

Pascua Yaqui Tribe



2021

Community Health Needs Assessment

Pascua Yaqui Tribe Health Services Division



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- Pascua Yaqui Tribal Council
- Pascua Yaqui Tribal Government
- Pascua Yaqui Language and Culture Division
- El Rio Community Health Centers
- First Things First
- Indian Health Services
- Community Family Provider Networking Board
- Arizona Department of Health Services (ADHS)
- Pima County Health Department
- Gathering Hiaki Voices survey respondents
- Key informant interview and focus group participants



Photo: Child and Family Team, PYT Website

Executive Summary

A Community Health Needs Assessment (or CHNA) is an examination of the health status of a community by gathering information from a variety of sources including members of the community, community partners, public health experts and more. The results are intended to provide input into the community health improvement plan (CHIP). The CHIP will be a strategic map for addressing priority areas.

Information in this report was drawn from three source as described in the table below:

Demographic and Epidemiological Data	PYT Community Survey	Focus Groups and Interviews
Quantitative data from secondary sources such as mortality reports from the Arizona Department of Health Services or clinical data from the Pascua El Rio Clinic.	The Gathering Hiaki Voices Survey was fielded in 2020 and had responses from 307 individuals.	Qualitative key informant interviews and focus groups among various groups, including groups with health disparities.

These data were gathered during the COVID-19 pandemic making the logistics more challenging than they may have been prior to the crisis. This may also have affected some responses from participants.

Pulling together information from all of the sources listed above, the following are the priority areas and priority groups identified by the PYTHSD, community members, partners and others involved in the process:

Priority Areas	Priority Groups
<ul style="list-style-type: none"> ● Diabetes/Obesity ● Mental Health ● Substance use disorder ● Safe environment ● Access to health care ● Sexually transmitted infections ● Yaqui culture in all settings 	<ul style="list-style-type: none"> ● Those living with issues listed to the left, e.g., individuals with diabetes ● Children and elders ● People with disabilities ● Caregivers ● LGBTQ ● Those living in poverty ● Teen mothers and their infants

These priorities will be used to start the next phase of community health planning – the building of the community health improvement plan (CHIP).



Introduction

This report is a comprehensive examination of the health status of our community. It is a part of a larger process of creating a community health improvement plan. It was initiated based on the following directive:

“The Pascua Yaqui Tribe’s Health Services Division has been designated by Tribal Ordinance (2PYTC* 2-5-20) to perform the following functions, services and activities:

- A. Develop and deliver quality health services to the Pascua Yaqui Tribe in the most efficient manner possible.
- B. To develop and operate health services available to the Tribe based on the status as a Federally Recognized Indian Tribe, pursuant to federal Indian Health Care Improvement Act, the Indian Self-Determination Act and other federal acts, and health related services made available to States, Local Governments and Indian Tribal governments through grants, contracts, and agreements, and other health services authorized by the Tribal Council.
- C. To monitor the health status of the Pascua Yaqui Tribe and to recommend and develop programs and services to improve the health status of its members and other patients deemed eligible by the reserve powers of the Tribal Council.
- D. To promote health lifestyles and behaviors through programs and education.
- E. To monitor federal and state health policy and to ensure that the Tribe can respond on an appropriate government-to-government basis to policies impacting Tribes.
- F. To Advise Tribal public policy aimed at improving member and community health and well-being.
- G. To serve as a Public Health Authority with the responsibility to develop, recommend, implement, and enforce Public Health Tribal Codes and laws approved by the reserve powers of the Tribal Council.”

As a result, this Pascua Yaqui Tribe Community Health Needs Assessment (CHNA) represents the Health Services Divisions efforts in meeting the aforementioned mandates. The process in developing the CHNA included meeting with representatives from tribal government departments, holding community meetings to solicit feedback from Community members, and mining health/ demographic data from various sources. This report includes findings primarily for the 6,870 Pascua Yaqui tribal members who live in Pima County.

The next major step in this process is to develop, for Tribal Council’s approval, a Community Health Improvement Plan (CHIP) based on the needs the CHNA has identified. The Health Services Division looks forward to working with the community to complete this plan over the next year.

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (or CHNA) is “a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.”¹

These health status indicators can be any factor that has an influence on the health of the community and can help identify key issues and problems.

Examples might be visits to clinics and hospitals in the area, number and type of substance abuse counseling sessions, birth rates, number and type of health facilities, and air pollution, just to name a few. The CHNA should include:



- Quantitative data – information from a large, usually representative group of individuals in the community. These data answer the “How many?” questions, such as “How many people in our community have diabetes?”
- Qualitative data – from smaller groups or even individuals. These data answer the “How” or “Why” questions such as “How has diabetes changed your life?”
- Primary data – information collected directly by the PYTHSD, such as a survey.
- Secondary data – information collected by someone outside of the Tribe, such as the Arizona Department of Health Services (ADHS).
- Demographics – general characteristics of the community such as age, sex, race/ethnicity, employment.
- Health disparities and causes of health disparities – the groups that are particularly in need and what causes that need.
- Assets and resources – the facilities and organizations that help to address issues in the community.²

This is done by gathering data and input from many sources including the U.S. Census and the Arizona Department of Health Services, members of the community, community partners in the broader community systems (e.g., law enforcement, educational institutions, etc.) and others. A summary of the types and sources of data used for this CHNA will be discussed later in this chapter. A

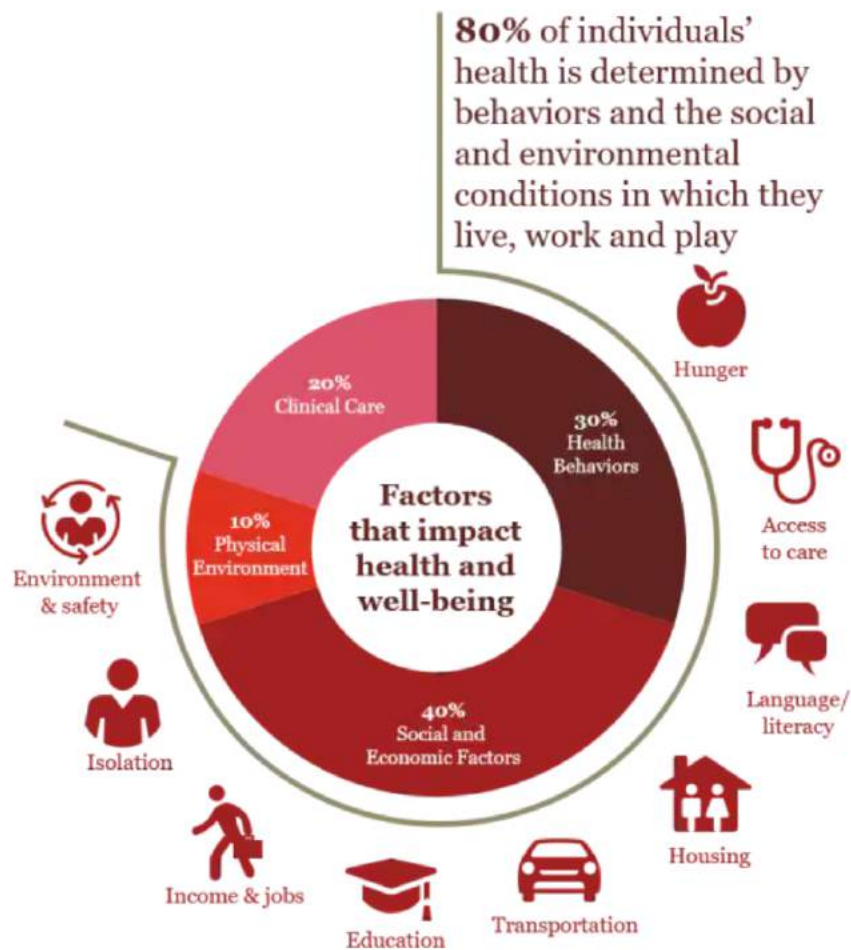
¹ Turnock B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009, as adapted in [Public Health Accreditation Board Acronyms and Glossary of Terms Version 1.0 Cdc-pdf\[PDF – 536KB\]External](#), July 2011

² Public Health Accreditation Board, *Standards and Measures Version 1.5*. https://phaboard.org/wp-content/uploads/PHABSM_WEB_LR1-1.pdf

key component of a CHNA is to engage the community in the process and keep community members involved along the way.

Social Determinants of Health

This report includes topics such as economic conditions, the physical environment, and other issues that aren't traditionally considered "health-related." This is because research has shown that social, economic, and environmental factors, contribute greatly to health. In fact, they contribute 80% of what determines an individual's health status. The activities we traditionally think of as "health-related," such as clinical care, receiving treatments, etc. contribute only 20%, as shown in the graphic below.³



³ Study: Hood, C. et al, "County Health Rankings: Relationships Between Determinant Factors and Health Outcomes", Am J Prev Med, 2016 Feb; 50(2):129-35. Graphic: pwc, *The Case for Intervening Upstream*, January 2018. <https://www.pwc.com/us/en/health-industries/health-services/assets/the-case-for-intervening-upstream.pdf>

“Health starts in our homes, schools, workplaces, neighborhoods, and communities,” states the Department of Health and Human Services Healthy People 2020 program when describing the social determinants of health. It goes on to say that most people are aware of the behaviors that make us healthy –not smoking, eating well, seeing a doctor when ill, etc. – but they often don’t consider factors such as opportunities for education, economic success, clean water and air, availability of healthy foods, safety and crime, and numerous other factors that affect health. Examples of social determinants of health are the following:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation access and cost
- Social support, such as family, church, and community
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Culture, language, and literacy
- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities⁴

These are all factors that determine the health of a community and the individuals in that community. This report will touch on many of these topics and paint a picture of the social determinants of health in the Pascua Yaqui Tribe. The report will also present more traditional “health-related” topics (or “health outcomes”) such as births, deaths, disease rates, as well as health disparities between different groups within the community.

The Planning/Action Cycle

The Community Health Needs Assessment (CHNA) is part of a larger public health planning cycle, as shown below. Currently, the Pascua Yaqui Tribe is at the “Assess and get community input” stage. From this assessment will come priority issues that are important in the community and thus the “Identify issues” stage. Now that the Community Health Needs Assessment is completed, the next

⁴ HealthyPeople.gov, Healthy People 2020, accessed March 2021. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

step in the community health planning process will be to create a community health improvement plan (CHIP) to guide public health and healthcare activities for the next five to ten years.



Sources for This Report

As mentioned earlier, a CHNA requires gathering different kinds of data from different sources. This proved challenging in 2020 and 2021 because many of the same agencies responsible for issuing mortality, maternal and child health and other health data are also responsible for issuing COVID-19 data. Therefore, sometimes the “best available” data were used and the PYTHSD will continue to pursue more updated and complete data in order to update this report in the coming months and years. Considering the challenges posed by the pandemic, the Tribe was still able to gather a considerable amount of information.

Figure 1 Elements of CHNA Data Collection

	Types of Data			
	Qualitative	Quantitative	Primary	Secondary
Survey among 307 members of Yaqui community		x	x	
Focus groups (3-6 participants each) on key topics among: <ul style="list-style-type: none"> • Those with mental health needs/substance use disorder • Parents • Caregivers for disabled or person with health problem • Community members interested in built environment • Young parents 	x		x	
Key informant interviews among individuals in disadvantaged groups or groups with health disparities: <ul style="list-style-type: none"> • Youth • Elder • Lesbian/Gay/Bisexual/Transgender/Questioning (LGBTQ) • Those with mental health issues • Substance use disorder 	x		x	
Key informant interviews among community leadership and service providers	x		x	
Analysis of demographic data		x		x
Analysis of health and social determinants data		x		x

A short description of the methods used for collecting and analyzing data follows.

Key Informant Interviews/Focus Groups

A total of four focus groups and five key informant interviews were held to obtain feedback and input from diverse members of the community, including those in marginalized groups, such as those with mental health issues and those in the LGBTQ community. The facilitator of each interview or focus group asked the following questions:

- Tell me about yourself and your specific situation.
- What issues are facing the community?
- What are the causes of these issues?
- What can be done to address the issues and problems?
- How would you rate the overall health of the community? Why did you give that rating?
- What are the characteristics of a health community?

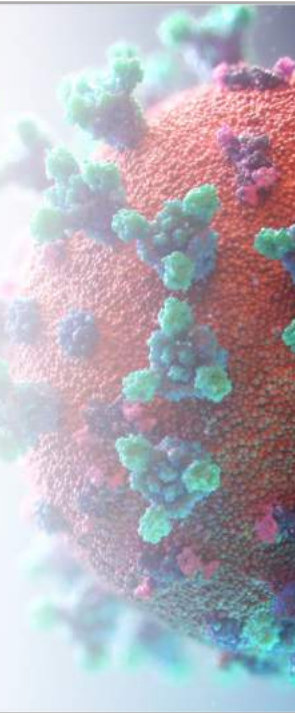
- Has the quality of life increased or decreased over the last 10 years?
- Do you feel safe in the community?
- What sub-population(s) of the Tribe are you most concerned about?

When appropriate, the facilitator asked questions relevant to the particular group, such as “What is involved in caring for and raising your kids/grandkids?” and followed-up on answers in order to get clarity, “What do you mean when you say ‘safety?’”

Many themes emerged from these discussions, some of which were chosen as high priority areas by survey respondents in the PYT Community Survey. For example, diabetes and the related areas of nutrition, and exercise were all mentioned in the interviews and groups and they were considered priorities among survey respondents.

A note on the COVID-19 Pandemic and this report

The Gathering Hiaki Voices community survey, focus groups, and key interviews were conducted during the COVID-19 pandemic. Therefore, the insights offered by respondents may be influenced by the pandemic and the effects of the pandemic (e.g., closures, restrictions, etc.)



Gathering Hiaki Voices Survey (PYT Community Survey)

Between March 30 and November 12, 2020, the PYTHSD conducted a survey of community members with the “Gathering Hiaki Voices” survey.

- 307 individuals completed the survey.
- The survey was available in English and Spanish, although all surveys were completed in English. (None of the respondents chose to complete the Spanish survey.)
- Survey was available from 3/30/20 to 11/12/20 (all during the COVID-19 pandemic).
- Respondents living in Maricopa County were not included. A separate CHNA and survey is being planned for the tribal members who live in Maricopa County.
- The survey was available online (through computer, phone, or tablet) and on paper.
- 64% were completed online, 36% on paper.
- Paper copies were given to clinic visitors and others without access to a device or the Internet.

The title “PYT Community Survey” will be used in this report to describe this survey. A copy of the survey instrument may be found in Appendix A.

Epidemiologic and Demographic Data Analysis

The PYTHSD collected data from numerous sources online and directly. The most frequently used sources were the Arizona Department of Health Services (ADHS) for data on mortality, infectious diseases, number of licensed facilities, etc.; Pima County Health Department for area specific information on morbidity, mortality, maternal and child health; the U.S. Census Bureau for data on income, poverty, household and family characteristics, etc. Due to interruptions in service due to the COVID-19 pandemic, some data have not been updated or may be updated for one area and not another. Every attempt was made to document sources, dates, and any caveats that may apply to the data.

Limitations of This Report

It is important to keep in mind that the community health needs assessment is a snapshot of what is known about the needs of the community from the existing information at a given point in time. Thus, there are some limitations of the report:

- **The CHNA is not an evaluation of the Pascua Yaqui Health Services Division, the Tribal Council, or any of the programs run by the Tribe.** Program evaluations require different methodologies that are specifically designed to assess program strengths and weaknesses. Many of the tribal programs have done evaluations that are available for review.
- **There is some information in the CHNA that is not representative of the whole Tribe.** The “community” part of the community health needs assessment means that much input was sought from all over the community, including from those who aren’t often heard. This input is a critical piece that is part of the health assessment mosaic, but it isn’t necessarily how all tribal members feel.
- **The CHNA is the beginning of the action plan, not the end.** A CHNA is best used as a starting point for further discussion and community health planning. For example, many respondents in the focus groups, interviews, and in the survey offered solutions to community issues. Although these aren’t fully developed ideas, they can be used as “jumping-off” points for designing strategies during community health improvement planning.



Geography, Demographics, and Socioeconomic Status

Members of the Pascua Yaqui Tribe live in the Sonoran Desert, a unique ecoregion that features warm and dry weather. Temperatures often reach 100 degrees in the summer and it's not unusual to reach 110 or 120 degrees. The summer normally brings a monsoon season to the area with frequent afternoon rains, often accompanied by winds, thunder and lightning. However, 2020 was one of the driest monsoon seasons on record and was exceedingly hot with both July and August reaching record-breaking temperatures.⁵

The Sonoran Desert is filled with diverse animal and plant life. It is home to numerous cacti including the saguaro and organ pipe which are indigenous only to the Sonoran Desert. It has more plant species than any other desert in the world, which experts say is due to having two rainy seasons during the year (the monsoons in the summer and a milder rainy season in the winter). Many bird, amphibian, reptile, fish, mammal and insect species are found there including over 1,000 native bee species.⁶ The Sonoran Desert is spread across what are now the states of California and Arizona in the U.S., and Baja California and Sonora in Mexico as shown above.

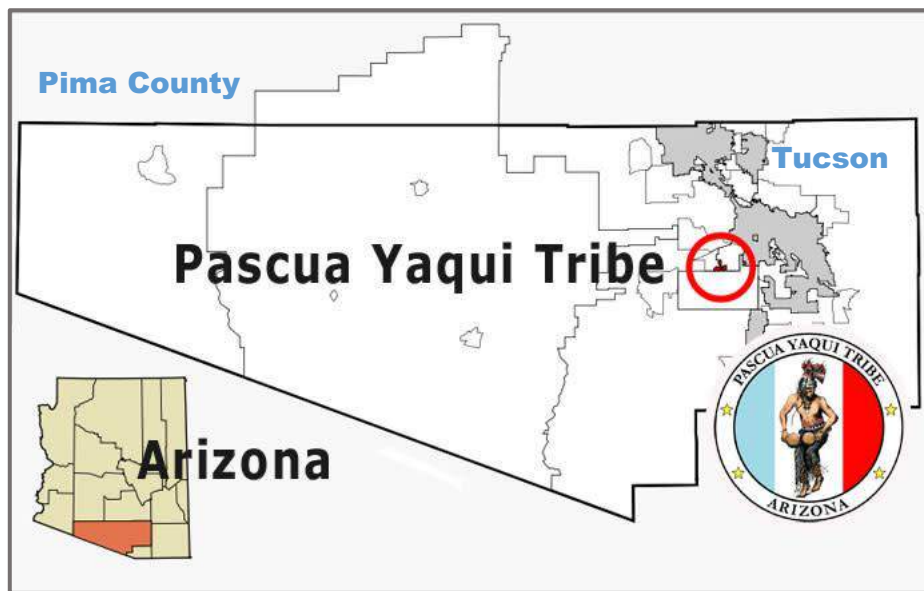
The Pascua Yaqui Tribal Land is near Tucson in Pima County, Arizona, as shown below. A little more than half of Pima County's population of 1 million residents live in Tucson. The land is adjacent to the

⁵ Pima County Regional Flood Control District, Monsoon 2020 Alert Summary Report, 2020. https://webcms.pima.gov/UserFiles/Servers/Server_6/File/Government/Flood%20Control/Historical%20Flood%20Events/2020%20Monsoon%20Summary%20Report.pdf

⁶ National Park Service, Sonoran Desert Network Ecosystems, accessed April 2021. <https://www.nps.gov/im/sodn/ecosystems.htm> and Wikipedia, Sonoran Desert, accessed April 2021. https://en.wikipedia.org/wiki/Sonoran_Desert#cite_note-7

Tohono O’odham Nation to the south and Tucson’s metropolitan area to the east.

Figure 2 Location of Pascua Yaqui Tribe (Source: Pascua Yaqui Tribe, 2021)



Although the tribal area is known as the New Pascua Pueblo, it is best described as a suburban area of Tucson and is near some moderately dense population areas as shown by the darker pink and red sections in the map below. The Tribe’s enrollment is over 20,000 members, with 11,000 members living in one of the nine Yaqui communities in Arizona. This report includes findings primarily for the 6,870 Pascua Yaqui tribal members who live in Pima County. The majority of these tribal members live in or near New Pascua.

Figure 3 Greater Tucson Area (Source: Pimamaps, 2021)



Key Demographics

Demographics demonstrate some key differences between the Yaqui community and other communities. Perhaps most notable are age and income, as shown in the table below. More than one-third (37.6%) of the Yaqui community are children under 18 years old while only 4.9% are 65 and older. This creates a high “child dependency” ratio, which means that the number of children in relation to adults is high.

Another notable characteristic is the poverty level, with over one-third of the population living under the federal poverty guidelines. The median family income bears this out – the median income for a four-person Yaqui household is \$45,000 less than the median income for a family of four in Pima County. Additionally, there is a higher percentage of both men and women who are unmarried in the Yaqui community when compared to the other communities below.

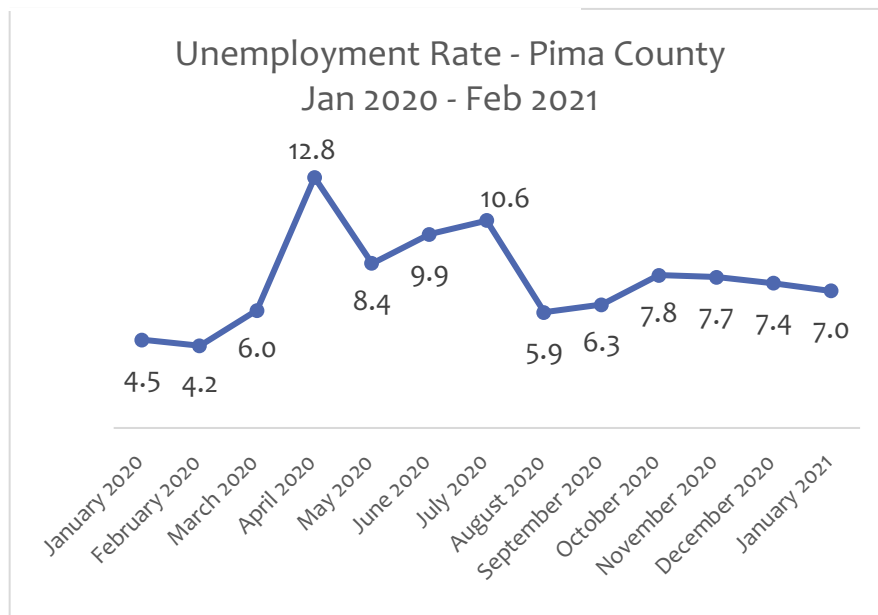
Figure 4 Key Demographic Measures (Source: U.S. Census, 2019)

Individuals Demographics	Pascua Yaqui	Pima County	Arizona	United States
Percent male/female	49%/51%	49%/51%	50%/50%	49%/51%
Under 18 years old	37.6%	21.1%	23.2%	22.6%
Child dependency ratio	65.6	35.4	38.9	36.6
65 and older	4.9%	19.2%	17.1%	15.6%
Old age dependency ratio	8.6	32.2	28.7	25.3
Males, never married (among males 15 and over)	65.9%	38.1%	36.9%	36.5%
Females, never married (among females 15 and over)	57.2%	30.9%	29.8%	30.4%
High school degree or higher (among 25 and older)	67.9%	88.4%	87.1%	88.0%
Bachelor’s degree or higher (among 25 and older)	3.9%	32.4%	29.5%	32.1%
Median Family Income for family of 4	\$29,821	\$77,482	\$82,227	\$94,738
Poverty	36.7%	16.8%	15.1%	13.0%
Unemployed	13.3%	7.0%	5.9%	5.3%
Civilian veterans	2.5%	10.6%	9.0%	7.3%
Individuals with a disability	17.4%	15.3%	13.0%	12.6%
The old-age dependency ratio is derived by dividing the population 65 and over by the 18-to-64 population and multiplying by 100.				
The child dependency ratio is derived by dividing the population under 18 by the 18-to-64 population and multiplying by 100.				

The information above is from the U.S. Census Bureau in 2019 and there have been many economic changes due to the COVID-19 pandemic since then. After the start of the pandemic in March and April of 2020, unemployment rose dramatically in Pima County. Although the unemployment rate has decreased since the lows at the start of the pandemic, it is still not back to pre-pandemic levels, as shown below. This is likely affecting the Yaqui community as much or more than Pima County as a whole. For example, the biggest employer for the Tribe, Casino del Sol, was closed for approximately

three months during the pandemic. Therefore, the current poverty rate in Pima County and in the Yaqui community may be even higher today than it was in 2019.

Figure 5 Unemployment Rate (Source University of Arizona, 2021)



Household and family characteristics are consistent with the individual demographics. For example, there are more households with children and fewer households with elders. Households tend to be larger (an average of 4.4) among the Yaqui than in other communities. Of those grandparents who are living with their grandchildren, about half (56.9%) are responsible for the care of the grandchildren. As of 2019, 1 in 5 homes did not have a computer at home and 1 in 4 did not have an Internet subscription. However, in the Winter of 2020/21, the Tribe installed wireless service in all households on the reservation. This is being provided at no cost through the end of 2021.

Figure 6 Household Characteristics (Source: U.S. Census, 2019)

Household/Family Characteristics	Pascua Yaqui	Pima County	Arizona	United States
Average household size	4.4	2.5	2.7	2.6
Median household income	\$35,700	\$53,379	\$58,945	\$62,843
Percent of households with one or more people under 18 years	58.6%	27.2%	30.7%	31.0%
Percent of households with one or more people 65 years and over	17.7%	34.0%	32.2%	29.4%
Grandparents responsible for grandchildren (% among grandparents living with own grandchildren under 18)	56.9%	37.9%	36.1%	34.1%
Percent of households with a computer	83.3%	92.2%	91.7%	90.3%
Percent of households with a broadband Internet subscription	75.2%	85.4%	84.1%	82.7%

Culture and Tradition

Yaqui tribal members value their cultural heritage and language and make many efforts to keep the culture present in their lives. For example, the Tribal Government has a Division of Language and Culture that promotes using the Yoeme language and preparing indigenous foods. The PYT Health Services Division offers both Alternative Medicine and Traditional Healing in addition to allopathic services. As shown in the table below, many respondents who took the PYT Community Survey in 2020 were bi-lingual or even tri-lingual in English, Spanish, and Yoeme. Yet, English and Spanish are more prevalent and only 11% of tribal members use Yoeme weekly or daily.

Figure 7 Languages Spoken (PYT Community Survey, 2020)

	Read, write, speak, or understand	Use it weekly or daily
English	99%	100%
Spanish	91%	57%
Yoeme	40%	11%

Note: Many respondents spoke multiple languages and were permitted to answer for more than one language, so table does not total 100%.

The emphasis on culture and tradition extends to health practices, with many in the community using traditional/spiritual healing practices. Two-thirds of the PYT Community Survey respondents said they use traditional/spiritual practices for their health. About half of those who use these practices use them at least once per week. When seeking traditional health services, most go to the PYT Health Services Division (81%), some get access at home (35%), some with an individual on the reservation (12%), some go off the reservation (11%), or any combination of these locations.



Traditional/spiritual practices are thriving

- 2 of 3 use traditional/spiritual practices for their health
- About half of those use these practices weekly or daily

Source: PYT Community Survey



Group photo of El Tour bike ride participants (Source: PYT Website)

Access to Health Care

Number of Health Care Professionals

The Pascua Yaqui Tribe has been designated as a Health Professional Shortage Area for primary care, mental health, and dental health, as shown below.⁷ This designation is given by the U.S. Health Services Resources Administration to various populations and locations. A higher score (maximum of 25 or 26) indicates a greater need.

Figure 8 Health Professional Shortage Area (HPSA) Designation (Source: U.S. Health Services Resources Administration, 2017)

Discipline	Designation Type	HPSA Score*	Status	Rural Status
Primary Care	Geographic HPSA	20 out of 25	Designated	Non-Rural
Mental Health	High Needs Geographic HPSA	16 out of 25	Designated	Non-Rural
Dental Health	High Needs Geographic HPSA	23 out of 26	Designated	Non-Rural

*Higher HPSA Score indicates higher need. The maximum score for primary care and mental health is 25. The maximum score for dental health is 26.

⁷ U.S. Health Services Resources Administration, 2017. <https://data.hrsa.gov/tools/shortage-area>

Figure 9 Primary Care Capacity (Source: ADHS, Primary Care Statistical Profiles, 2020)

	Pascua Yaqui Tribe	Pima County	Arizona
Primary care providers	8	3430	18,878
Ratio-Population to Provider	454:1	307:1	386:1
Statistical Profiles use data from census tract: 040199410, which is the same as the boundaries of the reservation.			

Although not a federally designated medically underserved area, the Arizona Department of Health Services considered the Pascua Yaqui Tribal land to be an Arizona medically underserved area in 2020.⁸ This means that the Primary Care Index is high enough to be considered a community in need. This index is calculated based on factors such as provider to patient ratio, low birthweight births, populations that experience health disparities and more.⁹

Figure 10 Medically Underserved Areas (Source: ADHS, Primary Care Area Statistical Profiles, 2020)

Primary Care Areas in Region	Primary Care Index	Federal Medically Underserved Area	Arizona Medically Underserved Area
Pascua Yaqui Tribe	40	No	Yes
Drexel Heights	45	No	Yes
Tohono O’odham	40	No	Yes
Valencia West	38	No	Yes
San Xavier	34	No	Yes
Note: Higher primary care index indicates a higher need. Includes those living in census tract for reservation.			

Medical Facilities and Resources

Despite these designations, however, tribal members actually have relatively favorable access to health care. First, there is a clinic, the El Rio Pascua Yaqui Health Center, located on tribal land that has family medicine, medical care, pediatrics, transgender medicine and a pharmacy. Second, because of the Tribe’s location in a greater

What do the symbols mean?



indicates that the measure is about the same or more favorable among the Yaqui when compared to Arizona.



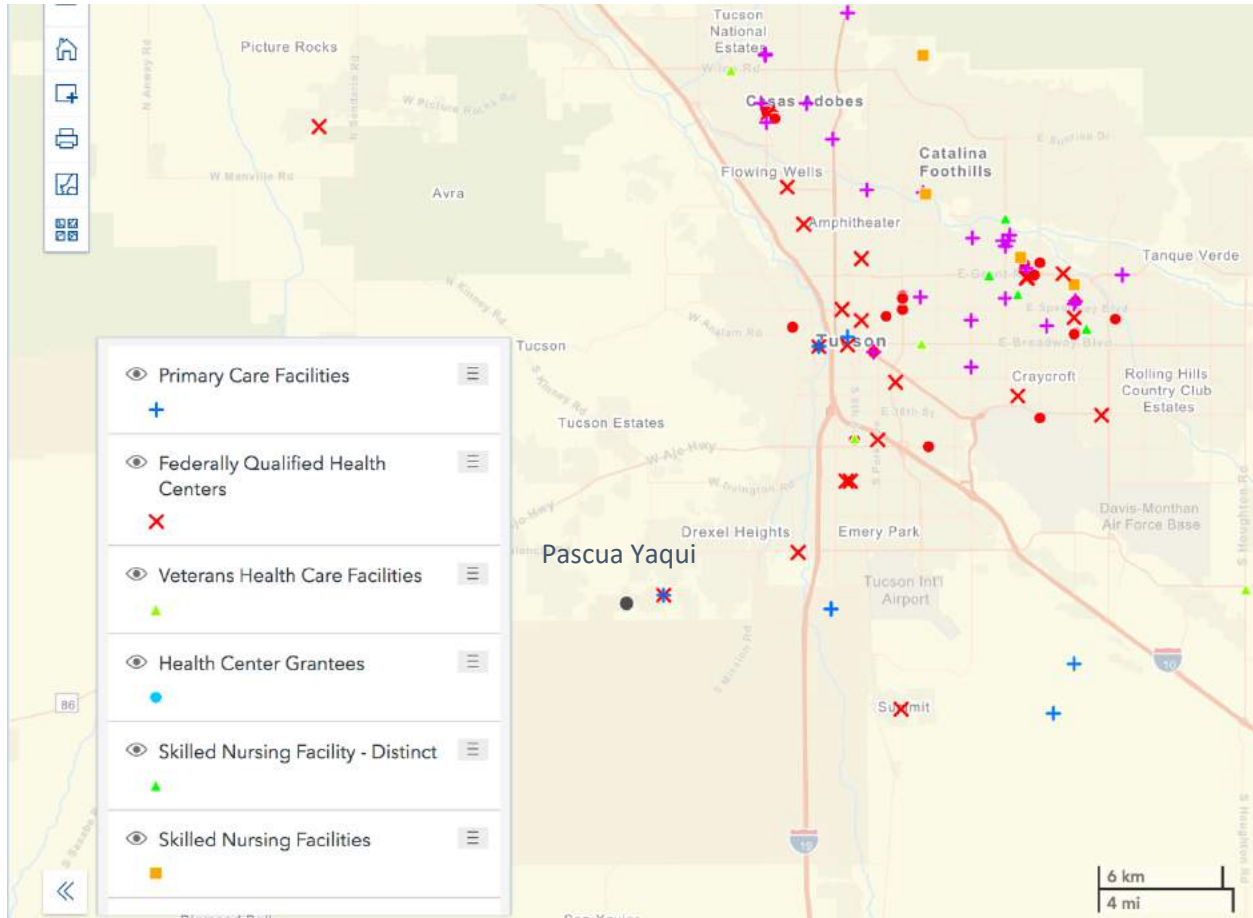
indicates that it is a measure to examine further.

⁸ Arizona Department of Health Services, Bureau of Women and Children’s Health, Primary Care Area Statistical Profiles, February 2021. <https://www.azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca>

⁹ Arizona Department of Health Services, Bureau of Women and Children’s Health, Arizona Medically Underserved Areas Biennial Report, October 2020. <https://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/azmua-biennial-report.pdf>

metropolitan area, there are numerous resources within short driving distances as shown in the graphic below.¹⁰

Figure 11 Regional Providers (Source: HRSA Medically Underserved Areas, 2017)



Third, the survey results suggest that tribal members fare better or about the same as Arizona and U.S. residents when it comes to getting a routine check-up, having a primary care provider, and having health insurance. Importantly, few of the survey respondents indicated that they did not get healthcare at any point because of cost. (All shown in the table below.) All members of the tribe generally have a health plan as the Yoeme Health Plan is available to those who need it. Others have AHCCCS, Medicare, or other plans.

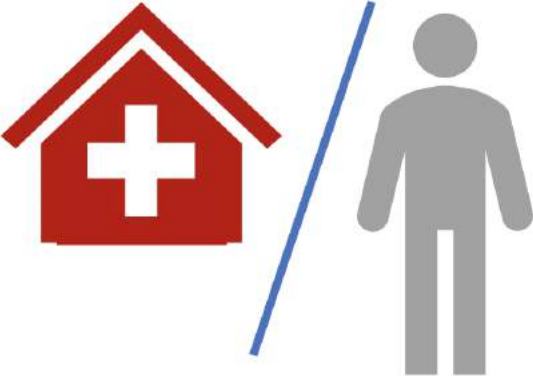
¹⁰ Maps with crosses, etc.: Health Services Resource Administration, Medically Underserved Areas <https://data.hrsa.gov/maps/map-tool/>

Figure 12 Access to Healthcare Factors Comparisons (Source: PYT Survey and Various Comparison Sources)

	Yaqui Survey	Arizona	U.S.	Compare to AZ
Had routine check-up past year	80%	74%	78%	✓
Have provider considered to be primary care provider	72%	71%	76%	✓
Listed cost as a barrier to healthcare	7%	14%	12%	✓
Have health care coverage	85%	89%	85%	✓
Note: Questions on the PYT Community Survey may not have been asked exactly as they were for Arizona or U.S. surveys. The most similar question was selected for comparisons. Percentages shown are percent of total sample. Arizona and U.S. figures are from ADHS, Behavioral Risk Factor Surveillance Survey, 2019.				

Yet despite these advantages, among the Yaqui survey respondents, 1 in 4 said they do not have “a doctor or other medical provider” that they “consider to be your primary care provider.” Having this “medical home” has been shown to improve access to health care which in turn results in better health outcomes, fewer disparities, and lower costs.¹¹

Most common reasons for not getting healthcare: lack of appointments, not aware of resources



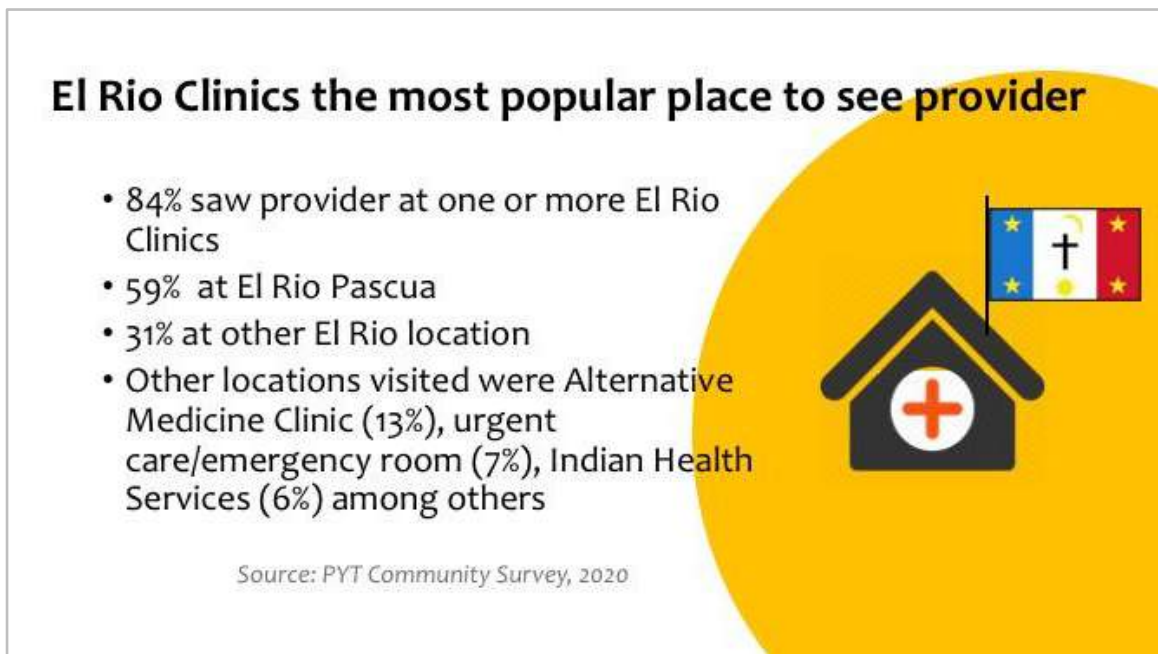
- No appointments available (44%)
- Not aware of what resources are available (28%)
- No insurance (25%)
- Service too expensive (20%)
- Confidentiality concerns (20%)

In addition, the survey showed that while many of the health care services offered by the Tribe were fully meeting the needs of the community, there were still some services that were less likely to be seen as fully meeting needs, mostly dental and mental health care. This may be because of accessibility issues such as availability of appointments during COVID-19 closures or limited hours.

¹¹ Office of Disease Prevention and Health Promotion, health.gov, accessed March 2021. <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

“No show” rates for appointments at PYT dental and mental health facilities can be as high as 25% which contributes to availability issues.

El Rio clinics were the most often used location for seeing a provider among those seeking care. As shown below 84% of survey respondents had been to one or more El Rio clinics in the past year. Unfortunately, there were still some individuals who needed care but did not seek care at a provider of any kind. In fact, 1 in 3 respondents said they needed health care in the past year and did not get it. The reasons are shown in the box above. The inability to get appointments may have been exacerbated by the COVID-19 pandemic.



Dental Care

The Pascua Yaqui Tribe Dental Program provides a number of different services for tribal members. As shown in the table below, this includes prophylaxis for adults and children as well as some periodontal and other procedures.

Figure 13 Dental Procedures at PYT Dental (Source: PYT Dental Program, 2016-2020)

	2016	2017	2018	2019	2020
Total Procedures	2144	2167	2379	1836	1375
Adult Prophylaxis	720	700	754	596	477
Child Prophylaxis (14 and under)	475	461	504	487	355
Periodontal Maintenance	337	353	407	332	245
Periodontal scaling and root planing	410	458	474	265	167
Difficult Prophylaxis	67	96	134	82	64

Full Mouth Debridement	90	85	72	60	53
Root planing 1-3 teeth	45	14	34	14	14

Between 2016 and 2018, the Pascua Yaqui Dental Program was completing more than 2,000 procedures each year. Beginning in 2019, there was a decrease in procedures performed, as shown above and below. According to the PYT Dental Program, this was due to having fewer dental hygiene students working at the clinic in 2019. In 2020, the pandemic caused numerous closures and limitations that resulted in fewer procedures being done during that year as well.

Figure 14 Dental Procedures by Year (PYT Dental Program, 2016-2020)

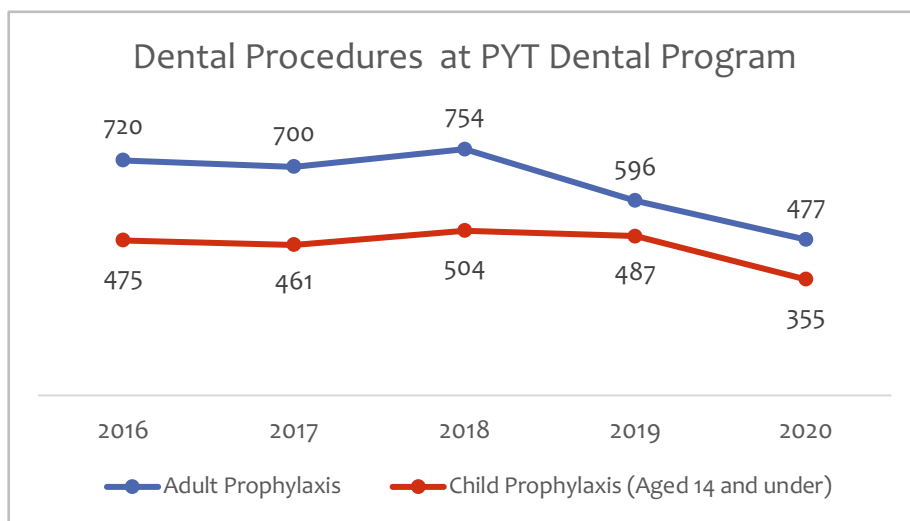






Image from PYT Language and Culture Division Facebook Page

Health Outcomes

General Health Status (in Times of COVID-19)

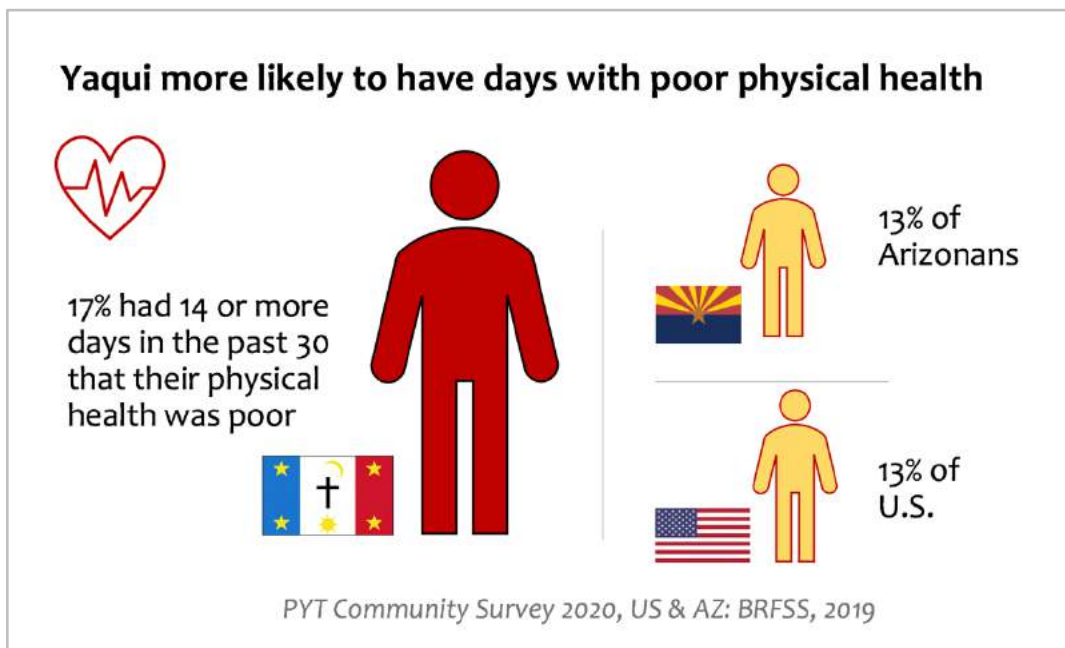
Most tribal members who took the PYT Community Survey rated themselves as being in excellent, very good, or good health, as shown in the table below. One in every four rated their health as fair (27.1%) and only a few (2.4%) saw their health as poor. This compares unfavorably to Arizona and the U.S. which had 19% and 18% respectively rating themselves in fair or poor health. However, because the PYT Survey was done in 2020 and the AZ and U.S. research are from 2019, it is possible that illness with COVID-19 may account for all or some of the differences. These data need to be compared to mid-COVID-19 numbers from AZ and the U.S. when available.

Figure 15 Self-Rating of Health (Source: PYT Community Survey, 2020, US and AZ: BRFSS, 2019)

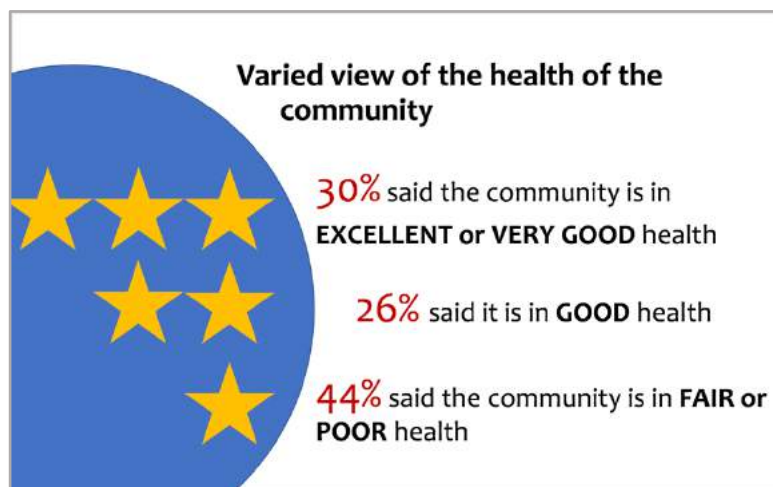
	Pascua Yaqui (2020)	AZ (2019)	U.S. (2019)	Compare to AZ
Self-Rating				
Excellent	9.3%			
Very good	21.0%			
Good	40.2%			
Fair	27.1%			
Poor	2.4%			
Self-Rating Comparison				
Excellent/very good/good	71%	81%	82%	
Fair or poor	29%	19%	18%	
Answer to question: Would you say that in general your health is excellent, very good, good, fair or poor? PYT may not be comparable to U.S. and AZ as their ratings were pre-COVID-19 and the PYT rated during the pandemic.				

Similarly, tribal members were more likely to have more days in which they don't feel well. Seventeen percent said that they were in poor physical health for at least 14 days in the past month.

Twenty-nine percent of the total said they were in poor physical health for at least 7 days in the past month. A note of caution in making these comparisons: the PYT Community Survey was done during the COVID-19 pandemic, the Arizona and U.S. numbers were from before the pandemic. Perhaps the difference between results for tribal members and other groups is solely because of the pandemic years.



When asked about the “health of the community,” 44% of survey respondents rated it “fair” or “poor.” Again, this was likely influenced by being in the midst of a pandemic, particularly because the focus was on communities and reducing spread. Since there were cases in the Yaqui community, and in almost all communities across the globe, respondents may have seen this as being in fair or poor condition.



Leading Causes of Death

One measure of health is called premature mortality which is the percent of deaths below the average U.S. life expectancy. In the general population of the U.S., then, about 50% of deaths are premature (younger than the average age at death) and about 50% of deaths are not premature (the same or older than the average age). The average U.S. life expectancy for all races, both sexes in the

United States for the years 2010-2019 was 78.7 years.¹² Among the Yaqui, prior to the pandemic, the premature death rate was 82.7% vs 52.2% for Pima and 54.8% for Arizona.¹³ This means that most people in the community who passed away did so at an age younger than the U.S. average.

In the table below are the leading causes of death in the Yaqui community, compared to Pima County and Arizona (all data are from before the pandemic). Diabetes is the most frequent cause of death and it occurs more frequently before heart disease and cancer, which are the top causes in Pima County and Arizona.

Figure 15 Nine Leading Causes of Death (Source: ADHS, 2017)¹⁴

Deaths per 100,000 population	Pascua Yaqui	Pima County	Arizona	Compare to Pima
All deaths	793.2	695.2	692.0	☑
Diabetes	132.2	27.0	24.1	🕶
Heart disease	127.2	139.6	145.2	☑
Parkinson's disease	103.4	8.1	9.0	🕶
All types of cancer	76.1	136.8	138.8	☑
Stroke	75.2	33.6	31.5	🕶
Hypertension	46.7	8.8	14.6	🕶
Lung cancer	46.7	30.1	31.4	🕶
Chronic liver disease	30.1	14.4	14.3	🕶
Accidents	21.2	55.9	55.6	☑

The rate for Parkinson’s disease is high compared to the other communities but one or two deaths due to an infrequently occurring disease such as Parkinson’s can cause the rate to rise to an artificially high level. The Tribe plans to review this further and pursue more detailed data on mortality.

¹² ADHS, Prevention Services, Data Documentation for Primary Care Area Statistical Profiles, December 2020. <https://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/reports/datadocu.pdf>

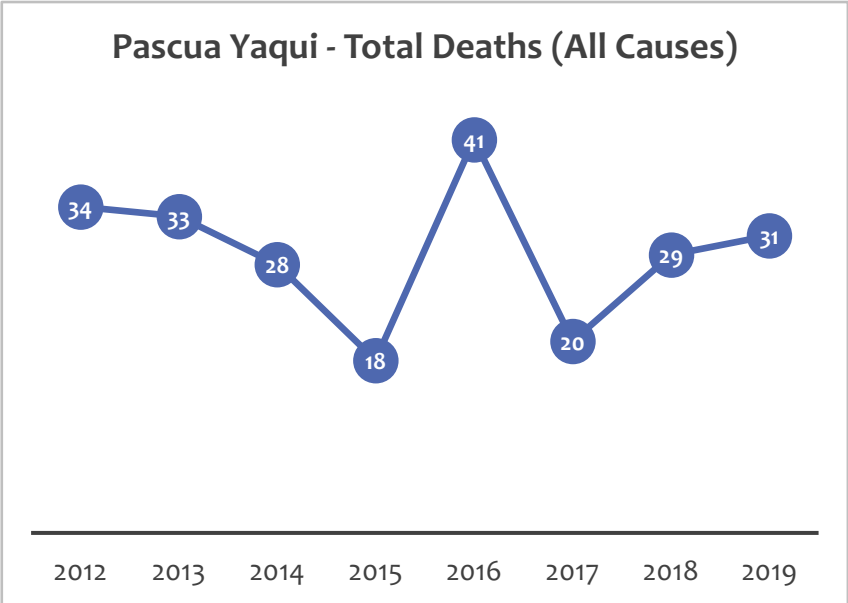
¹³ Arizona Department of Health Services, Bureau of Women’s and Children’s Health, PYT Primary Care Area Statistical Profile, 2020. <https://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/primary-care/pima/117.pdf>

¹⁴ ADHS, Community Profiles Dashboard, accessed March 2021, data are from 2017. <https://azdhs.gov/gis/community-profiles-dashboard/index.php>

Mortality Trends

As shown to the right, mortality decreased in 2015 and 2017 with a peak in 2016.¹⁵ The increase in 2016 may be due to a classification change or an actual increase in cases. This pattern is under review by the Tribe. As did most communities across the world, the Pascua Yaqui did have deaths due to COVID-19 in 2020 and 2021. These more recent deaths are expected to increase the number of annual deaths in 2020. (See section on COVID-19 for more information on COVID deaths and cases.)

Figure 16 Mortality Among Pascua Yaqui (Source: ADHS 2012-19)



Chronic Diseases

Hypertension, diabetes, chronic kidney disease, and high cholesterol – all frequent co-morbidities to each other – are the top diagnoses for patients visiting El Rio clinics in 2020. These diseases are present among a high percentage of patients, from 36% of patients for hypertension to 29% of patients with diabetes. The table also shows the number and percent of cases newly diagnosed in 2020, for example there were 107 new cases of hypertension (high blood pressure) in 2020.

Asthma is less prevalent with 15% of patients having a diagnosis of asthma in 2020 or earlier. However, this is still 1 in every 8 El Rio patients being diagnosed with asthma. In addition, the reported rate of asthma in the community is more than three times higher at 776.2 per 100,000 population than the rate for Pima County (250.3 per 100,000).¹⁶

Figure 17 Chronic Disease: New Cases & Prevalence (Source: El Rio, 2020)

Number of patients	Diagnoses	All Patients
All Patients	4,090	100%
Hypertension - Existing	1,460	36%
Hypertension - New	107	3%

¹⁵ Source: ADHS, Population Health and Vital Statistics, Community Vital Statistics Reports 2014-2019, <https://pub.azdhs.gov/health-stats/report/cvs/index.php>

¹⁶ Arizona Department of Health Services, Community Profiles Dashboard, accessed March 2021. <https://azdhs.gov/gis/community-profiles-dashboard/index.php>. Data not shown in Figure 17.

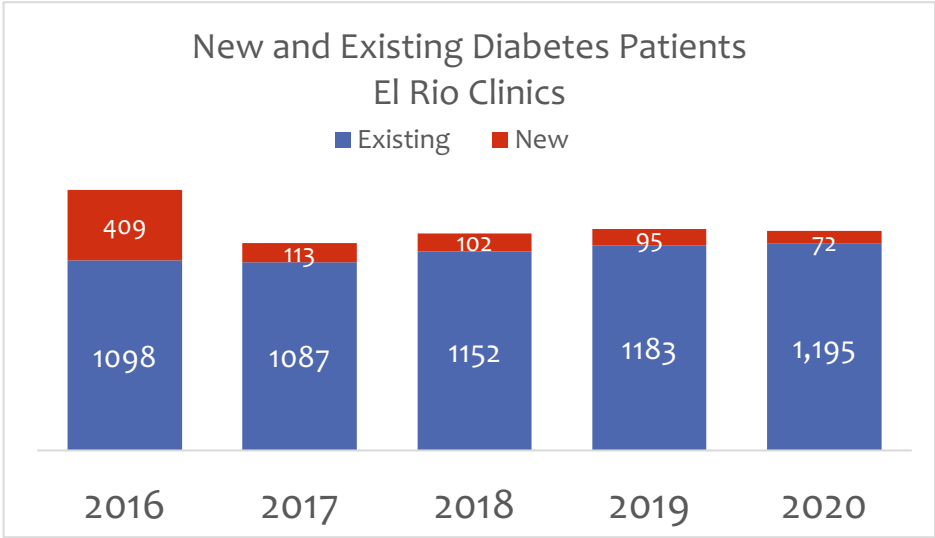
High cholesterol - Existing	1,433	35%
High cholesterol - New	136	3%
Diabetes - Existing	1,195	29%
Diabetes - New	72	2%
Asthma	615	15%
Chronic Kidney Disease - Existing	395	10%
Chronic Kidney Disease - New	23	1%
Osteoarthritis - Existing	364	9%
Osteoarthritis - New	42	1%
Rheumatoid arthritis - Existing	110	3%
Rheumatoid arthritis - New	8	<1%
Chronic Obstructive Pulmonary Disease (COPD) - Existing	92	2%
Chronic Obstructive Pulmonary Disease (COPD) - New	4	<1%
Cirrhosis - Existing	90	2%
Cirrhosis - New	18	<1%
Congestive heart failure - Existing	88	2%
Congestive heart failure - New	20	0%
Cancer - Existing	69	2%
Cancer - New	12	<1%
Epilepsy - Existing	63	2%
Epilepsy - New	4	<1%
End stage renal disease requiring dialysis - New	TBD	TBD%
End stage renal disease requiring dialysis - Existing	TBD	TBD%
<p>“New” refers to all patients who were diagnosed with the condition in 2020. “Existing” refers to all patients who were diagnosed with the condition in any year, including in 2020. For example, in 2020, there were 1,195 patients who had diabetes. 72 of these patients were newly diagnosed with diabetes in 2020. 1,123 were diagnosed in 2019 or earlier. Note: Tables do not add to 100% because patients had multiple diagnoses. In addition, patients with a new diagnosis in 2020 are counted in both the Existing and New categories as explained above.</p>		

Diabetes Maintenance

The best way to reduce diabetes deaths or severe illnesses is to prevent diabetes from occurring in the first place, which may be possible in some cases. However, when diabetes does occur, the next best strategy is to try and control the disease with diet, activity, and medications. The next chapter, on risk factors, will address diabetes prevention. This section addresses diabetes maintenance or control once it has been diagnosed.

In 2016, newly diagnosed diabetes cases reached 409, the year that the most patients were diagnosed. Each year since then, between 70 and 120 new cases were newly identified each year. For all existing cases, then, there are 1,300 patients living with diabetes in the community at any given time. This is a minimum number as there may be some individuals with diabetes who do not seek care at an El Rio and thus wouldn't be in the count.

Figure 18 New and Existing Diabetes Patients (El Rio CHC, 2016-2020)



Patients with diabetes should have some routine tests and exams to monitor the effects of diabetes. For example, almost all of the El Rio patients (94%) with diabetes were tested for high blood pressure (hypertension), which is often a comorbidity with diabetes. Ninety-two percent had their body mass index taken. For the remaining management and screening procedures, around half of the patients or more did not complete these tests, e.g., those for lipids. It is not clear if this was offered to the patient and turned down or perhaps not offered due to COVID-19 restrictions.

Figure 19 Diabetes Maintenance (Source El Rio CHC, 2020)

	Number of Patients	Patients Ever Diagnosed with Diabetes	Percent of Diabetes Patients
All existing patients with diabetes (diagnosed any year)	1195	1195	
Hypertension tested	1120	1195	94%
Hypertension controlled	252	1195	21%
Body Mass Index (BMI) was taken	1098	1195	92%
Lipids tested	727	1195	61%
Lipids controlled	145	1195	12%

Foot exam	619	1140	54%
Eye exam	293	1145	26%
A1c - HgA1c <7 (Controlled diabetes)	177	1195	15%
A1c - HgA1c 7-9	213	1195	18%
A1c - HgA1c >9	201	1195	17%
Notes: Foot exam and eye exam are measured by those having the required exam once per year. Table totals to more than 100% because patients have multiple diagnoses.			

Only some of the patients with diabetes have the disease under control. The A1c test is a blood test that measures average blood sugar levels over the past three months. An A1c result of under 7 suggests that blood sugars are well controlled – this can be through medications, diet, exercise or a combination. As shown below, of those who had A1c tests through El Rio, 30% met the criteria for controlled diabetes while the others did not.

Figure 20 Controlled and Uncontrolled Diabetes (El Rio CHC, 2020)

	Number	Percent
Total patients with diabetes with an A1c result in 2020	591	100%
A1c - HgA1c <7 (Controlled diabetes)	177	30%
A1c - HgA1c 7-9	213	36%
A1c - HgA1c >9	201	34%

Disabilities

According to the U.S. Census, about 1 in 6 tribal members is living with some type of disability.¹⁷ As shown in the table below, 17.4% of the total population is living with a disability, which is higher than the percentages for Arizona and the United States. What is prominent is the striking difference between the Pascua Yaqui community and the other communities when it comes to almost all age groups. As shown below, the percent of individuals living with disabilities among Yaqui 35 to 64 years old is twice that of the percentage for the other communities. In the 65- to 74-year-old and 75 and over groups, the same pattern exists. For those 65 and older, about 7 in 10 are living with a disability.

Figure 21 Characteristics of Individuals with Disabilities (Source: U.S. Census, 2019)

¹⁷ The U.S. Census defines disability with a 6-question sequence in their questionnaire that asks about “serious difficulty” in hearing, seeing, etc. Description of how the U.S. Census defines disability can be found here on pp.61-63: https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2019_ACSSubjectDefinitions.pdf. Questions from survey can be found here: <https://www2.census.gov/programs-surveys/acs/methodology/questionnaires/2020/quest20.pdf>, p.14.

Percent of each group with a disability	Pascua Yaqui	Pima County	Arizona	United States
Total	17.4	15.3	13.0	12.6
Sex				
Male	15.2	15.3	13.3	12.5
Female	19.5	15.3	12.8	12.7
Age				
Under 5 years	1.2	0.8	0.8	0.7
5 to 17 years	9.0	6.7	5.2	5.5
18 to 34 years	10.4	8.1	6.6	6.3
35 to 64 years	30.1	15.5	13.0	12.6
65 to 74 years	69.4	25.4	24.7	24.8
75 years and over	75.3	47.9	46.9	48.4
Type of disability				
With a hearing difficulty	4.3	4.7	4.1	3.6
With a vision difficulty	2.8	2.7	2.5	2.3
With a cognitive difficulty	9.9	6.4	5.0	5.1
With an ambulatory difficulty	10.5	8.1	7.0	6.9
With a self-care difficulty*	1.1	2.7	2.5	2.6
With an independent living difficulty**	8.8	6.6	5.6	5.8
<p>How to read: 17.4 percent of Pascua Yaqui are living with a disability. 1.2% of Pascua Yaqui under 5 years old are living with a disability. 4.3% of Pascua Yaqui have a hearing difficulty. *Self-care difficulty is defined as: Having difficulty bathing or dressing **Independent living difficulty is defined as “Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor’s office or shopping.” Additional definitions may be found at this link: https://www.census.gov/topics/health/disability/about/glossary.html#par_textimage_1424535852</p>				

The high prevalence of hypertension and diabetes discussed earlier may be contributing to this pattern. The long-term effects of diabetes may include dementia, cardiovascular disease, vision problems and many more.



Image from PYT Language and Culture Division Facebook Page

Risk Factors

Obesity

Unfortunately, being obese or overweight puts an individual at risk for a number of diseases. According to the Center for Disease Control and Prevention (CDC), obesity increases the risk for death, high blood pressure, diabetes, high cholesterol, some cancers, other physical illnesses and even mental illness such as clinical depression or anxiety.¹⁸ Yaqui patients with obesity seen at El Rio Clinic had co-morbidities of diabetes, high cholesterol, and hypertension. Because deaths and cases of both diabetes and high blood pressure are overrepresented in the community, preventing obesity would help to reduce premature mortality and the effects of diabetes and hypertension.

The most common measure of obesity is body mass index or BMI. It is calculated by dividing weight by height squared and multiplying by 703. For example, a person who is 5 feet 5 inches tall and weighs 150 pounds has a BMI of 24.96 which is in the high end of the normal range. For adults, a BMI over 30 is considered obese. A BMI of between 25 and 29.9 is considered overweight. The calculations for children are different and require additional data so are shown only with caveats here. The chart below shows that in all three adult age categories, Yaqui patients seen at El Rio have an average BMI at or above the level for obesity.

Figure 22 Average Body Mass Index (BMI) by Age and Gender (El Rio CHC, 2020)

	18-39	40-64	65+
Female	35.0	35.1	31.3
Male	32.5	32.8	30.4
Note: BMI over 30 is considered obese.			

¹⁸ CDC, *About Adult BMI*, accessed April, 2021.
https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#Children

In fact, as shown below, 38% of all Pascua Yaqui patients seen at El Rio in 2020 met the definition for obese. Almost half of the 18-39-year-olds and half of the 40-64-year-olds were obese. The 65 and older group had a slightly lower percentage of obese patients (37%) but this still represents 1 in every 3 elders.


Figure 23 Obese Patients by Age Group (Source: El Rio CHC, 2020)

	Obese patients	All patients	% obese in that age group	% of obese patients
Under 18 years old*	118	952	12%	8%
18-39 years old	578	1,271	45%	37%
40-64 years old	671	1,361	49%	43%
65 years and older	188	506	37%	12%
Total	1,555	4,090	38%	100%
*In children under 18 years old, obesity is defined by a number of factors including specific age and gender. Therefore, this chart should be considered as a very rough estimate of the number of children living with obesity in the community.				

The El Rio Clinic is conducting prevention activities with obese patients. As shown below, almost all patients with obesity were given health education information. A smaller percentage of obese patients were referred to a nutritionist, but this may be done only when certain criteria are met and/or may have been restricted due to COVID-19.

Figure 24 Patients with Obesity (Source: El Rio CHC, 2020)

	Number	Eligible Patients	Percent of Applicable Patients
Obese patients	1559	4090	38%
Education Provided	1354	1543	88%
Referrals to Nutrition	137	1106	12%
Note: Percentages shown are percent of each group so do not total 100%			



Eating fruits and vegetables is popular among Yaqui... and so is fast food

- 63% have fast food at least one time per week
- 28% have fast food three or more times/week
- 36% ate 5 fruits and/or vegetables 3 or more times per week
- 5% eat 5 fruits and vegetables in a single day 6 or more times/week

Healthy Eating

The public health community has long advocated for 5 fruits and vegetables a day through the “5-a-Day” campaign.¹⁹ A recent meta-analysis reviewing a number of studies showed that the optimal amount of fruit and vegetables is, indeed, five. The study concluded, “Higher intakes of fruit and vegetables were associated with lower mortality; the risk reduction plateaued at ≈5 servings of fruit and vegetables per day.” The report went on to say that the category of fruits and vegetables that were likely to reduce negative health outcomes did not include juices or potatoes.²⁰ This is important to keep in mind when educating individuals about fruits and vegetables in general and “5 a Day” in particular

5 A Day



Physical Activity

The graphic below shows results of the PYT Community Survey’s questions on physical activity or exercise. While some of the respondents may have had some sort of exercise regimen, the vast majority were not meeting the guidelines for physical activity. According the U.S. Department of Health and Human Services, the guidelines are as follows:

For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic

¹⁹ For example, U.S. Department of Health and Human Services, 5 A Day Works, 2005.

https://www.cdc.gov/nccdphp/dnpa/nutrition/health_professionals/programs/5aday_works.pdf

²⁰Wang, et al, “Fruit and Vegetable Intake and Mortality: Results From 2 Prospective Cohort Studies of US Men and Women and a Meta-Analysis of 26 Cohort Studies.” *Circulation*. 2021;143:00–00. DOI: 10.1161/CIRCULATIONAHA.120.048996.

<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.048996>

physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week²¹

The question was asked slightly differently in the PYT Community Survey than the measures in the, but the guidelines are roughly equivalent to 20 minutes of exercise a day, 7 days per week. Only 1 in 6 (17%) of the Yaqui survey respondents met these requirements. On the plus side 77% said that they exercise for 20 or more minutes at least 1-2 times per week. Unfortunately, 1 in 4 don't exercise at all.



Exercise is prevalent, but could be done more often

- 77% exercise for 20 minutes at least 1-2 times/week
- Only 17% are close to the physical activity guidelines by exercising for 20 minutes or more 5+ times/week*
- 23% do not exercise at all in a week
- 73% don't use a wellness program.

Substance Use

PYT Community Survey respondents did not indicate a particularly high level of substance use. About 15% had three drinks in one day on 1-4 occasions in a week. The remaining 85% said they had less than this or none at all. Only 4% said they used illegal substances in a week and 6% used a prescription medication in a way that was not prescribed. Answers to these questions may not be reflective of the community as individuals tend to understate substance use or even choose not to acknowledge it at all (e.g., illegal substance use). However, there are other data that suggest that there may be some issues with substance use.

As mentioned in other parts of the report, drug and alcohol abuse are concerns of the community and clinical, behavioral health, and mortality data all support this observation. If drug-induced deaths

²¹ Department of Health and Human Services, *Physical Activity Guidelines for Americans*, 2nd edition.

were placed among the leading causes of mortality, it would be the third highest leading cause of death in the community.²³

Figure 25 Leading Causes of Mortality - Pascua Yaqui (Source: ADHS, 2016)

Deaths per 100,000 population
Diabetes
Heart disease
Drug induced deaths
Parkinson's disease
All types of cancer

Tobacco Use

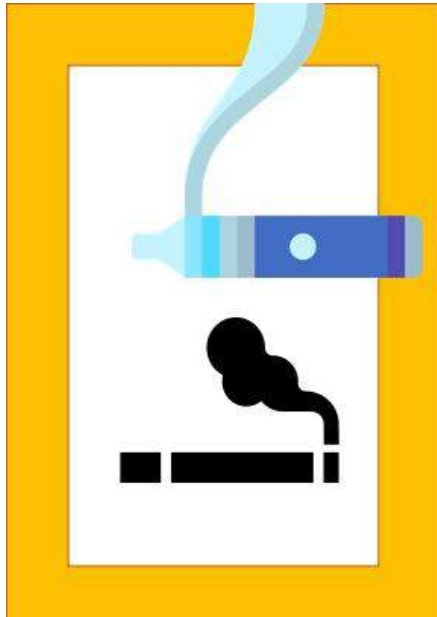
The rate of smoking among the PYT Community Survey was 15% as shown below. This is comparable to residents of Pima County and Arizona as it was measured in 2016.²³ While this shows the tribal members to be on par with others in the county and state, the health risks of smoking suggest that this is an area to continue to discourage tribal members from using tobacco products. In addition, the El Rio Clinic data suggested that as many as 24% of pregnant women may be smoking, another risk factor for both the mothers and infants.

Figure 26 Current Smoker (Source: PYT Community Survey, Pima County Health Department)

	Pascua Yaqui (2020)	Pima County (2016)	Arizona (2016)	Compare to AZ
Current smoker	15%	15%	14%	<input checked="" type="checkbox"/>

Further findings on vaping and chew are shown in the inset box below. Thus far, tribal members do not appear to be using chew or vape products at high rates, but the use of vaping has been increasing over time.

²³ Pima County Health Department, Pima County Community Health Needs Assessment 2018 (data are from 2016). Link in previous footnote. Unfortunately alcohol related deaths were not available, however the PYTHSD is working with ADHS to get these data.



Very little use of cigarettes, chew, vape devices

- 95% don't vape or use e-cigarettes in a week
- 99% don't use tobacco chew
- 85% don't smoke cigarettes

Screening for Disease

When cancer isn't prevented or can't be prevented, one of the ways to reduce the potential serious outcomes of cancer is to conduct cancer screening. This is why the medical community recommends procedures such as mammograms (for breast cancer) or colonoscopies (for colon cancer). In the table below are some cancer screening procedures, the patients who are eligible to receive them (e.g., women over 50 for mammograms) and the percent of eligible patients who received the screening. As shown in table below, most eligible women are receiving pap smears (for cervical cancer screening), but only half of those eligible were screened with a mammogram or colonoscopy. Again, the pandemic may have reduced opportunities for mammograms and colonoscopies.

Cologuard®, a relatively new product that can test for potential colon cancer without a colonoscopy, has not been approved by many health plans and is expensive to purchase out-of-pocket so it not used often at this time.

Figure 27 Cancer Screening at El Rio Clinic (El Rio CHC, 2020)

	Number of Patients Screened	Eligible patients	Percent of eligible patients
PAP Smears	659	778	85%
Mammograms	502	971	52%
Colonoscopies	594	1173	51%
Cologuard®	0	1173	0%
Note: Percentages shown are among each group so do not total 100%.			



Behavioral Health

Self-Reported Mental and Emotional Health

Mental and emotional health are hard to measure and individuals who do not want to or aren't able to talk about an emotional issue may never be identified. The PYT Community Survey addressed some questions on emotional and mental health to get an idea about the status of tribal members.

The survey results showed that most tribal members are happy most of the time - 89% of tribal members indicated they were happy some, most, or all of the time. However, the results also showed that some tribal members experience emotions of being sad, anxious, lonely, and/or scared for a great deal of the time:

- 1 in 5 are anxious most or all of the time
- 1 in 10 are sad most or all of the time
- 1 in 10 are lonely most or all of the time
- 1 in 12 are scared most or all of the time
- 1 in 4 (26%) felt at least one of the emotions listed above (anxious, sad, lonely, and/or scared) for most or all of the time in the past 12 months.

Among those anxious, sad, lonely, and/or scared most/all of the time, 73% did not seek care. Of those who sought care, most went to Centered Spirit (76% of those who sought mental health assistance went to CSP).

Types of Disorders

Most of the individuals who felt at least one of the emotions most/all of the time did not seek care for their emotional status. Of the 80 survey respondents who said they were anxious, sad, lonely, and/or scared for most/all of the time, only 20 of them (25%) sought out a mental health professional. Eighty percent did not seek care, at least with a mental health professional. It's interesting to note that an additional 33 people sought help from a mental health professional in the past year, however, they did not experience being anxious, sad, lonely or scared most of the time.

Those who sought care at Centered Spirit, the Tribe's behavioral health program, sought care for a number of reasons. The most frequent diagnosis in 2020 was for opioid or alcohol dependence, followed by adjustment disorders and depressive disorders. When a person has a depressive disorder, the person "experiences constant sadness marked by feelings of intense loss of interest, hopelessness, and despair for a prolonged period of time." In contrast, an adjustment disorder is "development of emotional or behavioral symptoms in response to an identifiable stressor" such as the death of a loved one, the loss of a job or some other life event. Providers add these descriptions to further define the disorder:

- **With depressed mood** – low mood, tearfulness, or feelings of hopelessness are predominant
- **With anxiety** – nervousness, worrying, jitteriness, or separation anxiety is predominant
- **With mixed anxiety and depressed mood** – a combination of depression and anxiety is predominant
- **With disturbance of conduct** – behavioral changes are predominant
- **With mixed disturbance of emotions and conduct** – Both emotional symptoms (depression, anxiety) and a disturbance of conduct are predominant
- **Unspecified** – For maladaptive reactions that are not classifiable as one of the specific subtypes of the adjustment disorder²⁴

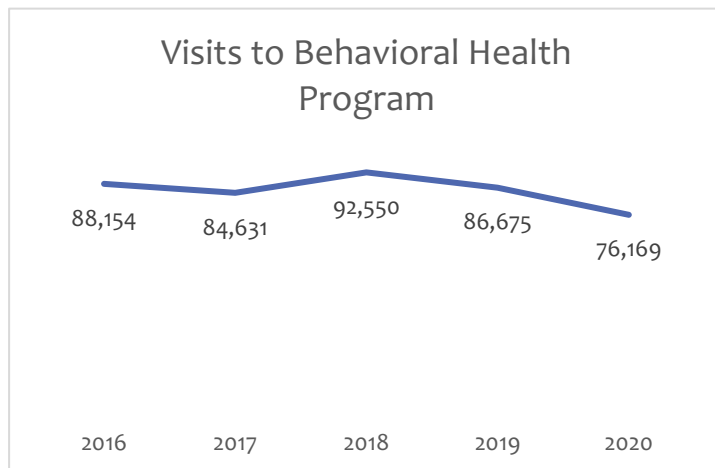
Figure 28 Diagnoses at PYT Behavioral Health (Source: PYT Behavioral Health, 2016-2020)

Behavioral Health Diagnoses by Year	2016	2017	2018	2019	2020
Substance Use/Abuse					
Opioid dependence	212	176	167	156	149
Alcohol dependence, uncomplicated	--	--	93	84	67
Other and unspecified alcohol dependence, unspecified	87	64	--	--	--
Alcohol Abuse	45	49	44	--	--
Amphetamine dependence	32	--	--	--	--
Adjustment (to Change) Disorders					
Adjustment disorder, unspecified	102	99	103	90	85

²⁴ Clinicians use the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) to make diagnoses of patients. The DSM-5 definitions used here are explained well at Verywellmind, accessed April 2021. <https://www.verywellhealth.com/major-depressive-disorder-5092483>

Adjustment disorder with mixed disturbance of emotions and conduct	40	47	56	45	39
Adjustment disorder with mix anxiety and depressed mood	47	55	53	42	37
Depressive Disorders					
Depressive disorder, unspecified	53	44	36	32	39
Major depressive disorder, recurrent, moderate		31	32	36	33
Major depressive disorder, recurrent, unspecified		--	--	30	31
Other					
Post-traumatic stress disorder, unspecified	55	53	44	38	47
Attention deficit/hyperactivity disorder combined type	61	56	41	43	40
Source for disorder descriptions: Verywellmind, https://www.verywellhealth.com/major-depressive-disorder-5092483					

Figure 29 Behavioral Health Visits (Source: PYT Behavioral Health Program, 2020)



As shown to the left, Centered Spirit has approximately 80,000 visits with patients each year, including individual and group sessions. Not surprisingly, in 2020, the number decreased somewhat due to closures and limitations due to the pandemic. The program did resume patient interactions through electronic meeting software, however, no group sessions were held due to HIPAA guidelines.

The El Rio Clinic also diagnosed some patients with substance use, depressive disorder, adjustment disorder or other disorders. The patients at El Rio (shown below) were less likely to have opioid or alcohol issues as those who visited Centered Spirit, and instead, anxiety and tobacco use were the most frequent diagnoses. There were depressive disorders on both lists (El Rio and CSP).

Figure 30 Mental Health Diagnoses at El Rio Clinic (El Rio CHC, 2020)

Diagnosis Category	Number of Patients	Percent of all patients
Other anxiety disorders	193	5%
Indication of anxiety or depression (detected from screening)	173	4%
Use of tobacco	154	4%
Depressive episode	128	3%
Reaction to severe stress, and adjustment disorders	96	2%
Use of alcohol	81	2%
Use of opioids	81	2%

Recurrent depressive disorder	79	2%
Specific developmental disorders of speech and language	56	1%
Multiple drug use and use of other psychoactive substances	47	1%
Bipolar affective disorder	46	1%
Nonorganic sleep disorders	46	1%
Use of other stimulants, including caffeine	42	1%

Mental Health Screening

One of the best practices for providers is to screen for mental health issues when seeing a patient. Several tools have been designed for this purpose and most include just a few questions and a simple scoring system for determining if the patient is in need of further consultation or treatment. For example, the PHQ-2 is a two-question questionnaire that providers ask to determine if the patient may be experiencing anxiety or depression. As shown in the chart below, it was asked of 64% of all patients who came to the El Rio Clinic in 2020. The SBIRT, a screening tool for substance use disorder was used with more than half of the El Rio patients in 2020.

Figure 31 Mental Health Screening at El Rio Clinic (Source: El Rio CHC, 2020)

	Number of Patients Screened	% of all Patients
Mental Health – Patient Health Questionnaire (PHQ-2)	2,606	64%
Mental Health - Screening, Brief Intervention, Referral and Treatment SBIRT	2312	57%
Mental Health - Patient Health Questionnaire (PHQ-9)	318	8%
Mental Health - Alcohol Use Disorders Identification Test (AUDIT)	102	2%
Note: Patients may be screened with more than one tool, so the total is more than 100%.		

The Impact of the COVID-19 Pandemic on Mental Health

Results from the Pascua Yaqui Tribe Pulse Survey show the impact of the COVID-19 pandemic. This survey was conducted among 1,476 respondents, 761 of whom were enrolled tribal members. It was conducted in February and March of 2021 and given to individuals receiving their COVID-19 vaccinations.

The table below shows the results of the survey among tribal members only. Surprisingly, about 1 in 5 respondents (19.7%) said their overall health is *better* now than before the pandemic. Only 7.8% said their health is *worse* now than before the pandemic. The remaining respondents (72.5%) indicated that there was no change in their overall health.

The pandemic’s influence on mental health follows a different pattern. When tribal member respondents were asked, “Do you find yourself feeling more depressed now than before COVID-19?” 14.3% said they did. When asked about feeling more anxious, the proportion of those experiencing more now than before was 1 in 4 respondents (29.0%). Perhaps in response to this increased anxiety or perhaps due to other factors, 15.9% of the respondents said their use of prescription medication and/or alcohol had increased. In a separate question, 4.2% said their use of marijuana and/or other drugs had increased when compared to before the pandemic. (Because there were two separate questions, there may be overlap between those who use prescription medications/alcohol more and those who use marijuana more.)

Figure 32 Pandemic and Mental Health (Source: PYT Pulse Survey, 2021)

	Tribal Members Self-Rating		
	Better Now than Before	The Same as Before	Worse now than before
Overall health	19.7%	72.5%	7.8%
		The Same as Before	More now than before
Feeling depressed		85.7%	14.3%
Feeling anxious		71.0%	29.0%
Use of prescription medication and/or alcohol		84.1%	15.9%
Use of marijuana and/or other drugs		95.8%	4.2%

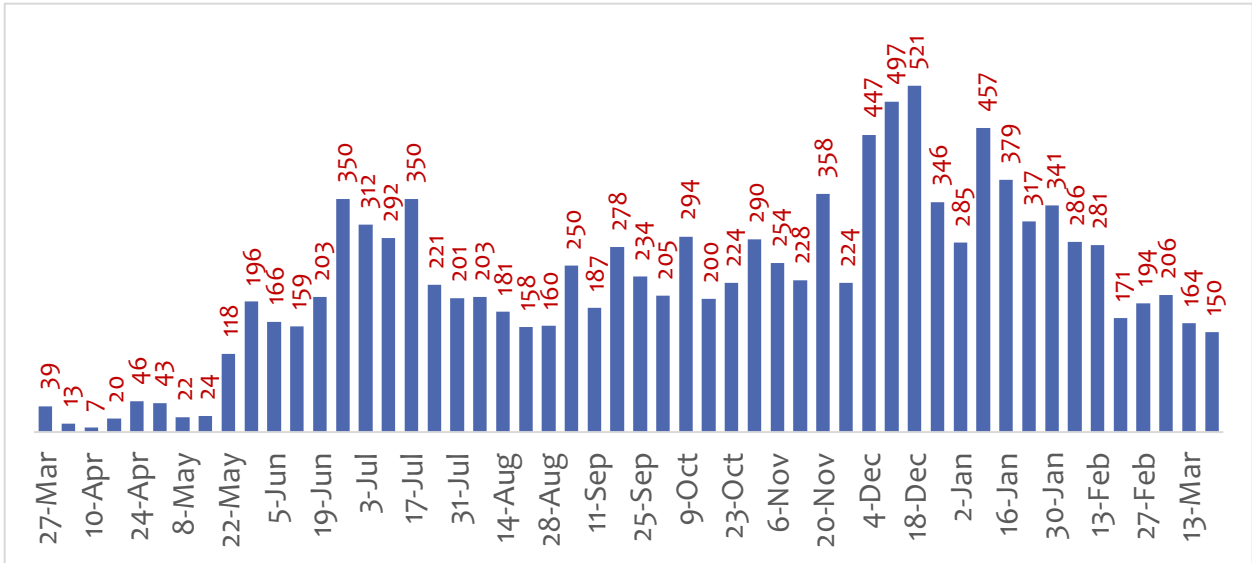
Do tribal members feel they can cope with the pandemic and all that comes with it? When respondents were asked “Do you feel that you have the necessary coping skills to deal with the additional stress added to your life due to the COVID-19 pandemic?” most said either “yes” (63.9%) or “somewhat” (21.6%). Only 14.5% said “no.”

Infectious Diseases

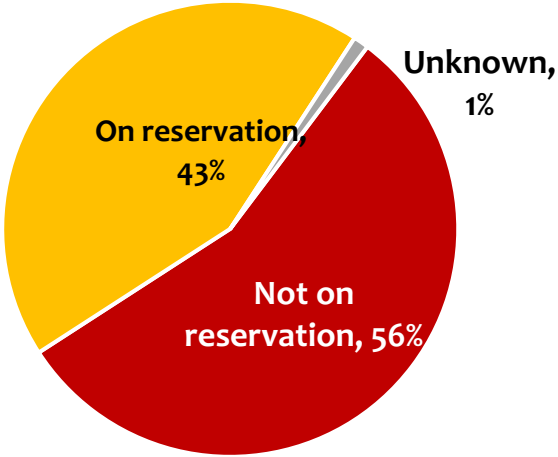
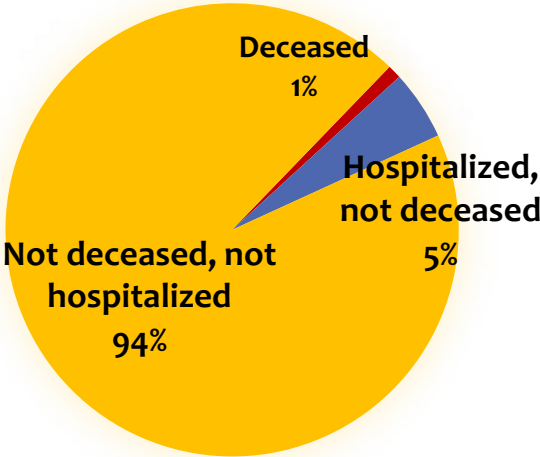
COVID-19

The global pandemic of COVID-19 affected the Pascua Yaqui community as it affected the whole world. As of March 19, 2021, the Tribe performed more than 11,000 tests with peak testing occurring around the times when cases increased: in June and July of 2020 and again in December 2020 through January 2021.

Figure 33 COVID-19 Testing by Week (Source: PYTHSD, 2020-21)



As of March 31, 2021, there were 1,853 cases, 26 of whom were deceased (1% of all cases). Five percent of all cases were hospitalized but survived. Twenty-eight percent were employees of the tribe, 43% lived on the reservation. As of March 31, 2021, the case fatality rate was 1.4%.



When compared with other tribal communities, the Pascua Yaqui Tribe had mostly comparable rates, with a few exceptions. The case fatality rate (CFR) of 1.7% in December was slightly lower than rates on the Tohono O’odham Nation and the same as those for Pima County and Arizona. By January, the CFR was 1.3%, lower than all American Indians/Alaska Native cases living in Arizona in tribal and non-tribal communities (Arizona AI/ANs), and the Navajo Nation. The death rates were similar to the rates for Arizona AI/AN and the Navajo Nation, but higher than the rates for Pima County or Arizona.

Figure 34 Comparisons: COVID-19 Among PYT and Other Communities (2021-21)

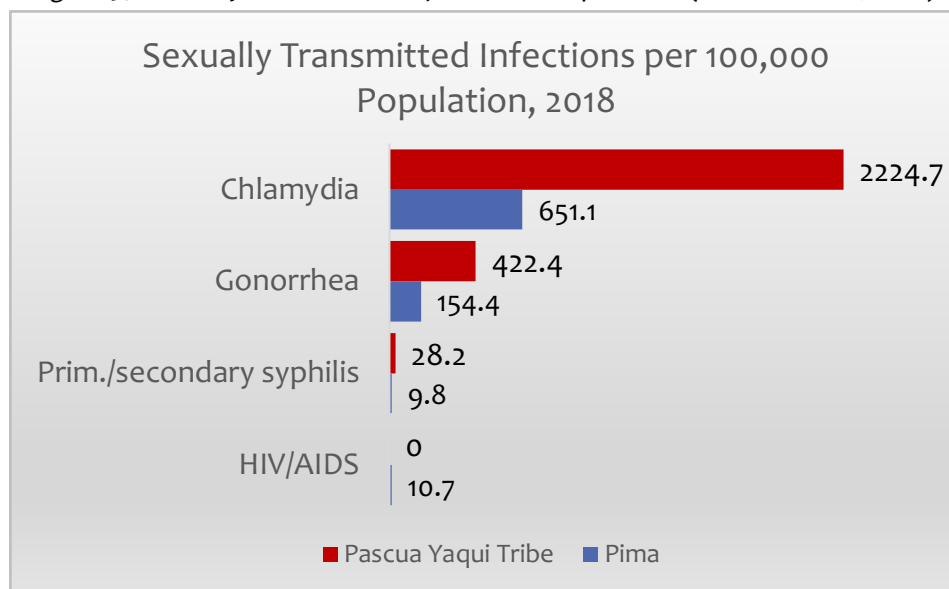
	Case fatality rate (Total deaths ÷ total cases)	Deaths	Cases	Cases per 10,000 Population	Deaths per 10,000 Population
As of 12/12/20					
Pascua Yaqui Tribe (12/12/20)	1.7%	18	1053	1,532	26.2
Pima County (12/12/20)	1.7%	960	55,900	534	9.2
Arizona (12/12/20)	1.9%	8,110	434,616	597	11.1
Tohono O'odham Nation (12/09/20)	3.6%	32	881	396	14.4
As of 1/11/21					
Pascua Yaqui Tribe (1/11/21)	1.3%	20	1,556	2,265	29.1
Arizona AI/AN in all tribal and non-tribal communities (1/11/21)	3.1%	947	30,385	788	24.5
Navajo Nation (1/11/21)	3.4%	871	25,383	745	25.6
<p><i>Note: Counts are shown only as of the date provided (12/12 or 1/11). Cases and deaths as of 3/31 are in section above. Because data were only available from other communities in certain time periods, the PYT count is shown at the two different time periods to be comparable. Sources: PYT data from El Rio CHC; Pima, Arizona, and Arizona AI/AN from Arizona Department of Health Services COVID-19 Dashboard; Navajo Nation from Navajo Department of Health, Tohono O’odham Nation Emergency Management Facebook Page.</i></p>					

Sexually Transmitted Infections (STIs)

The rate of sexually transmitted infections among tribal members tends to be higher than in Pima County residents as a whole. Comparisons between Pima County and the Pascua Yaqui community are shown in the chart below. This chart shows newly identified cases in the year 2018 per 100,000 individuals in the population. Chlamydia is considerably higher as are gonorrhea and syphilis to a

lesser extent. There were no new cases of HIV identified that year. The gonorrhea rate is well above the rate in Arizona (14.9 per 100,000) and the Healthy People 2020 goal of 1.4.²⁵

Figure 35 Sexually Transmitted Infections Comparisons (Source: ADHS, 2018)



The next table shows the sexually transmitted infections that were diagnosed at the El Rio Clinic. These may not represent all or even most of the cases in the community as some tribal members may have chosen to be tested somewhere other than El Rio. However, it does provide information on how many tribal members are seeking care for STIs.

Figure 36 Sexually Transmitted Infections Diagnosed at Clinic (Source: El Rio CHC, 2020)

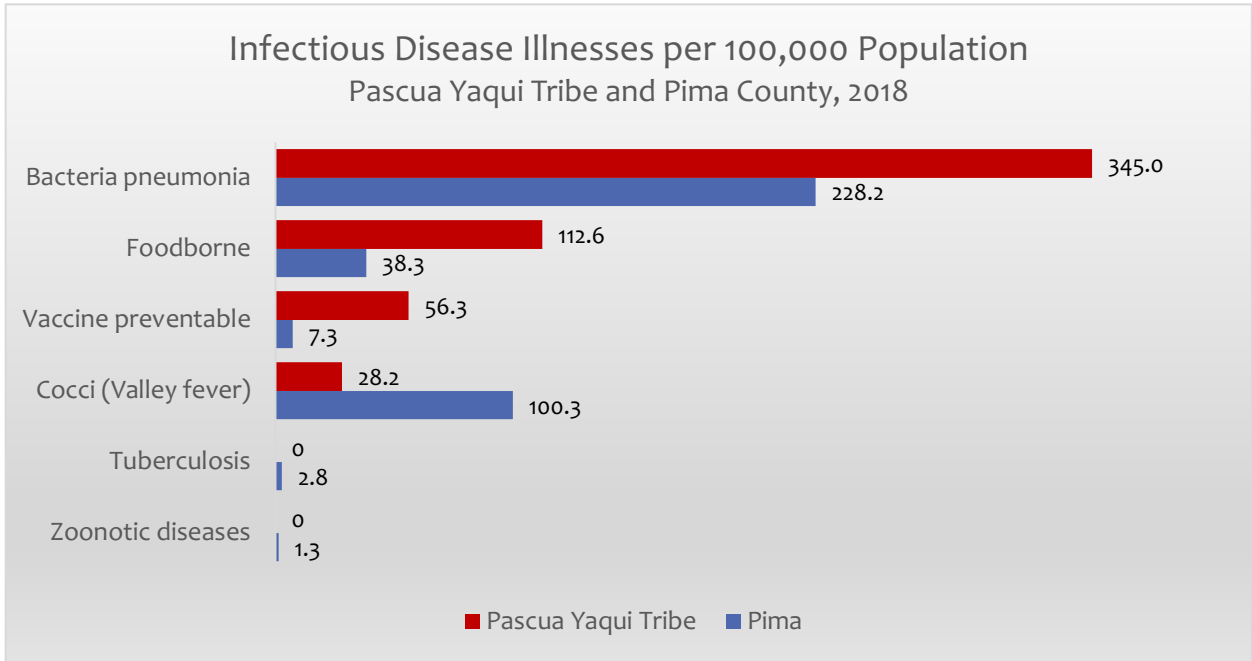
	Diagnoses	% of All Patients
	4090	
Hepatitis C – Existing*	158	4%
Chlamydia - Existing	59	1%
Chlamydia - New	59	1%
Gonorrhea - Existing	33	1%
Gonorrhea - New	11	<1%
Syphilis - Existing	33	1%
Syphilis - New	14	<1%
HIV	TBD	TBD
*Hepatitis C patient count is from the PYTHSD. All other data are from El Rio CHC.		

²⁵ Arizona Department of Health Services, Table 6B, MONITORING PROGRESS TOWARD ARIZONA AND SELECTED NATIONAL YEAR 2020 OBJECTIVES: 2017 County Profiles (Corrected) Bureau of Epidemiology and Disease Control Services, Office of Infectious Disease Service. Accessed April 2021.

Other Infectious Diseases

A handful of other diseases show some rates that are more favorable among tribal members and some less favorable. As shown in the chart below, on the one hand, bacterial pneumonia and foodborne illnesses have a higher rate in the Yaqui community when compared with Pima County. On the other hand, valley fever, tuberculosis, and zoonotic diseases (such as West Nile virus) are lower in the Yaqui community. In fact, there were no cases of zoonotic diseases and no cases of tuberculosis at all in 2018. One concerning difference is the vaccine preventable diseases which have a rate more than 7 times higher than the rate for Pima County.

Figure 37 Infectious Disease and Other Disease Rates per 100,000 Population (Source: ADHS Office of Infectious Disease, 2018)



This pattern emphasizes the importance of childhood vaccinations to prevent vaccine preventable diseases.



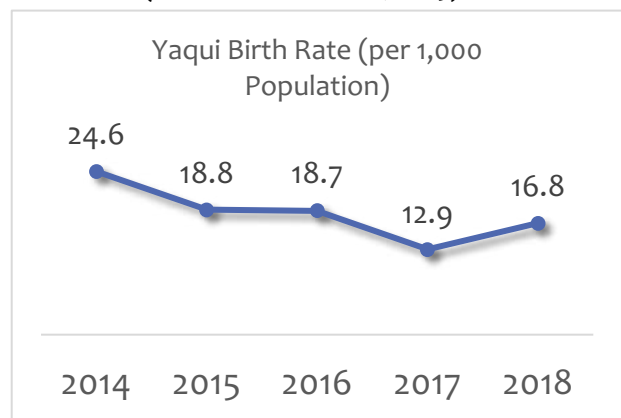
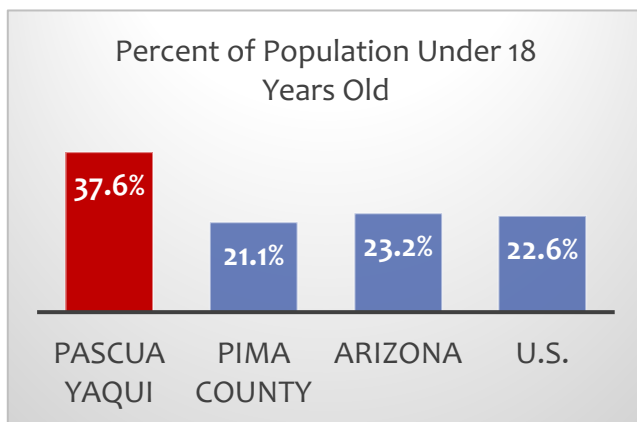
Photo: PYT website

Maternal and Child Health

Children in the Community

Children make up a considerable part of the community’s population. More than one in three individuals living in the Yaqui community are children 18 years old and younger. Compared to Pima County, the state, and the U.S., this is a higher percentage, as shown below left. The number of births each year has been trending downward. After a peak of 95 infants born in 2014, the number of births dropped each year until a slight increase in 2018 (below right).

Figure 38 Percent of Population Under 18 and Birth Rates (Source: U.S. Census, 2019)



Birth Characteristics

There are several indicators that public health experts use to examine maternal and child health. These are shown in the table below. The first table shows comparisons between the Pascua Yaqui Community and Pima County, Arizona, and the U.S.

The last column in the table sums up the comparison of this measure to Arizona as a whole. (See box to the right for descriptions.) This table shows that the Pascua Yaqui community is about the same or more favorable when it comes to getting prenatal care and infant mortality. Three areas to watch are low birthweight, teen mother, and single motherhood as these are not as favorable as they are for Arizona.

Figure 39 Birth Characteristics (Source: ADHS, National Center for Health Statistics, Various Years)

	Pascua Yaqui	Pima County	Arizona	U.S	Compare to AZ
Total births (2018)	69	10,660	80,539	3,791,712	
Infant mortality per 1,000 live births (2018)	0	5.7	5.6	5.6	✔
Prenatal care in the 1st trimester	65%	68%	72%	78%	✔
No prenatal care	5%	4%	5%	6%	✔
Low birthweight newborns (<2,500 grams)	14%	8%	8%	8%	🕶
Mother 19 years old or younger per 1,000 live births	59	20	22	17	🕶
Single mother (2018)	91%	46%	45%	40%	🕶
<p>Birth rate, prenatal care visits, Low-weight births, and teen births are the average for 2010 through 2019. Source: Arizona Department of Health Services, Bureau of Women and Children’s Health, Primary Care Area Statistical Profiles, February 2021. Includes those living in the reservation’s census tract. https://www.azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php#statistical-profiles-pca</p> <p>Total births, infant mortality, and single mother are all from 2018. ADHS, Arizona Health statistics 2018 Annual Report. https://pub.azdhs.gov/health-stats/report/ahs/ahs2018/index.php</p> <p>All data for U.S: National Vital Statistics Reports, V. 68, No. 13 "Births: Final Data for 2018" Martin, J, et al. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf</p> <p>National Center for Health Statistics, Mortality in the United States, 2018. Pub. 2020. https://www.cdc.gov/nchs/products/databriefs/db355.htm</p>					

When comparing the Yaqui mothers and infants to those in other tribal communities, there are a few disparities, as shown below. This is not to minimize the importance of key factors such as prenatal care, which the Tribe considers to be a key health component during pregnancy. However, the similarities with other tribes demonstrates some cultural differences from the dominant society when it comes to young motherhood and marriage before motherhood.

Figure 40 Birth Characteristics in Tribal Communities (Source: ADHS, 2018)

	Pascua Yaqui	Salt River Pima- Maricopa Indian Comm.	Tohono O'odham Nation	Compare to Others
Total births	69	97	94	
Prenatal care in the 1st trimester	65%	57%	49%	☑
No prenatal care	5%	11%	14%	☑
Low birthweight newborns (<2,500 grams at birth)	14%	10%	16%	☑
Mother 19 years old or younger per 1,000 live births	59	51	43	☑
Single mother	91%	86%	88%	☑
See references in previous chart.				

The Tribe is delving further into the issue to see if there is actually a risk of poor birth outcomes when the mother is single or a teen. Years ago, research in this area suggested that teen moms, for example, were more likely to have low birthweight births. However, this research was done neither among Yaqui teen moms nor American Indian/Alaska Native teen moms. Thus, it may research that is not applicable to the Tribe.

The tribe conducted a focus group and interviews under a grant from Department of Health and Human Services Office of Population Affairs, Tribal Pregnancy Support Program in December of 2020. Group participants included young parents in their teens and early twenties.²⁶ The results indicated that although there were struggles, these young parents said they were able to manage their new life change well. For example, almost all stayed in school (high school or college). In addition, all participants reported that their families were helping with the baby: grandparents, cousins, aunts, etc.

What is more important than the marital status or age of the infant is other known risk factors, such as receiving prenatal care or abstaining from smoking during pregnancy. The table below shows that 1 in 4 pregnant women smoked during pregnancy and 1 in 5 did not get prenatal care until after the first trimester.

²⁶ PYT Office of Population Affairs Tribal Pregnancy Support Program, *Final Program Progress Report*, March 31, 2021.

Figure 41 Maternal and Infant Health Measures (Source: El Rio CHC, 2020)

	Number of patients	Percent of applicable patients
Births	43	
Premature birth	9	21%
Maternal – low birthweight (<2500gm)	6	14%
Pregnant in 2020	68	
Maternal - 1st Trimester Prenatal Care	15	22%
Maternal - Smoking during pregnancy	16	24%

As mentioned earlier, immunizations and lead screening are important for children’s health. More than 3 in 4 children were tested for lead levels and 3 of the 170 children test actually had positive lead levels.

Figure 42 Childhood Vaccinations and Lead Testing (Source: El Rio, CHC, 2020)

	Number of Patients	Eligible patients	Percent of eligible patients
HPV (Human Papillomavirus) Immunizations	28	183	15%
19-35 Month Recommended Immunizations	TBD	TBD	TBD
Children - all recommended vaccinations by 5 years old	TBD	TBD	TBD
TDap (Tetanus, diphtheria, pertussis) Booster Immunizations	4	183	2%
Tested for lead	170	222	77%
Positive elevated lead levels	3	222	1%
Note: “Eligible patients” are the number of patients who are in the recommended age group to receive that type of vaccination. Column does not total 100% as percentages refer to the number of patients divided by the eligible patients in the columns to the left of the percent.			



Built and Social Environment

Housing

In 2020, the Pascua Yaqui Tribe received a record setting Low Income Housing Tax Credit (LIHTC) award from the Arizona Department of Housing (ADOH). This credit will allow the Tribe to build 50 homes with “a modern aesthetic, green features and amenities.” This will be the start of a larger master-planned community. According to an article in *Indian Country Today*:

“The new development will serve all family sizes with a combination of two, three, and four-bedroom homes. Homes will include private exterior courtyards, enclosed garages, mudrooms and open living spaces. Energy efficient features and quality materials will make the homes affordable and low-maintenance for years to come.”²⁷

The project is being overseen by the Pascua Yaqui Housing Department. The Department’s mission is to provide opportunities for each tribal member to have an “affordable, decent, healthy, and safe home and surrounding neighborhood” to promote economic stability.²⁸ Residents of the new homes will be within walking distance of the Wellness Center so they can take advantage of social and recreational activities there. Construction has started on the project and there is a waiting list of tribal members interested in owning one of the homes.

The Tribe is building a 100,000+ square foot facility that will house some programs of the Health Services Division (including Sewa U’usim, Centered Spirit Program, Community Nursing, and others), a new pharmacy, and the Social Services department. There will be three group homes:

²⁷ Indian Country Today, *Pascua Yaqui Tribe to Build 50 New Homes with Record Setting Low Income Housing Tax Credit Award*, 1/26/21. <https://indiancountrytoday.com/the-press-pool/pascua-yaqui-tribe-to-build-50-new-homes-with-record-setting-low-income-housing-tax-credit-award>

²⁸ Pascua Yaqui Tribe website, Housing Department page, accessed April 2021. <https://www.pascuayaqui-nsn.gov/index.php/housing-department>

- Men’s Path: A 10-bed home for recovering male individuals in recovery.
- Women’s Path: A 10-bed home for recovering female individuals in recovery.
- Assisted Living: A 10-bed home for adults who need short- or long-term assistance in their daily lives.

In addition, there will be a new Boys and Girls Club funded by a Housing and Urban Development Indian Community Development Block Grant. The facility will be 5000 square feet and will be located next to the Wellness Center.

Figure 43 Pascua Yaqui Homes #7 Design Rendering (Source: Travois Design)



Air Quality

According to the American Lung Association’s *State of the Air Report*, Pima County receives mixed ratings when it comes to air quality.²⁹ The county got a grade of “B” for particle pollution and had zero days when particle pollution was at harmful levels. However, the county did not perform as well when it came to ozone levels. The report gave Pima County a failing grade (“F”) and stated that there were 14 days when levels were at one of the unhealthy levels. Prior to 2016, the number of high ozone days was decreasing for a decade. Unfortunately, in 2017, it began to increase and by 2018, it surpassed the acceptable levels.

²⁹ American Lung Association, *State of the Air Report 2020*, accessed March 2021.
<https://www.stateoftheair.org/city-rankings/states/arizona/pima.html>

Figure 44 High Ozone Days (Source: American Lung Association, 1996-2018)



This is particularly concerning for Yaqui tribal members as there is a high rate of asthma in the Tribe, as discussed on page 25.³⁰

Food Insecurity

According to the organization Feeding America, food insecurity is defined as “a lack of consistent access to enough food for every person in a household to live an active, healthy life.”³¹ This can be a temporary or permanent situation and may be due to many different causes. For example, the organization estimates that the coronavirus pandemic may cause 42 million people in the U.S. to experience food insecurity in 2021.

Healthy eating can be out of reach due to cost

- More than half (59%) couldn't afford healthy meals often or sometimes in past year



³⁰ Arizona Department of Health Services, Community Profiles Dashboard, accessed March 2021. <https://azdhs.gov/gis/community-profiles-dashboard/index.php>

³¹ Feeding America, <https://www.feedingamerica.org/hunger-in-america/food-insecurity>

Some respondents participating in the PYT Community survey indicated that they may be experiencing some form of food insecurity. More than half of the survey respondents indicated that there were times they couldn't afford healthy meals. In addition, 1 in 4 respondents said that at least once in the past year they were hungry but didn't have enough money for food. One in 3 ate less or skipped a meal because there wasn't enough money for food. The Pascua Yaqui food pantry can be helpful to these families (32% used the Tribe's food pantry), as are other pantries (10% used a pantry other than the Tribe's).

The maps below, also from Feeding America, shows that 20.6% of children and 14% of adults may be food insecure in Legislative District 3, the district in which the Pascua Yaqui tribal land is situated.

Figure 45 Food Insecure Rate for Children in District 3 (Source: Feeding America, 2020)

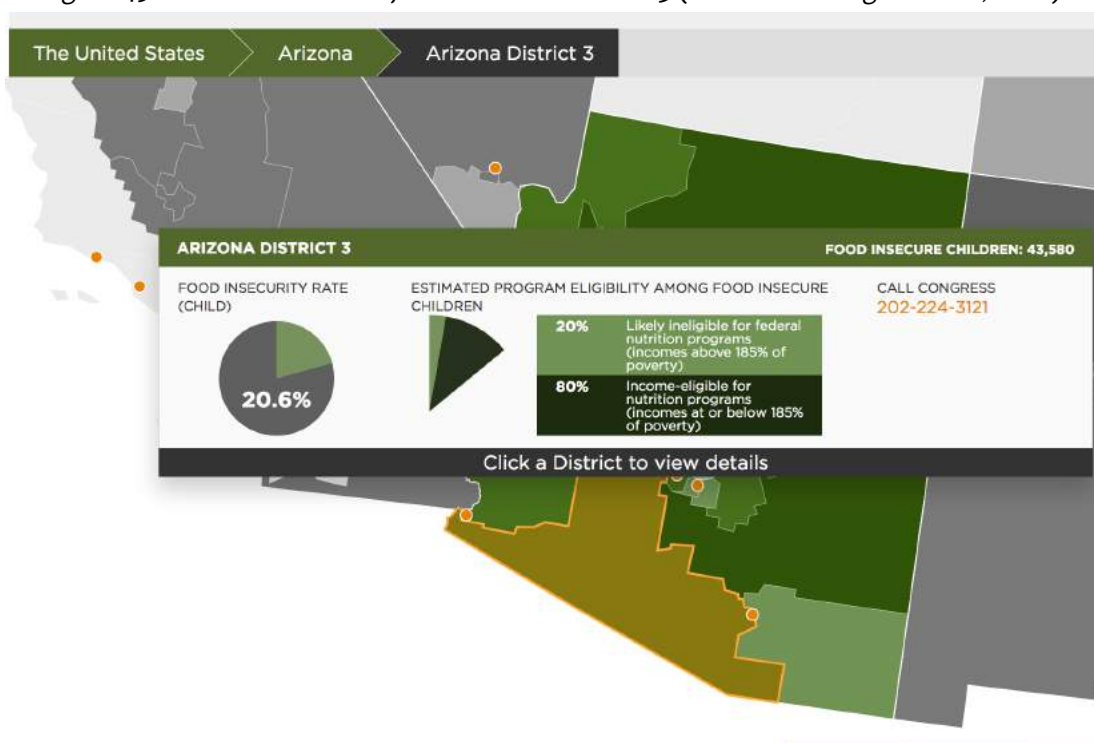
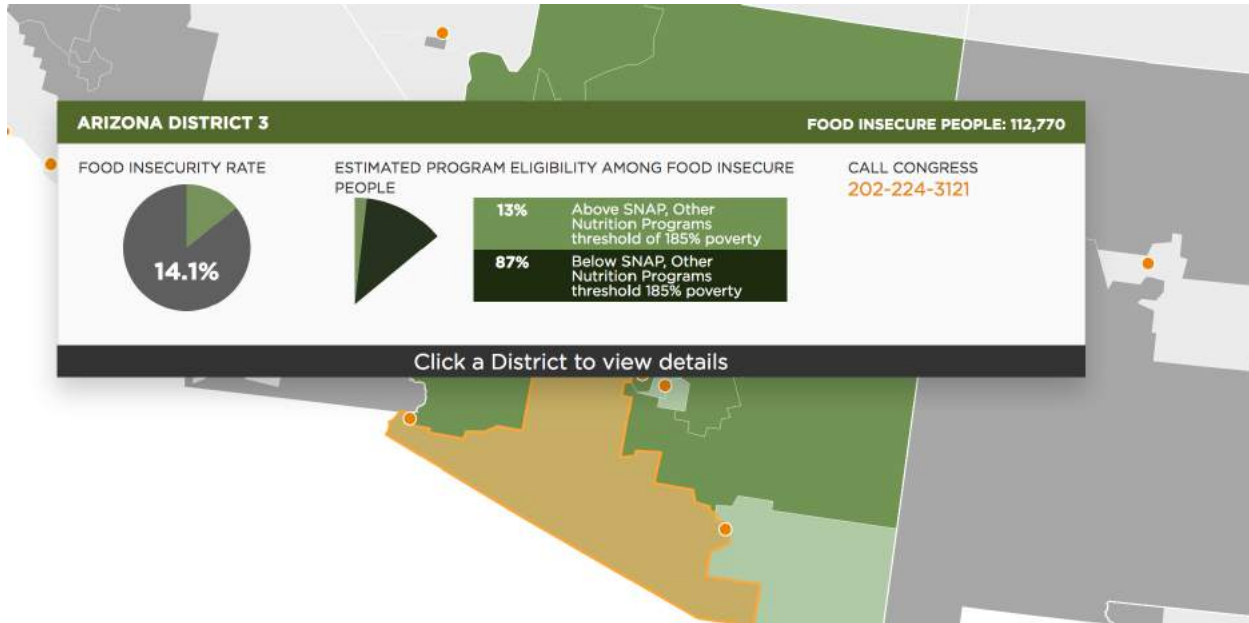


Figure 46 Food Insecure Rate for All Residents (Source: Feeding America, 2020)



Crime

Crime statistics from 2020 from the PYT Police Department are shown below. Larceny (theft) and alcohol were the most frequent causes for calls to police in the Pascua area. Drugs and domestic violence were in the next tier. In addition, there were 282 calls related to juveniles.

Figure 47 Crime Information (Source: PYT Police Department, 2020)

	Marana	Sahuarita	Pascua
Sworn Officers	91	46	28
Population	45,000	25,259	6,500
Area (in square miles)	126	33	3.5
Calls for service	13,057	7,443	10,083
Adult Arrests	1,404	315	299
Domestic Violence	196	54	130
Assaults	114	11	56
Aggravated Assaults	34	28	37
Drugs	216	156	128
Drug/Narcotics	216	156	49
Alcohol	129	18	240
DUI	110	36	18
Larceny (theft of property)	1,044	236	240
Burglaries	74	27	20
Juveniles	54	46	282

The Tribe is using diversion programs to direct those who have been involved in minor incidents with law enforcement (such as truancy) to activities they hope will be rehabilitative and allow the tribal member to get back on track without serving jail time. These programs are shown below along with the number of tribal members enrolled in the programs.

The numbers for APP and IAA are the number of individuals who were enrolled in these programs at the time of the fiscal year. The RRI surveys are a part of the Global Appraisal of Individual Needs (GAIN) – it is a short questionnaire that the program gives to participants. It is used to track progress toward recidivism reduction.³²

Figure 48 Number of Individuals in Referral Programs (Source: PYT Prosecutor's Office, 2021)

	FY 2017- 2018	FY 2018- 2019	FY 2019- 2020
Alternative Prosecution Program (APP)	35	30	14
Informal Adjustment Agreement (IAA)	9	4	0
Healing to Wellness Court (HTWC)	15	6	2
Attendance Achievement Program	--	3	10
RRI Surveys completed	23	9	13

³² GAIN Global Appraisal of Individual Needs Coordinating Center Website, accessed March 2021. <https://gaincc.org/get-started/>

Resources and Assets

The Pascua Yaqui Tribe has access to a number of resources on or near the reservation. The first table below shows the facilities and services that were available as of June 2020. The Tribe is located close enough to Tucson to have many types of facilities nearby. In addition, the PYTHSD will be dedicating a new building with modern features to better serve the Tribe in coming years.

Figure 49 Medical Facilities and Services (Source: ADHS Statistical Profile, 2021)

	Pascua Yaqui Tribe	Pima County	Arizona
Facilities			
Hospital (within a driving time of 35 minutes or less)	Yes	9	66
Skilled nursing facilities	0	25	159
Nursing beds	0	3059	16,241
Services			
Licensed home health agencies	0	28	188
Licensed pharmacies	1	206	1319
Certified ambulance services	1	15	107
Ambulatory care site types	A	A,B,C,D,E	A,B,C,D,E
Ambulatory care sensitive conditions per 1000 residents under age 65	101.2	42.1	42.1
Hospitalization			
Inpatient days per 1,000 residents	948	609	585
Ambulatory care site types: A. Comprehensive Health Centers (CHCs): primary health care programs characterized by comprehensive program development on a relatively large scale, together with substantial community involvement. Examples include federally supported community/migrant health centers. B. Primary Care Centers (PCCs): smaller primary health care programs stimulated and/or subsidized by community initiative, with or without financial assistance from outside the community. C. Organized Group Practices (OGPs): primary health care programs which consist of at least two full-time physicians in group practice operating autonomously, through a pooled income arrangement, not providing any outreach services. D. Institutional Extension Practices (IEPs): primary health care programs developed by existing institutions such as hospitals, health departments, American Indian Nation, group practices, etc. Includes rural satellites developed by health departments, established group practices and university medical centers. E. Other Forms of Practice			
Note: Pascua Yaqui is identified by the census tract that shares a border with the Pascua Yaqui tribal land.			

The table below shows the resources and assets mostly provided by the PYT Health Services Division. There is a wide range of choices on this list, including programs that offer alternative or traditional healing.

Figure 50 Pascua Yaqui Tribe Health Resources and Assets (Source: PYTHSD, 2021)

Program	Services
Alternative Medicine Program	<ul style="list-style-type: none"> • Chiropractor • Naturopathic medicine (botanical medicine, homeopathy, nutrition, acupuncture)
Assisting Living Home	<p>Provides services to all ages who need moderate assistance with activities of daily living:</p> <ul style="list-style-type: none"> • 24-hour Resident Aide Care • Assistance with medications • Assistance with Medical Appointments Daily Activities • Weekly Nursing Assessments
Centered Spirit - Behavioral/Mental Health Services	<p>Adult and child services that include managing:</p> <ul style="list-style-type: none"> • Anxiety • Behavioral problems • Trauma • Personal growth • Enhancing communications • Pre-marital Counseling • Depression • Grief & Loss • Alcohol & Substance abuse • Family violence or conflict • Social isolation • Transition to adulthood • Memory problems • Sexual Abuse • Problems with work or school • Transition to elder <p>Programs:</p> <ul style="list-style-type: none"> • Supportive Employment program • Residential treatment for addiction and mental health • Lutu'uria Youth Group • Sewa Tometeme Resource Center
Community Health Nursing (CHN) and Community Health Representatives (CHR) Programs	<p>Community health nursing services to individuals and families</p> <ul style="list-style-type: none"> • Patient and monitoring care in the home • Transportation and escort to medical appointments • Medication delivery • Maternal child health program • CHN case management • Dialysis • Child Passenger Safety Training
DaVita Dialysis Clinic	<ul style="list-style-type: none"> • Staff-assisted hemodialysis (as prescribed) • Self-dialysis in selected centers • patient and family education • social services and dietary evaluation and counseling
Dental Center	<ul style="list-style-type: none"> • Comprehensive dental services (excluding orthodontics)

Diabetes Prevention and Treatment Program	<ul style="list-style-type: none"> • Diabetes prevention and heart health education • Nutritionist • Diabetes self-management education • Personal goal setting
Diabetes Program Wellness Center	<ul style="list-style-type: none"> • Recreational/Fitness Program • Basketball gym and pool • Fitness room • Diabetes Prevention and Treatment Fitness Program
Drug Testing Program	<ul style="list-style-type: none"> • Drug testing • Drug and alcohol prevention education
El Rio Pascua Clinic	<p>Outpatient medical services for community members including</p> <ul style="list-style-type: none"> • doctor visits • family practice and pediatrics • routine immunizations, and boosters • diagnostic procedures • pharmacy • referrals to specialists
El Rio Specialty Clinics	<ul style="list-style-type: none"> • Cardiology • Gynecology • Podiatry • Physical Therapy • Rheumatology • Wound Clinic • Gastrointestinal
Hiapsi Kuakte “Change of Heart”	<p>Provides services in Pima County and surrounding areas for PYT members and their families who have been court mandated to domestic violence intervention for felony or misdemeanor offences involving the acts of violence. Self-referrals are also accepted.</p>
HIV/AIDS Prevention Program - Sewa Hamut	<ul style="list-style-type: none"> • Intake assessments and screenings • Prevention and education, including demonstrations for effective protection. • Liver transplant evaluation and preparation assistance • Needle exchange
Home and Community Based Services (HCBS)	<ul style="list-style-type: none"> • Arizona Long Term Care Services (ALTCS) and AHCCCS (Medicaid) • Community Health Nurse • Attendant Care Provider • Home delivered meals. • Transportation for medical appointments
Injury Prevention and Public Health Emergency Preparedness	<ul style="list-style-type: none"> • Home safety evaluations • Bike helmet giveaways and fittings
Men’s Pascua Assessment Treatment Healing (PATH)	<p>PATH Program Provides residential treatment services at its reservation facility. It is designed for males over the age of 18 years old who are PYT members or related to PYT members, seeking a quality sober lifestyle.</p>
Women’s Pascua Assessment Treatment Healing (PATH)	<p>PATH Program Provides residential treatment services at its reservation facility. It is designed for males over the age of 18 years old who are PYT members or related to PYT members, seeking a quality sober lifestyle.</p>
New Beginnings Clinic	<ul style="list-style-type: none"> • Substance abuse counseling • Methadone, suboxone, buprenorphine dosing • Referrals to psychiatrist, inpatient or residential treatment, psychologist, and hospitalization or detox

Optical Services	<ul style="list-style-type: none"> • Optometrist
Sewa U'usim Circles of Care	<ul style="list-style-type: none"> • Services for youth and their families • Crisis intervention • Youth and family support groups • Volunteer program
Transitional Treatment Program	Inpatient transition living housing, includes outpatient alcohol and substance abuse and parenting counseling for PYT tribal members with children on their road to recovery.
Transportation Program	Non-emergency transportation to medical and health providers for members, their spouses and children within the Pima, Marana, and Maricopa Counties.
Women, Infants, and Children	WIC is designed to keep pregnant, breastfeeding, post-partum woman, infants, and children under five, healthy and strong, services include: <ul style="list-style-type: none"> • Nutrition education breastfeeding counseling • Health referrals • Resource education and healthy foods
Yaqui Healers - Traditional Medicine Clinic	Advise and recommend treatments including herbal medicine(s), massages, counseling, ceremonies, spiritual healing, and prayer.
Yoeme Health Plan	Assists eligible tribal members residing in Pima County with health care services: <ul style="list-style-type: none"> • Ambulatory care services • Inpatient care services • Specialty care services
Yoeme Kari Group Home	<ul style="list-style-type: none"> • Substance Abuse Counseling • Life Skill Development • Transition to adulthood services • Community closet

The last table lists all assets that are available from the Tribe.

Figure 51 Tribal Departments and Services (Source: Pascua Yaqui Tribe, 2021)

Department	Description
Adult & Continuing Education Program- (GED Program, Adult Literacy)	The Adult Education Program provides literacy education, adult basic education, adult secondary education, GED preparation, skill enhancement, and other such learning opportunities for tribal community adults to improve their overall quality of life and allow them to reach self-sufficiency. We provide basic literacy education, Adult Basic Education, and refresher classes for students to improve their proficiency levels in the subjects of reading, math, and language arts. This education will be in the form of one-on-one tutoring, small group, computer based and classroom instruction opportunities. We create opportunities for students to participate in workshops that will increase their life and employability skills. We offer payment assistance for the GED test fee and these services are available only to enrolled members of the Pascua Yaqui Tribe. The goal of the program is to prepare students to successfully obtain their GED and allow them to become contributing member

PYPD Animal Control Services	Confinement, maintenance, safekeeping and control of dogs and other animals that become the custody of the Animal Control Officer.
Apprenticeship Programs	Assist employers by providing skilled and qualified workforce
Census Count Committee	To provide policy and program planning to Census Bureau on topics such as, outreach, data collection and evaluation activities.
Center for Employment and Training Program	Offers a workforce curriculum that includes business and office employment certificates on site to assist and empower tribal families to become self-sufficient and productive.
Child Care Services	Administering high-quality childcare programs and work toward the goal of building child ca subsidy system that is child-focused, family-friendly and fair to child care providers.
Child Protective Services	Provides investigation services and ongoing case management for child welfare cases.
Delayed Certificate of Birth Program	The purpose of the program is to assist the State Registrar in establishing the documentation requirements and process for the creation and registration of delayed birth certificates for Native Americans born before 1970.
Down Payment Assistance Program	The purpose of this program is to increase the financial well-being of the Pascua Yaqui members and their families by encouraging homeownership inside and outside the reservation boundaries by financially assisting qualified buyers with their down payment (not to exceed \$5000.00) for their home purchase.
Dr. Fernando Language & Resources Center	Promotes and preserves Yaqui knowledge and culture, inspires community members to continuously achieve higher levels of education, and enhances personal/community development to enrich and improve the quality of life for all Yaqui people.
Dr. Fernando Escalante Tribal Library Phone: (520) 879-5473	Our tribal library offers technological and literacy resources to our community members. Our technological services include access to computers, printers, scanners and faxing services. All services are provided free of cost. We also have over 12,000 items available for check-out which includes books, DVDs and CDs. New items are regularly added to our collection.
Diversion Programs (for Law Enforcement)	<ul style="list-style-type: none"> • <i>Alternative Division Prosecution Program:</i> This diversion program serves the adult participants who are generally first-time offenders of non-violent offenses. • <i>Attendance Achievement Program:</i> The program is a mandated and voluntary truancy diversion program for tribal families that identifies root obstacles to school attendance and delivers services in a restorative setting to improve attendance. It is a collaboration between tribal departments led by the PYT Department of Education and Law Enforcement. The overlapping mission of these departments is to educate and empower youth and families to improve their own lives. The ultimate goal of the Attendance Achievement Program is to ensure student's attendance in school. • <i>Healing to Wellness Court:</i> Created to reduce criminal activity linked to drug and alcohol offenses through a collaborative approach that coordinates community resources.

	<ul style="list-style-type: none"> • <i>Informal Adjustment Agreement:</i> A juvenile diversion program built into the Pascua Yaqui Tribal Juvenile Code. It is the obligation of the Office of the Prosecutor to determine what action shall be taken during the preliminary investigation, i.e., prior to any formal charges.
Emergency Medical Technician (EMT) Training/Apprentiship	<p>Through a collaboration with multiple workforce departments and the PY Fire Department, community members are able to train and certify as EMT's tuition free. Graduates of this program may be eligible to apply for Firefighter Apprentice openings with in the PY Fire Department as they become available.</p> <p>Completion of the EMT training is a pre-requisite for individuals looking to enter the Pima Community College Fire Fighting Academy or Paramedic program.</p> <p>Community members who qualify for the PYT EMT Apprenticeship training program are able to attend this training tuition free.</p>
Enhanced Tribal Card (ETC) Program (WHITI Compliant ID)	<p>Is available to qualifying enrolled tribal members on a voluntary basis who are not in a dual enrollment status with another tribe, band, or community; and</p> <ul style="list-style-type: none"> • Who are a U.S. Citizen by birth or naturalization • Who by way of source documents can establish his/her identity and principal address • Who can take part in ETC application/interview in person (by appointment only) <p>An ETC is valid only for international travel by land or sea between the United States, Canada, Mexico, the Caribbean, and Bermuda. It is not globally interoperable and is not valid for travel by air to or from any foreign destination.</p>
Exceptional Education Parental Advocacy Program	<p>Our Exceptional Education Program works together with parents of special needs children and Local Education Agencies (LEAs). Our advocates using specialized knowledge can assist in attending Individual Education Plan (IEP)/504 Plan meetings, write letters of concerns, and help answer parent's questions pertaining to school issues. Parent Advocates also make recommendations to available student support services as part of the IEP meeting. It is our department's goal to assure that Special Education students are receiving "Free and Appropriate Public Education" per the law.</p>
Family Preservation	<p>Services provide various activities that assist in supporting, enhance, preserve and reunifying the family through a continuum of family centered, comprehensive, coordinated, community-based accessible and culturally responsive.</p>
First Thing First	<p>Provide funding to the tribe, link family with community services, child development training and nutrition and safety education.</p>
Food Pantry	<p>Source of emergency assistance, provides nutritious food to families and community members.</p>
Foreclosure Prevention Program	<p>The purpose of this program is to support current homeowner members of the Pascua Yaqui Tribe to maintain ownership, financial stability and preventing the risk of foreclosure by providing educational workshops and housing counseling at the earliest delinquency stage possible and to offer timely solutions to their specific situation, including repayment plans that allow healthy ownership and economic stability.</p>

Foster Care-Title IV E Program	Tribal IV-E Plan that includes Foster Care Maintenance Payments, Guardianship and Adoption Assistance Program that meet AFCARS data reporting requirements.
Guadalupe History Book Project- "Waalupe Itom Biwa" Guadalupe, Our Land	Guadalupe History Book Project to be known as "Waalupe Itom Bwia - Guadalupe, Our Land". The book will not only preserve a significant piece of Guadalupe's history, but will be a fundamental guide in determining membership matters, by affirming the Yaqui ancestry of these families and their surviving Yaqui blood relations.
HIS 124 History and Culture of the Yaqui People Program	In conjunction with Pima Community College, students will collect, study and experience oral stories of Yaqui Cultural and history.
Human Resources	To hire, motivate, develop and retain workforce for the Pascua Yaqui Tribe with an empowering work environment.
Ili U'usim Mahtawapo (Head Start)	Ili Uusim Mahtawa'apo provides a comprehensive child development program to children and families, with a special focus on helping children ages 3 to 5 in developing early literacy and math skills they need to be successful in school. Ili Uusim Mahtawa'apo promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services. The program engages parents in their children's learning and helps them make progress toward their educational, literacy and employment goals. Significant emphasis is placed on parent engagement within all aspects of the program.
Indian Child Welfare Act Program	The Indian Child Welfare Act gives Tribe the authority to advocate and enforce the Tribe's law in State Child Welfare cases and the Tribe as a sovereign government, exercise its jurisdiction to protect Yaqui children.
Lli Nanam Youth Girls Program	Traditional Arts Program provides age-appropriate programming for ages 4 through adulthood including ceremonial dances and arts and crafts.
Lli Vachiam Summer Program	History and Cultural Enrichment program
Low Rental and Tax Credit Housing Unit Program	The purpose of this program is to provide qualified members of the Pascua Yaqui Tribe the opportunity of an affordable, healthy, and safe home and surrounding neighborhood to enhance the economic stability of the Tribe and its members.
KPYT Radio Station	Promotes cultural enrichment, education, community, cohesiveness though entertainment and special programming. Provide Public Service Announcement on Community events.
Miss Pascua Yaqui Program	Participants through mentorship, personal, academic support and leadership skills will achieve personal growth in the ability to serve as representative, role model and provide community service for the Pascua Yaqui Tribe.
Native American Career & Technical Education Program (NACTEP)	Helps PYT Community members (Tribal& Non-tribal) to earn professional credentials to increase job advancement opportunities. NACTEP trainees attend local community colleges to obtain certifications in the following fields: <ul style="list-style-type: none"> ● Healthcare/Medical Professions ● Transportation/Aviation Professions ● Hospitality/Culinary Professions ● Building/Construction Professions ● Computer Science Professions

	<p>The program provides support and services to ensure that NACTEP trainees successfully complete training programs and earn industry recognized credentials. These services include:</p> <ul style="list-style-type: none"> • Tuition Payment Assistance • Financial Assistance for textbooks/course materials • Completion Coaching • Tutoring Setup • Career Planning • Advising <p>Apprenticeships</p>
PYT Wireless Internet	The Pascua Yaqui Networks was built to provide high-speed Internet service to enable our community with online learning, working from home, economic development & more.
Neokai Hiawai Traditional Music Apprenticeship Program	Cultural enrichment program, teaching skills and understanding of Yaqui Cultural through music and arts.
9 -12th grade Hiaki Language Classes	The program primarily serves 9th-12th graders providing an opportunity to learn the Hiaki language via hands on and general classroom experiences. The program serves the current Hiaki High School structure located in New Pascua.
Ombudsman Hiaki High Campus 4747 W. Calle Vicam Tucson, AZ 85757 Ph. 520-883-5051	Hiaki High School provides 9th-12th graders an opportunity to obtain their high school diploma on a secure campus providing Yaqui studies and language. Teacher lead instruction for Math, Science and English. There are two sessions to choose from. Session 1 (7:30-11:30 am) Session 2 (12:00 –4:00pm) You do not need to be tribally enrolled Pascua Yaqui. This school is open enrollment anyone can apply ages 15-21.
Pascua Yaqui Development Corporation	Sonoran Pueblo Contracting – Construction Company
Pascua Yaqui Tribe Charitable Organization	PYTCO is a non-profit organization to carry out charitable and educational purposes and activities to support underprivileged and disadvantaged members of the Pascua Yaqui Tribe, their families, and general members of the public in need.
Public Safety Education and Safe Kids Events	Pascua Pueblo Fire Department provide Public Education events throughout the year, e.g., home, bike, water safety and messages on fire prevention and anti-bullying.
Senior Services & Liogue Senior Center	The Liogue Senior Center provides services to elders 55 years and older. The center provides specialized nutritional meals, appropriate physical activities, cultural functions, travel excursions and health care check-ups that prevent premature institutionalization, malnutrition, and social isolation.
Tech Ania - Computer clubhouse	Creative and safe after-school environment where youth develop creative ways to use technology while acquiring problem solving skills and build self-confidence.
The Wepul Nokhiawai Wepul Hiaspi Language Program (One Sound, One Heart)	Supports the preservation of the maternal language of Yaqui people by the collection, documentation and creation of resources both in written and spoken form of the Yaqui language.
Tribal Cultural Participant Program	A program aided in the drafting of the adopted policy, structuring, and properly documenting an already existing process to facilitate the entry of participants into the United States for the duration of Cuaresma, and for other culturally related ceremonies.

Tribal Gaming Office	Provides community Services in the area of Notary services and manual fingerprints cards.
Tribal Veteran Affairs Program	To ensure that all Pascua Yaqui Tribal Veterans, Surviving spouses of Veterans and their dependents have opportunities to access benefits and services for which they are eligible.
Victim Services Program (PYPD)	A crucial component to achieving excellent public service is our victim advocate services. Our advocate routinely assists victims at court hearings, provides support for crime victims, and guides victims through the criminal justice system.
Voter Outreach Program	To educate the Pascua Yaqui community on the importance of voting and how it directly impacts us as tribal members and to collaborate on behalf of PYT tribal communities about ways to engage, increase and provide quality service to voters and to ensure accessibility to all
Walking through our History Summer Youth Program	The History and Cultural Enrichment Program support research, preservation of all stories of history and cultural. Explores Yaqui history and culture through hands-on activities such as traditional crafts and food preparation.
Yaqui Education Services -K- 12 Education Resources	Yaqui Education Services (YES) supports PYT enrolled k-12 students. Programs offers academic advisement, Academic/ Attendance incentives, school related fee support (PE uniform, extracurricular), online tutoring assistance, talk space referrals and connections to other tribal services. Goal of YES is to support k-12 students throughout their Educational Journey and assist/prep for Continued Higher Education or Career readiness.
YOEME (formally TANF) and Tribal Economic Assistance Program	This unit is unique in the sense that it is federally funded, operated through a referral partnership with the State, and has great potential due to its avowed reform objectives related to tribal sovereignty and self-sufficiency.
Yoo'o Hoara Youth Kolencia Maso and Pahkola	Yaqui Traditional Arts Program
Pascua Yaqui Tribe Youth Council Itom Mahtawa'apo	<p>Pascua Yaqui Tribe Youth Council recruits Tribal enrolled youth ages 14 years old to 21 years old once a year. Each youth representative shall maintain a 2.5 GPA. Youth Council is comprised of a total of 11 representatives from the following areas:</p> <ul style="list-style-type: none"> • Five (5) youth representatives from Pima County (New Pascua, Barrio Libre, Old Pascua, Marana) • Four (4) youth representatives from Maricopa County (Guadalupe, High Town, Penjamo) • Two (2) youth representatives from Pinal County (Coolidge) <p>Pascua Yaqui Tribe Youth Council meet weekly during their duration of their term. Members of the Youth Council receive special training and opportunities during their tenure on Youth Council. Members will be able to share concerns, issues, and successes with other members at these meetings. Special guest speakers are invited to these meetings to share information with youth concerning issues of education, health, environmental issues, and other important issues. The Pascua Yaqui Tribe Youth Council is the representative of the youth voices of the Pascua Yaqui Tribe. For more information, please contact Azucena Buenamea (520) 879-6157.</p>

Workforce Development (WIOA)	Helps job seekers secure the employment, education, training and support services necessary to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy.
Higher Education Assistance Program	HEAP assists with the cost of tuition and books for PYT enrolled tribal members pursuing an Associate, Bachelor, Master or Doctoral degree at an eligible institution. We assist with the completion of the FAFSA and other college/university applications. We also offer advocacy and advisement while throughout your higher education journey.



Photo: PYT website

Community Prioritization of Health Needs

One of the key inputs into the selection of community health priorities was the PYT Community Survey (also called “Gathering Hiaki Voices”). In this survey, community respondents were asked to select the top three physical health problems and their top three community health problems. The results are shown in the table below, including the percentage of respondents who chose each item as one of their top three concerns.

Figure 52 Priorities Ranked Highest by Community (Source: PYT Community Survey, 2020)

Physical Health Problems	Community Health Problems
<p>Top 4</p> <ul style="list-style-type: none"> Diabetes (85%) Alcohol (60%) Drug Use (53%) Obesity (49%) 	<p>Top 4</p> <ul style="list-style-type: none"> Substance Use (80%) Domestic Violence (50%) Crime (43%) Trash in yards (42%)
<p>Other Choices</p> <ul style="list-style-type: none"> Depression (26%) Cancer (20%) Chronic kidney disease (17%) Heart Disease (16%) Chronic Pain (16%) Asthma (12%) Sexually transmitted diseases (8%) Falls/injuries (7%) Hepatitis (4%) 	<p>Other Choices</p> <ul style="list-style-type: none"> Lack of access to healthy foods (20%) Mosquitos/bed bugs (19%) Overdoses (17%) Smoking/vaping (16%) Driving under the influence (14%) Infectious disease (14%) School violence (7%) Air quality (5%) Car accidents (2%)
<p>Totals are higher than 100% because respondents were asked to pick multiple issues.</p>	

Respondents were also asked to evaluate different strategies and rate them on their importance. The four highest rated strategies are shown in the graphic below.

Four top ways to address health problems

More than four of five respondents (80%+) said these strategies were VERY IMPORTANT:

- Health education
- Individual participation in physical activity
- Change scheduling of dental clinic appointments
- Access to fruits and vegetables

Source: PYT Community Survey, 2020

Input from Community on CHNA and CHNA Report Draft

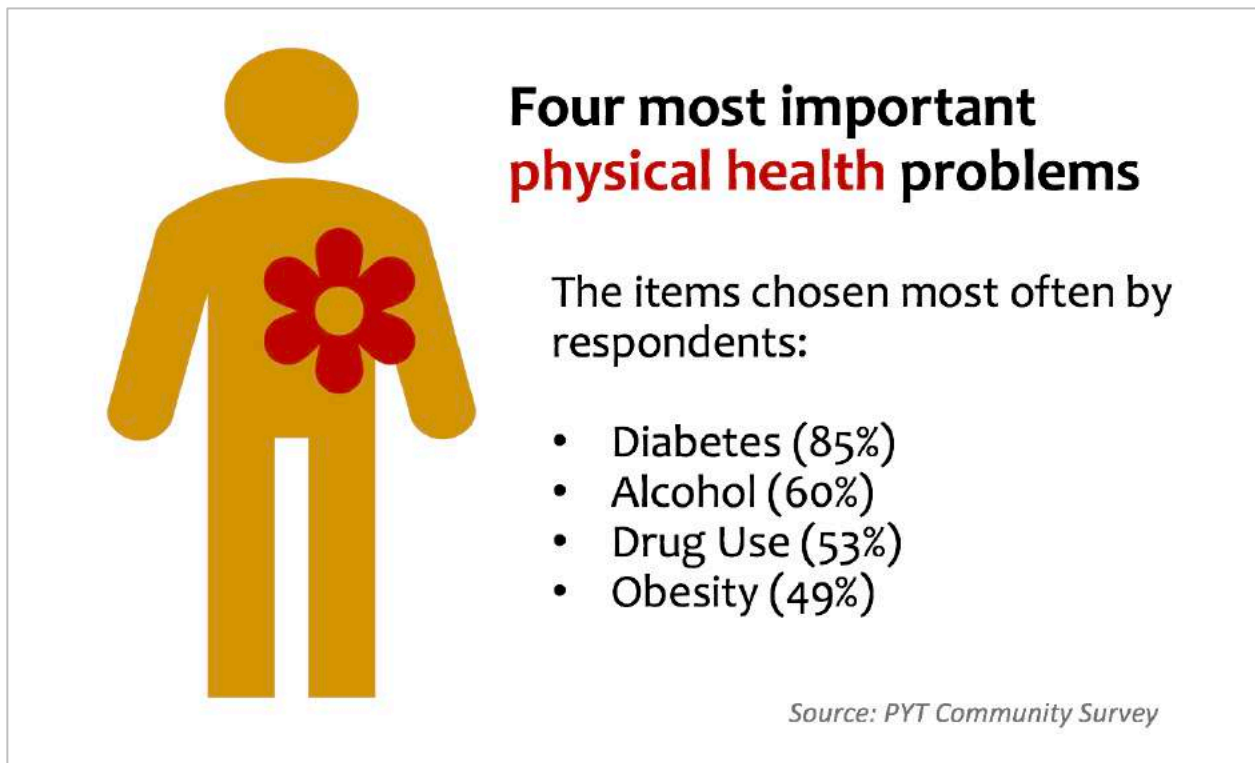
Throughout the process of developing this report and when a draft was completed the PYTHSD engaged community members and partners in the process. Below are some of the activities used to outreach to those who could provide input. In all cases, responses and input were recorded and incorporated into the process and/or report.

Outreach Activity	Participants	Date
Elicited input	Various employees from Tribal Government	Sept 2020-April 2021
Survey	307 members of Yaqui community	Mar-Nov 2020
Focus groups (3-6 participants each) on key topics among:	<ul style="list-style-type: none"> • Those with mental health needs/substance use disorder • Parents • Caregivers for disabled or person with health problem • Community members interested in built environment 	Oct-Dec 2020
Key informant interviews among individual in disadvantaged groups or	<ul style="list-style-type: none"> • Youth • Elder 	Oct-Dec 2020

groups with health disparities within Tribe	<ul style="list-style-type: none"> • Lesbian/Gay/Bisexual/Transgender/ Questioning (LGBTQ) • Those with mental health issues • Substance use disorder 	
Key informant interviews among community leadership and service providers	5 participants	Oct-Dec 2020
Group of community members	Various	Sept 2020-April 2021
Pascua Yaqui Tribal Council	Council members	Oct 2020-April 2021
Child and Family Provider Networking Board	Members of Networking Board	Sept 2020-April 2021
Health Department website with response form	Community members	April 2021
Town Hall (virtual due to COVID-19)	Community members, partners, Tribal departments	April 2021

Health and Community Priorities

When looking at all of the data related to health and social determinants of health in the community, there were many issues that arose as high priorities for the Yaqui community. For example, when asked to choose between more than a dozen physical health problems, 85% of Yaqui survey respondents chose diabetes as a priority health problem, as shown in the previous chapter. This was supported by the epidemiological data in Part I that showed a higher percent of diabetes among individuals in the community when compared to those in Pima County or Arizona as a whole. Further, participants in the interviews and focus groups also brought up the issue of diabetes and talked about their personal experiences with diabetes, how they've observed diabetes as a problem in the community, and how they think it should be addressed. It is all of these indicators together that suggest diabetes is a priority concern for the Tribe.

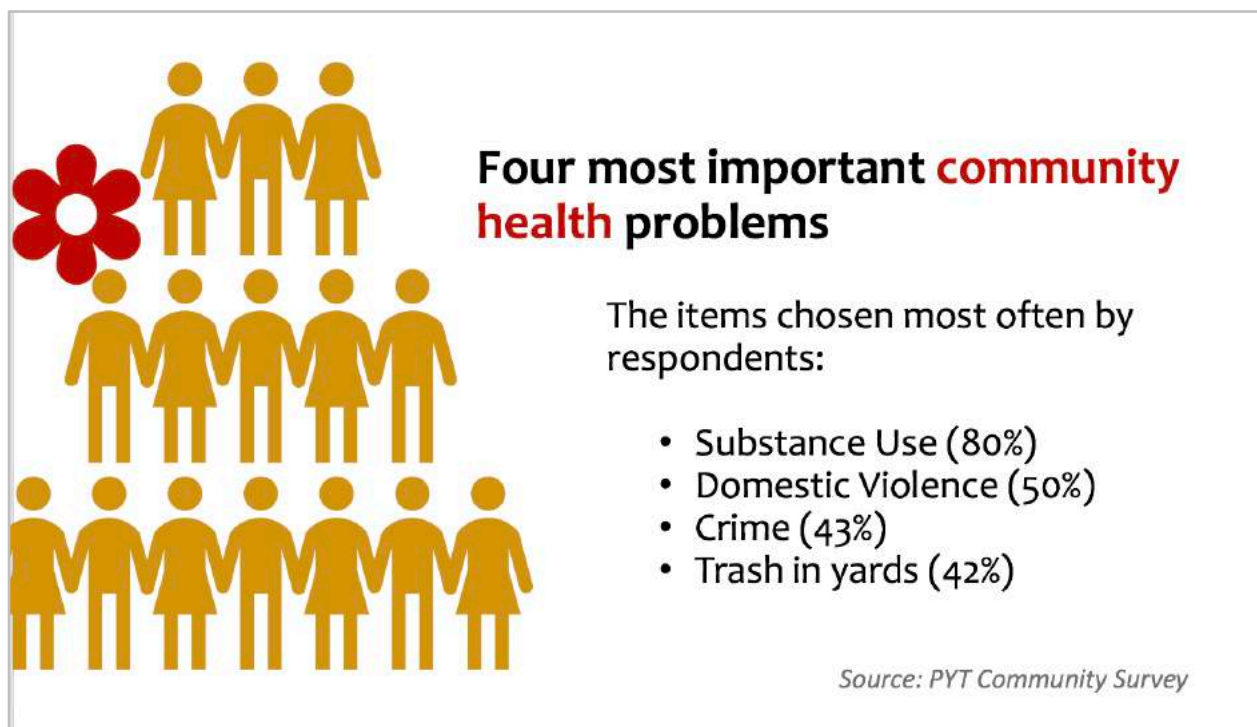


In the remainder of this chapter are discussions of diabetes and other priorities. These priorities were brought forward because of one or more of the following:

- The survey results indicated a need
- The issue was consistently mentioned in the qualitative research (focus groups, interviews)
- The issue was pronounced in the epidemiological data

The priority issues include what would traditionally be called “health-related” topics, such as diabetes, as well topics not traditionally called “health-related” that have been shown to be social determinants of health, such as poverty or culture.

For each priority area, there are three sections. The first section defines why the issue is a priority – what evidence do we have that this should be a focus for the Tribe? Why is this important? The second section delves into the causes for the issue. Using the insights of focus groups and interview participants, this section explains how tribal members explain the roots of the problems. The third section suggests possible solutions to address the issue, again using ideas offered by tribal members. This section does not include an exhaustive list of existing or potential solutions to the problem. However, it can be used as a starting point when the Tribe begins the next phase of health planning – creating the Community Health Improvement Plan process (CHIP), which will include identifying strategies for addressing health issues.



Diabetes/Obesity

Why This Issue is a Priority

- Epidemiological data: Deaths and cases of diabetes among Yaqui are much higher than among other groups. One in three patients (29%) who visited Pascua El Rio Clinic in 2020 had been diagnosed with diabetes at some point in their lives and 38% of all patients were obese. Most of the patients with diabetes (70%) did not have the diabetes controlled (A1c test was

less than 7). When diabetes is controlled, with medications and/or lifestyle, the serious long-term effects are reduced. Among all age groups, patients with obesity/overweight and/or diabetes were in the top 5 diagnoses. (Data on pp 25-28, 31)

- Survey: Diabetes was chosen as the number 1 physical health issue - 85% of the PYT Community Survey respondents chose it as one of their top three concerns (p 65). The survey also indicated that there is room for improvement when it comes to exercise and eating healthy foods – risk factors for diabetes (pp31-32).
 - While 77% of the survey respondents exercise for at least 20 minutes one to two times a week, 23% do not get *any* exercise in a week.
 - Only 1 in 6 (17%) exercise 20 minutes or more at least 5 times per week. And this level isn't enough to meet the recommended Physical Activity Guidelines for Americans which is 30 to 60 minutes of moderate activity at least 5 times per week.³³
 - Fast food is easily accessible with 1 in 4 (28%) eating it 3 or more times per week. Only 1 in 20 (5%) had 5 fruits and vegetables a day for 6 days in a week.
 - On the plus side, 1 in 3 (36%) ate 5 fruits and vegetables in a day 3 or more times per week.
- Interviews and Focus Groups: Diabetes was often mentioned when participants were asked to list their concerns about the community. One respondent put it well when they said the following:

“We know this is a problem from the stats, but also see it everywhere... I started to see people my age, I'm 47, same age, dying, and women and men who are dying of diabetes, and complications of diabetes, and alcoholism.”

Causes

Members of the community identified many causes of diabetes. First, unhealthy foods are hard to resist – they are more convenient and cheaper than healthy foods. Participants in the focus groups and key informant interviews said the following:

“[W]e just are in a hurry, and we just put whatever is convenient into our mouth. And that has a cumulative effect on our society.”

³³ U.S. Department of Health and Human Services, *Physical Activity Guidelines for Americans, 2nd Ed.*, 2018. At least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity. https://health.gov/sites/default/files/2019-10/PAG_ExecutiveSummary.pdf

“It's cheap, it's affordable. For a family of five, something like dollar burgers and McDonald's seems like a viable option, or a \$5 Pizza from Little Caesars.”

“When we grew up, everybody grew up poor, so we lived on staples and so now everything is so convenient. And this is for society at large. And the processed food is killing us. Right?”

“Of course, they tell us not to eat a lot of pasta, but economically, that's what they're able to afford. And now it's saying, you know, ‘Buy more chicken, or white meat versus red meat,’ but it's a privilege.”

“I started to see people my age, I'm 47, same age, dying, and women and men who are dying of diabetes...” – Key informant

Second, the lack of activity contributes to weight gain which contributes to diabetes risk. As mentioned earlier, many Tribal members are not meeting healthy activity guidelines and participants mentioned the barriers to exercise. Some mentioned that isolating during the COVID-19 pandemic has made matters worse and when the Wellness Center closed, opportunities to exercise were limited. While they would like to see organized recreational activities, they also recognized that it takes dedicated resources to sustain them. One respondent mentioned a bike program for children that was hard to maintain. The program “engaged a number of kids but they needed snacks, water, bike repair. One volunteer was running it.”

Third, although the word diabetes was mentioned by many key informants and focus groups and there are epidemiological data to suggest that obesity is an issue, the words “obese,” “overweight,” or “obesity” were almost never used. Only one person mentioned weight and she used it only in that she was “struggling” to lose weight and lamented COVID isolation related to weight gain among some of her children.

Solutions

Tackling diabetes is no small task, especially because it involves changing ingrained habits and behaviors. As one participant succinctly put it, “Changing these issues is hard.” Some of the top strategies that survey respondents picked for solving health problems all apply to diabetes. More than four out of five survey respondents (80%+) said these strategies were very important for addressing health problems in the community (p.66):

- Health education
- Individual participation in physical activity
- Access to fruits and vegetables

Not surprisingly then, suggestions made by focus groups and interview participants focused on these areas. Several suggested diabetes education and programs. Some of the suggestions involved


making healthy food available, for example through a farmer's market. Additionally, teaching people how to prepare and eat healthy foods might encourage better eating:

"I'll be giving [vegetables] to people and they're like, 'What is this? I don't know what to do with this or how to prepare this,' or they've never tried this before..."

"I would like to have a kitchen to help show people how to make healthy food. Also, some type of schooling to promote diabetes education."

The survey showed that 32% of the tribal members in 12 months had used the Tribal food bank. Perhaps food offered by the food bank is, or could be, part of nutrition education.

Encouraging physical activity is also an approach that participants endorse. This could be in the form of group and family activities such as organized sports, (soccer, flag football, hiking) or just walking around more.



"Keep up parks, provide shade, water, fountains, trash cans."

"The Wellness Center offers activities, sports, etc. and being out together is my definition of a healthy community."

"Yes, if we [improved the outdoor environment], more elders would walk more. We need more water fountains and trashcans... Keep up parks, provide shade, water, fountains, trash cans... Church should be upgraded... It's a nice space, fix it up."

Mental Health

Why This Issue is a Priority

- Epidemiological data: Of those given a brief mental health assessment at the Pascua El Rio Clinic, 7% were found to have indications of depression (4% of total patients). Overall, at least 200 patients were diagnosed with anxiety disorders, depression, bipolar affective disorder and other mental health issues (p. 38).
- Survey: Survey respondents were asked about various emotional states and how often they experienced them. Not surprisingly, most respondents felt sad or lonely now and then, which is not a concern. However, the survey indicated that some tribal members experience these emotions more frequently (p. 36):
 - 1 in 5 are anxious most or all of the time
 - 1 in 10 are sad most or all of the time
 - 1 in 10 are lonely most or all of the time

- 1 in 12 are scared most or all of the time
- 1 in 4 (26%) felt at least one of the emotions listed above (anxious, sad, lonely, and/or scared) for most or all of the time in the past 12 months.

“The reason why substance abuse is such an issue is because of **generational trauma**. The feeling of depression, anxiety, and anger.”

In the survey, individuals with mental health problems were seen as one of the groups with the least fully met needs. Only 21% of respondents thought that the needs of individuals with mental health problems were fully met (p.19).

This conclusion may be due, in part, to the fact that many do not seek mental health care when they need it. Among those anxious, sad, lonely, and/or scared most/all of the time, 73% did not seek care. Of those who sought care, most went to Centered Spirit (76% of those who sought mental health assistance went to CSP) (p.36).

- Interviews and Focus Groups: Participants often mentioned mental health and recognized how it is related to other problems such as substance abuse, child abuse, and domestic violence. “Mental health with substance abuse is a big topic that needs to be addressed,” said one. Participants mentioned sadness, mental health, alcohol abuse, anxiety, depression, PTSD, ADHD, psychosis, and drug abuse, among other mental health issues present in the community.

Causes

There are many reasons for mental health issues, including unemployment, generational addiction, historical trauma, oppression and others. One participant talked about the trauma that has been passed from generation to generation of Yaqui:

“The reason why substance abuse is such an issue is because of generational trauma. The feeling of depression, anxiety, and anger. Many people don’t understand why they feel the way they do.”

Or specific trauma from childhood or another time in life:

“PTSD for me, speaking on my behalf, childhood and how you were raised and see things... Everything built up... [The issue] starts as a child, I believe... Some children do get abused, but they don’t know.”

Or the stresses experienced by everyday life, as expressed by this caregiver:

“I went home and had my breaking point. I regrouped and I'm right there again. it's nice to get away right now, it's hard and I guess it's my age. I'm not young anymore and I can't handle [it] like used to.”

The problem is exacerbated by the fact that many feel they can't express their feelings openly. They think they will be stigmatized if others know. This is further exacerbated by the fact that the community is small, and word may spread if a person is having problems or seeking care.

“I kind of want to say, like, depression is big, but people don't talk about it.”

“I kind of want to say, like, depression is big, but people don't talk about it. So, I think it's, it's something to help them to deal with their emotions in a positive way that nobody knows.”

“The tribe sometimes scrutinizes you for your past. A lot of that goes on with Police dept, courts, anyone of authority. How is anyone that is a mental health patient able to move forward if someone uses their past against us?”

“As a Native American, we weren't allowed to feel or talk about what was going on...As a teenager you turn to drugs and alcohol so by the time you are an adult trying to deal with it, it is harder... There is a lot of stigma around mental health. Not having family support.”

As a result, the amount of depression, anxiety and other mental health disorders is very likely underestimated in the Yaqui community. Even if a community member is willing to talk about the issue, they may go elsewhere to get care.

Solutions

Participants in the focus groups and interviews would like to see more counseling and support available. One caregiver said she would like to talk to other caregivers, “When we talk to others, we know we are not alone.” Mental health support, they contend, should incorporate Tribal culture when possible.

“Not enough social services, not enough counseling at CSP- not enough forms of therapy. ... Having tribal counselors would be better because they know more about the community and our issues.”

“Program to mold to the Tribal people incorporating principal values of years ago, concentrating on family and the value of the voice. Need to rediscover self.”

Substance Use Disorder (Drugs and Alcohol)

Why This Issue is a Priority

- Epidemiological data: Drug induced deaths are #3 leading cause of death. (Data for alcohol induced deaths not available). Diagnoses for alcohol and drug dependence common at behavioral health program (pp 23-24).
- Survey: Alcohol and drug use were seen as the #2 and #3 physical health problems (after diabetes) by Yaqui survey respondents. Substance abuse was the #1 ranked community health problem (p.65). Healthcare services for the substance abuse community are lacking, according to the survey. Only 1 in 5 (21%) of respondents felt that services are fully meeting the needs of the substance abuse community (p.19).
- Interviews and Focus Groups: Substance abuse was often mentioned by interview and focus group participants. The effects of abuse are ubiquitous in the community, with one participant saying, “I notice people nodding off or visibly intoxicated in the open public.” When asked about change over time in the community, another participant said, “More people are seen with alcoholism, more people are getting addicted, more people are suffering.”

“Drugs and alcohol especially in the youth. There needs to be a curfew enforced in the community because too many kids and youth are running around unsupervised.”

Causes

Community members see the link between mental health issues and substance use disorder. Thus, many of the causes and solutions that were suggested for mental health issues in the previous section are the same as those mentioned for

substance. Trauma, stress, colonialism and other factors contribute to substance abuse just as they do to mental health. One respondent said that community members “numb themselves to forget.”

Like mental health issues, there is a stigma associated with substance use disorder. This, in turn, can discourage the person from seeking help said one participant:

“I see the stigma of being labeled a drug addict, woman abuser, drunk. These terms are all harmful words that we actually utilize on our own people. So these words themselves, keep them in a shame or guilt...But instead of saying you're hated again, try saying, ‘How can I help you?’ We're here to walk with you and let you know, you're not alone.”

Solutions

Participants in the focus groups and interviews had a wide range of ideas for solutions. Some ideas involved tighter enforcement of laws concerning illegal drugs or curfews for adolescents (to be discussed more in the next section). Another participant took a different tack and suggested moving in a different direction by decriminalizing marijuana:

“Legalizing marijuana, its beneficial because people aren’t going to overdose on it. By harvesting marijuana, it could bring in more revenue for the tribe and provide more jobs aside from the casino.”

Some ideas were similar to solutions suggested for mental health issues and involved emotional support services such as addiction programs and support groups:

“[P]eople don’t want to admit things. I am a tribal member and in recovery, so they are trying to break that cycle and trying to introduce the Peer Supports.”

“I used to do drugs... I think it would be an excellent idea to have more programs on addiction... Drug abuse makes the tribe look bad.”

Another solution involved education. This participant said they would like more people with drug abuse issues to get their GEDs (General Education Development, an equivalent to a high school diploma). “We can see people change their habits through education,” they said.

Violence/Safe Environment

Why This Issue is a Priority

- Epidemiological data: After theft, the most frequent police calls were for alcohol, drugs, and domestic violence. There were 30 to 50 people enrolled in diversion programs each year for the last 3 years (pp 53-54).
- Survey: As shown earlier, domestic violence (50%) and crime (43%) were chosen as the second and third most prominent community health problems (p. 65). (The first was after substance use, chosen by 80% of respondents and discussed elsewhere.)
- Interviews and Focus Groups: When community members were asked about their environment being safe, some said it wasn’t safe for them or they worried about the crime affecting other groups such as children or elders. They talked about items being stolen, vandalism, and drug and alcohol abuse. A few mentioned domestic violence and sexual abuse “that no one wants to talk about.” One participant mentioned an LGBTQ person who had stones thrown at them when walking down the street with their partner.

Causes

For the participants, crime and safety are very much intertwined with mental health and substance abuse and many of the causes of crime are the same as the causes for mental health problems. The first two quotes from participants, below, refer to the historic and family trauma experienced by some tribal members. These were also mentioned as causes for mental health and substance abuse issues:

"[O]ur youth grow up seeing violence as a way to deal with issues. Suicide also becomes an issue in dealing with issues...Don't want my children around that."

"Historic trauma affects health, leads to alcohol and drugs, domestic violence, suicide. [I] wouldn't let kids or grandkids run around, not safe at night...There is a lot of opioid and Fentanyl on the reservation."

This second respondent also referred to nightly sounds of shooting on the reservation that make her feel that it is unsafe for her and her grandchildren. Although crime rates don't indicate nightly shootings, her perception of being unsafe is real.

Drugs and alcohol can themselves be causes for crime and domestic violence. One participant said that "all of the drugs coming into the community" make it less safe.

"The substance abuse is because they're addicted. And it's hard for a person to go through the addiction and be sober. I believe there needs to be stronger support for them. It's all over even with domestic violence, why does this person keep beating up this person?"

"Needles, syringes, spoons (drug paraphernalia) and stuff in the desert by the casino (50-60 feet away from the neighborhoods-bus stops). It is not safe for kids, they see it."

Solutions

Participants offered a variety of methods for reducing crime that ranged from more mental health support to stricter law enforcement. Mental health and substance use disorder were mentioned in the previous sections and there were plenty of suggestions for how to provide more support in these areas. Given that these issues were named as some of the root causes of crime, addressing mental health and substance abuse would presumably reduce crime.

Some of the participants wanted more law enforcement instead of or in addition to addressing the root causes. One respondent said they felt unsafe around the senior apartments because there is no

guard. They wanted a curfew for youth:

“Drugs and alcohol especially in the youth. There needs to be a curfew enforced in the community because too many kids and youth are running around unsupervised. Youth come into the senior apartments area and drink, cause damage...”

Another said that the lack of surveillance, except at the casino, is an opportunity missed to reduce vandalism. However, they recognized that there is a lack of resources for this.

Domestic violence was mentioned as a problem by many and as mentioned above, was rated as one of the top community concerns in the survey. This participant wanted law enforcement and the courts to be less “lax” on these issues:

“It’s like there is no police...Courts and police are hard on misdemeanors but lax on stalking... “A lot of [domestic violence] victims end up as murder victims.”

One respondent commented on the nature of policing – an issue that is being discussed widely across the United States in recent days. One survey respondent provided this comment when asked to list strategies for improving health:

“The police presence in our communities needs to be on a more community policing program. While they are police officers they also need to speak to the community, interact with the community outside of a policing mindset. We can’t expect for our community to be safely policed if the community doesn’t have a relationship with the police driving our streets.”

Access to Health Care

Why This Issue is a Priority

- **Epidemiological data:** While the Pascua Yaqui Community has a clinic, a pharmacy, and other health programs, there are still some issues with access to care. For example, there is a shortage of health professionals including primary care, mental health and dental health providers according to the federal government (HHS) (pp 16-17). According to the U.S. Census Bureau, 26% of tribal members do not have health insurance coverage, as compared to 9% for Pima County and 9% for Arizona.³⁴ This may be due, at least in part, to the fact that the U.S. Census does not recognize a plan such as the Yoeme Health Plan.

³⁴ Source: U.S. Census Bureau, 2015-2019 5-Year American Community Survey, Table B27010, Types Of Health Insurance Coverage By Age. From ADHS, Bureau of Women’s and Children’s Health, Statistical Profiles, 2020. <https://www.azdhs.gov/documents/prevention/health-systems-development/data-reports-maps/primary-care/pima/117.pdf>

- Survey: The survey found that 1 in 3 respondents needed healthcare in the past year but didn't get it. The most common reasons were the following (p.19):
 - No appointments available (44%)
 - Not aware of what resources are available (28%)
 - No insurance (25%)
 - Service too expensive (20%)
 - Confidentiality concerns (20%)

1 in 4 survey respondents said they do not have “a doctor or other medical provider that you consider to be your primary care provider.” In addition, the survey showed that while many of the health care services offered by the Tribe were fully meeting the needs of the community, dental and mental health care were the least likely to be seen as fully met needs. This may be because of accessibility issues such as availability of appointments and may have been more pronounced during the pandemic when the survey was fielded (p.19).

Figure 53 Ratings of Services Meeting Needs of Community Among Those Familiar with Service (Source: PYT Community Survey, 2020)

How well do you think these services meet the needs of the community?	
	Fully Met
WIC	76%
El Rio Pharmacy	73%
El Rio Pascua Clinic	60%
Specialty Clinic (e.g., OB/GYN, podiatry, cardiology)	56%
Traditional Medicine Clinic	55%
Community Nursing	53%
Diabetes Program/Wellness Center	52%
Alternative Medicine Clinic	52%
Injury Prevention	48%
Yoeme Managed Care	48%
Centered Spirt	44%
Dental Services	36%
Those who answered “Don't know” were not included in this table. Note: Total exceeds 100% because respondents were asked to rate each service separately.	

Survey respondents also rated several aspects of access to care as “very important” strategies to improve health. The relevant strategies for this topic are additional physicians, additional hours at the clinic and transportation to appointments, as shown below. (Other strategies shown on p.66.)

Figure 54 Strategies to Improve Health (Partial List) (Source: PYT Community Survey, 2020)

Strategies to Improve Health (Partial List)	
	Percent Rated “Very Important”
Additional physicians	79%
Transportation to appointments	70%
Increase hours of health clinics and pharmacy	68%

- Interviews and Focus Groups: Community members recognize the benefits of having a clinic and many other services close by, which one participant called “comprehensive and diverse.” Another said, “[T]he tribe and the health department has done a really good job making sure that we have services and we’re not paying for those services compared to the degree of services that we get.” Still, these participants and others also suggested some areas they would like to see improved, for example by having more availability of dental appointments.

Causes

Some participants said that it is hard to get appointments for some services, such as dental and mental health services. However, this may be due to closures and reductions due to COVID-19 response. Additionally, there are high no show rates (1 in 3 for dental and 1 in 4 for Alternative Health as examples). One said there “Needs to be better access of services. Appointments, better follow-up” when it comes to mental health services. This is not surprising given that there is a shortage of these types of providers. As one participant put it, “The nurses do what all they can do to check on people, that is a very valuable tool but they’re not enough.

Some participants said it is a matter of people not knowing about or not engaging with services:

‘We have a methadone clinic, a health department, and a pharmacy all within walking distance. If you compare those available services to the amount of people who suffer from chronic illness, it’s only about half of those individuals that take advantage of what’s being offered at the tribe.’

“While I can identify many disengaged families that don’t utilize services. I do know there are many families that are actively engaged in the services and resources that the tribe offers to help them enhance their quality of life and health like the Wellness Center.”

Solutions

Participants in the focus groups and interviews suggested ways to reach more tribal members and tell them about services. Letting people know about services and having “advocates” for the services would be helpful, said one participant.

“Communication is horrible... The Marquee does not cut it... We need guidance and instructions on how to follow through and get services.”

“If you offer more help, people understand that they don't have to be in the situation... I can have more, I can do more, I can live longer, I can take care of myself better, I can feel happy every day instead of feeling this pain every single day.”

One participant brought up the key issue of addressing health in its broadest sense. They wanted to stop working in “silos” and instead be sure to give people access to many of the protective factors that influence health:

“With housing, and social services, and education, and our elder center, and you know, public safety, and economic development, to really look at this in a systemic way, and look at those social determinants of health, that's the only way we're going to make a difference.”

“[There is a] lack of wraparound services. Other places have a mental health expert, a BHT [Behavioral Health Technician] on duty, a nurse, or paramedicine on duty. There could be more 24-hour service.”

Preservation of Culture and Yaqui Way of Life

Why This Issue is a Priority

Community members who participated in the survey, interviews, and focus groups repeatedly talked about the importance of culture. There were examples of how culture can be integrated into care, such as using traditional healing practices and making health care culturally appropriate. The survey showed that 2 of 3 respondents use traditional/spiritual practices for their health at least every week and sometimes more often (p.15). Most (3 of 4 survey respondents) indicated they feel culture is well-reflected in Tribal services.

In addition, however, participants emphasized the importance of integrating Yaqui culture into every aspect of sustaining a healthy community. Preparing nutritious foods, raising healthy children, providing mental health support, improving the built environment should all incorporate culture. Learning and practicing Yaqui ways is not a separate activity, it should be a part of all activities. One community member said, “To be healthy is to still be spiritually rich, you know, still practicing our ceremony.” Another talked about it brings the community together:

“In the last 10 years there is significant alcohol and substance use in the community. There is extreme violence especially during fights in the community. It is not the safest. But when we are having our ceremonies it is a beautiful community.”

Causes

During centuries of persecution by the Spanish, Mexican, and American governments, it has been challenging to preserve the Yaqui culture and language. The tribal ways of being seems to be getting displaced by the emphasis on the individual:

“My opinion is that colonialism has actually come through here and changed our ways of life and the way that we think... We're not so much a tribal community as we used to be, where we all were one within the community and band together. I believe it's more about what benefits *me*.”
[emphasis added]

“It has become so Westernized in tradition, to not knowing the language, food togetherness, and it is just not like that at all.”

There are additional pressures, including the influence of technology and social media on youth, or as one participant put it:

“Our youth are exposed to other ways of beliefs and thinking that is especially influenced by technology. If we do not teach them our Yaqui Ways, we will lose them.”

Solutions

As mentioned earlier, community members emphasized integrating Yaqui ways in many aspects of health and health programs. These were some of their suggestions for doing so:

“[T]eaching families how to be a family again. A long time ago it was taken from us... Outreach portion, more cultural appropriation, we have great stories that align with information already. It can be easily translated in our language.”

“More signs and walls need to address in three different languages for the community. Include mosaics of family.”

“I think we need a hospice, something that is going to have rooms that are culturally and religiously adapted to us. ... Have access to our cultural religion to come in”

“As far as health, the health department that provides a lot of services, they have the wellness, they have nutritional classes. And not just the health department, but other areas like language and culture. I mean, they still want to preserve our customs. So they invite people to be part of the ceremonies and they've tried to expand. They include the community on what our ancestors used to do.”

“We should be looking at how families can have a garden, growing and understanding indigenous nutritional foods. Families need to be involved in this. Elders can teach us what and why they ate certain foods.”

Sexually Transmitted Infections

Why This Issue is a Priority

- Epidemiological data show high rates of newly identified cases in the year 2018. Chlamydia is four times higher than the rate for Pima County. The gonorrhea rate is twice the rate of Pima County (pp 42-43).
- Survey: 8% of respondents chose sexually transmitted infections as one of their top three physical health priorities (p.65).
- Key informant interviews and focus groups: Not applicable.

Groups in Need (Health Disparities) and Special Issues

The data in this report have shown some of the health disparities between the Pascua Yaqui Tribe and other populations such as residents of Pima County and Arizona. In addition, the report has shown health disparities *within* the Tribe – groups that are particularly in need. For example, in the previous section, there were five groups identified by the associated health/social determinant issues. That section outlined the reasons they were recognized as being in need and some of the causes behind the need. These groups included:

- Those living with diabetes
- Those living with mental health issues
- Those living with substance use disorders
- Those who have difficulty accessing care

In addition, through the epidemiological data, the survey results and the qualitative information, there were other groups within the Tribe that were shown to be particularly in need. These are the following:

- Children
- Elders
- Those living with disabilities
- Caregivers
- LGBTQ
- Those living in poverty
- Pregnant teens and their infants

This section discusses each of the groups and the reasons why they were selected.

Children and Elders

In the community health survey, members of the Yaqui community were asked to rate how well healthcare services were meeting the needs of the community. Children and elders were seen as the groups most likely to have their needs fully met by these services. However, even though they had the highest rating, the absolute score was low - only 42% of respondents said that children’s needs were fully met and 40% said elders’ needs were fully met, as shown below.

Figure 55 Ratings of Services – Meeting Needs of Specific Groups (Source: PYT Community Survey, 2020)

	Fully met
Children	42%
Elders	40%

Individuals without health insurance	34%
Individuals with chronic health conditions	33%
Individuals with disabilities	30%
HIV or Hep C	25%
LGBTQ	23%
Substance abuse community	21%
Individuals with mental illness	21%
For each group below, please rate how well healthcare services in the community are meeting the needs of these groups of community members.	
Those who answered “Don’t know” were not included in this table.	

Additionally, almost half of children and a quarter of all elders are living in poverty, as shown below.

Figure 56 Percent of Children and Elders Living in Poverty (Source: U.S. Census, 2019)

	Pascua Yaqui	Pima	AZ	US
% of Population 18 and under living in poverty	46.3%	23.9%	21.5%	18.5%
% of Population 60 and older living in poverty	26.3%	9.7%	9.8%	9.6%
Note: Percentages shown do not total 100% because they are percent of the group shown, rather than a column percent.				

The focus group and interview respondents were asked what groups or populations they were most concerned about. Over and over, they mentioned children, elders or both children and elders. Here are their explanations of why children are a concern:

“I would like to see more of the tribe reaching out to the children. Kids have voices and have the right to be heard.”

“[The Tribe should] deal more with the alcohol and drug use of the youth... Use resources to deal with the youth, so they don't turn to drugs and alcohol. Having the Boys and Girls Club is not enough.”

“There’s a gap where we need to catch [teens] when they’re the most vulnerable to give them some direction in their lives. I think we could reach out to them better even from a health perspective... It seems like the teenage population is having a hard time, we need to give them positive resources when they need help.”

“I would say the teenagers, the adolescents. What I see is that they are losing ties to our culture. Being Yaqui doesn't necessarily mean you know what your culture or traditions are? I know that

we got a lot of people that don't realize what a deer dancer is or what they do? I feel like a lot of young people are more into games versus going and practicing the culture.”

For elders, community members were concerned about making sure that elders were being cared for. One said that she would like to keep the idea of a skilled nursing facility “on the radar” so that elders can stay in the community even if “they become frail or can’t drive.” Others were concerned about “checking in” on elders:

“There's nothing being done for the elders; they just leave them alone and don't practice wellness checks. They need more welfare.”

“Some [elders] have been found down in their apartments and no one knew for days, one passed away. No one is checking.”

In addition to talking about the two groups separately, some community members liked the idea of getting youth and elders together in a way that would be fulfilling for both groups and a benefit to the community as a whole.

“We're trying to facilitate a cultural exchange of knowledge between youth and elders. You know, learn from each other and teach each other.”

'We need to have healthy relationships; we need to connect with people that aren't like us. Meaning if I'm a young person, and I'm an old person there should be some type of connection. Disconnect between generations isn't that big.”

People with Disabilities

With 1 in 6 of community members (17%) living with a disability,³⁵ it's not surprising that this group is top-of-mind to community members. In the survey, only 30% of respondents said that healthcare services were fully meeting the needs of individuals with disabilities (p.84). One participant said that the needs of people with disabilities is great and often overlooked:

“I don't know if the tribe understands how many people have underlying conditions or needs rehab and needs a facility for post and pre operation. Tribe does not understand how many children are handicapped in the tribe or how many need access to ALTCS (Arizona Long Term Care Services). How to get assistance for handicap people?”

“I have to advocate for CDH [Child Developmental Homes/Foster Care] and adult caring home, I quit to be a CDH home and as a national train for foster and CDH person for disabilities. I would

³⁵ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019. Table S1810 Disability Characteristics.

give services for free to social services and they didn't want because we need certified adult service homes here.”

Another talked about getting services for children with disabilities on the reservation. She said that there were “limited services” and she had to quit her job and move off the reservation to be closer to services. Although she missed the sense of community, she said, this was the only way to take care of her children.

Caregivers

The community has many individuals who are caring for children, a person with a disability or an elder. “You don’t expect to take care of your parent until it just hits you and then you realize you are a caregiver,” said one participant.

In fact, elderly can themselves become the caregivers. Among Yaqui grandparents who live in the same household as their grandchildren, 64% of them are responsible for the grandchildren under 18 years old.³⁶ This suggests a number of needs related to being in the parental role. For example, one participant said they would like education assistance - tutoring for the parents or grandparents so they can assist the kids with homework. “Math is totally different than it used to be,” lamented one caregiver, who was helpless in assisting her grandchild who was taking an online class.

“Stressful to raise grandchildren, would like support group or respite events for caregivers. I have no time for my own healthcare and my own health is deteriorating... It is very hard.”

“[I’ve had] at least three meltdowns... We all have underlying conditions don't have time for our own health, until there’s an emergency. I don't have time for a flu shot, I even had a hard time to get here. Everyday I’m hurting.”

Others are caring for elderly relatives or people with disabilities. This is often a role they didn’t prepare for or just can’t handle due to economic or other reasons:

“My father is taking care of his older brother who has Alzheimer’s, and my dad cannot watch my uncle all the time. My uncle likes to escape, and people find him far and he is not from here, luckily the fire and police department know who he is and bring him back.”

One participant asked for a clean and safe place for those who are seriously ill can go for care as an alternative to being cared for by family members. 'I think we need a hospice...we need that here and off reservation. A lot of people do not have the home setting to take the person back home to a safe/clean/sterile environment.”

³⁶ Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018, Table DP05 ACS Demographic and Housing Characteristics, Accessed April 2020

LGBTQ

For the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals in the Yaqui community, there are many challenges. Respondents representing the LGBTQ community maintained that some tribal members place a stigma on those who do not conform to heteronormativity and can even target LGBTQ individuals for hostile treatment, as mentioned earlier.

This means that many in the community keep their orientation hidden. Two participants described it as follows:

“Socially, we need to be socially accepted and seen versus being hidden. If you put them out there, and you say, this is accepted here, right, less people are going to target that group and people will be more comfortable.”

‘I’ve seen some elders that are still are not comfortable with themselves [being LGBT] because, I mean, everybody knows, but they won’t speak about it. They have to tip toe around everybody instead of living a full life.’

The result is that many hide their sexual orientation and related health and social issues aren’t discussed. One participant said that many LGBTQ individuals wouldn’t mention a same-sex liaison or other issue to their doctors because “they feel they can’t be out openly.” This, in turn, leaves some medical providers with the impression that the issue doesn’t exist:

“I’ve had a comment from one of the providers that said, ‘We don’t have a lot of LGBT members so why would I have my managers and staff spend that much time [learning about] those topics?’...[I] answered the provider by saying, ‘You don’t know how many LGBT members you have...’”

This means that there are limited services for the LGBTQ community or “nothing that’s specific for us,” according to one participant. This is supported by the survey results which showed that only 23% of respondents felt that the healthcare needs of the LGBTQ community were fully met (p.84). The interview participants recognized that the only service for LGBTQ was one behavioral health group that attracted mostly older community members and was not limited only to LGBTQ individuals. The participants thought it would be helpful to have a group in which LGBTQ youth can interact with others “who can relate” and for parents of LGBTQ children.

Those Living in Poverty

With about a third of the Tribe living under the federal poverty line as of 2019 and perhaps more since the COVID-19 pandemic, poverty is pervasive in the community. Of course, economic standing

affects every aspect of life from medical care to nutrition, for example, buying inexpensive, filling foods instead of healthier options, as mentioned earlier. One participant talked about having a thriving community, but poverty is still contributing to public health problems:

"[Poverty is] definitely a public health problem, because you look at, you can be so advanced and have a thriving casino and an advanced economy, but then there's a disconnect on the wellness of the people, so I see it, and I've been seeing that trend and it's not getting any better. People are not getting healthier."

Just making ends meet is stressful for many people. Participants talked about the high costs of many items, for example, childcare or home health care. One mentioned the list of essential items she needed for her mother:

"I think a lot of times I had to spend money on my mom's supplies, even though I was working. Diapers, laundry detergent and cleaning supplies. Low income like me need a lot of help because items aren't cheap."

Many of the participants mentioned changes they'd like to see to reduce poverty, including providing jobs that would also help the community such as cleaning up outdoor areas or summer programs for teens. One suggested that the Tribe may want to be a part of the cannabis industry to create jobs.

Teen Mothers and Their Infants

- Epidemiological data: The birth rate among teenaged mothers and single mother is high, which is not, in and of itself, a concern. However, there could be improvement in the areas of more prenatal care visits and smoking during pregnancy, although those data included only a small set of new mothers so conclusions are tentative (pp 46-47). The PYTHSD would like to examine the problem further to better identify and define issues.
- Survey: Not applicable.
- Interviews and Focus Groups: As mentioned in the Maternal and Child Health section, the PYT Office of Population Affairs, Tribal Pregnancy Support Program interviewed young parents.³⁷ One young father, who was 15 and a freshman in high school when his teen pregnancy occurred, shared, "I had been golden child before, then I was treated like a tragedy, a waste of potential." However, as mentioned earlier, many young parents are doing fine and have familial and tribal support for their journey as parents.

³⁷ PYT Office of Population Affairs Tribal Pregnancy Support Program, *Final Program Progress Report*, March 31, 2021.



Conclusions and Recommendations

The findings of this community health needs assessment suggest that the community has many strengths and assets that can help to promote good health:

- There is a strong sense of community and culture and a desire to keep important traditions alive and thriving.
- New housing units and governmental buildings are being constructed.
- Multigenerational households with children, elders, adults all interacting.
- Availability of a wide range of health services both on the reservation and off, including a tribal mental health program that is able to manage thousands of visits each week, pharmacy, WIC, etc.
- Tribal members give mostly good or excellent ratings of their own health and happiness is a common emotion, even in the trying times of the COVID-19 pandemic.
- Many are aware of and/or have started exercise or physical activities.
- Use of tribal healthcare common, and many positive comments about tribal health services.
- Most tribal members getting check-ups, needed healthcare, and almost all are insured.
- Much use of traditional/spiritual healing along with other healthcare options.

Some areas for consideration – either for intervention or to study further:

- Physical activity, including individual participation in physical activity.
- Healthy eating, including access to healthy food and/or assistance for healthy food (and a little less fast food).
- Health education on issues from sexually transmitted diseases to good nutrition.

- Mental health services: more availability and communication about what is available.
- Ensure that all tribal members have a primary care provider and remove barriers to services e.g., communicate more to tribal members about what services are available.
- Consistent screenings for cancer, mental health, etc.
- Look into maternal and child health issues of prenatal care, education on smoking and pregnancy.
- Work with various tribal programs and primary care providers to improve outcomes
- And any health system strategy should be not only consistent with Yoeme culture but should be steeped in culture as a way of “understanding and knowing”

The highest health priorities identified by the survey, the epidemiological data, and input from the community in focus groups and other methods are:

- Diabetes/Obesity and the related issues of nutrition, exercise
- Mental health
- Substance use disorder
- A safe and clean environment
- Access to health care, including making sure tribal members know about services and availability
- Sexually transmitted infections
- Yaqui culture in all settings

The groups that were identified as particularly in need were the following, including the four groups that correspond with the priority topics listed above:

- Those living with diabetes
- Those living with mental health issues
- Those living with substance use disorders
- Those who have difficulty accessing care
- Children and elders
- People with disabilities
- Caregivers
- LGBTQ
- Those living in poverty
- Teen mothers and their infants

Next steps:

These priorities and the strategies and insights provided by community members will be used to start the next phase of community health planning – the building of the community health improvement plan (CHIP).

Appendix A: Gathering Hiaki Voices Survey Instrument

The Pascua Yaqui Tribe Health Services Division is conducting this community survey to learn about health among people in the Pascua Yaqui Tribe. Your participation will help us to identify health needs in our community and to enhance services and programs to improve the health of the community. Your answers are confidential. When all surveys are completed, we will combine your answers with the answers of others and use the information for planning.

The survey takes no more than 20 minutes to complete.

This survey is only for people who are 18 years old and older who are members of the Pascua Yaqui Tribe.

* Are you 18 and over?

- Yes
 No

Thank You!

Thank you for your interest in this survey. You do not qualify for the survey but if there is someone else you know you may qualify, please send the survey link to him or her.

Which of the following best describes you?

- Male
 Female
 Transgender

Other (describe if you wish)

What is your marital status?

- Single, never married
 Married
 Common law marriage
 Divorced
 Widowed

Other (please specify)

Do you live on the reservation?

- Yes
- No

What is the zip code where you currently live?

Which of the following includes your age?

- 17 years and under
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 and over

Which race/ethnicity describes you? (Choose all that apply)

- American Indian or Alaskan Native
- Asian/Pacific Islander
- Black or African American
- Hispanic
- White (not Hispanic)

Other (Please specify)

If you selected "American Indian or Alaska Native" in the last question, what is your tribal affiliation?

- Pascua-Yaqui/Yoeme

Other (please specify)

Are you now or have you ever served in any branch of the US military ?

- Yes, currently serving
- Yes, served in the past
- No, never served

Which is the highest level of education you have completed?

- Grade school
- Part of high school
- High School
- GED
- Some college
- Vocational/trade certification
- Associates Degree
- Bachelors Degree
- Masters Degree
- PhD
- Professional Doctorate degree (JD, MD/DO, Pharm D, etc.)

Other (please specify)

Which of the following best describes your employment status ?

- Retired
- Self Employed
- Working 40 hours a week or more
- Working 32-39 hours per week
- Working less than 32 hours per week
- Not working, looking for work
- Not working, not looking for work
- Not working due to disability

Other (please specify)



How many jobs do you have?

Are you employed by the Pascua Yaqui Tribe?

- Yes
- No

Are you employed by (choose all that apply)...

- Pascua Yaqui Tribal Government
- Pascua Yaqui Casino

Was your individual income more or less than \$22,900 in 2019?

- My income was \$22,900 or less
- My income was more than \$22,900
- Don't know

Please indicate the degree to which you agree with the following statement:

	Often true	Sometimes true	Never true
In the past 12 months, I have had enough money to handle my expenses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, I have asked for tribal assistance with utility or rent expenses

- Yes
- No

How many individuals currently live in your household, including yourself?

How many individuals in your household over 17 and under 65, including yourself, are employed?

How many individuals under 18 in your household are employed?

How many individuals over 65 in your household are employed?

In the past 12 months, how many times have you had no place to sleep overnight?

- None, I've had a place to sleep every night in the past 12 months.
- 1-2 times I had no place to sleep.
- 3-4 times I had no place to sleep.
- 5-6 times I had no place to sleep.
- 6-7 times I had no place to sleep.
- 8 or more times I had no place to sleep.

How many people in your household are under the age of 18?

How many people in your household, including yourself, are 65 or older?

How many generations of family members live in your household?

Please circle whether the following statements are often true, sometimes true, or never true.

	Often true	Sometimes true	Never true
In the past 12 months, the food I bought didn't last and I didn't have money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the past 12 months, I couldn't afford to eat healthy meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the last 12 months, did you or other adults in your household cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Don't know

In the past 12 months, how often did you or other adults in your household cut the size of your meals or skip meals because there wasn't enough money for food?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know/refuse

In the past 12 months, how often did you eat less than you felt you should because there wasn't enough money for food?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know/refuse

In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know/refuse

In the past 12 months, how often were you hungry but didn't eat because there wasn't enough money for food?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know/refuse

In the past 12 months, which of the following have you used (Check all that apply)?

- Tribal food pantry
- Non-tribal food pantry
- I have not accessed either of these food resources.

Which of the following languages do you read, write, speak, understand, understand but do not speak, or don't use at all? (Check all that apply)

	Read	Write	Speak	Understand	Understand but do not speak	I do not read, write, speak or understand this language
Yoeme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you use these languages?

	Never	Occasionally	Weekly	Almost daily	Daily
Yoeme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you use traditional/spiritual practices to help with your health?

- Yes
- No

How often do you use traditional/spiritual practices to help with your health?

- Daily/Almost daily
- Weekly
- Occasionally
- Never
- Don't Know

Do you feel your culture is well-reflected in the tribal health services and programs?

Yes

No

Do you use traditional healer services when available?

Yes

No

Where do you use traditional/spiritual healer services? (Select all that apply)

At home

On reservation at the Health Department

On reservation with an individual (but not at Health Department)

Off reservation

Do you have any of the following health coverage(s)? (Check all that apply.)

AHCCCS

Medicare

Yoeme Maricopa Health Program (formerly Yoeme Health Plan)

Indian Health Service (IHS) (not Pascua Yaqui's Yoeme Maricopa Health Program)

None

Other (please specify)

How would you rate the overall health of the Pascua Yaqui community?

Excellent

Very good

Good

Fair

Poor

From the list below, select the three most important physical health problems in the community. If you do not see an important item or items on the list, please select "other" and write in the missing issue or issues.

- Diabetes
- Alcohol use
- Opioids, amphetamines, cocaine use
- Cancer
- Asthma
- Chronic Pain
- Sexually transmitted diseases such as chlamydia or HIV
- Hepatitis
- Chronic kidney disease
- Depression
- Obesity
- Heart Disease
- Falls/injuries

Other (please specify)

From the list below, select the three most important community health problems. If you do not see an important item or items on the list, please select "other" and write in the missing issue(s).

- Substance Use
- Crime
- Domestic Violence
- Infectious disease
- School violence
- Smoking/Vaping
- Mosquitos/bed bugs
- Car accidents
- Driving under the influence
- Trash in yards
- Air quality
- Lack of access to health foods
- Overdoses

Other (please specify)

How often do you use your seat belt while driving?

- Daily
- Almost daily
- Weekly
- Occasionally
- Never

Listed below are ways to improve the health of the community. For each item, indicate if it is Very important, Somewhat important, not at all important:

	Very important	Somewhat important	Not at all important
Increase hours of health clinics and pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change appointment scheduling procedures at Dental Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase transportation options to appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional physicians/NPs/PA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase access to vegetables and fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase police presence in community areas such as parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased education on public health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase individual participation in physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other than what is listed above, are there any other ways to improve the health of the community that you think are very important?

In the past 12 months, did you or anyone in your household need health care services for any reason?

- Yes
- No

In the past 12 months did you or anyone else in your household go without getting health care services that they needed?

- Yes
- No

From the list below, select the reasons that prevented you or a member of your household from getting the care needed during the past 12 months. Check all that apply.

- Service too expensive
- Service not available locally
- No appointments available
- Not satisfied with providers
- Co-pay too expensive
- Can't get transportation or transportation not convenient
- Not aware of what resources are available
- Don't know how to access resources
- No insurance
- Too scared to get checked
- Did not feel welcome in the clinic
- Confidentiality concerns

Other (please specify)

Which of the following, if any, have you used in the last year? Check all that apply:

- CSP Behavioral Health/Centered Spirit
- Specialty Clinic (OB/GYN, podiatry, cardiology, etc.)
- El Rio Pascua Clinic
- El Rio Pharmacy
- Community Nursing
- Dental Clinic
- Alternative Medicine Clinic
- Traditional Medicine Services
- Yoeme Managed Care
- Injury Prevention
- Women, Infants, and Children Program (WIC)
- Diabetes Program/Wellness Center

How well do you think these services meet the needs of the community?

	Fully met	Partially met	Not at all met	Don't know
Centered Spirit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialty Clinic (i.e. OB/GYN, podiatry, cardiology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El Rio Pascua Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El Rio Pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alternative Medicine Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional Medicine Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yoeme Managed Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injury Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Program/Wellness Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For each group below, please rate how well healthcare services in the community are meeting the needs of these groups of community members.

	Fully met	Partially met	Not at all met	Don't know
Elders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals without health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with chronic medical conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance abuse community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals with HIV or Hep C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was physical health poor? Enter number of days in box below.

In the past 12 months, have you been given a prescription for a medication?

- Yes
- No
- Don't know

Did you take that medication as prescribed?

- Yes
- No
- Don't know

In the past 12 months, have you not taken your medication as prescribed because of cost or lack of access?

- Yes
- No
- Not applicable

Do you currently have a doctor or other medical provider that you consider to be your primary care provider?

- Yes
- No

About how long has it been since you last visited a doctor for a routine checkup?

- In the past month
- In the past 2-6 months
- In the past 7-12 months (7 months to one year)
- More than a year ago up to two years
- In the past 3 to 5 years
- More than five years ago
- I don't know

In the last 12 months, have you seen your doctor or medical provider for a preventive visit (i.e. a visit not due to an acute illness, such as a sore throat, cough, stomachache, diarrhea, etc.) that discussed immunizations, cancer screenings, etc.

Yes

No

Where do you see your doctor or medical provider?

El Rio Pascua Clinic

El Rio Clinic other than El Rio Pascua

Alternative Medicine Clinic - Pascua Yaqui

Clinic outside of El Rio

Veterans Administration

Urgent Care/Emergency Room

Indian Health Services

Other (please specify)

If you selected El Rio Clinic in the previous question, please indicate which El Rio clinic or clinics.

- Pascua Yaqui, 7490 S. Camino de Oeste, Tucson
- Birth & Women's - 5979 Grant Rd, Tucson
- Cherrybell - 1230 Cherrybell Stravenue
- Congress, 839 W. Congress St., Tucson
- El Pueblo - 101 W. Irvington Rd, Tucson
- Health on Broadway - 1 W. Broadway, Tucson
- Health on University - 434 E. University Blvd, Tucson
- Northwest - 320 W. Prince Rd, Tucson
- OB/GYN Associatiates - 225 W. Irvington Rd, tucson
- Southeast, 6950 E. Golf Links, Tucson
- Southwest, 1500 W Commerce Court, Tucson
- St. Elizabeth's Health Center, 140 W Speedway, Tucson
- Special Immunology Associates - Cherrybell
- Did not go to any El Rio clinic

Other El Rio clinic (please specify)



If you selected a clinic OTHER than El Rio Clinic, please write the name of the clinic or clinics below.

How many times a week do you do the following

	None	1-2 times	3-4 times	5-6 times	6-7 times or more
Exercise for 20 minutes or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat fast food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat five servings of fruit and/or vegetables in a single day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke one or more cigarettes in a single day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use illegal substances, such as drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs more than prescribes or in a way that's not prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have more than three alcoholic drinks in a single day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consume a sugar sweetened soda or juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access a wellness program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vape or use e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past six months, about how often did you feel:

	Never	A little of the time	Some of the time	Most of the time	All of the time	Don't know
Anxious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past 12 months, have you seen a professional or gotten professional help for your mental health?

- Yes
- No

Where did you go for professional help for your mental health? (Check all that apply)

- Centered Spirit
- El Rio Pascua Clinic
- Other agency on the reservation
- Other agency not on the reservation

Do you receive information about Tribal activities?

- Yes
- No

In which ways to you receive information about Tribal activities? (Please check all that apply).

- Yaqui Times
- Radio
- Postal Service (mail)
- Family, Friend or Neighbor
- Church
- Social Media (Facebook, Twitter, Instagram)
- Text
- E-Mail
- Flier
- Community Council Meetings

Other (please specify)

Would you like to receive information/more information about Tribal events?

- Yes
- No

What type of communications would work best? We are collecting this information for planning purposes only. (Please check all that apply).

- Yaqui Times
- Radio
- Postal Service (mail)
- Family, Friend or Neighbor
- Church
- Social Media (Facebook, Twitter, Instagram)
- Text
- E-Mail
- Flier
- Community Council Meetings
- Other (please specify)

Do you have access to a computer with internet at home?

- Yes
- No

Where do you access a computer or the internet?

- Using a personal device (phone, iPod, iPad, tablet)
- Public library
- Friend or Neighbor
- Work
- Don't use internet or computer

Other (please specify)

How did you complete this survey?

- On a computer or other device
- On paper.

Thank you for taking this survey and being a part of Gathering Hiaki Voices for Wellness. Please help us learn about community needs and wishes by encouraging others to complete the survey.