related closures of schools. Salt River Schools shifted to serving meals to children in the community through the Summer Food Service Program due to relaxed eligibility criteria and greater reimbursement, leading to more meals distributed through this program and fewer through the National School Lunch Program.

According to the ACS, the unemployment rate in the Salt River Pima-Maricopa Indian Community Region (27%) was already substantially higher than that seen across all Arizona reservations (17%) and statewide (6%), even before the pandemic. A spike in monthly unemployment insurance claims in the region between April 2020 and October 2020 indicates that unemployment rates worsened during the pandemic. The majority of children birth to 5 in the region (65%) live with a single parent who is in the

labor force or two 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.

Key informants highlighted housing as a major challenge in the region. While affordable housing is available in the Community through Resident Resources and Services, high demand for housing means that families can spend years on the waitlist. The high cost of housing in the surrounding Phoenix metropolitan area makes living outside the Community unaffordable for many families. These challenges, in addition to the economic disruption caused by the pandemic, have caused more families to live 'doubled up' to pool resources and support each other, which has led to overcrowding in many households in the community. Rates of children experiencing homelessness at the Early Childhood Education Center (ECEC) have ranged from 17% to 27% over the last three years. Homelessness for children enrolled in the ECEC and Salt River Schools is defined by the McKinney-Vento Act, which considers children to be experiencing homelessness if they lack a "fixed, regular, and adequate nighttime address," including children living in shelters, cars, transitional housing, campground, motels, or living 'doubled up' with another family.[1]

The share of children birth to 17 with access to both a computer and the internet at home was substantially higher in the region (83%) than in all Arizona reservations (46%) before the pandemic. This was due largely to the Community's investment in connectivity through the purchase of Saddleback Communications in the 1990s. Salt River Pima-Maricopa Indian Community departments and divisions, including the Education Division and the Social Services Department, were also able to purchase laptops, tablets and Wi-Fi hotspots for children who needed them for remote learning. This high level of connectivity is a strength in the region, particularly for adapting to remote learning during the worst of the pandemic.

***Educational Indicators.*** Children in the Salt River Pima-Maricopa Indian Community Region attend school at Salt River Schools, Mesa Public Schools (MPS), Scottsdale Unified School District, charter schools, private schools, Bureau of Indian Education boarding schools and various nearby public school districts through open enrollment. According to key informants, a small number of parents may be choosing to homeschool their children. Salt River Schools includes the Early Childhood Education Center, Salt River Elementary School and the Salt River Accelerated Learning Academy. Salt River High School, which operated as a charter school funded through the Arizona Department of Education (ADE), closed on June 30th, 2020. The number of students enrolled in Salt River schools has fallen over the past few years, from 922 in 2017-18 to 465 in 2020-21, with the steepest decline following the closure of Salt River High School in 2020. Beyond the loss of high school students, key informants indicated that the closure of the high school led some families to also transfer their younger students to schools outside the Community. Just over 1,000 students from the Community are enrolled in Mesa Public Schools. During the pandemic, Salt River Schools transitioned to remote learning, relying first on paper materials then on Microsoft Teams to support students learning from home.

When 3rd grade students in the Salt River Pima-Maricopa Indian Community Region took AzMERIT assessments in the 2018-19 school year, 19% received passing scores on English Language Arts (ELA)

and 37% had passing scores on Math. Key informants noted concerns that students may be further behind after a year of remote learning. At the high-school level, graduation rates at Salt River High School were consistently higher than those seen statewide before the school's closure in 2020. Graduation rates for Community students enrolled in Mesa Public Schools rose from 57% in 2019-20 to 75% in 2020-21, while dropout rates have remained below 1%.

For adults ages 25 and older in the region, the ACS estimates that 27% have less than a high-school education, 34% graduated high school or received a GED but did not go farther, 30% complete some college or professional education, and 9% have bachelor's degree or higher education credential. Looking at the past 15 years of ACS estimates shows that share of adults with more than a high school education has been steadily increasing.

***Early Learning.*** Families in the Salt River Pima-Maricopa Indian Community Region can access early childhood education and child care services through the Early Childhood Education Center (ECEC, the Family and Child Education (FACE) Program at Salt River Elementary and the Early Enrichment Program under the Community's Youth Services Department. The tribal Child Care Development fund (CCDF) Certificate program provides certificates to eligible families from federally recognized tribes to fund child care services inside and outside of the Community.

The ECEC's unique 'blended' model combines funding from multiple program sources, including Head Start, Early Head Start, CCDF, and the Community's General Fund, to allow children to enroll in the program that best suits their needs and eligibility. In the 2019-20 school year before the onset of the pandemic, 258 children were enrolled in the ECEC, including 108 infants and toddlers and 150 preschoolers. As of April 2021, there were 90 children on the waiting list for enrollment in the ECEC. During the pandemic, the ECEC transitioned to remote learning through paper materials and later virtual learning through Microsoft Teams. Teachers were able to regularly interact with students and their families, but progress on Teaching Strategies Gold objective remained flat in the cognitive, literacy and mathematics domains. This suggests that young children may need additional support recovering unfinished learning and preparing for kindergarten as they return to in-person education.

In fiscal year 2020, the tribal CCDF Certificate program provided 325 certificates to children ages birth to 5, including 63 infants and toddlers and 112 preschool-age children. Enrollment in the FACE program in program year 2019 was the lowest it had been in recent years, with only 18 children and 20 adults participating the both the center-based and home-based components. The Early Enrichment Program continued to serve about 11-12 young children ages 3-5 per month through 2019; when the program transitioned to remote learning over Zoom, the number of children enrolled fell under 10 per month. Overall, early education and child care programs in the Salt River Pima-Maricopa Indian Community Region have the capacity to serve 475 children ages birth to 5. This means that there is sufficient capacity to serve about 76% of the estimated 626 young children in the region according to 2010 Census estimates, or only 63% of the enrolled tribal members ages birth to 5 according to the Enrollment Office. Key informants emphasize that there is a need for more early education and child care capacity in the region, further evidenced by the consistently long waitlist at the ECEC.

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) in 2019 or 2020, even though 16 to 30 children are referred to AzEIP each year. Key informants indicated that there is a need for the tribal Child Find program to reach more children ages birth to 2; though the program undertakes substantial outreach efforts, staff find it difficult to connect with families of very young children due to a variety of reasons. Through collaborative relationships and agreements between Child Find, Exceptional Student Services at Salt River Schools and Mesa Public Schools, preschool-aged children with disabilities receive intervention services both at the ECEC and in IDEA preschool programs in Mesa Public Schools. The number of preschool and kindergarten students with disabilities enrolled in Salt River Schools has increased from 18 in 2017-18 to 25 in 2019-20. Most preschoolers with disabilities enrolled in the ECEC have developmental delays (67-75% each year). Exceptional Student Services also served 81 older children enrolled in Salt River Elementary School and the Accelerated Learning Academy in 2020-21, a decline from the 162 served in 2019-20 due to closure of Salt River High School and the pandemic. According to key informants, while teachers and therapists were highly resourceful and creative in the ways they adapted education and services for children during remote learning, these students faced significant challenges with the loss of in-person social interaction and may require additional supports as they return to the classroom.

***Child Health.*** Health care services are available to residents of the Salt River Pima-Maricopa Indian Community Region through the Indian Health Service (IHS) River People Health Center and the IHS Phoenix Indian Medical Center. Key informants in the region note that residents also seek care at the Hu Hu Kam Memorial Hospital and Red Tail Hawk Health Center located in Chandler, both of which are part of the Gila River Health Care Corporation. The River People Health Center opened in January 2022 and greatly expanded the health care services available locally in the Community, including expanding the number of local pediatricians. In fiscal year 2019, there were 3,798 IHS active users (as defined by those who had one or more visits during the previous three years, resided within the boundaries of the Salt River Pima-Maricopa Indian Community or the town of Lehi and received services in the IHS Phoenix Service Unit). Of those, 350 were children ages birth to 5. In the last 5 years, the percent of births in the region paid for by the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid) increased while the percent paid by IHS decreased, suggesting that expectant mothers have been able to access health insurance through AHCCCS or private insurance plans.

Of the 115 births in the Salt River Pima-Maricopa Indian Community Region in 2019, only 57.3% were to mothers who received prenatal care in the first trimester, far below the Healthy People 2020 target of 84.8% or more. More than 1 in 10 births (11%) were to mothers with no prenatal care at all, and nearly 1 in 4 births (23%) were to mothers who had fewer than five prenatal care visits. This lack of adequate prenatal care puts mothers and infants at higher risk of poor health outcomes. Rates of births to teenaged mothers in the region have also increased slightly over the past 5 years, and rates of tobacco use during pregnancy in 2019 were alarmingly high at 6.1%, more than quadruple the Health People 2020 target of no more than 1.4% of birth to mothers who used tobacco during pregnancy. Encouragingly, rates of low birthweight, preterm births and NICU admission declined in 2019, a positive indicator for infant health.

The percent of infants enrolled in WIC who were ever breastfed in 2020 in the Salt River Pima-Maricopa Indian Community Region (61%) was lower than that seen across all Inter Tribal Council of Arizona (ITCA) WIC Programs (69%). However, rates of breastfeeding at 6 months have been on the rise in the region, increasing to 30% in 2020. Rates of obesity for children enrolled in WIC have also been increasing, from 24% in 2016 to 26% in 2018. In FY 2019, 30% of children ages 2-5 from the Salt River Pima-Maricopa Indian Community Region seen at IHS facilities had obesity, indicating that early childhood obesity is a growing concern for the Community. The percent of young children receiving topical fluoride applications or dental sealants at IHS facilities was low, and though children enrolled in the ECEC receive regular access to dental exams, the percent of children with completed dental exams declined between 2018-19 and 2019-20. More than 98% of kindergarteners in Salt River Elementary School were immunized with the DTaP, Polio, and MMR vaccine series in the 2018-19 school year. Rates of immunization exemption for kindergarteners were consistently lower than rates seen statewide. Among children enrolled in WIC, the rate of exposure to secondhand smoke at home quadrupled from 2% in 2014 to 8% in 2018, a concerning trend. There were no child deaths in the Community in 2018, and so few deaths in 2019 that mortality rates could not be presented in this report.

***Family Support and Literacy.*** Families in the Salt River Pima-Maricopa Indian Community Region benefit from the many parent education and family involvement services offered in the region, which help parents understand how to promote healthy child development, including early literacy. The opening of the Way of Life Facility in 2018 also added to regional strengths by providing a new, safe and welcoming location for families to be active together and engage community resources like the Tribal Library.

The Behavioral Health Services Division offers a continuum of care for young children birth to 5 and their caregivers. Staff at Behavioral Health Services are specifically trained in infant and toddler mental health, and Behavioral Health Services provides mental health assessments and counseling for young children in the form of play therapy. Key informants see a need for even more expansion of mental and behavioral health services for young children birth to 5, especially given the stresses of the pandemic on young children and their families, including the loss of loved ones to COVID-19. The transition to telehealth during the pandemic interrupted some of the services that Behavioral Health Services could provide for young children, but simultaneously created openings to talk about mental health throughout the Community. Substance abuse is an ongoing challenge in the Community, according to key informants. Opening up access to residential treatment programs that can house both parents and their young children could help reduce barriers to seeking treatment for caregivers of young children.

Child Welfare services in the Salt River Pima-Maricopa Indian Community Region are provided by Salt River Pima-Maricopa Indian Community Social Services Department, Tribal Child Protective Services (CPS) and the Family Advocacy Center (FAC). The number of child removals has dropped substantially over the past decade in the region, falling from 144 in 2012 to only 41 in 2020. This drop is due to intentional efforts by the Social Services Department and Tribal CPS to prevent removals whenever possible and changes in federal policy and funding under the Family First Prevention Services Act that allow greater reimbursement of preventative and family preservation services. The Circles of Support

program, housed in Behavioral Health Services, and the Family Advocacy Center, which co-locates FAC staff, Tribal CPS, and tribal police and prosecution under one roof, are both major assets for supporting child victims of neglect and abuse and for preventing child removals and helping families create safer and healthier environment for their children. The pandemic and its associated disruptions to schools and work did cause stress for many families. Key informants reported an increase in incidents of domestic violence, and the number of substantiated cases of child abuse and neglect doubled from 2019 (21 for children birth to 5; 50 for children) to 2020 (47 for children birth to 5; 98 for all children). The number of Salt River Pima-Maricopa Indian Community foster homes has doubled over the past 6 years, and the Social Services Department is working to expand services to informal kinship caregivers in the Community.

# 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 later in 2022,[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 (ADHS), the Arizona Department of Education (ADE) and the Arizona Department of Economic Security (DES). 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 Salt River Pima-Maricopa Indian Community departments and agencies with approval from the Salt River Pima-Maricopa Indian Community Tribal Council by Resolution Number SR-3858-2021; and 2) Findings from qualitative data collection conducted in 2021 and 2022 specifically for this report through key informant interviews with service providers in the region. Not all data will be available at a First Things First (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 the abbreviation “N/A.”

First Things First Salt River Pima-Maricopa Indian Community Regional Partnership Council members and other local stakeholders participated in a facilitated data discussion on October 26, 2021, 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 Salt River Pima-Maricopa Indian Community Region. When available, the next rows show data that are useful for comparison purposes: all Arizona reservations combined, Maricopa 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

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[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*

varying policies about reporting small values. Entries such as "<10" or "<11" are used when the count is too small to be 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 SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY REGION

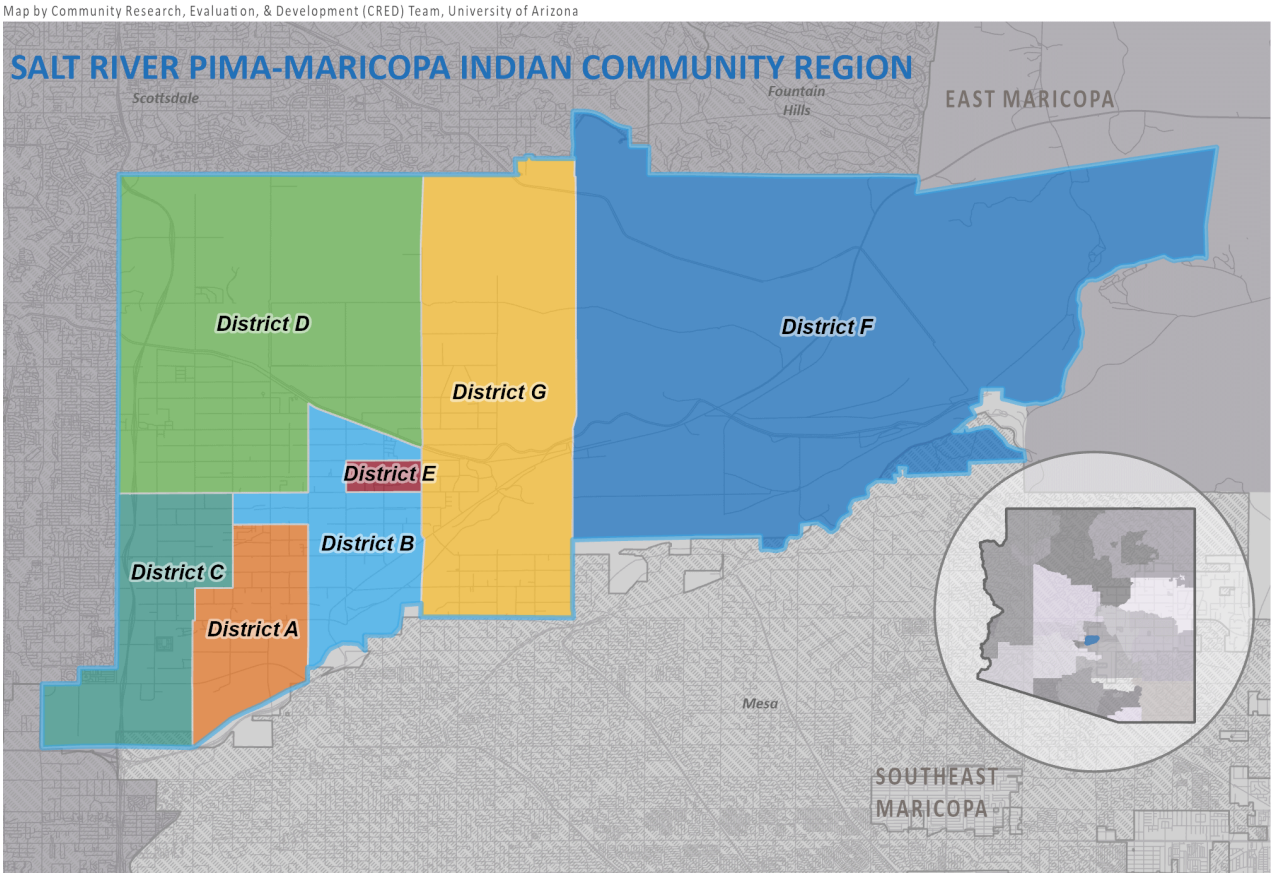
The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or service areas of organizations providing early childhood services, (c) maximize the ability to collaborate with service systems and local governments and facilitate the ability to convene a Regional Partnership Council and (d) allow for the collection of demographic and indicator data.

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 Salt River Pima-Maricopa Indian Community was one of 10 tribes that chose to be designated as its own region. This decision must be ratified every two years, and the Salt River Pima-Maricopa Indian Community has opted to continue to be designated as its own region.

The Salt River Pima-Maricopa Indian Community is a sovereign tribe located in the metropolitan Phoenix, Arizona. The Community was established by Executive Order on June 14, 1879, and it consists of 52,600 acres bordering the cities of Scottsdale, Tempe, Mesa and Fountain Hills. The Salt River Pima-Maricopa Indian Community is home to the Pima (‘Akimel O’Odham,’ River People) and the Maricopa (‘Xalychidom Pipaash,’ People who live toward the water).

Geographically, the boundaries of the First Things First Salt River Pima-Maricopa Indian Community match those of the reservation (Figure 1).

Figure 1. The First Things First Salt River Pima-Maricopa Indian Community Region




*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.[2,3,4,5,6] 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.[7,8,9,10]

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.[11, 12] Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity and to promoting social unity, community well-being and Indigenous self-determination.[13, 14] 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.[15] 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).[16,17] Though it varies from one Native community to another, extended, multigenerational families and kinship care are common in Native communities.[18, 19] 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.[20] Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history and culture.[21, 22]

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.[23,24,25,26] 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.[27] 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.[28,29] 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 Salt River Pima-Maricopa Indian Community Enrollment Office, there were 10,890 enrolled members in the Salt River Pima-Maricopa Indian Community as of June 2022 (Table 1). Of these enrolled members, 6,173 resided within the Community, with the remaining 43%, 4,716 members, residing outside the Community boundaries. In 2022, there were 457 children ages birth to 5 enrolled as tribal members and residing in the Community, with an additional 299 young children enrolled and living outside the Community.

Table 1. Salt River Pima-Maricopa Indian Community Enrollment, June 2022

| | Tribal Members On-Reservation | Tribal Members Off-Reservation | Total Tribal Members |
|---|---|---|---|
| Children ages 0-5 | 457 | 299 | 756 |
| Under 1 | 23 | 12 | 35 |
| Age 1 | 63 | 37 | 100 |
| Age 2 | 68 | 52 | 120 |
| Age 3 | 90 | 47 | 137 |
| Age 4 | 97 | 64 | 161 |
| Age 5 | 116 | 87 | 203 |
| Ages 6 to 18 | 1,760 | 1,452 | 3,212 |
| Ages 19 & older | 3,956 | 2,965 | 6,921 |
| Total Children (ages 0-18) | 2,217 | 1,751 | 3,968 |
| Total Population (all ages) | 6,173 | 4,716 | 10,890 |

*Source: Salt River Pima-Maricopa Indian Community Enrollment Office (2021). [Enrollment dataset]. Unpublished tribal data received by request. Data pulled on June 21, 2022*

The 2010 Decennial Census has the most recent detailed estimate of the population by age residing in the region from the U.S. Census Bureau. According to the 2010 U.S. Census, the Salt River Pima-Maricopa Indian Community Region had a population of 6,289, of whom 626 were children birth to 5 (Table 2). The percent of households in the region that included at least 1 young child (17%) was nearly identical to that seen in Maricopa County and Arizona, but lower than that seen across all reservation lands in Arizona (26%). New redistricting data released from the 2020 Census in fall 2021 shows that

the population in the Salt River Pima-Maricopa Indian Community remained about the same as in 2020, with 6,321 people residing in the Community (Table 3). Salt River Pima-Maricopa Indian Community worked with the Census to conduct outreach and make sure that as many people were counted as possible. Still, it is important to note that both the 2010 and 2020 Census overall population numbers are lower than the number of enrolled members in 2022 according to the Salt River Pima-Maricopa Community Enrollment Office (though they nearly match the number of members residing within the Community in 2022). Key informants in the community emphasized that due to the robust data systems that the Community has invested in, as well as the relationships of trust built between tribal agencies and members, data from the Enrollment Office are often more accurate, reliable and timely than estimates produced by the Census Bureau, which are affected by the undercounting issues enumerated in the Methods and Data Sources appendix at the end of this report. These strong local data systems are a considerable asset for the Community for support of data-driven decision-making and tribal data sovereignty.

Table 2. 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) | |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **6,289** | **626** | **2,198** | **380** | **17%** |
| All Arizona Reservations | 178,131 | 20,511 | 50,140 | 13,115 | 26% |
| Maricopa County | 3,817,117 | 339,217 | 1,411,583 | 238,955 | 17% |
| 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*

*Note: The total population of Arizona in the 2020 Decennial Census is 7,151,502, which is a 12 percent increase from 2010. In Maricopa County, the total population increased 16 percent, to 4,420,568*

Table 3. Population and households in the 2020 U.S. Census

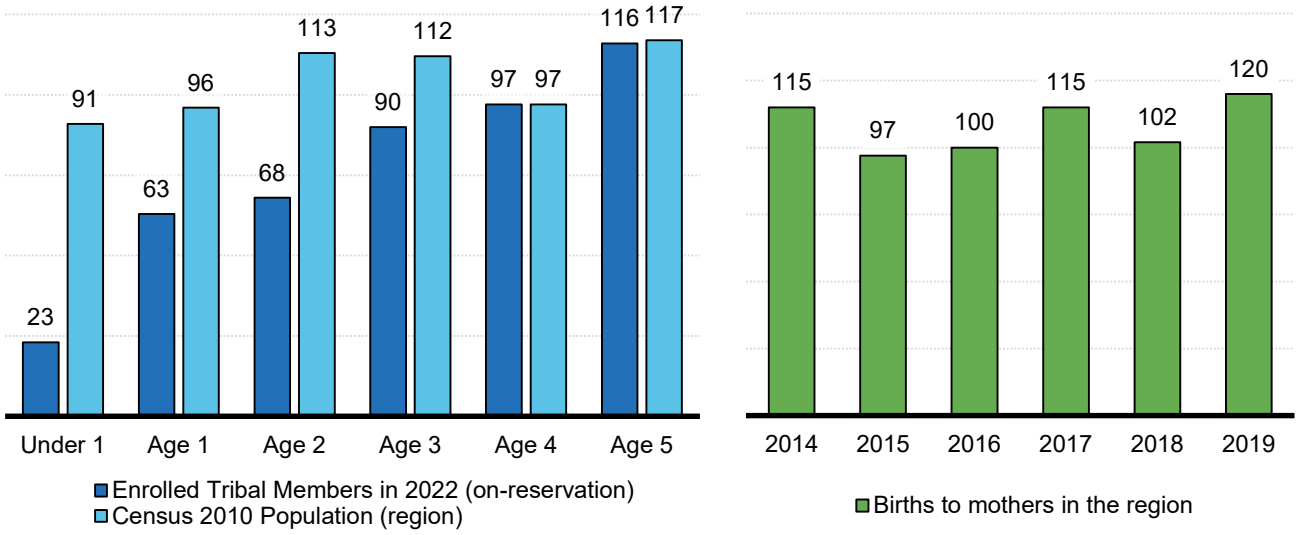
| Geography | Total population | Children (ages 0-17) | Total number of households |
|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **6,321** | **1,939** | **1,924** |
| All Arizona Reservations | 173,499 | 51,848 | 50,362 |
| Maricopa County | 4,420,568 | 1,038,182 | 1,643,579 |
| Arizona | 7,151,502 | 1,609,526 | 2,705,878 |
| United States | 331,449,281 | 73,106,000 | 126,817,580 |

*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.*

However, for the population of children birth to 5 in the region, there are some limitations to tribal enrollment data, as many families wait to enroll children until they seek services. Thus, comparing tribal enrollment by age, 2010 Census single-year population estimates, and the number of births in the region over the most recent six-year period can help provide a best estimate of the number of children birth to 5 in the region. The number of births in the region from 2014 to 2019 remained steady, suggesting that there are about 100 to 120 children born in the Community each year (Figure 2). This slightly exceeds the 2010 Census data showing approximately 90 to 120 children at each year of age. Tribal enrollment data falls far below both the number of births and the 2010 Census estimate for infants under age 1 but nearly matches both numbers for children ages 4 to 5. This may reflect that families are more likely to enroll their preschool-age children so that they can access resources like the Early Childhood Education Center. Overall, all of these sources suggest that there are between 650 (based on Census and births data) and 750 young children birth to 5 (based on tribal enrollment data) accessing services in the region.

Figure 2. Comparison of 2021 tribal enrollment, 2010 Census estimates, and 2014 to 2019 births in the region to estimate the population of children birth to 5




*Source: Salt River Pima-Maricopa Indian Community Enrollment Office (2021). [Enrollment dataset]. Unpublished tribal data received by request. Data pulled on April 16, 2021. 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. U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20*

The steady trend in the number of babies born in the Salt River Pima-Maricopa Indian Community Region runs counter to trends in all Arizona reservations, Maricopa County and the state of Arizona. The number of births across the state overall and on reservation lands declined steadily from 2014 to 2018, as did the number births in Maricopa County from 2014 to 2019 (Table 4). This suggests that while the population of children birth to 5 may be declining slightly across the state, the number of young children in the region has been consistent across recent years.

Table 4. Number of babies born, 2015 to 2019

| Geography | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **120** | **102** | **115** | **100** | **97** | **115** |
| All Arizona Reservations | 2,640 | 2,510 | 2,460 | 2,340 | 1,990 | 2,180 |
| Maricopa County | 55,285 | 54,600 | 54,021 | 52,470 | 51,701 | 50,998 |
| 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. 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.*

The racial and ethnic composition of the Salt River Pima-Maricopa Indian Community Region is unique when compared to both Arizona and all reservation lands across the state (Table 5). According to the 2020 Census, 82% of the region's population identifies as American Indian or Alaska Native, either alone or in combination with another race or ethnicity, lower than the percentage seen in all Arizona reservations (93%). Conversely, higher percentages of residents identify as Hispanic or Latino (17%) or non-Hispanic White (15%) than in all reservations, though these percentages are much smaller than those seen in Maricopa County and Arizona overall. Very small fractions of residents identify their race as Black (2%), Asian or Pacific Islander (1%) or multi-racial (5%). According to key informants, the reason behind the higher percentages of non-Native residents in the region compared to reservation lands across the state is that the Community has a long-term lease with one remaining trailer park in District C until 2026. This trailer park, called "Shadow Mountain," houses mostly non-Native/non-Community Member residents over the age of 55. Residential living for non-Community Members is no longer allowed per the SRPMIC Ordinances. The Shadow Mountain Trailer Park lease will expire on 2026 and this use will no longer be active within the SRPMIC boundaries.[30]

Table 5. 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 |
|---|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **6,321** | **17%** | **15%** | **2%** | **82%** | **1%** | **5%** |
| All Arizona Reservations | 173,499 | 6% | 5% | 1% | 93% | 1% | 3% |
| Maricopa County | 4,420,568 | 31% | 57% | 8% | 4% | 6% | 14% |
| Arizona | 7,1515,02 | 31% | 57% | 6% | 6% | 5% | 17% |
| 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 reservation 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 region (92%) and reservation lands across Arizona (91%), nearly all young children birth to 4 identify as American Indian or Alaska Native (Table 6). However, a substantially higher proportion of young children also identify as Hispanic or Latino (23%) in the Community compared to reservations statewide (9%). Please note the categories in the table below are not exclusive, meaning that children are counted in each category that they identify with.

The race and ethnicity of mothers giving birth in the region falls between the 2020 Census estimates for all ages and those of young children from the ACS, with 4 out of every 5 mothers (81%) giving birth in the region identifying as American Indian or Alaska Native in 2019 according to the Arizona Department of Health Services (ADHS).[iii] About 1 in 10 mothers giving birth identified as Hispanic or Latina (10%), and another 9% identified as non-Hispanic White.

[iii] *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 6. 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 |
|---|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **670** | **23%** | **0%** | **0%** | **92%** | **0%** | **6%** |
| All Arizona Reservations | 15,185 | 9% | 1% | 0% | 91% | 0% | 4% |
| Maricopa County | 278,509 | 44% | 39% | 7% | 2% | 4% | 9% |
| 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 7. 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 |
|---|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2018** | **97** | **8%** | **5%** | **0%** | **87%** | **0%** |
| | **2019** | **115** | **9%** | **10%** | **1%** | **81%** | **0%** |
| 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 |
| Maricopa County | 2018 | 51,701 | 44% | 41% | 7% | 3% | 5% |
| | 2019 | 50,998 | 44% | 41% | 8% | 3% | 5% |
| 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*

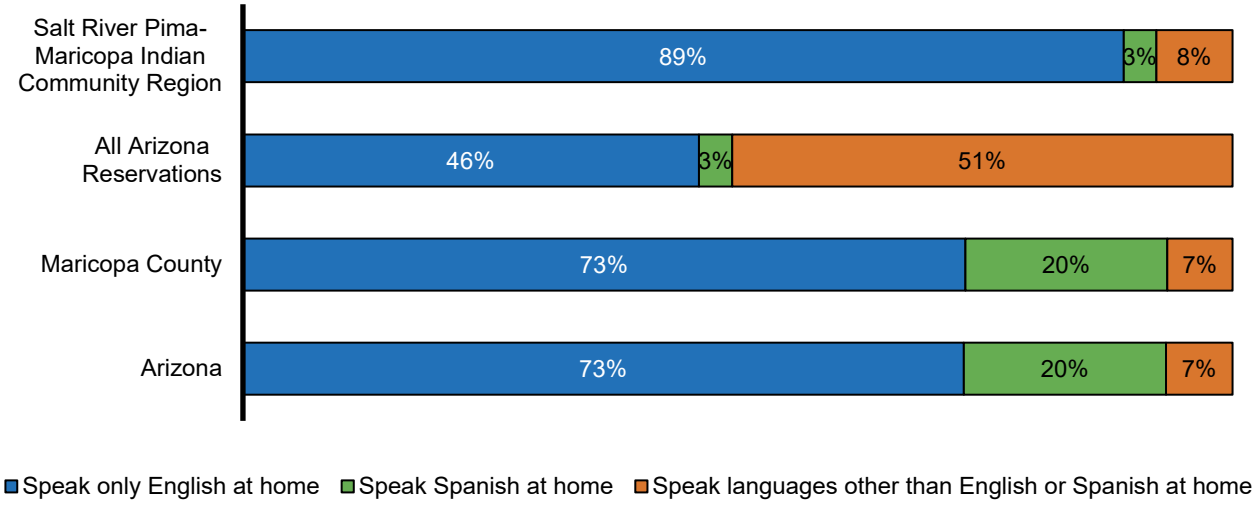
*Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table. Please note that 'All Arizona Reservations' row reflects only births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

## Language Use and Revitalization

The ACS estimates that nearly 9 in 10 (89%) of the Salt River Pima-Maricopa Indian Community Region's residents speak only English at home, and that 3% speak Spanish at home (Figure 3). Almost 1

in 10 residents (8%) speak other languages, of which Native North American languages are the most common in Arizona. This suggests that native language usage at home is lower in the region than in reservations across Arizona, where more than half (51%) of the population speak a language other than English or Spanish at home.

Figure 3. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS



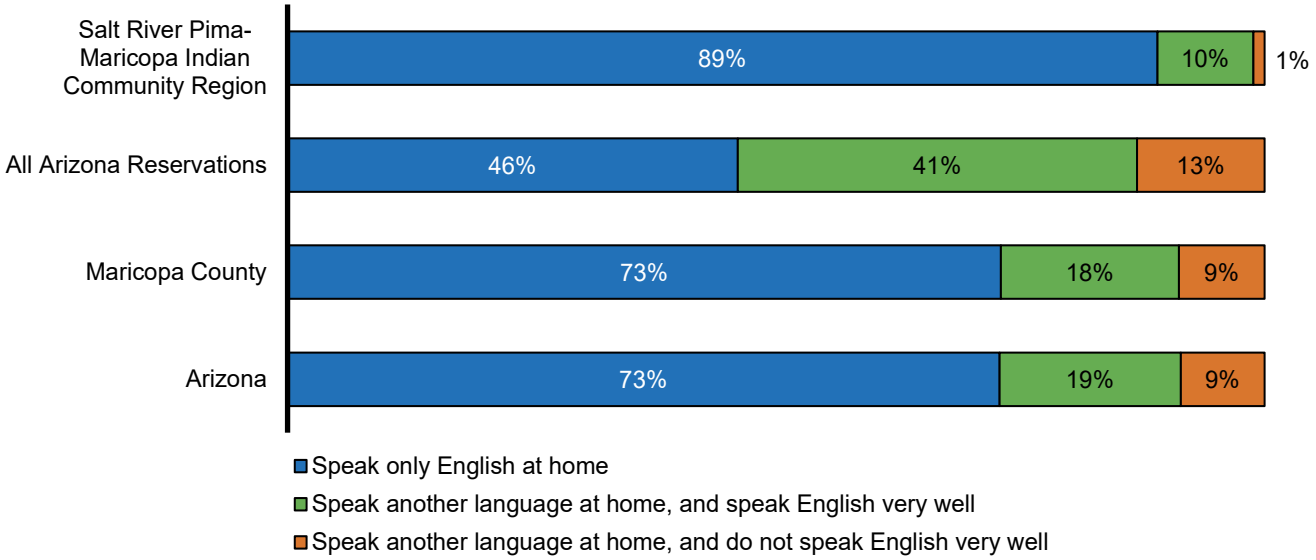

*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001*

*Note: The three percentages in each bar may not sum to 100% because of rounding. The American Community Survey (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 who speak a language other than English at home report that they speak English "very well,"[iv] meaning they are proficiently bilingual or multilingual. This is the case for 10% of Salt River Pima-Maricopa Indian Community Region residents ages 5 and older (Figure 4).

[iv] "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 4. 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.*

Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity and to promoting social unity, community well-being and Indigenous self-determination.[31, 32] The Salt River Pima-Maricopa Indian Community pursues language preservation through curriculum developed by the Salt River Schools Native Language and Culture Program taught at the Early Childhood Education Center (ECEC), Salt River Elementary School, Salt River High School (until its closure in 2020) and the Salt River Accelerated Learning Academy as well as programs offered through the Tribal O'odham Piipaash Language Program.

The Salt River Schools' Native Language and Culture program teaches students and their families the traditional O'odham and Piipaash cultures, languages and songs. Projects supported through the Tribal O'odham-Piipaash Language Program include O'odham Immersion classes, Piipaash Language Classes, language-based cultural art classes, quarterly community language-based social activities, monthly gatherings for elders and assisting community members and departments with language and cultural information.[33]

The ECEC employs a Cultural Language specialist who teaches infant/toddler and preschool classes weekly. The specialist participates in monthly O'odham Elders and Speakers Revitalization Gatherings at the Salt River Pima-Maricopa Indian Community's Cultural Resources Department. Language classes from the specialist are also available to ECEC staff and parents. Both O'odham and Piipaash languages are incorporated into the classroom lesson plans.[34] Salt River Schools also has a staff of speakers of both O'odham and Piipaash who can work in the ECEC, Salt River Elementary, and the Accelerated Learning Academy. Salt River Schools staff went before tribal council to request that elders who speak O'odham and Piipaash be certified to teach in schools despite their lack of formal education credentials.

The tribal council then petitioned the state of Arizona with this request under the Native American Language Certification Policy and received permission to certify speakers in 2015. Salt River Schools has certified six elders to teach in schools since receiving this permission. While four elders have retired from teaching, two continue to work with young students in the ECEC and Salt River Elementary.

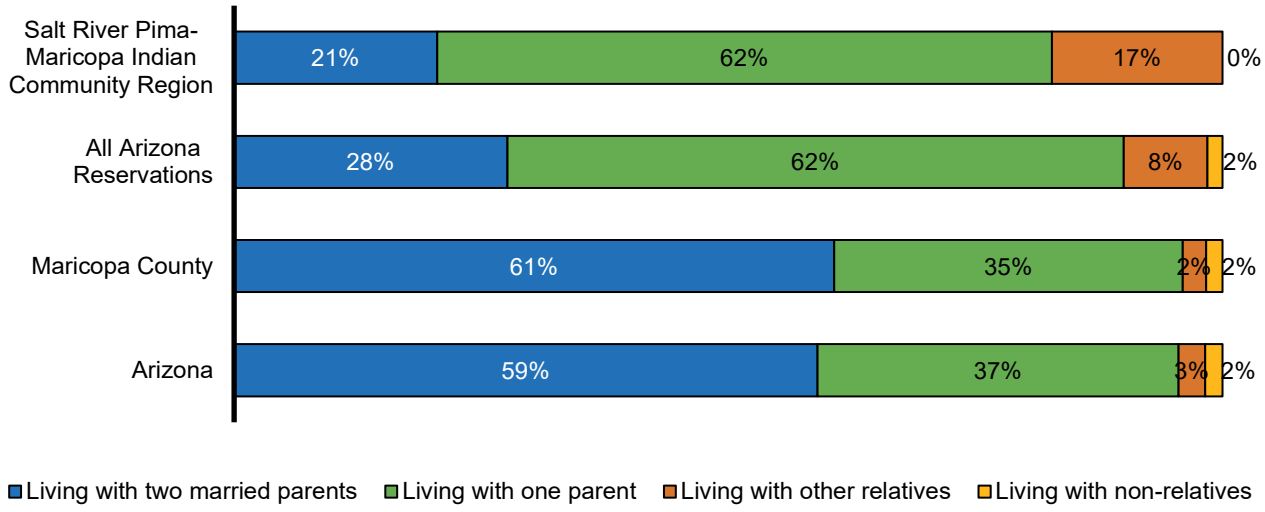
In addition to the critical role that language revitalization efforts play in the cultural preservation of Native communities, young children can benefit from this exposure to multiple languages, mastery of more than one language is an asset in school readiness and academic achievement and offers cognitive and social-emotional benefits in early school and throughout their lifetime.[35,36,37,38]

**Family and Household Composition**

According to the ACS, nearly two-thirds (62%) of children birth to 5 in the Salt River Pima-Maricopa Indian Community Region live with a single parent (Figure 5). About 1 in 5 young children live with two parents (or a parent and a stepparent) and most of the rest (17%) live with a relative who is not their parent, meaning that they are in kinship care arrangements. 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 develop 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.[39]

The Salt River Pima-Maricopa Indian Community Social Services Department has been working to improve outreach to kinship care families, especially those not formally involved with Tribal Child Protective Services. Due to changes in federal funding and policy under the Family First Prevention Services Act, the Social Services Department has been able to expand the services available to kinship care families. Further information about these changes can be found in the *Child Welfare* section of this report.

Figure 5. 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 bar should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents. Children who live in group quarters such as group homes for children in the child welfare system are not captured in this figure. Please note that due to the way the ACS asks about family relationships, children living with two cohabitating but unmarried parents are not counted as living with two parents (these children are counted in the 'one parent' category).*

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. An estimated 402 grandparents in the Salt River Pima-Maricopa Indian Community Region are responsible for raising one or more grandchildren (ages birth to 17) who live with them (Table 8). About a quarter of these grandparents (24%) do not have the child's parent(s) living in the household. Furthermore, of these 400 grandparents, 54% are female, 37% are in their sixties or older, 50% are in poverty and 4% percent are not proficient English speakers. Compared to all Arizona reservations and the state as a whole, rates of poverty responsible grandparents are markedly higher, indicating that these grandparents may need additional financial support to meet their grandchildren's needs (Figure 6).

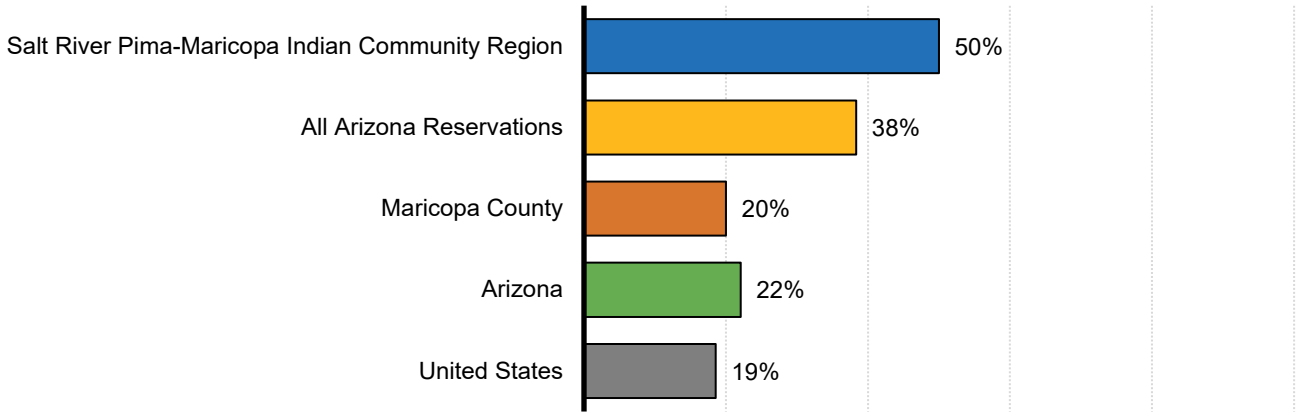
Table 8. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS

| 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 |
| **Salt River Pima-Maricopa Indian Community Region** | **402** | **54%** | **37%** | **50%** | **4%** | **24%** |
| All Arizona Reservations | 5,630 | 65% | 45% | 38% | 19% | 29% |
| Maricopa County | 34,410 | 62% | 39% | 20% | 21% | 28% |
| 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.*

Figure 6. Percent of grandparents who are responsible for their grandchildren ages birth to 17 and have an income below the poverty level, 2015-2019 ACS



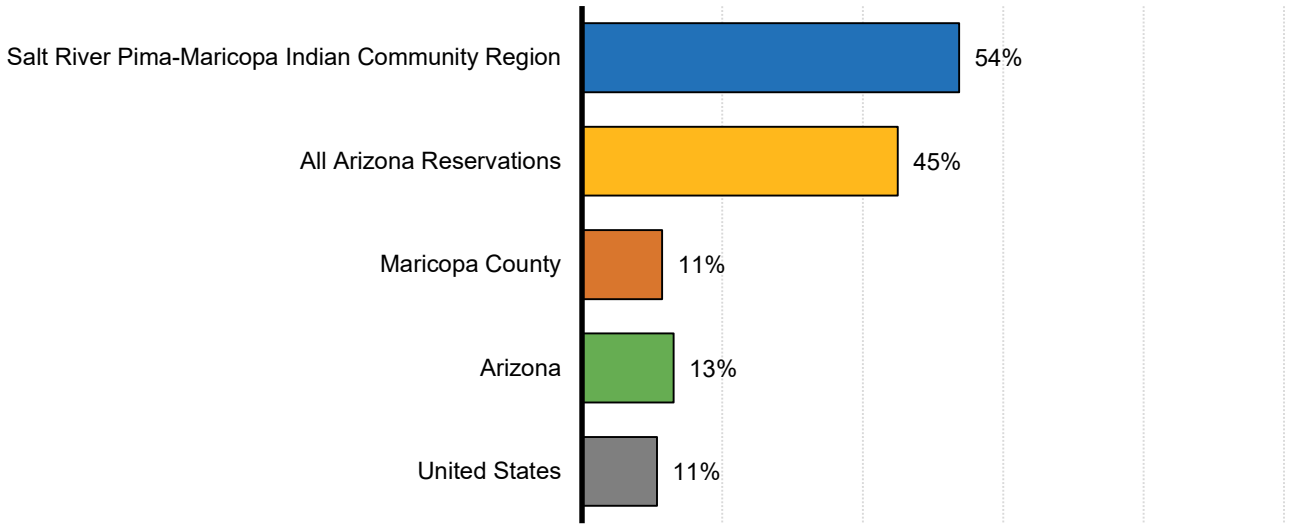

*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059*

*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.*

Beyond grandparents who live with their grandchildren in kinship care arrangements, many young children live in multi-generational households. The ACS estimates that 54% of children birth to 5 in the Salt River Pima-Maricopa Indian Community Region live in their grandparent's household, compared to 45% across all Arizona reservations and 13% in Arizona (Figure 7). Understanding the circumstances of grandparents living with their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Although multigenerational households can enhance family

bonds and provide additional financial and caregiving resources, children's risk of living in poverty is higher for those living with grandparents, and grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors.[40,41,42,43] Grandparents who care for their grandchildren may require targeted outreach and information about resources, support services, benefits and policies available to aid in their caregiving role.[44] Grandparents in multigenerational households are also at heightened risk of COVID-19 infection, especially those living with essential workers.[45] Key informants indicated that grandparents who were caring for their grandchildren during the pandemic often had a more difficult time navigating technology to help their grandchildren with remote learning or access services provided online. These families may have had more limited access to services due to these challenges.

Figure 7. 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.*

Key informants describe the Salt River Pima-Maricopa Indian Community Region as one characterized by close-knit extended family networks. These networks allow families to share information and support each other in times of need. These relationships were also a source of strength and resilience during the stresses of the COVID-19 pandemic. Understanding the dynamics and strengths of families in the region is key to providing appropriate services and fostering supportive environments for young children to grow.

Additional data tables related to *Population Characteristics* can be found in Appendix 1 at the end 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.[46] Poverty can affect the way children grow and develop, even including changes to their brains.[47,48] 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.[49,50,51,52,53,54,55] They are also more likely to remain poor later in life, passing along these challenges to future generations.[56,57] 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.[58,59,60,61]

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.[62] 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.[63]

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"[64] 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%).[65] Safety-net programs aim to minimize the impacts of poverty on child and family well-being.[66,67,68] These programs include:

- The Supplemental Nutrition Assistance Program (SNAP; also referred to as "nutrition assistance" and "food stamps"),[v]
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC),[vi]
- The National School Lunch Program[vii] and Summer Food Service Program,[viii]

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[v] *For more information see: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program*

[vi] *For more information see: https://www.fns.usda.gov/wic*

[vii] *For more information see: https://www.fns.usda.gov/nslp*

[viii] *For more information see: https://www.fns.usda.gov/sfsp/summer-food-service-program*

- Temporary Assistance for Needy Families (TANF),[ix]
- KidsCare (the state children's health insurance program),[x]
- Tribal food distribution programs, such as the Salt River Food Distribution Center,
- Tribal child care assistance programs, such as the Tribal Child Care and Development Fund and
- Tribal housing programs, such as Salt River Pima-Maricopa Indian Community Tribal Housing Program.

Other factors related to economic stability include employment and housing.[69] Unemployment (and underemployment[xi]) 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.[70,71] Similarly, housing instability can harm the physical, social-emotional and cognitive development of young children.[72] High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.[73,74] The funds required to pay high housing costs can leave inadequate budgets for other necessities, such as food and utilities.[75]

## What the Data Tell Us

**Income and Poverty**

The American Community Survey (ACS) estimates that the median family income for the Salt River Pima-Maricopa Indian Community Region is $40,900 (Figure 8), 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 married couple families who have at least one child, the median income ($51,400) is higher than that of all families, likely because many such families are dual-income families. However, even this higher median income is only about half of the median income for married couples in Maricopa County. This disparity in income between the region and the surrounding county may mean that families face more difficulties affording services outside the Community. The 2021 self-sufficiency standard in Maricopa County for a two-parent family with an infant and a preschooler was $72,544, [76] suggesting that many families in the region may not have sufficient incomes to meet all their families' needs without support. Please note that the self-sufficiency standard is calculated for all kinds of families living in Maricopa County, not specifically those living on tribal lands. The Community provides many excellent no-cost or low-cost resources for families with young children, which can help support families and make the cost of living more affordable.

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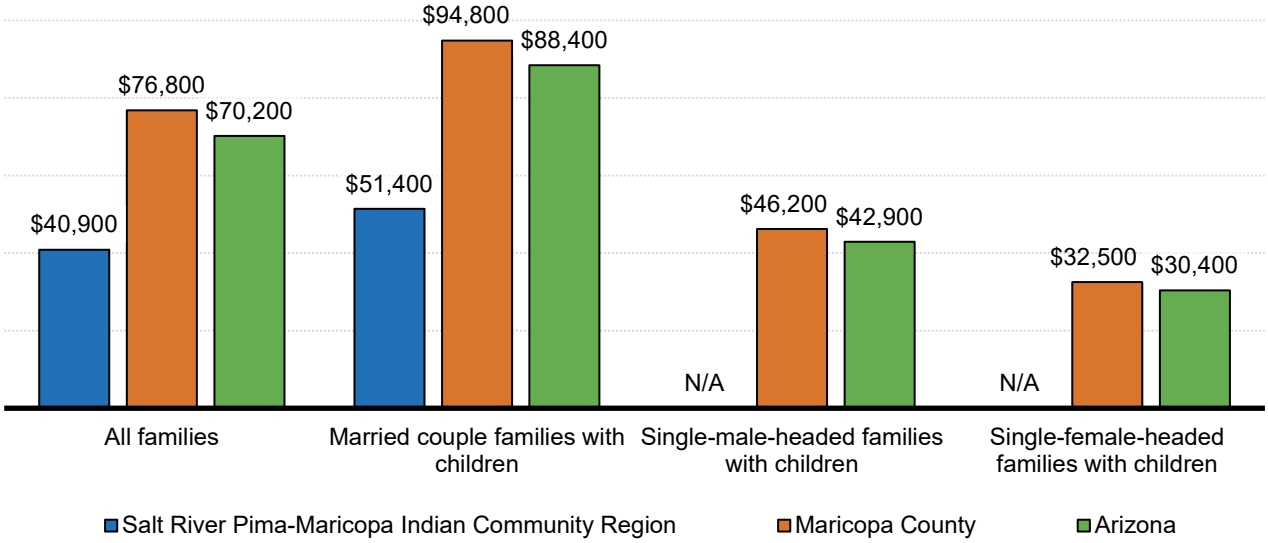
[ix] *For more information see: https://www.acf.hhs.gov/ofa/programs/tanf*

[x] *For more information see: https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html*

[xi] *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*

Figure 8. Median family income for families with children ages birth to 17, 2015-2019 ACS

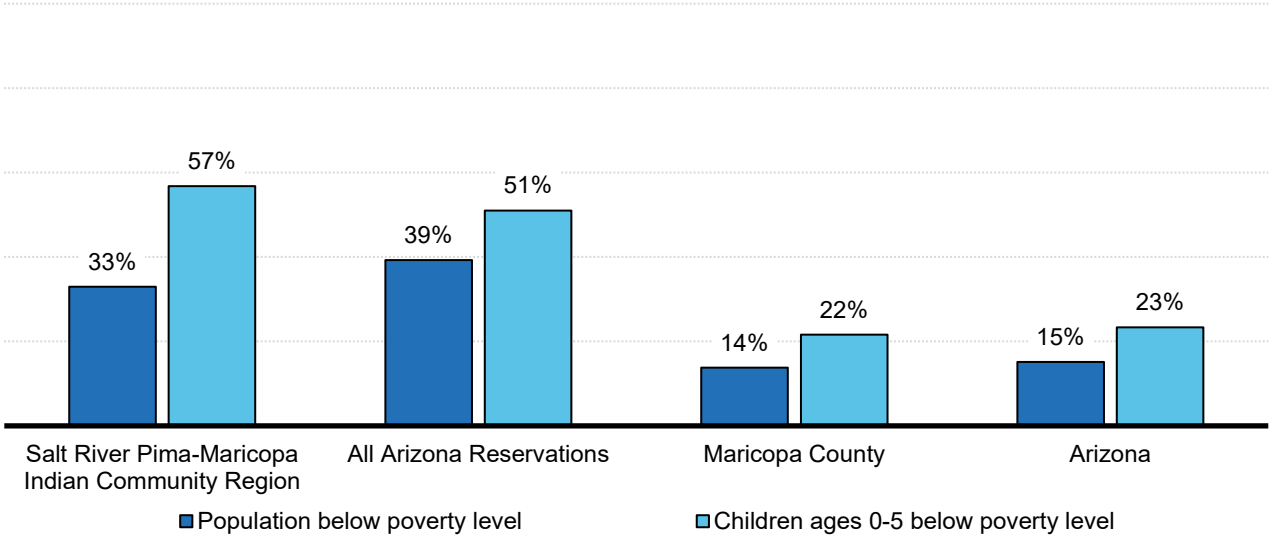



*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126*

*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 ages birth to 17. Estimates for single-male-headed households and single-female-headed households were not available due to sample size limitations.*

Consistent with the lower median family incomes in the region, rates of poverty for the overall population (33%) and for young children (57%) are more than double those seen statewide (15% and 23%, respectively (Figure 9). Regional rates are more similar to the overall poverty rate (39%) and young child poverty rate (51%) seen in reservations across Arizona.

Figure 9. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS

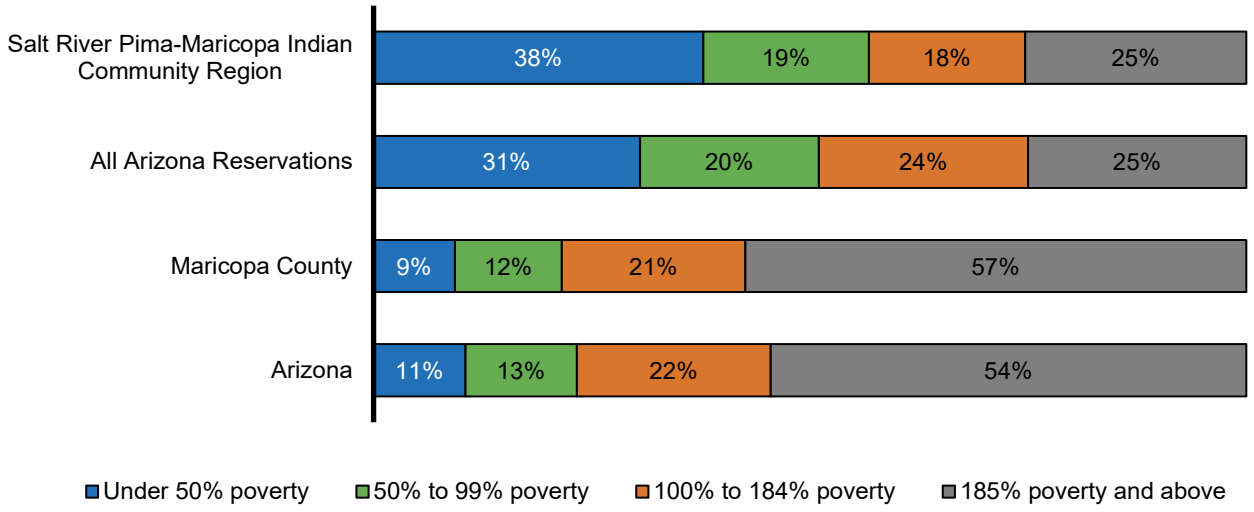



*Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001*

*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 Salt River Pima-Maricopa Indian Community Region, an estimated 3 out of every 4 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 10). This again matches the percentage seen across reservations in Arizona (75%), but far exceed the rate in the state (46%) or Maricopa County (43%).

Figure 10. 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 bar 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.[77] Key informants in the region indicated that many families in the Salt River Pima-Maricopa Indian Community lost jobs and income during the pandemic. This led some families to move in together to pool resources and help care for children who were home from school and learning remotely. While this family support was often positive and allowed families to spend more time together, it also led to more instances of overcrowding in houses in the community. This is discussed further in the *Housing Affordability and Instability* section.

### *Life Enhancement and Resource Network (LEARN)*

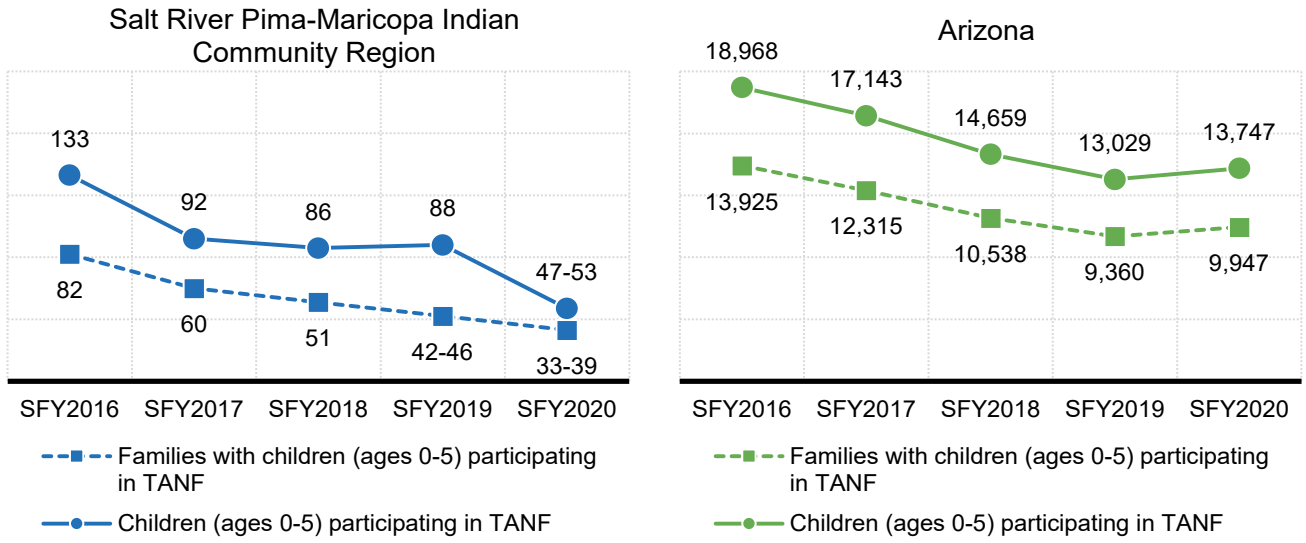
Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and support services to children and families. Eligibility 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.[78]

The Salt River Pima-Maricopa Indian Community is one of the six Arizona tribes that operate a Tribal TANF program, known as the Life Enhancement and Resource Network (LEARN). In addition to cash assistance, LEARN offers many other services to its clients, including a computer lab, Fatherhood and Motherhood programs and life enhancement skill classes. LEARN clients are referred to the Salt River Pima-Maricopa Indian Community Early Childhood Education Center, Tribal Child Care and Development Fund (CCDF) Certificate Program or the Arizona Department of Economic Security child care subsidy program if they need child care services.

The number of young children birth to 5 participating in LEARN has declined steady over the past 5 years, from 133 in state fiscal year (SFY) 2016 to about 50 in SFY 2020 (Figure 11). The number of families with young children ages birth to 5 participating in LEARN also declined in this period, falling from 82 to less than 40 families. This mirrors trends in declining TANF service numbers seen statewide, but the decline in the region has been much sharper and did not increase in SFY 2020 during the pandemic, where the state numbers saw a slight rebound. This drop was surprising to many key informants in the region but may reflect changes in the population who are eligible for LEARN services.

Figure 11. Number of children ages birth to 5 and households with children ages birth to 5 participating in LEARN, state fiscal years 2016 to 2020

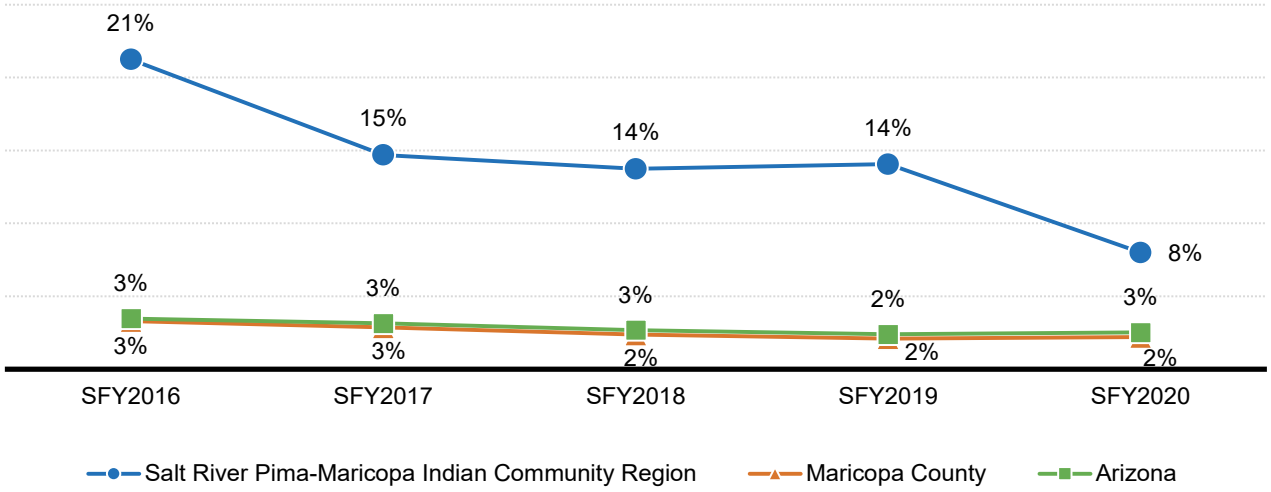



*Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.*

Mirroring the decline in the number of children participating in LEARN, the estimated percent of children participating fell by more than half over the past 5 years from 21% in SFY 2016 to 8% in SFY 2020 (Figure 12). Even with the decline, participation rates in LEARN exceed TANF participation rates seen in the state (3%) and Maricopa County (2%). However, while more than 1 out of every 2 young children lives in poverty in the region, less than 1 in 10 are participating in LEARN, indicating that a

number of young children could benefits from the supports LEARN provides for families but are not receiving them. Key informants in the region noted that stigma and fear may keep families from accessing programs like LEARN and highlighted a need for ongoing trust-building with families to ensure that they see tribal departments and programs as a resource and safe place to ask for help.

Figure 12. Estimated percent of children ages birth to 5 participating in LEARN, state fiscal years 2016 to 2020




*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 & P20.*

**Food Insecurity**

Many families struggle with consistent access to "enough food for an active, healthy life," a problem known as food insecurity.[79] 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 delays[80] and having obesity.[81] To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),[82] the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),[83] the National School Lunch Program (NSLP),[84] the School Breakfast Program,[85] the Summer Food Service Program (SFSP)[86] and the Child and Adult Care Food Program (CACFP).[87] These programs are outlined in the sections below.

An additional food resource in the Salt River Pima-Maricopa Indian Community Region is the Salt River Food Distribution Center, a tribally-operated food program that distributes free food boxes to Community members with incomes at or below 185% of the poverty level. Throughout the pandemic, the Food Distribution Center operated on a drive-up model to allow contactless delivery of food boxes to families in need.[88]

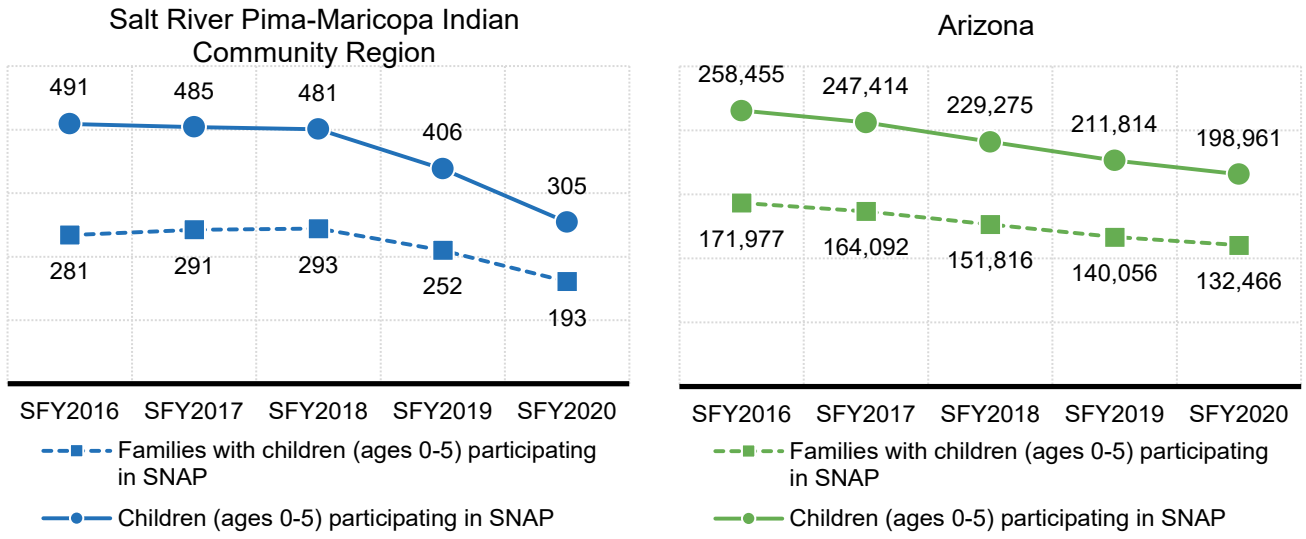
A nationally representative survey found that for caregivers in low-income families, food insecurity during the pandemic, exacerbated by the loss of free meals (e.g., school lunch), was the lone consistent predictor of anxiety, depression and stress.[89] Arizona families with young children have been

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.[90] In this context, the efforts of the Salt River Food Distribution Center and Salt River Schools to distribute food to families throughout the pandemic have been particularly important.

### *Supplemental Nutrition Assistance Program (SNAP)*

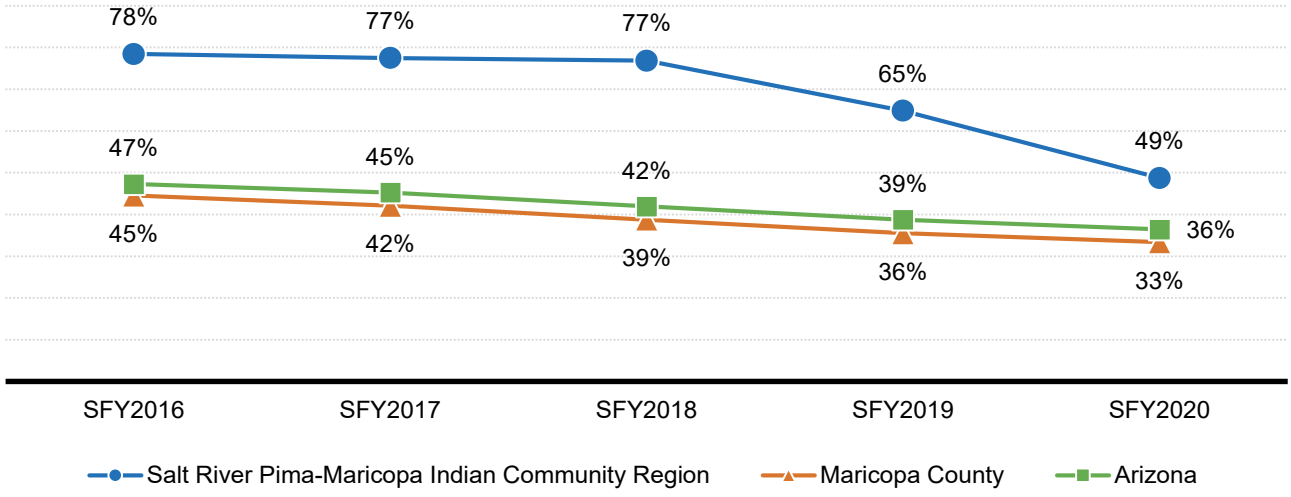
Administered by the Arizona Department of Economic Security and also referred to as "Nutrition Assistance" and "food stamps," SNAP is designed to combat food insecurity. The program has been shown to help reduce hunger and improve access to healthier food.[91] In the years prior to the pandemic, the number of families with young children who participate in SNAP has steadily declined across the both the Salt River Pima-Maricopa Indian Community Region and Arizona as a whole (Figure 13). The number of families with young children ages birth to 5 receiving SNAP fell from a high of 293 in SFY 2018 to 193 in SFY 2020, and the total number of young children receiving SNAP declined from 491 in SFY 2016 to 305 in SFY 2020. This decline means that while nearly four out of every five young children (78%) in region were receiving SNAP in SFY 2016, only one in two young children (49%) were receiving SNAP in SFY 2020 (Figure 14). This again indicates that there may be a number of children in the region who could benefit from the additional funds for food that SNAP provides but whose families are not accessing this resource.

Figure 13. 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.*

Figure 14. Estimated percent of children ages birth to 5 participating in SNAP, state fiscal years 2016 to 2020



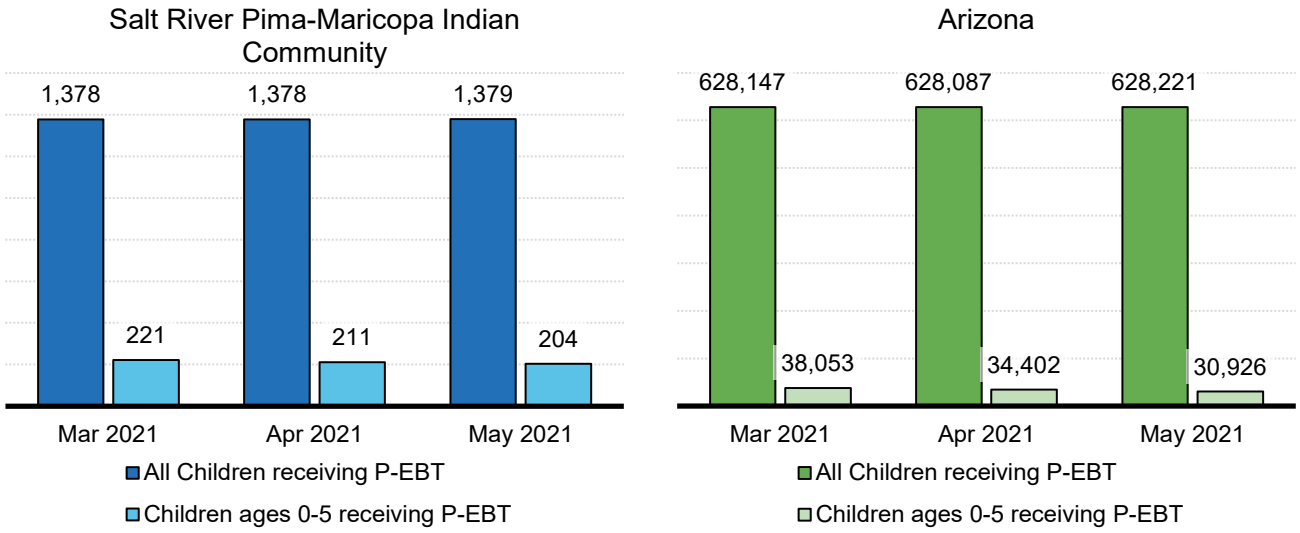

*Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.*

### *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 rollout of Pandemic EBT in the Salt River Pima-Maricopa Indian Community was a major success due to the efforts of the staff at Salt River Schools. Staff worked with families of children enrolled in the Early Childhood Education Center (ECEC) to ensure that all eligible families were able to enroll in P-EBT when the program started. In March 2021, 221 children ages birth to 5 received P-EBT in the region (Figure 15), which slightly exceeded the number of young children (n=193) receiving SNAP in the region in 2020 (Figure 13). This likely indicates that nearly all eligible young children were able to receive P-EBT in the region. By contrast, only about 38,000 young children received P-EBT statewide compared to 132,000 young children receiving SNAP in Arizona in 2020, which suggests that less than a third of eligible young children were able to participate P-EBT statewide. The success of Salt River Schools in ensuring that eligible young children were able to receive P-EBT illustrates the strength of the local education system to respond quickly to Community needs and opportunities.

Figure 15. 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) as well as the Inter Tribal Council of Arizona (ITCA) for 21 tribal nations in the state, including the Salt River Pima-Maricopa Indian Community. 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.[xii] Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.[92]

In 2020, 795 individuals were enrolled in the Salt River Pima-Maricopa Indian Community WIC program, including 215 women, 238 infants and 342 children ages 1 to 4 (Table 9). 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 Salt River Pima-Maricopa Indian Community WIC program than in ITCA WIC programs overall for all eligible groups. Participation was highest among infants (98%), followed by children ages 1 to 4 (95%) and women (92%) (Figure 16).

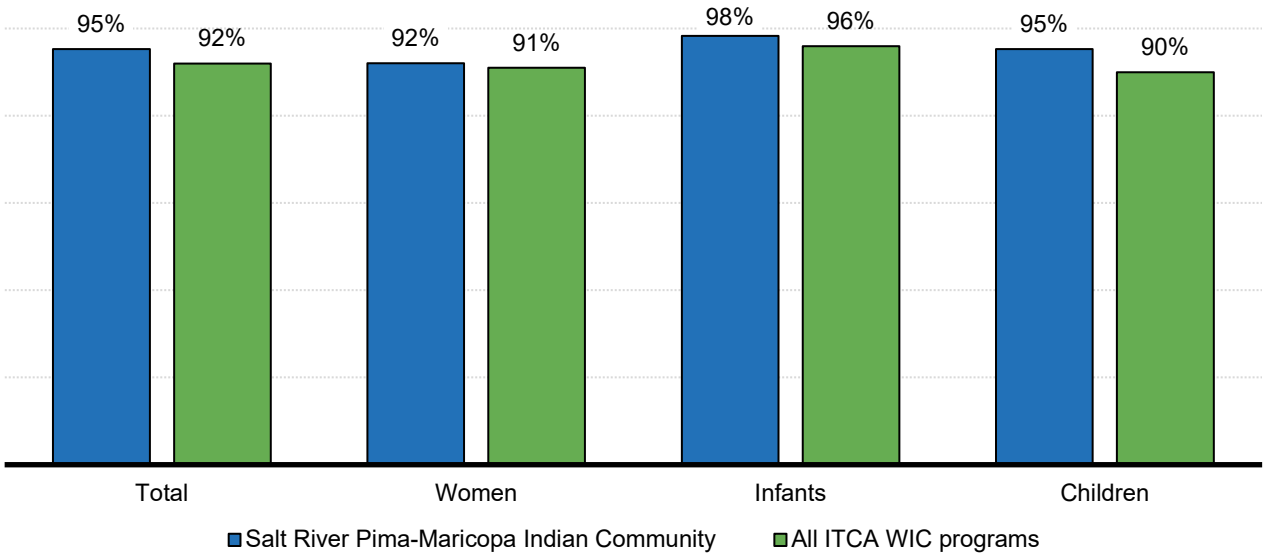
[xii] For more information on the ITCA WIC Program, visit https://itcaonline.com/programs/wic-program/

Table 9. Enrollment in the Salt River Pima-Maricopa Indian Community WIC Program, 2020

| | Women enrolled, 2020 | Infants enrolled, 2020 | Children enrolled, 2020 | Total enrolled, 2020 |
|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 215 | 238 | 342 | 795 |
| All ITCA WIC Programs | 3,095 | 6,247 | 12,207 | 2,865 |

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

Figure 16. Participation rates in the Salt River Pima-Maricopa Indian Community WIC Program, 2020



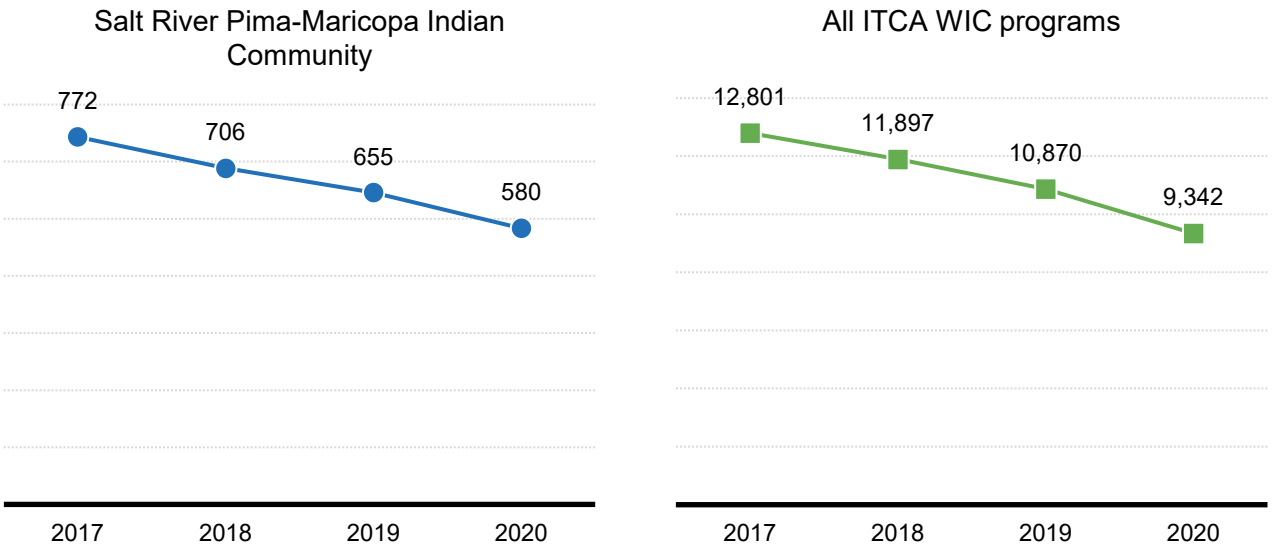

*Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.*

*Note: Individuals are counted as 'participating' if they were enrolled and received benefits during the time period in question; individuals who were enrolled but did not receive benefits (due to not attending appointments or other reasons) are counted as 'non-participating.'*

Over the past 4 years, the number of children and infants enrolled in WIC has steadily declined, like trends seen across all ITCA WIC programs. The number of infants and children ages birth to 4 enrolled in WIC fell from 772 in 2017 to 580 in 2020. Despite the declines in the number of children enrolled, overall participation rates (for women and children combined) in the Salt River Pima-Maricopa Indian Community WIC program have risen from 84% in 2017 to 95% in 2020, overtaking the participation rate in all ITCA WIC programs for the first time in the last 4 years. This is a highly positive development indicating the enrolled women and children are receiving the benefits the program provides. Changes in WIC policy may have contributed to increasing participation rates. The USDA required that all WIC programs transition to providing benefits through an electronic benefit transfer (EBT) card by October 1, 2020, and both ADHS and ITCA began transitioning WIC benefits from paper

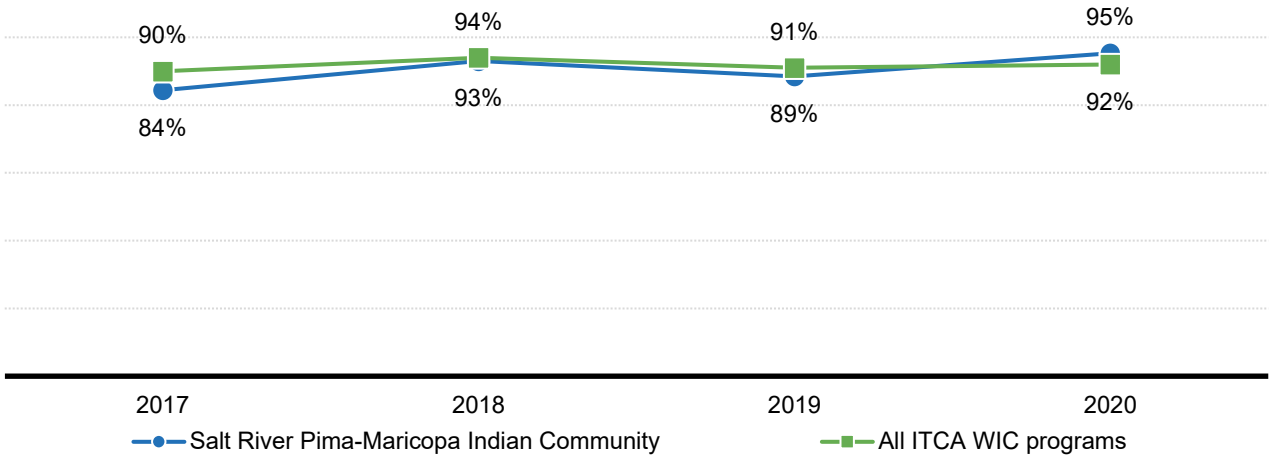
checks to an EBT card called "eWIC" in 2017.[93] National research has shown that providing WIC benefits through an EBT card instead of paper checks is associated with a sustained and significant increase in WIC participation rates for women, infants and children by making WIC benefits easier to access and use.[94]

Figure 17. Infants and children ages birth to 4 enrolled in the Salt River Pima-Maricopa Indian Community WIC Program, 2017 to 2020




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

Figure 18. Participation rates in the Salt River Pima-Maricopa Indian Community WIC Program, 2020




*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 (>98%) in Salt River Schools were eligible for free or reduced-price lunch in the 2019-20 school year (Table 10). This greatly exceeded eligibility rates in nearby Mesa Public Schools (52%), Maricopa County schools (51%), and schools statewide (55%), where only just over half of students qualify for free or reduced-price lunch.

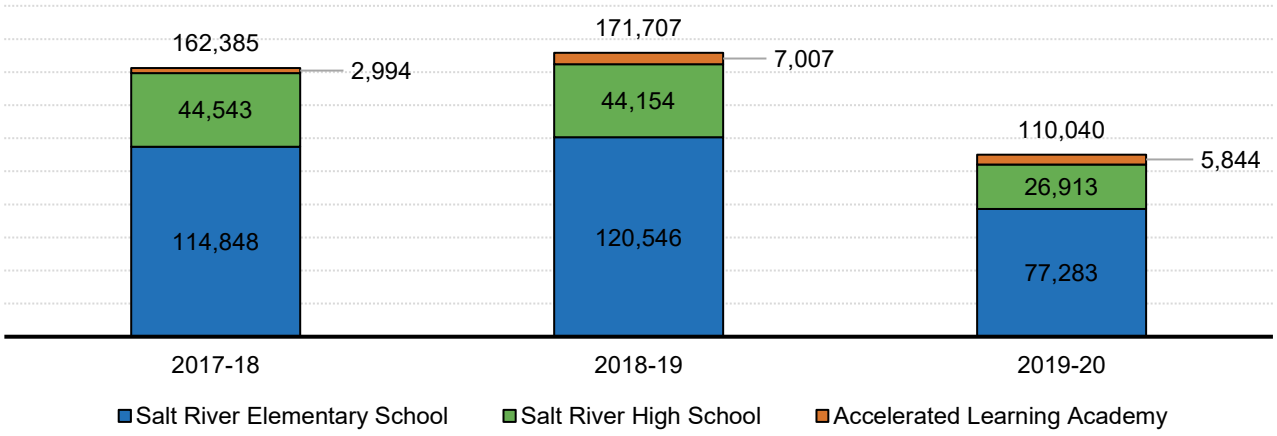
Table 10. Percent of students eligible for free or reduced-price lunch, 2017-18 to 2019-20

| | 2017-18 | 2018-19 | 2019-20 |
|---|---|---|---|
| Salt River Schools | 75% | >98% | >98% |
| Early Childhood Education Center | 81% | >98% | >98% |
| Salt River Elementary School | 71% | >98% | >98% |
| Salt River High School | 51% | 78% | 78% |
| Accelerated Learning Academy | 33% | 73% | 73% |
| Mesa Public Schools (all students) | 55% | 54% | 52% |
| Maricopa County schools | 54% | 53% | 51% |
| Arizona schools | 57% | 56% | 55% |

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

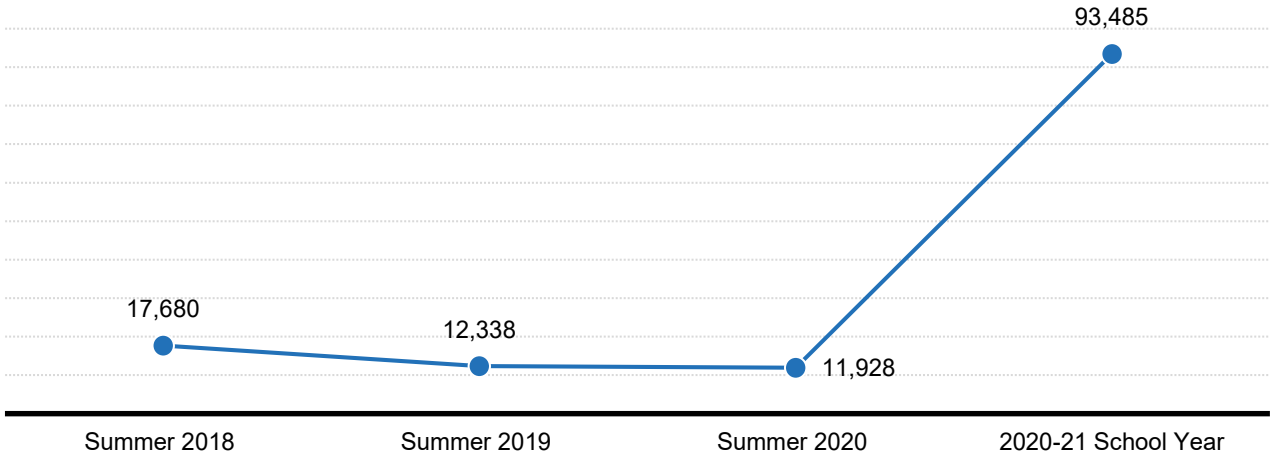
Salt River Schools Food Services served well over 100,000 meals per school year through the National School Lunch Program (NSLP) between 2017-18 and 2019-20 (Figure 19). Most of these meals were served at Salt River Elementary School. However, when the COVID-19 pandemic began, Salt River Schools closed on March 16, 2020, and transitioned to remote learning. Due to this transition, the number of meals served through the NSLP dropped in 2019-20 as Salt River Schools pivoted to new meal delivery modalities through the Summer Food Service Program in response.

Figure 19. Meals served through the National School Lunch Program, program years 2018 to 2020




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

Figure 20. Total meals served through the Summer Food Service Program at Salt River Schools-sponsored sites, 2018 to 2021




*Source: Salt River Schools (2021). [School Meal Service data]. Unpublished tribal data received by request.*

Also funded by the USDA, the Summer Food Service Program (SFSP)[xiii] 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

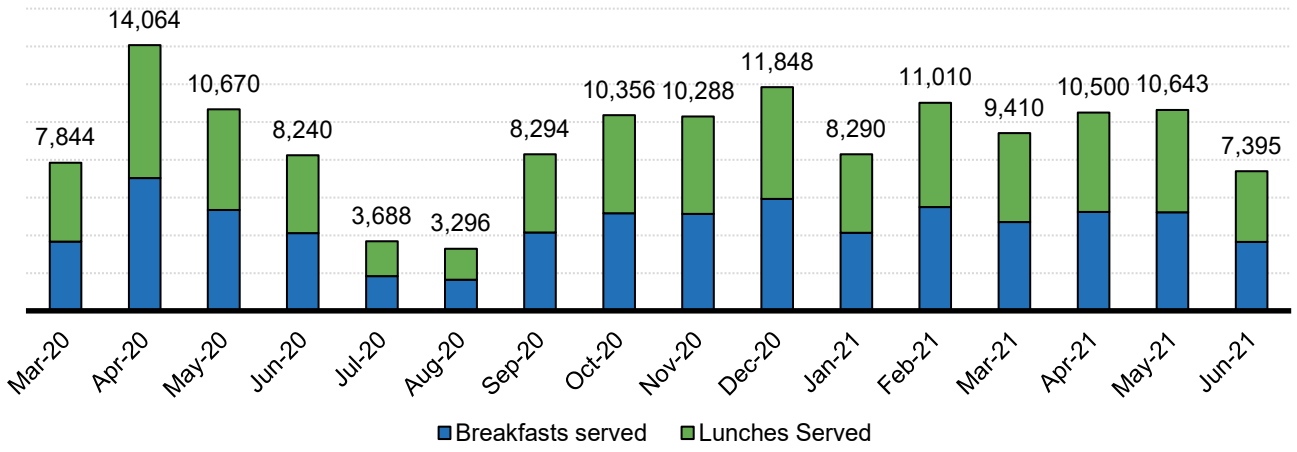
[xiii] For more information see: https://www.azed.gov/hns/sfsp

high-need areas to distribute food.[95] The number of meals served by Salt River School Food Services through the Summer Food Service Program (SFSP) had been declining prior to the pandemic, from 17,680 in the summer of 2018 to 12,338 in the summer of 2019 (Figure 20). This decline was due to the Salt River Schools Food Services not being allowed to use the Way of Life Facility (WOLF) as a service site in 2019, as well as the decision of the Red Mountain Boys and Girls Club to go through Scottsdale Unified School District as their SFSP sponsor that summer.

In March 2020, in response to school closures, the USDA issued waivers allowing year-round operation of the Summer Food Service Program (SFSP) to serve meals to children of all ages engaging in remote learning. Due to differences in program requirements between NSLP and SFSP, using the SFSP mechanism allowed Salt River Schools Food Services to offer meals to all children ages birth to 18 in the Community and to receive more reimbursement funds for every meal served. Salt River Schools Food Services began serving meals to students for curbside pickup on March 16, 2020, and served over 47,000 meals to children between March and July 2021 (Figure 21). During the 2020-21 school year, Salt River Schools Food Services served another nearly 100,000 meals to children in the Community. Participation in SFSP tended to be lowest in the summers, as typically most SFSP meals in the Community were served through youth camps and other summer activities, which did not operate in-person due to the pandemic. The WOLF was also closed during the pandemic.

The quick adaptation of Salt River Schools to ensure that as many meals as possible could be offered to as many children in the Community as possible again shows how much of an asset a strong, tribally-operated school system is for responding quickly to local needs. The hard work of staff and administrators helped to ensure that children still had access to nutritious food even when school campuses were physically closed.

Figure 21. Meals served through the Summer Food Service Program by type and month, 2020 to 2021




*Source: Salt River Schools (2021). [School Meal Service data]. Unpublished tribal data received by request.*

## 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.[96] Unemployment can also put families at greater risk for stress, family conflict and homelessness. [97]

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.[98] 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 ACS estimates that the average unemployment rate for the Salt River Pima-Maricopa Indian Community over the five years from 2015 to 2019 is 27%. This exceeds both the unemployment rate across all Arizona reservations (17%) and the unemployment rates in Maricopa County (5%) and Arizona overall (6%) (Table 11). However, the labor force participation rate in the region (49%) is higher than that seen across all Arizona reservations (45%). This means that about half of working-age teens and adults are working or actively looking work, while the other half are not (which includes students, retirees, stay-at-home parents, and others). It is important to note that due to many historical and legal reasons as well as differences in practical economic structures, employment rates in Native communities can vary greatly from state rates.[99]

Table 11. 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) | Unemploy-ment 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 |
|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **5,930** | **27%** | **49%** | **35%** | **13%** | **51%** |
| All Arizona Reservations | 136,151 | 17% | 45% | 37% | 8% | 55% |
| Maricopa County | 3,402,498 | 5% | 64% | 61% | 3% | 36% |
| Arizona | 5,600,921 | 6% | 60% | 56% | 3% | 40% |
| United States | 259,662,880 | 5% | 63% | 60% | 3% | 37% |

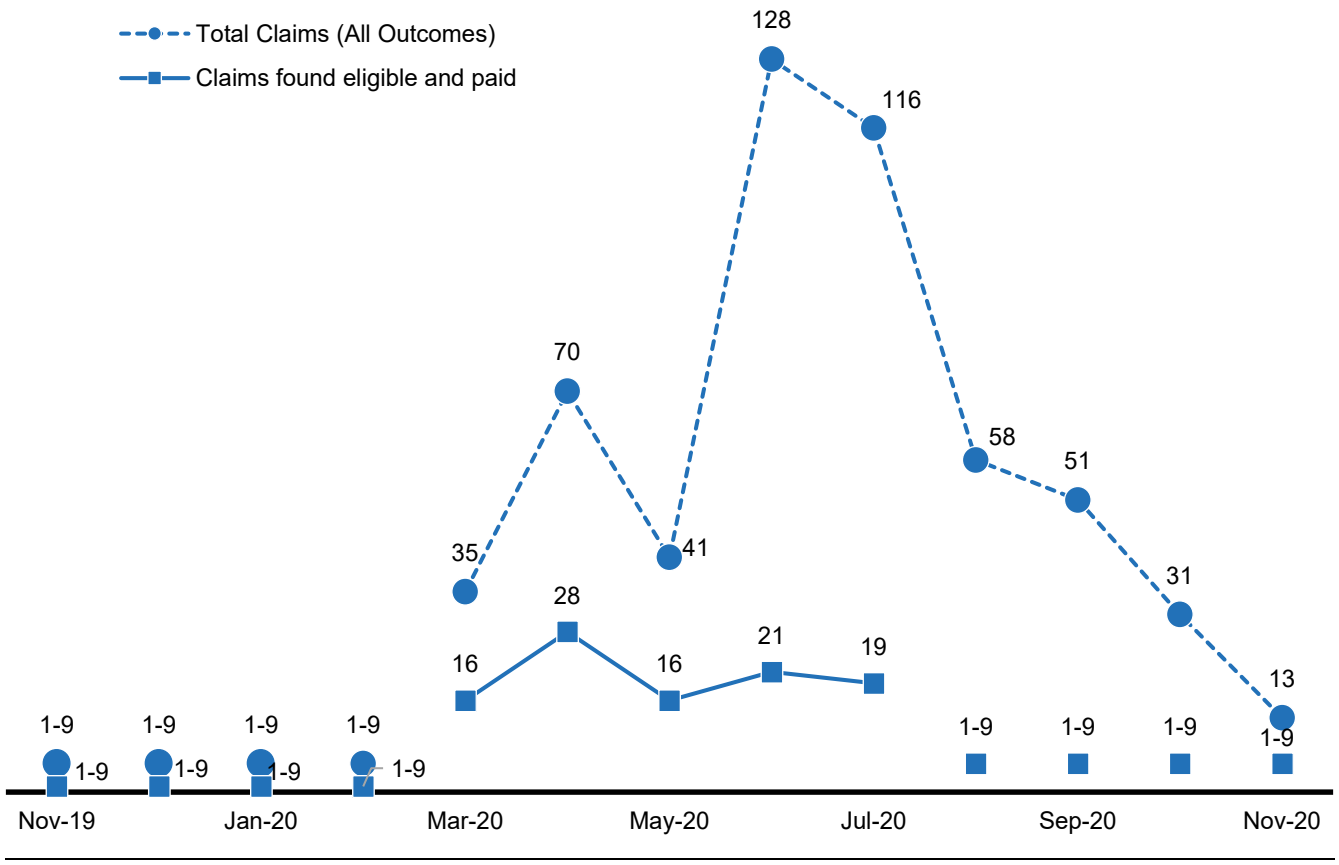
*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025*

*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.[100] 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.[101] 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.[102]

The demand for these programs in the Salt River Pima-Maricopa Indian Community Region is highlighted in Figure 22. The number of unemployment claims jumped substantially, from fewer than 10 in any given month prior to March 2020, to a high of 128 in June 2020. Claims remained elevated above pre-pandemic levels through November 2020. Notably, even as claims surged during the pandemic, there was a consistent and wide gap between the number of claims filed and the number of claims found eligible and paid. In March and April 2020, a higher proportion of claims were found valid (46% and 40%, respectively) and paid, but by the summer, a higher proportion of claims were denied, with only 16% of claims paid in July 2020. This suggests there may be economic challenges for families with lost incomes who requested but did not receive unemployment benefits.

Figure 22. Monthly unemployment claims in the Salt River Pima-Maricopa Indian Community Region, Nov 2019 to Nov 2020



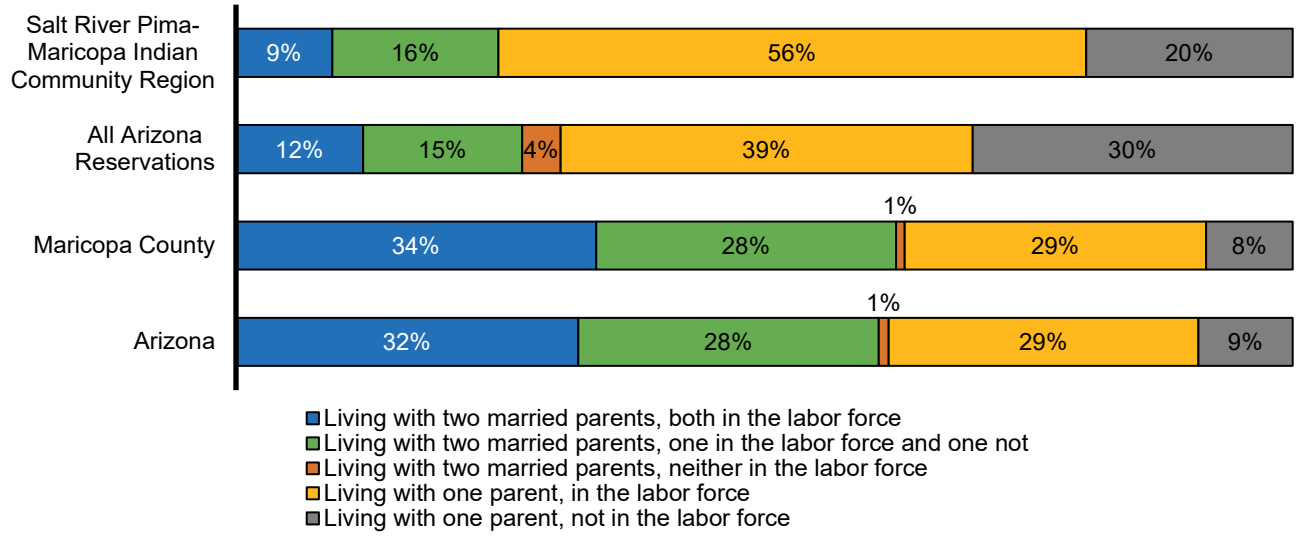

*Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)*

For parents of young children, many employment decisions may be influenced by the availability and affordability of child care. Nearly two-thirds (65%) of children birth to 5 in the Salt River Pima-Maricopa Indian Community Region, more than 400 children in total, live in households where all present parents are in the workforce (that is, are employed, or actively seeking paying work) (Figure 23). This includes children in households with a single parent who is in the labor force (56%) and two-parent households where both parents work (9%). 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 higher in the region than in Arizona overall (62%).

These working families may have faced particular challenges during the pandemic when local schools and early care and education centers, including the Early Childhood Education Center and Early Enrichment Program, transitioned to remote learning. The families may have needed to rely on extended family networks to help manage remote learning while also juggling employment. Key informants noted that for some families, the time at home together was appreciated—parents were able to take on new roles and share their hobbies, interests and cultural practices with their young children. However, for

families where parents were still working while trying to care for children, the lack of child care was a stressor.

Figure 23. 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*

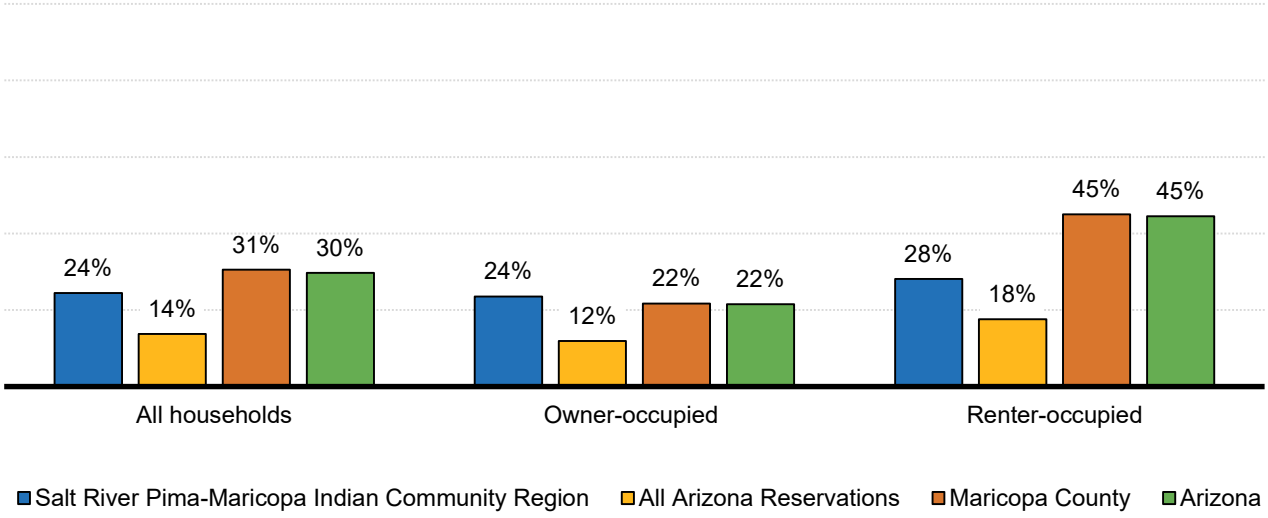
*Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each bar should sum to 100%, but may not because of rounding.*

### 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.[103]

Multiple key informants highlighted housing as a major challenge in the Salt River Pima-Maricopa Indian Community Region. Currently there is not a sufficient supply of housing available for all families who would like to live in the Community, and housing outside the Community in the Phoenix metropolitan area is often too expensive for families to afford. According to data from the ACS in 2015-2019, about 1 in 4 households in the Salt River Pima-Maricopa Indian Community were housing-cost burdened, i.e., spending more than 30% of their household income on housing (Figure 24). By contrast, nearly 1 in 3 households (31%) were housing cost burdened in Maricopa County—and this was true for nearly half (45%) of all households who rented their housing.

Figure 24. 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*

The Salt River Pima-Maricopa Indian Community Resident Resources and Services department manages 6 housing developments and properties through the low-income housing program. These properties include the following:

- Lonely Cactus Apartment Homes, a property with housing for seniors over the age of 55 and for adults with disabilities;
- Dobson Heights, a 28-unit development with 2-4 bedroom units suitable for families;
- Red Mountain Vista, a 40-unit development with 2-4 bedroom units suitable for families;
- Victory Acres, a 60-unit development with 3-5 bedroom units that can serve larger families;
- Canal Side 1 & 2, another development with larger 3-5 bedroom units that can house large families; and
- Evergreen, a 32-unit development with 3-5 bedroom units with the largest floorplans to serve larger families.

Each property has a management specialist from Resident Resources and Services who makes sure that homes have regular inspections and stay in good condition. The specialists work with new applicants for housing to complete their applications and get a spot on the new renter waiting list. To apply for housing in one of the developments listed above, potential renters must meet income eligibility requirements. Priority placement on the waitlist is based on a point system that prioritizes certain criteria such as being an enrolled member of the Community and status as a senior (age 55 or older), person with a disability, veteran or person experiencing homelessness (defined as residence in a shelter for 30 or more days).

Families already in housing in the properties above may also have changes that require them to move to a different kind of property, such as having new baby or adding a grandparent to the household. These families complete an application to be put on the transfer waiting list to move to another unit. When a unit becomes available, Resident Resources and Services alternates between assigning families from the new renter waiting list and the transfer waiting list that meet the specification for the unit. Federal housing requirements dictate that there can be no more than 2 people per bedroom; thus a 3-person family can fit in a 2-bedroom unit, while a 9-person family would require a 5-bedroom unit. Due to both the priority point system and the different sizes of units required for each family size, the amount of time a family spends on the waitlist varies greatly. Some households may be able to move into housing within a month, whereas others may be on the waitlist for multiple years.

Families who urgently need housing are referred outside the Community for emergency shelter. Mothers with children who need emergency shelter are often referred to UMom in Phoenix, which provides emergency shelter and transitional housing for women and families with children. For families who are looking to own a home in the Community, the Home Site Lease division oversees the process of qualifying to build a home. They help families prepare a budget and prepare for home ownership and do the financing for building a home.

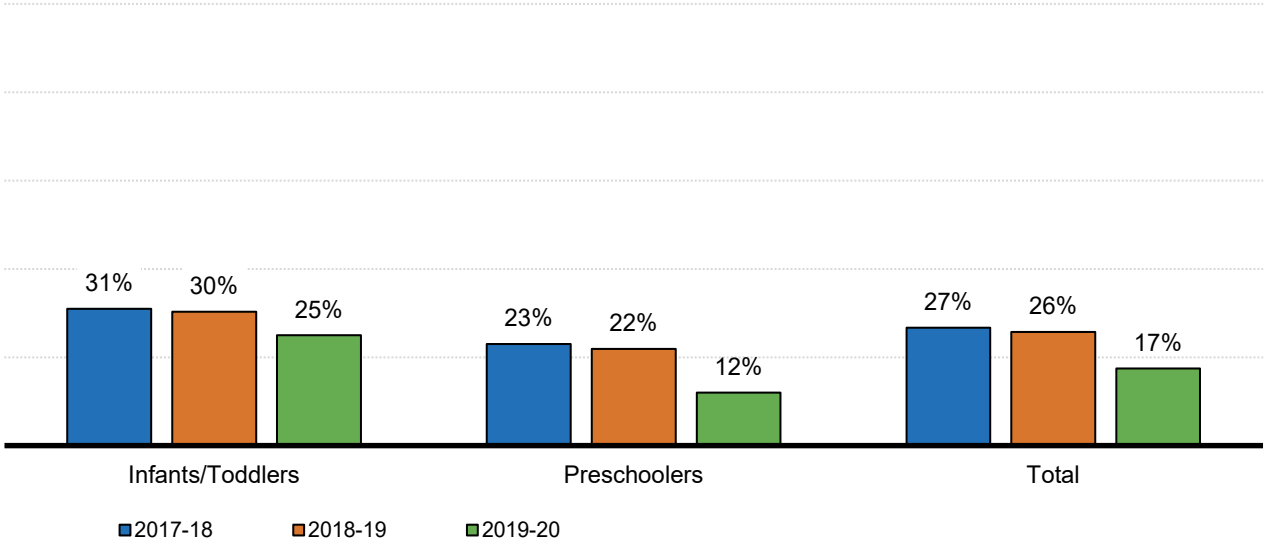
Key informants noted demand is very high for smaller units, particularly 1-3 bedroom units for young couples just starting out. This size of unit is very expensive outside the Community—according to the U.S. Department of Housing and Urban Development (HUD), the fair market rent in Maricopa County in 2022 was about $1,091 for a 1-bedroom unit, $1,311 for a 2-bedroom unit, and $1,825 for a 3-bedroom unit.[104] Please note that fair market rents are set at the 40$^{th}$ percentile rent for a given area, meaning that 60% of rental units in Maricopa County cost even more than the rents listed. These high costs make it difficult for young families to afford housing outside the Community and mean that young people and their children may continue to live with their parents for longer. Key informants emphasized that there is an overall need for more housing of all kinds in the Community. Beyond the demand for affordable housing, there are many young professionals who have expressed an interest in moving back into the Community if there were housing available.

With the shortage of housing available, many families have resorted to unconventional means to find living space. Key informants noted that many families, especially during the pandemic, have been living ‘doubled up,’ with some family sleeping on couches in the living room, packing as many as 5 people into a bedroom, or even setting up outdoor living spaces. The Community is working to address the safety issues raised by these temporary housing structures. However, under federal definitions, many of these ‘doubled-up’ families and their children count as homeless. 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, campgrounds, motels and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship.[105] According to McKinney-Vento Act definitions, many children enrolled in the Salt River Pima-Maricopa Indian Community Early

Childhood Education Center (ECEC) were experiencing homelessness both before and during the pandemic (Figure 25). In 2018-19, more than 1 in 4 children (26%) enrolled in the ECEC were experiencing homelessness. This percentage fell slightly in 2019-20 to 17%, but this may be more reflective of the limited enrollment in the ECEC than in a change in the rate of homelessness. Key informants reported that many families moved in together during the pandemic due to loss of jobs and income.

These high rates of homelessness among young children enrolled in the ECEC, along with the known housing shortages in the Community, point to a critical need for more affordable housing to create safe and welcoming environments for families with young children to live close to the many resources provided within the Community.

Figure 25. Percent of Early Childhood Education Center students who were experiencing homelessness, 2017-18 to 2018-19




*Source: Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2022). 2017-18, 2018-19, and 2019-20 Annual Reports. Reports retrieved from the ECEC website and by personal correspondence.*

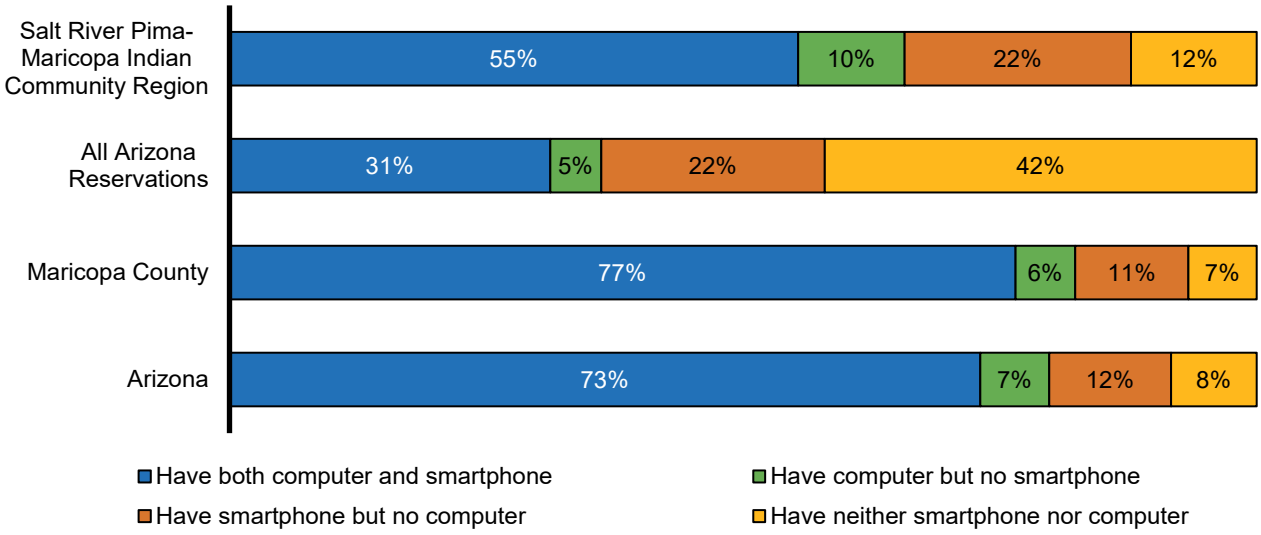
### Information Access Through Computers and Internet

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.[106] The term "digital divide" refers to disparities in communication and information technologies,[107] and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.[108] Low-income households may

experience regular disruptions to this increasingly important service when they can't pay bills, repair or update equipment or access public locations that may offer connectivity (e.g., computers at local libraries).[109] Additionally, 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.[110]

According to the ACS, just over half of households (55%) in the Salt River Pima-Maricopa Indian Community Region have both a computer and a smartphone in their home (Figure 26). An estimated 10% have a computer but no smartphone, 22% have a smartphone but no computer, and the remaining 12% have neither (Figure 26). While these rates of computer and smartphone access are substantially higher than those seen across all Arizona reservations, where 42% of households have neither a computer or a smartphone, rates of computer access in particular still lag behind the county and the state. According to key informants, a major reason for the high connectivity in the Salt River Pima-Maricopa Indian Community Region was the purchase of a communications company by the tribe in the 1990s. Saddleback Communication Company, founded in 1997, provides high speed internet to businesses and households in the Community.[111]

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*

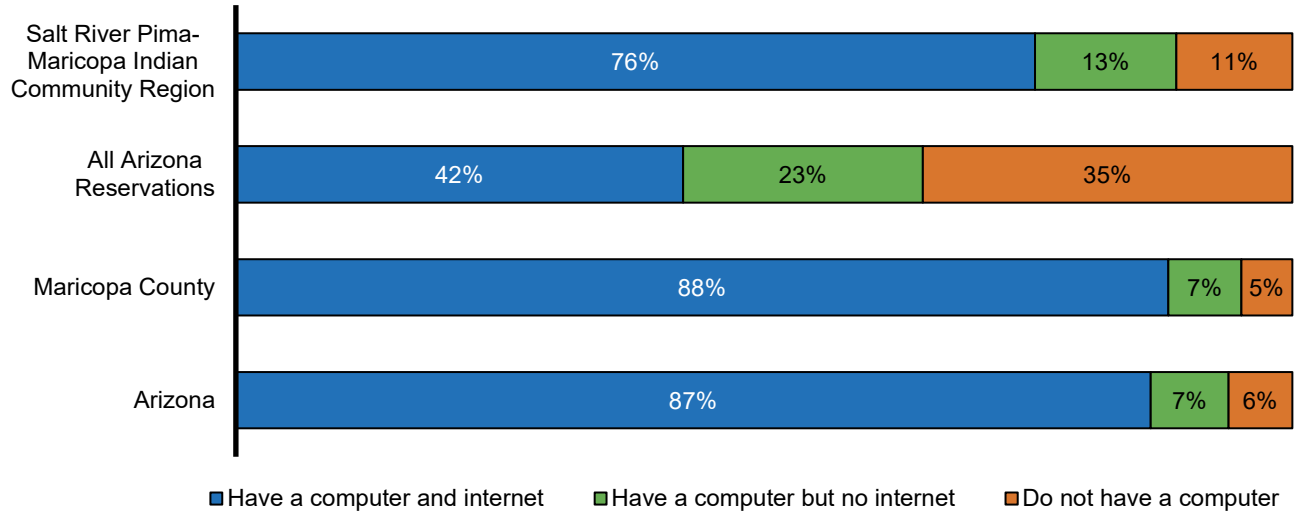
*Note: In this table, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices. The four percentages in each bar should sum to 100%, but may not because of rounding.*

Looking at individuals rather than households, 3 out of 4 Salt River Pima-Maricopa Indian Community Region residents have access to a computer connected to the internet (76%) (Figure 27). About 13% have a computer without internet and 11% have no computer. Among children birth to 17, rates of computer and internet access at home were even higher, with 83% of children living in households with both a computer and internet access (Figure 28). This was nearly double the rate of computer and internet access for children living in reservations across Arizona, meaning that Salt River Pima-

Maricopa Indian Community children were much better poised to adapt to remote learning than many of their peers across the state.

As schools transitioned to remote learning during the COVID-19 pandemic, access to a computing device and the internet became increasingly important for children to engage in educational activities and to connect socially with teachers or peers. Multiple Community departments and agencies were able to provide computers and tablets to families that needed them for remote learning. According to key informants, Salt River Schools did not have enough technology to send home with all students immediately, but they were able to purchase enough laptops to ensure that every student enrolled in Salt River Schools had a laptop to use at home. Salt River Schools also purchase MiFi Wi-Fi hotspots for families who were not connected to fiber internet services at home to ensure that students could get online. The Salt River Pima-Maricopa Indian Community Social Services Department was able to use federal funds to purchase laptops for children involved with Tribal CPS to ensure that they could participate in online schooling activities as well as virtual visits with their parents.

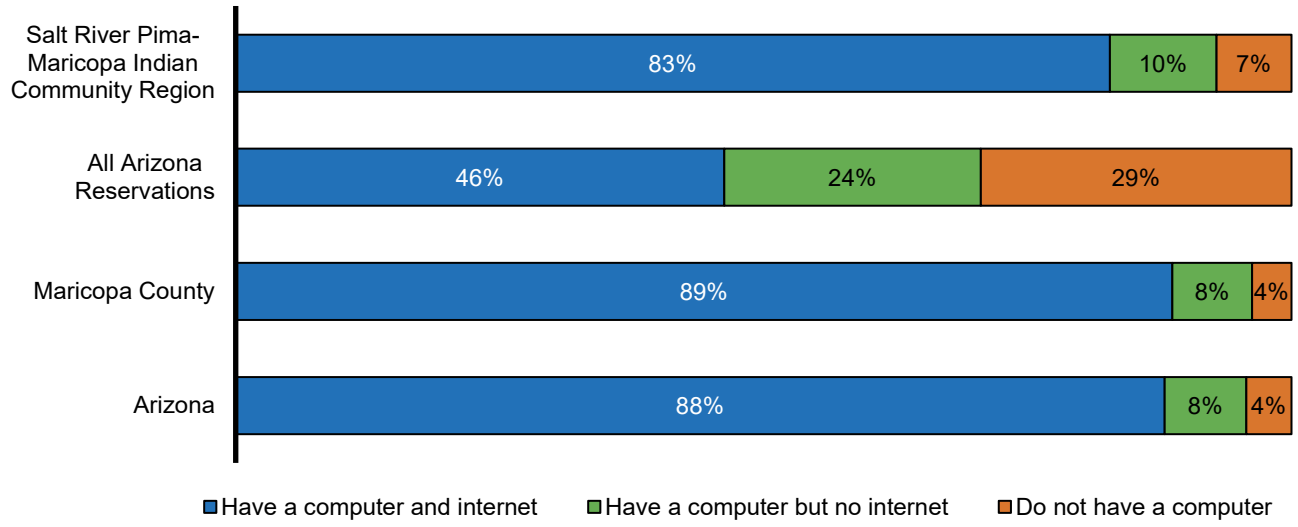
Figure 27. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS




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

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

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*

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

Compared to residents of reservations across Arizona, residents of the Salt River Pima-Maricopa Indian Community Region report using fixed-broadband internet (75%) and cellular-data internet (84%) at higher rates and dial-up internet at much lower rates (0.0%). This indicates that in addition to having higher connectivity, the quality of internet connections in the region is more comparable to connections available in the Phoenix metro area. Again, this is the result of the Community's purchase of Saddleback Communications. This high level of pre-pandemic connectivity and internet quality are strengths 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.

Table 12. 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 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **5,842** | **75%** | **84%** | **0.0%** |
| All Arizona Reservations | 77,951 | 68% | 68% | 1.8% |
| Maricopa County | 3,773,777 | 88% | 82% | 0.2% |
| 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.[112] 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.[113,114] 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. [115,116] 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.[117] Participation in high-quality early education has been linked to better school performance in elementary and high school.[118] 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.[119] 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 in the Salt River Pima-Maricopa Indian Community Region attend school at Salt River Schools, Mesa Public Schools (MPS), Scottsdale Unified School District, charter schools, private schools, Bureau of Indian Education boarding schools and various nearby public school districts through open enrollment. According to key informants, a small number of parents may be choosing to homeschool their children. Students from the Salt River Pima-Maricopa Indian Community Region attending boarding schools have attended the Theodore Roosevelt School in Fort Apache, Arizona, Sherman Indian High School in California, Riverside Indian High School in Oklahoma, and Chemawa High School in Oregon. Before the pandemic, 16 students attending boarding schools in the 2018-19 school year and 15 in 2019-20 school year. Since the pandemic, fewer than 10 students have attended boarding schools in the 2020-21 or 2021-22 school years.

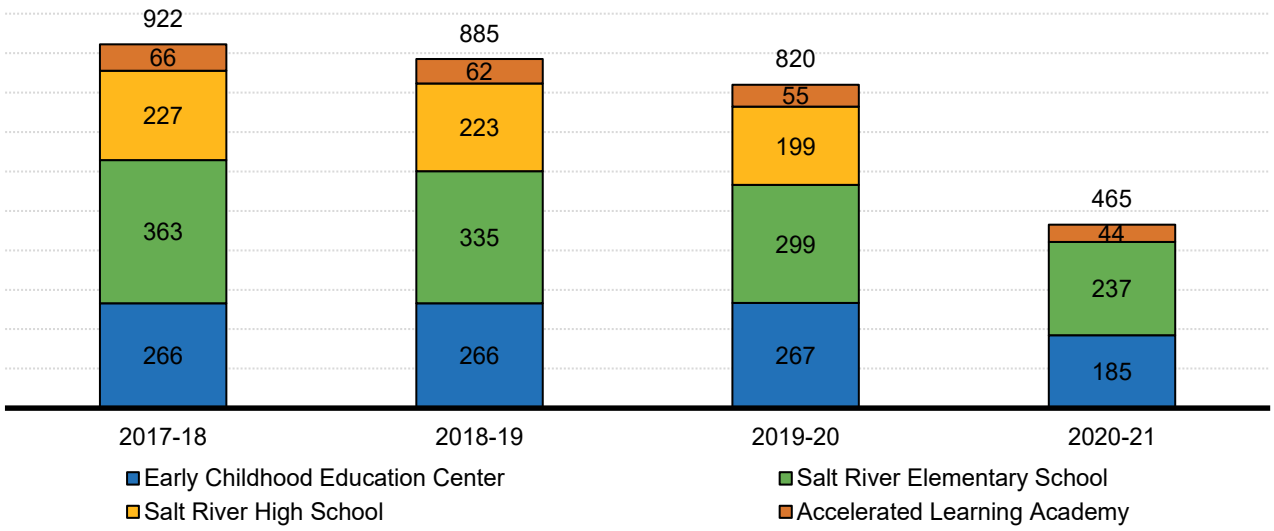
Salt River Schools includes Salt River Elementary School and the Accelerated Learning Academy. Previously, it also included Salt River High School. Salt River Elementary School receives funding through the Bureau of Indian Education and enrolls students in kindergarten through sixth grade. The

school offers O'odham and Piipaash language and cultural classes. The Accelerated Learning Academy is an alternative school open to students ages 16 to 21 who are behind in credits and want to obtain a high school diploma. Salt River High School, which operated as a charter school funded through the Arizona Department of Education (ADE), closed on June 30th, 2020 because it received its third failing grade for academic performance, leading the Arizona State Board for Charter School to revoke the school's charter for the site.[120]

In 1996, the Salt River Pima-Maricopa Indian Community began operating Salt River Elementary School, in accordance with the 1975 Indian Self-Determination and Education Assistance Act (ISDEAA- Public Law 65-638), which allows tribes to assume control over federally administered programs historically operated through the Bureau of Indian Affairs. Since the Community assumed management of Salt River Elementary from the Bureau of Indian Education (BIE), improvements have been made, including a new facility and high-quality learning opportunities.

Over the past 4 years, the number of students in attendance in Salt River Schools fell by nearly half, from a high of 922 in the 2017-2018 school year to 465 in the 2020-21 school year. The sharpest drop was seen between 2019-20 and 2020-21 due to the closure of Salt River High School and the COVID-19 pandemic (Figure 29). According to key informants, when Salt River High School closed, many families who had high school students moved all their children to schools outside the community, such as those in Mesa Public Schools (MPS), in order to keep to the same schedule and not have to keep track of differing policies between MPS and Salt River Schools.

Figure 29. Average number of students in Salt River Schools, 2017-18 to 2020-21




*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*

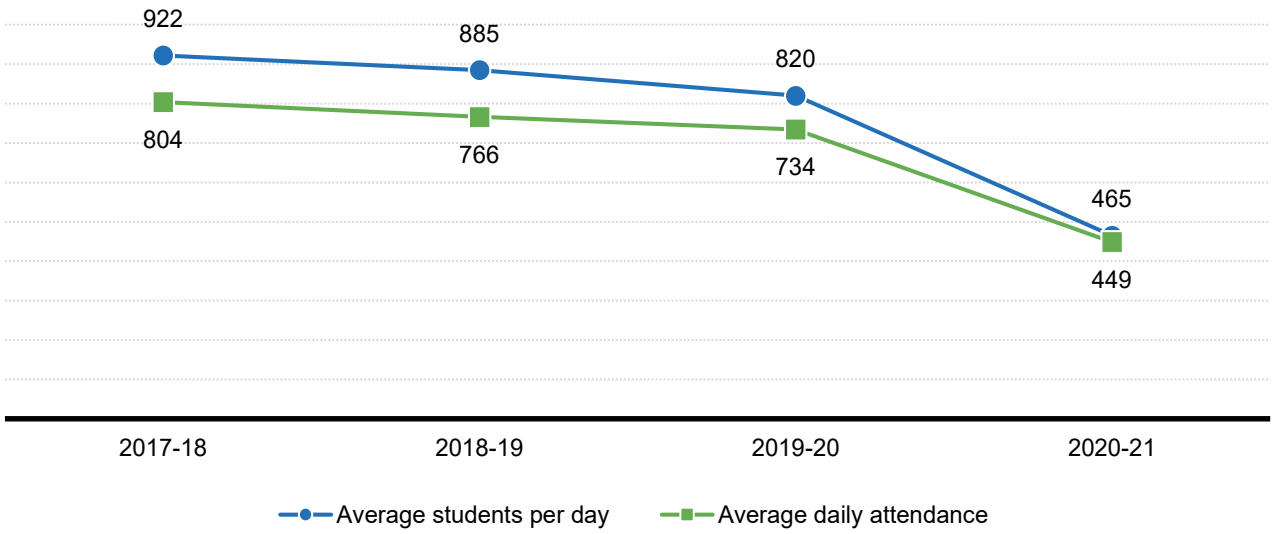
*Note: The average number of students was calculated by dividing the sum of student membership days divided by the total number of instructional days in the school year.*

Comparing the average number of students to average daily attendance shows that while the overall number of students in Salt River Schools declined, especially during the pandemic and following the closure of Salt River High School, attendance has been improving. The gap between the average number of students enrolled in school and the average number of students in attendance has fallen from 118 in 2017-18 to only 16 in 2020-21 (Figure 30). While the absolute number of students in Salt River Schools fell during the pandemic, those students were regularly participating in school activities in some form or another.

When schools closed due to the pandemic on March 16, 2020, Salt River Schools students were returning from spring break. Administrators, teachers and staff immediately began working on how to support students academically from afar. As mentioned in the *Information Access Through Computers and Internet* section, Salt River Schools was able to purchase laptops and Wi-Fi hotspots for students to ensure that every student had a laptop and internet access at home. However, it took several months for Salt River Schools to find an appropriate online platform to use for remote learning and to get staff and teachers trained on how to use the platform. While negotiations and trainings were happening to get ready for using an online platform in the spring, summer and early fall of 2020, Salt River Schools relied on paper materials. Parents could drive through the school and pick up packets, or Salt River Schools mailed out the materials to students' homes. Teachers came in to the campus in shifts to prepare these resources while maintaining safe distances from each other. Key informants highlighted how resourceful teachers have been in adapting their lessons from hard copies to online learning through Microsoft Teams in the Fall 2020 semester. Salt River Schools also bought phones for teachers and staff to ensure that students could stay in contact with them.

Key informants noted that different students had differing experiences with the transition to remote learning. Most kids greatly missed the social interaction with their peers and teachers, but some children thrived in the remote learning environment. Some parents and caregivers were able to work with their children to keep them well-engaged in school, but other parents and caregivers, especially grandparents, had difficulty navigating the technology needed to engage with online learning. Some families were going through highly traumatic events, such as severe illness and loss of loved ones to COVID-19, and in this context connecting to school activities was not a high priority. Key informants emphasized that it will take time, support and trauma-informed approaches for students to recover unfinished learning.

Figure 30. Average daily attendance in Salt River Schools, 2017-18 to 2020-21




*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*

*Note: Average daily membership is calculated by dividing the sum of student membership days divided by the total number of instructional days in the school year.*

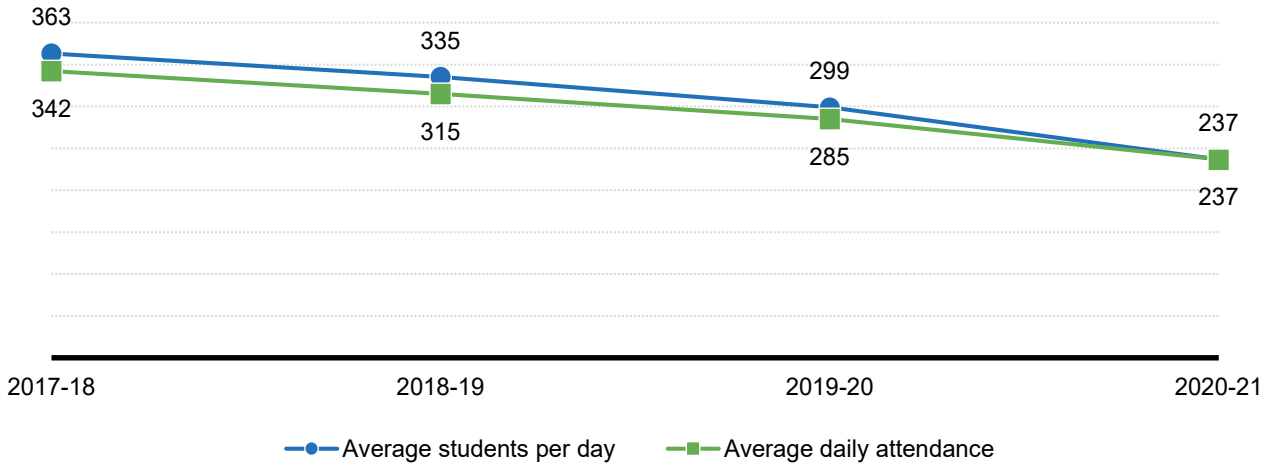
Looking at only Salt River Elementary school shows attendance trends beyond those directly driven by the closure of Salt River High School. While the average number of students in Salt River Elementary School had been falling at a rate of about 30 fewer students per year, the average number of students fell by more than 60 students between 2019-20 and 2020-21 (Table 13; Figure 30). This was likely due to the disruption caused by the pandemic and the families that transferred younger siblings to other schools along with their high school-age students. The largest enrollment declines were seen in kindergarten, first grade and sixth grade. Compared to Salt River Schools overall, the gap between the average number of students enrolled per day and the number of students in attendance tended to be quite small—23 at most in 2017-18—and this declined to zero in 2020-21 during remote learning.

Table 13. Number of students and average daily attendance (ADA) in Salt River Elementary School, 2017-18 to 2020-21

| | 2017-18 | | 2018-19 | | 2019-20 | | 2020-21 | |
|---|---|---|---|---|---|---|---|---|
| | Number* | ADA* | Number | ADA | Number | ADA | Number | ADA |
| **Total** | **363** | **342** | **335** | **315** | **299** | **285** | **237** | **237** |
| Kindergarten | 56 | 51 | 63 | 58 | 41 | 39 | 24 | 24 |
| Grade 1 | 57 | 54 | 47 | 44 | 51 | 49 | 37 | 37 |
| Grade 2 | 37 | 35 | 44 | 42 | 39 | 38 | 42 | 42 |
| Grade 3 | 47 | 45 | 34 | 32 | 38 | 36 | 34 | 34 |
| Grade 4 | 57 | 54 | 42 | 40 | 37 | 36 | 33 | 33 |
| Grade 5 | 51 | 48 | 60 | 57 | 40 | 38 | 33 | 33 |
| Grade 6 | 58 | 55 | 44 | 41 | 52 | 49 | 35 | 35 |

*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*
*Note: *Both the number of students and number attending are daily averages. The number was calculated by dividing the total number of student membership days by the number of instructional days. The average daily attendance (ADA) was calculated by dividing the total number of student attendance days by the number of instructional days.*

Figure 31. Average daily attendance in Salt River Elementary School, 2017-18 to 2020-21




*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*

*Note: Average daily membership is calculated by dividing the sum of student membership days divided by the total number of instructional days in the school year. The average daily attendance (ADA) was calculated by dividing the total number of student attendance days by the number of instructional days.*

Students from the Community who attend schools in Mesa Public Schools, as well as other charter, public or private schools are still eligible to receive support services, including tutoring, through the Community's Education Division. As of 2020-21, there were 1,005 Salt River Pima-Maricopa Indian

Community students enrolled in schools in Mesa Public Schools, a decline of just over 100 students from the 1,128 enrolled in 2019-20 (Table 14).

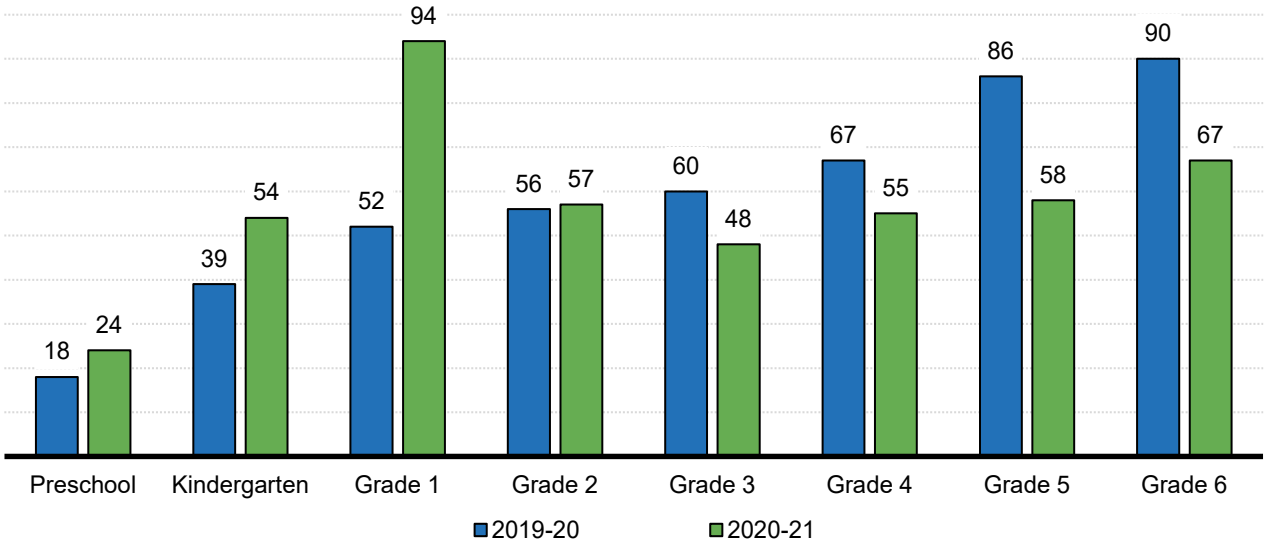
Table 14. Salt River Pima-Maricopa Indian Community students in Mesa Public Schools, 2019-20 to 2020-21

| | School year 2019-20 | School year 2020-21 |
|---|---|---|
| Total | 1,128 | 1,055 |
| Preschool | 18 | 24 |
| Kindergarten | 39 | 54 |
| Grade 1 | 52 | 94 |
| Grade 2 | 56 | 57 |
| Grade 3 | 60 | 48 |
| Grade 4 | 67 | 55 |
| Grade 5 | 86 | 58 |
| Grade 6 | 90 | 67 |
| Grade 7 | 133 | 76 |
| Grade 8 | 117 | 87 |
| Grade 9 | 172 | 87 |
| Grade 10 | 107 | 104 |
| Grade 11 | 75 | 109 |
| Grade 12 | 56 | 135 |

*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Mesa Public Schools data]. Unpublished tribal data received by request.*

Examining trends by grade shows that while the number of students from the Community enrolled in preschool, kindergarten, first grade and second grade in MPS increased, the number of students enrolled in the upper elementary grades declined.

Figure 32. Salt River Pima-Maricopa Indian Community students in Mesa Public Schools, 2019-20 to 2020-21




*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Mesa Public Schools data]. Unpublished tribal data received by request.*

Average attendance rates for Community students enrolled in MPS increased by 10 percentage points between the 2019-20 and 2020-21 school years, increasing from 82% to 92% overall (Table 15). These improvements were consistent across all grade levels. This improvement could suggest that the transition to remote learning meant that students were able to access learning materials on days when they otherwise would have called out of school; however, it could also reflect changes in how attendance was tracked during the pandemic.

Table 15. Average attendance rates for Salt River Pima-Maricopa Indian Community students enrolled in Mesa Public Schools, 2019-20 to 2020-21

| | School year 2019-20 | School year 2020-21 |
|---|---|---|
| Total | 82% | 92% |
| Preschool | 81% | 94% |
| Kindergarten | 84% | 91% |
| Grade 1 | 81% | 91% |
| Grade 2 | 85% | 92% |
| Grade 3 | 85% | 91% |
| Grade 4 | 85% | 94% |
| Grade 5 | 87% | 94% |
| Grade 6 | 86% | 95% |
| Grade 7 | 80% | 94% |
| Grade 8 | 77% | 93% |
| Grade 9 | 77% | 94% |
| Grade 10 | 79% | 92% |
| Grade 11 | 85% | 92% |
| Grade 12 | 85% | 89% |

*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Mesa Public Schools data]. Unpublished tribal data received by request.*

### Achievement on Standardized Testing

A child's third grade reading skills have been identified as a critical indicator of future academic success.[121] 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.[122] The link between poor reading skills and risk of dropping out of high school is even stronger for children living in poverty. More than a 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.[123]

In March 2020 the Bureau of Indian Education (BIE) announced that it had published its Standards, Assessments and Accountability Systems (SAAS) Final Rule under the Every Student Succeeds Act (ESSA). Under the new SAAS rule BIE will be able to use a single unified assessment in all BIE funded schools.[124] Previously, BIE schools across the country used a variety of standardized assessments. In

Arizona, BIE funded schools had used the same assessment administered at public schools under the Arizona Department of Education. Starting in school year 2020-2021, BIE approved Pearson as the vendor for the new unified assessment for English Language Arts (ELA) and Mathematics in grades 3-8 and 11.[125] Key informants indicated that in FY21 BIE schools were offered the option to administer the new Pearson ELA and Math assessments or the state assessment used in previous years. Salt River Schools chose to begin using the new assessment. Data from this initial year of testing, however, are not included in this report. Future Needs and Assets Reports for the region are expected to present data from the new Pearson ELA and Math tests.

In 2019, the statewide assessment tool for English language arts (ELA), including reading and writing, was Arizona's Statewide Achievement Assessment for English Language Arts and Math (AzM2).[xiv,126,127] In March 2020, Arizona cancelled statewide AzM2 testing and other statewide assessments for the 2019-20 school year.[128] Thus, the most recent data available for this report are from the 2018-19 school year, when Salt River Elementary School still used the AzMERIT assessment.

In the 2018-19 school year, only 19% percent of Salt River Elementary School third grade students achieved passing scores on the third grade ELA assessment, the same percentage that passed the ELA assessment in 2017-18 (Table 16; Figure 33). Students showed greater improvement in math scores, with the percent of students passing increasing to 37% in 2018-19 from 28% in 2017-18 (Table 16; Figure 33). Put another way, in 2018-19, while only one in five third grade students at Salt River Elementary School scored 'proficient' or 'highly proficient' in English Language Art, one in three third grade students scored 'proficient' or 'highly proficient' in Math. Key informants indicated that the pandemic has likely set students back. Going forward, students will need wraparound supports, both academic and social, to recover unfinished learning following more than year of remote learning.

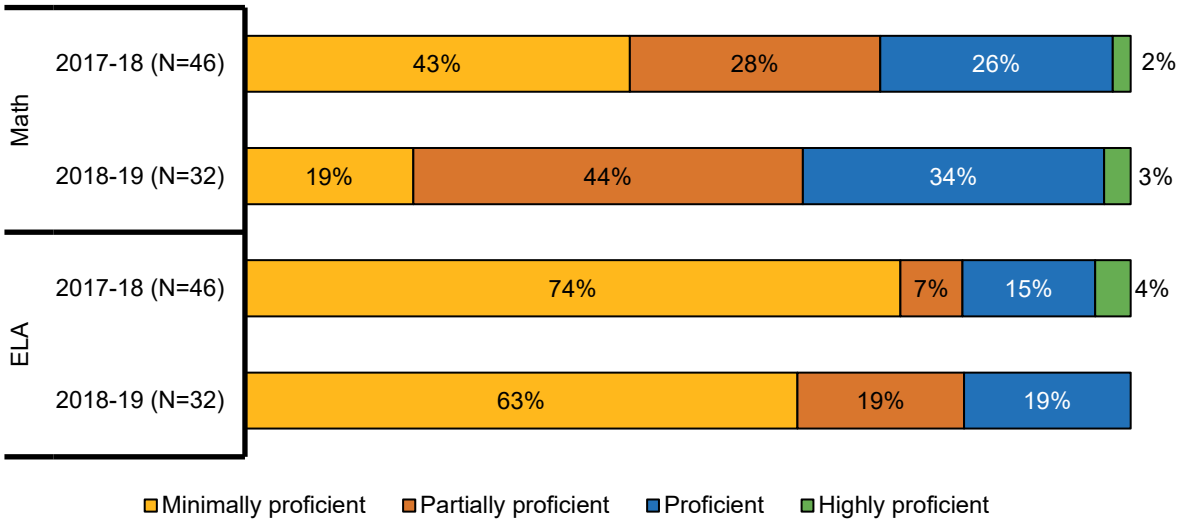
Table 16. Third grade assessment results for Salt River Elementary School, 2017-18 and 2018-19

| | Total tested | Minimally proficient | Partially proficient | Proficient | Highly proficient | Passing |
|---|---|---|---|---|---|---|
| Math, 2017-18 | 46 | 43% | 28% | 26% | 2% | 28% |
| Math, 2018-19 | 32 | 19% | 44% | 34% | 3% | 37% |
| English Language Arts, 2017-18 | 46 | 74% | 7% | 15% | 4% | 19% |
| English Language Arts, 2018-19 | 32 | 63% | 19% | 19% | 0% | 19% |

*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Student assessment data]. Unpublished tribal data received by request.*

[xiv] *AzMERIT was renamed to AzM2 during the 2019-2020 school year. In 2022, AzM2 will be replaced by AASA (Arizona's Academic Standards Assessment).*

Figure 33. Third-grade assessment results for Salt River Elementary School, 2017-18 to 2018-19




*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Student Assessment data]. Unpublished tribal data received by request.*

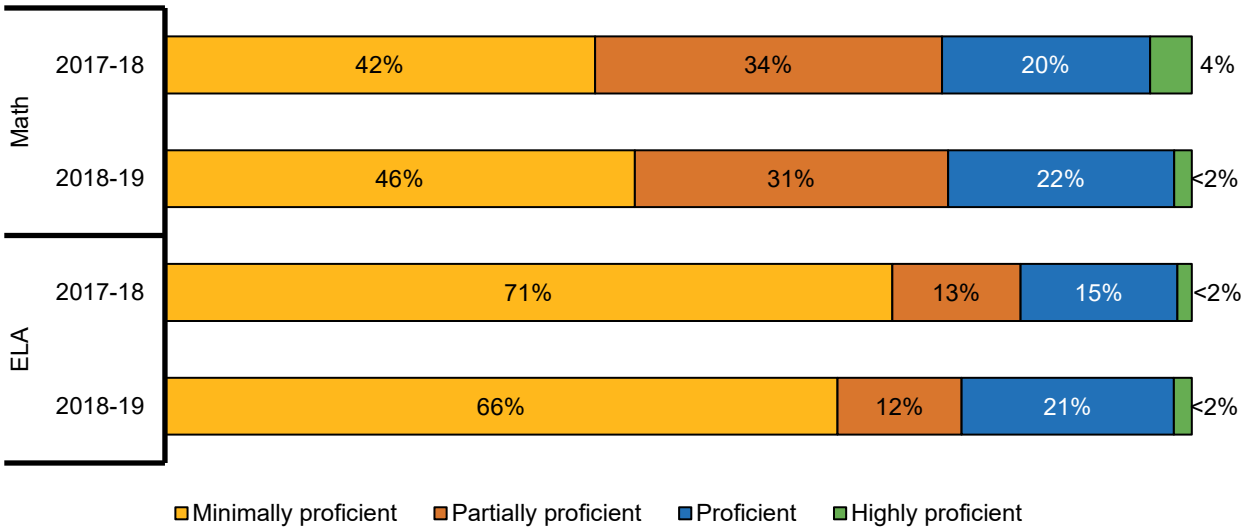
AzMERIT scores for American Indian students attending school in Mesa Public Schools were similar to those at Salt River Elementary School (Table 17; Figure 34). While a slightly higher percentage of third grade students passed the English Language Arts Assessment in 2018-19 (22% compared to 19%), a markedly lower percentage passed Math (24% compared to 37%). As students return to the classroom in both Mesa Public Schools and at Salt River Elementary School, strategies to recover unfinished learning will be critical, not only for students' current academic progress but their long-term academic and professional trajectories. The student support resources provided by the Salt River Pima-Maricopa Indian Community Education Division, including tutoring, will be important in these efforts.

Table 17. Third grade assessment results for American Indian students enrolled in Mesa Public Schools, school years 2017-18 and 2018-19

| | Minimally proficient | Partially proficient | Proficient | Highly proficient | Passing |
|---|---|---|---|---|---|
| Math, 2017-18 | 42% | 34% | 20% | 4% | 24% |
| Math, 2018-19 | 46% | 31% | 22% | <2% | 24% |
| English Language Arts, 2017-18 | 71% | 13% | 15% | <2% | 17% |
| English Language Arts, 2018-19 | 66% | 12% | 21% | <2% | 22% |

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

Figure 34. Third grade assessment results for American Indian students enrolled in Mesa Unified School District, 2017-18 to 2018-19




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

### Graduation Rates and Adult Educational Attainment

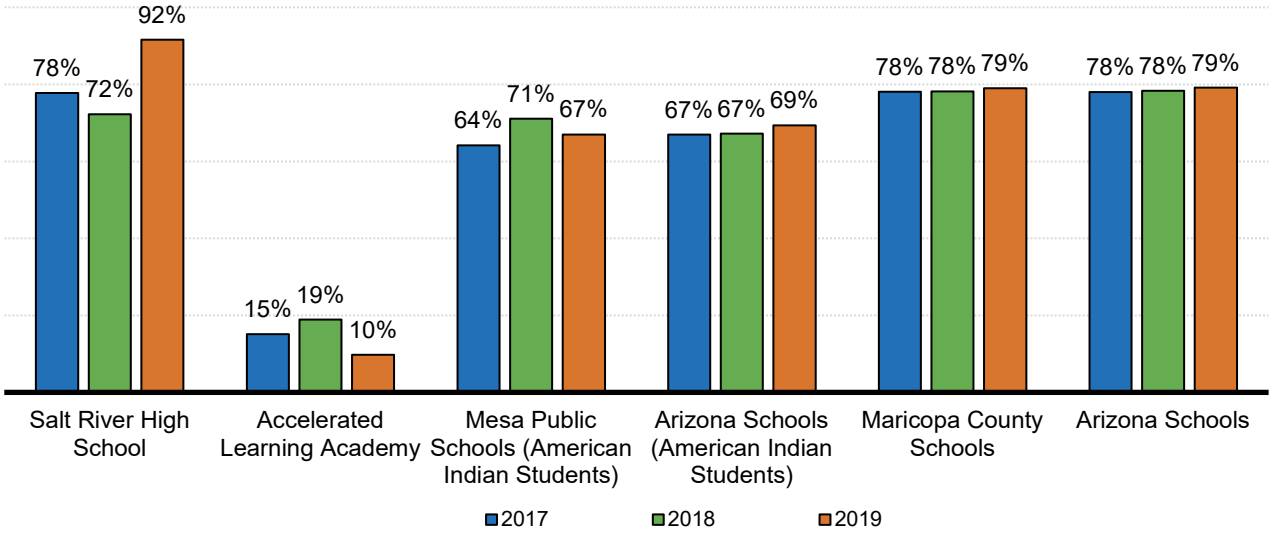
Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. Adults who graduated from high school have better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to adults who dropped out of high school.[129,130] 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.[131] 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.[132]

Before the closure of Salt River High School in 2020, four- and five-year graduations rates had often exceeded statewide graduation rates for all students. More than four of out every five high school students (83% to 92%) enrolled in Salt River High School graduated within five years (Figure 36), and in 2019, 92% of students graduated within four years (Figure 35). Graduation rates at the Accelerated Learning Academy were much lower in the same period, which is to be expected as Accelerated Learning Academy is an alternative school serving students who are already behind on credits and trying to complete their high school diploma. In 2019, 1 in 10 students (10%) in the Accelerated Learning Academy graduated in four years, and one in three (36%) graduated in five years.

Graduation rates for American Indian Students enrolled in Mesa Public Schools were lower in 2017 to 2019 than those at Salt River High School. As of 2019, two out of three American Indian High School

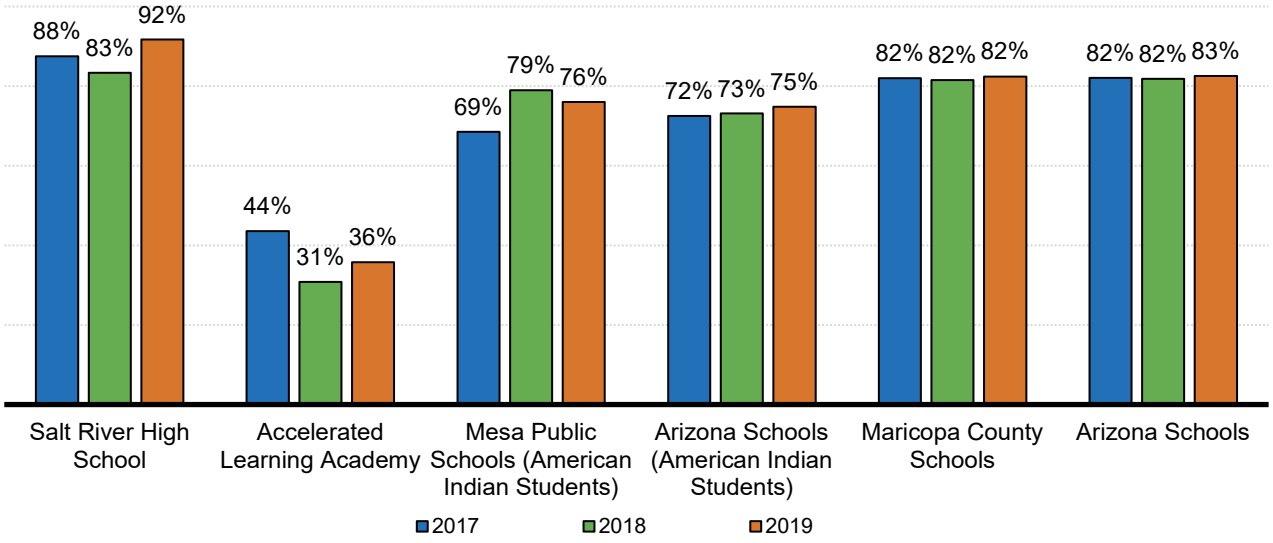
students (67%) enrolled in these high schools graduated in four years (Figure 35), and three in four graduated in five years (Figure 36). These rates were very similar to the four-year and five-year graduation rates seen among American Indian students statewide.

Figure 35. Trends in four-year graduation rates, 2017 to 2019




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

Figure 36. Trends in five-year graduation rates, 2017 to 2019




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

The Salt River Pima-Maricopa Indian Community Education Division works with Mesa Public Schools to track outcomes for Community students enrolled in high school in the district. Between the 2019-20 and 2020-21 school years, graduation rates for Community students increased from 57% to 75%. Dropout rates for Community Students were very low, below 1% in both years (Table 18).

Table 18. Graduation and dropout rates for Salt River Pima-Maricopa Indian Community students enrolled in Mesa Public School, 2019-20 and 2020-21

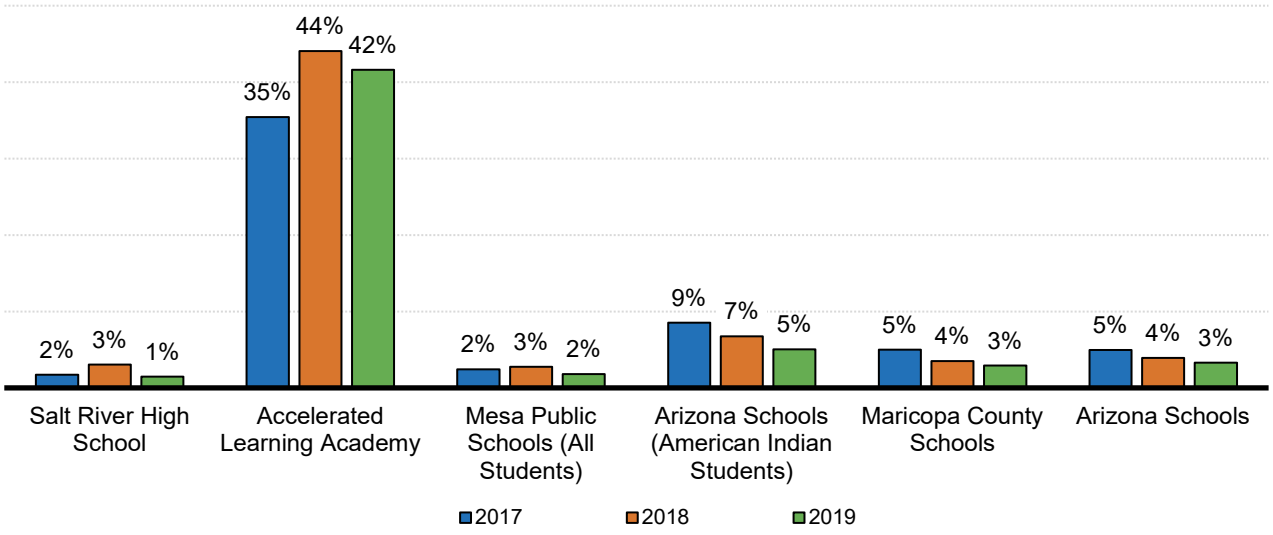
| | School year 2019-20 | School year 2020-21 |
|---|---|---|
| Graduation rate | 57% | 75% |
| Dropout rate | 0.2% | 0.3% |

*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Mesa Unified School District data]. Unpublished tribal data received by request.*

Prior to the closure of Salt River High School, dropout rates in the school had regularly been below the dropout rates seen statewide or in Maricopa County, falling to 1% in 2019 (Figure 37). By contrast, dropout rates were considerably higher in the Accelerated Learning Academy. While overall dropout rates for Mesa Public Schools ranged from 2% to 3% each year between 2017 and 2019, the more recent data provided by the Community's Education Division suggests that Salt River Pima-Maricopa Indian Community students drop out of Mesa Unified District schools at much lower rates than the overall student population.

The strong performance of Salt River High School in terms of graduation and dropout rates illustrates both an asset and a need in the Community. The Community's investment in education clearly yielded good results for students in terms of high school graduation. The closure of Salt River High School is a major loss for the Community and will require new strategies for supporting students in their secondary schooling as they now must go outside the Community for their high school years. The collaborative relationship between the Community's Education Division and Mesa Public Schools helps in supporting Community students who attend district high schools.

Figure 37. Trends in 7th to 12th grade drop-out rates, 2017 to 2019




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

According to American Community Survey estimates, adult educational attainment in the Salt River Pima-Maricopa Indian Community is similar to that across all Arizona reservations. Over a quarter of adults in the region (27%) have less than a high school education, about a third have a high school diploma with no further education and the remaining 39% have more than a high school education (Table 19).

Table 19. Level of education for the adult population (ages 25 and older), 2015-2019 ACS

| Geography | Estimated population (age 25 and older) | Less than high school | High-school graduate or GED | More than high school |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **5,260** | **27%** | **34%** | **39%** |
| All Arizona Reservations | 109,687 | 25% | 37% | 38% |
| Maricopa County | 2,878,815 | 12% | 22% | 65% |
| Arizona | 4,732,532 | 13% | 24% | 63% |
| United States | 220,622,076 | 12% | 27% | 61% |

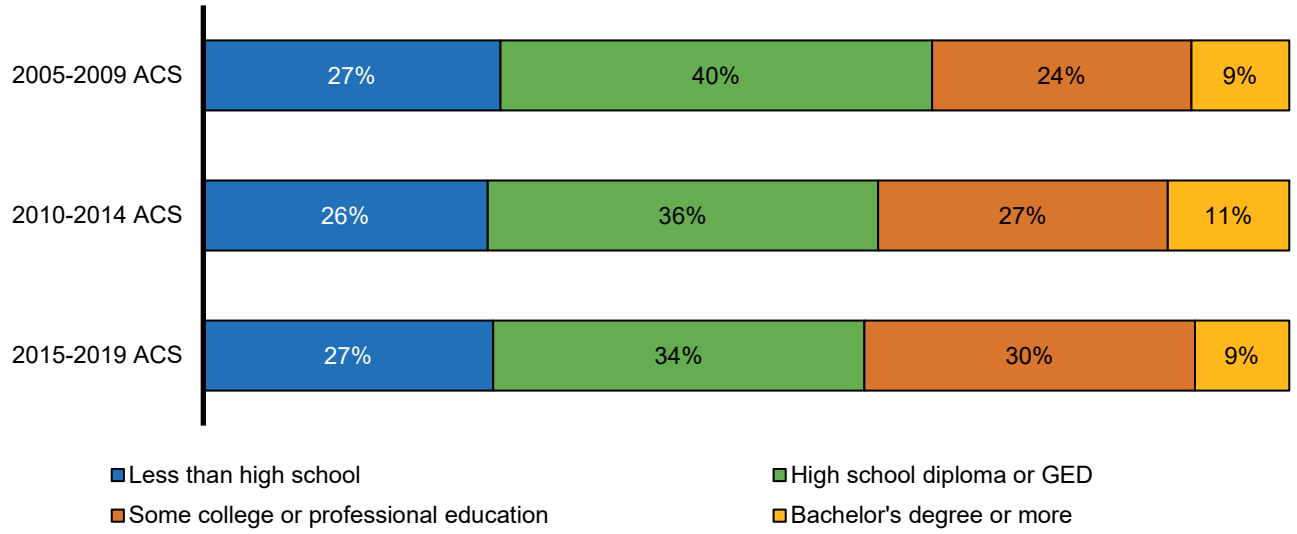
*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B15002*

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

Comparing multiple ACS estimates shows that there has been improvement in adult education attainment over the past 15 years (Figure 38). While the percentage of adults with less than a high school education has remained steady at 26-27%, the percentage of adults with some college or

professional education has been steadily increasing. This suggests that Community efforts are encouraging more Community members to pursue post-secondary education. The Salt River Pima-Maricopa Indian Community First Things First Regional Partnership Council funds the Empowering You program, which provides both parenting education and up to 6 college credits through Scottsdale Community College. The class meets at the Accelerated Learning Academy. The SRPMIC Higher Education Department encourages post-secondary education and provides resources to enrolled Community members to attain post-secondary certificates and degrees. However, the percentage of Community adults with a bachelor's degree or higher educational degree have not increased since the 2005-2009 ACS, indicating that while more adults may be starting post-secondary education programs, further supports may be needed to help Community member complete these degree programs.

Figure 38. Level of education for the adult population (ages 25 and older), 2005-2009 to 2015-2019 ACS




*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.*

Additional 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. [133,134] 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;[135] those disparities that persist until kindergarten tend to predict later academic problems.[136]

Quality early care and education can positively influence children's overall development.[137,138] This is particularly true for children in poverty.[139] 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.[140] 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.[141, 142] Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,[143,144] as they are more likely to experience more adverse childhood experiences than typically developing children,[145] and are at an increased risk for maltreatment and neglect.[146,147]

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.[148] Investment in programs for young children leads to increased education and employment, reduced crime and better overall health.[149,150] 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.[151]

## What the Data Tell Us

### Early Care and Education Programs

Families in the Salt River Pima-Maricopa Indian Community Region can access early childhood education and child care services through the Early Childhood Education Center (ECEC), the Family and Child Education (FACE) Program at Salt River Elementary, the Early Enrichment Program under the Community's Youth Services Department and the tribal Child Care Development Fund (CCDF) Certificate program.

### *Early Childhood Education Center (ECEC)*

The tribally-operated Early Childhood Education Center (ECEC) offers several program options that allow parents to choose the one that best meets their individual needs. These include the Head Start preschool program, Early Head Start infant-toddler program and Early Childhood Education Center (Child Care Development Fund (CCDF) and tribally-funded component). Under normal circumstances these programs operate as follows:

**Head Start preschool program –** Provides funding for services to children 3- and 4-years-old living in the Salt River Community. Regular school hours are from 7:30 am to 2:00 pm from early August to late May. This program is offered free-of-cost.

**Early Head Start infant-toddler program -** This program provides funding for services to pregnant women and children from birth to 3 years old living in the Salt River Community. The program operates year-round from 7:30 am to 2:00 pm and is offered free-of-cost. The Early Head Start program includes 20 slots for home-based services where Parent Educators work with the children and their parents in the child's home twice a month.

**Early Childhood Education Center (CCDF-funded component) –** Funding from the Tribal Child Care and Development Fund (see below for more information on CCDF) is also allocated for center-based full-time services at the ECEC. The Center serves children from 6 weeks old to 5 years of age. The Center hours are 7:30 am to 6:00 pm. This program is a wraparound component that offers child care before and after the regular school hours funded by Head Start and Early Head Start for families with parents or guardians who are working or in school or job training full time.

Although these different program components are available through the ECEC, the categories mostly reflect the funding source and associated eligibility requirements instead of how families interact with the ECEC. For the past 15 years, ECEC has been operating under a unique "blended" model where all enrolled children receive the same services in one facility, regardless of what specific funding source (or program) they are enrolled through. This model differs substantially from the one seen in other tribal communities where there is a stand-alone tribally-operated child care center (with funding from CCDF) and a stand-alone Head Start Program, both of which may also receive additional funding from the tribe; the level of coordination between the two programs varies widely depending on the community. When children enroll in the ECEC, they are placed into the funding source slot that matches their eligibility criteria. ECEC's "blended" model, while administratively complex, allows for provision of high-quality services while maximizing the resources available. Key informants highlighted how model makes provision of both child care and high-quality early education possible. The entire Center is held to the requirements of the funding source with the highest standards (i.e., Head Start) or even higher when the Community's Education Board sets its own standards. This also opens up additional full-time slots for enrolled children (i.e., Head Start funding is only for a half-day program, so some children's slots may be funded through Head-Start funds in the morning and CCDF in the afternoon). This seamless provision of services for children at one location removes the additional paperwork and logistical burden that families needing full-time care would face if they had to enroll their children in more than one

program. However, key informants did note that explaining the different requirements of the program and eligibility criteria to families can be challenging.

In the 2019-20 school year, before the onset of the pandemic in March 2020, there were 258 children enrolled in the ECEC (Table 20). This was slightly lower than the 311 children enrolled in the 2018-19 school year and may reflect the disruption of the normal operations in spring 2020. Please note that these numbers are cumulative throughout the year. The ECEC normally operates 22 classrooms, including 12 infant and toddler classrooms that each serve 8 children under ages birth to 2 and 10 preschool classrooms that each serve up to 16 children ages 3-5. Each classroom is usually staffed by 3 adults during Head Start and Early Head Start hours (7:30 am to 2:00 pm), including a lead teacher, an assistant teacher and a teacher aide.

According to key informants, up until the onset of the pandemic in March 2020, the ECEC had been operating at full capacity. The center-based component of the ECEC has a capacity to serve 96 infants and toddlers and 150 preschoolers at any given time. An additional 20 infants and toddlers can be served through the home-based component of Early Head Start. This means that on an average day, up to 266 children can be served at the ECEC, which is consistent with the average daily number of students seen at the ECEC in the 2017-18, 2018-19 and 2019-20 school years (Figure 39).

When Salt River Schools closed on March 16, 2020, due to the pandemic, the ECEC also transitioned to remote learning. The ECEC sent home packets of learning materials to families of ECEC students through drive-through events where parents could pick up materials or by mailing materials to students' homes. ECEC teachers were given cell phones so that they could text families to keep in contact. Key informants indicated that texting worked particularly well to connect with families throughout remote learning. The ECEC also provide iPads and Wi-Fi hotspots to families who needed them. Throughout the pandemic, the ECEC has also worked to meet family's material needs, through providing care packages to quarantined families, free meals through Salt River School food services and P-EBT (see the *School Meal Programs* section) and supplies such as diapers, cleaning supplies and PPE through drive-through events.

Table 20. Enrollment in the Early Childhood Education Center by age, 2018-19 to 2019-20

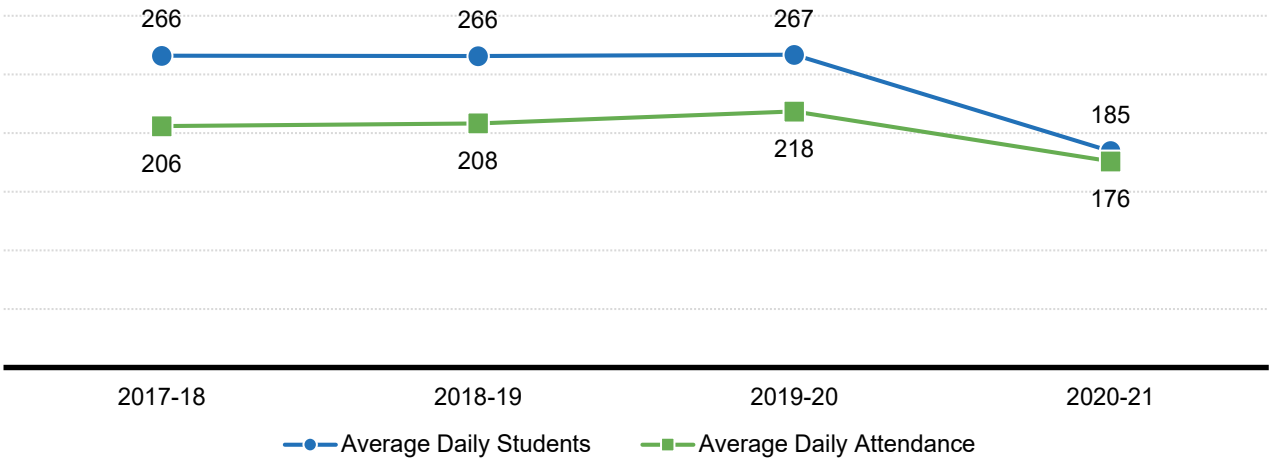
| | 2018-19 School Year | | | 2019-20 School Year | | |
|---|---|---|---|---|---|---|
| | Infants/ Toddlers | Preschoolers | Total | Infants/ Toddlers | Preschoolers | Total |
| Total enrolled | 142 | 169 | 311 | 108 | 150 | 258 |
| Expectant mothers | 11 | N/A | 11 | <10 | N/A | <10 |
| Under Age 1 | 32 | N/A | 32 | 9 | N/A | 9 |
| Age 1 | 50 | N/A | 50 | 29 | N/A | 29 |
| Age 2 | 44 | N/A | 44 | 34 | N/A | 34 |
| Age 3 | <10 | 73 | 78 | 35 | 17 | 52 |
| Age 4 | N/A | 87 | 87 | N/A | 67 | 67 |
| Age 5 | N/A | <10 | <10 | N/A | 66 | 66 |

*Source: Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2020). 2018-2019 Annual Report. Retrieved from ECEC website. Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2021). 2019-2020 Annual Report. Received through personal correspondence*

Attendance data from Salt River Schools for the ECEC shows a substantial drop in the average daily number of students in the 2020-21 school year due to impacts of the pandemic (Figure 39). Due to the constraints of remote learning, the ECEC did not enroll any new children from the waiting list in the 2020-21 school year. Instead, only students who had already been enrolled in the 2019-20 school year continued on in the ECEC. However, families on the waiting list were sent educational materials once a month during the 2020-21 school year.

Encouragingly, attendance data also shows that these students who were still enrolled in the ECEC were able to keep in contact with teachers and staff, even while learning remotely. In the 2017-18 and 2018-19 school years, the gap between the average daily number of students and the average daily attendance was about 60, and this narrowed to 50 in the 2019-20 school year (Figure 39). During the pandemic in the 2020-21 school year, this gap was only nine, indicating that nearly all children who were enrolled in the ECEC were also regularly participating in learning activities remotely and engaging with teachers by phone or online.

Figure 39. Average daily students and average daily attendance at the Early Childhood Education Center, 2017-19 to 2020-21




*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*

*Note: Average daily membership is the sum of student membership days divided by the total number of instructional days in the school year, and average daily attendance is the total number of attendance days divided by the total number of membership days for all students.*

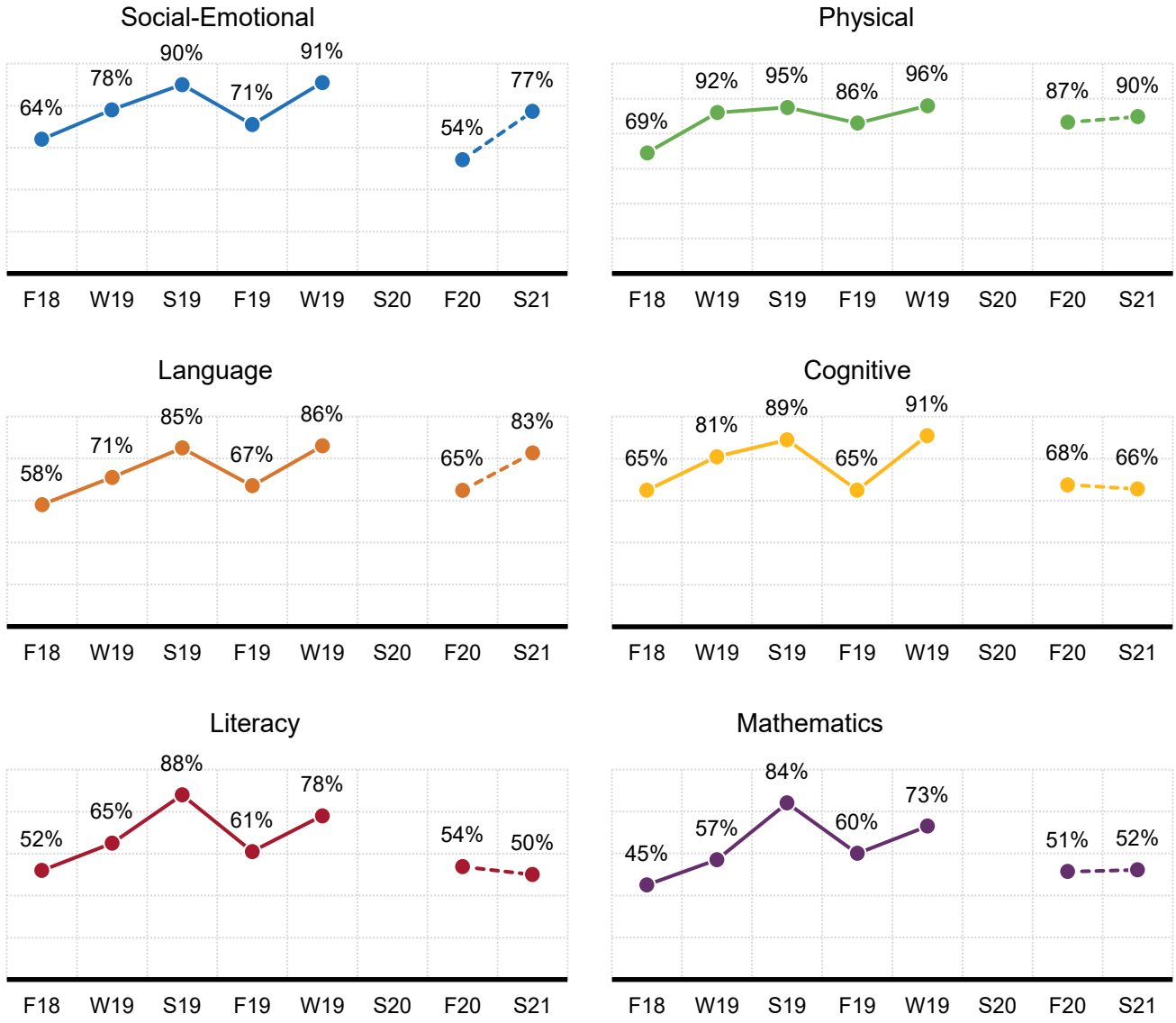
Some of the effects of the pandemic can be seen in the percent of children meeting or exceeding Teaching Strategies GOLD (TSG) objectives at the ECEC (Figure 69). The ECEC uses The Creative Curriculum, a research-based, comprehensive curriculum for early childhood education that is designed to promote social-emotional learning and language and literacy skills. Paired with this curriculum, the ECEC uses the TSG Objectives for Development and Learning Assessment to assess school readiness. In a typical year, the percentage of children meeting or exceeding these objectives grows throughout the school year (Figure 40). For example, while 64% of children met the social-emotional objectives at the start of the 2018-19 school year in Fall 2018, 90% of children met the objectives by the end of the 2018-19 school year in Spring 2019. The 2019-20 school year started on a similar trajectory, with the percent of children meeting or exceeding TSG objectives increasing between Fall 2019 and Winter 2019. However, the quick transition to remote learning meant that no TSG data were available for Spring 2020. During remote learning in the 2020-21 school year, teachers continued to assess students through twice-weekly check-ins with parents. Teachers talked with parents about how activities went and asked them to send in any videos, pictures or observational notes to help assess students' progress on objectives. However, given the limitations of remote learning and the need to rely on parent observations, it is important to note that the Fall 2020 and Spring 2021 results are likely not as comparable to prior years of data. Despite these limitations, these data can help show where particular needs are for recovering unfinished learning as the ECEC returns to in-person instruction. While the trajectory of the percent of student meeting objectives in the social-emotional, physical and language domains mirrored prior years, the number of children meeting targets in the cognitive (math/science reasoning), literacy and math domains remained flat. This suggests that students returning to in-person learning may need additional supports to build their reasoning, literacy and math skills, as these skills

may have been more difficult for parents to support at home without in-person instruction.

Key informants noted that professional development for teachers and staff at the ECEC continues to be a need. Due to the hours that the ECEC operates, with care provided until 6:00 p.m. most days, it can be a challenge for teachers and staff to find time to attend trainings and workshops. However, the ECEC covers the cost of any trainings or conferences that staff and teachers are recommended to attend. Due to the pandemic, many trainings have been held virtually, making these opportunities more accessible. A goal for the ECEC going forward is to continue to align their objectives with K-12 objectives to ensure a seamless transition to kindergarten for young children.

To further this goal of creating smoother transitions to kindergarten for young children and their families, the Salt River Pima-Maricopa Indian Community First Things First Regional Partnership Council funds Summer Transition to Kindergarten classes at Salt River Elementary School. The program includes 4 weeks of classes in June for 2 classes of 15 children who will be starting kindergarten in the fall (30 in total). Summer Transition to Kindergarten classes were not held in 2020 or 2021 due to the pandemic.

Figure 40. Children meeting or exceeding Teaching Strategies GOLD targets, Fall 2018 to Spring 2021




*Source: Salt River Schools (2021). [Achievement data]. Unpublished tribal data. Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2020). 2018-2019 Annual Report. Retrieved from ECEC website; Salt River Schools (2021). [Achievement data]. Unpublished tribal data.*

*Note: Teaching Strategies Gold assessments are usually done through in-person observation, but during the pandemic, teachers continued to do assessments through twice-weekly check-ins with parents and video, pictures, and observation notes sent to teachers by parents.*

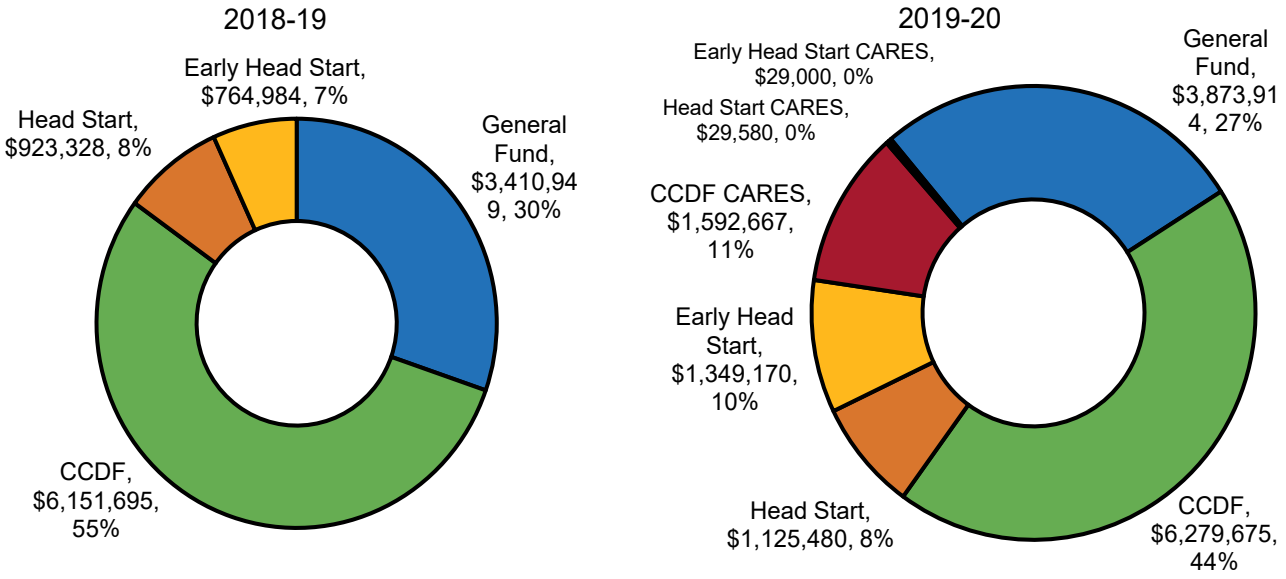
Key informants across the Community indicate that there is high demand for the education and care that ECEC provides. There are usually 90 children on the waiting list at the ECEC each year. Even when new funding has allowed the ECEC to open up new classrooms in the past, such as in 2014 when the ECEC was able to open two additional classes to serve families who had incomes over the Head Start

eligibility criteria, the waitlist has not been able to be fully cleared because demand is so high. Key informants noted that with increased development in the Community, they continue to see more and more children birth to 5 whose families would like to enroll in the ECEC if there were space for them. Multiple key informants expressed a desire for increased capacity in the ECEC in order to serve more children.

As mentioned above, the ECEC draws funding from multiple sources, including Head Start and Tribal CCDF funds. The Salt River Pima-Maricopa Indian Community receives funding from the Tribal CCDF to provide services to low-income Native children ages 6 weeks to 9 years with parents who are working or in school full-time. Parents pay a co-payment based upon family size and income. To be eligible, the child must be enrolled in a federally-recognized tribe and their parents must be working or in school/job training full-time. Income eligibility requirements limit this program to low-income families. In the Salt River Pima-Maricopa Indian Community Region, the CCDF grant funds full-time, center-based services at the ECEC (as described above) and off-reservation, center-based care for children who are enrolled in private child care centers outside of the reservation through the Certificate Program, which also includes home-based care for children with severe disabilities (see below for additional information about the Certificate Program). Another portion of CCDF quality funds is utilized to increase the quality of after-school programs at Salt River Elementary School as well as to support the Native Language and Culture Program for young children.

In addition to Head Start and CCDF, ECEC also receives substantial funding from the Salt River Pima-Maricopa Indian Community. In 2018-19, about 15% of ECEC funding came from Head Start and Early Head Start Grants, 55% came from CCDF and 30% came from the Salt River Pima-Maricopa Indian Community's General Fund (Figure 41). In 2019-20, the mix of funding streams changed slightly with the addition of CARES act funding. The overall funding for the ECEC increased from $11 million 2018-19 to $14 million in 2019-20. Some of that increase was due to increases in Head Start and Early Head Start funding, both in regular grant funding and in additional dollars for quality improvement, as well as small increases from CCDF and the General Fund. The ECEC also received more than $1.6 million in CARES Act funding through CCDF, Head Start, and Early Head Start in 2020. The Coronavirus Response and Relief Supplemental Appropriations Act (CCRSA) and American Rescue Plan Act (ARPA), both passed in 2021, included in additional funds for tribal governments and CCDF programs, including Salt River Pima-Maricopa Indian Community.[152, 153, 154] Key informants indicated that the ECEC has received a substantial amount of funding from the CARES Act, ARPA and CCDF, and that as an institution, they are trying to determine how to best expend funds to serve families in the community and increase access to early education.

Figure 41. Early Childhood Education Center funding sources, 2018-19 to 2019-20




*Source: Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2020). 2018-2019 Annual Report. Retrieved from ECEC website*

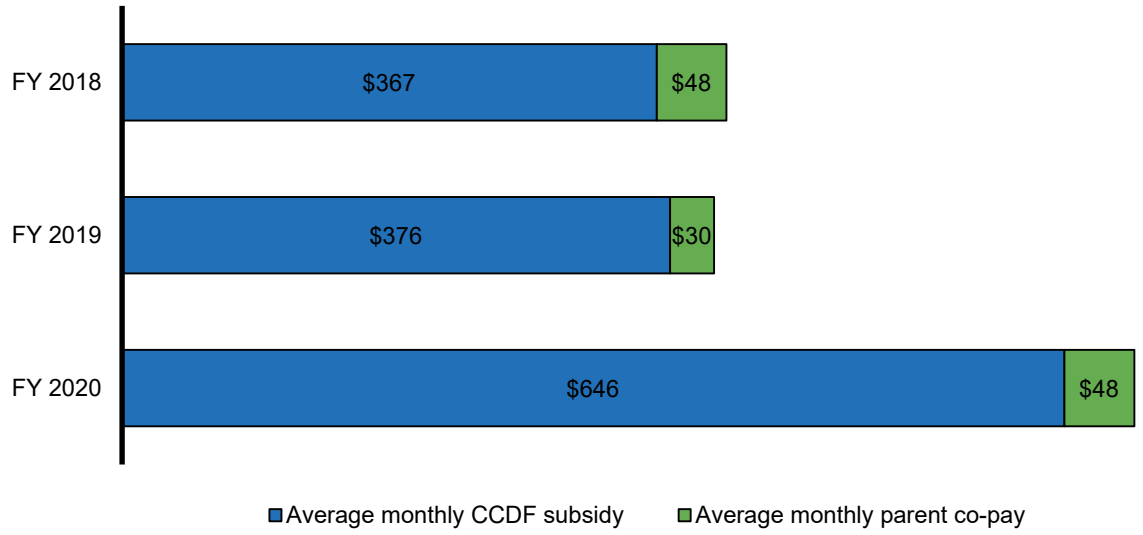
### *CCDF Certificate Program*

Funding from tribal CCDF is also used in the region to offer off-reservation child care services through the Certificate Program. This program covers a portion of the cost of child care services for families enrolled in federally recognized tribes living in the Salt River Pima-Maricopa Indian Community's designated service area (i.e., Mesa, Tempe, Scottsdale, Phoenix, Glendale or the Salt River Pima-Maricopa Indian Community). This program serves children ages 6 weeks old to 12 years old and cost is based on a sliding-scale fee. Participating families must be income-eligible and working full time (e.g., 32 hours per week or more), attending school full time or attending a job training program. There are four different types of child care services covered by the Certificate Program:

- Center-based care – in facilities that are licensed by the state
- Group home care – at private residences that are DES-certified
- Family home care- at private residents that are DES-certified
- In home care – an option restricted to children diagnosed with severe disabilities and that have an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) in place

As of fiscal year (FY) 2020, nearly all children in the CCDF certificate program were enrolled in center-based care. Parents pay a co-payment directly to the child care provider, based upon the provider's rates and the family's size and income. The provider submits a bill for payment directly to ECEC. In FY 2020, the average parent co-pay was $48, while the average subsidy paid by CCDF to child care providers was $646 (Figure 42). This was a notable increase from the subsidy available in prior years.

Figure 42. Average monthly CCDF subsidy and co-pays, FY 2018 to 2020




*Source: Salt River Early Childhood Education Center (2021). [ACF Form 700 data]. Unpublished tribal data received by request.*

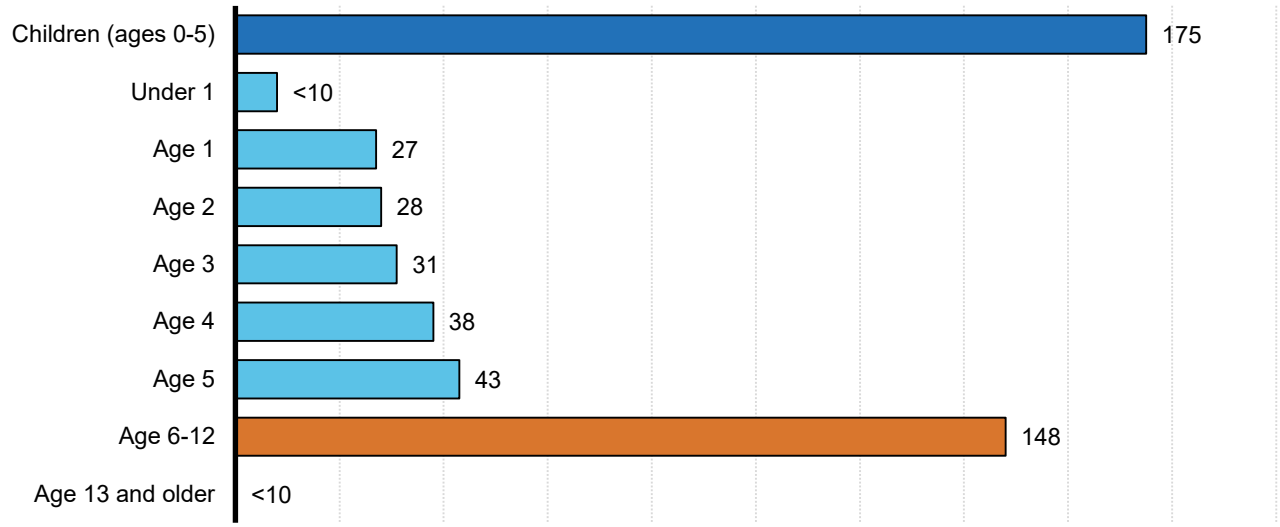
In FY 2020, 325 children participated in the certificate program throughout the year, with about 246 children on average enrolled in any given month (Table 21). This was consistent with FY 2018 and FY 2019 participation in the Certificate program. Of these 325 children, 175 were children ages birth to 5, including 63 infants and toddlers and 112 preschool-age children (Figure 43).

Table 21. Number of children served through CCDF certificate program, FY 2018 to 2020

| | FY 2018 | FY 2019 | FY 2020 |
|---|---|---|---|
| Children receiving care through certificate program | 292 | 330 | 325 |

*Source: Salt River Early Childhood Education Center (2021). [ACF Form 700 data]. Unpublished tribal data received by request.*

Figure 43. Children served through CCDF-funded programs by age, FY 2020




*Source: Salt River Early Childhood Education Center (2021). [ACF Form 700 data]. Unpublished tribal data received by request.*

*Note: The dark blue bar shows the total number of children birth to 5 served.*

### *FACE*

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Bureau of Indian Education. The goals of the FACE program include supporting parents as their child's first teacher; increasing family literacy; bolstering the connections between families, schools, and communities; supporting early identification and intervention for children with special needs; fostering lifelong learning and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 48 Bureau of Indian Education schools nationwide, including 15 in the state of Arizona. In the Salt River Pima-Maricopa Indian Community Region, a FACE Program has been available at Salt River Elementary since school year 2001-02. In order to enroll in the program children must be at least ¼ American Indian.

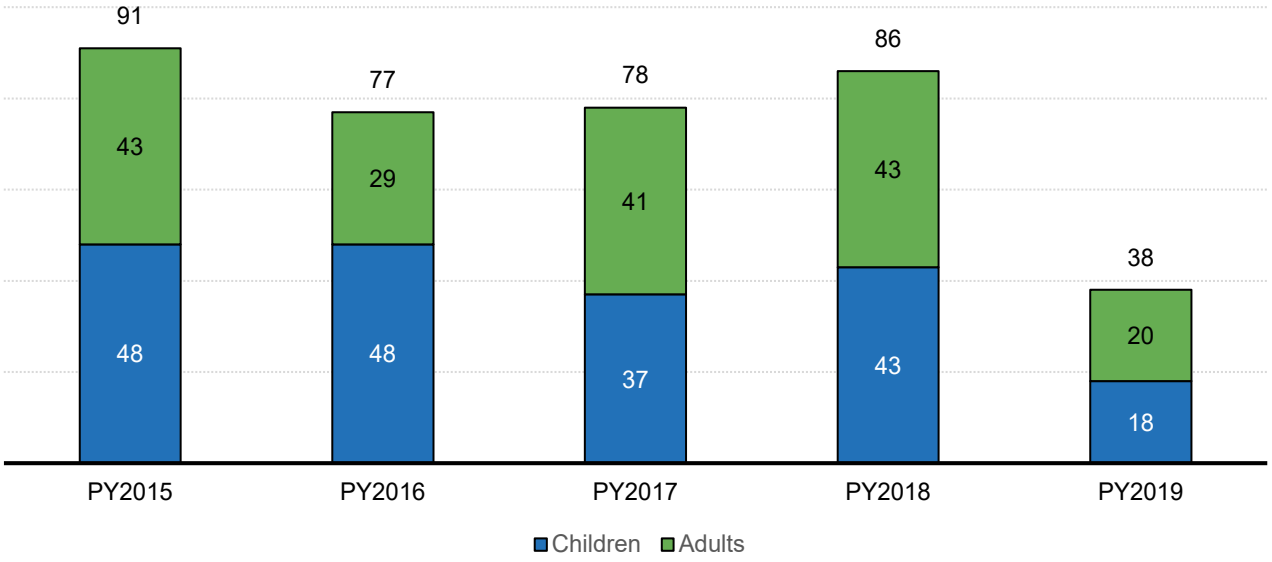
FACE has both center-based and home-based components. The home-based component includes educational visits and screenings by parent educators using the Parents as Teachers (PAT) model and is aimed at families with children from birth to 3, although families can join the program beginning at pregnancy. Children enrolled in the home-based component also receive a book each month from the Dolly Parton Imagination Library. In program year 2019, 12 children and 11 adults participated in the home-based component of the FACE program at Salt River Elementary (Figure 44).

The FACE center-based preschool component includes an early childhood education program for children ages 3 to 4, adult education for the children's parents, and Parent and Child Time (PACT). The adult component of the program at Salt River Elementary aims to help parents or caregivers obtain their GED and pursue postsecondary education, like taking community college courses. The early childhood

education program aims to foster kindergarten readiness through active learning and dialogic reading. Parents are encouraged to continue in the program until the child completes third grade. As mentioned above, FACE programs put an emphasis on traditional Native culture and language. All participants at the Salt River Elementary FACE program (adults and children) have a language and culture class once a week. In program year 2019, fewer than 10 children and 10 adults participated in the center-based component of the FACE Program at Salt River Elementary (Figure 44).

Both the center-based and home-based components saw a drop in participation in program year 2019. Only about half as many children and adults participated in the program in 2019 (38) as participated in 2018 (86).

Figure 44. Salt River Elementary FACE participation, program years 2015 to 2019




*Source: Research & Training Associates, Inc. (2020). BIE Family and child education program, 2015-2019 reports. U.S. Department of the Interior Bureau of Indian Affairs, Bureau of Indian Education.*

### *Early Enrichment Program*

Center-based early care and education services in the region are also available through the Early Enrichment Program (EEP), which is housed at the Salt River Pima-Maricopa Indian Community Youth Services Department. This program, which is fully funded by the Salt River Pima-Maricopa Indian Community, provides free-of-cost services to children ages 4 and 5. The program served children ages 3 to 5 until 2019, when it narrowed its eligibility criteria to children ages 4 and older. It focuses on kindergarten readiness and social skills, and the overall curriculum is based on the children's interests. The EEP, formerly known as the Child Development Center, has been in place in the Community for over a decade. It operates year-round from 7:45 am to 1:00 pm, with breakfast, snack and lunch served to all children. Transportation is available to all participating children.

In order to be enrolled in the program, children must meet the following requirements: be at least 4 years old, be potty-trained, live within the boundaries of the Community and be up-to-date on their immunizations. Priority is given to children who are enrolled members of the Salt River Pima-Maricopa Indian Community. The EEP has been located in the Way of Life Facility (WOLF) since the WOLF opened in 2018. The early enrichment program served an average of 13 children per month in 2018 and 11 per month in 2019.

Due to the COVID-19 pandemic, between March 2020 and March 2021, EEP switched to a virtual format with at least one 30-minute zoom session per week. During most weeks, there were at least two 30-minute Zoom sessions with the enrolled youth. When safety guidance allowed, staff worked at the WOLF to prepare weekly kits of supplies for youth to use during the week's Zoom sessions, organized by a theme for each week or month. During the EEP's virtual operations in 2020 and 2021, the average number of children served fell to below 10 children per month.

At the start of the 2020-21 school year, staff prepared virtual learning kits for youth who had transitioned to kindergarten to help their parents and caregivers set up a virtual learning workstation. The Youth Services Department also hosted "drive-through" events for youth, including those enrolled in EEP. These special events included Graduation and Promotion celebrations. Department staff also provided family game night kits and meals (breakfast & lunch) throughout the summer. Since March 2021, the EEP has operated in-person when the Community's health safety guidance has allowed.

### *Early Care and Education Capacity*

The early care and education options available to families in the Salt River Pima-Maricopa Indian Community are a major asset in the region. As shown in Table 22, these programs have a combined capacity to serve approximately 475 children birth to 5. According to the 2010 U.S. Census there were 626 children birth to 5 residing in the region (Table 2). Based on this number, the slots currently available in the region would provide services to about 76% of young children. However, as discussed in the Population section, the number of children enrolled according to the Tribal Enrollment Office is higher, with 457 enrolled children ages birth to 5 living on the reservation and 299 children residing outside the Community for a total of 756 enrolled children ages birth to 5 as of June 2022 (Table 1). Since the Certificate Program can also be used by families living outside of the regional boundaries but within the Salt River Pima-Maricopa Indian Community service area (i.e., Mesa, Tempe, Scottsdale, Phoenix, Glendale), these 475 slots may be used by more children than those residing with regional boundaries. Key informants indicated that most off-reservation enrolled members reside within ten miles of the Community, similar to the Certificate Program service area. This would mean that the 475 early care and education slots available provide services to about 63%of all children birth to 5 currently enrolled as tribal members residing both within the regional boundaries and off-reservation but within the vicinity.

Key informants across multiple departments emphasized that there is a need for greater child care capacity in the region. While the ECEC is widely acknowledged as an excellent provider of early education, key informants recognize that due to the waitlist, some families cannot get their children

enrolled. They expressed special concern for very young parents who may not have much experience navigating the systems needed to get their children enrolled in the ECEC or CCDF Certificate program. Key informants noted that some families may be hesitant to ask for help or simply do not know where to go and that hitting a waitlist can be discouraging. They emphasize the importance of purposeful and consistent messaging across departments and for building relationship of trust to increase families' confidence in asking for support and ensuring that they get to the right places within the early childhood system.

Table 22. Overall Early Care and Education Enrollment, 2018-19

| | Center-based Ages served | Center-based Enrollment | Home-based Ages served | Home-based Enrollment | Total Enrollment |
|---|---|---|---|---|---|
| Early Childhood Education Center | Ages 0 to 5 | 246 | Prenatal to 2 | 20 | 266 |
| Certificate Program | Ages 0 to 5 | 175 | N/A | N/A | 175 |
| FACE Program | Ages 3 to 8 | <10 | Ages 0 to 2 | 19 | 22 |
| Early Enrichment Program* | Ages 4 to 5 | 12 | N/A | N/A | 12 |
| Total | Ages 0 to 5 | 440 | Ages 0 to 2 | 39 | 475 |

*Source: Office of Head Start (2020). 2019 Program Information Report. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/data/pir Research & Training Associates, Inc. (2020). BIE Family and child education program, 2015-2019 reports. U.S. Department of the Interior Bureau of Indian Affairs, Bureau of Indian Education. Salt River Early Childhood Education Center (2021). [ACF Form 700 data]. Unpublished tribal data received by request. Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2020). 2018-2019 Annual Report. Retrieved from ECEC website. Salt River Pima-Maricopa Indian Community Early Childhood Education Center (2021). 2019-2020 Annual Report. Received through personal correspondence. Salt River Pima-Maricopa Indian Community Youth Services Department (2022). [Early Enrichment Program Enrollment 2018-2021]. Received through personal correspondence.*
*Note: The enrollment data reflect pre-pandemic numbers when the EEP served children ages 3 to 5. The program currently serves children ages 4 to 5.*

### Cost of Care

As mentioned above, child care services in the Salt River Pima-Maricopa Indian Community Region are provided on a sliding-scale fee at the Early Childhood Education Center (ECEC). Other early learning programs in the Community are available free-of-cost such as the Early Enrichment and FACE programs.

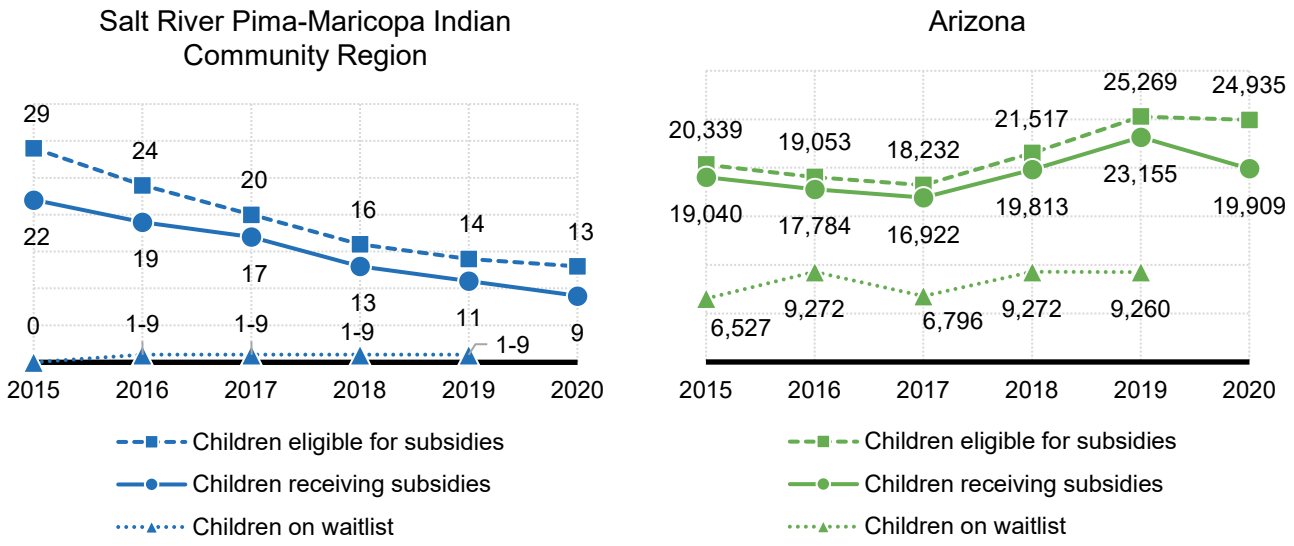
Parents of children enrolled full-time at the Early Childhood Education Center (ECEC) are billed for the child care services their child receives. Bills are due and payable at the Finance office on the 25th of each month and are for services rendered the previous month. Parents may elect to use payroll deductions (if employed by Salt River Pima-Maricopa Indian Community) or Per Capita deductions. As indicated above, parents are not billed for the Head Start/Early Head Start hours between 7:30 am and 2:00 pm.

The billing structure for child care services before and after the Head Start hours is dependent upon the current year's Federal Poverty Levels and the Arizona State Median Income levels which are updated annually. Some families with incomes below the poverty levels are exempt from paying a co-payment,

as are families with children placed in protective care, including foster placement, children experiencing homelessness and children of teen parents who are attending high school.

In addition to the child care subsidies provided by the ECEC, some families in the Salt River Pima-Maricopa Indian Community Region also receive subsidies from the Arizona Department of Economic Security (DES). Figure 45 shows the number of young children receiving child care subsidies from DES in the region, which fell from 22 in 2015 to fewer than 10 in 2020. Fewer than 10 children were placed on the waiting list for DES child care subsidies in any year from 2016 to 2019. 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.[155, 156] From July 2019 onwards, all children who qualify for DES child care subsidies can receive them without being put on a waiting list.

Figure 45. Numbers of children birth to 5 eligible for DES child care subsidies, receiving subsidies, or waitlisted, 2015 to 2020




*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.[157,158] It also reduces educational costs by decreasing the need for special education.[159]

The Arizona Early Intervention Program (AzEIP)[xv] is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays in Arizona. There are two contracted agencies who provide services to children in the Salt River Pima-Maricopa Indian Community Region. The number of children referred to AzEIP in recent years has varied, from as high as 30 in federal fiscal year (FFY) 2019 to as low as 16 in FFY 2020. This drop in referrals likely reflects the disruptions of the pandemic. According to key informants, there was a drop in attendance of routine well-child visits during the pandemic despite strong local efforts to keep up routine visits for vaccinations. Additionally, some families were frustrated by difficulties in follow-up on referrals given AzEIP's transition to only virtual services through most of 2020. [160] Fewer than 10 children received AzEIP services each year between FFY 2018 and 2020.

Table 23. Children referred to and found eligible for AzEIP, Federal fiscal years 2018-2020

| | Number of children (ages 0-2) referred to AzEIP | | | Number of children (ages 0-2) eligible for AzEIP | | | Percent of referrals found eligible | | |
|---|---|---|---|---|---|---|---|---|---|
| Geography | FFY 2018 | FFY 2019 | FFY 2020 | FFY 2018 | FFY 2019 | FFY 2020 | FFY 2018 | FFY 2019 | FFY 2020 |
| **Salt River Pima-Maricopa Indian Community Region** | **21** | **30** | **16** | **1 to 9** | **1 to 9** | **1 to 9** | **DS** | **DS** | **DS** |
| Maricopa County | 8,540 | 9,061 | 8,591 | 3,499 | 3,357 | 2,942 | 41% | 37% | 34% |
| Arizona | 13,803 | 14,692 | 13,615 | 5,372 | 5,225 | 4,675 | 39% | 36% | 34% |

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

*Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.*

AzEIP may refer families to the Division of Developmental Disabilities (DDD) [xvi] 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.[xvii] DDD can provide services to individuals with qualifying disabilities through adulthood. Qualifying children may receive services from both AzEIP and DDD. Fewer than 10 children received services from DDD in the region in any year between state fiscal year (SFY) 2017 and 2020.

[xv] For more information on AzEIP, visit https://www.azdes.gov/azeip/

[xvi] For more information on DDD, visit https://des.az.gov/services/disabilities/developmental-disabilities

[xvii] For more information on the Division of Developmental Disabilities (DDD) eligibility see https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility

Table 24. 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 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **1 to 9** | **1 to 9** | **1 to 9** | **1 to 9** | **DS** |
| Maricopa County | 3,909 | 4,357 | 2,926 | 3,003 | -23% |
| Arizona | 5,520 | 6,123 | 4,005 | 4,078 | -26% |

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

Overall, fewer than 10 children each year in SFY 2019 and 2020 received services from AzEIP, DDD or both programs. A 2008 study using nationally representative data estimates 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.[161] Given the population of young children in the Salt River Pima-Maricopa Indian Community Region (see Table 1 and Table 2), this research would suggest that between 31 and 39 children could benefit from early intervention services in the region. While nearly this many children are being referred to AzEIP in most years, nowhere near this number of children are being found eligible and receiving services. The state of Arizona has some of the strictest eligibility requirements for early intervention services of any state in the U.S.[162] Furthermore, Arizona is among the bottom five states in terms of young children receiving early intervention services.[163] Providing early intervention services for young children has been shown to reduce the need for special education services later in childhood;[164] assuring that children have access to timely and adequate screening and intervention services from birth to 5 can be key for helping children to be ready for kindergarten. The low number of young children in the Salt River Pima-Maricopa Indian Community Region who qualify for these services may be a cause for concern.

Table 25. 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 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **1 to 9** | **1 to 9** | **DS** | **300** | **DS** |
| Maricopa County | 4,153 | 3,697 | -11% | 167,596 | 2.2% |
| Arizona | 6,376 | 5,721 | -10% | 270,519 | 2.1% |

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

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth to age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either though their own schools or through agreements with other programs such as Head Start. In the Salt River Pima-Maricopa Indian Community Region, Child Find services are provided through Mesa Public Schools (MPS) and the tribal Child Find program.

The Salt River Pima-Maricopa Indian Community Child Find Program conducts developmental screenings for young children in the region. When children are screened and found to need early intervention services, they can be referred to AzEIP if they are under the age of 3 or MPS if they are 3 to 5 years old. Preschool-age children with special needs in the region can attend the Community's Early Childhood Education Center (ECEC) in the morning and IDEA preschool programs in MPS in the afternoon based on their individual need. Child Find program staff walk families through the evaluation and the establishment of the child's Individualized Education Program (IEP). Child Find staff can also accompany (and transport) parents to off-reservation evaluation and intervention appointments (e.g., to Phoenix Indian Medical Center). Child Find staff are also able to come into other off-reservation private child care centers where children from the Community are enrolled to provide services to them. Key informants describe the Child Find program as highly mobile within the Community—staff go out to families wherever they are comfortable meeting and accompany them wherever needed to advocate for their children. Staff can help families navigate systems that they may not be comfortable in and build relationships with these families to help them get the services they need. Child Find parent advocates also provide education and training for parents to help them respond to challenging behaviors and to prepare them for behavioral issues they may see as their children grow older.

At the ECEC, Exceptional Student Services (ESS) is tasked with early identification of children with special needs and ensuring that children receive the necessary intervention to support their healthy development. The ESS team includes a full-time ESS Coordinator, a Behavior Intervention Counselor, a part-time speech/language pathologist for infants and toddlers and a part-time occupational therapist who works with all students. The ESS Coordinator plays an important role as a liaison between the child's family and the agencies providing intervention services to children with special needs (i.e., AzEIP or Mesa Public Schools). Therapies can be provided at the ECEC classrooms which allows the teachers to participate in the sessions and provide follow-up activities to the children in between sessions. As part of a Memorandum of Understanding with MPS, a full-time speech/language pathologist is available to preschool students enrolled at ECEC. MPS also provides ECEC with a full-time early childhood special education teacher to work with eligible children in the center, providing the support they need as established in their IEPs. A part-time occupational therapist is available from MPS for children who require these services, and a physical therapist is also available through MPS on an as-needed basis.[165]

Key informants noted that Child Find uses a wide array of methods to try to reach families with young children birth to 5. Child Find regularly puts out media blitzes, holds giveaways, hosts family events and even walks local neighborhoods to try to meet families where they are, educate them about developmental milestones and get them connected to resources. However, despite these efforts, Child Find has difficulty reaching children birth to 3. Key informants felt that by age 3 or 4, they are able to connect with most of the families who need supports for children with developmental delays and disabilities, but the younger children are harder to connect with. They noted that Child Find often has more success connecting with families who already have a child in the ECEC or Salt River Elementary. Once a family is in the school system, staff are able to easily connect them with resources and make referrals. However, there are families who have never interacted with Salt River Schools and who may be missed.

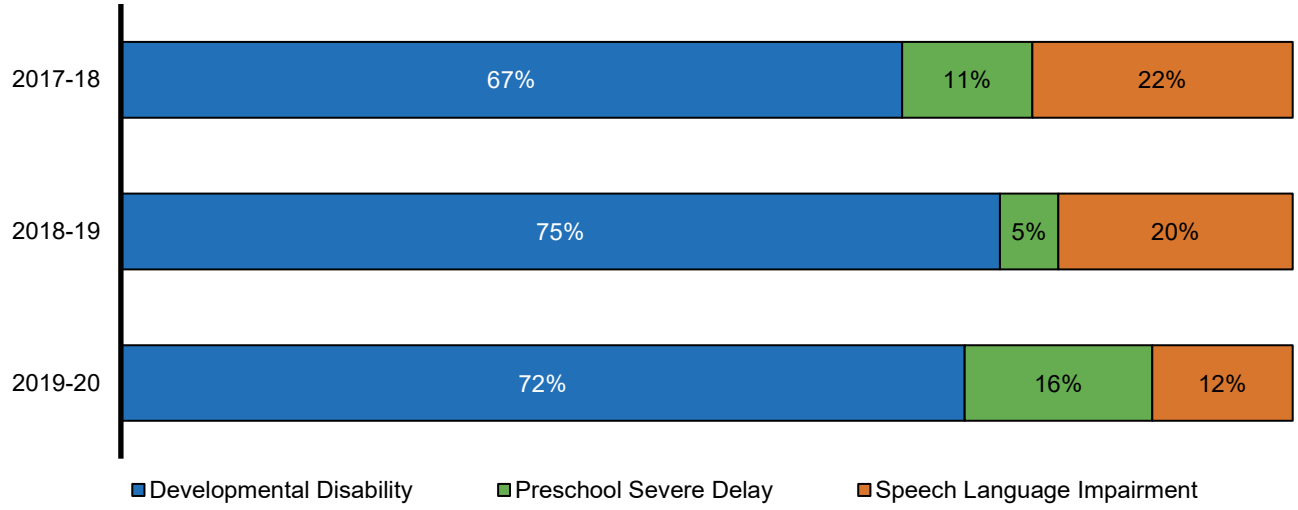
From the 2017-18 to 2019-20 school years, the number of preschoolers and kindergarteners with disabilities enrolled in Salt River Schools, including the ECEC and Salt River Elementary, increased from 18 to 25 (Table 26). Data could not be broken out by grade due to small numbers and suppression thresholds. Figure 46 shows the type of disabilities with which preschoolers at the ECEC were diagnosed. The majority of preschoolers with disability enrolled in the ECEC had a developmental delay (between 67% and 75% each year), followed by speech or language impairments and preschool severe delays. The preschool severe delay category is defined by Arizona as a very low score on assessments of in one or more of these areas: cognitive development, physical development, communication development, social or emotional development or adaptive development.[166] It is important to note that the number of preschoolers and kindergarteners with disabilities tracks closely with the number of children ages birth to 2 referred to AzEIP in the region but the number of children in these grades receiving services is much higher (see Table 23). This again suggests that there may be children ages birth to 2 in the region who could benefit from early intervention but are not qualifying for or seeking services from AzEIP.

Table 26. Preschoolers and kindergarteners with a disability enrolled in Salt River Schools, 2017-18 to 2019-20

| | 2017-18 | 2018-19 | 2019-20 |
|---|---|---|---|
| Salt River Schools | 18 | 20 | 25 |

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

Figure 46. Preschoolers with a disability by primary disability receiving services at Salt River Early Childhood Education, 2018 to 2020



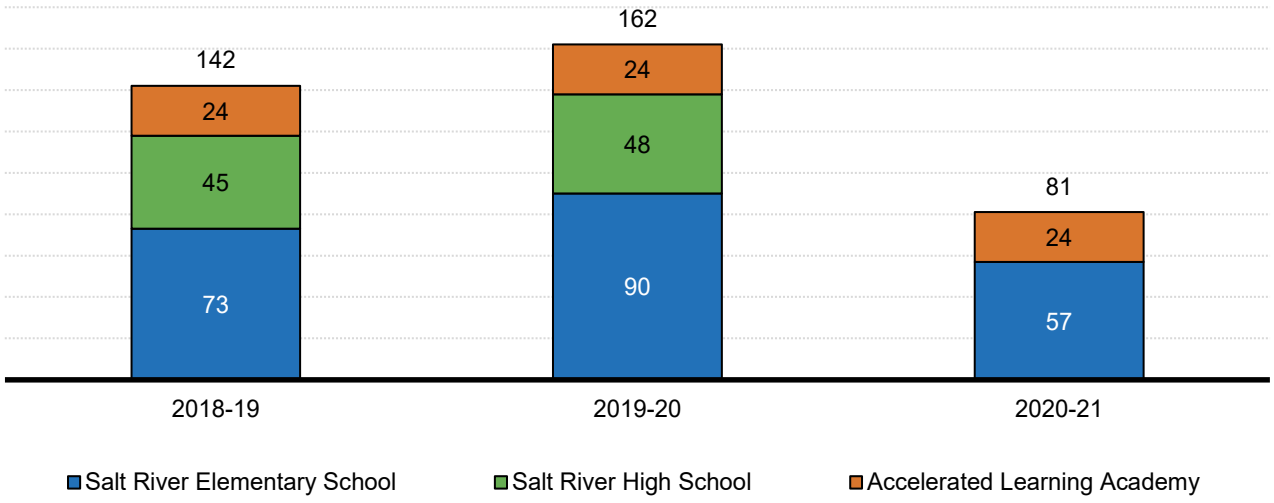

*Source: Arizona Department of Education (2021). [Special Needs dataset]. Custom tabulation by the Community Research, Evaluation, & Development (CRED) team*

Children with disabilities continue to be served by ESS as they continue on in elementary grades and beyond. According to data provided by the Salt River Pima-Maricopa Indian Community Education Department, the number of children served by ESS increased from 142 to 162 between 2018-19 and 2019-20 before the pandemic but fell to 81 in 2020-21 (Table 27; Figure 47). This was due in part to the closure of Salt River High School, where 45-48 students had been receiving services. However, this was also due to a drop in the number of children served at Salt River Elementary from 90 in 2019-20 to 57 in 2020-21.

Like the rest of Salt River Schools, ESS was greatly affected by the pandemic. ESS provided packets of lesson materials and educational activities for students with special needs in Spring 2020 after Salt River School transitioned to remote learning. These packets included both math and reading activities as well as exercises put together by the occupational therapist for students to work on at home. ESS staff also created videos on Salt River Schools' YouTube channel for students to follow along with at home. Once Salt River Schools bought cell phones for teachers and staff, ESS speech support staff began video calling with students at home to work with them one-on-one. The ESS Behavioral Intervention Counselor also worked with families to provide coaching on managing challenging behaviors at home. ESS transitioned services to delivery through Microsoft Teams in Fall 2020. ESS also moved all special education team meetings to the school's conference line, which resulted in much better attendance from parents. Key informants noted that parents seemed more comfortable being able to call in to these meetings from home and that through the transition to phone meetings they saw greater parent participation. ESS staff did screenings of students for potential disabilities in-person at the administration building, but some families deferred screening until the Community re-opened due to

concerns about COVID-19 exposure risk. Key informants noted that the interruption of in-person schooling was particularly hard on students who already struggled with speech and language delays. As students return to in-person school, support both in school and at home for healthy language development remains a key need.

Figure 47. Students served by the Exceptional Students Services Department, 2018-19 to 2020-21




*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Exceptional Student Services data]. Unpublished tribal data received by request.*

Table 27. Students served by the Exceptional Students Services Department, 2018-19 to 2020-21

| | School year 2018-19 | School year 2019-20 | School year 2020-21 |
|---|---|---|---|
| Total | 142 | 162 | 81 |
| Salt River Elementary School | 73 | 90 | 57 |
| Salt River High School | 45 | 48 | N/A |
| Accelerated Learning Academy | 24 | 24 | 24 |

*Source: Salt River Pima-Maricopa Indian Community Education Division (2021). [Exceptional Student Services data]. Unpublished tribal data received by request.*

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

# 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.[167,168] Experiences during the prenatal and early childhood period can result in lifelong impacts on immune functioning, brain development, and risk for chronic diseases.[169,170] 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.[171,172] 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.[173,174,175] Health care services to members of federally-recognized Indian tribes are available from Indian Health Service (IHS) facilities and other tribally-administered health care facilities.[xviii]

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)[xix,176] 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.[177]

## 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.[178,179] 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

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

[xix] *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*

information and guidance to parents.[180] 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.[181,182] 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.[183,184]

Through 2021, health care services were available to residents from the Salt River Pima-Maricopa Indian Community Region through the Indian Health Service (IHS) Salt River Health Center, located in the region, and the IHS Phoenix Indian Medical Center (PIMC), a 127-bed hospital in Phoenix that offers a wide range of health care services, including gynecology, pediatrics, internal medicine, surgery, emergency medicine, psychiatry, optometry, physical therapy and dental services. Phoenix Indian Medical Center has Centers of Excellence for Diabetes, Endocrinology, HIV and Oncology, and provides services to over 140,000 patients.[185] PIMC previously provided obstetric care but these services were suspended in mid-2020, and obstetric patients are now diverted to other hospitals.[186] Local pediatric services were available through the Salt River Health Center. Key informants in the region noted that residents also seek health care at the Hu Hu Kam Memorial Hospital and Red Tail Hawk Health Center located in Chandler, both of which are part of the Gila River Health Care Corporation.

In March 2022, a new health care center, the River People Health Center, opened in the Salt River Pima-Maricopa Indian Community.[187] This new clinical facility greatly expanded the health care services available locally in the Community. The River People Health Center will employ 5 pediatricians, 4 more than previously employed at the Salt River Health Center. The new Center also offers women's health and prenatal care services, specialty health services, mental and behavioral health care, dental care, optometry, physical therapy, nutrition and dietetics, medical imaging and laboratory services and public health nursing.[188] This new facility is a major asset for the Community, providing culturally respectful care in a highly accessible location.

In fiscal year 2019, there were 3,798 IHS active users[xx] (as defined by those who had one or more visits during the previous three years, resided within the boundaries of the Salt River Pima-Maricopa Indian Community or the town of Lehi and received services in the IHS Phoenix Service Unit) (Table 28).[189] Of those, 350 were children ages birth to 5.

[xx] *Please note that the number of active users represents all residents of the Salt River Pima-Maricopa Indian Community Region (overall and for young children birth to 5) and the town of Lehi (the community in Mesa) who received services at least once at the IHS Phoenix Service Unit during the stated time period, regardless of their tribal affiliation. This is also the case with all other indicators included in this report where the Indian Health Service is the source .- Personal Communication, Indian Health Service – Phoenix Area, April 2021*

Table 28. Number of Active IHS users from the Salt River Pima-Maricopa Indian Community, FY2019

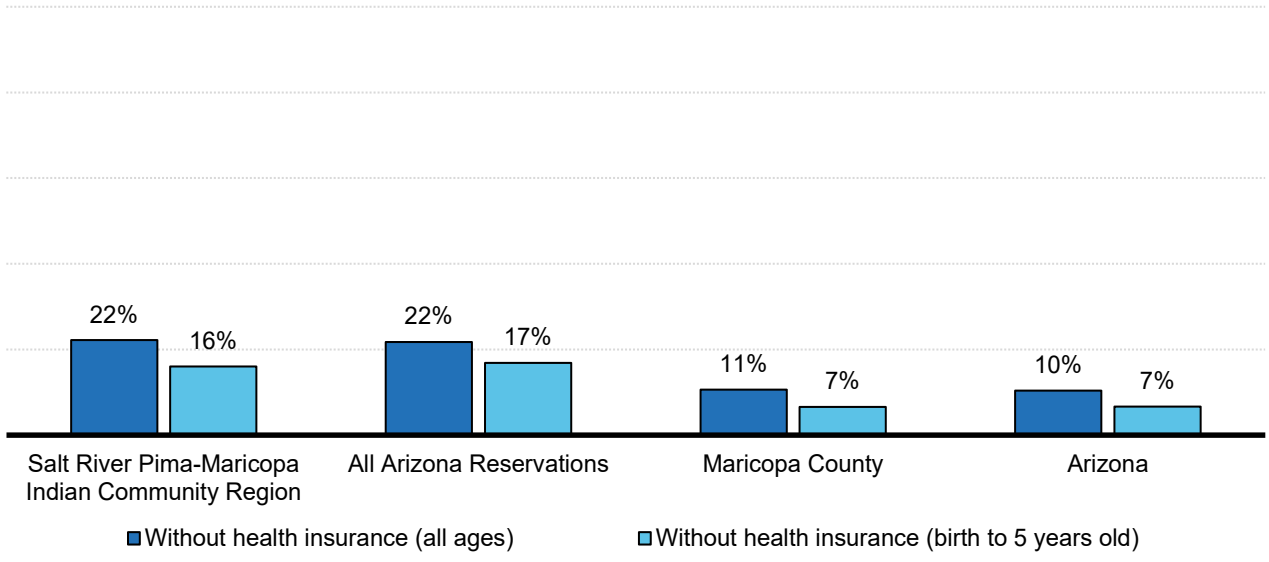
| | Young children (ages 0-5) | All ages |
|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **350** | **3,798** |

*Source: Indian Health Service, Phoenix Service Unit (2021). [Health services data]. Unpublished tribal data.*

*Note: Active users were allocated to Salt River Pima-Maricopa Indian Community based on their provided community of residence. Users who reported that they resided in Salt River or the town of Lehi were assigned to the Salt River Pima-Maricopa Indian Community Region by IHS for the data reported in this table.*

A key factor in accessing health care is health insurance. In the Salt River Pima-Maricopa Indian Community Region, according to American Community Survey (ACS) data averaged over the five years from 2015 to 2019, an estimated 22 percent of the population do not have health insurance coverage, the same percentage seen across Arizona reservations (Figure 48). Coverage is, however, higher for young children under six, with 16% of young children in the region uninsured, a slightly lower rate than that in all Arizona reservations combined (17%) (Figure 48). 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 48. Health insurance coverage, 2015-2019 ACS



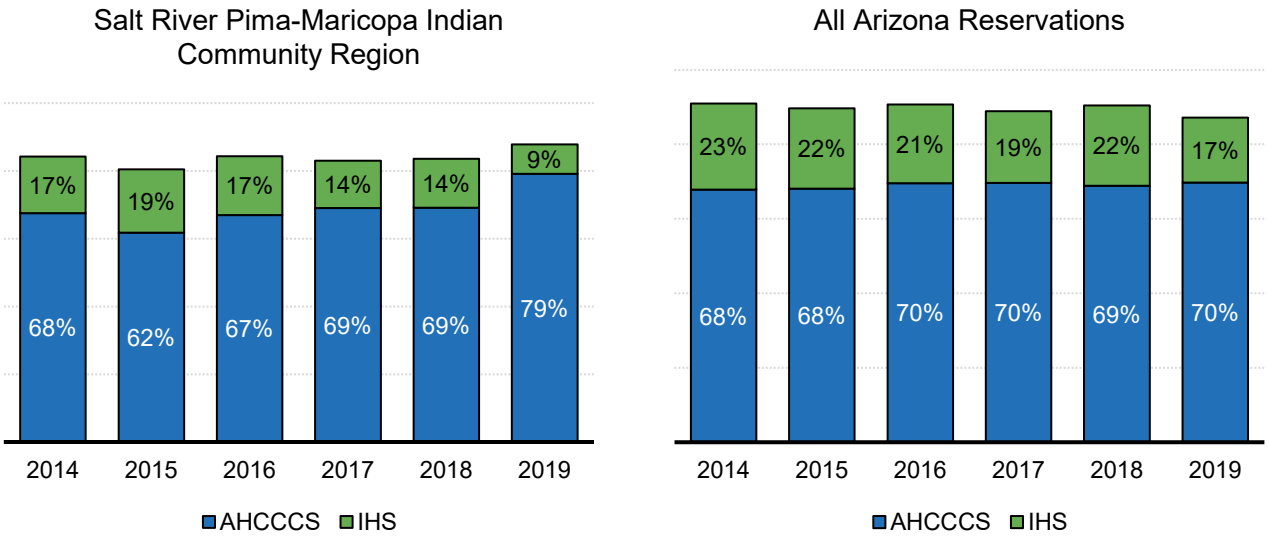

*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001*

*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.*

The proportion of births in the region that were paid for by the Arizona Health Care Cost Containment System (AHCCCS, or Arizona's Medicaid) decreased slightly between 2014 (68%) and 2015 (62%) but

has been on the rise ever since. In 2019, the most recent year for which data were available, almost four out of every five births (79%) in the region were paid for by AHCCCS, which is a higher proportion than that across all Arizona reservations combined (70%). Only 9% of births were paid for by IHS in the region in 2019, suggesting that most expectant mothers are able to access health insurance through AHCCCS or private insurance plans.

Figure 49. 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.*

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, Indian Health Service facilities, Tribes and Tribal Organizations and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 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 members.

**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.[190,191,192,193]

In 2019, there were 115 births in the Salt River Pima-Maricopa Indian Community Region (Table 29). Among these births, less than two-thirds (58.3%) were to mothers who began prenatal care in their first trimester, which is both lower than both the state overall (68.9%) and all Arizona reservations (75.3%), as well as far below the Healthy People 2020 target of 84.8% of births with prenatal care beginning in the first trimester. In 2019, more than 1 in 10 births (11%) were to mothers with no prenatal care at all, and nearly 1 in 4 births (23%) were to mothers who had fewer than five prenatal care visits. This lack of adequate prenatal care puts mothers and infants at higher risk of poor health outcomes.

Table 29. 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 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2018** | **97** | **11%** | **26%** | **56.7%** |
| | **2019** | **115** | **11%** | **23%** | **58.3%** |
| All Arizona Reservations | 2018 | 1,990 | 5% | 18% | 64.4% |
| | 2019 | 2,180 | 6% | 20% | 75.3% |
| Maricopa County | 2018 | 51,701 | 2% | 6% | 70.9% |
| | 2019 | 50,998 | 2% | 6% | 71.7% |
| Arizona | 2018 | 80,539 | 3% | 8% | 68.8% |
| | 2019 | 79,183 | 3% | 8% | 68.9% |
| Healthy People 2020 Target | | | | | 84.8% |

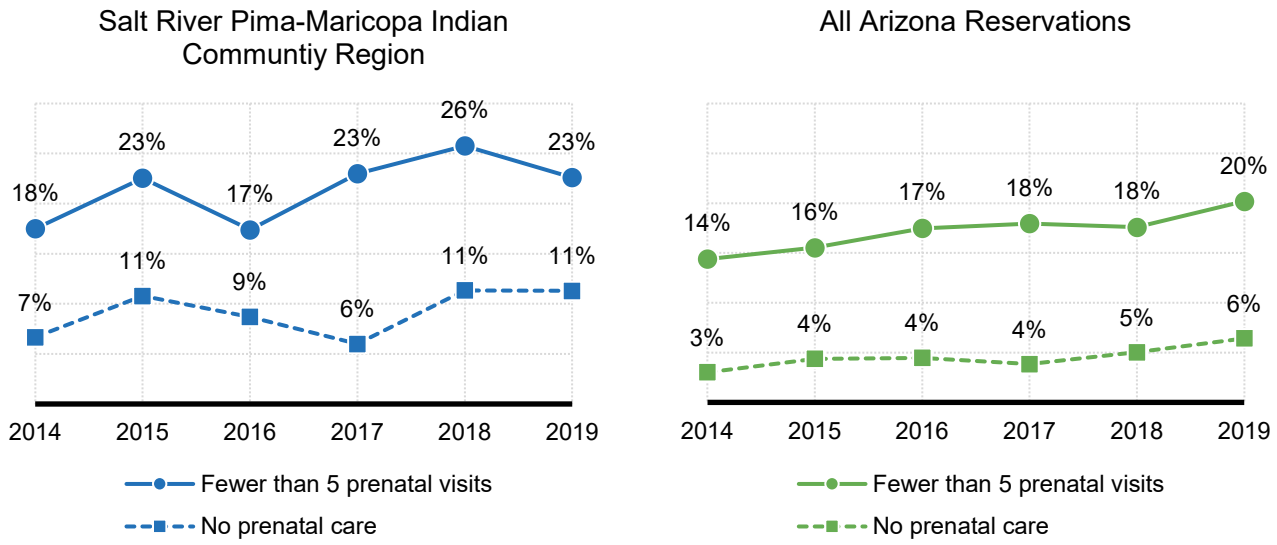
*Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from https://pub.azdhs.gov/health-stats/report/hspam/index.php*

*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.*

Examining trends over time shows that in the Salt River Pima-Maricopa Indian Community, the percentage of births to mothers with inadequate prenatal care has been rising over the past five years. Though the percent of births to mothers with fewer than five prenatal visits fell from a high of 26% in 2018 to 23% in 2019, this percentage is still five points above the 18% seen in 2014 (Figure 50). Similarly, the 11% of births to mothers with no prenatal care is nearly double the 6% seen in 2017. These rates mirror increases seen across all Arizona reservations over the past five years. Quality preconception counseling and early-onset prenatal care can help reduce some of these risks for poor prenatal and postnatal outcomes for both mothers and infants by providing information, conducting screenings, and supporting an expectant mother's health and nutrition.[194] The rising rates of inadequate

prenatal care in the region point to a need for further health education and outreach to expectant mothers.

Figure 50. Births to mothers with inadequate prenatal care, 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. Mothers of twins are counted twice in these figures.*

### 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.[195] 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.[196, 197]

In 2019, the percent of births to teenaged mothers in the Salt River Pima-Maricopa Indian Community Region was higher than the percentage seen in all Arizona reservations; 6% of births were to mothers younger than 18 compared to 4% across all reservations in Arizona, and 15% were to mothers younger than 20 compared to 10% in statewide reservation lands (Table 30). Rates of gestational diabetes and pre-pregnancy obesity were also higher in the region than in the state in 2019. Of total births in the region, 16% were to mothers with gestational diabetes (compared to 9% statewide) and nearly half (47%) were to mothers with pre-pregnancy obesity. Rates of tobacco use in pregnancy greatly exceeded

the Healthy People 2020 target of no more than 1.4% of births to mothers who reported using tobacco during pregnancy. In 2019, 6.1%, or more than 1 in 20 births, in the region were to mothers who used tobacco while pregnant (Table 30).

Table 30. Selected characteristics of mothers giving birth, 2018 to 2019

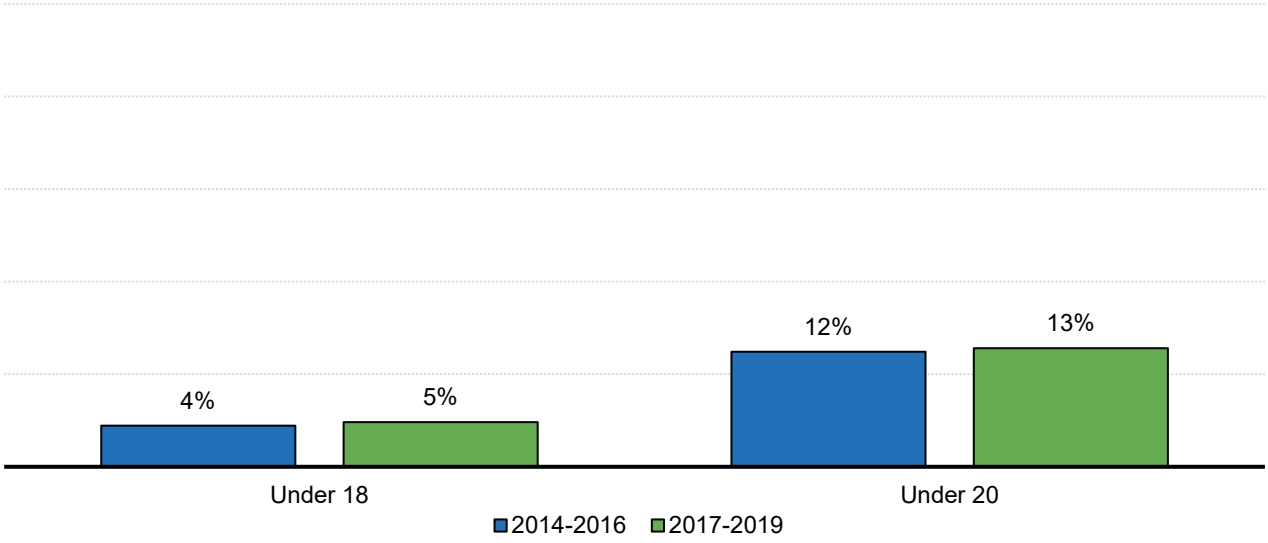
| Geography | Calendar year | Number of births | Mother was younger than 18 | Mother was younger than 20 | Mother had gestational diabetes | Mother had pre-pregnancy obesity | Mother used tobacco during pregnancy |
|---|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2018** | **97** | **5%** | **10%** | **14%** | **18%** | **1% to 5%** |
| | **2019** | **115** | **6%** | **15%** | **16%** | **47%** | **6.1%** |
| 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% |
| Maricopa County | 2018 | 51,701 | 1% | 5% | 9% | 28% | 3.5% |
| | 2019 | 50,998 | 1% | 5% | 8% | 29% | 3.2% |
| 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. 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. 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. The Vital Statistics data system only captures tobacco use from cigarette smoking, not vaping or e-cigarettes.*

Looking at multi-year combined estimates over the past six years shows that the percentage of births to young mothers, both under age 18 and under age 20 have increased slightly. Over the three-year period of 2017 to 2019, about 1 in 25 babies in the region (4%) was born to a mother younger than 18, and about 1 in 8 (12%) was born to a mother under age 20 (Figure 51). The prevalence of young parents in the Community suggests a particular need for parent education and additional support to help parents of young children complete high school and pursue higher education or further job training. The Salt River Pima-Maricopa Indian Community First Things First Regional Partnerships funds adult parenting classes as well as a teen parenting program, the Promoting Nurturing Parenting group. More discussion of parenting education programs can be found in the *Parenting Education, Family Involvement, and Early Literacy* section.

Figure 51. Births to young mothers in the Salt River Pima-Maricopa Indian Community Region, 2014-2016 to 2017-2019




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

*Note: Mothers of twins are counted twice in this figure.*

Maternal obesity is associated with increased risk of birth complications and neonatal and infant mortality. [198,199] In addition to health implications early in life, babies of mothers who have obesity are at an increased risk for chronic conditions in childhood and adulthood, including asthma, diabetes and heart disease.[200]

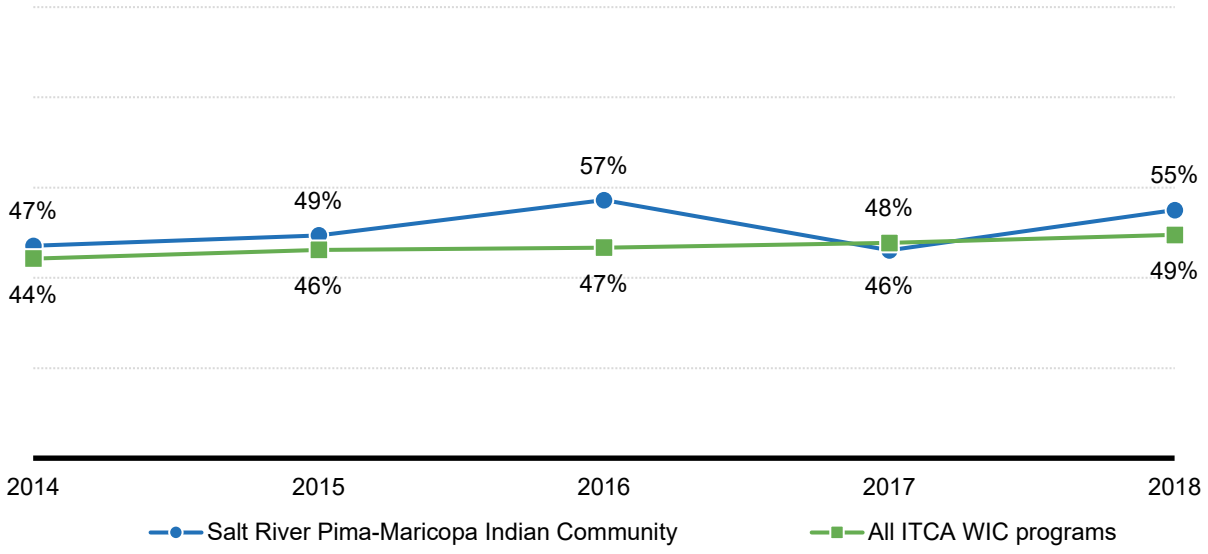
Among women who were enrolled in WIC in 2018, over half (55%) of mothers in the region had obesity before pregnancy, compared to 49% across all ITCA WIC programs (Table 31). Only 2% of mothers were underweight before pregnancy, the same percentage seen in all ITCA WIC programs. The proportion of WIC-enrolled women in the region with pre-pregnancy obesity has risen over the past five years of available data, increasing from 47% in 2014 to 55% in 2018 (Figure 52). Across all ITCA WIC programs, pre-pregnancy obesity has risen at a consistent rate of 1% per year between 2014 and 2018.

Table 31. Pre-pregnancy weight status for mothers enrolled in WIC, 2018

| Geography | Women with weight status determined | Underweight | Obese |
|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 129 | 2% | 55% |
| All ITCA WIC programs | 2,184 | 2% | 49% |

*Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.*
*Note: Weight status is determined using the body mass index (BMI).*

Figure 52. Pre-pregnancy obesity rates for mothers enrolled in WIC, 2014 to 2018

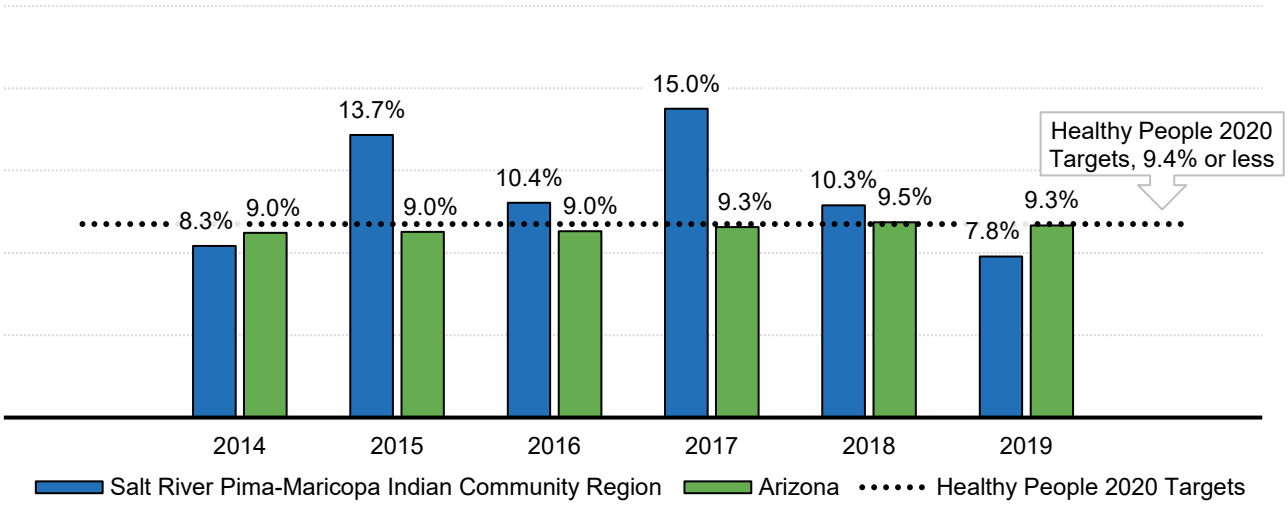



*Source: Inter-Tribal Council of Arizona (2021) [WIC Dataset]. Unpublished data received by request.*

## Birth outcomes

Preterm birth, defined as 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. [201,202] In 2019, the Salt River Pima-Maricopa Indian Community Region met the Healthy People 2020 target of no more than of 9.4% of babies born preterm for the first time in 5 years (Figure 53). Rates of preterm births in the region had risen from 8.3% in 2014 to a peak of 15.0% in 2017, mirroring a rise from 9.5% to 11.5% in all Arizona reservations over the same period. However, while rates of preterm birth have remained steady around 11% in all Arizona reservations, rates of preterm birth in the region fell to 10.3% in 2018 and 7.8% in 2019. This is a very positive trend for the health of infants in the region.

Figure 53. Preterm births (less than 37 weeks gestation), 2014 to 2019

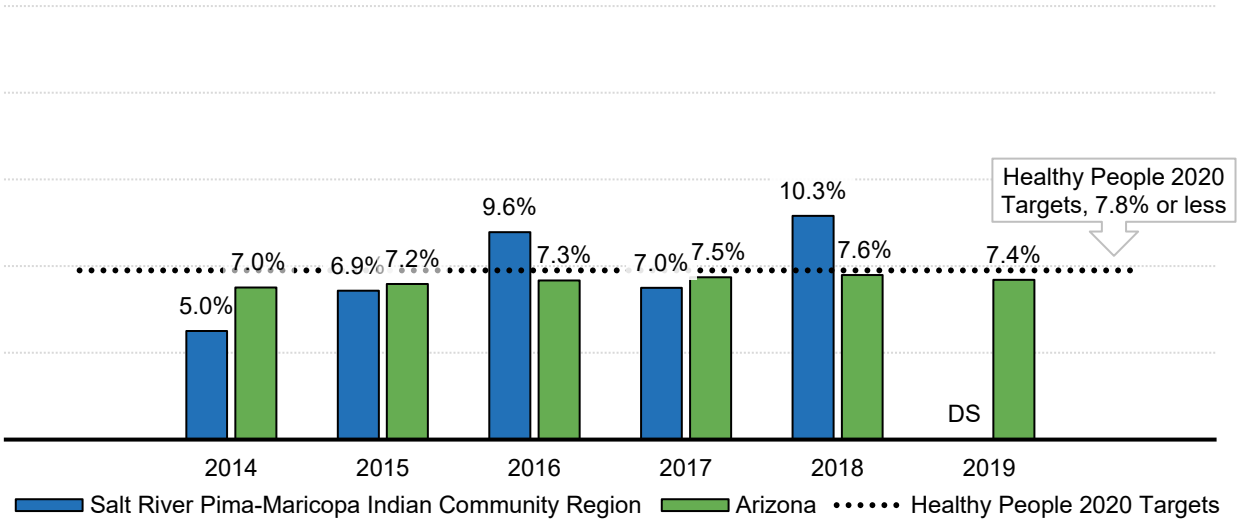



*Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from https://pub.azdhs.gov/health-stats/report/hspam/index.php*

*Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. Mothers of twins are counted twice in this figure. The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.*

Babies born at a low birthweight (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.[203,204] In the Salt River Pima-Maricopa Indian Community Region, rates of low-birthweight births have varied each year (Figure 54). The region did not meet the Healthy People 2020 target of less than 7.8% of babies born at low birthweight in 2016 (9.6%) and 2018 (10.3%), but did meet the target in 2014, 2015, and 2017. In 2019, data on the proportion of babies born with low birthweight was suppressed due to the small number of births that fell into that category. The suppression criteria indicates that fewer than 6 births were in the low-birthweight category; therefore, it is possible to estimate that no more than 7.8% of babies fall in that category, meeting the Healthy People 2020 goal.

Figure 54. Low birthweight births (less than 2,500 grams), 2014 to 2019

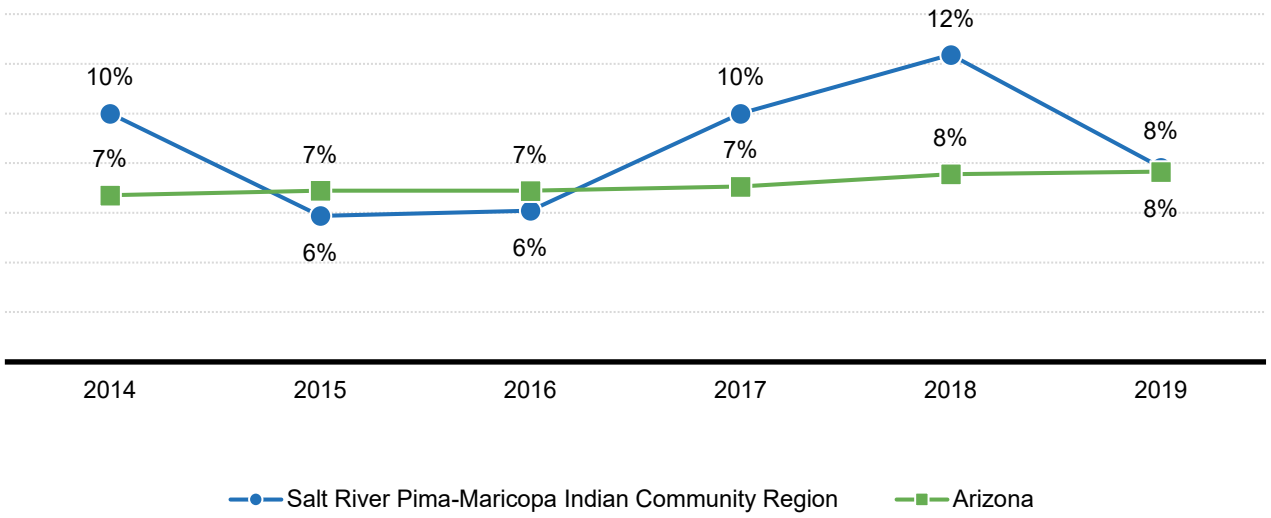



*Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2020). Health status profile of American Indians in Arizona 2018, 2019. Retrieved from https://pub.azdhs.gov/health-stats/report/hspam/index.php*

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

Newborns are admitted into neonatal intensive care units (NICUs) for numerous reasons that can vary across medical providers and have implications for the short and long-term health of babies.[205] While NICU admissions may be an indicator of serious health concerns in newborns, including low birthweight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.[206] The percent of babies admitted to the NICU from the Salt River Pima-Maricopa Indian Community Region varied substantially by year (Figure 55). NICU admission rates were highest in 2018 (12%) and lowest in 2015 and 2016 (6%). In 2019, the most recent year of data available, 8% of babies were admitted to the NICU, the same NICU admission rate seen statewide.

Figure 55. 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.*

*Note: Data on NICU admissions are not published for all Arizona reservations.*

A mother's use of substances such as drugs and alcohol also have 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.[207] This can create longer hospital stays, increase health care costs and increase complications for these infants. In the Salt River Pima-Maricopa Indian Community Region, there were 41 newborns hospitalized because of maternal drug use during pregnancy between January 2016 and June 2020 (Table 32).

Table 32. Newborns hospitalized because of maternal drug use during pregnancy, January 2016 to June 2020 cumulative

| Geography | Newborns hospitalized | Average length of stay (days) |
|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **41** | **6.3** |
| Maricopa County | 6,716 | 6.0 |
| 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, SUID, being overweight and type 2 diabetes.[208] The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for about 6 months and continuing to breastfeed as new foods are introduced for one year or longer.[209] In the Salt River Pima-Maricopa Indian Community Region, nearly two out of every three infants enrolled in WIC (61%) were ever breastfed or given human milk at birth or sometime after (Table 33). This was slightly lower than the percentage seen across all ITCA WIC programs, where 69% of infants have breastfeeding initiated. About one in three WIC-enrolled infants (30%) were breastfed for at least 6 months. This percentage is higher than the 23% of infants breastfed at least 6 months across all ITCA WIC programs, suggesting that while breastfeeding initiation rates are slightly lower in the Community among WIC participants, those infants who are breastfed may be breastfed longer.

Table 33. Breastfeeding status for WIC enrolled infants, 2020

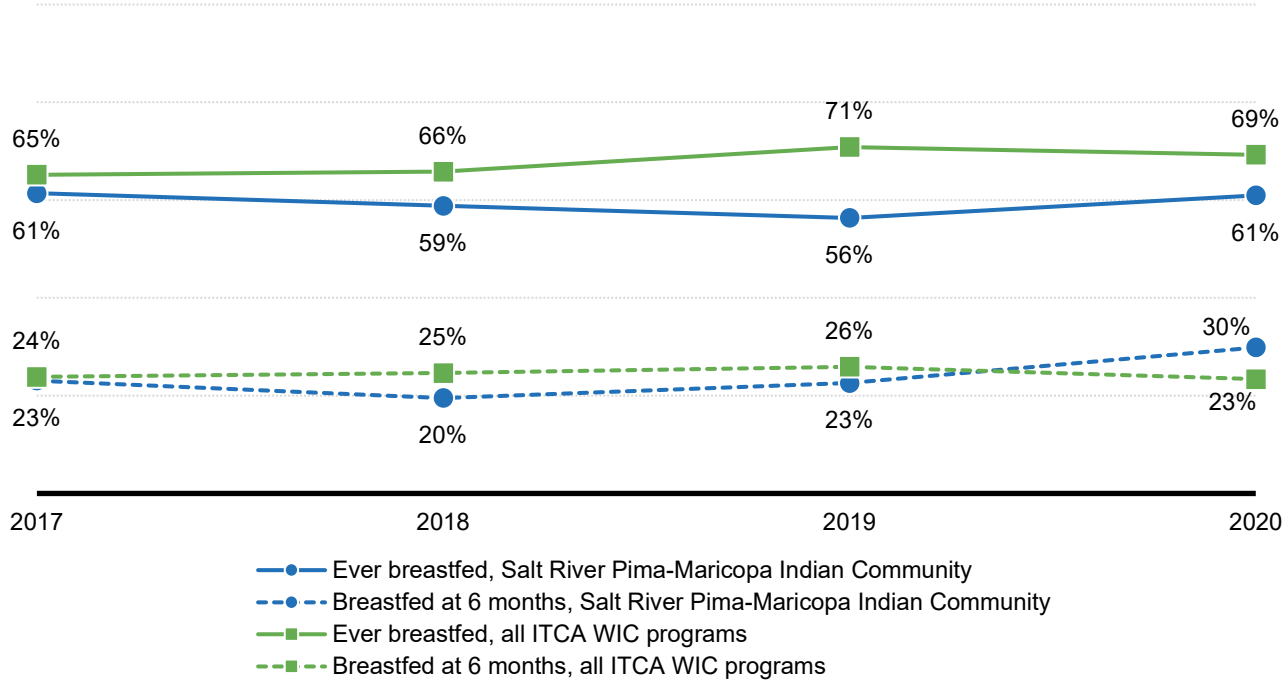
| Geography | Infants for whom breastfeeding status is determined | Number and percent of infants ever breastfed | | Breastfed infants who are breastfed for at least 6 months |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community** | **123** | **46** | **61%** | **30%** |
| All ITCA WIC 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.*

Looking at trends over time, both the percent of infants ever breastfed and the percent of infants breastfed at 6 months dipped in the region in 2018 and 2019 before increasing again in 2020. This increase in breastfeeding in 2020 is encouraging in the context of the pandemic, suggesting that even with potential disruptions to care and typical WIC visits, breastfeeding initiation and sustained breastfeeding still happened at similar or higher rates than those seen before the pandemic.

Figure 56. Breastfeeding rates for WIC-enrolled infants, 2017 to 2020




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

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.[210,211] Obesity can have negative consequences on physical, social and psychological well-being that begin in childhood and continue into and throughout adulthood.[212] 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).[213, 214]

In FY 2020, 30% of children ages 2-5 from the Salt River Pima-Maricopa Indian Community Region seen at IHS facilities in the Phoenix Service Unit had obesity, which is a higher percentage than that seen in IHS facilities nationwide (22.7% in 2020) (Table 34).[215]. IHS set a national target of a 22.6% or lower obesity rate for young children, meaning that the Salt River Pima-Maricopa Indian Community Region did not meet this target in 2020.

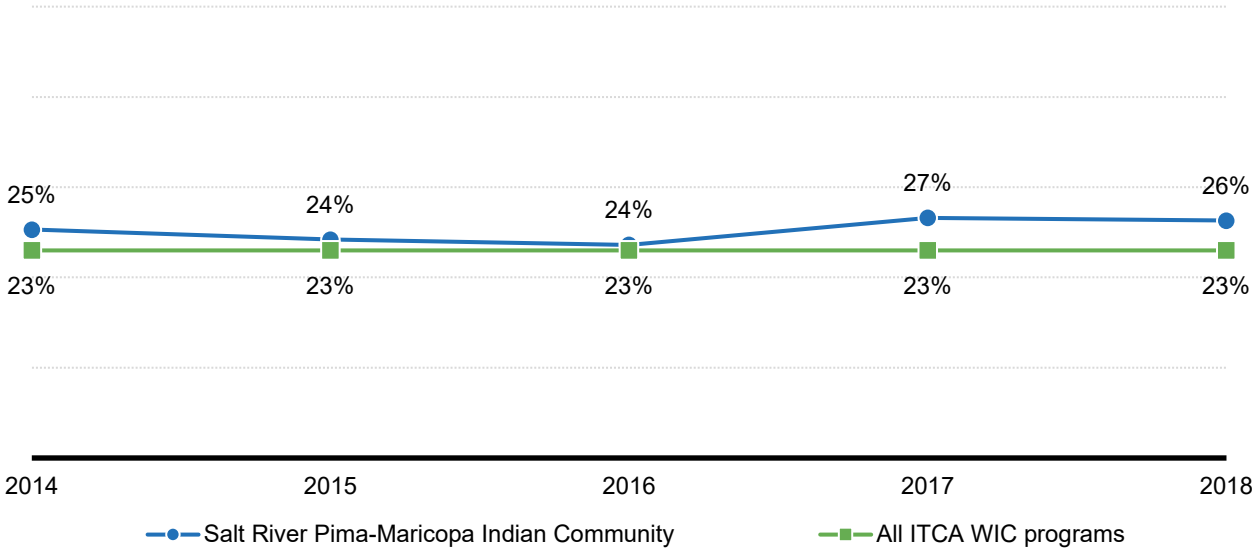
Table 34. Children (ages 2-5) with obesity seen at IHS facilities, FY2020

| | Total number of children (ages 2-5) assessed | Number of children (ages 2-5) with obesity | Percent of children (ages 2-5) with obesity |
|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 93 | 28 | 30% |

*Source: Indian Health Service, Phoenix Service Unit (2021). [Health services data]. Unpublished tribal data.*

Data from children enrolled in WIC suggests that child obesity rates have increased over the past few years. While 24% of children ages 2-5 enrolled in WIC in the Community had obesity in 2015 and 2016, this percentage rose to 27% in 2017 (Figure 57). Rates of early childhood obesity in the Salt River Pima-Maricopa Indian Community WIC program exceeded those in all ITCA WIC programs for all years where data were available. This suggests a need for strategies to support healthy nutrition and physical activity for young children in the region.

Figure 57. 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.*

Child underweight, or low weight-for-age, can be caused by chronic undernutrition or infectious disease and can lead to long-term impacts on cognitive and physical development.[216] In 2018, only 1% of children ages 2-4 in the Salt River Pima-Maricopa Indian Community WIC program were underweight compared to 2% in all ITCA WIC programs.[217]

### 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,

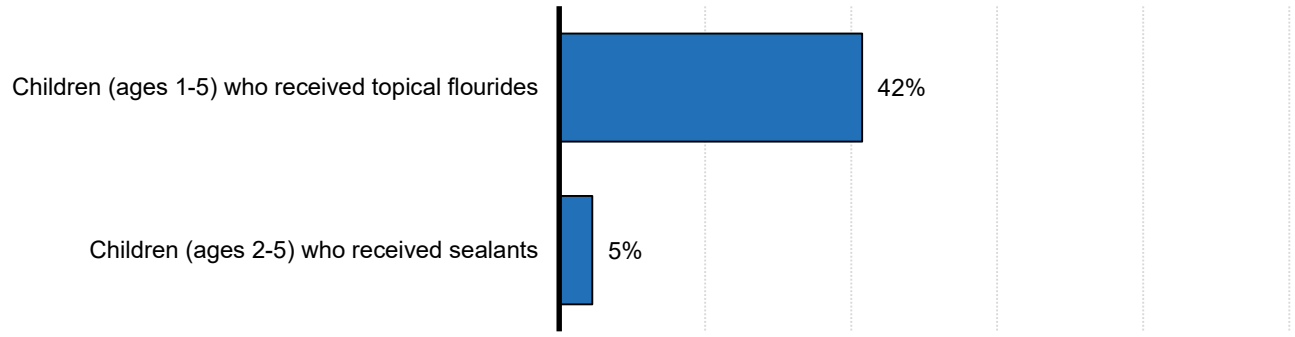
disturbed sleep, lost school days and reduced ability to learn and concentrate.[218] In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children.[219] Historically, this population has 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 children ages 1 to 5 found that rates of cavities and untreated tooth decay are declining for AI/AN children nationwide. Despite this improvement, more than half of young children ages 1 to 5 (54%) have early childhood cavities. Rates were slightly lower in the IHS Phoenix Service Area, which includes the Salt River Pima-Maricopa Indian Community, at 42.5% in 2018-19.220

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%.[221] These data suggest that there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

Families with young children in the Salt River Pima-Maricopa Indian Community Region can access oral health care at IHS facilities. In FY 2020, less than half (42%) of children ages 1 to 5 had received topical fluorides at IHS facilities (Figure 58). Far fewer children had received dental sealants, with only 5% of children ages 2 to 5 from the Salt River Pima-Maricopa Indian Community Region receiving sealants in FY 2020. Both topical fluorides and sealants can help protect against tooth decay, and findings from the IHS oral health surveillance system suggest that dental sealants are underutilized for preschool-age children.[222]

Children enrolled in the Early Childhood Education Center receive access to dental screenings and preventative care. According to data from 2018-2019 school year, 70% of infants and toddlers enrolled and 89% of preschoolers enrolled in the ECEC had completed dental exams.[223] In the 2019-2020 school year, 47% of children of all ages (infants, toddlers, and preschoolers) had completed dental exams.[224]

Figure 58. Children (ages 1-5) from the Salt River Pima-Maricopa Indian Community Region receiving oral health care from IHS facilities, FY2020




*Source: Indian Health Service, Phoenix Service Unit (2021). [Health services data]. Unpublished tribal data.*

### 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.[225] 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.[226]

Data from the IHS Phoenix Service Unit show that just over half of toddlers ages 19 to 35 months (53%) had completed their full immunization series on-time for their age group (Table 35).[xxi] The target set by IHS for toddlers with a complete vaccine series in this age range in FY 2020 was 45.9%, which meant that immunization rates in the Community exceeded this national target. Key informants emphasized that rates of full vaccination are likely higher in this age group but that some children are completing vaccinations on a delayed schedule. Data from the Early Childhood Education Center also suggests that immunization rates among preschool-age children are even higher. Among the students enrolled in Head Start or Early Head Start within the Early Childhood Education Center, 100% were up-to-date on required immunizations for their age group in the 2018-19 school year.[227]

[xxi] The complete vaccine series for this age group is 4 or more doses of Diphtheria, Tetanus and Pertussis (DTaP), 3 or more doses of Polio, 1 or more doses of measles, mumps and rubella (MMR) vaccine, 3 or more doses of Haemophilus influenzae type B (hib) vaccine, 3 or more doses of hepatitis B vaccine, 1 or more dose of Varicella vaccine and 4 or more doses of Pneumococcal conjugate vaccine (PCV).

Table 35. Children (ages 19-35 months) from the Salt River Pima-Maricopa Indian Community with complete immunizations through IHS, FY2020

| | Total number of children (ages 19-35 months) assessed | Number and percent of children (ages 19-35 months) with complete immunizations (4313*314 series) | |
|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 81 | 43 | 53% |

*Source: Indian Health Service, Phoenix Service Unit (2021). [Health services data]. Unpublished tribal data.*

Among students enrolled in kindergarten at Salt River Elementary School, nearly all (98.4%) had completed the three major vaccine series (DTAP, polio, and MMR) in the 2018-19 school year (Table 36). These rates greatly exceeded the statewide and countywide immunization rates for these vaccines and exceeded Healthy People 2020 target of 95%. Only 1.6% of kindergarteners were exempt from all required vaccines, a rate that was half the 3.2% seen statewide. Immunization data from the 2019-20 school year were not available through the ADHS data system. However, in the four prior years of data, rates of exemptions from required vaccines for kindergarteners at Salt River Elementary School were consistently lower than rates seen statewide or in Maricopa County (Table 37). The high rates of kindergarten immunizations and low rates of exemptions are an asset to public health for children in the region.

Table 36. Kindergarteners with selected required immunizations, 2018-19

| Geography | Number enrolled | DTaP | Polio | MMR | Personal belief exemption | Medical exemption | Exempt from every required vaccine |
|---|---|---|---|---|---|---|---|
| **Salt River Elementary School** | 64 | 98.4% | 98.4% | 98.4% | 1.6% | 0.0% | 1.6% |
| Maricopa County | 52,867 | 92.5% | 93.1% | 92.7% | 6.5% | 0.4% | 4.0% |
| Arizona | 79,981 | 92.7% | 93.3% | 93.0% | 5.9% | 0.3% | 3.8% |
| Healthy People 2020 Targets | | 95.0% | 95.0% | 95.0% | | | |

*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*

Table 37. Kindergarten immunization exemption rates, 2015-16 to 2019-20

| Geography | Kindergarteners with personal belief exemptions | | | | | Kindergarteners exempt from all vaccines | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2015-16 | 2016-17 | 2017-18 | 2018-19 | 2019-20 |
| **Salt River Elementary School** | 2.1% | 0.0% | 5.2% | 1.6% | N/A | 2.1% | 0.0% | 1.7% | 1.6% | N/A |
| Maricopa County | 4.9% | 5.4% | 5.9% | 6.5% | 5.9% | 1.9% | 2.6% | 3.7% | 4.0% | 3.7% |
| Arizona | 4.5% | 4.9% | 5.4% | 5.9% | 5.4% | 1.8% | 2.4% | 3.5% | 3.8% | 3.4% |

*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: Data on immunizations for the 2019-20 school year were not available for this report.*

## Illness, Injury and Mortality

Asthma is the most common chronic illness affecting children,[228] and it is more prevalent among boys, Black children, American Indian or Alaska Native children and children in low-income households.[229,230] 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.[231]

In the Salt River Pima-Maricopa Indian Community Region, between 2016 and 2020, there were 169 emergency room visits due to asthma for children up to age 14 (Table 38). A smaller set of children presented with cases severe enough to need hospitalization. In the region, 34 children ages birth to 14, of which 7 were children ages birth to 4 (both excluding newborns), were hospitalized due to asthma during the same five-year period. The average length of a child's hospital stay was 2.0 days, the same as the average statewide (2.0).

Table 38. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined

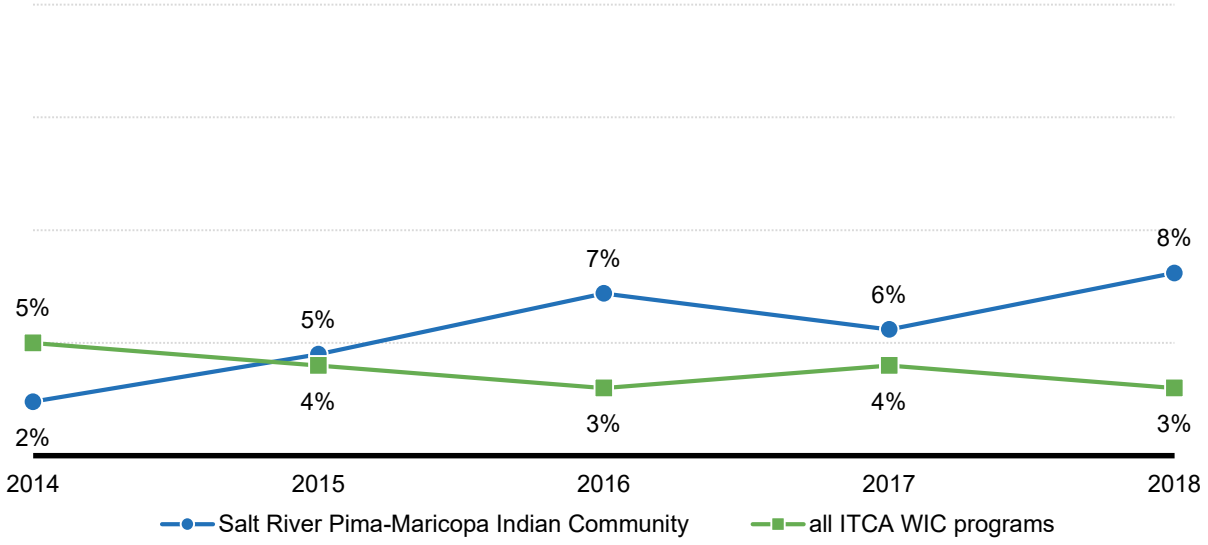
| Geography | Number of inpatient asthma hospitalizations for children ages birth to 4 (except newborns) | Number of inpatient asthma hospitalizations for children ages birth to 14 (except newborns) | Average length of stay for asthma hospitalization for children ages birth to 14 | Number of emergency department visits for asthma, children ages birth to 14 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7** | **34** | **2.0** | **169** |
| Maricopa County | 1,339 | 3,700 | 1.9 | 29,550 |
| Arizona | 2,214 | 5,672 | 2.0 | 41,103 |

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

*Note: IHS facilities are not required to report data to the ADHS Hospital Discharge data system. These numbers may not include hospitalizations and emergency room visits at Phoenix Indian Medical Center. Due to small numbers and ADHS data suppression guidelines, only combined multi-year estimates were available for this report.*

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).[232] The percent of WIC-enrolled children ages 1-4 exposed to smoking in the household has been steadily increasing in the Salt River Pima-Maricopa Indian Community Region over the most recent five years of data available (Figure 59). In 2014, only 2% of Community children who were enrolled in WIC were exposed to smoking at home, which was less than half the rate of exposure in all ITCA WIC programs (5%). However, the rate of exposure to smoking at home has quadrupled from 2014 to 2018, with 8% of Community children exposed to smoking at home in 2018. This was more than double the rate (3%) seen in all ITCA WIC programs. 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 (ages 1-4) exposed to smoking in the household, 2014 to 2018




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

Unintentional injuries are the leading cause of death for children in Arizona and nationwide.[233, 234] 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.[235] 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.[236, 237]

Between 2016 and 2020, there were 397 non-fatal emergency department visits and 10 non-fatal inpatient hospitalizations for unintentional injuries in the Salt River Pima-Maricopa Indian Community Region among children ages birth to 4 (Table 39). The most common reasons for emergency departments visits were falls, accounting for nearly half of emergency department visits (Figure 60). The

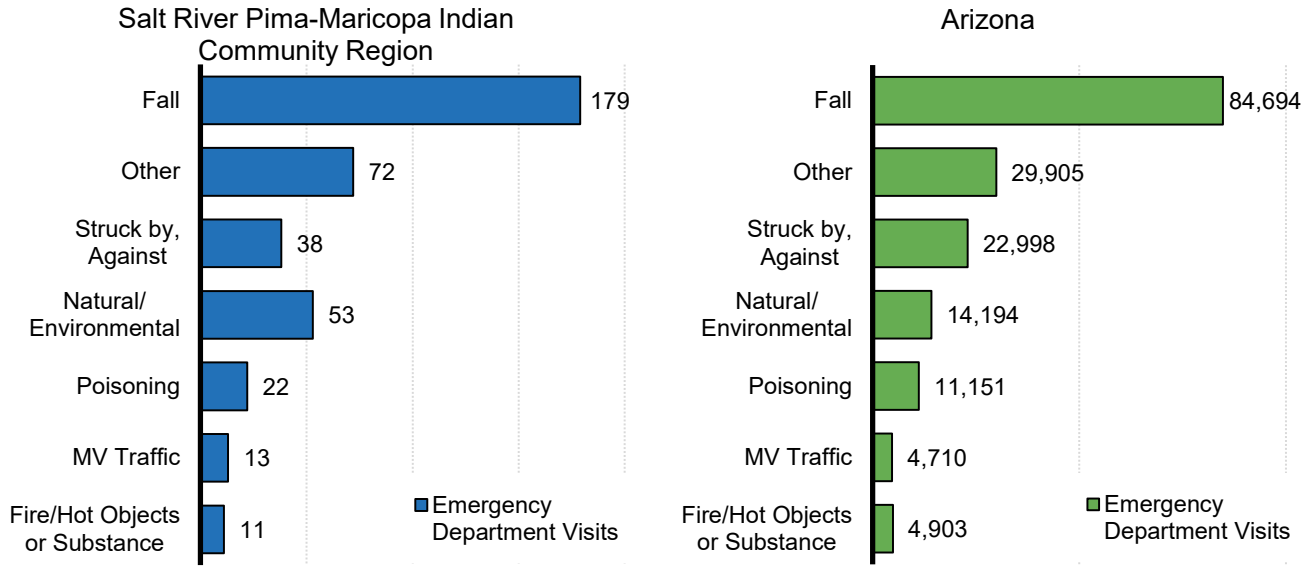
pattern of unintentional injuries in the region mostly resembles the same pattern seen statewide. However, as a percent of overall emergency department visits due to unintentional injuries, natural or environmental mechanisms were a more frequent causes of a visit in the region (13%) than in the state (8%). Natural and environmental mechanisms of injury include reactions to poisonous or venomous animals or plants, injuries caused by animals and exposure to excessive heat or cold.[238]

Table 39. 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 |
|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **10** | **397** |
| Maricopa County | 1,790 | 116,180 |
| Arizona | 2,890 | 181,035 |

*Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.*
*Note: IHS facilities are not required to report data to the ADHS Hospital Discharge data system. These numbers may not include hospitalizations and emergency room visits at Phoenix Indian Medical Center.*

Figure 60. 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.*
*Note: IHS facilities are not required to report data to the ADHS Hospital Discharge data system. These numbers may not include hospitalizations and emergency room visits at Phoenix Indian Medical Center. The 'Struck by, Against' category includes injuries due to collisions with or falls from non-motorized vehicles, such as skates, bikes, and scooters, as well as injuries from running into objects (such as walking into a pole), being hit by a falling object, or being accidentally hit by another person.*

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.[239] 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.[240,241]

In the Salt River Pima-Maricopa Indian Community 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 40). These very low death numbers mean that mortality rates for children and infants cannot be reported to protect individual privacy. Key informants noted that the Salt River Pima-Maricopa Indian Community Social Services Department has created an infant mortality review board committee to review all infant deaths in the Community and look for ways to prevent future deaths.

Table 40. 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) |
|---|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2018** | **0** | **0** | **0** | **0** | **0** | **0** |
| | **2019** | **<6** | **DS** | **<6** | **DS** | **<6** | **DS** |
| Maricopa County | 2018 | 274 | 5.3 | 344 | 122.97 | 493 | 61.6 |
| | 2019 | 250 | 4.9 | 300 | 108.34 | 466 | 58.4 |
| 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 5.0 infant deaths per 1,000 live births.*

Additional 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. [242,243,244,245,246] 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.[247] Storytelling is an important practice in many Native communities that passes on cultural values and beliefs and supports emergent literacy for young children.[248,249, 250] 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.[251, 252] 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.[xxii,253]

Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)[xxiii] have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.[254,255] Arizona is among the top ten 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.[256] Future poor health outcomes are more likely as an individual's ACE score increases.[257] 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%).[258] 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 five made up more than half (55%) of child maltreatment victims in Arizona.[259] These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.[260]

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[xxii] *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.*

[xxiii] *ACEs include 8 categories of traumatic or stressful life events experienced before the age of 18 years. The 8 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.*

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-term impacts on mental and relational health.[261] 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.[262]

## 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.[263,264] 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.[265,266] 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.[267] 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.[268] The Community's pediatric clinic, formerly at Salt River Health Center and now at the River People Health Center, participates in Reach Out & Read, a funded strategy of the Salt River Pima-Maricopa Indian Community First Things First Regional Partnership Council. Through this program, children are given a book during each well-child visit, and the pediatrician educates parents on the importance of reading together with their children.

Parent education and family involvement services are available in the Community through early learning programs and community service providers. The Early Childhood Education Center has a Family Services team, composed of a Family Services coordinator, parent educators and family advocates. The Family Services team offers parent education, including the WISH Parent Education program. WISH classes cover topics ranging from feeding to Conscious Discipline. These classes aim to teach parents new skills and to ensure consistency in approach between parents at home and teachers at school. The classes include lots of make-and-take activities and emphasize the importance of reading together as a family. The First Things First Regional Partnership Council also funds an adult parenting class and the Promoting Nurturing Parenting discussion group for teen parents . This discussion group, led by a parent educator and hosted at the Accelerated Learning Academy, aims to offer peer support and parenting education for young parents in the Community.

The Tribal Social Services Department also offers parent education. Programs offered include a 20-week parenting course aimed at building skills through both classes and in-home training. The Life Enhancement and Resource Network (LEARN) houses the Fatherhood program, which is an intensive

24-month parenting program, as well as Healthy Relationships classes. Behavioral Health Services runs a Positive Indian Parenting group to provide peer support for parents. They also offer coaching to help with behavior modification, parent education and parent skill-building. Behavior coaches use a culturally-responsive parenting program called Positive American Indian Parenting.

In 2018, the Salt River Pima-Maricopa Indian Community Recreation Department opened the Way of Life Facility (WOLF), a state-of-the-art recreation facility and community space. The WOLF houses the tribal library, an indoor pool, a skate park, an indoor track, fitness facilities, basketball courts and soccer fields, and youth services classrooms. This space is a safe and welcoming environment for families to engage in activities together throughout the year. With the reopening of the Community, the Salt River Tribal Library has returned to regularly hosting story times for young children birth to 5 and their caregivers to encourage reading together. The WOLF facility is a major asset in the Community to encourage families to spend quality time together.

**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.[269] 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 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.[270] Improving supports available through coordinated, collaborative efforts are key to early identification and intervention for both young children and their caregivers.[271,272]

Behavioral and mental health services for Community residents of all ages are available in the Salt River Pima-Maricopa Indian Community Region through Behavioral Health Services. Behavioral Health Services provides a continuum of care for young children birth to 5 and their caregivers. For young children in particular, Behavioral Health Services provides mental health assessments and counseling in the form of play therapy. They also provide counseling support and direct counseling for caregivers of young children, either in the form of family counseling with both the child and the caregiver together, or one-on-one with the caregiver. Behavioral Health Services can also refer out and pay for respite care services for young children and their families. For caregivers of young children birth to 5, Behavioral Health Services offers outpatient general mental health, domestic violence and substance use counseling, and several counselors are currently being trained to do couples counseling. Intensive outpatient care and psychiatry services are also available for caregivers. Behavioral Health Services also employs a victim advocate for survivors of domestic violence in addition to counseling. For caregivers in crisis,

Behavioral Health Services operates the 24/7 crisis line that allows anyone in the Community to access crisis intervention services and get referrals for needed help.

Key informants highlighted infant and toddler mental health training as a major strength in the Community. They noted that Behavioral Health Services staff had seen an uptick in referrals for behavioral health assessment for infants and toddlers under age 3. In response, the child services team within Behavioral Health Services brought in infant and toddler mental health training for all child services staff, as well as staff from the Salt River Pima-Maricopa Indian Community Social Services Department, Family Advocacy Center, and Early Childhood Education Center. The 40-hour training from Southwest Human Development provided a solid foundation of knowledge in infant and toddler mental health for behavioral health and family service professionals. As of August 2021, the Behavioral Health Services manager was enrolled in a two-year advanced certification program for providing mental health services to children birth to 5 and their caregivers. Key informants indicated the Community would benefit from more counselors certified in Child Play Therapy and parent child interactive therapy in the coming years. Expansion of facilities for play therapy beyond the one playroom currently available would also help meet current needs in the Community. Key informants also pointed out that the integration of routine mental and behavioral health screenings with-well child exams and screenings at the River People Health Center and the Early Childhood Education Center could also help ensure that children can easily access the support services they need.

The pandemic has exacerbated many of the pre-existing challenges around mental and behavioral health care access in the region and across the entire country. Disruptions to daily life heightened stress, anxiety and depression in both children and caregivers nationwide. [273] Additionally, the deaths caused by the COVID-19 pandemic also affect children nationwide. A recent study estimated that approximately 140,000 children in the U.S. and 4,800 in Arizona, lost a parent or caregiver (such as a grandparent) to COVID-19 between April 2020 and June 2021.[274] The same study found that American Indian or Alaska Native children were 4.5 times as likely to have lost a parent or caregiver than White children due to the high rates of death from COVID-19 in Native communities. Key informants noted that many families in the Community lost loved ones due to COVID-19. There were more than 82 deaths within the Community, and many staff and Community members have extended families in other tribal nations that were also hard hit by the pandemic. These losses mean that trauma-informed approaches on the part of Community departments and agencies will be particularly important to support families and children in the years to come.

During the pandemic and the closure of the Community from spring 2020 to early 2021, Behavioral Health Services pivoted to providing services by telephone or video. This provided both challenges and opportunities for engaging families in mental and behavioral health conversations. Key informants felt that the pandemic created an opening to talk about mental and behavioral health much more openly than before, reducing some of the stigma some Community members may have felt in the past. Behavioral Health Services started a Zoom with a Counselor program that offered a monthly supportive virtual environment for anyone in the Community—one session focused on general mental health, another on grief and loss and a third on specific topics such as managing sobriety or mental health for teachers and

child care providers. However, the shift to telehealth was very difficult for providing counseling for the birth to 5 population. Most of the focus had to shift to supporting the caregiver as children in this age group were generally too young to engage on the phone or video. In-person counseling services for young children and their caregivers restarted in April 2021 by appointment, but Behavioral Health Services continues to provide telehealth services for those who prefer that modality.

**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 (SUID) and have weaker lungs than babies born to mothers who do not smoke.[275,276] 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.[277] As noted previously (Table 32), between 2016 and 2020, there were 41 newborns in the Salt River Pima-Maricopa Indian Community Region hospitalized because of maternal drug use during pregnancy.

Parental substance use also has other impacts on family wellbeing. 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%).[278] Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.[279,280] Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short- and long-term impacts on young children.[281]

Key informants noted that substance abuse is an ongoing challenge in the Salt River Pima-Maricopa Indian Community Region. There have been concerns about fentanyl use especially in recent years. According to key informants, when parents of young children are struggling with substance abuse, they are most frequently referred out of the Community to residential treatment facilities such as Native American Connections in Phoenix. Native American Connections has facilities that can house both women and their children age birth to 4, allowing mothers and children to stay together during treatment.[282] The expansion of preventative support services under the Family First Prevention Services Act will potentially allow the Salt River Pima-Maricopa Indian Community Social Services Department to pay for children to be placed with their mothers in residential substance abuse treatment facilities, which could reduce a major barrier to substance abuse treatment for families of young children. Residential abuse treatment for adults is also available in the Community through the Journey to Recovery residential treatment facility, which provides residential substance abuse treatment for adults. Journey to Recovery is currently in the process of expanding with a new building and increased capacity. However, at this time, the facility does not accommodate young children.

The COVID-19 pandemic affected substance use nationwide. Along with an increase in stress and mental health concerns among adults in the U.S., data from the Census Bureau's Household Pulse

Survey show that more than 1 in 10 adults (12%) reported increases in alcohol consumption or substance use during the pandemic.[283] Drug overdose deaths in the early months of the pandemic, when many states instituted stay at home or lockdown orders, were notably higher than pre-pandemic levels, particularly for synthetic opioids.[284] While drug overdose deaths increased across all racial and ethnic groups during the pandemic, American Indian and Alaska Native, Black and Hispanic individuals showed greater increases compared to White individuals.[285] This rise in substance use issues coincides with a time when these populations have disproportionately dealt with negative effects of the pandemic, including stress, job loss, illness and death. From 2017 to 2020, there were at least 18 deaths in the Salt River Pima-Maricopa Indian Community Region with opioids or opiates as a contributing factor (Table 41). According to data from the Salt River Police Department, 14 Community members died due to overdoses between October 2020 and August 2021.[286] Naloxone (which goes by the brand name Narcan) is a life-saving medication that counters the effects of an opioid overdose, and any enrolled or resident Community member can obtain naloxone for free from the Salt River Pima-Maricopa Indian Community Health and Human Services Department or the pharmacy at River People Health Center.[287]

Table 41. Number of deaths with opiates or opioids contributing, 2017 through 2020

| Geography | Number of deaths with opiates or opioids contributing, 2017 through 2020 |
|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **18** |
| Maricopa County | 3,614 |
| Arizona | 5,455 |

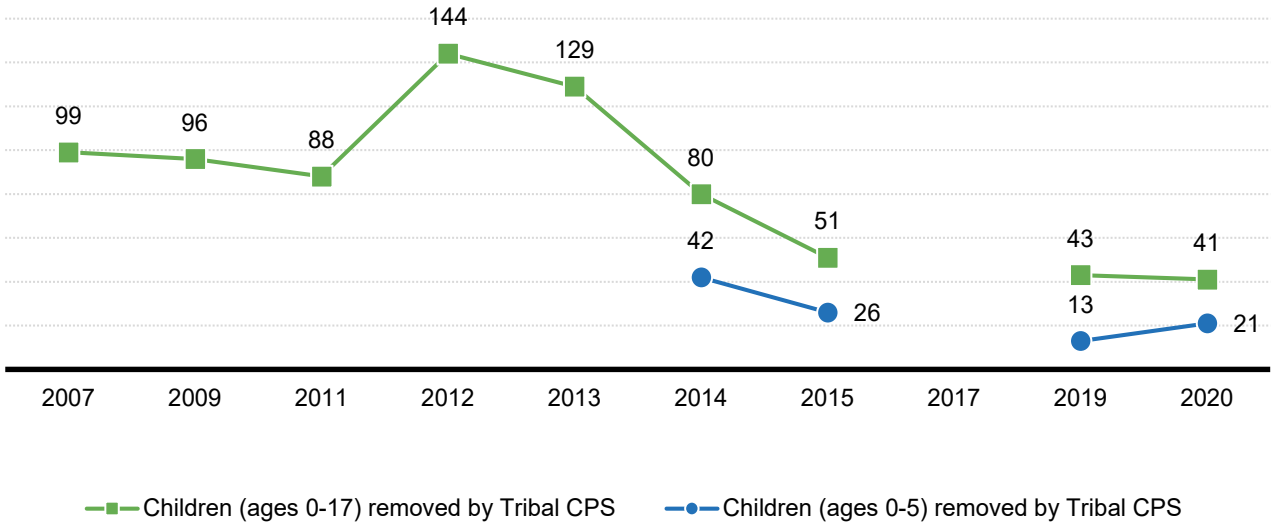
*Source: Arizona Department of Health Services (2021). [Vital Statistics dataset]. Unpublished data.*

*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. Please note that due to limitations of this dataset and ADHS data suppression guidelines, only a multi-year estimate of deaths was available.*

## Child Welfare

Child Welfare services in the Salt River Pima-Maricopa Indian Community Region are provided by Salt River Pima-Maricopa Indian Community Social Services Department, Tribal Child Protective Services (CPS) and the Family Advocacy Center. Since 2012, the number of children ages 0 to 17 removed by Tribal CPS in the Salt River Pima-Maricopa Indian Community Region has been falling (Figure 61). The number of total removals in 2020 (41) was less than a third of the removals in 2012 (144). This decline in removals is due to changes in policy at both the local and federal levels to prioritize family preservation whenever possible.

Figure 61. Children removed by Tribal CPS, 2007 to 2020




*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

Locally, Social Services and Tribal CPS have prioritized keeping children with their families whenever it is safe to do so because removals are highly traumatic for both children and their caregivers. Decisions about child removals are made using Structured Decision Making, a safety and risk assessment tool. Social Services and Tribal CPS staff are trained to be experts in connecting families to the resources they need, from referrals to economic supports like the Life Enhancement and Resource Network (LEARN) and the Salt River Food Distribution Center to enrollment in parent education programs like the Motherhood and Fatherhood programs described above. As a department, Social Services has intentionally worked to become more trauma-informed in their practices in recent years. In addition to these internal processes, the Community also has several unique programs to serve families in crisis or at-risk for a child removal, including the Circle of Support Program and the Family Advocacy Center.

Since 2014, the Circles of Support program, housed under Behavioral Health Services, has operated as a prevention team to provide intensive support to families referred to Tribal CPS. Circles of Support employs a therapist, case managers and behavior coaches to provide in-home services and external referrals to help families create healthier family environments and access resources to prevent potential child removals.

The Salt River Pima-Maricopa Indian Community Family Advocacy Center (FAC), which opened in 2009, houses FAC staff, Tribal CPS and tribal police and prosecution all in one co-located facility. This facilitates cross-agency communication and coordination and reduces the investigative time required while ensuring that child victims can be cared for in a safe and welcoming environment. The FAC has a play room for children, a forensic interview room and space for children to rest, bathe and eat while an investigation is ongoing.

Key informants emphasized that service coordination is a major strength of the child welfare system in the Salt River Pima-Maricopa Indian Community. When a case comes through Tribal CPS, Tribal CPS and Social Services staff work with multiple partners to make sure that families get a warm referral[xxiv] to other service providers and that there are clear points of contact and good communication between service providers. However, key informants would like to see siloes between departments broken down even further, perhaps through the co-location of services in one building or through a one-point access system to help further reduce barriers for families by reducing the number of places they have to go and paperwork they have to complete.

Beyond local efforts, there have been major changes in federal child welfare policy in recent years. The Family First Prevention Services Act, signed into law on February 9, 2018, has significantly reformed child welfare policies and redirected federal investments to keep children safely with their families and avoid the traumatic experience of entering foster care whenever possible.[288] 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.[289] Overall, key informants indicate that this is a very exciting opportunity for the child welfare system in the Salt River Pima-Maricopa Indian Community as it aligns with the strategies that Social Services and Tribal CPS were already pursuing and it provides new funding mechanisms to better fund preventative services.

With these new opportunities, the Social Services Department is working to publicize the ways that they can support families. Because of the Family First Act, key informants emphasized that families do not have to formally enter the child welfare system to access the supports that Social Services provides, from parent education and coaching to material supports to mental and behavioral health referrals. Informal kinship caregivers, such as grandparents, are eligible for expanded services, as are new parents of young children who might need some extra support. Due to the history of harm done through federal child welfare policies in tribal communities, key informants felt that there was a lot of stigma and fear of engaging with the child welfare system because families fear losing their children. Clearly communicating the expanded services available for all families as well as continuing to build relationships of trust between Social Services and families in the Community can help ensure that families are able to access the supports they need.

Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act

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[xxiv] *A warm referral refers to a process in which the current service provider identifies another agency or organization that could provide services that the family needs. The provider talks about this other agency or organization with the family, receives their consent to contact this agency or organization, and makes an appointment for the family with that agency or organization. Case managers from both agencies may do a joint home visit or have a joint appointment to meet with the family at the same time and make sure that information is clearly communicated between both agencies and the family involved.*

(ICWA). 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 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.[290] Like the trend seen in Tribal CPS removals, the number of children in ICWA placements has also fallen over the past 7 years, with only 77 placements in 2020 compared to 110 in 2013 (Table 42). This may reflect the ways that federal policy changes are influencing how the Arizona Department of Child Safety and other state child welfare agencies are approaching child removals.

Table 42. Trends in available child welfare indicators, 2007 to 2020

| | 2007 | 2009 | 2011 | 2012 | 2013 | 2014 | 2015 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|
| Children (ages 0-5) removed by Tribal CPS | N/A | N/A | N/A | N/A | N/A | 42 | 26 | 13 | 21 |
| Children (ages 0-17) removed by Tribal CPS | 99 | 96 | 88 | 144 | 129 | 80 | 51 | 43 | 41 |
| Children (ages 0-17) in ICWA placements | N/A | N/A | 98 | 102 | 110 | 83 | 79 | 79 | 77 |
| SRPMIC Foster Care Homes | N/A | N/A | 6 | 6 | 8 | 6 | 8 | 10 | 12 |
| SRPMIC Foster Care Beds | N/A | N/A | N/A | N/A | N/A | 14 | 18 | 22 | 23 |

*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data. First Things First (2019). Salt River Pima-Maricopa Indian Community First Things First Needs and Assets Report, 2018. Retrieved from https://www.firstthingsfirst.org/publications/?region=salt-river-pima-maricopa-indian-community First Things First (2015). Salt River Pima-Maricopa Indian Community First Things First Needs and Assets Report, 2014. Retrieved from https://www.firstthingsfirst.org/publications/?region=salt-river-pima-maricopa-indian-community*

While the overall number of children removed by Tribal CPS and the number of children in ICWA placements have been on a downward trend, the number of substantiated child abuse and/or neglect cases did increase in 2020 (Table 43). This also contributed to the increase in the number of children birth to 5 removed by Tribal CPS in 2020. Key informants noted that the early weeks and months of the pandemic, in spring 2020, were highly stressful for families. Children were suddenly home from school or child care and trying to engage in remote learning. Many parents lost their jobs and were suddenly expected to step into the role of being teacher and playmate at home. In-person services were no longer accessible, and it took time for service agencies to pivot to providing virtual services online or through contactless delivery. According to key informants, there was an increase in domestic violence incidents in the Community during the pandemic as well as an increase in overcrowded housing as many families worked to pool their resources together to make ends meet. All these factors may have contributed to the increase in incidents of child abuse and neglect in 2020.

Table 43. Substantiated cases of child abuse and/or neglect, 2019 and 2020

| | 2019 | 2020 |
|---|---|---|
| Children (ages 0-5) | 21 | 47 |
| Children (ages 0-17) | 50 | 98 |

*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

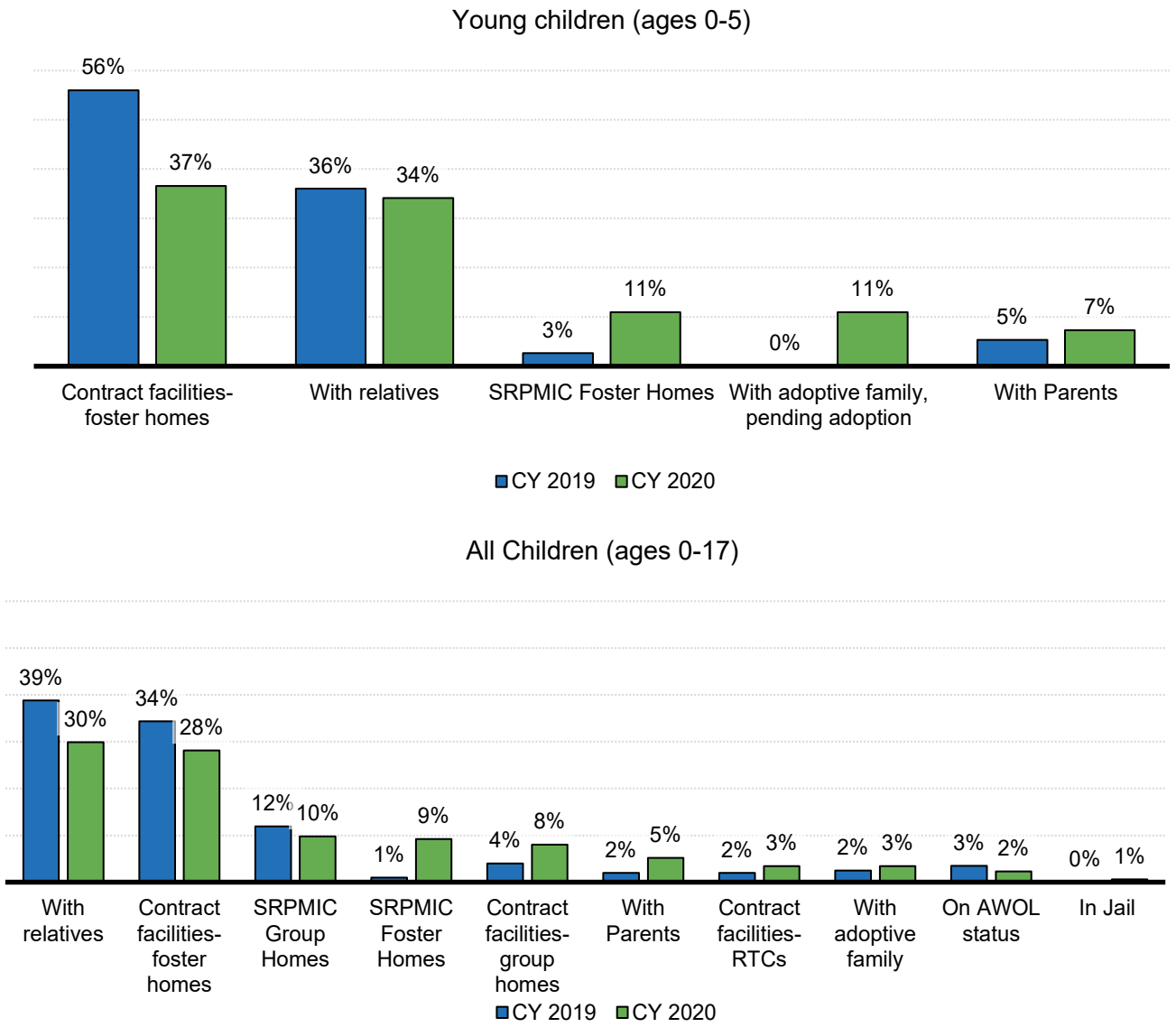
Due to the increase in the number of children birth to 5 removed by Tribal CPS in 2020, the number of children birth to 5 who were wards of the Salt River Pima-Maricopa Indian Community increased slightly from 75 in 2019 to 82 in 2020 (Table 44). However, the total number of children birth to 17 who were wards of the Salt River Pima-Maricopa Indian Community fell to 174 in 2020 from 201 in 2019. In 2020, children birth to 5 were most frequently placed in foster homes contracted with Salt River Pima-Maricopa Indian Community Social Services (37%), followed by placements with relatives (34%), placements in Salt River Pima-Maricopa Indian Community foster homes (11%), placements with adoptive families pending adoption (11%) and placement with parents (7%) (Figure 62). Between 2019 and 2020, placements in contracted foster homes decreased and placements with Salt River Pima-Maricopa Indian Community foster homes and adoptive families increased. For the overall population of children birth to 17 in the care of Salt River Pima-Maricopa Indian Community in 2020, children were most often placed with relatives (30%), followed by contracted foster homes (28%), Salt River Pima-Maricopa Indian Community group homes (10%) and Salt River Pima-Maricopa Indian Community foster homes (9%) (Figure 62).

Table 44. Placement of wards of the court, 2019 to 2020

| | All children (ages 0-5), 2019 | All children (ages 0-5), 2020 | All children (ages 0-17), 2019 | All children (ages 0-17), 2020 |
|---|---|---|---|---|
| Total Wards of the Court | 75 | 82 | 201 | 174 |
| Placed with relatives | 36% | 34% | 39% | 30% |
| In SRPMIC Group Homes | 0% | 0% | 12% | 10% |
| In SRPMIC Foster Homes | 3% | 11% | 1% | 9% |
| In contract facilities- foster homes | 56% | 37% | 34% | 28% |
| In contract facilities- group homes | 0% | 0% | 4% | 8% |
| In contract facilities- residential treatment centers | 0% | 0% | 2% | 3% |
| With adoptive family, pending adoption | 0% | 11% | 2% | 3% |
| With Parents | 5% | 7% | 2% | 5% |
| On AWOL status | 0% | 0% | 3% | 2% |
| In Jail | 0% | 0% | 0% | 1% |

*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

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




*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

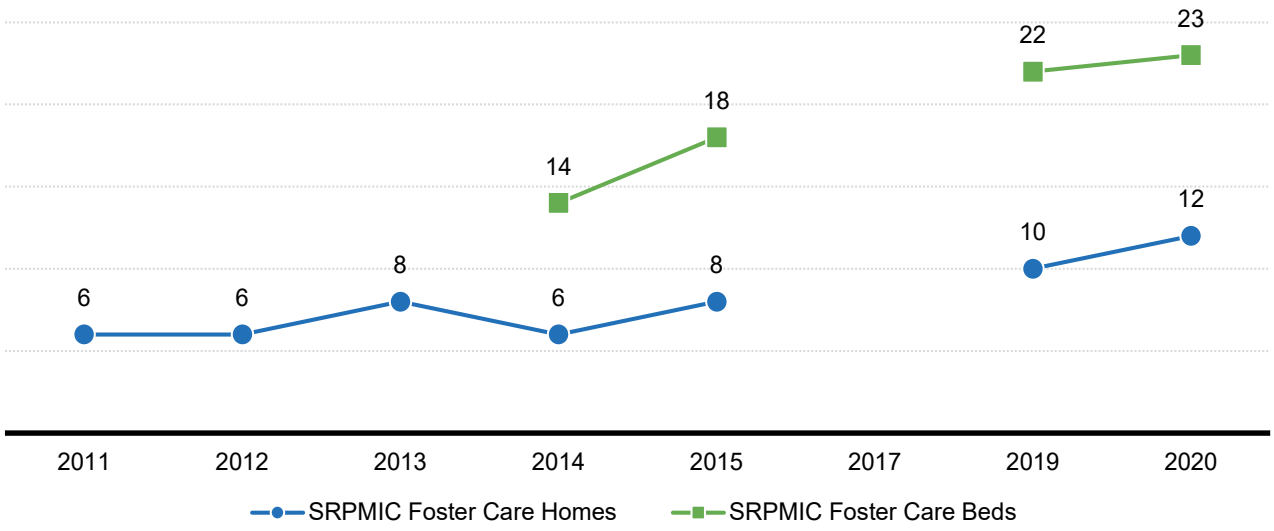
The number of Salt River Pima-Maricopa Indian Community foster care homes and beds have increased in recent years. In 2020, there were a total of 12 tribally-licensed foster care homes with 23 beds available, which is more than double the amount of tribally licensed homes in 2014 (Table 45; Figure 63). All of the tribally-licensed foster homes are currently located outside the Community's boundaries. The Social Services Department has been using a nationally-developed curriculum to train foster parents in the Community. Key informants noted that there is a need for trainings and support for informal kinship caregivers, who are not required to go through formal foster parent training, but who may benefit from the support programs that Social Services provides.

Table 45. Foster care availability, 2019 and 2020

| | On-reservation, 2019 | Off-reservation, 2019 | Total, 2019 | On-reservation, 2020 | Off-reservation, 2020 | Total, 2020 |
|---|---|---|---|---|---|---|
| SRPMIC Foster Care Homes | 0 | 10 | 10 | 0 | 12 | 12 |
| SRPMIC Foster Care Beds | 0 | 22 | 22 | 0 | 23 | 23 |

*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

Figure 63. Foster-care homes and beds in the Salt River Pima-Maricopa Indian Community, 2011 to 2020




*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

Overall, the child welfare system in the Salt River Pima-Maricopa Indian Community showcases both assets and needs in the Community. Child removals are decreasing due to intentional efforts by Social Services and Tribal CPS and effective leveraging of federal funding mechanisms to provide families the supports they need. At the same time, the COVID-19 pandemic was highly stressful for many families and may have led to increases in cases of child abuse and neglect. Due to changes in federal policies to emphasize preventative services, more supports are available to a wider range of families who may need them, including those not formally involved with Tribal CPS. However, stigma and fear may keep families from accessing these programs. Increasing public awareness and trust between families and service providers can help ensure that families are able to connect with resources to create healthy environments where children can thrive.

# 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 Salt River Pima-Maricopa Indian Community Region. The quantitative data reported here, as well as qualitative information provided by key informants, highlight some of the Salt River Pima-Maricopa Indian Community Region's many strengths. A summary of identified regional assets is included below:

***Population Characteristics***

- The robust data systems created and maintained by the Salt River Pima-Maricopa Indian Community Enrollment Office as well as the relationships of trust built between tribal agencies and Community members allows the Enrollment Office to maintain accurate, reliable and timely estimates of the number of enrolled Community members of all ages. These estimates are often more accurate than data available through federal and state agencies and can support data-driven decision-making and tribal data sovereignty.
- The Salt River Schools' Education Native Language and Culture program and the O'odham-Piipaash Language Program support the preservation and revitalization of O'odham and Piipaash languages for Community members of all ages and help to cultivate a strong sense of cultural identity for young children.
- The close-knit family networks of the Salt River Pima-Maricopa Indian Community were a source of strength and resilience during the stress of the COVID-19 pandemic.

***Economic Circumstances***

- The Life Enhancement and Resource Network (LEARN) offers wraparound services for low-income families in the region, ranging from cash assistance to intensive parenting education programs.
- The implementation of the Pandemic Electronic Benefit Transfer (P-EBT) Program, a resource for families with children enrolled in SNAP or free or reduced-price lunch in schools, in the Salt River Pima-Maricopa Indian Community Region was much more successful for young children birth to 5 than implementation statewide. Thanks to efforts of Salt River Schools staff, nearly all eligible families were able to enroll in P-EBT in 2021.
- Participation rates in the Salt River Pima-Maricopa Indian Community WIC program reached an all-time high in 2020, exceeding participation rates in Inter Tribal Council of Arizona WIC programs across the state.
- The Salt River Schools Food Services was able to quickly pivot to serving meals through the Summer Food Service Program mechanism, which allowed them to serve children of all ages more easily in the Community while receiving more reimbursement funds for meals served. Food Services served more than 100,000 meals in the 2020-21 school year.

- 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. Salt River Schools and the Salt River Pima-Maricopa Indian Community Social Services Department were also able to purchase laptops, tablets and Wi-Fi hotspots for families who needed them, expanding internet and technology access during the pandemic.

***Educational Indicators***

- Administrators, teachers and staff at Salt River Schools showed a high level of resourcefulness and creativity in the ways they sought to support students during remote learning in spring 2020 and the 2020-21 school year. Salt River Schools supplied students with technology to use at home, invested in new online platforms and bought cell phones for teachers and staff to ensure that students could stay connected with schools as much as possible despite the disruption of the pandemic.
- Graduation rates for Community students enrolled in Mesa Public Schools increased between the 2019-20 and 2020-21 school years while dropout rates for Community students remain well under 1%.
- The percent of adults in the Community with more than a high school education has increased over the past 15 years.

***Early Learning***

- Families in the Salt River Pima-Maricopa Indian Community Region have access to some sources of no-cost and low-cost care and education, including the Early Childhood Education Center (ECEC), the Child Care and Development Fund (CCDF) Certificate Program, Family and Children Education (FACE) at Salt River Elementary and the Early Enrichment Program at the Way of Life Facility. These programs have the capacity to serve about 60-75% of young children in the region.
- The ECEC's unique 'blended' model allows for provision of high-quality early education and the provision of full-day care to more children than could be served by a more siloed approach. The program is widely recognized as an excellent source of early education and a major asset in the region.
- The ECEC has also received increased funding through the CARES Act, CCDF, Head Start and other federal pandemic relief programs. These funds allowed for the purchase of tablets and Wi-Fi hotspots for families and cell phone for teachers so that young students and teachers could stay connected through remote learning.

***Child Health***

- The newly opened River People Health Center has expanded the health care services available locally within the Community. The new Center will employ more pediatricians than the previous Salt River Health Center, which will expand pediatric services available to young children.

- The Salt River Pima-Maricopa Indian Community Region met Healthy People 2020 targets for preterm and low birthweight births in 2019 and also saw a decline in the rate of NICU admissions for newborns from 2018 to 2019.
- The percent of WIC-enrolled infants breastfed at 6 months has increased over the past 3 years, a positive sign for infant health. Breastfeeding initiation rates have remained steady over the same period.
- The vast majority of children in kindergarten in the Salt River Pima-Maricopa Indian Community Region are up to date on required immunizations. Rates of exemption from required immunizations for kindergarteners have remained lower than statewide exemption rates over the past five years.

***Family Support and Literacy***

- Parent education programs, including those funded by the Regional Partnership Council, support healthy child development and early literacy skills for young children and their families in the region. These programs are designed to be culturally-responsive and respectful and to support consistent practices between local early education providers and parents at home.
- Behavioral Health Services provides a continuum of care for young children and their caregivers, including play therapy for young children. Recent training in infant and toddler mental health for Behavioral Health Services staff as well as staff in the Salt River Pima-Maricopa Indian Community Social Services Department, Family Advocacy Center, and the ECEC means that these staff are more aware of mental and behavioral health concerns for this age group and able to make appropriate referrals for care.
- The number of children removed by Tribal Child Protective Services has greatly decreased over the past decade. The Social Services Department has intentionally prioritized family preservation whenever possible, as well as supporting greater use of kinship care placements and training for more tribal foster parents. Changes in federal policy and funding under the Family First Prevention Services Act have allowed for more reimbursement for preventative services and support for families at-risk of a child removal.

Even with substantial strengths in the region, there continue to be challenges to fully serving the needs of families with young children, and the tremendous stress and disruption of the COVID-19 pandemic often exacerbated existing problems. A more extensive list of regional challenges follows, but we first summarize key needs in the region based on available data. The Salt River Pima-Maricopa Indian Community Regional Partnership Council supports multiple efforts that aim to address these major challenges, and many of these challenges are challenges seen statewide as well. These include:

- **The need to connect families to the wide array of resources available in the Community**– As noted above, the vast number of resources available to parents of young children in the region is a major asset. However, key informants indicated that connecting families to these resources can still be a challenge. Many felt that once a family connected with one resource, tribal departments and agencies excel at referring them to any other resources they need. However,

getting that initial contact could be a struggle, particularly for young parents who may not be as aware of the resources available or families who avoid asking for help because of fear or stigma, especially associated with departments like Social Services. Continuous, consistent outreach and messaging and work to build relationships of trust between families and service providers will be needed to help bridge this gap.

- **The need for more affordable housing in the Community—**Key informants across multiple programs highlighted the housing shortage in the Community and the lack of affordable housing outside the Community in the Phoenix area as a major challenge in the region. These housing shortages lead to issues such as overcrowding and homelessness and hamper efforts for family preservation and kinship care placements. The existing housing shortage only became more severe during the pandemic when more families moved in together to pool resources. More housing is needed in the Community to ensure that young children have a safe environment to grow up in.

- **The need for expanded capacity for early education and child care in the region—**The multiple early education and child care programs in the region and the high quality of early education provided through the ECEC are major strengths for the Salt River Pima-Maricopa Indian Community Region. However, these programs do not have sufficient capacity to serve all young children in the region. The ECEC continuously has a substantial waitlist. More capacity in early education and child care programs is needed to meet the consistent high demand in the region.

- **Additional outreach to identify the youngest children with special needs** – While tribal Child Find, the ECEC, and Mesa Public Schools do strong work in serving children ages 3 to 5 with special needs, very few children under age 3 receive services through AzEIP or DDD. Key informants indicate that Child Find has a difficult time reaching families with children in this age group, and even when referrals are made to AzEIP, very few children end up qualifying for services. More education and outreach on early milestones as well and efforts to reach families not already connected with programs in the Community may be needed.

Additional regional challenges highlighted in this report include:

***Population Characteristics***

- Rates of Native language use at home in the Salt River Pima-Maricopa Indian Community Region are lower than those seen in tribal community across the state. The small number of fluent speakers of the O'odham and Piipaash languages add urgency to efforts to teach these languages to future generations.

- A high percentage of young children in the region live in grandparent-led households, and there are more than 400 grandparents in the region who are responsible for raising their grandchildren ages birth to 17. Given the heightened risks that multigenerational households faced during the pandemic, along with the challenges faced by grandparents and other relative caregivers for young children, additional outreach and supports for these families may be warranted.

***Economic Characteristics***

- The number of children participating in social safety net programs, including the Life Enhancement and Resource Network (LEARN), SNAP and WIC, have declined in recent years, even while rates of child poverty remain high. This raises concerns that young children who could benefit from these programs are not accessing them.

***Educational Indicators***

- The transition to remote learning was challenging for some students due to the loss of social interaction and the difficulty that some parents and caregivers had in helping children stay connected with school. Students will need additional supports, provided in a trauma-informed way, to recover unfinished learning.
- Passing rates on AzMERIT math and reading assessments were low even before the pandemic in 2018-19, and key informants expect academic performance levels to be further set back by the disruption of the pandemic.
- The closure of Salt River High School in June 2020 was a major loss for the Community. Salt River High School had consistently high graduation rates and low dropout rates, and its closure means that students must go outside the Community for high school. The collaborative relationship between the Salt River Pima-Maricopa Indian Community Education Division and Mesa Public Schools will be important for supporting students as they transition to high school.

***Early Learning***

- The lack of progress on Teaching Strategies Gold objectives in cognitive, literacy and mathematics domains during remote learning at the ECEC points to areas where young children may need additional support to recover unfinished learning.
- While Exceptional Student Services and Child Find staff worked diligently to support children with developmental delays and other disabilities throughout remote learning, the interruption of in-person schooling was particularly difficult for these children and the caregivers. Children with special needs will need ongoing wraparound support as they return to the classroom.

***Child Health***

- The rate of births to mothers with inadequate prenatal care has been rising over the past five years, and more than 1 in 10 babies were born to mothers with no prenatal care in 2019. This concerning trend points to a need for further outreach and health education on the importance of timely prenatal care.
- Rates of birth to young parents under age 20 and under age 18 have also been rising. These young parents may need additional education and support through programs like the Promoting Nurturing Parenting group funded by the First Things First Regional Partnership Council
- The rate of tobacco use among expectant mothers in the region exceeded both the rate seen in all Arizona reservations and statewide, and this rate was more than four times the Healthy People 2020 goal of no more than 1.4%. Tobacco cessation support and more robust prenatal education may be needed.

- Early childhood obesity rates among children enrolled in WIC have been on the rise in the region in recent years, which indicates a need for strategies to support health nutrition and physical activity for young children.

***Family Support and Literacy***

- The loss of loved ones to COVID-19 as well as the stressors of the pandemic means that young children and their families may be more in need of mental and behavioral health services. The transition to telehealth during the worst of the pandemic in spring 2020 to spring 2021 made provision of mental health care to young children birth to 5 very difficult due to the limitations of telehealth for this age group.
- Cases of child abuse and neglect nearly doubled between 2019 and 2020. Key informants indicated that the stress of the pandemic on many families may have led to increased incidents of domestic violence and increased material hardship for some families.

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 Salt River Pima-Maricopa Indian Community departments, divisions and programs, the First Things First Region Partnership Council, federal and state agencies and other community stakeholders in and around the region. Families in the Community have unique assets and strengths and a desire to provide the best life possible for their children. Ongoing collaborations and responsive approaches to Community needs will create opportunities for young children and their parents and caregivers to thrive in the Salt River Pima-Maricopa Indian Community Region.

# APPENDIX 1: ADDITIONAL DATA TABLES

The tables found in this appendix contain data that are presented in figures in the narrative of this report. These tables are included to provide additional information and detail on selected indicators. Any tables contain data that do not appear in the report narrative include a note discussing why they were excluded from the narrative.

## Population Characteristics

Table 46. Race and ethnicity of the population of all ages, 2015-2019 ACS

| Geography | Estimated population (all ages) | 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 |
|---|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7,727** | **15%** | **18%** | **0%** | **72%** | **1%** | **4%** |
| All Arizona Reservations | 185,988 | 6% | 4% | 0% | 90% | 1% | 2% |
| Maricopa County | 4,328,810 | 31% | 55% | 6% | 2% | 4% | 4% |
| Arizona | 7,050,299 | 31% | 55% | 5% | 5% | 4% | 4% |
| United States | 324,697,795 | 18% | 61% | 13% | 1% | 6% | 3% |

*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) persons 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) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding. The data in this table are not discussed in the report narrative as Census 2020 data on race and ethnicity for the total population have been presented instead.*

Table 47. 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 | |
|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **624** | **22** | **4%** |
| All Arizona Reservations | 16,370 | 277 | 2% |
| Maricopa County | 319,099 | 92,881 | 29% |
| 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. The data in this table do not appear in the report narrative due to the very small percentage of children living with foreign-born parents.*

## Table 48. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

| Geography | Estimated population (age 5 and older) | Speak only English at home | Speak Spanish at home | Speak languages other than English or Spanish at home |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7,057** | **89%** | **3%** | **8%** |
| All Arizona Reservations | 170,803 | 46% | 3% | 51% |
| Maricopa County | 4,050,301 | 73% | 20% | 7% |
| Arizona | 6,616,331 | 73% | 20% | 7% |
| United States | 304,930,125 | 78% | 13% | 8% |

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

*Note: The three percentages in each row may not sum to 100% because of rounding. The American Community Survey (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%).*

## Table 49. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

| Geography | Estimated population (age 5 and older) | Speak only English at home | Speak another language at home, and speak English very well | Speak another language at home, and do not speak English very well |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7,057** | **89%** | **10%** | **1%** |
| All Arizona Reservations | 170,803 | 46% | 41% | 13% |
| Maricopa County | 4,050,301 | 73% | 18% | 9% |
| Arizona | 6,616,331 | 73% | 19% | 9% |
| United States | 304,930,125 | 78% | 13% | 8% |

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

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

## Table 50. Limited-English-speaking households, 2015-2019 ACS

| Geography | Estimated number of households | Number and percent of limited-English-speaking households | |
|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2,386** | **27** | **1%** |
| All Arizona Reservations | 50,231 | 6,698 | 13% |
| Maricopa County | 1,552,096 | 59,762 | 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.*

## Table 51. 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 |
|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region Schools** | **DS** | **DS** | **DS** |
| Maricopa County Schools | 25,580 | 24,074 | 25,465 |
| 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 did 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. The data in this table do not appear in the report narrative due to suppression of all regional data under ADE data suppression guidelines.*

## Table 52. Living arrangements for children ages birth to 5, 2015-2019 ACS

| Geography | Estimated number of children (birth to 5 years old) living in households | Living with two married parents | Living with one parent | Living not with parents but with other relatives | Living with non-relatives |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **754** | **21%** | **62%** | **17%** | **0%** |
| All Arizona Reservations | 18,182 | 28% | 62% | 8% | 2% |
| Maricopa County | 332,430 | 61% | 35% | 2% | 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. Please note that due to the way the ACS asks about family relationships, children living with two cohabitating but unmarried parents are not counted as living with two parents (these children are counted in the 'one parent' category).*

## Table 53. 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 | |
|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **754** | **405** | **54%** |
| All Arizona Reservations | 18,182 | 8,177 | 45% |
| Maricopa County | 332,430 | 37,924 | 11% |
| 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.*

# Economic Circumstances

Table 54. 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 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | $40,900 | $51,400 | N/A | N/A |
| Maricopa County | $76,800 | $94,800 | $46,200 | $32,500 |
| 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. Due to sample size limitations, median income estimates for single-male- and single-female-headed households were not available.*

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 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7,722** | **33%** | **754** | **57%** |
| All Arizona Reservations | 183,717 | 39% | 17,906 | 51% |
| Maricopa County | 4,272,832 | 14% | 326,967 | 22% |
| 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 55. 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 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **754** | **38%** | **19%** | **18%** | **25%** |
| All Arizona Reservations | 17,906 | 31% | 20% | 24% | 25% |
| Maricopa County | 326,967 | 9% | 12% | 21% | 57% |
| 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 56. 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 | |
| **Salt River Pima-Maricopa Indian Community Region** | **380** | **82** | **60** | **51** | **42 to 46** | **33 to 39** | **9% to 10%** |
| Maricopa County | 238,955 | 8,049 | 6,873 | 5,745 | 5,063 | 5,300 | 2% |
| 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 57. 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 | |
| **Salt River Pima-Maricopa Indian Community Region** | **626** | **133** | **92** | **86** | **88** | **47 to 53** | **8%** |
| Maricopa County | 339,217 | 11,139 | 9,696 | 8,017 | 7,103 | 7,452 | **2%** |
| 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 58. 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 | |
| **Salt River Pima-Maricopa Indian Community Region** | **380** | **281** | **291** | **293** | **252** | **193** | **51%** |
| Maricopa County | 238,955 | 100,027 | 93,992 | 86,352 | 78,980 | 74,572 | 31% |
| 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 59. 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 | |
| **Salt River Pima-Maricopa Indian Community Region** | **626** | **491** | **485** | **481** | **406** | **305** | **49%** |
| Maricopa County | 339,217 | 151,031 | 142,724 | 131,473 | 120,427 | 113,174 | 33% |
| 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 60. 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 |
| **Salt River Pima-Maricopa Indian Community Region** | **1,378** | **1,378** | **1,379** | **221** | **211** | **204** |
| Maricopa County | 381,935 | 381,895 | 381,989 | 24,249 | 22,042 | 19,962 |
| 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 61. Children (ages 0-4) enrolled in the Salt River Pima-Maricopa Indian Community 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 |
|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 772 | 706 | 655 | 580 |
| 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 62. Yearly participation rates in the Salt River Pima-Maricopa Indian Community WIC Program, 2017 to 2020

| | Participation rate, 2017 | Participation rate, 2018 | Participation rate, 2019 | Participation rate, 2020 |
|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 84% | 93% | 89% | 95% |
| All ITCA WIC programs | 90% | 94% | 91% | 92% |

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

## Table 63. Meals served through the National School Lunch Program, 2017-18 to 2019-20

| | 2017-18 | 2018-19 | 2019-20 |
|---|---|---|---|
| Salt River Schools (total) | 162,385 | 171,707 | 110,040 |
| Salt River Elementary School | 114,848 | 120,546 | 77,283 |
| Salt River High School | 44,543 | 44,154 | 26,913 |
| Accelerated Learning Academy | 2,994 | 7,007 | 5,844 |
| Maricopa County schools | 101,388,112 | 102,498,463 | 76,114,847 |
| Arizona schools | 158,853,206 | 159,748,325 | 118,871,645 |

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

## Table 64. Meals served through the Summer Food Service Program by site, 2018 and 2019

| | 2018 | 2019 |
|---|---|---|
| Total | 17,680 | 12,338 |
| Boys & Girls Clubs | 6,388 | 1,356 |
| Early Care and Education Center | 6,394 | 4,027 |
| Salt River Elementary | 2,998 | 2,075 |
| Salt River High School | 1,900 | 4,599 |
| Accelerated Learning Academy | 0 | 281 |

*Source: Salt River Schools (2021). [School Meal Service data]. Unpublished tribal data received by request.*

Table 65. Monthly unemployment insurance claims, Nov 2019 to Nov 2020

| Month | Salt River Pima-Maricopa Indian Community 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 | [1-9] | [1-9] | DS | 7,906 | 2,312 | 29% |
| Jan 2020 | [1-9] | [1-9] | DS | 9,892 | 2,712 | 27% |
| Feb 2020 | [1-9] | [1-9] | DS | 7,185 | 1,919 | 27% |
| Mar 2020 | 35 | 16 | 46% | 110,129 | 66,655 | 61% |
| Apr 2020 | 70 | 28 | 40% | 186,217 | 93,529 | 50% |
| May 2020 | 41 | 16 | 39% | 98,786 | 33,481 | 34% |
| Jun 2020 | 128 | 21 | 16% | 94,720 | 30,465 | 32% |
| July 2020 | 116 | 19 | 16% | 78,744 | 26,081 | 33% |
| Aug 2020 | **58** | [1-9] | DS | 46,360 | 16,028 | 35% |
| Sept 2020 | **51** | [1-9] | DS | 39,660 | 9,464 | 24% |
| Oct 2020 | **31** | [1-9] | DS | 30,032 | 7,807 | 26% |
| Nov 2020 | **13** | [1-9] | DS | 15,835 | 1,812 | 11% |

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

## Table 66. 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 married parents, both in the labor force | Living with two married parents, one in the labor force and one not | Living with two married parents, neither in the labor force | Living with one parent, in the labor force | Living with one parent, not in the labor force |
|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **624** | **9%** | **16%** | **0%** | **56%** | **20%** |
| All Arizona Reservations | 16,370 | 12% | 15% | 4% | 39% | 30% |
| Maricopa County | 319,099 | 34% | 28% | 1% | 29% | 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 67. 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 |
|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2,386** | **24%** | **1,910** | **24%** | **476** | **28%** |
| All Arizona Reservations | 50,231 | 14% | 34,358 | 12% | 15,873 | 18% |
| Maricopa County | 1,552,096 | 31% | 965,292 | 22% | 586,804 | 45% |
| 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 68. Students experiencing homelessness (McKinney-Vento definition) of all grades enrolled in public and charter schools, 2017-18 to 2019-20

| Geography | Students experiencing homelessness | | | Percent of students who were experiencing homelessness | | |
|---|---|---|---|---|---|---|
| | 2017-18 | 2018-19 | 2019-20 | 2017-18 | 2018-19 | 2019-20 |
| Salt River Schools | DS | DS | DS | DS | DS | DS |
| Mesa Unified District (All Students) | 174 | 164 | 156 | 1% | 1% | 1% |
| Maricopa County | 9,225 | 7,439 | 6,870 | 1% | 1% | 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 CRED 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 The data in this table do not appear in the report narrative due to suppression of all regional data under ADE data suppression guidelines.*

## Table 69. 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 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2,386** | **55%** | **10%** | **22%** | **12%** |
| All Arizona Reservations | 50,231 | 31% | 5% | 22% | 42% |
| Maricopa County | 1,552,096 | 77% | 6% | 11% | 7% |
| 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 70. 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 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7,722** | **76%** | **13%** | **11%** |
| All Arizona Reservations | 184,145 | 42% | 23% | 35% |
| Maricopa County | 4,274,725 | 88% | 7% | 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 71. 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 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **1,972** | **83%** | **10%** | **7%** |
| All Arizona Reservations | 55,802 | 46% | 24% | 29% |
| Maricopa County | 1,044,531 | 89% | 8% | 4% |
| 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 72. Average number of students in Salt River schools, 2017-18 to 2020-21

| | School year 2017-18 | School year 2018-19 | School year 2019-20 | School year 2020-21 |
|---|---|---|---|---|
| Total | 922 | 885 | 820 | 465 |
| Early Childhood Education Center | 266 | 266 | 267 | 185 |
| Salt River Elementary School | 363 | 335 | 299 | 237 |
| Salt River High School | 227 | 223 | 199 | N/A |
| Accelerated Learning Academy | 66 | 62 | 55 | 44 |

*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*

*Note: The average number of students was calculated by dividing the sum of student membership days divided by the total number of instructional days in the school year*

Table 73. Average daily attendance in Salt River schools, 2017-18 to 2020-21

| | School year 2017-18 | School year 2018-19 | School year 2019-20 | School year 2020-21 |
|---|---|---|---|---|
| Total | 804 | 766 | 734 | 449 |
| Early Childhood Education Center | 206 | 208 | 218 | 176 |
| Salt River Elementary School | 342 | 315 | 285 | 237 |
| Salt River High School | 200 | 196 | 186 | N/A |
| Accelerated Learning Academy | 56 | 47 | 45 | 36 |

*Source: Salt River Schools (2021). [Attendance data]. Unpublished tribal data received by request.*

*Note: Average daily attendance is calculated by dividing the total number of attendance days by the total number of membership days for all students.*

## Table 74. Trends in graduation rates, 2017 to 2019

| | Four-year graduation rates | | | Five-year graduation rates | | |
|---|---|---|---|---|---|---|
| | 2017 | 2018 | 2019 | 2017 | 2018 | 2019 |
| Salt River schools | 43% | 36% | 40% | 60% | 47% | 56% |
| Salt River High School | 78% | 72% | 92% | 88% | 83% | 92% |
| Accelerated Learning Academy | 15% | 19% | 10% | 44% | 31% | 36% |
| Mesa Unified District (American Indian students) | 64% | 71% | 67% | 69% | 79% | 76% |
| Maricopa County schools | 78% | 78% | 79% | 82% | 82% | 82% |
| Arizona schools (American Indian students) | 67% | 67% | 69% | 72% | 73% | 75% |
| 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 75. Trends in dropout rates, 2017 to 2019

| | 2017 dropout rate | 2018 dropout rate | 2019 dropout rate |
|---|---|---|---|
| Salt River schools | 9% | 13% | 10% |
| Salt River High School | 2% | 3% | 1% |
| Accelerated Learning Academy | 35% | 44% | 42% |
| Mesa Unified District (all students) | 2% | 3% | 2% |
| Maricopa County schools | 5% | 4% | 3% |
| Arizona schools (American Indian students) | 9% | 7% | 5% |
| Arizona schools | 5% | 4% | 3% |

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

Table 76. 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 |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2018** | **97** | **35% to 39%** | **38%** | **23% to 27%** |
| | **2019** | **115** | **42% to 45%** | **22%** | **33% to 37%** |
| Maricopa County | 2018 | 51,701 | 16% | 25% | 58% |
| | 2019 | 50,998 | 15% | 25% | 59% |
| 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.*

*Note: Mothers of twins are counted twice in this table. The data in this table do not appear in the report narrative due to the uncertainty of the estimates due to ADHS data suppression guidelines.*

# Early Learning

Table 77. School enrollment for children ages 3 to 4, 2015-2019 ACS

| Geography | Estimated number of children (3 or 4 years old) | Number and percent enrolled in school | |
|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **398** | **179** | **45%** |
| All Arizona Reservations | 6,575 | 2,836 | 43% |
| Maricopa County | 118,385 | 45,248 | 38% |
| Arizona | 183,386 | 71,233 | 39% |
| United States | 8,151,928 | 3,938,693 | 48% |

*Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B14003*

*Note: In this table, "school" may include nursery school, preschool, or kindergarten. The data in this table do not appear in the report narrative because directly comparing enrollment in the Early Childhood Education Center, Early Enrichment Program, Salt River Elementary School FACE program and CCDF Certificate Program to population estimates from the Tribal Enrollment Office and the 2010 Census provides a more accurate picture of early education participation in the region. These data are drawn from the American Community Survey, which is a sample-based survey with large margins of error for small populations (such as only children ages 3-4).*

# Child Health

Table 78. 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) |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **7,722** | **22%** | **754** | **16%** |
| All Arizona Reservations | 185,032 | 22% | 18,201 | 17% |
| Maricopa County | 4,297,311 | 11% | 332,464 | 7% |
| 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 79. Pre-pregnancy obesity rate for WIC-enrolled women, 2016 to 2020

| Geography | Pre-pregnancy obesity rate, 2014 | Pre-pregnancy obesity rate, 2015 | Pre-pregnancy obesity rate, 2016 | Pre-pregnancy obesity rate, 2017 | Pre-pregnancy obesity rate, 2018 |
|---|---|---|---|---|---|
| Salt River Pima-Maricopa Indian Community | 47% | 49% | 57% | 46% | 55% |
| All ITCA WIC programs | 44% | 46% | 47% | 48% | 49% |

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

## Table 80. Selected birth outcomes, 2018 to 2019

| Geography | Calendar year | Number of births | Baby weighed less than 2500 grams | Baby was preterm (less than 37 weeks) | Baby was admitted to a NICU |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **2018** | **97** | **10.3%** | **10.3%** | **12%** |
| | **2019** | **115** | **1% to 4%** | **7.8%** | **8%** |
| All Arizona Reservations | 2018 | 1,990 | 7.5% | 11.1% | N/A |
| | 2019 | 2,180 | 8.3% | 11.5% | N/A |
| Maricopa County | 2018 | 51,701 | 7.5% | 9.5% | 7% |
| | 2019 | 50,998 | 7.2% | 9.2% | 7% |
| Arizona | 2018 | 80,539 | 7.6% | 9.5% | 8% |
| | 2019 | 79,183 | 7.4% | 9.3% | 8% |
| Healthy People 2020 Targets | | | 7.8% | 9.4% | |

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

## Table 81. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020

| Geography | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community** | **63%** | **54%** | **66%** | **69%** |
| All ITCA WIC programs | 65% | 66% | 71% | 69% |

*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.*

## Table 82. Rates of breastfeeding at 6 months for WIC-enrolled infants, 2016 to 2020

| Geography | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community** | **23%** | **20%** | **23%** | **30%** |
| All ITCA WIC programs | 24% | 25% | 26% | 23% |

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

Table 83. Obesity rates for WIC-enrolled children (ages 2-4), 2014 to 2018

| Geography | Child Obesity (2014) | Child Obesity (2015) | Child Obesity (2016) | Child Obesity (2017) | Child Obesity (2018) |
|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community** | **25%** | **24%** | **24%** | **27%** | **26%** |
| All ITCA WIC programs | 23% | 23% | 23% | 23% | 23% |

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

## Family Support

Table 84. Children removed by Tribal Child Protective Services, 2019 and 2020

| | 2019 | 2020 |
|---|---|---|
| Children (ages 0-5) | 13 | 21 |
| Children (ages 0-17) | 43 | 41 |

*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

Table 85. Children in ICWA placements, 2019 and 2020

| | 2019 | 2020 |
|---|---|---|
| Children (ages 0-5) | 45 | 43 |
| Children (ages 0-17) | 79 | 77 |

*Source: Salt River Pima-Maricopa Indian Community Social Services Department (2021). [Child welfare dataset]. Unpublished tribal data.*

# 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 requested from various Salt River Pima-Maricopa Indian Community departments and agencies with approval from the Salt River Pima-Maricopa Indian Community Tribal Council by Resolution Number SR-3858-2021, 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. Census[291] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. Both the 2010 and 2020 Census data for the Salt River Pima-Maricopa Indian Community Region presented in this report are drawn from the Census Geography for the Salt River Reservation. The Census Bureau is expected to publish new population estimates and detailed tables from the 2020 Census for tribal geographies later in 2022.

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).[292]

The American Community Survey (ACS)[293] 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 Salt River Pima-Maricopa Indian Community Region were also drawn from the Census Geography for the Salt River 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 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 in the region based on the school's physical location within the region as well as local knowledge as to whether any schools located outside the region served a substantial number of children living within the region. This list was used to assign schools and districts to the region as well to aggregate school-level data to the 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 3 years, some indicators could not be presented as a time series.

### *Indian Health Service Data*

The Indian Health Service (IHS) provided data to be included in this report through a special request submitted by First Things First. These data cover fiscal year (FY) 2019 (October 2018 to September 2019) and represent patients who were 'active users' during FY 2019, meaning that they accessed IHS services within the 3 prior years. Active users were assigned to First Things First regions based on their place of residence. Users who reported that they resided in Salt River or Lehi were assigned to the Salt River Pima-Maricopa Indian Community Region by IHS for the data included in this report. It is important to note that the methodology that IHS used to compile data for this report differs from that used for the 2018 Salt River Pima-Maricopa Indian Community Regional Needs and Assets Report. In 2014, the data provided by IHS were based on the patient's tribal affiliation and location where services were received, not their place of residence. Because the IHS data included in the 2022 and 2018 reports represent different populations, they should not be compared or used to determine trends overtime.

### *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 6. 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 6; the Arizona Department of Economic Security (DES) does not report counts between 1 and 9; and the Arizona Department of Education (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."

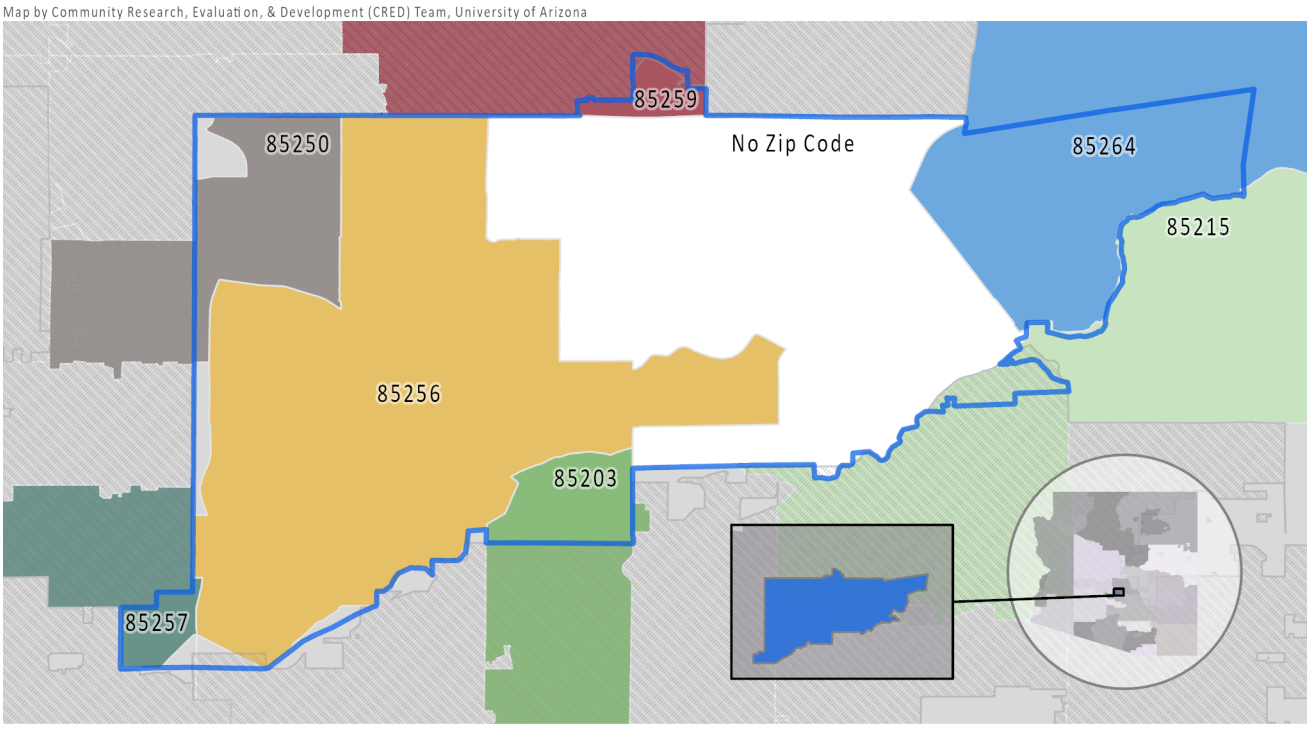
For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. 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 1 and 9, so the possible range of values is the sum of the 2 known numbers plus 1 on the lower bound to the sum of the 2 known numbers plus 9 on the upper bound. Ranges that include numbers below the suppression threshold of less than 6 or 10 may still be included if the upper limit of the range is above 6 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 Tribal Council prior to publication.

# APPENDIX 3: ZIP CODES OF THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY REGION

Figure 65. Zip Code Tabulation Areas (ZCTAs) in the Salt River Pima-Maricopa Indian Community Region




*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 86. Zip Code Tabulation Areas (ZCTAs) in the Salt River Pima-Maricopa Indian Community Region

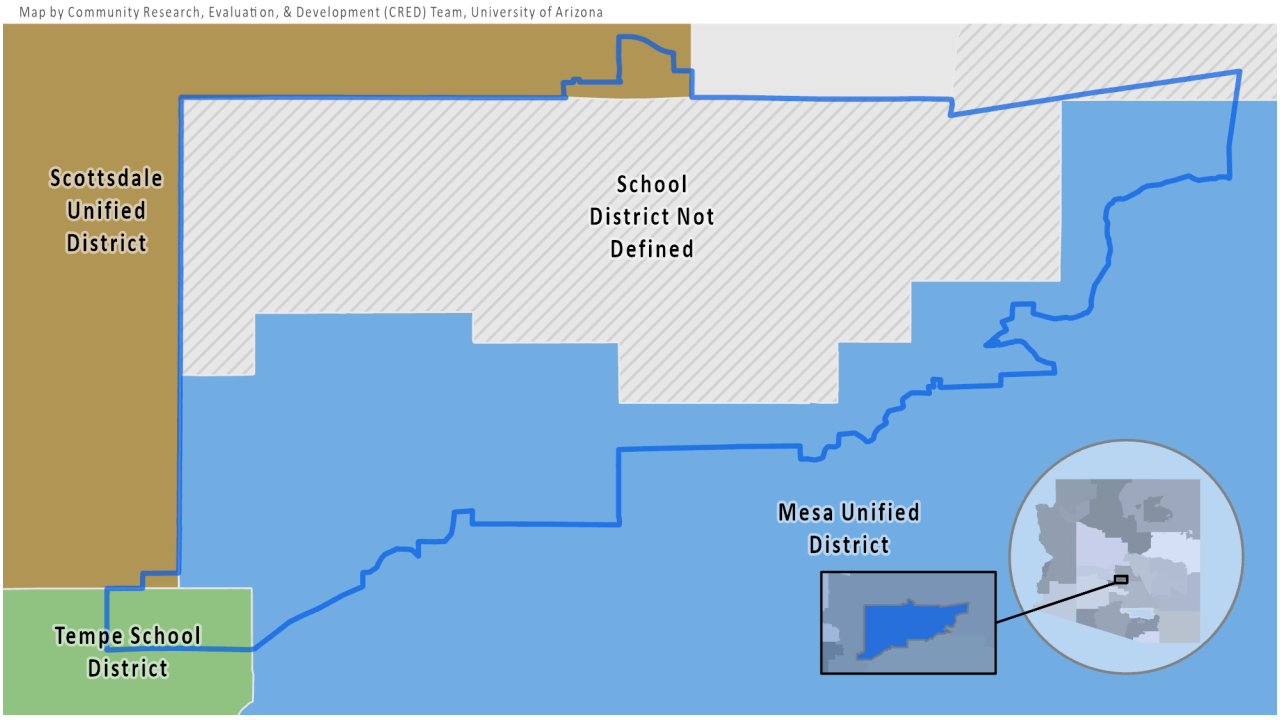
| Zip Code Tabulation Area (ZCTA) | Population (all ages) | Population (ages 0-5) | Total number of households | Households with young children (ages 0-5) | Percent of this ZCTA's total population living in the region | This ZCTA is shared with |
|---|---|---|---|---|---|---|
| **Salt River Pima-Maricopa Indian Community Region** | **6,289** | **626** | **2,198** | **380** | | |
| 85203 | 544 | 51 | 148 | 31 | 2% | Southeast Maricopa |
| 58215 | 3 | 0 | 1 | 0 | 0% | East Maricopa & Southeast Maricopa |
| 85256 | 4,974 | 575 | 1,539 | 349 | 100% | |
| 85257 | 762 | 0 | 507 | 0 | 3% | East Maricopa |
| 85264 | 6 | 0 | 3 | 0 | 0% | East Maricopa |

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

*Note: Zip Code Tabulation Areas 85250 & 85259 (shared with East Maricopa) have no population residing within the Salt River Pima-Maricopa Indian Community Region.*

# APPENDIX 4: SCHOOL DISTRICTS OF THE SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY REGION

Figure 66. School Districts in the Salt River Pima-Maricopa Indian Community Region




*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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