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. |  |