Maternal-Child Health Survey in Arizona

Participant Questions

**Instructions:** This is the "hat" you will be using when doing the Brainstorming Activity on the back of this page.

If you wear many hats (ie: Parent, Community Service Provider, HCP, Patient Navigator, etc) please choose one hat that you will be using to do the Brainstorming activity.

1. **Which of the following best describes you? (Select 1 answer)**

|  |  |
| --- | --- |
| * Parent/Guardian
 | * Home Visitor or Early Intervention Specialist
 |
| * Healthcare Professional
 | * Peer Navigator
 |
| * Community Service Provider
 | * Social Worker
 |
| * Doula
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. **What is your race and/or ethnicity? (Select all that may apply)**

|  |  |
| --- | --- |
| * + American Indian or Alaska Native
 | * + Middle Eastern or North African
 |
| * + Asian
 | * + Native Hawaiian or Pacific Islander
 |
| * + Black or African American
 | * + White
 |
| * + Hispanic or Latino
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. **What is your gender?**

|  |  |
| --- | --- |
| * + Female
 | * + Transgender Male
 |
| * + Transgender Female
 | * + Nonbinary
 |
| * + Male
 | * + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

1. **What county in Arizona do you or your organization reside?**

|  |  |
| --- | --- |
| * Maricopa
 | * Graham
 |
| * Pinal
 | * Coconino
 |
| * Cochise
 | * Mohave
 |
| * Pima
 | * La Paz
 |
| * Greenlee
 | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**“Brainstorming” Activity**

Please *write 8-10 "statements"* and not one-word answers that come to mind when you read the following prompt:

***What is needed to help improve maternal and child health for Black Arizonans?***

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |