Inter Tribal Council of Arizona, Inc.

Arizona Tribal Maternal and Child Health Needs Assessment

July 2025

Tribal Epidemiology Center

Arizona Tribal Maternal and Child Health Needs Assessment

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Re: Contract No. CTR065892 Tribal Community Needs and Assessments

On behalf of the Inter Tribal Council of Arizona, Inc. (ITCA), I am pleased to present the *Arizona Tribal Maternal and Child Health Needs Assessment* report. The *Arizona Tribal Maternal and Child Health Needs Assessment* was prepared to identify maternal and child health needs for the American Indian and Alaska Native (AI/AN) population within Arizona. This report was created with the intention to provide a focus for maternal and child health strategic planning.

The *Arizona Tribal Maternal and Child Health Needs Assessment* includes data from the ITCA Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and a survey summary of its clients. The report highlights the survey by providing an overall summary, and breaking down the results by mothers, grandparents, and community subgroups. The survey was used to provide the needs and strengths of the community from AI/AN families.

Should you have any questions please contact me by phone at: (602) 258-4822 or by email: Maria.Dadgar@itcaonline.com.

On behalf of the Inter Tribal Council of Arizona, Inc. (ITCA) Tribal Epidemiology Center (TEC), ITCA TEC is pleased to present the *Arizona Tribal Maternal and Child Health Needs Assessment* Report.

Maria Dadgar, MBA
Executive Director
Inter Tribal Council of Arizona, Inc.

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Executive Summary

The purpose of the *Arizona Tribal Maternal and Child Health Needs Assessment* report is to provide maternal and child health (MCH) information that includes representation from the AI/AN communities. This report focuses on the health indicators of AI/AN pregnant and postpartum mothers, infants, and children through aggregate data from the ITCA Special Supplemental Nutrition Program for Women, Infants, & Children (WIC). Additionally, the results of a community survey are presented where ITCA WIC clients were able to voice their opinion on the MCH needs of AI/AN in Arizona.

The results from the community survey highlighted the need for mental health support for mothers and children. Mental health was also the overall top priority across the three community subgroups of urban, suburban, and rural. For tribal maternal health needs, mental health support was the most frequently selected concern. In child health, mental health and emotional well-being ranked highest at 33%, followed by early childhood development at 16%. The wide gap between the two topics highlight that mental health was indeed the leading concern. When asked about the top tribal health needs, substance use (32%) was the leading health concern, with mental health (20%) as the second most selected topic. Overall, the top health needs were largely consistent across subgroups, with only slight variations in their rankings beyond the highest priorities. The responses from the survey highlight mental health as a top concern among tribal MCH needs and substance use as the leading concern in overall tribal health.

Along with the goal of identifying the leading tribal MCH needs, we wanted to identify effective methods of distributing health information and programming. The community survey results showed that both social media and community bulletin board posters were equally effective across all community subgroups. Of note, radio advertisements were the third most preferred method in the rural community subgroup, but ranked lowest in the suburban and urban communities.

Maternal health indicators from the WIC clinic data included age, trimester of pregnancy or postpartum at time of WIC enrollment, prenatal care visits, inter-pregnancy interval, maternal body mass index, pregnancy weight gain, gestational diabetes, hemoglobin levels, hypertension, and smoking status in the household. Some highlights from the clinic data showed that majority of the mothers enrolled into WIC during their second or third trimester. Additionally, prenatal care visits were often initiated in the first trimester. The number of those who reported no prenatal care decreased from 2019 to 2023. Although the majority of mothers were not diagnosed with gestational diabetes or hypertension during their pregnancy, the values observed were 2 to 3 times higher than national averages. Throughout 2019-2023, 50% or more of the women were classified as obese and gained more weight during their pregnancy than the recommended guidelines from the American College of Obstetricians and Gynecologist.

The infant and children indicators section included birthweight, preterm deliveries, breastfeeding duration, hemoglobin levels, and short stature. Over 82% of infants had a normal birthweight, those that were within the low birthweight category (8%) were more often within the *moderately low* (7%) category rather than the *very low* birthweight (1%) group. Preterm deliveries occurred in 5%-7% of the births recorded. The majority of the infants and children did not experience low hemoglobin levels, risk for anemia, nor short stature. Majority of the women, 70%, identified as having ever breastfed. For those that did breastfeed, a majority discontinued before the 6 month mark. The reasons women chose to discontinue breastfeeding is unclear.

Purpose

The purpose of the *Arizona Tribal Maternal and Child Health Needs Assessment* was to offer an opportunity for AI/AN families to voice their opinions on top MCH health concerns, strengths, and barriers within their communities. Additionally, this report presents updated values from the previous 2018 MCH Needs report. This includes health indicators of pregnant and postpartum mothers, infants, and children among AI/AN in Arizona. The target audience for this report includes: public health professionals, tribal health directors, and tribal leadership.

Introduction

The *Arizona Tribal Maternal and Child Health Needs Assessment* by the Inter Tribal Council of Arizona, Inc. (ITCA) Tribal Epidemiology Center (TEC) used data requested from ITCA's Women, Infants, and Children (WIC) program and the responses to a voluntary online survey that was distributed to ITCA WIC's clients.

ITCA's WIC program provided aggregate data of all 13 local agencies within Arizona. ITCA WIC data includes two datasets: Pregnancy Nutritional Surveillance System (PNSS) and the Pediatric Nutrition Surveillance System (PedNSS). PNSS is the public health surveillance system that monitors infant mortality and poor birth outcomes among WIC participants. PedNSS is a child-based public health surveillance system that includes data collection of nutritional indicators.

The report is organized into twelve main sections:

- **Executive Summary**
- **Purpose**
- **Introduction**
- **Report Development**
- **Community Survey**
- **Maternal Indicators**
- **Infant & Children Indicators**
- **Action Items**
- **Technical Notes**
- **Definitions of Variables**
- **Statistical Notes Table**
- **Data Barriers**

The report includes health indicators among AI/ANs in Arizona among mothers, infants, and children. ITCA TEC can be directly reached for any additional questions and clarifications: tecinfo@itcaonline.com.

Report Development

In 2024, ITCA received a request from the Arizona Department of Health Service's (ADHS) Bureau of Assessment and Evaluation to perform a maternal and child health needs assessment among Tribes in Arizona in regards to the Title V Block Grant Priorities listed below:

1. Improve the health of women before and between pregnancies
2. Reduce infant mortality and morbidity
3. Decrease the incidence of childhood injury
4. Increase early identification and treatment of developmental delays
5. Promote smooth transition through the life course for Children and Youth with Special Health Care Needs (CYSHCN)
6. Support adolescents to make healthy decisions as they transition to adulthood
7. Reduce the use of tobacco and other substances across the lifespan
8. Improve the oral health of Arizona's women and children
9. Increase the percentage of women and children who are physically active
10. Strengthen the ability of Arizona families to raise emotionally and physically healthy children

Following the 2018 Tribal MCH Needs Assessment, Tribal MCH community workers began providing feedback during ITCA's Tribal Epidemiology Center Public Health Infrastructure's (ITCA TECPHI) Public Health Working Group.

In April 2024, the ITCA TECPHI working group focused on Tribal MCH topics. Presenters included ITCA TEC staff and two other Tribal Epidemiology Centers (Southern Plains Tribal Health Board and Albuquerque Area Southwest Tribal Epidemiology Center), Diné College, Postpartum Support International, the University of Utah, and Sacred Circle Healthcare. During this event, ITCA TEC and Diné College presented on their previous MCH Needs Assessments: *Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center's Maternal and Child Health Assessment* and *2020 Navajo Nation Maternal and Child Health Needs Assessment.*

The working group had over 40 attendees, including participants from 8 Tribes in Arizona. Discussion groups were held to discuss ITCA TEC's previous MCH Needs Assessment. The attendees were asked three questions:

1. **What indicators would you want to see newer data on?**
2. **What indicators would you remove?**
3. **What other health indicators should be included?**

1. What indicators would you want to see newer data on?

The attendees agreed that they would like to see updated values for each of the health indicators provided in the previous MCH Needs Assessment.

2. What indicators would you remove?

As for what indicators to be removed, majority agreed that the use of BMI in children should be removed from future reports.

3. What other health indicators should be included?

Data that the attendees agreed they would like to see in future reports include:

- **Child & Infant**
  - Birth Defects
  - Causes of Infant Mortality
  - Education
  - Preterm Births
  - Safe Sleep Measures
- **Crime**
  - Domestic Violence
  - Child Maltreatment
- **Data Specific to Urban AI/AN Population**
- **Family Support**
  - Cultural Resilience
  - Father's Involvement
  - Lead Testing
- **Health**
  - Behavioral Health
  - Disability
  - Immunization
  - Mental Health
  - Oral Health
  - Sexually Transmitted Infections
  - Substance Use
- **Maternal**
  - Breastfeeding
    - Access to Breastfeeding Equipment
  - Family Planning Measures
  - Maternity Leave
  - Pregnancy
    - Delivery Type
    - Labor Complications
    - Doulas
  - Parity
  - Physical Activity Level
- **Socioeconomic Status**
  - Access to Healthcare
  - Demographics
  - Economic Status
  - Education
  - Employment
  - Food Security
  - Housing Type
  - Insurance
  - Transportation
  - Car Seat Use

While we were unable to include all of the additional data requested, it is important to acknowledge the data requested to help guide future reporting on Tribal health in Arizona. After the April working group meeting, ITCA TEC focused on creating a survey and a plan for distribution. There were two surveys created, one for those who work within Tribal communities and another for Tribal community members.

The ITCA TEC tabled at tribally-focused events held in Arizona to raise awareness, receive feedback, and guide the creation of the Tribal community member survey. The feedback was collected at the following events: the WIC Managers meeting that was held in Chandler, AZ on October 24, 2024; the Tribal Community Health Representative Directors Meeting that was held over Zoom on October 29, 2024; and the Community Health Representatives Summit VIII that was held in Tucson, AZ on December 3-5, 2024.

After the events, a tribally focused survey was finalized for Arizona Tribal community members. ITCA TEC collaborated with the ITCA WIC program to help distribute a survey to WIC enrollees through their texting service. A total of 306 responses were recorded. Of those, 260 identified as AI/AN or had a child that is AI/AN. Participants who neither identified as AI/AN nor had a child that was AI/AN, were excluded in the data summaries provided in the following section.

Community Survey

Section Background

The following pages are data summaries from the Community Survey. The results are sectioned into subgroups of AI/AN participants in a comprehensive summary, rural, suburban, urban, mothers, and grandparents. The wording in each section is duplicated in order for each page to stand alone as a resource.

Community Words

At the end of the community survey, participants were asked if they had any additional thoughts that they would like us to include in the needs assessment. The following are their word grouped into common themes.

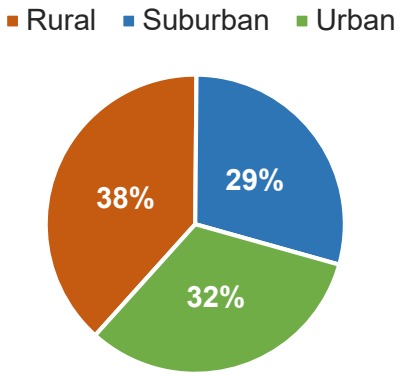
Culture
"Being able to understand beliefs and cultural existence when away from families on the reservation." "Integrate cultural practices with all needs."
Healthcare
"Confidentiality, remind people your there to help but nobody is judging and whatever is needed or you don't know it's okay we can help you figure it out. Get people who want to help the people and not someone who's there just for the money." "Have staff who speak Spanish or different languages so that they can provide more help in medical appointments or classes"
Education & Resources
"Maybe more support/resources during Postpartum healthy cooking for picky eaters or YouTube video for recipes." "More education on mental health." "I've had 6 children through IHS and I was always offered support by the clinic staff. WIC also has always had my back, not much to critique there. If I could mention maybe more community engagement, especially for the little ones."
Guardianship Resources
"I am raising my grandchild. I had to quit my job to do so. I do not get any money from any source. We do get food stamps. If we were not tribal living on the reservation, I would receive money like a foster parent would. Here I will have to apply for welfare." "I would say more feedback to those that foster to children that were exposed."

Comprehensive Summary

Demographics of Survey Participants

Background Information: The survey had 306 participants. After removing those who do not identify as AI/AN nor their child, there was a total of 260 participants. In order to better understand the survey population, a couple of demographic questions were asked. This information was later used to summarize the responses into subgroups in this report.

Type of Community



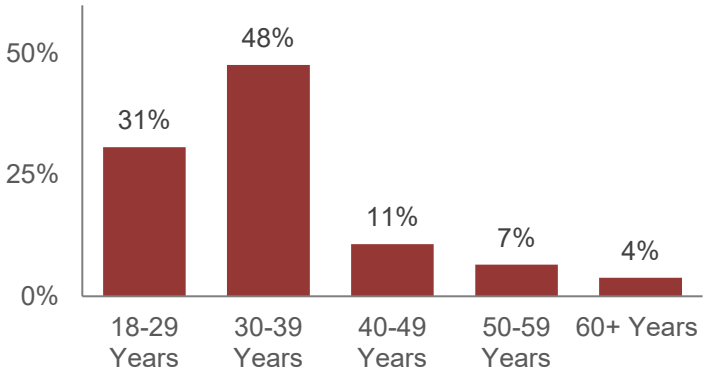
Describing the Community:
In order to simplify the type of residence, the type of communities were defined within the survey as the following:

Rural – Spread out area, often surrounded by nature
Suburban – Many standalone houses/neighborhoods
Urban – Many buildings close to one another such as apartments and businesses

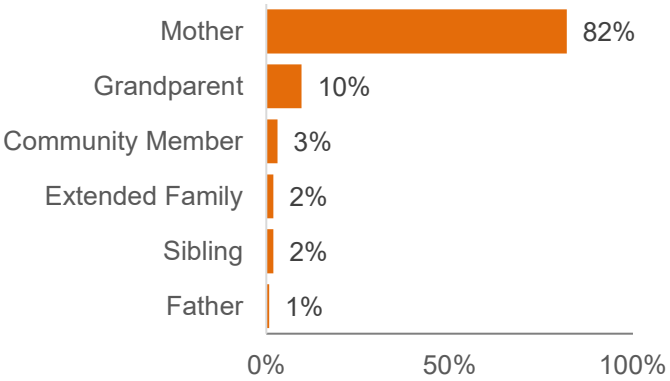
Communities may reflect different needs, later sections will breakdown the results by community.

Relationship
Knowing that WIC services are available to mothers and caretakers to children under the age of five years old, survey participants were asked what their strongest relationship to a child is. Later in the results, the responses from mothers and grandparents will be broken down. The results by age category were not summarized as the groupings tended to reflect the mother and grandparent groupings.

Age Category of Participants



Closest Relationship to a Child



Key points:

- Participants identified that their community in Arizona was best represented as rural (38%), urban (32%), and then suburban (29%).
- Majority of participants identified as mothers (82% of responses). The next largest group were grandparents (10% of all responses).

Comprehensive Summary
Maternal Health

Tribal Maternal Health Needs

For this question in the survey, the ITCA TEC staff selected response options based on the most common responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the top maternal health issues in their community, survey respondents most frequently selected the following topics:

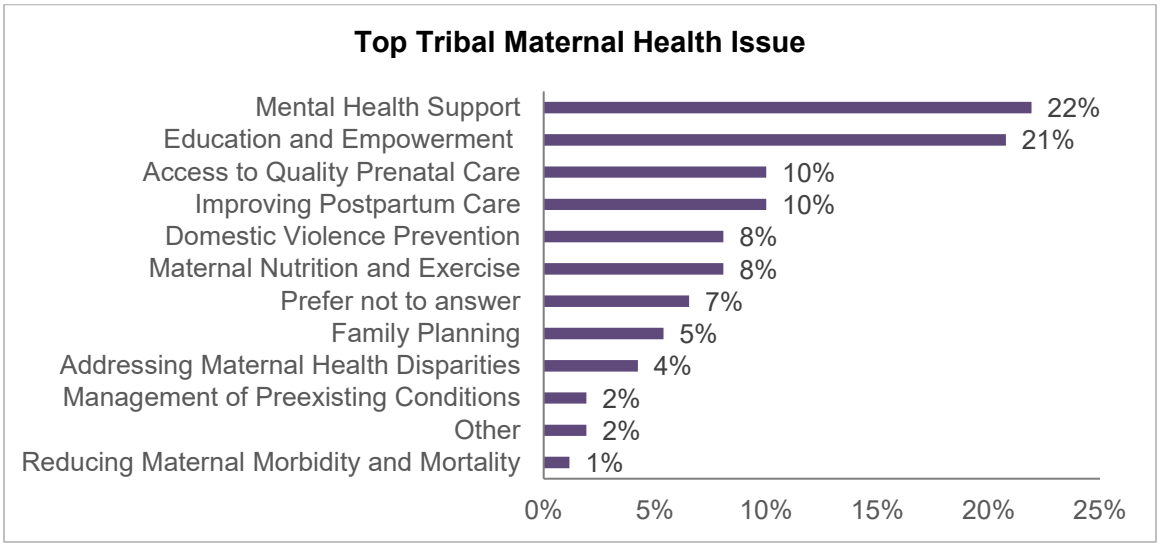
1. Mental Health Support
2. Improving Postpartum Care
3. Education and Empowerment Throughout Childbirth, Culture, Parenting, and Pregnancy

Rank	Tribal Maternal Health Needs	Counts Mentioned
1.	Mental Health Support	148
2.	Improving Postpartum Care	134
3.	Education and Empowerment Childbirth, Culture, Parenting, Pregnancy	132
4.	Maternal Nutrition and Exercise	118
5.	Family Planning	102
6.	Domestic Violence Prevention	84
7.	Access to Quality Prenatal Care	71
8.	Management of Preexisting Conditions	62
9.	Addressing Maternal Health Disparities	59
10.	Reducing Maternal Morbidity and Mortality	33
11.	Prefer not to answer	17
12.	Other	9
	Total Times a Topic was Selected	969

A follow-up question then asked the respondent to select the top maternal health need from the available list. The results matched the previous question with the majority of the respondents selecting **mental health support** (22%) with the second highest choice being **education and empowerment throughout childbirth, culuture, parenting, and pregnancy** (21%).

For those who selected the option *"Other"* written responses included:

"Having a stable primary care doctor."
"Drugs, lack of rehabilitation/detox centers with immediate admission."



Comprehensive Summary
Children Health Needs

Tribal Children Health Needs

For this question in the survey, the response options were guided by the most common responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the children's health needs that should be prioritized within their community, survey respondents most commonly selected the following topics:

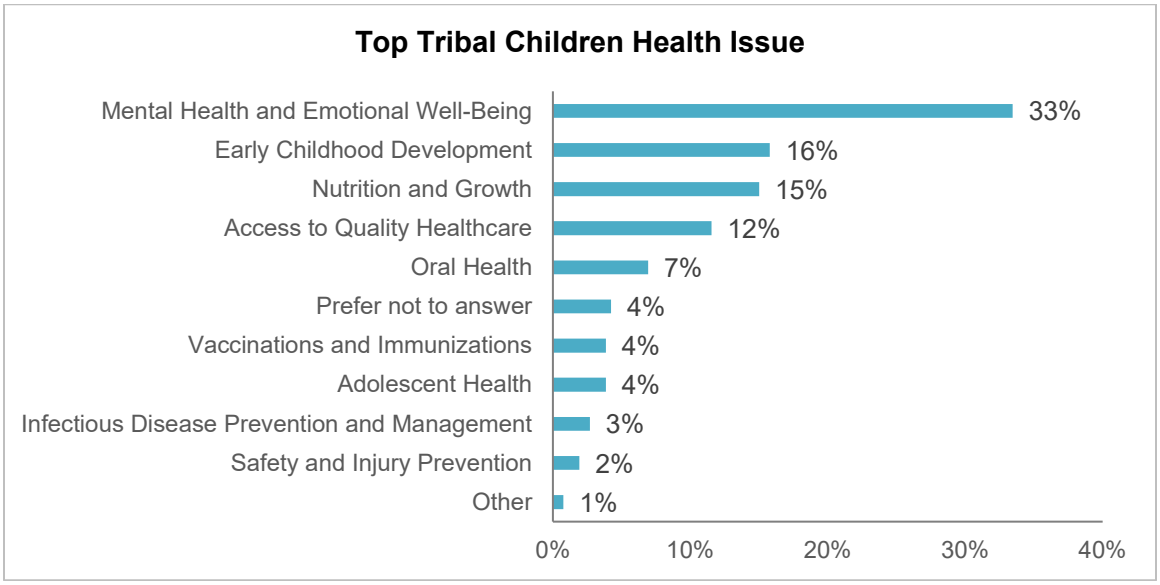
1. Mental Health and Emotional Well-Being
2. Nutrition and Growth
3. Early Childhood Development

Rank	Tribal Children Health Needs	Counts Mentioned
1.	Mental Health and Emotional Well-Being	139
2.	Nutrition and Growth	111
3.	Early Childhood Development	107
4.	Oral Health	83
5.	Safety and Injury Prevention	59
6.	Adolescent Health	56
7.	Access to Quality Healthcare	47
8.	Vaccinations and Immunizations	39
9.	Infectious Disease Prevention and Management	31
10.	Prefer not to answer	13
11.	Other	3
	Total Times a Topic was Selected	688

A follow-up question then asked the respondent to select the top children health need from the available list. The results were similar to the previous question with the majority of the respondents selecting **mental health and emotional well-being** (33%) with the second highest choice being **early childhood development** (16%), and the third choice being **nutrition and growth** (15%).

For those who selected the option *"Other"* a written in response included:

"Often there are not quality providers for pediatric care."



Comprehensive Summary
Tribal Health

Tribal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in a response if it was not listed.

When asked to identify the leading tribal health needs within their community, survey respondents most commonly selected the following topics:

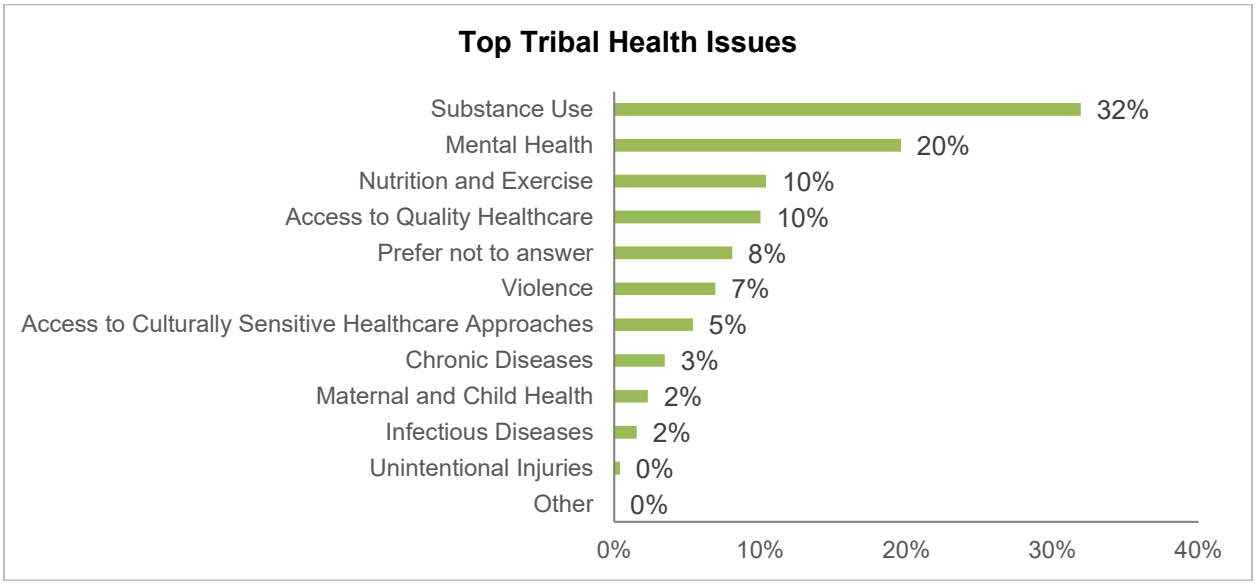
1. Substance Use
2. Mental Health
3. Violence

Rank	Tribal Health Needs	Counts Mentioned
1.	Substance Use	160
2.	Mental Health	142
3.	Violence	116
4.	Nutrition and Exercise	115
5.	Chronic Diseases	75
6.	Access to Quality Healthcare	64
7.	Maternal and Child Health	62
8.	Access to Culturally Sensitive Healthcare Approaches	55
9.	Infectious Diseases	44
10.	Unintentional Injuries	25
11.	Prefer not to answer	13
12.	Other	2
	Total Times a Topic was Selected	873

A follow-up question then asked the respondent to select the top tribal health need from the available list. Majority of the respondents selected **substance use** (32%) and **mental health** (20%) as the leading needs. Third top health issue was a tie between **nutrition and exercise** (10%) and **access to quality healthcare** (10%).

For those who selected the option *"Other"* a written in responses included:

"If we had better mental health I believe the drug addiction wouldn't be as bad."



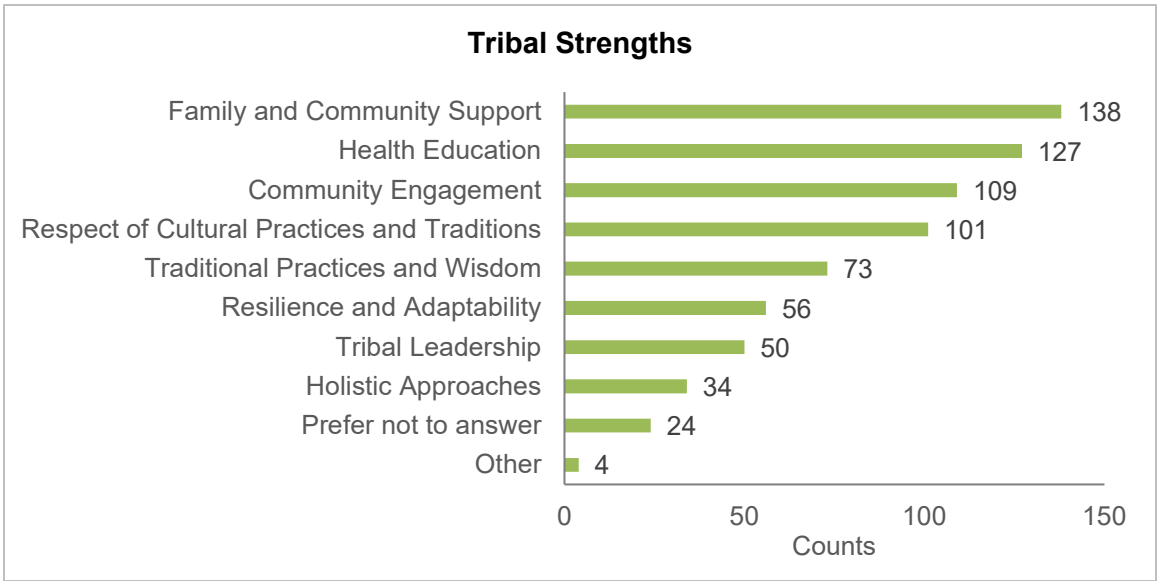
Comprehensive Summary
Tribal Strengths and Barriers

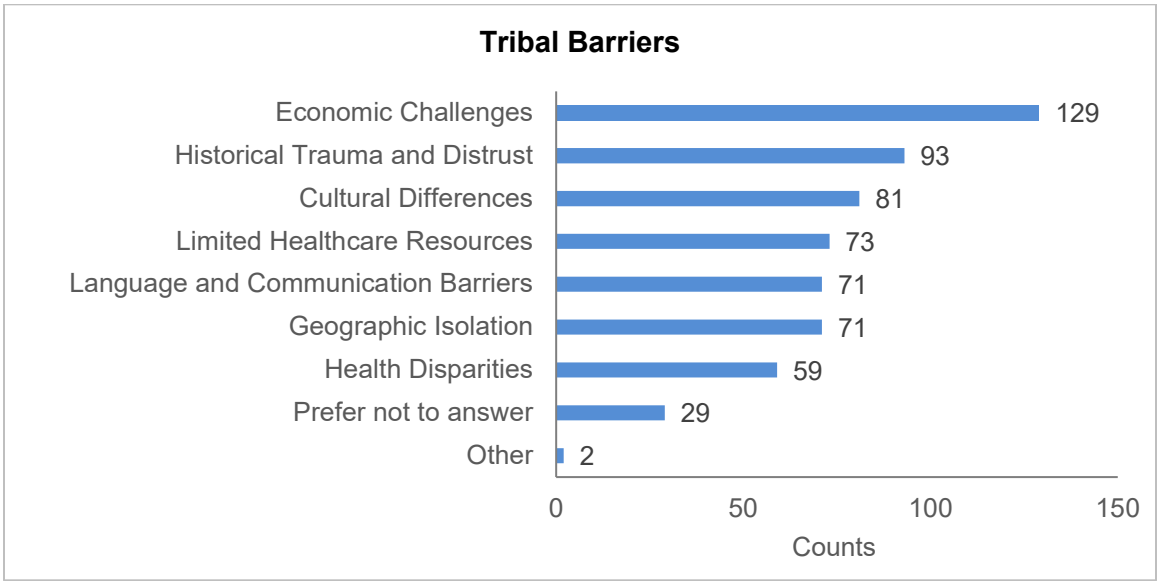
Maternal and Child Health Care and Programming Strengths and Barriers: Survey participants were asked to select all strengths and barriers that are faced in relation to maternal and child health care and programming. The options listed were responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in strengths and barriers that were not listed.

The most common strength chosen was **family and community support**, whereas the most common barrier selected was **economic challenges**.

For those that selected "Other" and wrote in a response, their responses included:

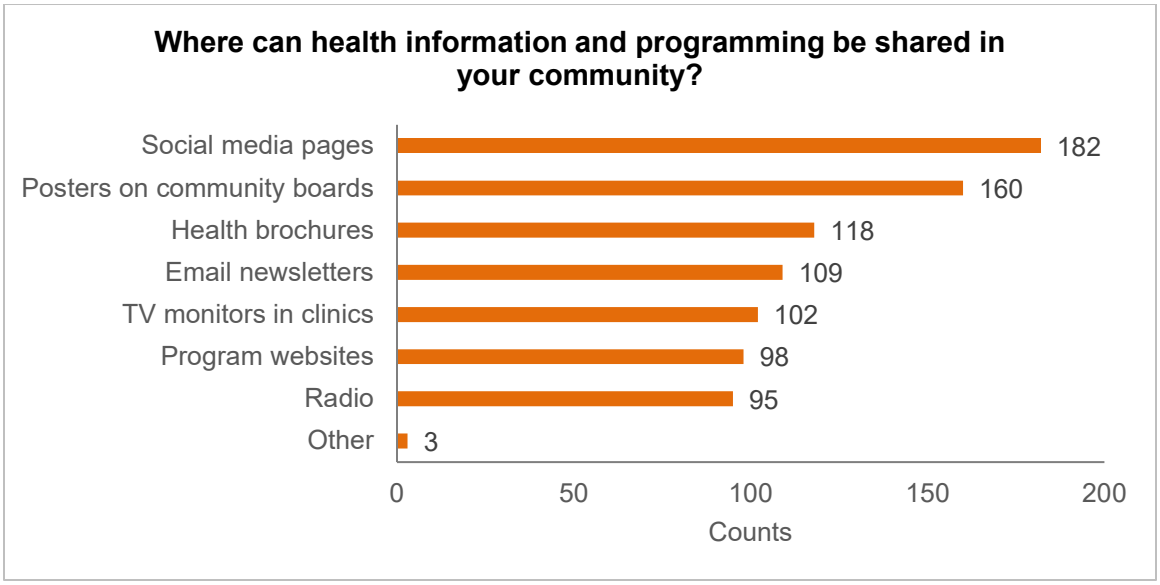
Strengths: ***"Health clinic staff always supportive and making sure me and my children's needs are met. Always great staff."***
Barriers: "*People not wanting to admit they have a problem because most people weren't taught it's okay to talk about hard things."*   ***"substance use" and a "lack of transportation"***





Comprehensive Summary
Health Information and Programming

How health information and programming is shared throughout the community:
Health information can be shared throughout multiple options. In order to promote future health initiatives, ITCA TEC believed it was important to ask where future information can be shared. For this question, survey participants were allowed to select as many of the options available as they wished.



Looking at the previous questions in the survey where participants were encouraged to select all of the options that applied, the question of where can health information and programming be shared within your community had high counts in each option that was available.

Social media pages was the most commonly selected option: it was selected 182 times. The second highest option selected was **posters on community boards**. Social media pages and posters on community boards are on opposite ends of technology but are similar in that they are community driven.

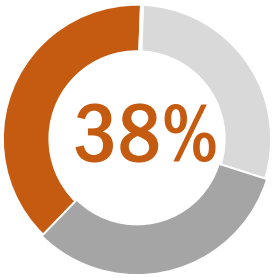
Rural Respondents
Demographics of Survey Participants

Background Information: The survey had 306 participants. After removing those who do not identify as AI/AN nor their child, there was a total of 260 participants. The following summaries are based on the subset of 100 participants who identified their community as rural.

Describing the Community:

Rural – Spread out area, often surrounded by nature.

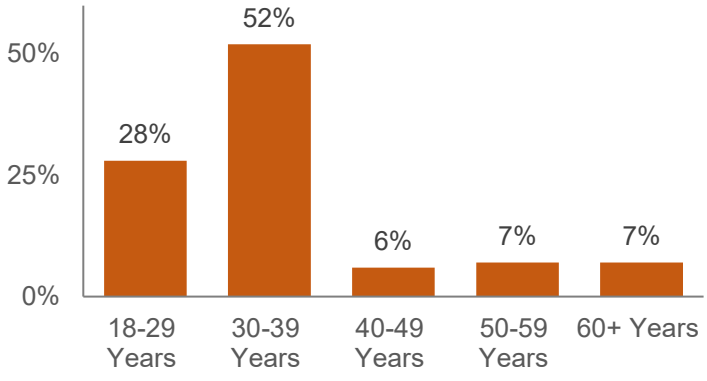
More than a third of participants were from Rural Communities



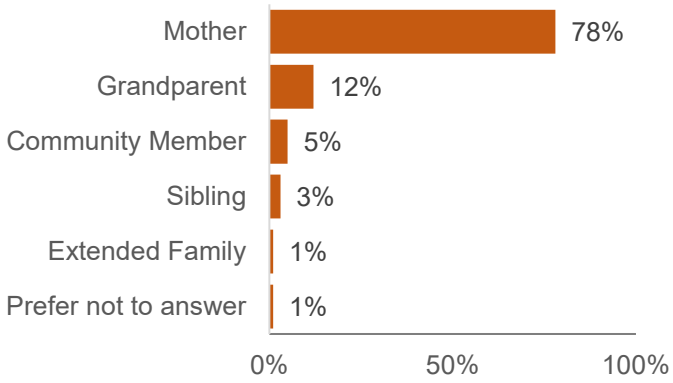
Rural Communities

- Health Care Access and Quality was ranked as the top health priority from the Top 10 Healthy People 2030 Priorities for Rural America[1].
- Rural areas have unique challenges in accessing health care services. The distance from health care facilities and availability of providers can be a challenge that is exacerbated when transportation options are limited. With this in mind, the following section includes a summary of the responses from participants who identified as being from a rural community.

Age Category of Participants



Closest Relationship to a Child



Key points:

- The largest age category was those within the age range of **30-39 years old** (52%), with the next largest age group being **18-29 year olds** (28%).
- When the survey responses are broken down by community types of rural, suburban, or urban, the rural subgroup had the largest responses from **grandparents** (12%) and for those who identified as **60 years old and older** (7%). The rural group also had the largest amount of persons who identified their strongest relationship to a child as a **community member** (5%).

Rural Respondents
Maternal Health

Tribal Maternal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the top maternal health issues in their community, survey respondents most frequently selected the following topics:

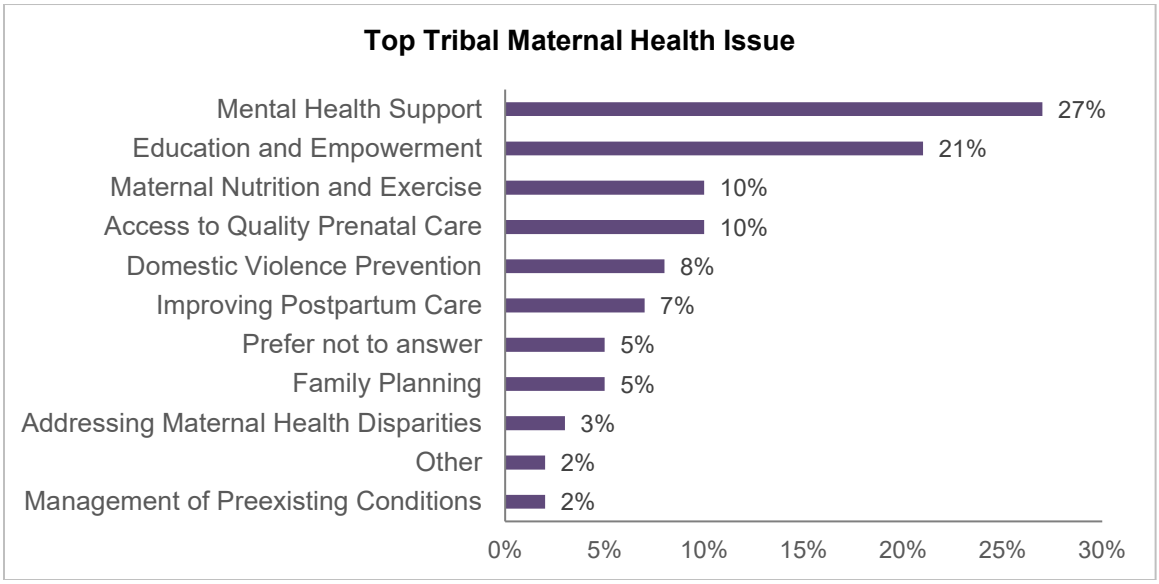
1. Mental Health Support
2. Education and Empowerment Throughout Childbirth, Culture, Parenting, and Pregnancy
3. Improving Postpartum Care

Rank	Tribal Maternal Health Needs	Counts Mentioned
1.	Mental Health Support	56
2.	Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	54
3.	Improving Postpartum Care	54
4.	Maternal Nutrition and Exercise	52
5.	Domestic Violence Prevention	41
6.	Family Planning	40
7.	Access to Quality Prenatal Care	35
8.	Management of Preexisting Conditions	28
9.	Addressing Maternal Health Disparities	27
10.	Reducing Maternal Morbidity and Mortality	13
11.	Prefer not to answer	5
12.	Other	2
	Total Times a Topic was Selected	407

A follow-up question then asked the respondent to select the top maternal health need from the available list. The results matched the previous question with the majority of the respondents selecting **mental health support** (27%) with the second highest choice being **education and empowerment throughout childbirth, culuture, parenting, and pregnancy** (21%).

For those who selected the option *"Other"* a written in response included:

"Having a stable primary care doctor."



Rural Respondents
Children Health Needs

Tribal Children Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the children's health needs that should be prioritized within their community, survey respondents most commonly selected the following topics:

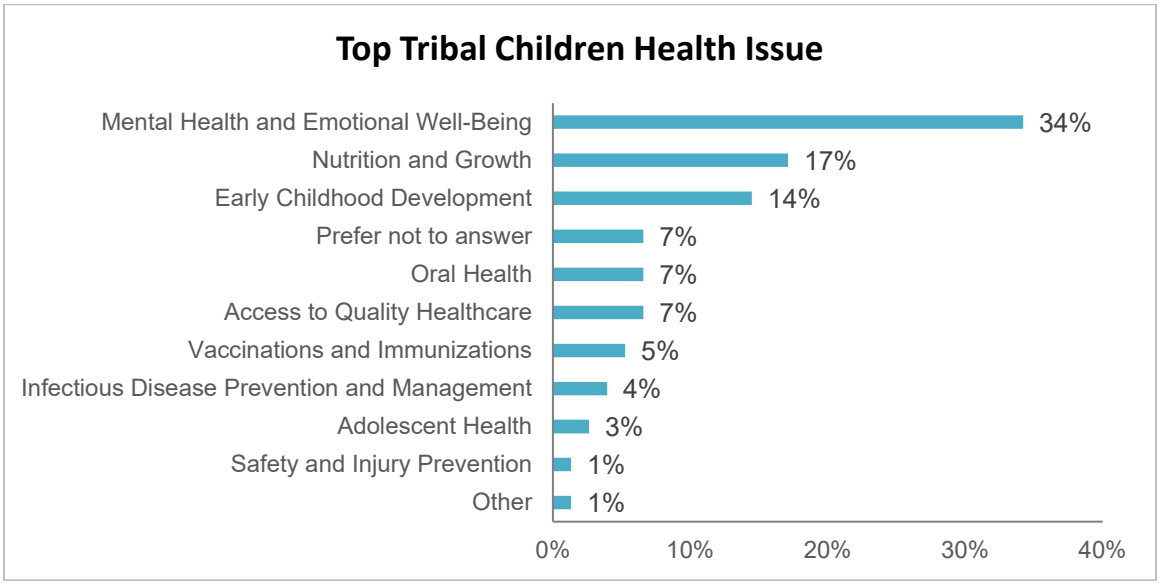
1. Mental Health and Emotional Well-Being
2. Nutrition and Growth
3. Early Childhood Development

Rank	Tribal Children Health Needs	Counts Mentioned
1.	Mental Health and Emotional Well-Being	60
2.	Nutrition and Growth	38
3.	Early Childhood Development	34
4.	Oral Health	26
5.	Adolescent Health	21
6.	Safety and Injury Prevention	21
7.	Infectious Disease Prevention and Management	17
8.	Access to Quality Healthcare	15
9.	Vaccinations and Immunizations	13
10.	Prefer not to answer	4
11.	Other	1
	Total Times a Topic was Selected	250

A follow-up question asked the respondent to select the top children health need from the available list. The results were similar to the previous question with the majority of the respondents selecting **mental health and emotional well-being** (34%) with the second highest choice being **nutrition and growth** (17%) and the third top choice being **early childhood development** (14%).

For those who selected the option *"Other"* a written in response included:

"Often there are not quality providers for pediatric care."



Rural Respondents
Tribal Health

Tribal Health Needs

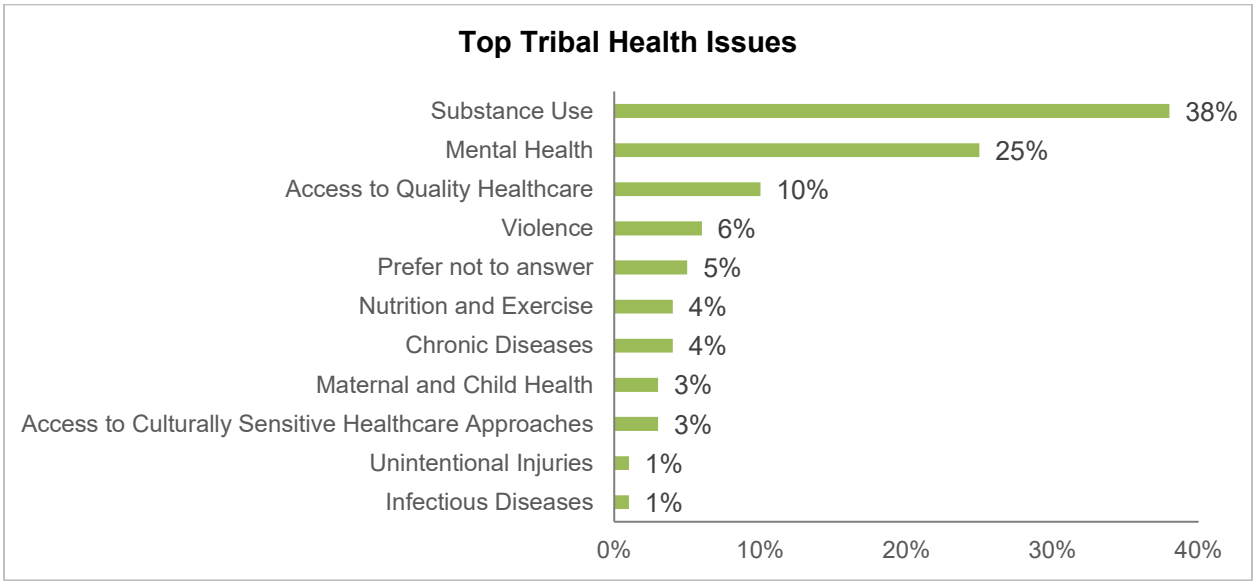
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the leading tribal health needs within their community, survey respondents most commonly selected the following topics:

1. Substance Use
2. Mental Health
3. Violence

Rank	Tribal Health Needs	Counts Mentioned
1.	Substance Use	66
2.	Mental Health	60
3.	Violence	51
4.	Chronic Diseases	38
5.	Nutrition and Exercise	38
6.	Access to Quality Healthcare	28
7.	Maternal and Child Health	21
8.	Access to Culturally Sensitive Healthcare Approaches	20
9.	Infectious Diseases	18
10.	Unintentional Injuries	9
11.	Prefer not to answer	3
12.	Other	0
	Total Times a Topic was Selected	352

A follow-up question then asked the respondent to select the top tribal health need from the available list. Majority of the respondents selected **substance use** (38%) and **mental health** (25%) as the leading needs. The third leading choice was **access to quality healthcare** (10%).

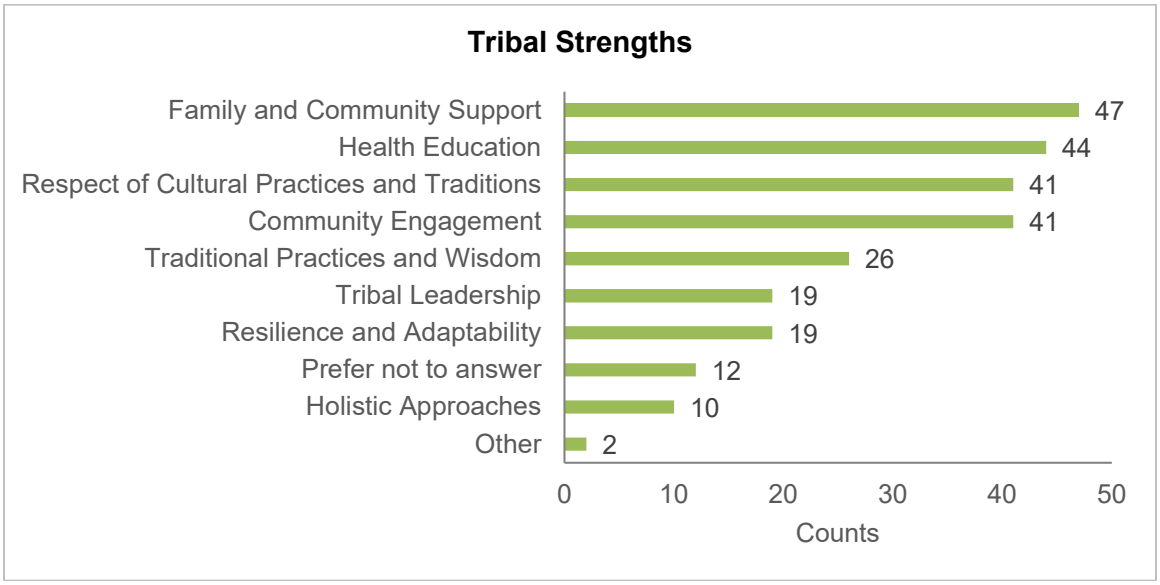


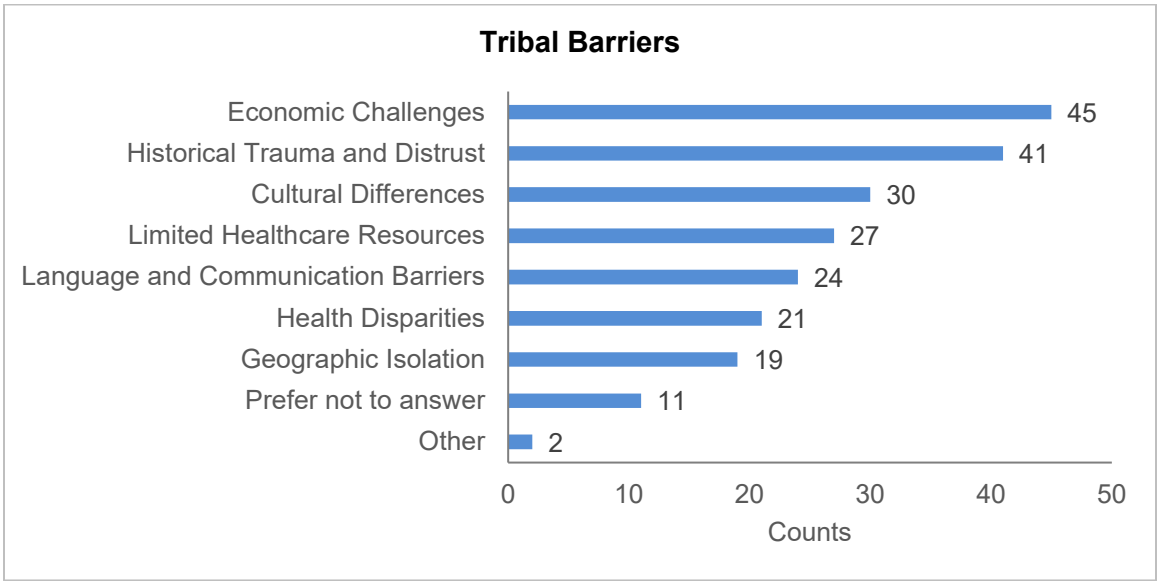
Rural Respondents
Tribal Strengths and Barriers

Maternal and Child Health Care and Programming Strengths and Barriers: Survey participants were asked to select all strengths and barriers that are faced in relation to maternal and child health care and programming. The options listed were responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in strengths and barriers that were not listed.

The most common strength chosen was **family and community support**, whereas the most common selected for barriers was **economic challenges**.

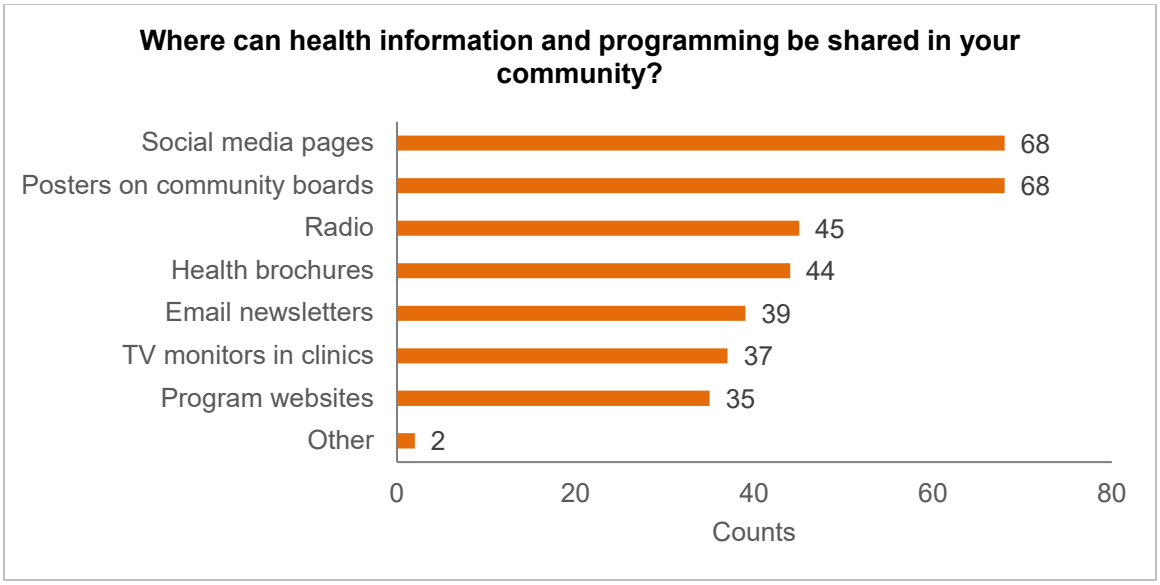
For those that selected "Other" *and wrote in a response, their* responses included
Barriers: "***People not wanting to admit they have a problem because most people weren't taught it's okay to talk about hard things.***"





Rural Respondents
Health Information and Programming

How health information and programming is shared throughout the community:
Health information can be shared throughout multiple options. In order to promote future health initiatives, ITCA TEC believed it was important to ask where future information can be shared. For this question, survey participants were allowed to select as many of the options available as they wished.



- **Social media pages** and **posters on community boards** were a tie for the top response, with 68 counts being selected from the 100 survey participants. The next leading options selected were **radio** (n=45) and **health brochures** (n=44).
- When the survey responses are broken down by community types of rural, suburban, or urban, the rural subgroup selected **radio** higher than in any other community.
- For those who selected the option *"Other"* there were no written in responses.

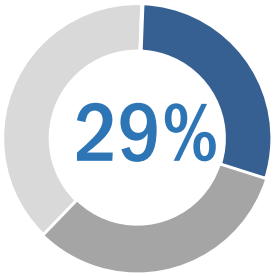
Suburban Respondents
Demographics of Survey Participants

Background Information: The survey had 306 participants. After removing those who do not identify as AI/AN nor their child, there was a total of 260 participants. The following summaries are based on the subgroup of 76 participants who identified their community as suburban.

Describing the Community:

Suburban – Many standalone houses/neighborhoods

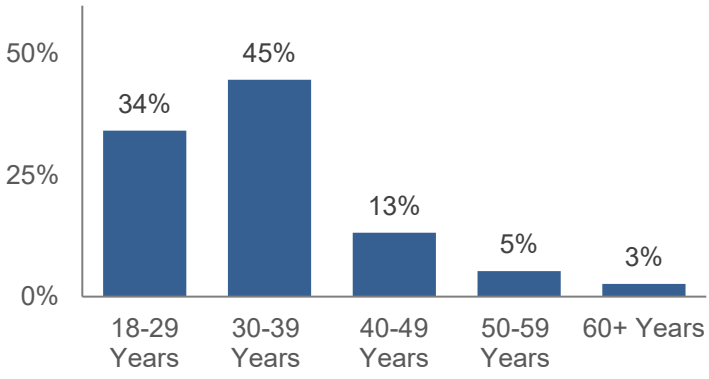
More than a quarter of participants were from Suburban Communities



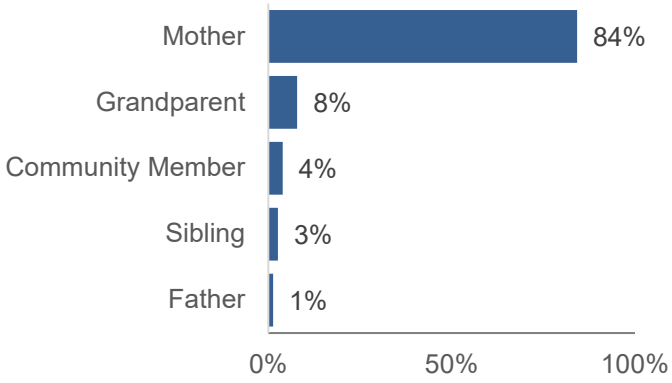
Suburban Communities

- The US Census data has two classifications: rural and urban. In this report, we hoped to further describe the urban area by including suburban as an option available for participants to select.
- Of the 260 participants that identified themselves as AI/AN, 29% identified their community as 'many standalone houses/neighborhoods'.

Age Category of Participants



Closest Relationship to a Child



Key points:

- Most participants identified as being between **30-39 years old** (45%) with the next highest category being **18-29 year olds** (34%).
- Of the three community categories, the suburban category had the largest participation from the **18-29 year old** category (34%). Rural: 28%. Urban: 31%.
- Majority of participants identified as **mothers** (84%). The next largest group were **grandparents**, with 8% of all responses.

Suburban Respondents
Maternal Health

Tribal Maternal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the top maternal health issues in their community, survey respondents most frequently selected the following topics:

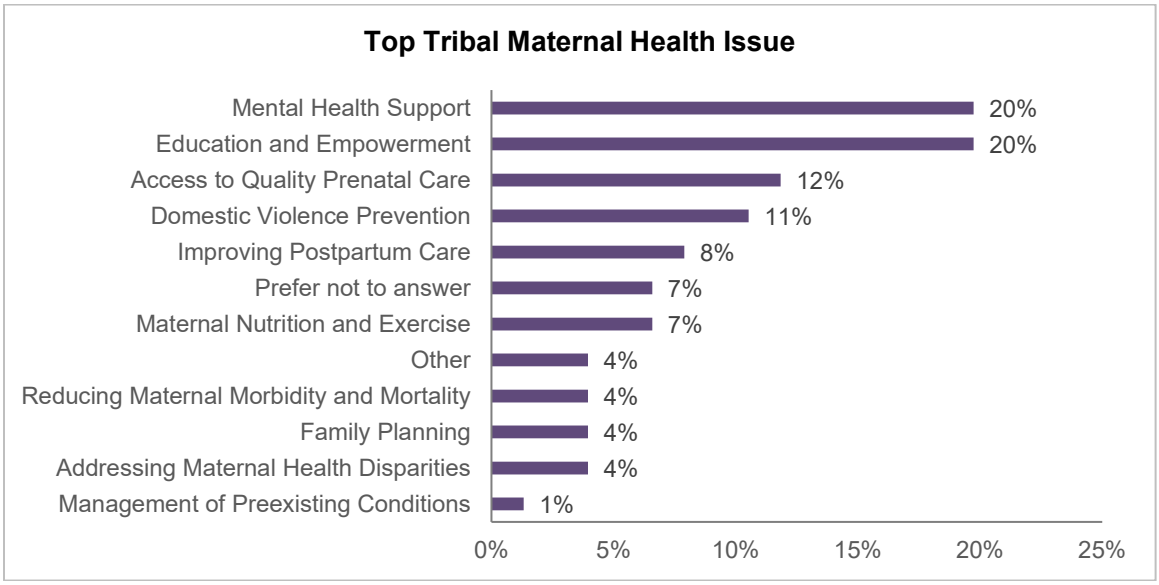
1. Mental Health Support
2. Education and Empowerment Throughout Childbirth, Culture, Parenting, and Pregnancy
3. Improving Postpartum Care

Rank	Tribal Maternal Health Needs	Counts Mentioned
1.	Mental Health Support	46
2.	Education and Empowerment - Childbirth, Culture, Parenting, and Pregnancy	37
3.	Improving Postpartum Care	34
4.	Family Planning	30
5.	Maternal Nutrition and Exercise	28
6.	Domestic Violence Prevention	24
7.	Management of Preexisting Conditions	19
8.	Access to Quality Prenatal Care	14
9.	Addressing Maternal Health Disparities	13
10.	Reducing Maternal Morbidity and Mortality	7
11.	Prefer not to answer	5
12.	Other	2
	Total Times a Topic was Selected	259

A follow-up question then asked the respondent to select the top maternal health need from the available list. There was a tie between **mental health support** (20%) and **education and empowerment throughout childbirth, culuture, parenting, and pregnancy** (20%). The next leading health issues that were selected were **access to quality prenatal care** (12%) and **domestic violence prevention** (11%).

For those who selected the option *"Other"* a written in response included:

"Drugs, lack of rehabilitation/detox centers with immediate admission."



Suburban Respondents
Children Health Needs

Tribal Children Health Needs

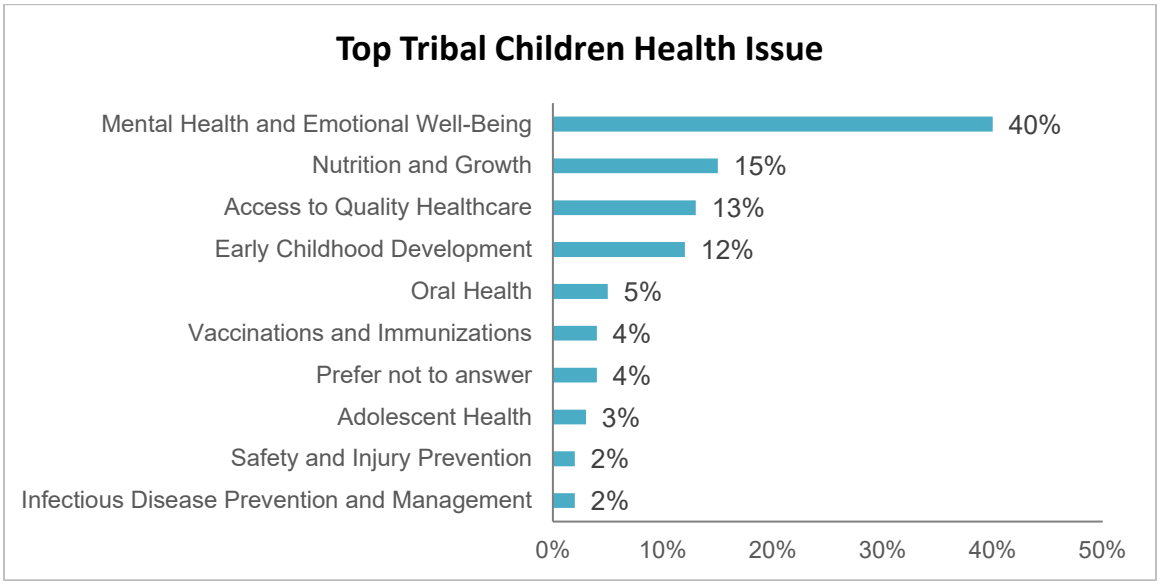
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the children's health needs that should be prioritized within their community, survey respondents most commonly selected the following topics:

1. Mental Health and Emotional Well-Being
2. Nutrition and Growth
3. Early Childhood Development

Rank	Tribal Children Health Needs	Counts Mentioned
1.	Mental Health and Emotional Well-Being	39
2.	Nutrition and Growth	35
3.	Early Childhood Development	33
4.	Oral Health	26
5.	Safety and Injury Prevention	19
6.	Adolescent Health	17
7.	Vaccinations and Immunizations	13
8.	Access to Quality Healthcare	11
9.	Prefer not to answer	5
10.	Infectious Disease Prevention and Management	4
11.	Other	1
	Total Times a Topic was Selected	203

A follow-up question then asked the respondent to select the top children health need from the available list. The results were similar to the previous question with the majority of the respondents selecting **mental health and emotional well-being** (40%). The following leading health concerns were close to one another: **nutrition and growth** (15%), **access to quality helathcare** (13%), and **early childhood development** (12%).



Suburban Respondents
Tribal Health

Tribal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the leading tribal health needs within their community, survey respondents most commonly selected the following topics:

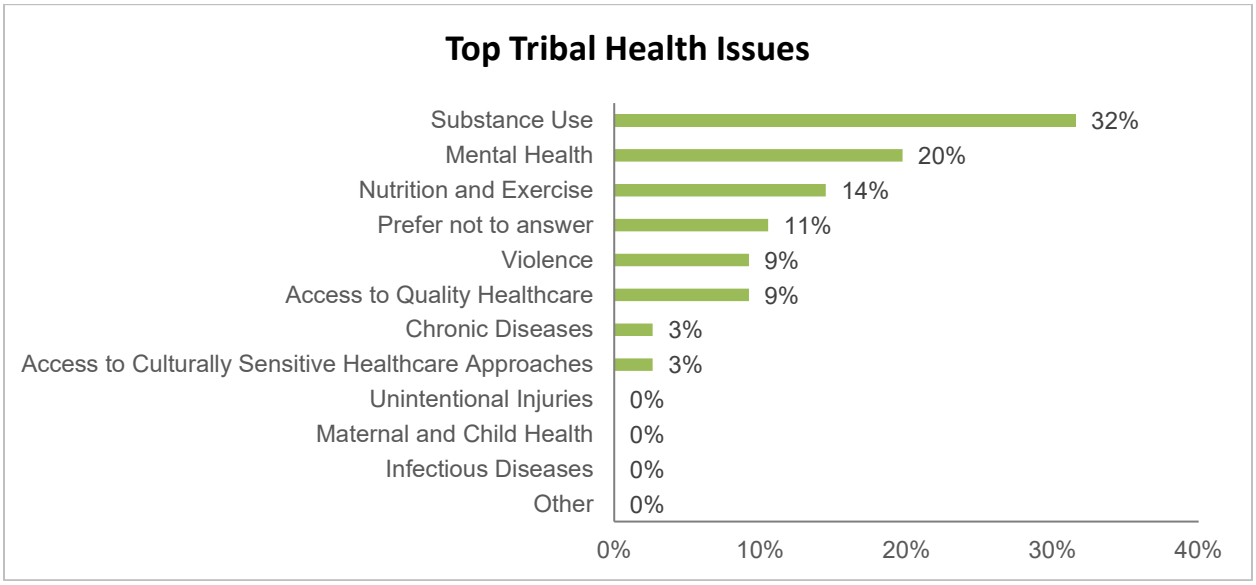
1. Substance Use
2. Mental Health
3. Violence

Rank	Tribal Health Needs	Counts Mentioned
1.	Substance Use	48
2.	Mental Health	37
3.	Nutrition and Exercise	37
4.	Violence	33
5.	Maternal and Child Health	17
6.	Access to Quality Healthcare	16
7.	Chronic Diseases	14
8.	Access to Culturally Sensitive Healthcare Approaches	11
9.	Infectious Diseases	10
10.	Unintentional Injuries	6
11.	Prefer not to answer	5
12.	Other	0
	Total Times a Topic was Selected	234

A follow-up question then asked the respondent to select the top tribal health need from the available list. Majority of the respondents selected **substance use** (32%) and **mental health** (20%) as the leading health concerns. The third top selected topic was **nutrition and exercise** (14%).

For those who selected the option *"Other"* a written in responses included:

"If we had better mental health I believe the drug addiction wouldn't be as bad."



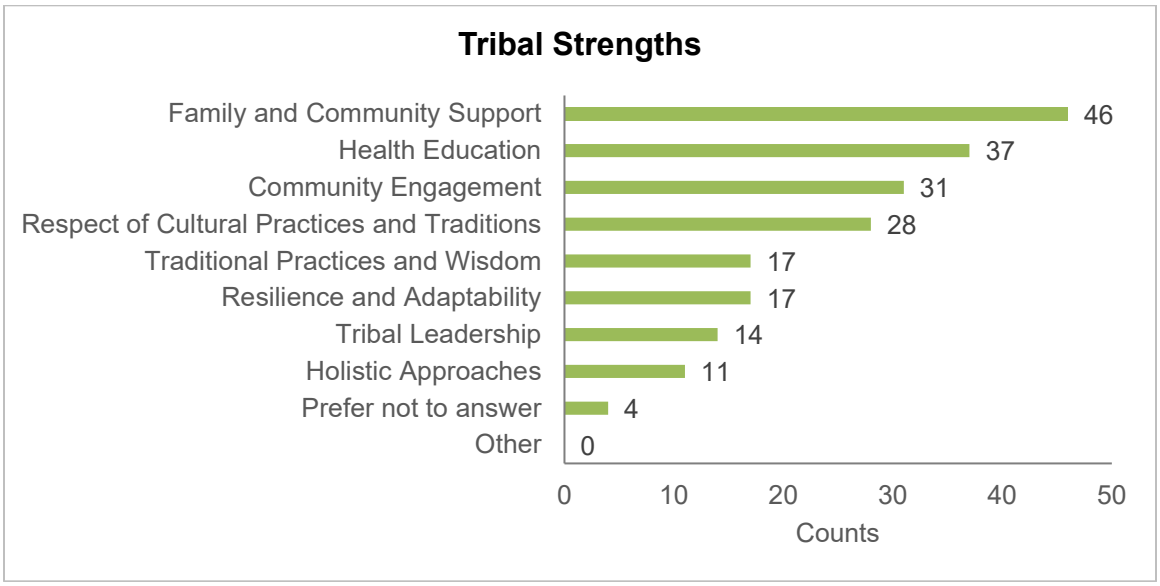
Suburban Respondents
Tribal Strengths and Barriers

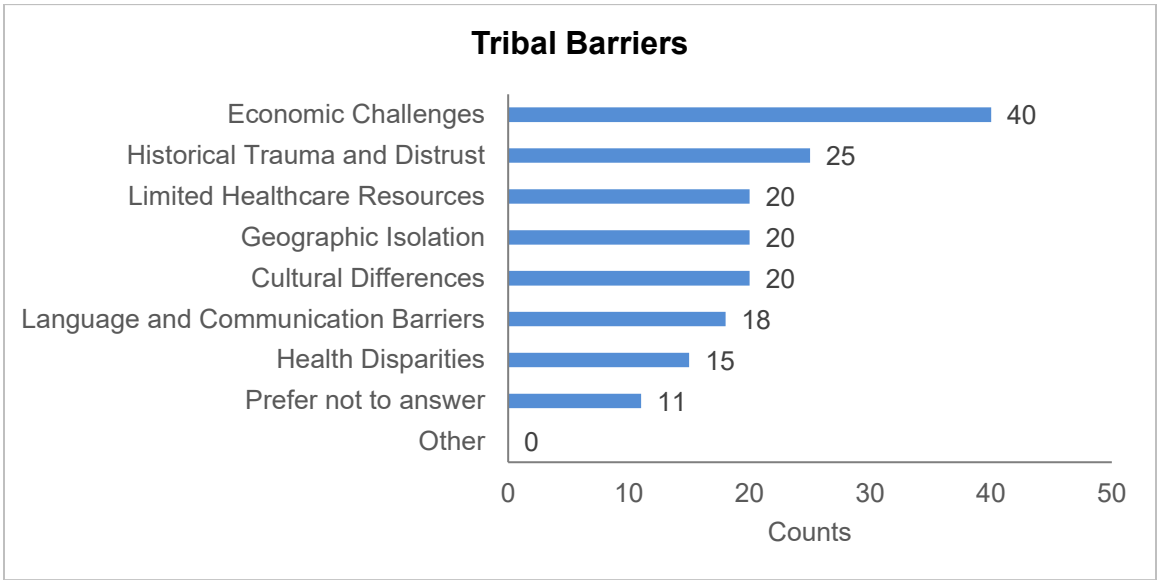
Maternal and Child Health Care and Programming Strengths and Barriers: Survey participants were asked to select all strengths and barriers that are faced in relation to maternal and child health care and programming. The options listed were responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in strengths and barriers that were not listed.

The most common strength chosen was **family and community support**. Whereas the most common selected for tribal barrier was **economic challenges**.

For those that selected "Other" and wrote in a response, their responses included:

Strengths: ***"Health clinic staff always supportive and making sure me and my children's needs are met. Always great staff."***

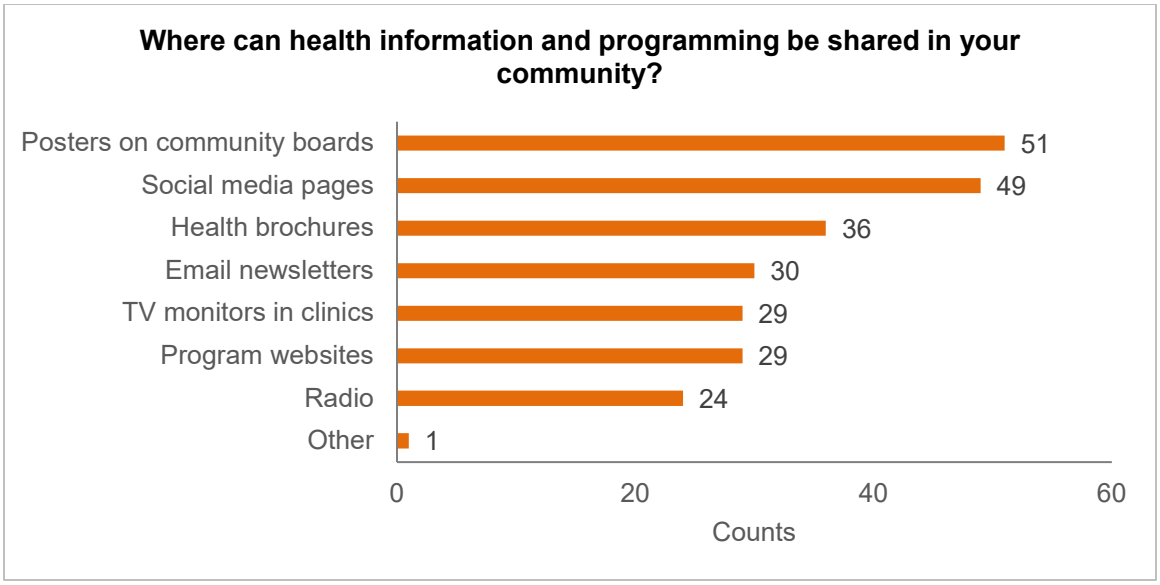




Suburban Respondents
Health Information and Programming

How health information and programming is shared throughout the community:

Health information can be shared throughout multiple options. In order to promote future health initiatives, ITCA TEC believed it was important to ask where future information can be shared. For this question, survey participants were allowed to select as many of the options available as they wished.



- **Posters on community boards** was selected 51 times, resulting in it being the top option for sharing health information among suburban respondents. **Social media pages** were a close second with 49 counts.
- For further context, the suburban subgroup had a total of 76 participants. This means that over half of the participants recognized both **posters on community boards** and **social media pages** as strong options to share health information and programming among their community.
- For those who selected the option *"Other"* there were no written in responses.

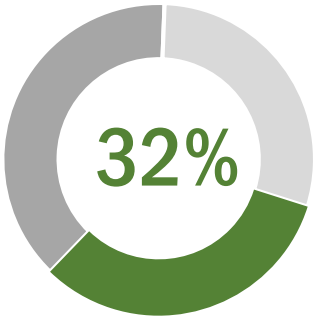
Urban Respondents
Demographics of Survey Participants

Background Information: The survey had 306 participants. After removing those who do not identify as AI/AN nor their child, there was a total of 260 participants. The following summaries are based on the subgroup of 84 participants who identified their community as urban.

Describing the Community:

Urban – Many buildings close to one another such as apartments and businesses

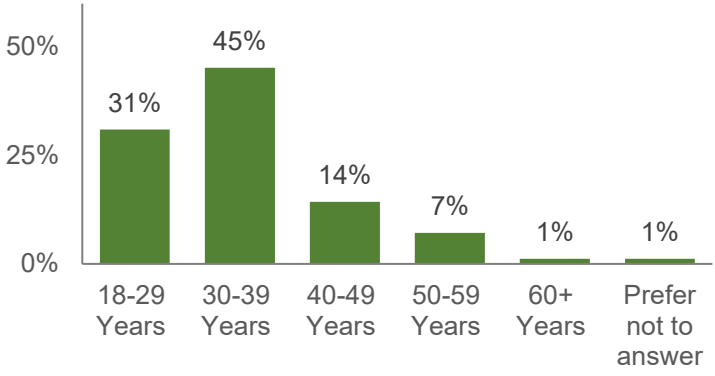
A third of participants were from Urban Communities



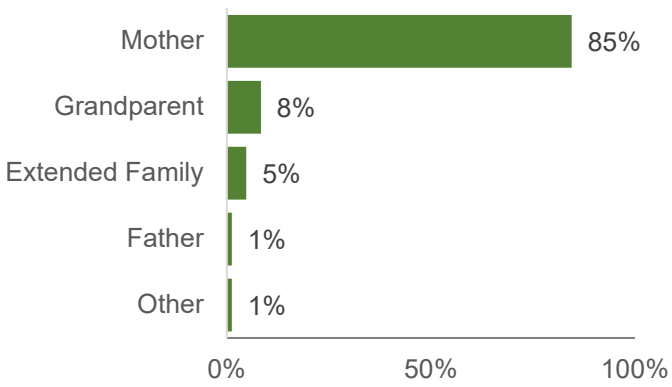
Urban Communities

- The US Census data has two classifications: rural and urban. In this report, we hoped to further describe the urban area by separating suburban and urban into different groups.
- Of the 260 participants that identified themselves as AI/AN, 32% identified their community as 'many buildings close to one another such as apartments and businesses'.

Age Category of Participants



Closest Relationship to a Child



Key points:

- The largest age categories in the urban group were those within the age range of **30-39 years old** (45%) with the next largest age group being **18-29 year olds** (31%).
- Of the three community categories, the urban category had the largest participation from the **40-49 year old** (14%) age group (Rural: 6%, Suburban: 13%) and **extended family** category 5% (Rural: 1%, Suburban: 0%).
- Majority of the participants identified as **mothers** (85%). The next largest group were **grandparents,** with 8% of all responses.

Urban Respondents
Maternal Health

Tribal Maternal Health Needs

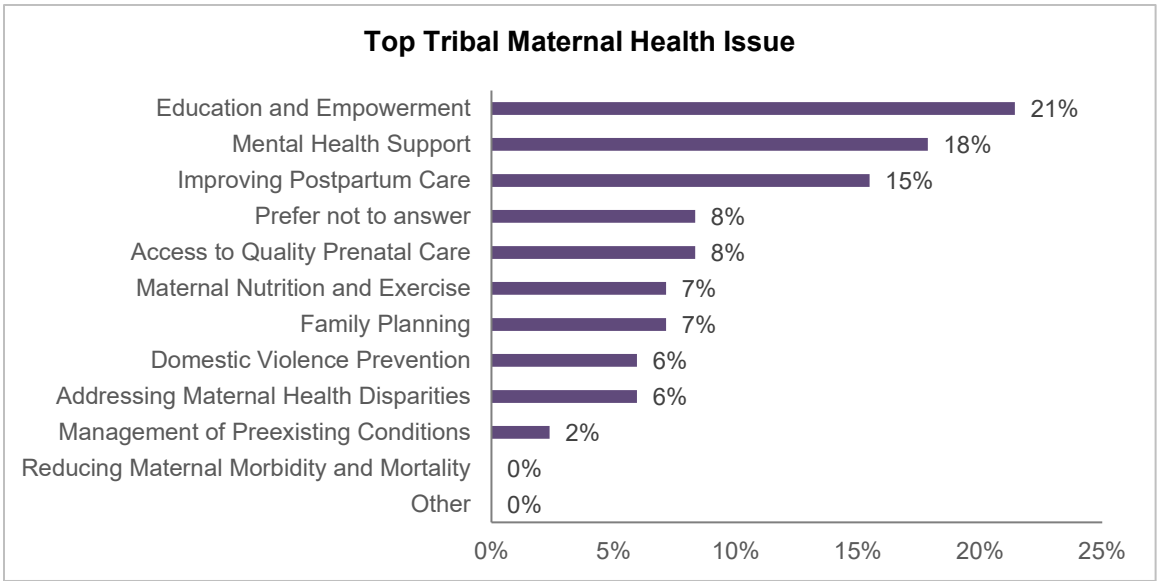
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the top maternal health issues in their community, survey respondents most frequently selected the following topics:

1. Improving Postpartum Care
2. Mental Health Support
3. Education and Empowerment Throughout Childbirth, Culture, Parenting, and Pregnancy

Rank	Tribal Maternal Health Needs	Counts Mentioned
1.	Improving Postpartum Care	46
2.	Mental Health Support	46
3.	Education and Empowerment - Childbirth, Culture, Parenting, and Pregnancy	41
4.	Maternal Nutrition and Exercise	38
5.	Family Planning	32
6.	Access to Quality Prenatal Care	22
7.	Addressing Maternal Health Disparities	19
8.	Domestic Violence Prevention	19
9.	Management of Preexisting Conditions	15
10.	Reducing Maternal Morbidity and Mortality	13
11.	Prefer not to answer	7
12.	Other	5
	Total Times a Topic was Selected	800

A follow-up question then asked the respondent to select the top maternal health need from the available list. The results matched the previous question with the majority of the respondents selecting **education and empowerment throughout childbirth, culuture, parenting, and pregnancy** (21%), **mental health support** (18%) and **improving postpartum care** (15%) as the top health issues.



Urban Respondents
Children Health Needs

Tribal Children Health Needs

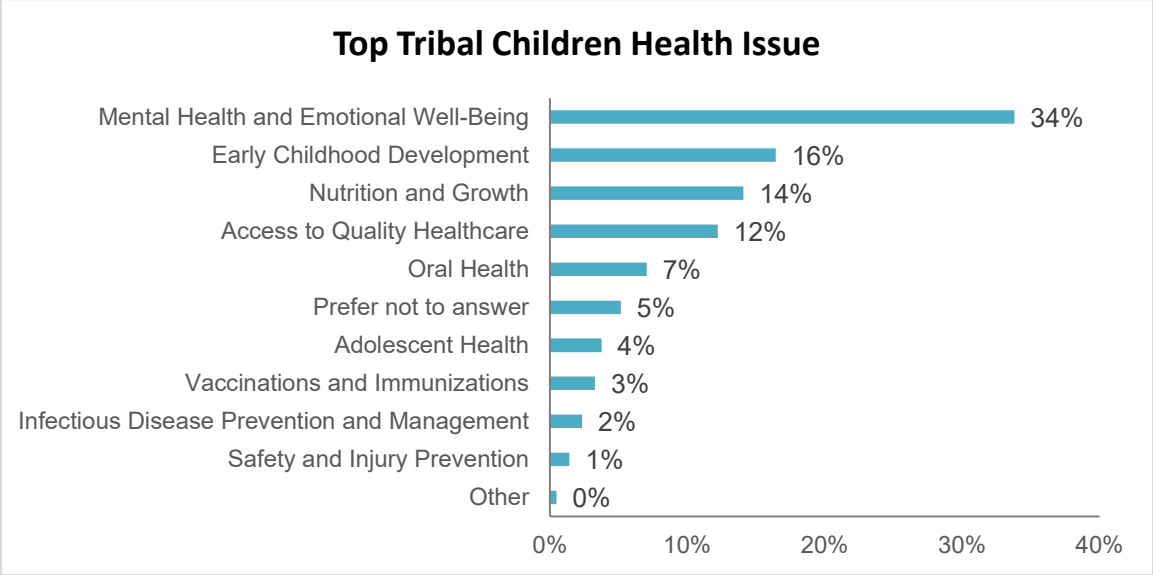
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the children's health needs that should be prioritized within their community, survey respondents most commonly selected the following topics:

1. Mental Health and Emotional Well-Being
2. Nutrition and Growth
3. Early Childhood Development

Rank	Tribal Children Health Needs	Counts Mentioned
1.	Mental Health and Emotional Well-Being	115
2.	Nutrition and Growth	95
3.	Early Childhood Development	93
4.	Oral Health	71
5.	Safety and Injury Prevention	50
6.	Adolescent Health	45
7.	Access to Quality Healthcare	37
8.	Vaccinations and Immunizations	31
9.	Infectious Disease Prevention and Management	25
10.	Prefer not to answer	10
11.	Other	2
	Total Times a Topic was Selected	574

A follow-up question then asked the respondent to select the top children health need from the available list. The results were similar to the previous question with the majority of the respondents selecting **mental health and emotional well-being** (34%), **early childhood development** (16%), and **nutrition and growth** (14%) as the top three health issues.



Urban Respondents
Tribal Health

Tribal Health Needs

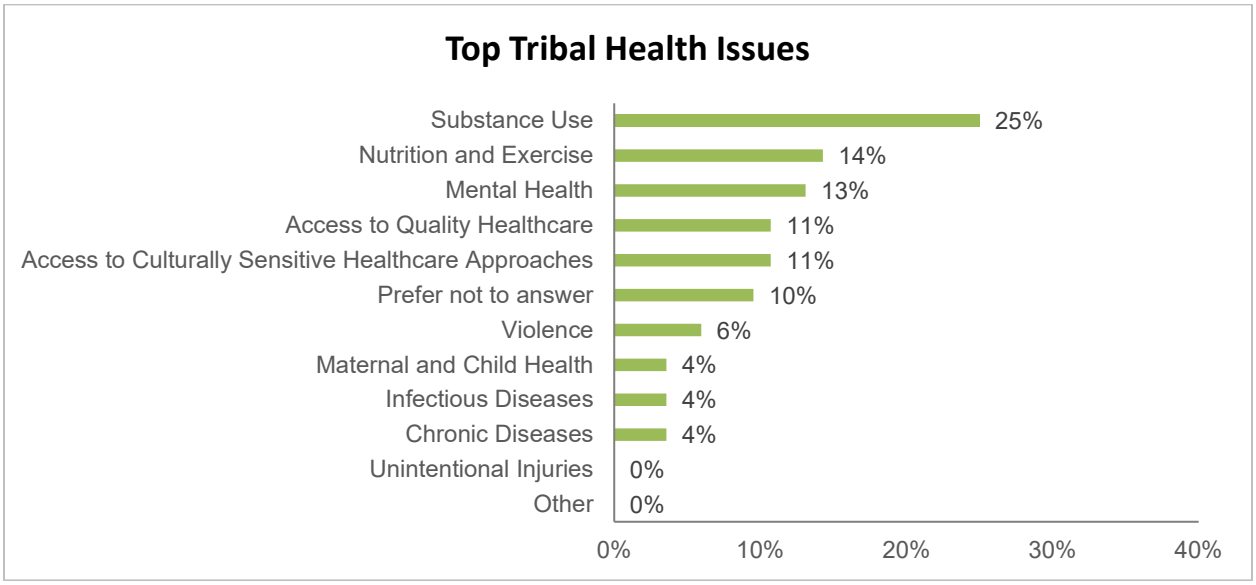
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the leading tribal health needs within their community, survey respondents most commonly selected the following topics:

1. Substance Use
2. Mental Health
3. Nutrition and Exercise

Rank	Tribal Health Needs	Counts Mentioned
1.	Substance Use	46
2.	Mental Health	45
3.	Nutrition and Exercise	40
4.	Violence	32
5.	Access to Culturally Sensitive Healthcare Approaches	24
6.	Maternal and Child Health	24
7.	Chronic Diseases	23
8.	Access to Quality Healthcare	20
9.	Infectious Diseases	16
10.	Unintentional Injuries	10
11.	Prefer not to answer	5
12.	Other	2
	Total Times a Topic was Selected	287

A follow-up question then asked the respondent to select the top tribal health need from the available list. Majority of the respondents selected **substance use** (25%), **nutrition and exercise** (14%), and **mental health** (13%) as the leading tribal health needs.



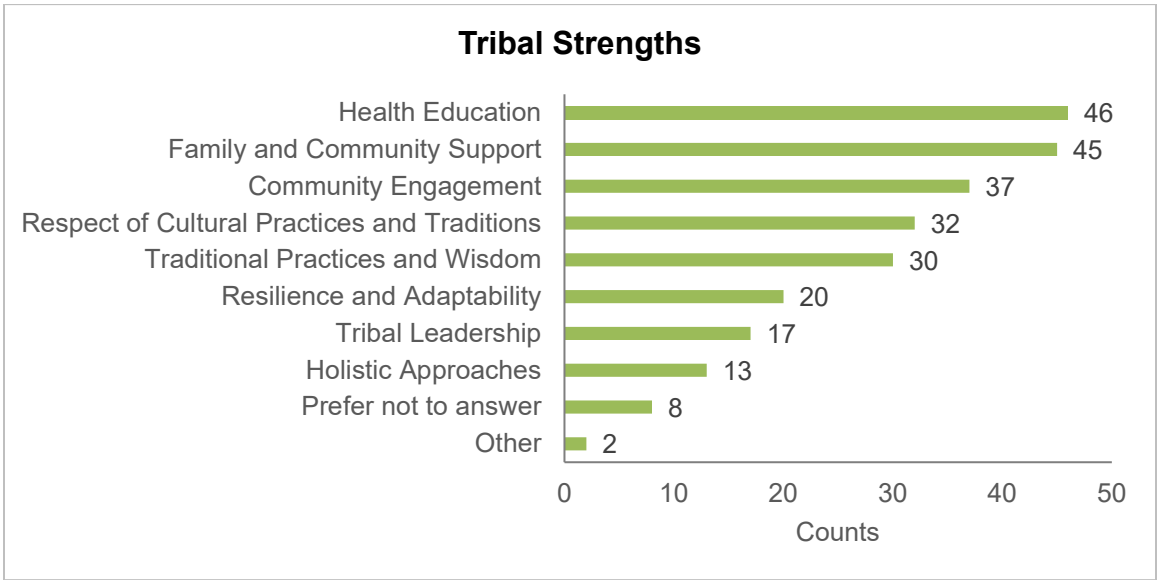
Urban Respondents
Tribal Strengths and Barriers

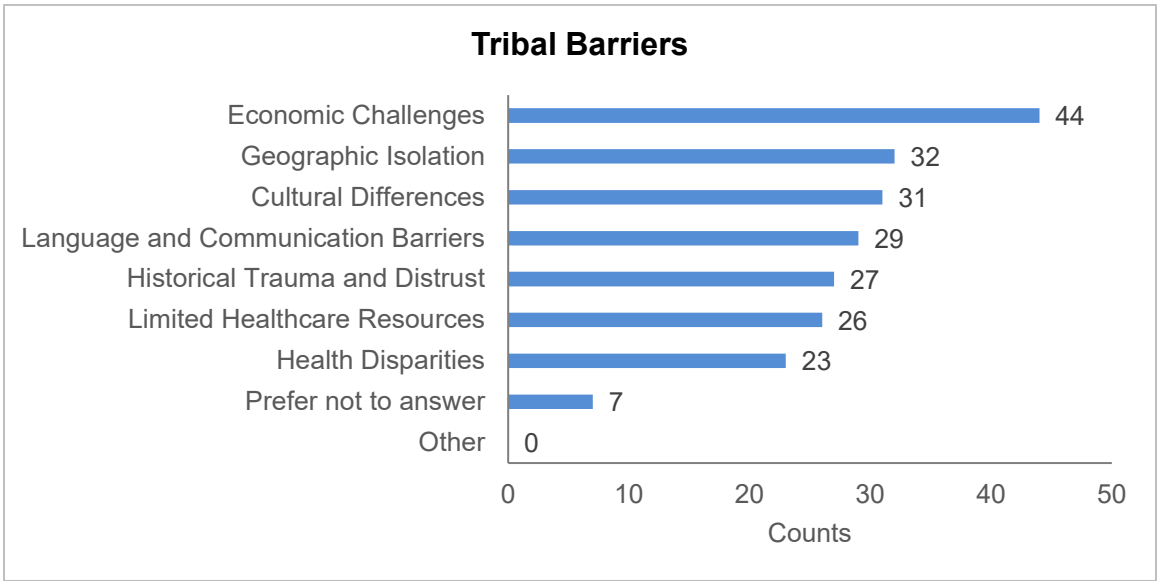
Maternal and Child Health Care and Programming Strengths and Barriers: Survey participants were asked to select all strengths and barriers that are faced in relation to maternal and child health care and programming. The options listed were responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in strengths and barriers that were not listed.

The most common strength chosen were **health education** and **family and community support**. The most common selected barrier was **economic challenges**.

For those that selected "Other" and wrote in a response, their responses included

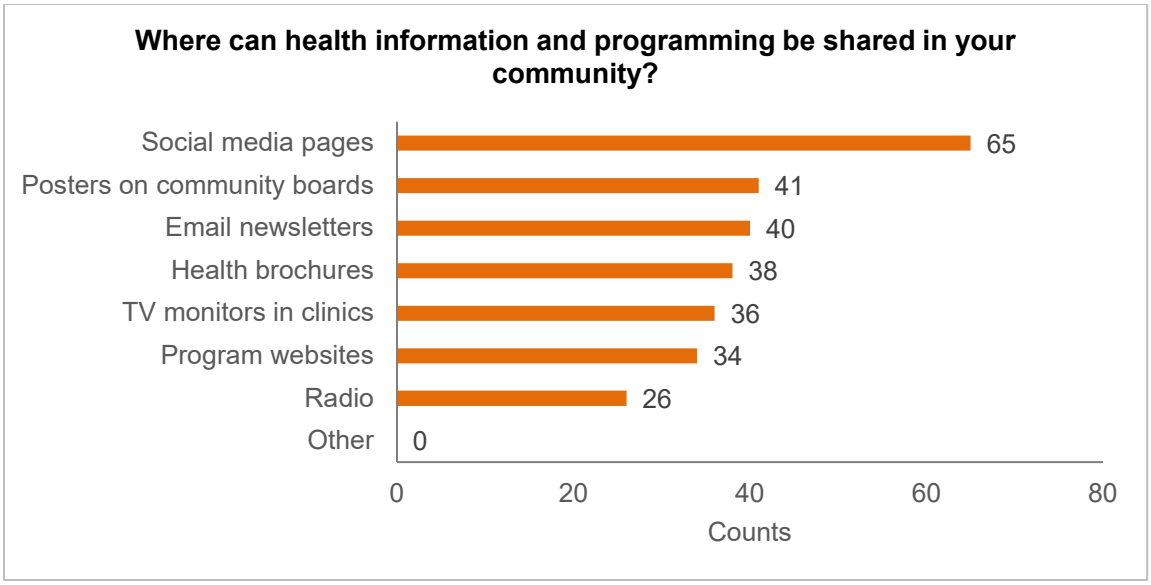
Barriers: ***"substance use"*** ***"lack of transportation"***





Urban Respondents
Health Information and Programming

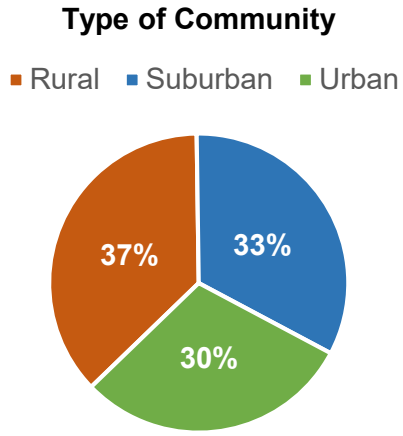
How health information and programming is shared throughout the community:
Health information can be shared throughout multiple options. In order to promote future health initiatives, ITCA TEC believed it was important to ask where future information can be shared. For this question, survey participants were allowed to select as many of the options available as they wished.



- **Social media pages** was selected 65 times, resulting in it being the top option for sharing health information.
- For further context, the urban subgroup had a total of 84 participants. This means that 75% of the participants recognized **social media pages** as an option to share health information and programming among their community.
- The next top selected option was **posters on community boards** with 41 participants selecting it. This means 48% of the 84 participants selected it as an option.

Mothers
Demographics of Survey Participants

Background Information: The survey had 306 participants. After removing those who do not identify as AI/AN nor their child, there was a total of 260 participants. The following summaries are based on the subgroup of 213 participants who identified their strongest relationship to a child as a mother.



Describing the Community:
In order to come to simplify the type of residence, the type of communities were defined within the survey as the following:

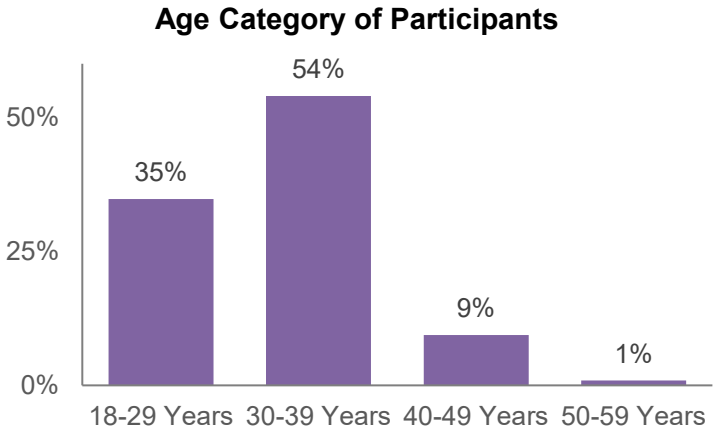
Rural – Spread out area. Often surrounded by nature
Suburban – Many standalone houses/neighborhoods
Urban – Many buildings close to one another such as apartments and businesses

Relationship
Knowing that WIC services are available to mothers and caretakers to children under the age of five years old, survey participants were asked what their strongest relationship to a child is. The results were broken down by type of relationship to see whether or not the recommendations may differ between the different relationship roles.

In this section, we focus on the views that mothers have in order to ensure their voices are heard when it comes to identifying the maternal, children, and tribal health needs. In addition, what the mothers view as tribal strengths and barriers towards MCH and how to best distribute health information and programming materials within their communities.

Key points:

- Majority of the participants identified as mothers. As such, the following results closely mirror the results from all of the participants.
- The largest age categories were from those within the age range of **30-39 years old** (54%) with the next largest age group being **18-29 year olds** (35%).



Mothers
Maternal Health

Tribal Maternal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the top maternal health issues in their community, survey respondents most frequently selected the following topics:

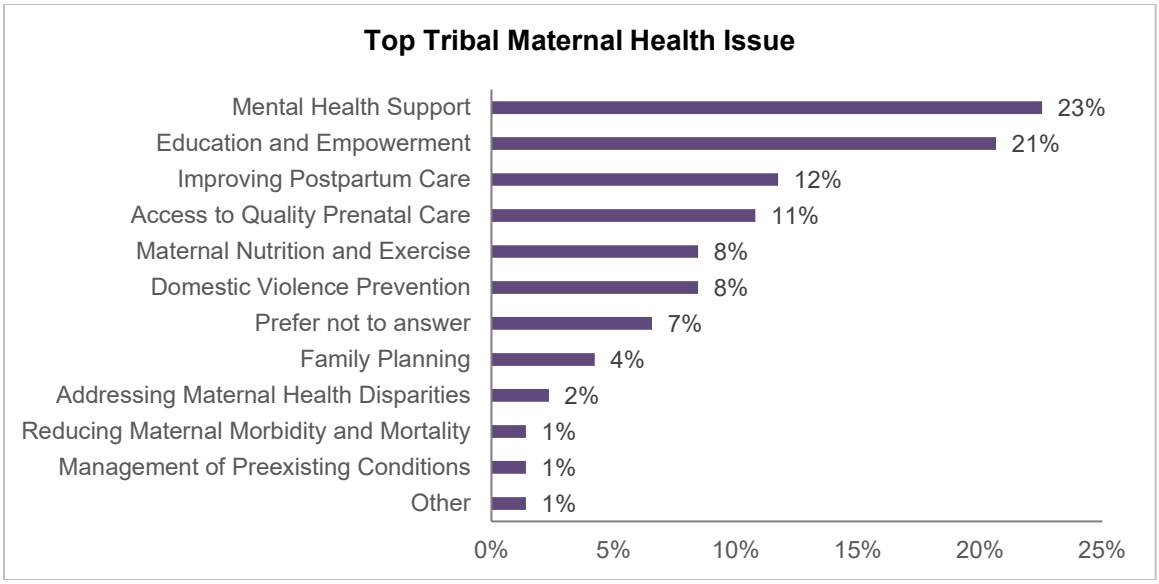
1. Mental Health Support
2. Improving Postpartum Care
3. Education and Empowerment Throughout Childbirth, Culture, Parenting, and Pregnancy

Rank	Tribal Maternal Health Needs	Counts Mentioned
1.	Mental Health Support	125
2.	Improving Postpartum Care	116
3.	Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	108
4.	Maternal Nutrition and Exercise	97
5.	Family Planning	80
6.	Domestic Violence Prevention	71
7.	Access to Quality Prenatal Care	57
8.	Management of Preexisting Conditions	51
9.	Addressing Maternal Health Disparities	49
10.	Reducing Maternal Morbidity and Mortality	28
11.	Prefer not to answer	11
12.	Other	7
	Total Times a Topic was Selected	303

A follow-up question then asked the respondent to select the top maternal health need from the available list. The results matched the previous question with the majority of the respondents selecting **mental health support** (23%). The second highest choice was **education and empowerment throughout childbirth, culuture, parenting, and pregnancy** (21%) with **improving postpartum care** in third with 12%.

For those who selected the option *"Other"* a written in response included:

"Having a stable primary care doctor."



Mothers
Children Health Needs

Tribal Children Health Needs

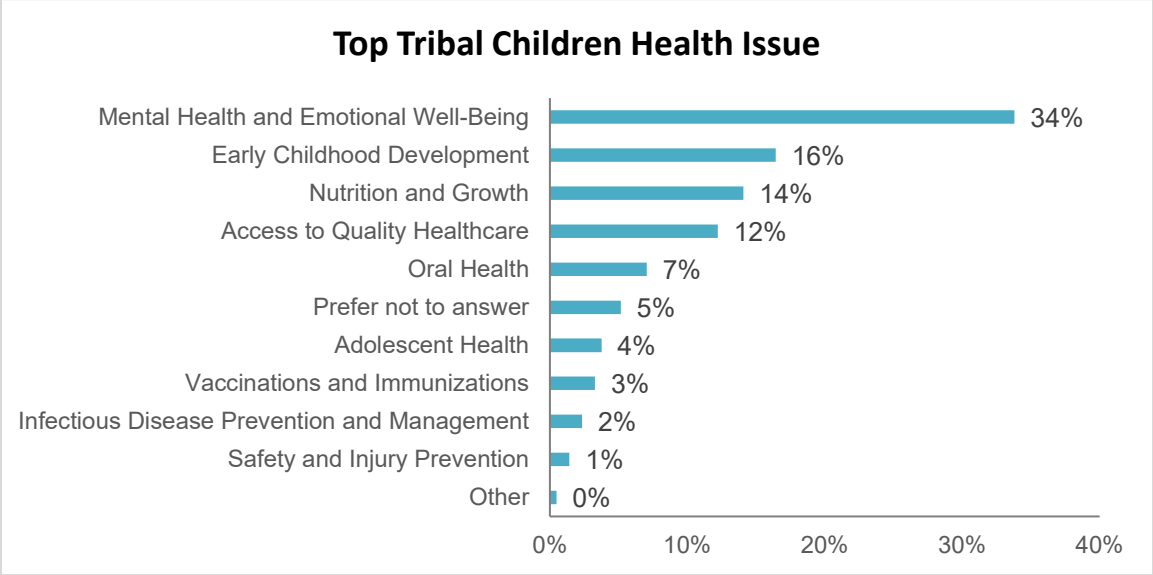
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the children's health needs that should be prioritized within their community, survey respondents most commonly selected the following topics:

1. Mental Health and Emotional Well-Being
2. Nutrition and Growth
3. Early Childhood Development

Rank	Tribal Children Health Needs	Counts Mentioned
1.	Mental Health and Emotional Well-Being	115
2.	Nutrition and Growth	95
3.	Early Childhood Development	93
4.	Oral Health	71
5.	Safety and Injury Prevention	50
6.	Adolescent Health	45
7.	Access to Quality Healthcare	37
8.	Vaccinations and Immunizations	31
9.	Infectious Disease Prevention and Management	25
10.	Prefer not to answer	10
11.	Other	2
	Total Times a Topic was Selected	574

A follow-up question then asked the respondent to select the top children health need from the available list. The results were similar to the previous question with the majority of the respondents selecting **mental health and emotional well-being** (34%). The second highest choice was **early childhood development** (16%), and the third choice being **nutrition and growth** (14%).



Mothers
Tribal Health

Tribal Health Needs

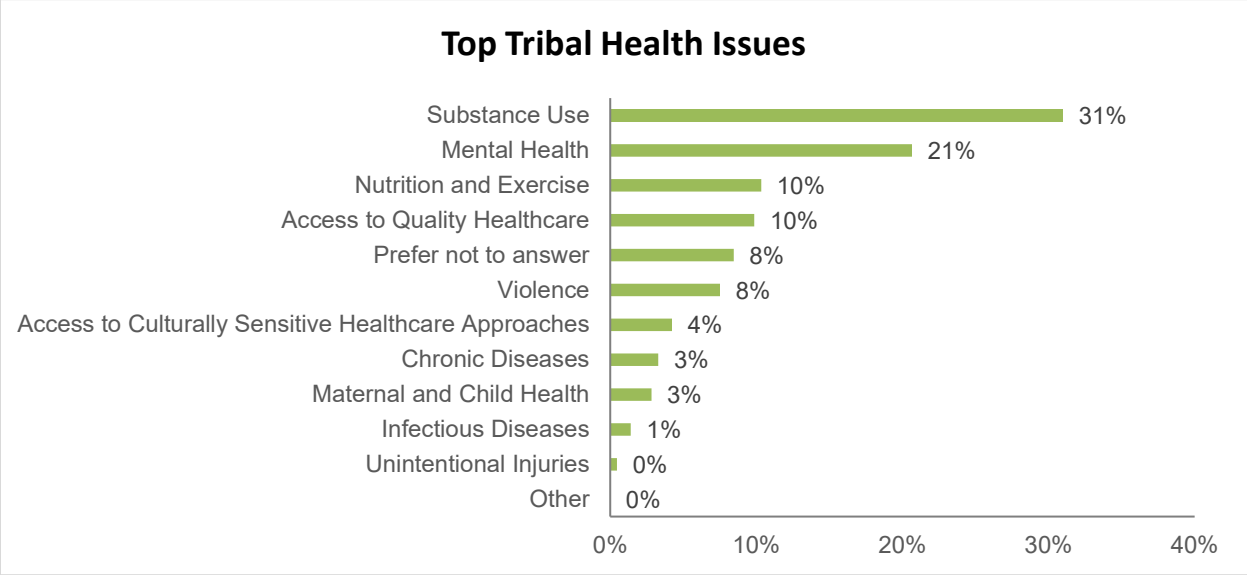
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the leading tribal health needs within their community, survey respondents most commonly selected the following topics:

1. Substance Use
2. Mental Health
3. Violence

Rank	Tribal Health Needs	Counts Mentioned
1.	Substance Use	133
2.	Mental Health	122
3.	Violence	99
4.	Nutrition and Exercise	98
5.	Chronic Diseases	59
6.	Access to Quality Healthcare	55
7.	Maternal and Child Health	51
8.	Access to Culturally Sensitive Healthcare Approaches	44
9.	Infectious Diseases	35
10.	Unintentional Injuries	22
11.	Prefer not to answer	11
12.	Other	2
	Total Times a Topic was Selected	731

A follow-up question then asked the respondent to select the top tribal health need from the available list. Majority of the respondents selected **substance use** (31%) and **mental health** (21%) as the leading needs. The third most selected options were a tie between **nutrition and exercise** (10%) and **access to quality healthcare** (10%).



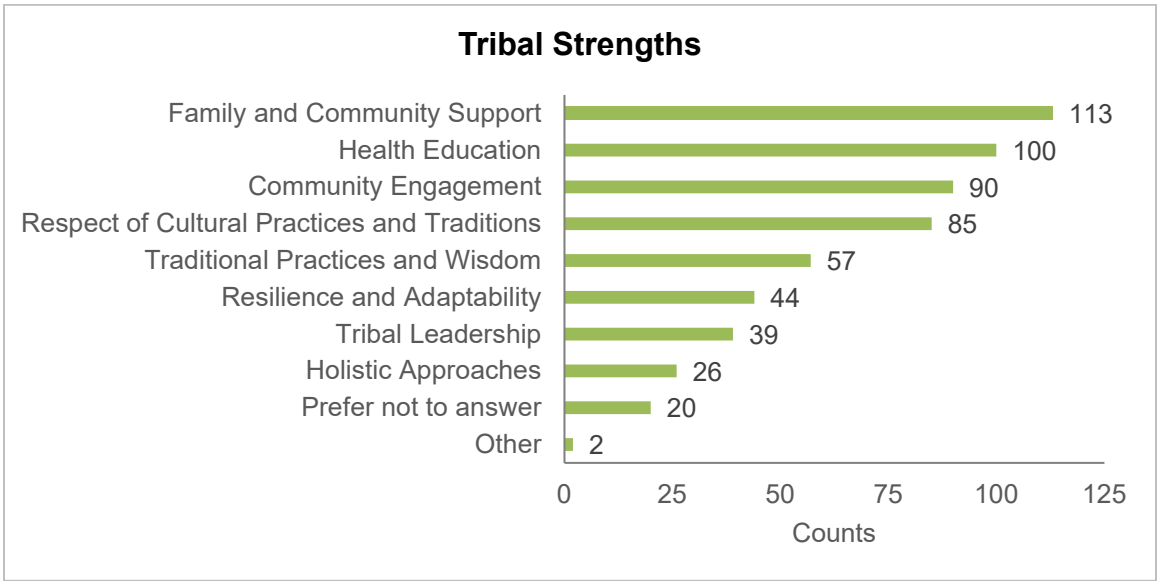
Mothers
Tribal Strengths and Barriers

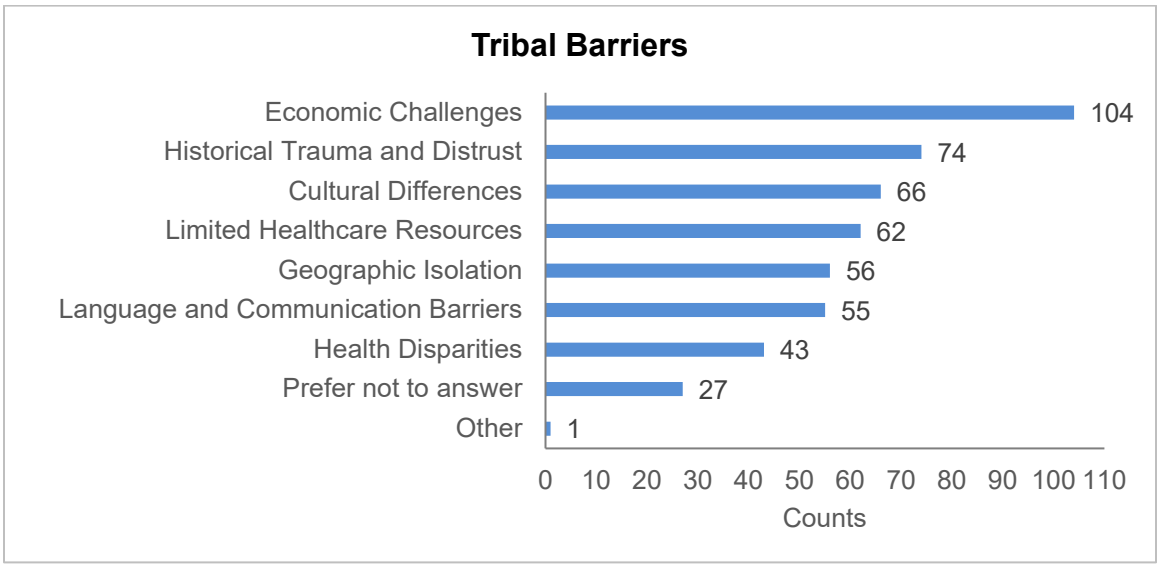
Maternal and Child Health Care and Programming Strengths and Barriers: Survey participants were asked to select all strengths and barriers that are faced in relation to maternal and child health care and programming. The options listed were responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in strengths and barriers that were not listed.

The most common strength chosen was **Family and Community Support**. Whereas the most common selected for barriers was **Economic Challenges**.

For those that selected "Other" and wrote in a response, their responses included

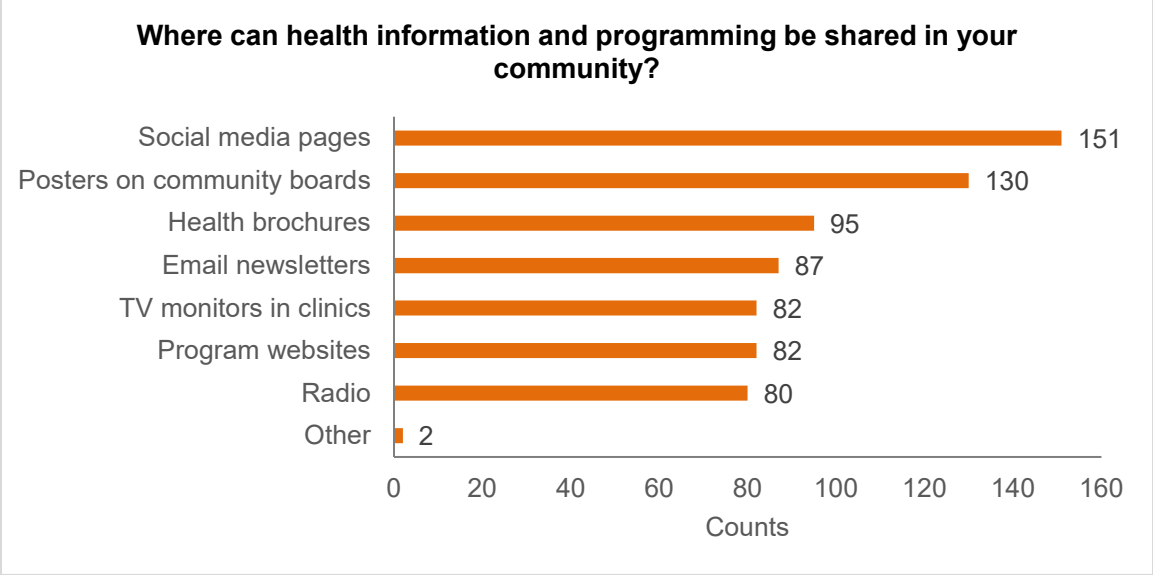
Strengths: ***"Health clinic staff always supportive and making sure me and my children's needs are met. Always great staff."***
Barriers: "*People not wanting to admit they have a problem because most people weren't taught it's okay to talk about hard things."*   ***"substance use"***





Mothers
Health Information and Programming

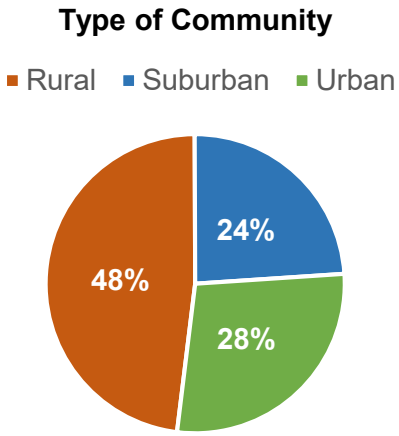
How health information and programming is shared throughout the community:
Health information can be shared throughout multiple options. In order to promote future health initiatives, ITCA TEC believed it was important to ask where future information can be shared. For this question, survey participants were allowed to select as many of the options available as they wished.



- **Social media pages** was selected 151 times, resulting in it being the top option for sharing health information.
- For further context, the AI/AN Mother subgroup had a total of 213 participants. This means about 71% of the participants recognized **social media pages** as an option to share health information and programming among their community. The next top selected option was **posters on community boards** with 130 participants selecting it. This means 61% of the 213 participants selected it as an option.

Grandparents
Demographics of Survey Participants

Background Information: The survey had 306 participants. After removing those who do not identify as AI/AN nor their child, there was a total of 260 participants. The following summaries are based on the subgroup of 25 participants who identified their strongest relationship to a child as a grandparent



Describing the Community:
In order to come to simplify the type of residence, the type of communities were defined within the survey as the following:

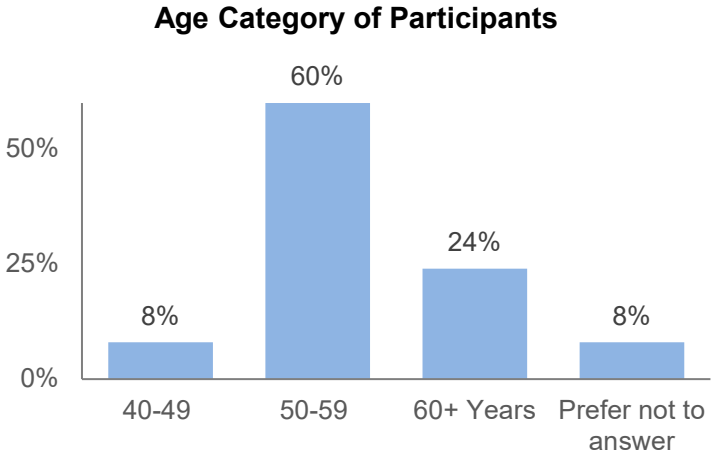
Rural – Spread out area. Often surrounded by nature
Suburban – Many standalone houses/neighborhoods
Urban – Many buildings close to one another such as apartments and businesses

Relationship
Knowing that WIC services are available to mothers and caretakers to children under the age of five years old, survey participants were asked what their strongest relationship to a child is. The results were broken down by type of relationship to see whether or not the recommendations may differ between the different relationship roles.

In this section, we focus on the views of the grandparents in order to ensure their voices are heard when it comes to identifying the maternal, children, and tribal health needs. In addition, what the grandparent's view as tribal strengths and barriers towards MCH and how to best distribute health information and programming materials within their communities.

Key points:

- Majority of the participants who identified as grandparents reside in rural communities (48%) compared to suburban (24%) and urban (28%)
- The largest age category group of grandparents was the **50-59 year olds** (60%) with 24% identifying as **60 years old or older**.



Grandparents
Maternal Health

Tribal Maternal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the top maternal health issues in their community, survey respondents most frequently selected the following topics:

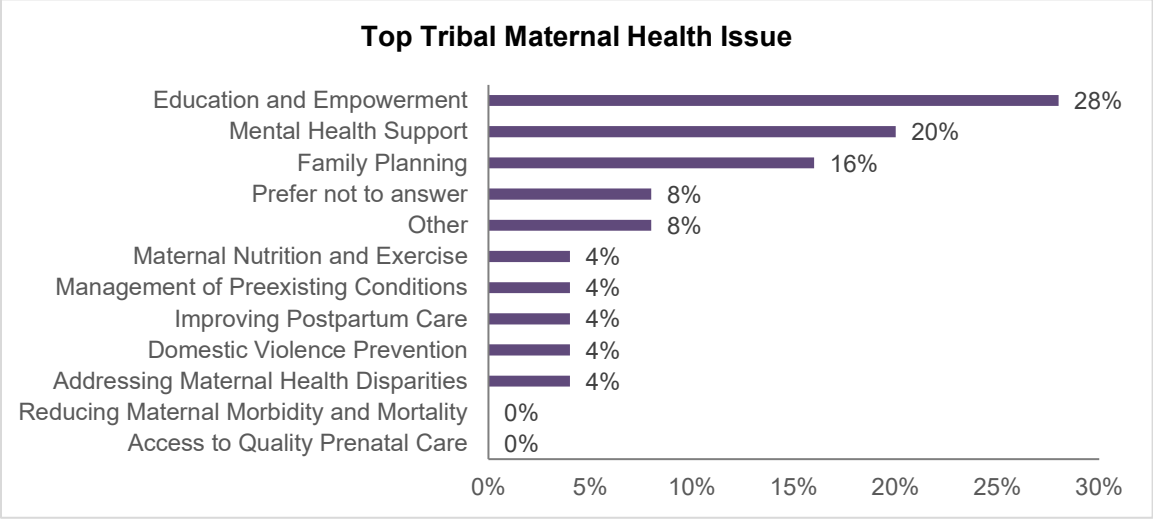
1. Education and Empowerment Throughout Childbirth, Culture, Parenting, and Pregnancy **and** Mental Health Support (tied for the top response)
2. Family Planning
3. Improving Postpartum Care

Rank	Tribal Maternal Health Needs	Counts Mentioned
1.	Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	11
2.	Mental Health Support	11
3.	Family Planning	10
4.	Improving Postpartum Care	9
5.	Maternal Nutrition and Exercise	9
6.	Access to Quality Prenatal Care	7
7.	Domestic Violence Prevention	7
8.	Management of Preexisting Conditions	5
9.	Addressing Maternal Health Disparities	4
10.	Prefer not to answer	4
11.	Reducing Maternal Morbidity and Mortality	2
12.	Other	1
	Total Times a Topic was Selected	80

A follow-up question then asked the respondent to select the top maternal health need from the available list. Majority of the respondents selected **education and empowerment throughout childbirth, culuture, parenting, and pregnancy** (28%) as the top maternal health issue. **Mental health support** (20%) was the second highest choice and **family planning** (16%) was the third. **Family planning** only made the top three list among the grandparent subgroup.

For those who selected the option *"Other"* a written in response included:

"Drugs, lack of rehabilitation/detox centers with immediate admission."



Grandparents
Children Health Needs

Tribal Children Health Needs

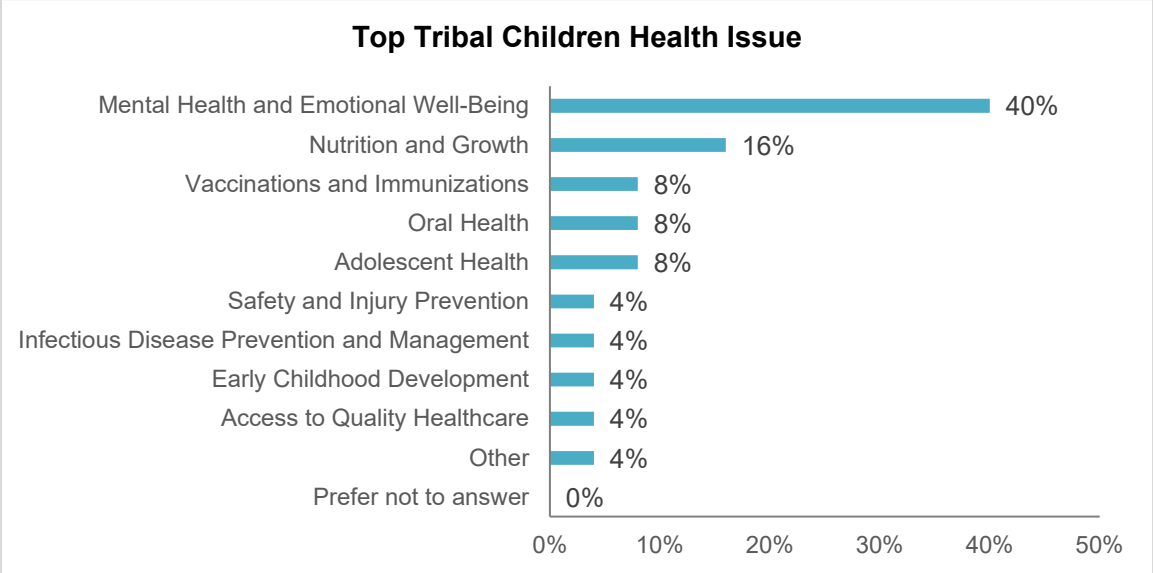
For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the children's health needs that should be prioritized within their community, survey respondents most commonly selected the following topics:

1. Mental Health and Emotional Well-Being
2. Nutrition and Growth
3. Adolescent Health **and** Early Childhood Development **and** Vaccinations and Immunizations

Rank	Tribal Children Health Needs	Counts Mentioned
1.	Mental Health and Emotional Well-Being	15
2.	Nutrition and Growth	10
3.	Adolescent Health	5
4.	Early Childhood Development	5
5.	Vaccinations and Immunizations	5
6.	Oral Health	4
7.	Infectious Disease Prevention and Management	3
8.	Safety and Injury Prevention	3
9.	Access to Quality Healthcare	2
10.	Prefer not to answer	1
11.	Other	1
	Total Times a Topic was Selected	54

A follow-up question then asked the respondent to select the top children health need from the available list. Majority selected **mental health and emotional well-being** (40%) as the top children's health issue. The second highest choice was **nutrition and growth** (16%). The third top spot was a tie between **vaccination and immunizations** (8%), **oral health** (8%), and **adolescent health** (8%).



Grandparents
Tribal Health

Tribal Health Needs

For this question in the survey, the listed response options were guided by the responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in an option if it was not listed.

When asked to identify the leading tribal health needs within their community, survey respondents most commonly selected the following topics:

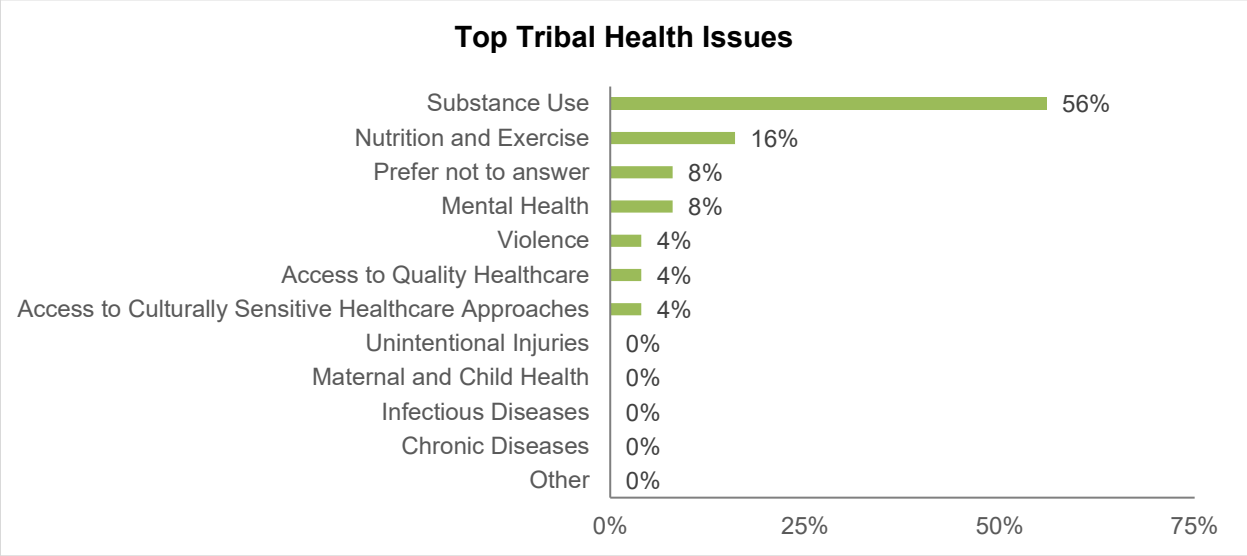
1. Substance Use
2. Mental Health
3. Chronic Diseases **and** Nutrition and Exercise

Rank	Tribal Health Needs	Counts Mentioned
1.	Substance Use	14
2.	Mental Health	11
3.	Chronic Diseases	10
4.	Nutrition and Exercise	10
5.	Violence	9
6.	Access to Culturally Sensitive Healthcare Approaches	5
7.	Infectious Diseases	4
8.	Maternal and Child Health	4
9.	Access to Quality Healthcare	3
10.	Unintentional Injuries	2
11.	Prefer not to answer	1
12.	Other	0
	Total Times a Topic was Selected	73

A follow-up question then asked the respondent to select the top tribal health need from the available list. More than half of the respondents selected **substance use** (56%) as the top tribal health issue. **Nutrition and exercise** was second with 16%. The third top spot was **mental health** with 8%.

For those who selected the option *"Other"* a written in responses included:

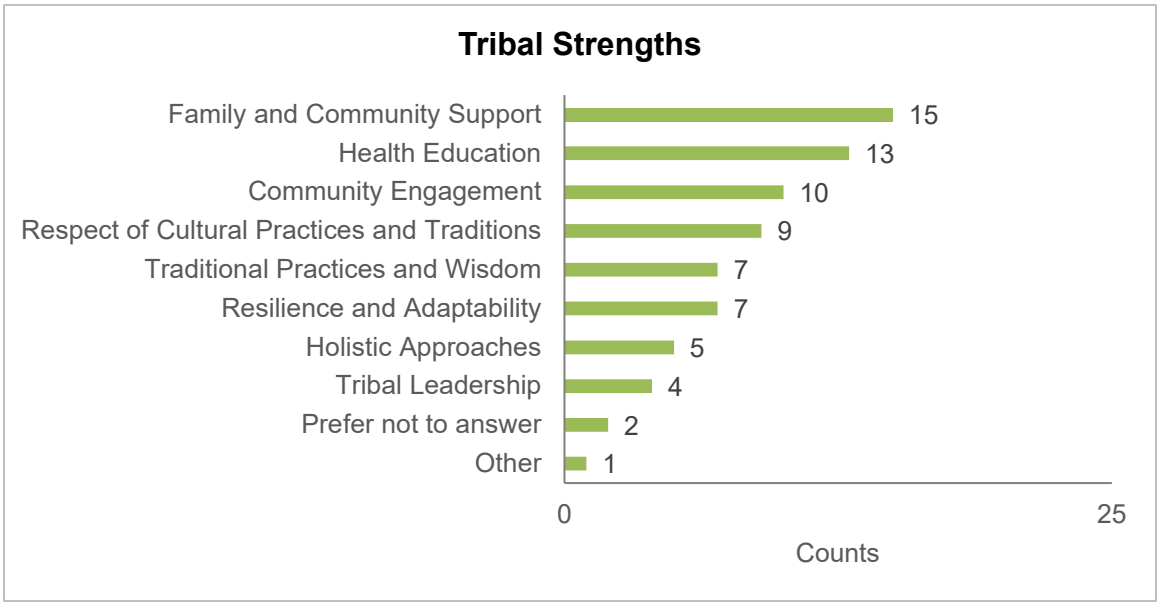
"If we had better mental health I believe the drug addiction wouldn't be as bad."

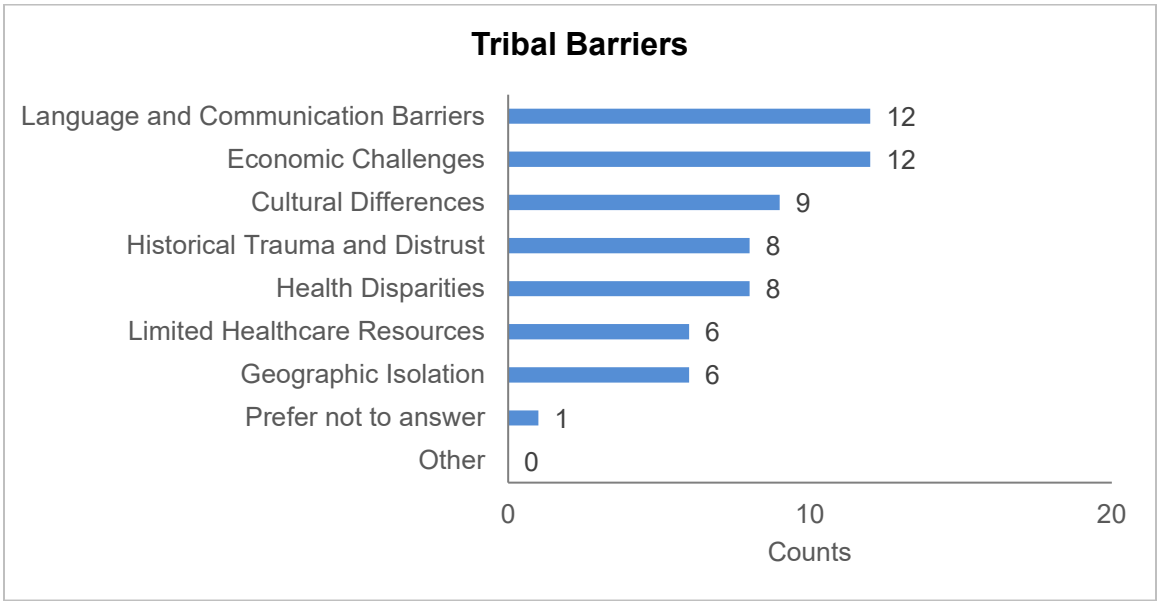


Grandparents
Tribal Strengths and Barriers

Maternal and Child Health Care and Programming Strengths and Barriers: Survey participants were asked to select all strengths and barriers that are faced in relation to maternal and child health care and programming. The options listed were responses from the *2018 Tribal MCH Needs Assessment*. Additionally, participants were able to write in strengths and barriers that were not listed.

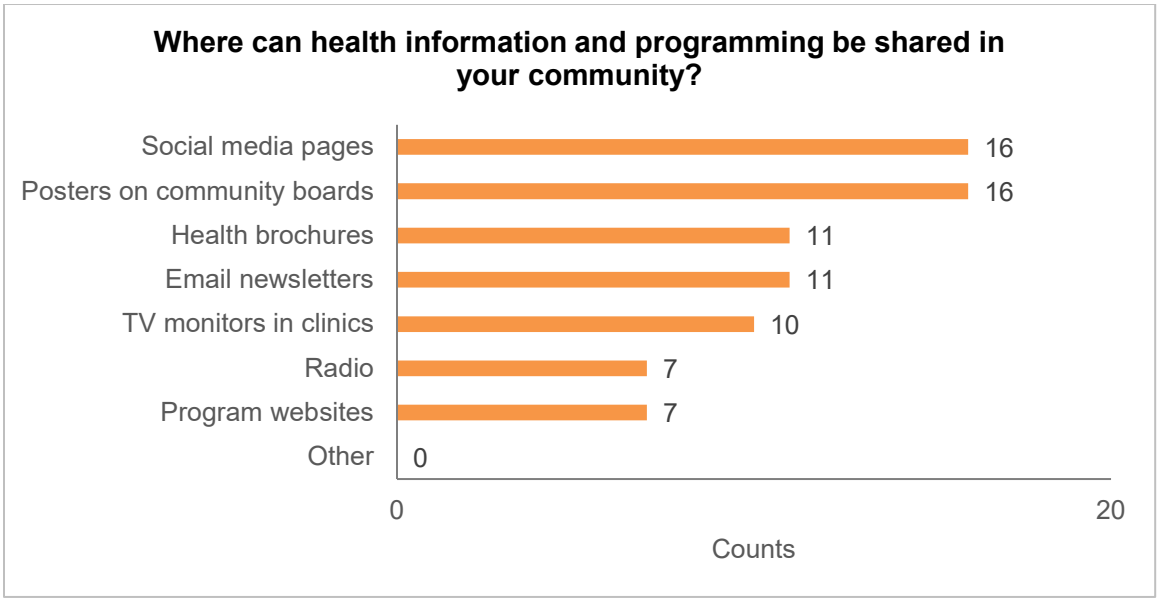
The most common strength chosen was **family and community support**. Whereas the most common selected for barriers was a tie between **language and communication barriers** and **economic challenges**.





Grandparents
Health Information and Programming

How health information and programming is shared throughout the community:
Health information can be shared throughout multiple options. In order to promote future health initiatives, ITCA TEC believed it was important to ask where future information can be shared. For this question, survey participants were allowed to select as many of the options available as they wished.



- **Social media pages** and **posters on community boards** were selected 16 times each, resulting in being the top options for sharing health information.
- For further context, the AI/AN grandparent subgroup had a total of 25 participants. This means 64% of the participants recognized **social media pages** and **posters on community boards** as an option to share health information and programming among their community. The next top selected option was another tie but between **health brochures** and **email newsletters**, each being selected 11 times out of the 25 participants. This means 44% of the 25 participants selected **health brochures** and/or **email newsletters** as an option.

Maternal, Infant, and Child Health Indicators

Data Background

ITCA WIC

The Inter Tribal Council of Arizona, Inc. (ITCA) Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low to moderate-income women, infants and children through thirteen local programs, including twelve Tribes and one urban Indian health site. The population includes pregnant, breastfeeding, and non-breastfeeding postpartum women; infants; and children up to their 5th birthday. WIC eligibility criteria requires clients live within the area served by the ITCA WIC Program, have an income less than 185 percent of the federal poverty guidelines, and have a nutrition risk as deemed by a health professional.

The analyses of ITCA WIC data were completed for the years 2019-2023 in aggregate form to maintain confidentiality. It is also important to note that WIC is a non-discriminatory program, and as long as applicants meet the eligibility criteria, clients are served

Healthy People 2030

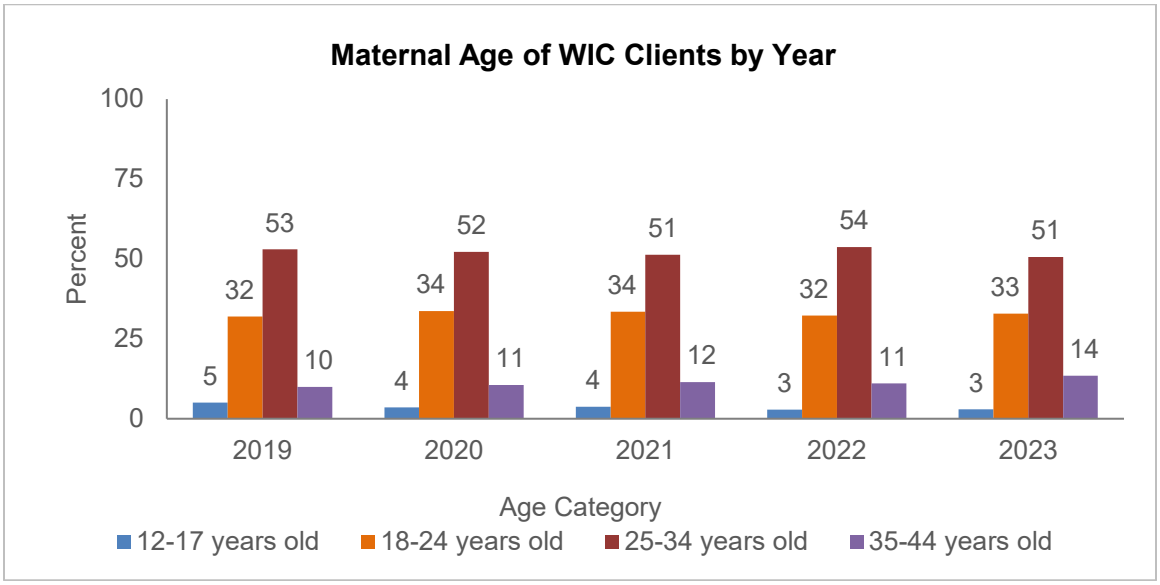
Where applicable, Healthy People 2030 goals are shown in order to compare ITCA's WIC program to national standards. Healthy People, a national program that sets health promotion and disease prevention goals every 10-year's, aims to improve the health of the nation by the year 2030[5].

Maternal Age of Participants

Background Information: Pregnancy in adolescent aged women, 19 years old and younger, and maternal ages 35 years old or older, are associated with higher risks of adverse outcomes for both mother and infant[2]. The increased risks can include postpartum hemorrhage, eclampsia, low birthweight, preterm delivery and poor fetal growth[2].

How Data Were Collected: Maternal age was calculated by using the self-reported birth dates of the child and mother. The maternal age calculated is the mother's age at the child's date of birth. The information is self-reported by the client at the certification visit.

	2019		2020		2021		2022		2023	
Age Category	n	%	n	%	n	%	n	%	n	%
12-17 years old	72	5	45	4	44	4	34	3	34	3
18-24 years old	511	32	431	34	403	34	385	32	388	33
25-34 years old	836	53	668	52	617	51	641	54	597	51
35-44 years old	162	10	136	11	138	12	133	11	159	14
Total	1,581		1,280		1,202		1,193		1,145	



Key points:

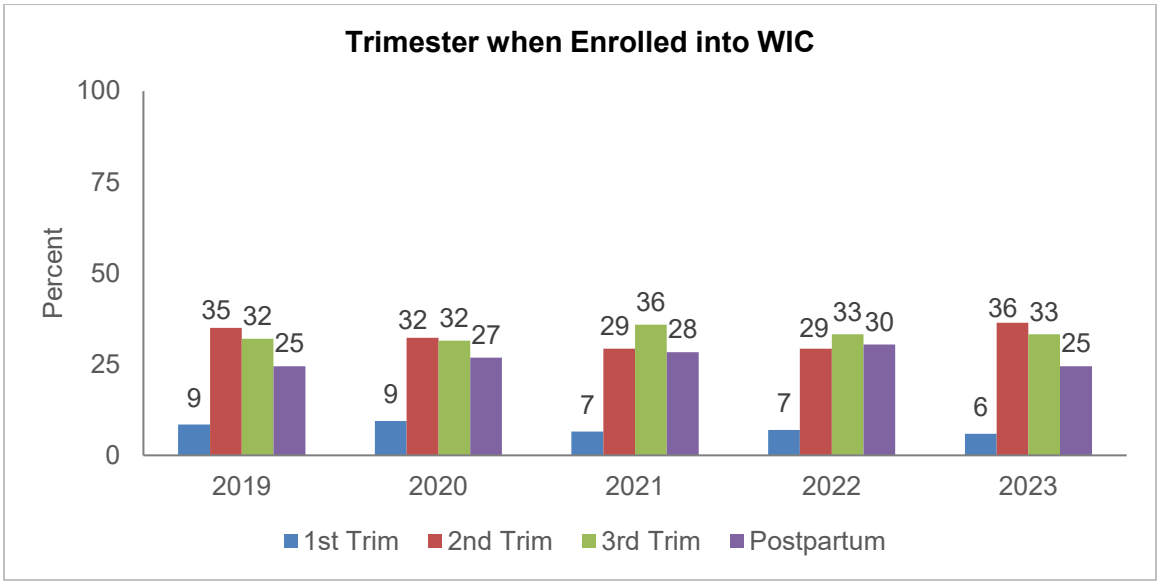
- Majority of maternal participants were between the ages of 25-34 years old. The second largest category were mothers between the ages of 18-24 years old.
- Maternal participation in ITCA WIC has decreased from 2019 (n=1,581) to 2023 (n=1,145). However, the general trend in age distribution has remained similar throughout the years.

WIC Enrollment

Background Information: Reports published by the U.S. Department of Agriculture have shown that WIC program participants are likely to have nutrient rich diets, longer pregnancies, fewer premature births, fewer infant deaths, and are more likely to be receiving prenatal care[3]. The reports also link children enrolled in WIC to having improved upon diets, a higher likelihood of having a primary source of medical care, and up-to-date immunizations[3].

How Data Were Collected: The month that the client enrolled in the WIC Program was recorded by the data system. It was then calculated what trimester the client was in at time of enrollment based on self-reported due date.

Time of WIC Enrollment	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
1st Trimester	135	9	120	9	78	7	84	7	69	6
2nd Trimester	553	35	414	32	352	29	350	29	429	36
3rd Trimester	506	32	403	32	432	36	396	33	392	33
Postpartum	388	25	343	27	340	28	363	30	289	25
Total	1,582		1,280		1,202		1,193		1,179	



Key points:

- On average, enrollment during the second and third trimester are the highest among each trimester and postpartum period.
- From 2019 to 2023, the enrollment during the first trimester has decreased from 9% to 6%. The first trimester continued to have the lowest time of enrollment into WIC.

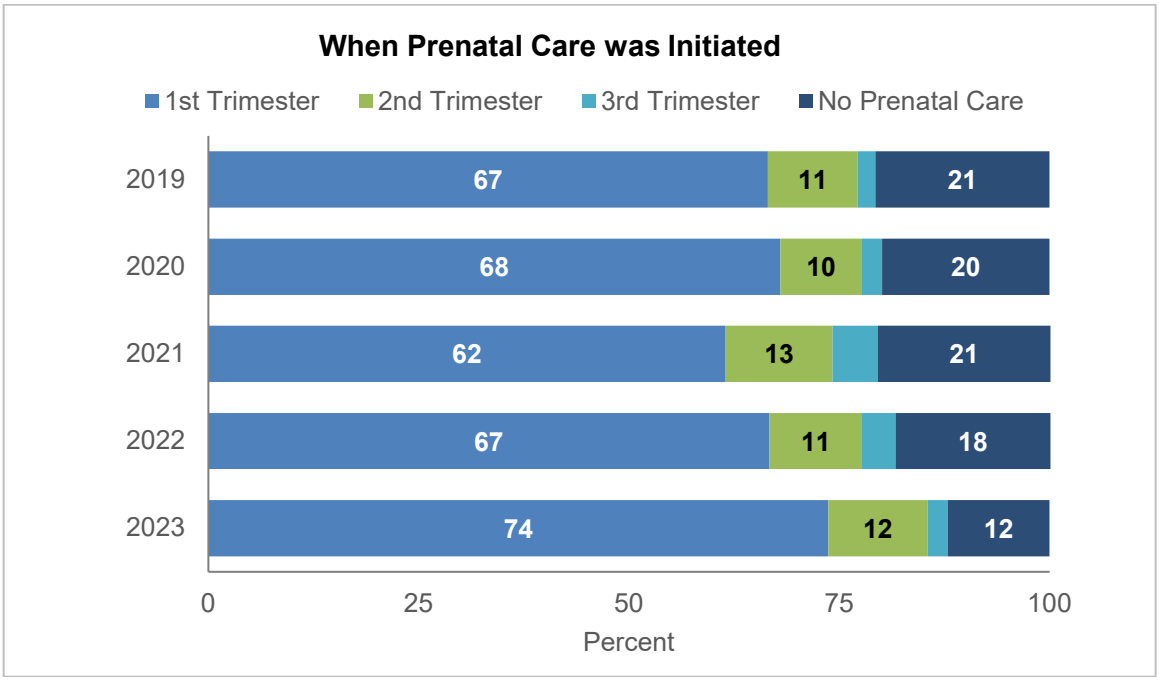
Prenatal Care

Background Information: Women who do not receive early or adequate prenatal care are more likely to deliver low birthweight infants compared to women who had prenatal care[4]. Prenatal care visits can include but are not limited to health checkups, monitoring the growth of the baby, and assessing for health risks.

How Data Were Collected: The month that prenatal care was initiated was self-reported by the pregnant woman at the certification visit.

Healthy People 2030 Goal: Maternal, Infant, and Child Health objective 8 states to increase the proportion of pregnant women who receive early and adequate prenatal care. Target: 80.5%[5]. Adequate prenatal care is based on the Adequacy of Prenatal Care Utilization Index[5].

Prenatal Care Initiated	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
1st Trim	1,299	67	1,061	68	860	62	924	67	250	74
2nd Trim	209	11	152	10	177	13	152	11	40	12
3rd Trim	41	2	37	2	75	5	55	4	8	2
No Prenatal Care	405	21	310	20	287	21	255	18	41	12
Total	1,954		1,560		1,399		1,386		339	



Key points:

- Majority of the mothers, over 62% from 2019 to 2023, sought medical care in the first trimester. In 2023, 74% of the mothers reported initiating prenatal care in the first trimester.
- Women who did not seek medical care during their pregnancy decreased from 2019 (21%) to 2023 (12%).

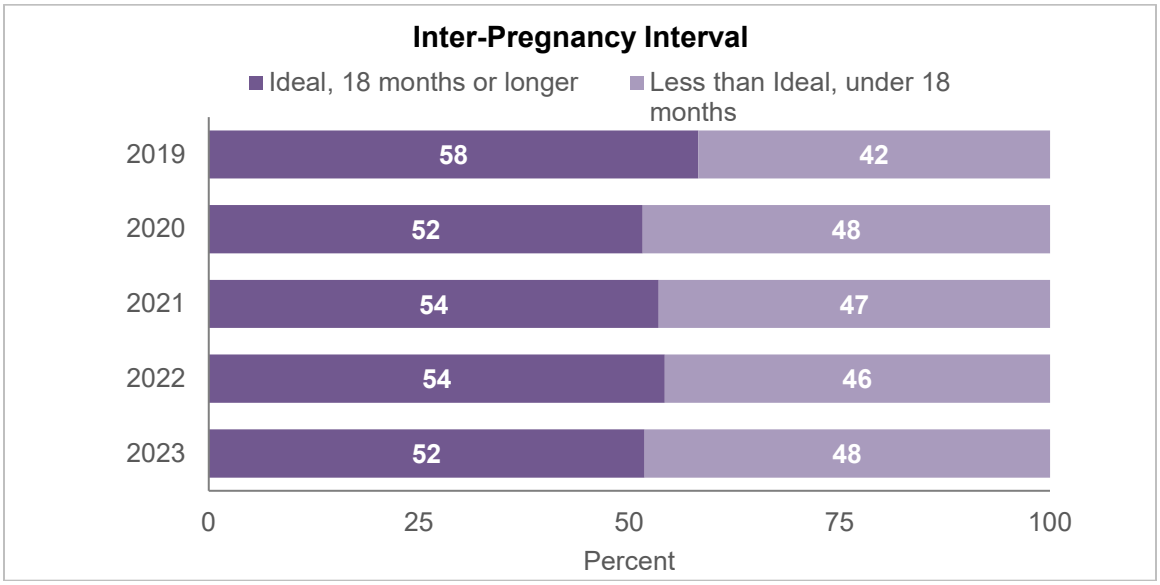
Inter-Pregnancy Interval

Background Information: Inter-pregnancy interval is defined as the time between two pregnancies, one live birth or pregnancy loss to the next pregnancy[6]. The World Health Organization recommends inter-pregnancy intervals to be longer than 18 months[7]. In this report, short inter-pregnancy intervals are defined *less than ideal* when shorter than 18 months; *ideal* inter-pregnancy intervals are categorized as those greater than or equal to 18 months. However, the more significant risks tend to occur in intervals less than 6 months[6]. Short inter-pregnancy intervals put infants at risk for preterm birth, small size for gestational age, low birthweights, and fetal mortality. Maternal morbidity and mortality are also associated with short inter-pregnancy intervals[6]. It is recommended for women to be advised of the risks and benefits of pregnancies within intervals of 18 months and the reduced fecundity as women age[6].

How Data Were Collected: The birth date or end of the previous pregnancy was self-reported by the pregnant women. To calculate when the following pregnancy began, the date of conception was calculated by the expected date of delivery. The inter-pregnancy interval was computed from aforementioned dates.

Healthy People 2030 Goal: Family Planning objective 2 states to reduce the proportion of pregnancies conceived within 18 months of a previous birth. Target 26.9%[5].

Inter-Pregnancy Interval	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
Ideal, longer than 18 months	636	58	488	52	469	54	467	54	444	52
Less than Ideal, less than 18 months	456	42	458	48	407	46	395	46	413	48
Total	1,092		946		876		862		857	



Key points:

- Over 50% of ITCA WIC participants had an inter-pregnancy interval of 18 months or longer between 2019 and 2023.

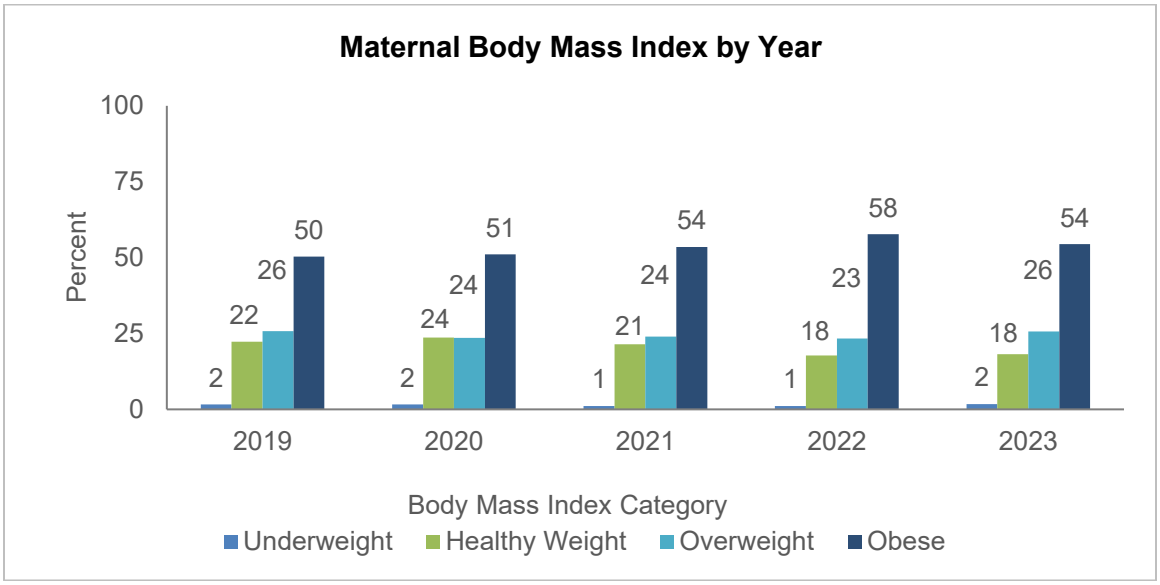
Maternal Body Mass Index

Background Information: Body Mass Index (BMI) is a tool used to calculate weight status in adults. Low pre-pregnancy weight is associated with an increased risk for preterm delivery[8]. BMI values in the overweight and obese category are associated with a co-morbidities of insulin resistance, hypertension, preeclampsia, and need of a cesarean section (C-section)[9].

How Data Were Collected: BMI is calculated with the height and weight of an individual. To calculate maternal pre-pregnancy BMI, maternal height was measured and pre-pregnancy weight was self-reported. BMI categories are in accordance with the groupings used by the Centers for Disease Control and Prevention[10].

Healthy People 2030 Goal: Maternal, Infant and Child Health objective 13 states to increase the proportion of women who had a healthy weight before pregnancy. Target: 47.1%[5].

Maternal Body Mass Index	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
Underweight	31	2	19	2	11	1	11	1	19	2
Healthy Weight	427	22	282	24	206	21	177	18	206	18
Overweight	494	26	280	24	231	24	232	23	290	26
Obese	963	50	608	51	515	54	574	58	614	54
Total	1,915		1,189		963		994		1,129	



Key points:

- Majority of mother's in the ITCA WIC population are in the obese category.
- The BMI categories tend to be similar throughout the five year summary.
- The overweight category remained similar with averaging 25% throughout 2019-2023.
- Very few mothers are in the underweight category, in which never exceeded 2% in each year.

Pregnancy Weight Gain

Background Information: The ideal pregnancy weight gain during pregnancy depends on the pre-pregnancy BMI.

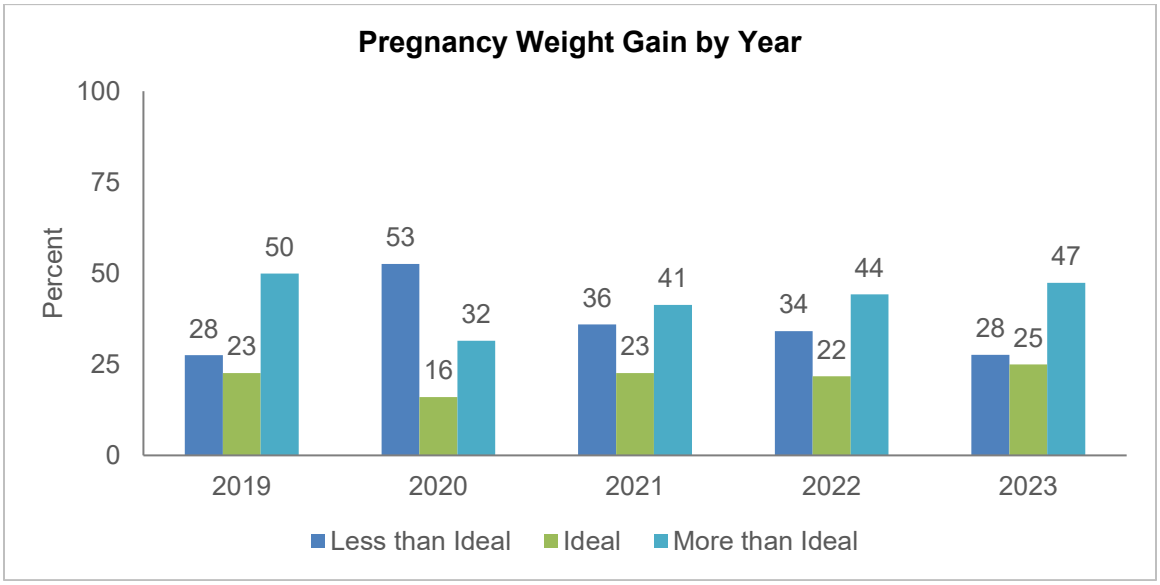
Weight Gain Recommendations for Pregnancy[11]		
Pre-pregnancy Weight Category	**Body Mass Index**	**Recommended Range of Total Weight (lb)**
Underweight	Less than 18.5	28-40
Normal Weight	18.5-24.9	25-35
Overweight	25-29.9	15-25
Obese (includes all classes)	30 and greater	11-20

Gaining less weight than the recommended range for those within the underweight and normal weight pre-pregnancy weight category, is associated with premature delivery, low birthweight, and infant mortality[12]. However, weight gain that exceeds the recommended amount for all pre-pregnancy weight groups, increases the mother's risks for developing gestational diabetes, hypertension, and requiring a C-section[12]. In addition, when exceeding the recommended weight gain, infants are at risk for high birthweight, complications during delivery, and infant mortality[12].

How Data Were Collected: Maternal weight gain was self-reported by the mothers at their postpartum visit. Pre-pregnancy BMI categories were determined using measured height and self-reported pre-pregnancy weight. See Definition of Variables for definitions of the weight gain categories.

Healthy People 2030 Goal: Maternal, Infant and Child Health objective 13 states to increase the proportion of mothers who achieve a recommended weight gain during their pregnancies. Target 47.1%[5].

	2019		2020		2021		2022		2023	
Maternal Weight Gain	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Less than Ideal	526	28	625	53	347	36	339	34	312	28
Ideal	433	23	190	16	218	23	216	22	282	25
More than Ideal	956	50	374	32	398	41	439	44	535	47
Total	1,915		1,189		963		994		1,129	



Key points:

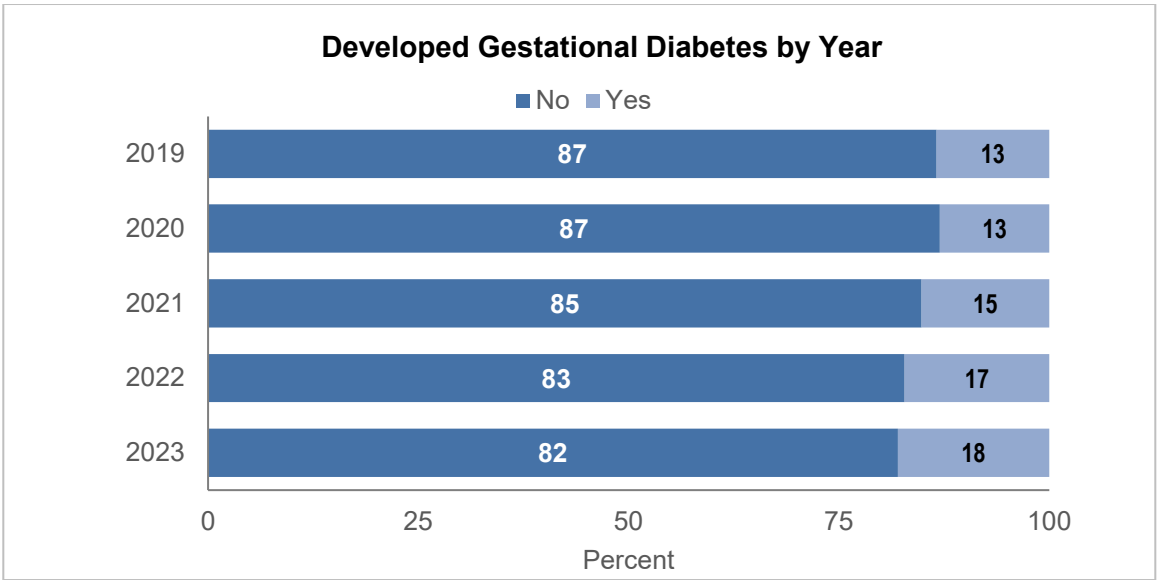
- Majority of the women enrolled in ITCA WIC from 2019-2023 had a greater than ideal weight gain except in the year of 2020, where 53% of participants had a less than ideal weight gain.

Gestational Diabetes

Background Information: Gestational diabetes affects 5-8% of pregnancies in the United States and about half develop type 2 diabetes after pregnancy[13]. Typically gestational diabetes develops near the 24th week of pregnancy and symptoms may not be obvious, adding to the importance of testing between 24 and 28 weeks[13]. Gestational diabetes can increase the risk of high blood pressure, high birthweight, and needing a C-section[14].

How Data Were Collected: Diabetes status was self-reported (as diagnosed by a physician) by the postpartum ITCA WIC participants.

Gestational Diabetes	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	1,471	87	1,176	87	1,092	85	1,068	83	1,055	82
Yes	227	13	176	13	196	15	222	17	231	18
Total	1,698		1,352		1,288		1,290		1,286	



Key points:

- The average from 2019 to 2023 from the WIC clinic data is 15%, which exceeds the national average of occurrence in 5-8% of pregnancies in the United States[13].

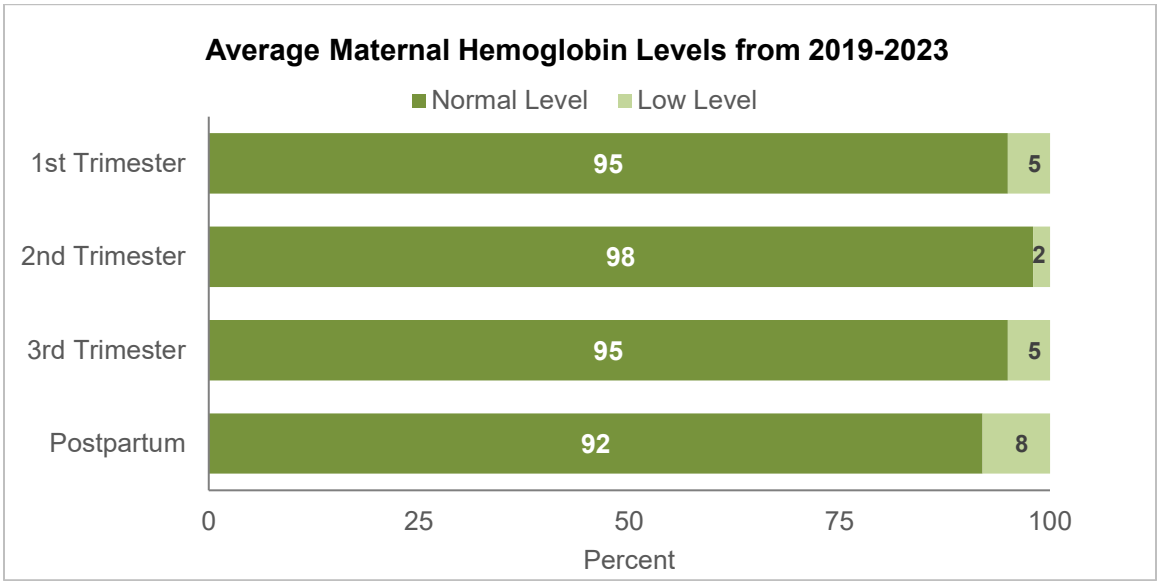
Maternal Hemoglobin Levels

Background Information: Low hemoglobin (Hgb) suggest iron deficiency in the body. The criteria for low hemoglobin levels is based on the trimester and age. On average, iron-deficiency anemia affects one in six pregnant women[15]. Pregnant women have a higher risk of developing iron-deficiency anemia since pregnancy requires more iron to support the baby's development[15]. Insufficient iron during pregnancy increases the infants' risk of a premature birth, low birthweight, and health and developmental delays[15].

How Data Were Collected: Maternal hemoglobin values were measured at the WIC clinic using a finger stick for blood draws and a HemoCue® Hgb 201+ Analyzer; the Massimo Pronto non-invasive method; or from documentation from a health care provider. Pregnancy trimester was determined from the self-reported estimated date of confinement (estimated due date). Postpartum Hgb values were taken at least 4 weeks after delivery. Each trimester referenced in the table below shows low Hgb status within each trimester. Women who have normal levels of Hgb in their first trimester may be represented in later trimesters. Refer to Definitions of Variables for a description of how low Hgb was determined.

Note: The term low Hgb used in this report meets the CDC definition for diagnosis of anemia by a health care provider. However, WIC cannot medically diagnose its participants. For this reason, the term low Hgb is used instead of anemia.

Average Hemoglobin Levels from 2019-2023								
	1st Trimester		2nd Trimester		3rd Trimester		Postpartum	
Hemoglobin Levels	n	%	n	%	n	%	n	%
Normal	225	95	621	98	550	95	1,337	92
Low	12	5	13	2	13	2	115	8
Total	237		634		563		1,452	



Key points:

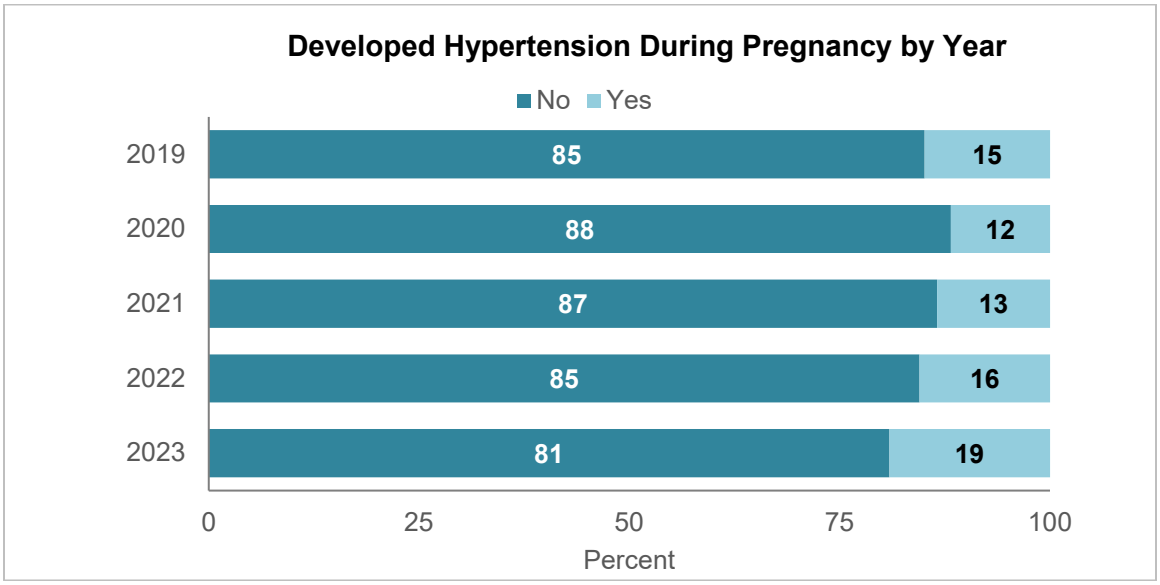
- Over 90% of the women had normal levels of hemoglobin throughout each trimester and postpartum.
- The highest percentages of low hemoglobin levels occurred during postpartum. However the values never exceeded 8%.

Hypertension During Pregnancy

Background Information: Hypertension occurs in 5-10% of pregnancies in the United States[16]. Hypertension during pregnancy is common, preventable, and treatable however complications include preeclampsia, stroke, pregnancy induction, and placental abruption[16]. For infants, hypertension during pregnancy can increase the risk of a preterm delivery and low birthweight[16].

How Data Were Collected: Hypertension status was self-reported (as diagnosed by a physician) at the certification visit by the postpartum ITCA WIC participants.

Hypertension During Pregnancy	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	1,438	85	1,190	88	1,108	87	1,083	85	1,039	81
Yes	252	15	159	12	172	13	199	16	245	19
Total	1,690		1,349		1,280		1,282		1,284	



Key points:

- There was an increase of WIC participants who developed hypertension during their pregnancy from 2019 (15%) to 2023 (19%).
- The average occurrence of hypertension during pregnancy from 2019 to 2023 in this data summary is 15%, which exceeds the national average of 5-10% of pregnancies in the United States[16].

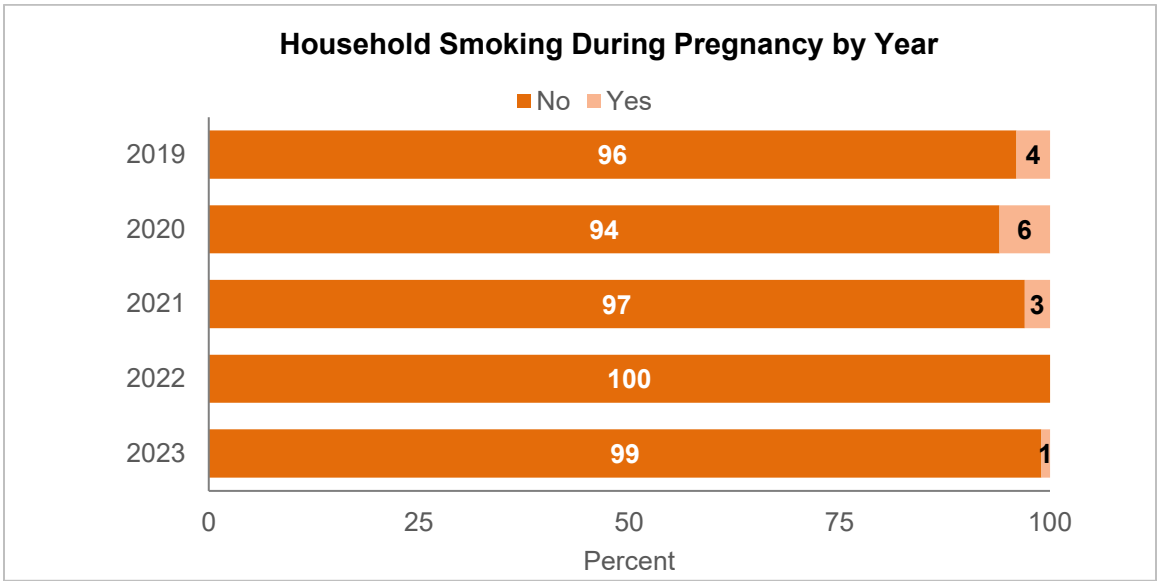
Smoking in Household During Pregnancy

Background Information: Exposure to secondhand smoke during pregnancy is associated with risks of preterm delivery and low birthweight[17]. In addition, smoking during pregnancy is associated with an increase risks in pregnancy complications such as stillbirth, poor fetal growth, preterm delivery, birth defects, and sudden infant death syndrome (SIDS)[17].

How Data Were Collected: Smoking in the household was self-reported by the client at the certification visit.

Healthy People 2030 Goal: Maternal, Infant, and Child Health objective 10 states to increase abstinence from cigarette smoking among pregnant women. Target: 95.7%[5].

Smoking in Household	2019		2020		2021		2022		2023	
During Prenatal	n	%	n	%	n	%	n	%	n	%
No	452	96	325	94	271	97	29	100	978	99
Yes	17	4	22	6	9	3	0	0	11	1
Total	469		347		280		29		989	



Key points:

- Overall, the maternal participants of ITCA WIC were in households that abstained from smoking during the pregnancy.
- Smoking in the household was reported to occur in 1% of households in 2023, a decrease from 4% in 2019.

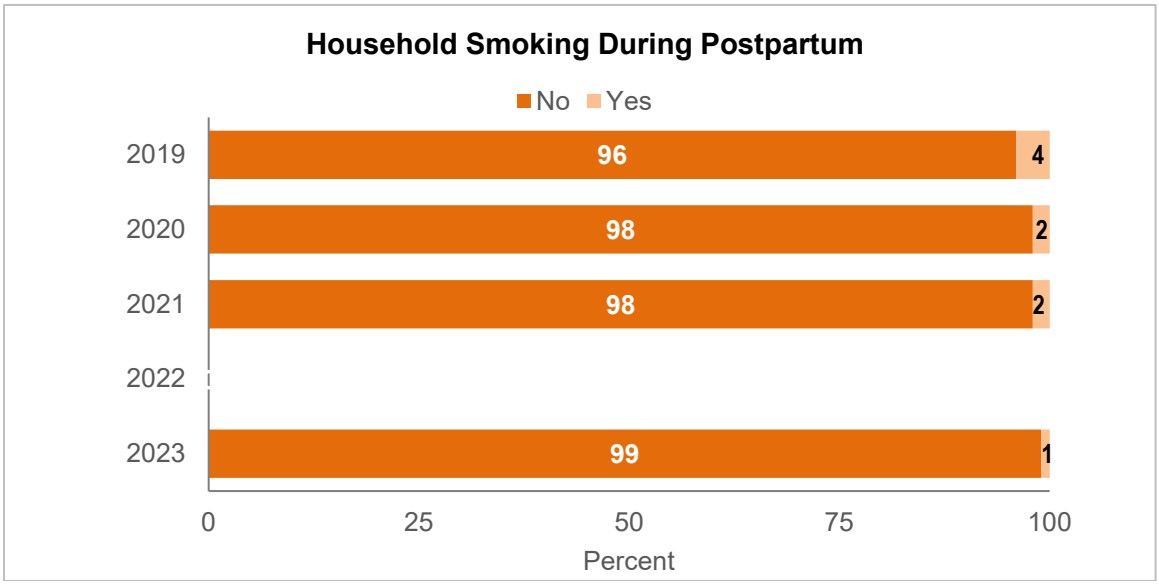
Smoking in Household During Postpartum

Background Information: Exposure to secondhand smoke to an infant can increase an infant's chance of SIDS, respiratory infections, and decreased lung function[17].

How Data Were Collected: Smoking in the household was self-reported by the client at the certification visit.

Healthy People 2030 Goal: Maternal, Infant, and Child Health objective 10 states to increase abstinence from cigarette smoking among pregnant women. Target: 95.7%[5].

Smoking in Household During Postpartum	2019		2020		2021		2022	2023	
	n	%	n	%	n	%	n %	n	%
No	542	96	438	98	258	98	NA	978	99
Yes	20	4	9	2	*	2		11	1
Total	562		447		262			989	
* =values less than 6									



Key points:

- Note: In 2022 the question was not asked or skipped.
- Overall, the maternal participants of ITCA WIC were in households that abstained from smoking during the mother's postpartum period.
- Only 1% of households reported smoking in their household in 2023, a decrease from 4% in 2019.

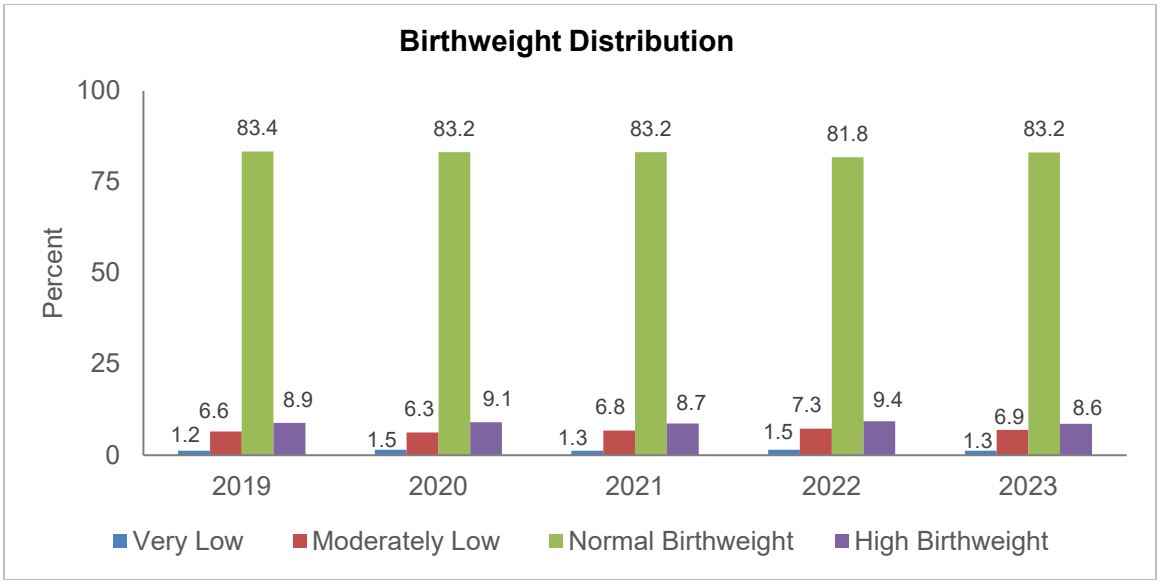
Birthweight Category by Year

Background Information: Birthweight can be influenced but is not limited to genetics, gestational age, maternal weight gain, and in-utero environment. Regular checkups during pregnancy can help monitor for blood sugar, weight gain, infections, and genetic conditions that may influence low or high birthweights[18]. In 2023, it was estimated that low birthweight occurred in 8.58% of all births, and very low birthweight in 1.36%, in the US[19]. A low birthweight is associated with a higher risk of health complications and mortality for the infant[20]. Overall, the use of birthweight categories is to help assess for health risks related to low or high birthweights.

Birthweight Categories[18]		
Birthweight Group	**Pounds**	**Grams**
Low Birthweight	Less than 5.5	Less than 2,495
Moderately Low	3.3 – 5.4	1,497 – 2,449
Very Low	Less than 3.3	Less than 1,497
Normal Birthweight	5.5 – 8.8	2,495 – 3,992
High Birthweight	Greater than 8.8	Greater than 3,992

How Data Were Collected: Birthweight was self-reported by each client at the certification visit.

	2019		2020		2021		2022		2023	
Birthweight	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Low Birthweight										
Very Low	40	1.21	36	1.48	28	1.28	32	1.48	29	1.28
Moderately Low	216	6.55	153	6.27	149	6.8	158	7.32	157	6.92
Normal Birthweight	2,750	83.38	2,030	83.2	1,823	83.2	1,765	81.83	1,886	83.16
High Birthweight	292	8.85	221	9.06	191	8.72	202	9.36	196	8.64
Total	3,298		2,440		2,191		2,157		2,268	



Key points:

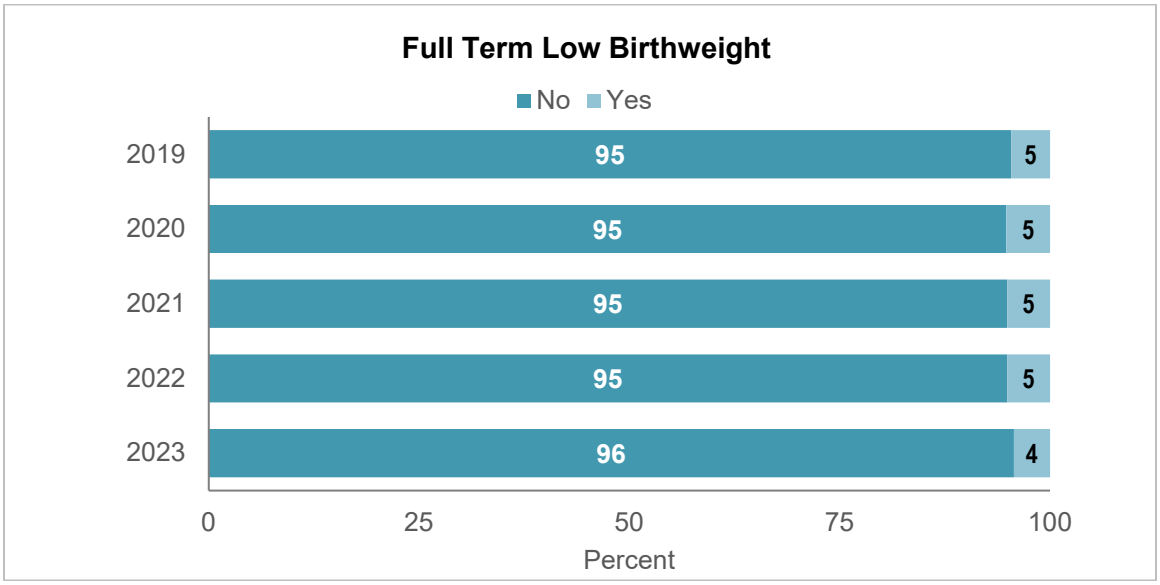
- From 2019 to 2023 under the low birthweight category (less than 5.5lbs), an average of 1.36% of infants were classified as *very low birthweight* (less than 3.3lbs). The *moderately low birthweight* (3.3-5.4lbs) category averaged from 2019 to 2023 averaged to 6.78%.
- From 2019-2023, an average of 82.96% of the infants were in the normal birthweight category. The high birthweight group had an average of 8.94% throughout 2019-2023.

Full Term Low Birthweight by Year

Background Information: A low birthweight is associated with a higher risk of health complications and mortality for the infant[19]. Risk factors associated with low birthweight include, insufficient weight gain during pregnancy, comorbidities throughout pregnancy, and a preterm delivery[19]. In 2023, it was estimated that low birthweight occurred in 8.58% of all births, and very low birthweight in 1.36%, in the US[20].

How Data Were Collected: Birthweight was self-reported by each client at the certification visit.

Full Term Low Birthweight	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	1,330	95	962	95	901	95	896	95	931	96
Yes	64	5	53	5	48	5	48	5	42	4
Total	1,394		1,015		949		944		973	



Key points:

- Over 95% of ITCA WIC participants did not experience a full term delivery with a low birthweight in the years 2019-2023.

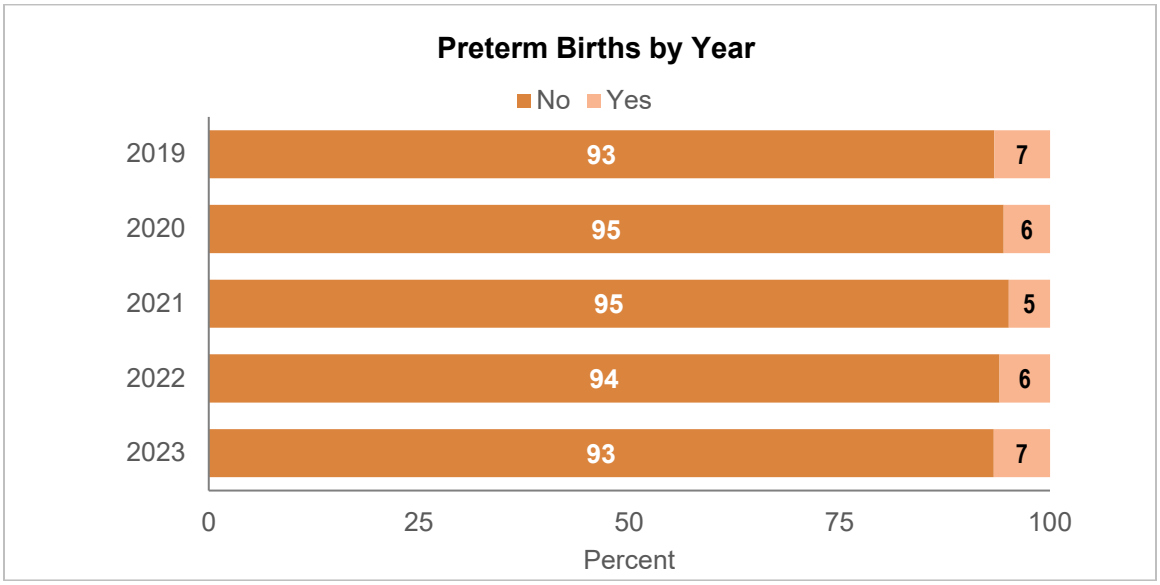
Preterm Births by Year

Background Information: In 2022, it was estimated that preterm deliveries occurred in 10.4% of all US births[22]. Preterm deliveries, infants that are born before 37 weeks of gestation, are estimated to have a higher risk of health complications including infections, developmental problems, respiratory problems, and mortality[22]. Prenatal care is one strategy to help identify medical needs and support during pregnancy to help reduce preterm births[22].

How Data Were Collected: Preterm births were categorized by using the date of birth and estimated date of confinement and were self-reported by the client at the certification visit.

Healthy People 2030 Goal: Maternal, Infant, and Child Health objective 7 states to reduce preterm births. Target: 9.4%[5].

	2019		2020		2021		2022		2023	
Preterm Birth	n	%	n	%	n	%	n	%	n	%
No	1,477	93	1,210	95	1,143	95	1,122	94	1,099	93
Yes	105	7	70	6	59	5	71	6	79	7
Total	1,582		1,280		1,202		1,193		1,178	



Key points:

- Over 93% of ITCA WIC participants did not have a preterm delivery from 2019-2023.

Breastfeeding by Year

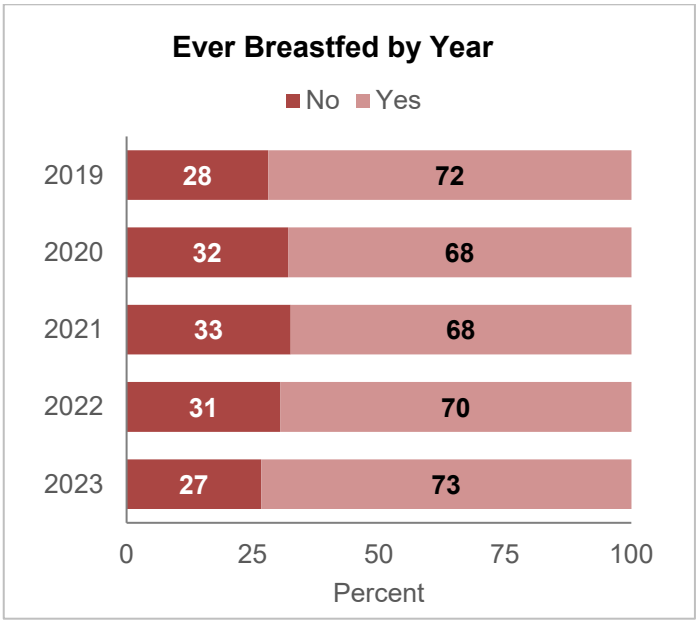
Background Information: It is recommended to exclusively breastfeed for the first six months, with continued breastfeeding alongside the introduction of foods[22]. Breastmilk supports the infant's immune system by sharing the mother's antibodies, and it is associated with a reduced risk of developing asthma, obesity, diabetes, ear infections, and SIDS[22]. Mothers also benefit from breastfeeding and can decrease their risks of developing diabetes, high blood pressure, and breast and ovarian cancers[22].

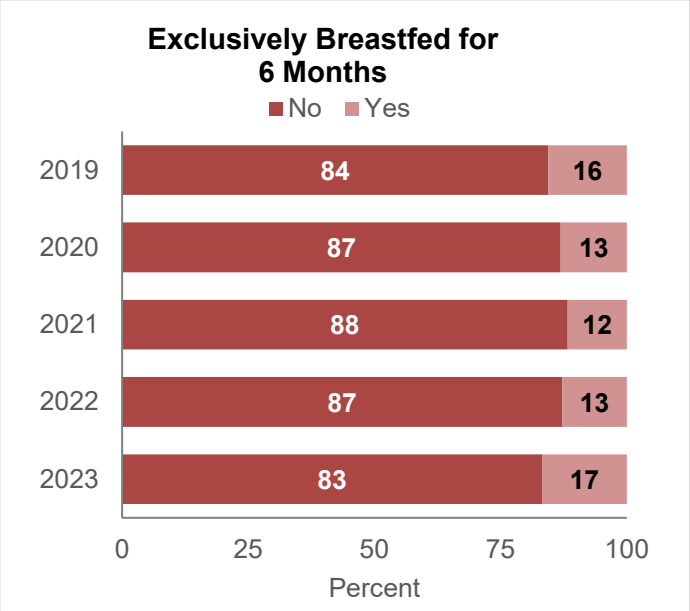
How Data Were Collected: Breastfeeding information was self-reported by the client at each clinic visit. If the woman reported breastfeeding the infant at least once per day they were classified as breastfeeding.

Healthy People 2030 Goal: Maternal, Infant, and Child Health objective 16 states to increase the proportion of infants who are breastfed at 1 year. Target: 54.1%[5].

Ever Breastfed	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	961	28	859	32	825	33	763	31	663	27
Yes	2,456	72	1,824	68	1,715	68	1,736	70	1,823	73
Total	3,417		2,683		2,540		2,499		2,486	

Exclusively Breastfed for 6 Months	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	1,079	84	841	87	845	88	767	87	844	83
Yes	199	16	127	13	112	12	113	13	170	17
Total	1,278		968		957		880		1,014	





Key points:

- From 2019 to 2023, majority of the women (68% to 73%) self-reported as having breastfed at least once.
- Majority of the women who self-reported as having breastfed, were not exclusively breastfeeding for 6 months.

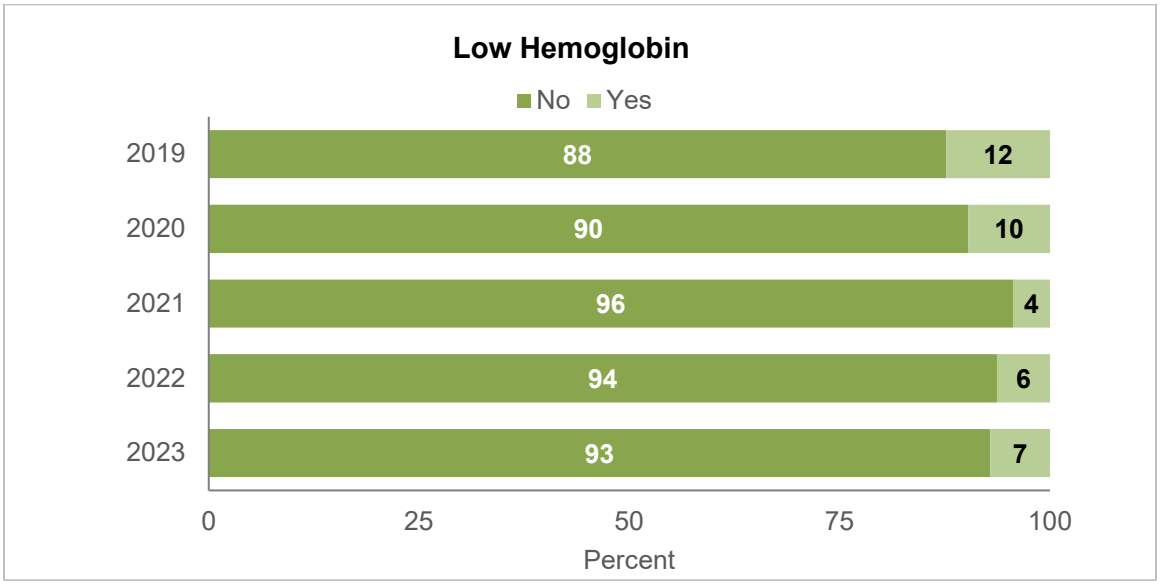
Low Hemoglobin in Children

Background Information: Low hemoglobin, commonly a result of low iron levels, is an indicator for iron deficiency anemia[23]. The criteria for low hemoglobin levels is based on the age of the infant or child. Symptoms of iron deficiency anemia include delayed growth and development, fatigue, rapid breathing, and susceptibility to infections[24].

How Data Were Collected: Hemoglobin values were measured in the WIC clinic using a finger stick procedure for blood draws and a HemoCue® Hgbg 201+ Analyzer; the Massimo Pronto non-invasive method; or from documentation from a health care provider. Refer to Definitions of Variables for a description of cut-off values for low hemoglobin/hematocrit status.

Note: The term low hemoglobin/hematocrit value used in this report meets the CDC definition for diagnosis of anemia by a health care provider; however, since the WIC program does not make medical diagnoses, the term low hemoglobin/hematocrit is used.

	2019		2020		2021		2022		2023	
Low Hemoglobin	n	%	n	%	n	%	n	%	n	%
No	2,492	88	532	90	413	96	665	94	1,193	93
Yes	348	12	57	10	19	4	45	6	91	7
Total	2,840		589		432		710		1,284	



Key points:

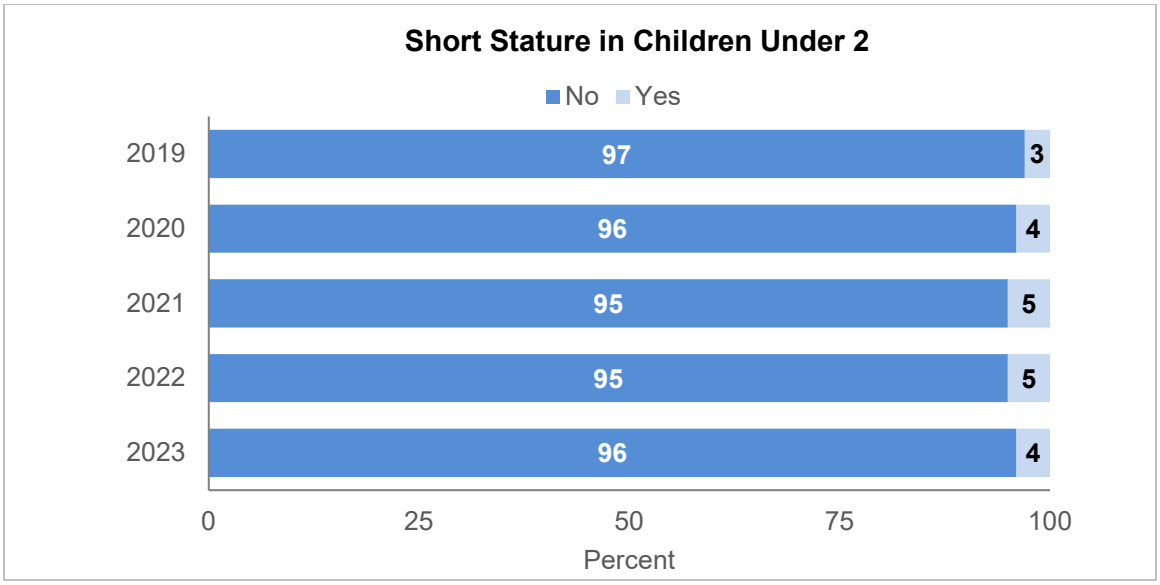
- Majority of ITCA WIC children did not experience low hemoglobin levels in any of the years from 2019-2023.
- The highest year where low hemoglobin was reported was in 2019 with 12%. However the value has decreased to 7% in 2023.

Short Stature in Children, Under 2

Background Information: The CDC uses the World Health Organizations' growth standards to monitor growth from infancy to 2 years old[25]. The growth charts are used to identify the growth pattern under optimal conditions[25]. Short stature is determined on the child's age, length, gender, and weight[25]. Growth charts help monitor the child's growth and identify abnormal growth patterns that need to be addressed such as nutrition, disease, or genetic disorders.

How Data Were Collected: Infants and children were measured at certification visits by trained WIC Program staff or data from the healthcare provider was used. Refer to Definitions of Variables for a description of how short stature was determined.

Short Stature in Children Under 2	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	3,620	97	1,054	96	526	95	808	95	1,433	96
Yes	130	3	41	4	26	5	46	5	60	4
Total	3,750		1,095		552		854		1,493	



Key points:

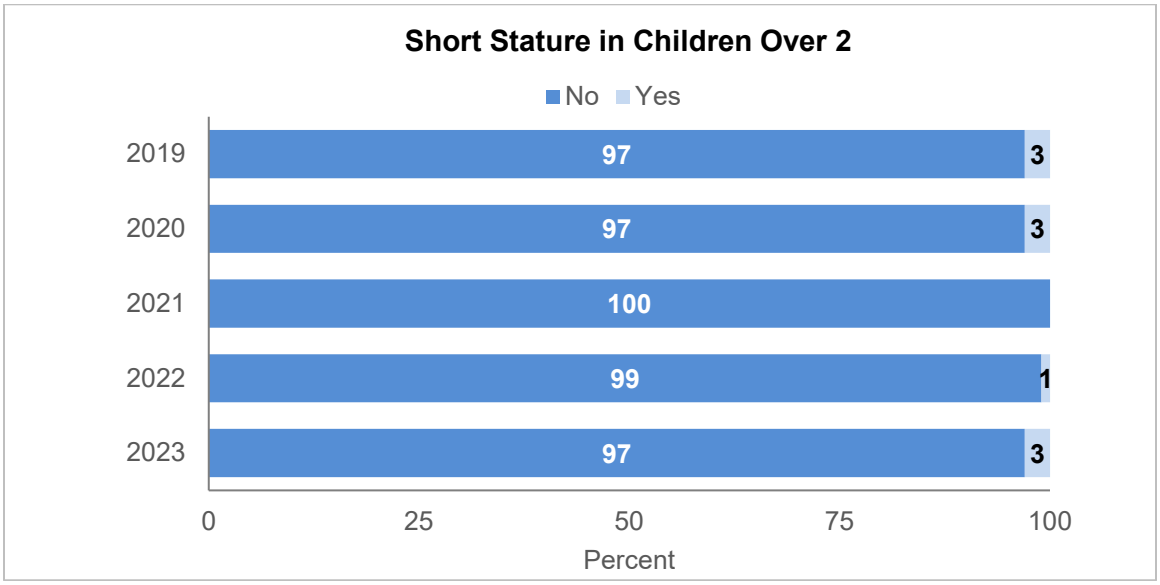
- Throughout 2019 to 2023, majority of the children under two years old were not categorized as short for their age.
- Short stature in children under the age of two was reported 3% to 5% throughout 2019 to 2023.

Short Stature in Children, Over 2

Background Information: For children in the United States, the CDC recommends using its growth chart for children 2 years old and older[26]. Short stature and underweight may be a sign of illness or malnutrition[27]. Whereas, short stature and overweight may be a sign of an endocrine disorder such as growth hormone deficiency and hypothyroidism[27].

How Data Were Collected: Infants and children were measured at certification visits by trained WIC Program staff or data from healthcare provider was used. Refer to Definitions of Variables for a description of how short stature was determined.

Short Stature in Children Over 2	2019		2020		2021		2022		2023	
	n	%	n	%	n	%	n	%	n	%
No	3,704	97	1,220	97	700	100	797	99	1,532	97
Yes	103	3	33	3	0	0	9	1	41	3
Total	3,807		1,253		700		806		1,573	



Key points:

- Throughout 2019 to 2023, majority of the children over two years old were not categorized as short for their age.
- Short stature in children over the age of two was reported 1% to 3% throughout 2019 to 2023.

Action Items

Below are points of action specifically geared to individuals, tribal communities, tribal health care providers, and tribal leaders working in tribal communities to improve upon maternal and child health.

Individuals

- Seek prenatal care as early as possible
- Advocate for your health care needs
- Seek mental health and substance use services as appropriate
- Learn about health practices and screenings available and ensure they are done
- Learn about postpartum warning signs such as the CDC's Hear Her campaign
- Learn about and utilize cultural practices to improve health outcomes
- Utilize doulas during pregnancy, childbirth and postpartum to support positive birth and postpartum experiences
- Breastfeed exclusively for the first six months and at least two years following the introduction of solids at 6 months
- Participate in opportunities for healing from historical and other traumas experienced

Tribal Communities

- Provide education on importance of early prenatal care and care throughout pregnancy
- Provide materials and resources to connect community with mental health and substance use services
- Develop materials and resources to destigmatize mental and substance use services
- Build tribal capacity for mental health, substance use, nutrition and other programs and services
- Build a community and work environment that supports breastfeeding
- Build on work to re-establish traditional food systems and dietary patterns that can be integrated with modern food systems and food programs
- Develop communities that support physical activity opportunities
- Support and build capacity of Head Start, day care and other programs and services that provide early childhood development and parenting information
- Provide opportunities for the community to discuss and utilize cultural practices to heal from historical traumas
- Build on programs that promote culture and language
- Utilize technology such as social media to engage with community members on health topics

Tribal/IHS Health Care Providers/Facilities

- Participate in training on implicit bias and patient centric services and implement services that are culturally sensitive.
- Develop standards of care for postpartum patients
- Evaluate services to identify structural racism and other practices that are not patient centric
- Utilize cultural practices to improve health outcomes
- Build capacity of doula services in tribal communities
- Encourage and support the use of doulas during pregnancy, birth and postpartum
- Expand access to prenatal care, birthing services and obstetrics professionals
- Ensure International Board Certified Lactation Consultants are available to support breastfeeding services and that professionals are trained in breastfeeding
- Improve access to mental health and substance use services and make appropriate referrals
- Ensure that contracted providers outside of tribal communities provide culturally relevant and patient centric services

Tribal Leaders

- Advocate for direct federal funding to establish maternal and child health programs at each Tribe.
- Advocate for funding to support birthing facilities in tribal communities
- Advocate for funding to build capacity for mental health and substance use services
- Advocate for funding to improve economic development opportunities

State Government

- Ensure programs funded at the state level meet the needs of tribal communities and that tribal communities can access the services

Federal Government

- Provide funding to IHS and tribal facilities to support birthing units and obstetric professionals for prenatal care and delivery
- Provide direct funding to Tribes to support maternal and child health programs and services
- Provide funding to support mental health and substance use services to meet the need in tribal communities

Non-Tribal Public Health

- Work to improve AI/AN surveillance data with tribes, IHS, state registries and Tribal Epidemiology Centers

Definition of Variables

Low Hemoglobin (Hgb) in Women[28]

By Trimester	Hemoglobin concentration (<g/dL)
1st	11.0
2nd	10.5
3rd	11.0
Postpartum (By Age Group)	
12 to <15 years	11.8
15 to <18 years	12.0
18+ years	12.0

Low Hemoglobin/Hematocrit (Hgb/Hct) in Children[29]

Children (age, in years)	Hemoglobin concentration (<g/dL)	Hematocrit (<%)
0.5 to <2	11.0	32.9
2 to <5	11.1	33.0

Ideal Maternal Weight Gain[11]

Pre-pregnancy Weight Status	Ideal Weight Gain
Underweight	28-40 pounds
Normal Weight	25-35 pounds
Overweight	15-25 pounds
Obese	11-20 pounds

Pre-pregnancy Body Mass Index (BMI)[11]

Underweight = BMI <18.5
Normal weight = BMI 18.5-24.9
Overweight = BMI >25.0-29.9
Obese = BMI >29.0

Preterm Births and Full Term Low Birthweight Births[22]

Preterm births are at <37 weeks gestation
Full term, low birthweight = ≥37 weeks gestation and < 5.5 lbs (2,500 grams)

Short Stature

Children under 2 years of age[25]
Defined as length ≤ 2.3rd percentile on the WHO age and gender specific stature reference

Children over 2 years of age[26]
Stature ≤ 5th percentile on the CDC age and gender-specific stature reference

Statistical Notes Table

Measurement	Definition	Formula
Counts	The number of observations	$\frac{\text{Number of participants in each health indicator category}}{\text{Total number of participants with valid data for the health indicator}}$
Percent	One part per hundred	$\left\langle \frac{\text{Number of participants in each health indicator catgory}}{\text{Total number with valid data for the health indicator}} \right\rangle \times 100$

Report Barriers

The main challenge in completing the report was the limited timeline. The first half of the year was comprised of planning the maternal and child health focused public health working group. This gathering was used to receive feedback on the previous needs assessment. The following months were used to find events where the TEC could table and share the community survey. After recognizing the need to adjust the approach to gather community feedback, the TEC faced a tight deadline to secure approval to use the WIC program's texting service. The timeline challenge resulted in the community survey being active for a short time span.

For questions and comments of this report please contact the
Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center at tecinfo@itcaonline.com.
Thank you

Community Survey Questions

I and/or my child identify as American Indian or Alaska Native
- Yes
- No

What category best describes your strongest relationship with a child?
- Community Member
- Extended Family
- Father
- Grandparent
- Mother
- Sibling
- Prefer not to answer
- Other

What age category do you fit into?
- 12-17 Years Old
- 18-29 Years Old
- 30-39 Years Old
- 40-49 Years Old
- 50-59 Years Old
- 60 Years Old and Older
- Prefer not to answer

What label best describes where you live?
- Rural – Spread out area. Often surrounded by nature
- Urban – Many building close to one another such as apartments and businesses
- Suburban – Many standalone houses/neighborhoods

What would you consider are the top maternal health issues in your community?
Please select all that apply
- Access to Quality Prenatal Care
- Addressing Maternal Health Disparities
- Domestic Violence Prevention
- Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy
- Family Planning
- Improving Postpartum Care
- Management of Preexisting Conditions
- Maternal Nutrition and Exercise
- Mental Health Support
- Reducing Maternal Morbidity and Mortality
- Prefer not to answer
- Other

What would you choose as the most important maternal health issue in your community?
Please select one

- Access to Quality Prenatal Care
- Addressing Maternal Health Disparities
- Domestic Violence Prevention
- Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy
- Family Planning
- Improving Postpartum Care
- Management of Preexisting Conditions
- Maternal Nutrition and Exercise
- Mental Health Support
- Reducing Maternal Morbidity and Mortality
- Prefer not to answer
- Other

If other, please specify:_____

What would you consider as the top child health issues in your community?
Please select all that apply

- Access to Quality Healthcare
- Adolescent Health
- Early Childhood Development
- Infectious Disease Prevention and Management
- Mental Health and Emotional Well-Being
- Nutrition and Growth
- Oral Health
- Safety and Injury Prevention
- Vaccinations and Immunizations
- Prefer not to answer
- Other

What would you choose as the most important child health issue in your community?
Please select one

- Access to Quality Healthcare
- Adolescent Health
- Early Childhood Development
- Infectious Disease Prevention and Management
- Mental Health and Emotional Well-Being
- Nutrition and Growth
- Oral Health
- Safety and Injury Prevention
- Vaccinations and Immunizations
- Prefer not to answer
- Other

If other, please specify: _____

What would you consider are the top health issues in your Tribal community?
Please select all that apply

- Access to Culturally Sensitive Healthcare Approaches
- Access to Quality Healthcare
- Chronic Diseases
- Infectious Diseases
- Maternal and Child Health
- Mental Health
- Nutrition and Exercise
- Substance Use
- Unintentional Injuries
- Violence
- Prefer not to answer
- Other

What would you choose as the most important health issue in your Tribal community?
If other, please specify: _____

Where can health information and programming be shared in your community?
Please select all that apply

- Email newsletters
- Health brochures
- Posters on community boards
- Program websites
- Radio
- Social media pages
- TV monitors in clinics
- Other

If other, please specify: _____

What would you consider as a strength in your Tribal community's access to Maternal and Child Health care and programming?
Please select all that apply

- Community Engagement
- Family and Community Support
- Health Education
- Holistic Approaches
- Resilience and Adaptability
- Respect of Cultural Practices and Traditions
- Traditional Practices and Wisdom
- Tribal Leadership
- Prefer not to answer
- Other

Other strengths not listed above: _____

What would you consider as a barrier in your Tribal community's access to Maternal and Child Health care and programming?

Please select all that apply

- Cultural Differences
- Economic Challenges
- Geographic Isolation
- Health Disparities
- Historical Trauma and Distrust
- Language and Communication Barriers
- Limited Healthcare Resources
- Prefer not to answer
- Other

Other barriers not listed above:_____

Do you have any additional thoughts that we should include in the Tribal Maternal and Child Needs Assessment?

_____

Community Survey Summary Table

Rural, Surban, and Urban Summary

Table 1 – Community Survey Results, Rural, Suburban, and Urban								
	AI/AN		Rural		Suburban		Urban	
Total	260		100		76		84	
1. Relationship	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Community Member	8	3%	5	5%	3	4%	0	0%
Extended Family	5	2%	1	1%	0	0%	4	5%
Father	2	1%	0	0%	1	1%	1	1%
Grandparent	25	10%	12	12%	6	8%	7	8%
Mother	213	82%	78	78%	64	84%	71	85%
Sibling	5	2%	3	3%	2	3%	0	0%
Prefer not to answer	1	0%	1	1%	0	0%	0	0%
Other	1	0%	0	0%	0	0%	1	1%
Total	**260**	**100%**	**100**	**100%**	**76**	**100%**	**84**	**100%**
2. Age category	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
12-17 Years Old	0	0%	0	0%	0	0%	0	0%
18-29 Years Old	80	31%	28	28%	26	34%	26	31%
30-39 Years Old	124	48%	52	52%	34	45%	38	45%
40-49 Years Old	28	11%	6	6%	10	13%	12	14%
50-59 Years Old	17	7%	7	7%	4	5%	6	7%
60 Years Old and Older	10	4%	7	7%	2	3%	1	1%
Prefer not to answer	1	0%	0	0%	0	0%	1	1%
Total	**260**	**100%**	**100**	**100%**	**76**	**100%**	**84**	**100%**
3. Community Type	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Rural - Spread out area. Often surrounded by nature	100	38%	100	100%	0	0%	0	0%
Urban - Many buildings close to one another such as apartments and businesses	84	32%	0	0%	0	0%	84	100%
Suburban - Many standalone houses/neighborhoods	76	29%	0	0%	76	100%	0	0%
Total	**260**	**100%**	**100**	**100%**	**76**	**100%**	**84**	**100%**
4. Maternal Health Issues (Select All That Apply)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Prenatal Care	71	7%	35	9%	14	5%	22	7%
Addressing Maternal Health Disparities	59	6%	27	7%	13	5%	19	6%
Domestic Violence Prevention	84	9%	41	10%	24	9%	19	6%
Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	132	14%	54	13%	37	14%	41	14%
Family Planning	102	11%	40	10%	30	12%	32	11%
Improving Postpartum Care	134	14%	54	13%	34	13%	46	15%
Management of Preexisting Conditions	62	6%	28	7%	19	7%	15	5%
Maternal Nutrition and Exercise	118	12%	52	13%	28	11%	38	13%
Mental Health Support	148	15%	56	14%	46	18%	46	15%
Reducing Maternal Morbidity and Mortality	33	3%	13	3%	7	3%	13	4%
Prefer not to answer	17	2%	5	1%	5	2%	7	2%
Other	9	1%	2	0%	2	1%	5	2%
Total	**969**	**100%**	**407**	**100%**	**259**	**100%**	**303**	**100%**

	AI/AN		Rural		Suburban		Urban	
5. Top Maternal Health Issue (Select One)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Prenatal Care	26	10%	0	0%	9	12%	7	8%
Addressing Maternal Health Disparities	11	4%	2	2%	3	4%	5	6%
Domestic Violence Prevention	21	8%	2	2%	8	11%	5	6%
Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	54	21%	3	3%	15	20%	18	21%
Family Planning	14	5%	5	5%	3	4%	6	7%
Improving Postpartum Care	26	10%	5	5%	6	8%	13	15%
Management of Preexisting Conditions	5	2%	7	7%	1	1%	2	2%
Maternal Nutrition and Exercise	21	8%	8	8%	5	7%	6	7%
Mental Health Support	57	22%	10	10%	15	20%	15	18%
Reducing Maternal Morbidity and Mortality	3	1%	10	10%	3	4%	0	0%
Prefer not to answer	17	7%	21	21%	5	7%	7	8%
Other	5	2%	27	27%	3	4%	0	0%
Total	**260**	**100%**	**100**	**100%**	**76**	**100%**	**84**	**100%**
6. Child Health Issues (Select All That Apply)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Healthcare	47	7%	15	6%	11	5%	21	9%
Adolescent Health	56	8%	21	8%	17	8%	18	8%
Early Childhood Development	107	16%	34	14%	33	16%	40	17%
Infectious Disease Prevention and Management	31	5%	17	7%	4	2%	10	4%
Mental Health and Emotional Well-Being	139	20%	60	24%	39	19%	40	17%
Nutrition and Growth	111	16%	38	15%	35	17%	38	16%
Oral Health	83	12%	26	10%	26	13%	31	13%
Safety and Injury Prevention	59	9%	21	8%	19	9%	19	8%
Vaccinations and Immunizations	39	6%	13	5%	13	6%	13	6%
Prefer not to answer	13	2%	4	2%	5	2%	4	2%
Other	3	0%	1	0%	1	0%	1	0%
Total	**688**	**100%**	**250**	**100%**	**203**	**100%**	**235**	**100%**
7. Top Child Health Issue (Select One)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Healthcare	30	12%	13	13%	5	7%	12	14%
Adolescent Health	10	4%	3	3%	2	3%	5	6%
Early Childhood Development	41	16%	12	12%	11	14%	18	21%
Infectious Disease Prevention and Management	7	3%	2	2%	3	4%	2	2%
Mental Health and Emotional Well-Being	87	33%	40	40%	26	34%	21	25%
Nutrition and Growth	39	15%	15	15%	13	17%	11	13%
Oral Health	18	7%	5	5%	5	7%	8	10%
Safety and Injury Prevention	5	2%	2	2%	1	1%	2	2%
Vaccinations and Immunizations	10	4%	4	4%	4	5%	2	2%
Prefer not to answer	11	4%	4	4%	5	7%	2	2%
Other	2	1%	0	0%	1	1%	1	1%
Total	**260**	**100%**	**100**	**100%**	**76**	**100%**	**84**	**100%**

	AI/AN		Rural		Suburban		Urban	
6. Top Health Issue in Tribal Community	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Culturally Sensitive Healthcare Approaches	14	5%	3	3%	2	3%	9	11%
Access to Quality Healthcare	26	10%	10	10%	7	9%	9	11%
Chronic Diseases	9	3%	4	4%	2	3%	3	4%
Infectious Diseases	4	2%	1	1%	0	0%	3	4%
Maternal and Child Health	6	2%	3	3%	0	0%	3	4%
Mental Health	51	20%	25	25%	15	20%	11	13%
Nutrition and Exercise	27	10%	4	4%	11	14%	12	14%
Substance Use	83	32%	38	38%	24	32%	21	25%
Unintentional Injuries	1	0%	1	1%	0	0%	0	0%
Violence	18	7%	6	6%	7	9%	5	6%
Prefer not to answer	21	8%	5	5%	8	11%	8	10%
Other	0	0%	0	0%	0	0%	0	0%
Total	**260**	**100%**	**100**	**100%**	**76**	**100%**	**84**	**100%**
7. Ways to Share Public Health Information	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
TV monitors in clinics	102	12%	2	1%	1	0%	0	0%
Social media pages	182	21%	35	10%	24	10%	26	9%
Radio	95	11%	37	11%	29	12%	34	12%
Program websites	98	11%	39	12%	29	12%	36	13%
Posters on community boards	160	18%	44	13%	30	12%	38	14%
Health brochures	118	14%	45	13%	36	14%	40	14%
Email newsletters	109	13%	68	20%	49	20%	41	15%
Other	3	0%	68	20%	51	20%	65	23%
Total	**867**	**100%**	**338**	**100%**	**249**	**100%**	**280**	**100%**
8. Tribal Strengths	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Community Engagement	109	15%	41	16%	31	15%	37	15%
Family and Community Support	138	19%	47	18%	46	22%	46	18%
Health Education	127	18%	44	17%	37	18%	45	18%
Holistic Approaches	34	5%	12	5%	11	5%	13	5%
Resilience and Adaptability	56	8%	19	7%	17	8%	20	8%
Respect of Cultural Practices and Traditions	101	14%	41	16%	28	14%	32	13%
Traditional Practices and Wisdom	73	10%	26	10%	17	8%	30	12%
Tribal Leadership	50	7%	19	7%	14	7%	17	7%
Prefer not to answer	24	3%	10	4%	4	2%	8	3%
Other	4	1%	2	1%	0	0%	2	1%
Total	**716**	**100%**	**261**	**100%**	**205**	**100%**	**250**	**100%**
9. Tribal Barriers	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Cultural Differences	81	13%	30	14%	20	12%	31	14%
Economic Challenges	129	21%	45	20%	40	24%	44	20%
Geographic Isolation	71	12%	21	10%	18	11%	26	12%
Health Disparities	59	10%	19	9%	15	9%	23	11%
Historical Trauma and Distrust	93	15%	41	19%	25	15%	32	15%
Language and Communication Barriers	71	12%	24	11%	20	12%	27	12%
Limited Healthcare Resources	73	12%	27	12%	20	12%	29	13%
Prefer not to answer	29	5%	11	5%	11	7%	7	3%
Other	2	0%	2	1%	0	0%	0	0%
Total	**608**	**100%**	**220**	**100%**	**169**	**100%**	**219**	**100%**

Mothers and Grandparents Summary

Table 2 – Community Survey Results, Mothers, and Grandparents						
	AI/AN		Mothers		Grandparents	
Total	260		213		25	
1. Relationship	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Community Member	8	3%	0	0%	0	0%
Extended Family	5	2%	0	0%	0	0%
Father	2	1%	0	0%	0	0%
Grandparent	25	10%	0	0%	25	100%
Mother	213	82%	213	100%	0	0%
Sibling	5	2%	0	0%	0	0%
Prefer not to answer	1	0%	0	0%	0	0%
Other	1	0%	0	0%	0	0%
Total	**260**	**100%**	**213**	**100%**	**25**	**100%**
2. Age category	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
12-17 Years Old	0	0%	0	0%	0	0%
18-29 Years Old	80	31%	74	35%	0	0%
30-39 Years Old	124	48%	115	54%	0	0%
40-49 Years Old	28	11%	20	9%	2	8%
50-59 Years Old	17	7%	2	1%	15	60%
60 Years Old and Older	10	4%	1	0%	6	24%
Prefer not to answer	1	0%	1	0%	2	8%
Total	**260**	**100%**	**213**	**100%**	**25**	**100%**
3. Community Type	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Rural - Spread out area. Often surrounded by nature	100	38%	78	37%	12	48%
Urban - Many buildings close to one another such as apartments and businesses	84	32%	71	33%	7	28%
Suburban - Many standalone houses/neighborhoods	76	29%	64	30%	6	24%
Total	**260**	**100%**	**213**	**100%**	**25**	**100%**
4. Maternal Health Issues (Select All That Apply)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Prenatal Care	71	7%	57	7%	7	9%
Addressing Maternal Health Disparities	59	6%	49	6%	4	5%
Domestic Violence Prevention	84	9%	71	9%	7	9%
Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	132	14%	108	14%	11	14%
Family Planning	102	11%	80	10%	10	13%
Improving Postpartum Care	134	14%	116	15%	9	11%
Management of Preexisting Conditions	62	6%	51	6%	5	6%
Maternal Nutrition and Exercise	118	12%	97	12%	9	11%
Mental Health Support	148	15%	125	16%	11	14%
Reducing Maternal Morbidity and Mortality	33	3%	28	4%	2	3%
Prefer not to answer	17	2%	11	1%	4	5%
Other	9	1%	7	1%	1	1%
Total	**969**	**100%**	**800**	**100%**	**80**	**100%**

	AI/AN		Mothers		Grandparents	
5. Top Maternal Health Issue (Select One)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Prenatal Care	26	10%	23	11%	0	0%
Addressing Maternal Health Disparities	11	4%	5	2%	1	4%
Domestic Violence Prevention	21	8%	18	8%	1	4%
Education and Empowerment - Childbirth, Culture, Parenting, Pregnancy	54	21%	44	21%	7	28%
Family Planning	14	5%	9	4%	4	16%
Improving Postpartum Care	26	10%	25	12%	1	4%
Management of Preexisting Conditions	5	2%	3	1%	1	4%
Maternal Nutrition and Exercise	21	8%	18	8%	1	4%
Mental Health Support	57	22%	48	23%	5	20%
Reducing Maternal Morbidity and Mortality	3	1%	3	1%	0	0%
Prefer not to answer	17	7%	14	7%	2	8%
Other	5	2%	3	1%	2	8%
Total	**260**	**100%**	**213**	**100%**	**25**	**100%**
6. Child Health Issues (Select All That Apply)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Healthcare	47	7%	37	6%	2	4%
Adolescent Health	56	8%	45	8%	5	9%
Early Childhood Development	107	16%	93	16%	5	9%
Infectious Disease Prevention and Management	31	5%	25	4%	3	6%
Mental Health and Emotional Well-Being	139	20%	115	20%	15	28%
Nutrition and Growth	111	16%	95	17%	10	19%
Oral Health	83	12%	71	12%	4	7%
Safety and Injury Prevention	59	9%	50	9%	3	6%
Vaccinations and Immunizations	39	6%	31	5%	5	9%
Prefer not to answer	13	2%	10	2%	1	2%
Other	3	0%	2	0%	1	2%
Total	**688**	**100%**	**574**	**100%**	**54**	**100%**
7. Top Child Health Issue (Select One)	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Quality Healthcare	30	12%	26	12%	1	4%
Adolescent Health	10	4%	8	4%	2	8%
Early Childhood Development	41	16%	35	16%	1	4%
Infectious Disease Prevention and Management	7	3%	5	2%	1	4%
Mental Health and Emotional Well-Being	87	33%	72	34%	10	40%
Nutrition and Growth	39	15%	30	14%	4	16%
Oral Health	18	7%	15	7%	2	8%
Safety and Injury Prevention	5	2%	3	1%	1	4%
Vaccinations and Immunizations	10	4%	7	3%	2	8%
Prefer not to answer	11	4%	11	5%	0	0%
Other	2	1%	1	0%	1	4%
Total	**260**	**100%**	**213**	**100%**	**25**	**100%**

	AI/AN		Mothers		Grandparents	
6. Top Health Issue in Tribal Community	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Access to Culturally Sensitive Healthcare Approaches	14	5%	9	4%	1	4%
Access to Quality Healthcare	26	10%	21	10%	1	4%
Chronic Diseases	9	3%	7	3%	0	0%
Infectious Diseases	4	2%	3	1%	0	0%
Maternal and Child Health	6	2%	6	3%	0	0%
Mental Health	51	20%	44	21%	2	8%
Nutrition and Exercise	27	10%	22	10%	4	16%
Substance Use	83	32%	66	31%	14	56%
Unintentional Injuries	1	0%	1	0%	0	0%
Violence	18	7%	16	8%	1	4%
Prefer not to answer	21	8%	18	8%	2	8%
Other	0	0%	0	0%	0	0%
Total	**260**	**100%**	**213**	**100%**	**25**	**100%**
7. Ways to Share Public Health Information	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
TV monitors in clinics	102	12%	2	0%	0	0%
Social media pages	182	21%	80	11%	7	9%
Radio	95	11%	82	12%	7	9%
Program websites	98	11%	82	12%	10	13%
Posters on community boards	160	18%	87	12%	11	14%
Health brochures	118	14%	95	13%	11	14%
Email newsletters	109	13%	130	18%	16	21%
Other	3	0%	151	21%	16	21%
Total	**867**	**100%**	**709**	**100%**	**78**	**100%**
8. Tribal Strengths	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Community Engagement	109	15%	90	16%	10	14%
Family and Community Support	138	19%	113	20%	15	21%
Health Education	127	18%	100	17%	13	18%
Holistic Approaches	34	5%	26	5%	4	5%
Resilience and Adaptability	56	8%	44	8%	7	10%
Respect of Cultural Practices and Traditions	101	14%	85	15%	9	12%
Traditional Practices and Wisdom	73	10%	57	10%	7	10%
Tribal Leadership	50	7%	39	7%	5	7%
Prefer not to answer	24	3%	20	3%	2	3%
Other	4	1%	2	0%	1	1%
Total	**716**	**100%**	**576**	**100%**	**73**	**100%**
9. Tribal Barriers	**Counts**	**Percent**	**Counts**	**Percent**	**Counts**	**Percent**
Cultural Differences	81	13%	66	14%	9	15%
Economic Challenges	129	21%	104	21%	12	19%
Geographic Isolation	71	12%	55	11%	6	10%
Health Disparities	59	10%	43	9%	6	10%
Historical Trauma and Distrust	93	15%	74	15%	12	19%
Language and Communication Barriers	71	12%	56	11%	8	13%
Limited Healthcare Resources	73	12%	62	13%	8	13%
Prefer not to answer	29	5%	27	6%	1	2%
Other	2	0%	1	0%	0	0%
Total	**608**	**100%**	**488**	**100%**	**62**	**100%**

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