Spotlight on the Choctaw Nation of Oklahoma's Home Visiting and Community Response to COVID-19

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As part of the MIECHV Health Equity COVID-19 Response Project, our team identified a subset of counties across the United States with disproportionate COVID-19 impacts that are served by MIECHV-funded evidence-based home visiting programs. Using a range of data on health, population demographics, and available resources, we identified 70 counties across the United States that were especially vulnerable to disproportionate impacts of COVID-19 and challenges related to social determinants of health. The project team, in partnership with HRSA, further narrowed this list to select five communities to engage in case studies, including at least one sovereign Tribal Nation.

Through this process, we identified the Choctaw Nation of Oklahoma (CNO) as a potential case study community.[1] After the initial identification, our team obtained approval to conduct the case study from the CNO Institutional Review Board (IRB) and reviewed policies and news articles to see how the CNO community responded to the pandemic. We partnered with staff from the Chahta Inchukka ("Choctaw Home")[2] Tribal MIECHV program—one of three inter-related home visiting programs in the CNO community—to learn more about the CNO community, plan for a site visit, and identify key leaders in CNO and southeastern Oklahoma to interview for greater context. As part of our community-engaged approach, two local community members were hired as community researchers to assist with

The Choctaw Nation Capitol entrance

HRSA
Maternal & Child Health

What is home visiting?

Home visiting is a voluntary support provided to pregnant people and new parents. Providers regularly come to the family and provide information about prenatal and early childhood care and general socioemotional support. Home visiting aims to meet families where they're at and provide support where families say they need it. Home visitors are often connected to an extensive network of community supports and are seen as a trustworthy source of information.

The MIECHV Program.

The Health Resources and Services Administration (HRSA), in partnership with the Administration for Children and Families (ACF), administers home visiting through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. MIECHV aims to provide support specifically to families and children who "live in communities that face greater barriers to achieving positive maternal and child health outcomes." Most MIECHV funds are administered to states and territories, many of which contract with Local Implementing Agencies (LIAs) to implement evidence-based home visiting programs. The **Tribal Maternal, Infant, and Early Childhood Home Visiting (**TMIECHV**)** program provides grants to Tribal organizations to implement home visiting programs in American Indian and Alaska Native (AIAN) communities.

MIECHV Health Equity Response Project.

This project examined how lessons learned during the COVID-19 pandemic in communities with MIECHV funded home visiting programs can help us understand the role home visiting plays in advancing health equity. All of the case study profiles produced through this work are available here.

on-the-ground recruitment and to provide the project team with information about their community. The project team was also advised by a board consisting of MIECHV awardees, equity experts, COVID-19 researchers, and parents with experience participating in home visiting programs.

Our project team visited CNO from August 7–10, 2023. During the site visit we conducted focus groups with home visitors and parents,[a] toured the Hugo Tribal Services Center and the Talihina Community Center, visited the CNO Cultural Center,[3] and worked with home visiting staff and community researchers to learn more about home visiting in CNO and the broader CNO community. After the site visit, we conducted virtual focus groups with parents from the CNO and completed five interviews with other program and service leaders in the community. In total, we held focus groups with 11 home visitors and 10 parents (seven who were home visiting participants and three who were not). We also surveyed nine home visitors and one community service provider. This profile reflects what we learned during these activities.

Home visiting within the Choctaw Nation of Oklahoma: Three interrelated programs with the shared goal of supporting Native children and their families

There are three home visiting programs that serve families in the CNO: the Chahta Inchukka ("Choctaw home") program,[2] the Chahta Vlla Apela ("helping Choctaw children") program[4]—both of which are funded through Tribal MIECHV—and the Guiding Adolescent Parents (GAP) program,[5] which is funded by the CNO. While eligibility and funding mechanisms for the three programs vary slightly, in practice the three programs operate mostly as a single program with multiple funding sources. When families with Native children get referred to home visiting within CNO, they're referred to home visiting as a whole and then the program directors determine family program enrollment based on three factors: (1) the parents' age (the two Tribal MIECHV programs serve parents/caregivers of any age; GAP serves parents under age 24 only); (2) the county the family lives in (Chahta Inchukka and Chahta Vlla Apela split the Tribal service area; families in GAP can live anywhere within the service area); and (3) the child's Native status (all Native children are eligible for the two Tribal MIECHV programs; children in the GAP program must be CNO members). Home visitors and directors work within a single program, but the CNO funds a case manager that oversees caseloads and data management for all three programs.

There are 12 home visitors across the three programs, including one who focuses on home visits with fathers for the GAP program. All three programs use the Parents as Teachers curriculum to provide families with information, encouragement, and support as they parent their young children.[6] Parents receive visits in their homes twice per month and participate in monthly group connections. These group connections use the Positive Indian Parenting Curriculum.[7]

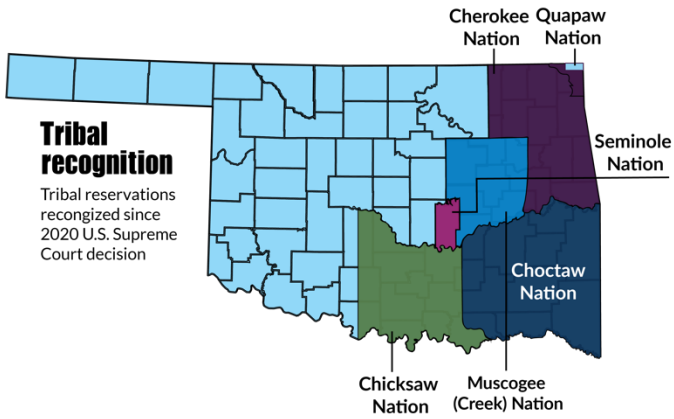
[a] We use the term "parents" to refer to both parents and caregivers of young children.

The Choctaw Nation of Oklahoma: "Choctaw Proud"

The CNO service area[b] covers roughly 11,000 square miles of land and comprises eight entire counties and portions of five additional counties[c] in southeastern Oklahoma (note that district and service area boundaries do not map directly onto county lines).[8] Within these counties, there are CNO and non-CNO Tribal members, businesses, and health care and social service providers.

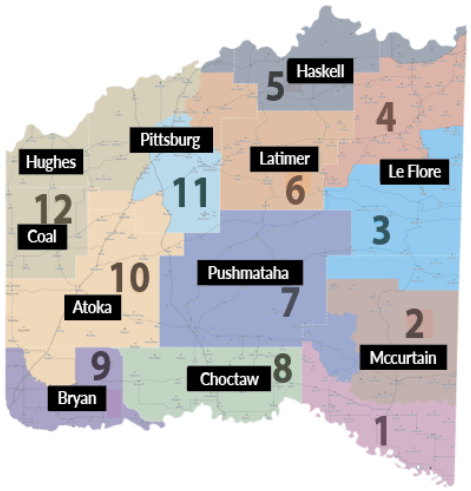
CNO is the third-largest Tribal Nation in the United States by population, with over 212,000 Tribal members. The CNO borders three other Tribal Nations (Chickasaw Nation, Muscogee [Creek] Nation, and Cherokee Nation) and sits diagonally southeast of the Seminole Nation. As a federally recognized Tribe, the CNO is a sovereign nation,[10] meaning that the Tribe has the authority to self-govern, including determining its governance structure and passing and enforcing laws. The Tribe also employs around 11,000 people, making it a large and steady source of employment for many CNO members and others in the area (with preference given to CNO members).[11] Geographically, the CNO service area is mostly rural with a few cities, including Durant, where the Choctaw Nation Tribal Headquarters building is located. Given the large service area, traveling within the CNO can take hours depending on where you need to go—it would take about three hours to travel from the southwest to the northeast corner of the service area.[12] This can make seeking health care or other services difficult.

When CNO members talk about their community, they sometimes refer to their immediate town or area and sometimes to the full CNO service area—in this way, the CNO is one large community with many smaller communities embedded within. Members describe their communities as close-knit, caring, resourceful, and rural.They take pride in the community and report that others are always



Map showing reservation areas for Choctaw Nation and other Tribes recognized in the 2020 McGirt v. U.S. Supreme Court decision.

Source: Adapted from The Oklahoman: https://www.oklahoman.com/story/opinion/2023/09/08/opinion-attorney-correcting-misconceptions-about-oklahoma-tribes-mcgirt/70767067007/.



The CNO Service Area covers over 11,000 square miles across Atoka, Bryan, Choctaw, Coal, Haskell, Hughes, Latimer, LeFlore, McCurtain, Pittsburgh, and Pushmataha Counties.

Note: Numbers in this figure refer to CNO Tribal Districts.
Source: Reprinted Choctaw Nation Reservation by Choctaw Nation of Oklahoma, n.d., https://www.choctawnation.com/about/reservation.

[b] The terms "service area" and "reservation" both refer to the CNO land and jurisdictional area. Most people we spoke to used the term "service area," so this is the term used throughout this community spotlight.

[c] While the service area encompasses all or part of 13 counties, eligibility for Tribal services and programs is determined based on whether people live in the "10.5 counties"[8] that were used to define the CNO service area before the 2020 *McGirt v. Oklahoma* Supreme Court decision. This decision restored the service area to the original geographic boundaries of the CNO that were established by the 1830 Treaty of Dancing Rabbit Creek.[9]

willing to help and take care of one another when needed. Community members regularly expressed that the CNO "takes care of its people." In 2023, the CNO launched a campaign called "Choctaw Proud,"[14, 15] exemplifying the Tribe's values of faith, family, and culture; resiliency; and giving back to the community.

Like other Tribal Nations across the United States, the CNO has a deep history rooted in challenges and resiliency. Originally located in the area currently known as central Mississippi, the Choctaw people were forcibly removed from their homeland and were the first of the southeastern Tribes to cross the Trail of Tears,[16] starting in 1831. The circumstances of this removal, in which Choctaw leaders were coerced into ceding land to the U.S. government, set the stage for mistrust of government that still exists today. In the generations since many of the Choctaw people were relocated to Oklahoma, they have overcome many challenges, becoming the strong and resilient Nation that is the CNO today.

Choctaw Nation
Faith◆Family◆Culture

Today, the CNO's history of resiliency comes through in the Tribe's tagline: "Living out the Chahta spirit of faith, family, and culture." This tagline shines through in the community. **Faith** manifests in strong Tribal traditions as well as religious ties to Christianity. To community members, **family** references the importance of peoples' extended families, but also the tight-knit family that is the Tribe. Care and attention to Elders are important CNO family values. Group meals, including those between home visitors, are often referred to as "family meals." Tribal **culture**[17] shows up in activities like playing stickball[18] and growing Indigenous plants, as well as the annual Choctaw Labor Day Festival,[19] which brings Choctaw people together to celebrate family, spend time together, and honor Choctaw traditions.

Social determinants of health

The CNO provides a web of support for Tribal members, but the need for resources remains high.

The CNO's experience of colonization and removal has had enduring effects, but the Tribe has worked hard to build back the resources that were taken from them. Today the CNO supports Tribal members through a strong network of Tribal health, social services, and other resources. However, the demand for these resources is often so great that services are not sufficient to fully meet the needs of everyone who could benefit. The gap between the resources the Tribe can provide and the level of need within the community existed before onset of the COVID-19 pandemic, worsened during the pandemic, and persists today, especially as COVID-19-related relief efforts have ended.

Before the pandemic, about half of people within the CNO service area were not employed, with county-level unemployment rates ranging from 45 to 55 percent.[d] These struggles continued during the pandemic, when many people lost jobs or had to reduce hours due to business closures, and **employment** remains an area of great need for families today. Parents who participated in focus groups reported difficulty finding jobs and said that when there are job openings,

[d] Source: Authors' analysis of U.S. Census data. Rates include those who were not employed and those were out of the workforce.

either families apply and do not hear back, or the available jobs do not pay enough to support a family. Several mothers explained that their husbands had to look outside the service area (including out of the state) to find well-paying jobs, and as a result, may be away from their families during the week or for longer periods of time. Parents who do find employment reported frustration with the "cliff effect," meaning once an individual starts earning over a certain amount, they are no longer eligible for some Tribal and state benefits that they still need. One parent shared, *"With the benefits cliff, it's like you make under a certain amount. And it's happening here within the Choctaw Nation, too. We're about to start jobs, so we're not going to have access to a lot of the services that are available because we're over income starting, I think, next month we'll be over income. So, it's just that gap."* With the rise in prices for food and other goods due to inflation, families felt that financial needs continue to be significant.

The CNO itself employs approximately 11,000 people, making it one of the largest employers in southeast Oklahoma.[12] While many expressed that they were thankful for a CNO job during the pandemic because the CNO continued to pay people during the pandemic and offered paid sick leave for employees who contracted COVID-19 if they had been vaccinated, a few also expressed frustration that the Tribe's salaries were low compared to those of other employers. The CNO recently enacted salary adjustments, however, which may address some of these concerns.

Peoples' proximity to nearby supermarkets varies across the CNO. Before the pandemic, less than 10 percent of the population lacked access to nearby supermarkets in Pushmataha and Latimer Counties, while over 20 percent lacked access to nearby supermarkets in Atoka County, according to data from the U.S. Department of Agriculture.[20] When talking to families involved in home visiting, however, **access to food**—in terms of regularly having enough to eat—came up as a consistent need. Often, food access issues were related to difficulty finding employment, but during the pandemic, the need for food increased as groceries were more difficult to find. As a result, some families began gardening, making bread at home, and canning. Many families enrolled in home visiting receive food support from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which is available from the CNO and from the state of Oklahoma. Despite this support, food access needs persist as food prices have continued to rise—one home visitor commented, *"[Families are] having it so hard financially, mainly because of the food increase, the prices on food. It's killing them."*

Three flags flying outside the CNO Talihina Community Center—from left to right, the Oklahoma state flag, the United States flag, and the CNO flag.

While there was a relatively small population of unhoused residents within the CNO service area prior to the onset of the pandemic,[e] families and community members reported that there has been a rise in **housing** instability since the onset of the pandemic. This need seems to be the result of increased financial instability as well as rising housing costs; one family reported that during the pandemic, *"the housing market was crazy. … we had to stay in a camper for like six months while we were looking for a house and like two kids in a camper. Wild."* The CNO offers low-income housing, but wait times are long and some families are over the income eligibility threshold despite

[e] Source: Authors' analysis of U.S. Census data.

feeling financially stretched due to high housing costs. The CNO is in the process of building more affordable housing, but there is a sense that new construction efforts cannot keep up with the need.

The Choctaw Nation Health Services Authority (CNHSA)[21] uses funding from the Indian Health Service (IHS)[22] to provide **health care** to Native people throughout the CNO service area. Tribal members may receive care from providers outside of the CNHSA system as well. However, community members noted this is more common among those with private insurance that can cover additional costs and in cases when CNHSA does not offer a service and must refer to an outside provider. Negative interactions with providers, within and outside of CNHSA, also shape health care experiences and decisions about where to seek care. For example, some families shared that a provider not treating them fairly based on age (e.g., not taking their concerns seriously as a young parent), skin color (e.g., perceiving them as not Native enough for care in Native health care settings), or economic status (e.g., perceiving them as unable to pay for care due to CNHSA referral) had led them to change providers in the past. Some families also find it difficult to navigate their care when they receive services in both CNHSA and non-CNHSA health care systems—it is not always clear how the systems work together, what is covered by each, and whether there are different requirements.

Relative to other counties in the United States, the CNO service area has a low number of registered pediatricians, dentists, and primary care physicians.[23, 24] Limited access to providers, combined with the large and rural service area, mean that families often need to travel for hours to receive health care, and often find it difficult to do so. The CNHSA operates one hospital in Talihina, OK and eight outpatient clinics.[21] The Talihina hospital, where many families receive health care, is the only CNHSA facility that provides labor and delivery care. Given the large service area, having only one CNHSA option for labor and delivery presents a challenge to pregnant people who live further away and may not be able to easily reach the facility when they are in labor. Home visiting staff report that having only a few health care hubs within the large geographic area particularly affects one community on the western edge of the CNO service area located close to the border with the Chickasaw Nation. Because they are closer to the Chickasaw service area, members of that community often use the Chickasaw health care facilities rather than traveling to Talihina.

The lobby of the CNO Health Services Authority.

Social isolation, brought on by social distancing during the pandemic, took its toll on CNO community members' **mental health**. Many residents worked from home, lost jobs, and/or made efforts to distance themselves from other people. As the pandemic continued into its second year, families' and home visitors' concern about contracting COVID-19 persisted, but in some cases mental health concerns outweighed concerns about physical health. When talking about the pandemic's impact on mental health, one home visitor commented, *"Our mental health … at the two-year mark, it was just like, 'I don't care if I get it, they get it. I do not care.' … And if it was to come back [into the office], I'd take my chances."* Many of the families we spoke to welcomed new children to their families during the pandemic and reported that the pandemic contributed to their experiences of postpartum depression—said one mother, *"I went through postpartum depression with my son, and I feel like [COVID-19] had a lot to do with it. Because I mean, it's like a lot of places closed down. …*

And my husband works on the road so I'm home with two kids by myself. …I did see that in a lot of women. … because nobody had anyone to really talk to because we were all isolated."

While there has historically been some stigma around seeking out mental health services within the CNO, the families and home visitors we spoke to reported that this sentiment has been changing among younger generations. With changing attitudes around mental health challenges, new parents are more willing to seek support. When talking about the history of stigma around seeking mental health support, one mother said, " *You don't bring, I guess, your home life out into the public... You don't tell people about your problems, basically. So going to a mental health provider or seeking that help or even saying, 'I need help,' you just don't do that, and so I see us now Tribally, trying to break that stigma. We do reach out. We're making it more accessible and letting it be known that, hey, we're accessible, whether it's a phone call you need to make, or coming in and seeing somebody, or maybe you do need prescription medications to help the situation, or whatever. So that's really good within our community."*

Outside the CNO Hugo Tribal Services Center

Despite an apparent increased willingness to seek mental health support, community members noted that it can still be challenging for people within the CNO to receive help because there are only a few providers within the service area and wait times for appointments with mental health providers are very long.

Relative to other counties within the United States, counties within the CNO service area experience lower rates of **internet access**.[f] Depending on where one is within the service area, it can be difficult to access reliable Wi-Fi. This variation in access to reliable internet posed challenges to conducting virtual home visits with some families during the pandemic. For example, home visitors reported seeing that some families made multiple attempts to log into virtual visits before finally giving up. More information on virtual home visits is described below in the section on home visiting's response to COVID-19.

[f] Source: Authors' analysis of American Community Survey data.

The CNO service area is large and mostly rural. With 11,000 square miles, few city centers, and limited public transit infrastructure, **transportation** can be difficult to access for many families. Going to the doctor for regular or emergency visits might require long drives, which can be difficult with unreliable transportation and limited time. Home visitors and families alike often shared about the difficulty involved in living in such a large service area. While limited transportation may be an annoyance for some, it can amplify challenges to accessing key needs and resources such as food, child care, and health care for others. Additionally, with rising gas prices, some families explained that they only drive when necessary and make the most of each trip to maximize the cost per use of a gas tank, which can require a good deal of planning. When surveyed, four out of ten home visitors and community service providers shared that half or more of their families experience difficulties with public transportation and only three shared that none of their families experienced challenges with public transportation.

In their own words: Transportation difficulties

"We were always like, 'Okay, we're not going to go anywhere unless we desperately have to.' And I would always try to shove it in… my daughter does dance two days a week in [town] so on one of those two days I'm going to go grocery shopping. I'm going to get what I need, and I'm going to do everything in [town] that day because that's 30 minutes from my house… it just kind of taught us to use our gas wisely."

- **Home Visiting Family**

The CNO has several services to address transportation-related needs. Tribal Transit provides families with transportation to non-emergency medical appointments, CNO health clinics, and specialized health clinics outside of CNO.[25] While this resource is helpful to some, families' experiences were varied, with some finding Tribal Transit difficult to enroll in, unreliable, or unresponsive. Some families expressed that even when reaching out far in advance, Tribal Transit is not able to fulfill their request or does not get back to them. Thus, many families rely instead on other family members, friends, and even home visitors to fill gaps in transportation needs. In addition to direct transit services, the Choctaw Nation Injury Prevention Program works to provide families with free car seats shortly after a child's birth, if not earlier, so new parents can safely transport their new baby home from the hospital with a car seat.[26]

Accessing **child care** within the CNO is another challenge that families face. Many towns don't have formal child care options, requiring families to either travel long distances to access care or to care for their children at home. In addition, the care that is available is often expensive. Home visitors reported that many families using home visiting services are also eligible for child care assistance, though not every family that is eligible for child care assistance applies for it. Most parents we spoke to directly reported that one parent stays home with children while the other works outside the home, though in some households both parents work outside the home. When asked about unmet needs, child care was rarely mentioned by families, and few families used formal child care options. However, home visitors identified child care as a need for the families they served. In interviews, community members reported that high costs associated with child care licensing is a barrier to more child care programs opening in the area.

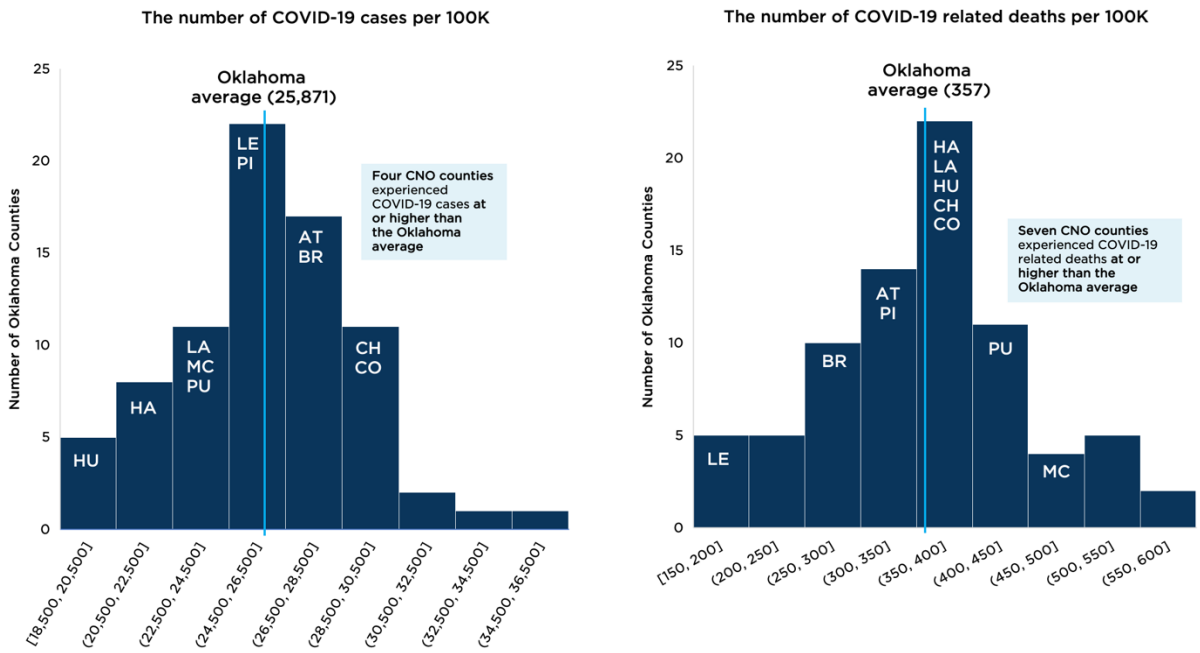
At the onset of the pandemic, some child care facilities closed briefly, making reliable child care even more difficult to access. Most of those programs were not closed for long and others never closed. Still, families were unsure whether programs would be open. Four out of ten surveyed home visitors and community service providers reported that more than half or all of the families they worked with lost child care due to program closures during the pandemic, and another two shared that some of their families lost child care access.

In CNO, COVID-19 threatened people's health as well as Tribal culture.

As of March 2023, the state of Oklahoma reported a total of 1,295,832 all-time COVID-19 cases, resulting in 16,549 deaths.[27] The highest reported seven-day average was in January 2022, though the number of COVID-19 patients who were hospitalized in Oklahoma peaked in January 2021, August 2021, and January 2022.[27]

Across the U.S. and in Oklahoma, COVID-19 had a significant impact on Native communities, with various sources showing that American Indian and Alaska Native people were more likely both to be hospitalized and face mortality due to virus[28] and face mortality due to the virus.[29] Nationally, the disproportionate impact on Native communities was due to pre-existing risk factors,[30] such as underfunded health care systems, poor infrastructure (e.g., housing, water, internet), and underlying health conditions related to these environmental circumstances. Figure 1 shows the number of COVID-19 cases and deaths among the 11 counties that receive CNO programs and services. Because most U.S. COVID-19 data was collected at the state and county geographic levels—as opposed to geographically based on Tribal land—county-level data are provided. High caseloads and rates of transmission, hospitalizations, and deaths due to COVID-19 were present in Native communities across the country, including in CNO.

Figure 1. The number of cases (left) and deaths (right) per 100,000 for each county in Oklahoma from March 2020 – February 2022



Notes: CNO Counties: AT=Atoka; BR=Bryan; CH=Choctaw; CO=Coal; HA=Haskell; HU=Hughes; LA=Latimer; LE=LeFlore; MC=McCurtain; PI=Pittsburg; PU=Pushmataha. Vertical lines represent the Oklahoma average. Four of the CNO's counties experienced COVID-19 cases at or higher than the Oklahoma average, and seven experienced COVID-19-related deaths at or higher than the Oklahoma average.

Source: Child Trends' analysis of daily county-level data for the number of confirmed and probable cases of COVID-19 using the New York Times COVID-19 Data API (https://github.com/nytimes/covid-19-data) and daily county-level data for the number of COVID-19 related deaths per 100,000 people using data from the CDC (https://data.cdc.gov/NCHS/Provisional-COVID-19-Death-Counts-in-the-United-St/kn79-hsxy), defined as deaths with confirmed or presumed COVID-19.

Many of the families and home visiting staff that we spoke to had become ill with COVID-19 before and were open to talking about their experiences. Some people expressed being very nervous about contracting COVID-19 and social distanced for a long time due to concern about comorbidities or not wanting to spreadthe illness to family members or coworkers. Other people were less concerned about social distancing and described how they had larger "bubbles" than just their immediate family, as they attended church weekly or saw members of their extended family regularly. While there was variation in levels of concern about the pandemic among families, there were also many common experiences. Many families were particularly concerned about their older family members or older coworkers getting sick. While this was a concern nationwide, given COVID-19's increased risk of death for older adults, participants stressed that the loss of Elders had devastating impacts specifically for Tribal Nations. Home visitors emphasized that older CNO members are often more knowledgeable about Choctaw language, customs, traditions, and culture than younger members of the Tribe. Not only is COVID-19 a risk to people's loved ones, but it also poses risk to the longevity of Choctaw culture.

Given that all the families we talked to were parents or caregivers of young children, many families had to grapple with the typical highs and lows of pregnancy, plus additional stressors brought on by being pregnant during a global pandemic. Oftentimes pregnant people were restricted with respect to who and how many people could accompany them to regular doctors' visits, their baby showers, and their births. The pandemic also made accessing healthcare more difficult for everyone within the CNO, not just those seeking healthcare during a pregnancy. The large and rural service area, combined with crowded hospitals during surges in COVID-19 cases, meant that sometimes the health care facilities within the CNO were over capacity and could not take on additional patients. Several parents discussed having to be flown to other states to get themselves or their children the help that they needed after contracting COVID-19, often with little financial or logistical support to get back to Oklahoma afterward.

In addition to individuals' physical health needs, families also experienced mental and emotional effects of the pandemic. When discussing the pandemic, many family participants talked about social isolation, stress of having to homeschool children, worry about illness, postpartum depression, and the difficulty of losing loved ones as some of the most challenging aspects of the pandemic. Some people didn't live close to their extended family and struggled with not being able to travel to visit them, or with canceling trips they were looking forward to. Change in employment status was common, with many people being furloughed, losing their jobs, or otherwise having reduced income. This made the scarcity of necessary resources (such as toilet paper, diapers, and formula) even more daunting and difficult to account for in monthly budgets.

In their own words: Access to health care during the pandemic

"*My two-year-old, when she was six months old, she got really sick. She had COVID, the flu, and pneumonia all at the same time. And we had like five minutes to decide where we were going to go. So I had to sign a consent and we got air lifted out… And I immediately texted [my home visitor] and was like, 'Hey, they're air flying her out.' And she actually met me out there at the helicopter, and they had the $100 visa card because we didn't have time to go home and get anything or money out of the safe.*"

- **Home Visiting Family**

Culture and religion during the pandemic: A balancing act

Across discussions with community members, we heard about the importance of cultural and religious customs, such as shared meals and regularly attending church services. These customs are an important part of life in the community. As COVID-19 spread, community members had to make difficult choices about whether to continue attending in-person cultural and religious gatherings, risking exposure to COVID-19, or to stay home and miss out on an important part of community life. One parent expressed their perception of this conundrum: "*… honestly, that's where [I feel] a lot of our Elders were contracting was at church. I mean, they stay home. No visitors. Nothing else but I'm going to church. And then two or three days later you're in the hospital with COVID.*" Home visitors reported that at the beginning of the pandemic, they felt like COVID-19 did spread at church services and as people gathered to mourn the loss of community members, among other in-person activities. However, once it became clear that the virus easily spread in large gatherings and was particularly harmful for older people, more families chose to stay home.

In early 2021, COVID-19 vaccines became available to people across the country.[31] Many individuals we talked to within the CNO reported that they were vaccinated. People shared a variety of reasons for getting the vaccine. Some sought it out willingly because they desired to protect themselves and their families or because they had comorbidities or other risk factors. Others were indifferent but got vaccinated to protect family members and friends. CNO policies also shaped decisions about vaccination. Staff working for the CNO weren't required to get vaccinated, but administrative leave for those exposed to or sick with COVID-19 was only accessible to vaccinated staff. Staff who chose not to get vaccinated weren't terminated, but needed to use their own sick or annual leave if they were exposed to or contracted COVID-19 and needed time off. Participants reported that this policy motivated people who were somewhat interested or neutral about getting vaccinated to get the vaccine. Still, others reported that they chose not to get vaccinated, citing reasons like minimal concerns about the risks of COVID-19, worries that the vaccine was too new or developed too quickly, and apprehension about potential unknown long-term side effects. In conversations with local partners, people noted that some hesitation and mistrust of the vaccine may have also been rooted in the history of mistrust between the CNO and the U.S. government.

In their own words: Social distancing decisions

"*Me and my husband both work. So if the kids got sick, one of us would have to take off, and then you'd have to use your time at work. I was new at the [job], so I didn't bill my time, so if I was off work, I wasn't getting paid. That means bills weren't getting paid. That was a big thing for me. So I didn't take my kids to Walmart, but we still went to family events and stuff.*"

- **Home Visiting Family**

While the adults we talked to expressed a variety of feelings and opinions about getting the vaccine themselves, parents' perspectives converged regarding vaccination of their children. Only one family out of the ten we spoke to reported that everyone in their family, including their children, had been vaccinated. Parents seemed particularly cautious about giving their children a vaccine, even when they themselves were not worried about receiving it; reporting concerns about the "newness" of the vaccine for young children. Some shared that part of their reasoning for not vaccinating their children was that the CNO did not emphasize vaccines for children as much as they did for adults. Families were also uncertain about the availability of vaccines for children. Vaccines became available and recommended to children ages 6 months to 5 years in June of 2022,[32] and although we talked to parents over a year later (August–September 2023), parents still expressed confusion as to whether the vaccine was available to kids at all. Home visitors did play a role in sharing vaccine and pandemic information with families. However, home visitors and families alike noted that home visitors respected families' individual choices and did not push them to get vaccinated.

In their own words: Some Tribal members' perceptions of vaccinating children

"*I still don't know if the Tribe offers COVID vaccines to children because they never did a vaccine drive for kids. Honestly, my son has not been vaccinated for COVID, partially because his pediatrician hasn't talked to us about it within the Choctaw Nation's health system… Actually, he just had his four-year-old checkup, and [they] didn't say anything about COVID vaccines. [They] talked about the other ones. So I don't know.*"

-Home Visiting Family

CNO Home visiting programs' response to COVID-19

Services became virtual, and home visitors adapted to continue to meet families' needs.

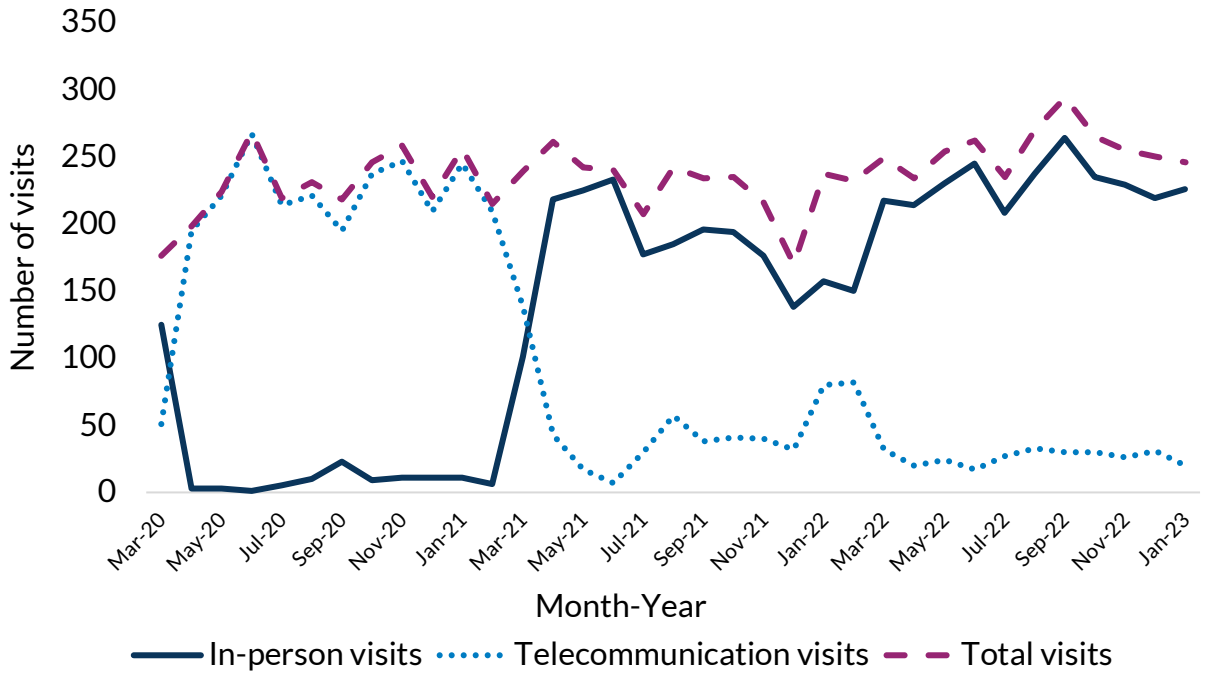
At the start of the pandemic, CNO's home visiting programs shifted all services from in-person to virtual. While this was not the preference of most home visiting staff, who find it easier to build relationships with families and enjoy interacting with the young children they serve in-person, staff were flexible and responsive to shifting circumstances and the need to continue providing support in a safe way. Home visitors reported that virtual visits were often longer than prior in-person visits because parents needed extra emotional support: "*They seemed to be a little more, not saying needy, but needy. They wanted to talk longer because they didn't have people in there. So it would normally be your hour visit, and now we're talking two hours, two and a half, and we're just talking. I mean, we're not talking about kids anymore.*" One home visitor noted differences in working with fathers compared to mothers, saying that *"I think for fatherhood, it was different. Dads don't talk on phones. I struggled. … We were supposed to FaceTime so we could at least see the dad interacting with a child. Well, dads don't FaceTime. Guys don't FaceTime. So I'll be like, 'Just let him say something. Let me hear him just so he's there.' But it was like, 'To the point. Let's get it done. I'm done. All right. We've been on hold long enough.'"*

Before the pandemic, separate group sessions were held for each of the three home visiting programs, but during the pandemic, families from all three programs gathered as one group virtually. These sessions were sometimes difficult logistically, both for home visitors to set up and for families to attend due to issues with poor internet access: "*Well, that was like those group connections when we were doing them online. Yeah.*

People would drive to a restaurant parking lot just to get service. Because that was their time to really kind of be social was that group connection during that. That's one thing I remember is a lot of my clients were like, 'I'm going to drive to here. I'm going to hang out at the parking lot and do that group connection.'"
Despite these difficulties, more families participated in group sessions during the pandemic than previously. Families were craving connection with one another and some were able to watch their kids while also participating in virtual sessions, lowering a prior barrier to attendance.

While home visitors reported the pandemic as an incredibly stressful time, the CNO's home visiting programs did not see any changes in staff turnover or in family enrollment numbers. Staff reported that retention of both home visitors and families is regularly high, and that this did not change during the pandemic.

Figure 2. Number of home visits across the three CNO home visiting programs by category from March 2020-January 2023.



Source: Administrative data provided by CNO home visiting programs

CNO home visitors are seen as a vital resource to families.

In addition to providing virtual services during the pandemic, home visitors also delivered needed goods to families at their homes—they regularly shopped for and delivered diapers, formula, cleaning supplies, medication, and food to families. Due to gaps in families' access to transportation and the need to often drive long distances within the service area to access health care, CNO home visitors also regularly drove families to medical appointments—including appointments for getting testing or treatment for COVID-19 even if it meant risking exposure to COVID-19.

Chahta Inchukka program home visitor and project community researcher Christine Ramirez (left) and Chahta Inchukka Program Director Brandi Smallwood (right)

Many families reported that their home visitors were a tremendous source of emotional support during the pandemic. In addition to being another adult to talk to, home visitors made extra efforts to check in on parents' mental health during the pandemic and encouraged them to seek out additional mental health support. Families expressed experiencing home visitors as non-judgmental and feeling that they could open up to them about any challenges they may be experiencing. One parent shared, *"I needed her, and she was there. And it's like I don't want to say she saved my life, but she definitely saved my life a couple of times where just, you feel the weight of your world on your shoulders and you're a new mom and I got all these big kids running around."*

Home visitors were also described as a source of knowledge and support in terms of teaching parents about children's developmental milestones and ways to interact with infants. When talking about her home visitor, one parent said, *"I really appreciate, as far as having a baby, the milestone checks that they do because you worry all the time like, 'Are they normal? Are they healthy?' … It brings a lot of relief in between [doctor visits], and it's not always easy to get a hold of the doctor and just ask simple questions."*

Families within the CNO also view home visitors as a crucial connector to other community resources.

A major way that home visitors serve as a connector is by telling families about other available resources in the community (e.g., financial supports, food and diaper drives, mental health services, child care) that could address that family's specific needs, and then helping families to enroll in those resources (see Figure 3). Enrollment is often done in the Chahta Achvffa Portal[33]—an online portal where CNO members can go to find and apply for many of the services that the CNO provides. Home visitors regularly assist families in getting access to the portal and in applying for the listed programs. Home visiting staff reported that sometimes families get so familiar with the portal

In their own words: Mental Health Services

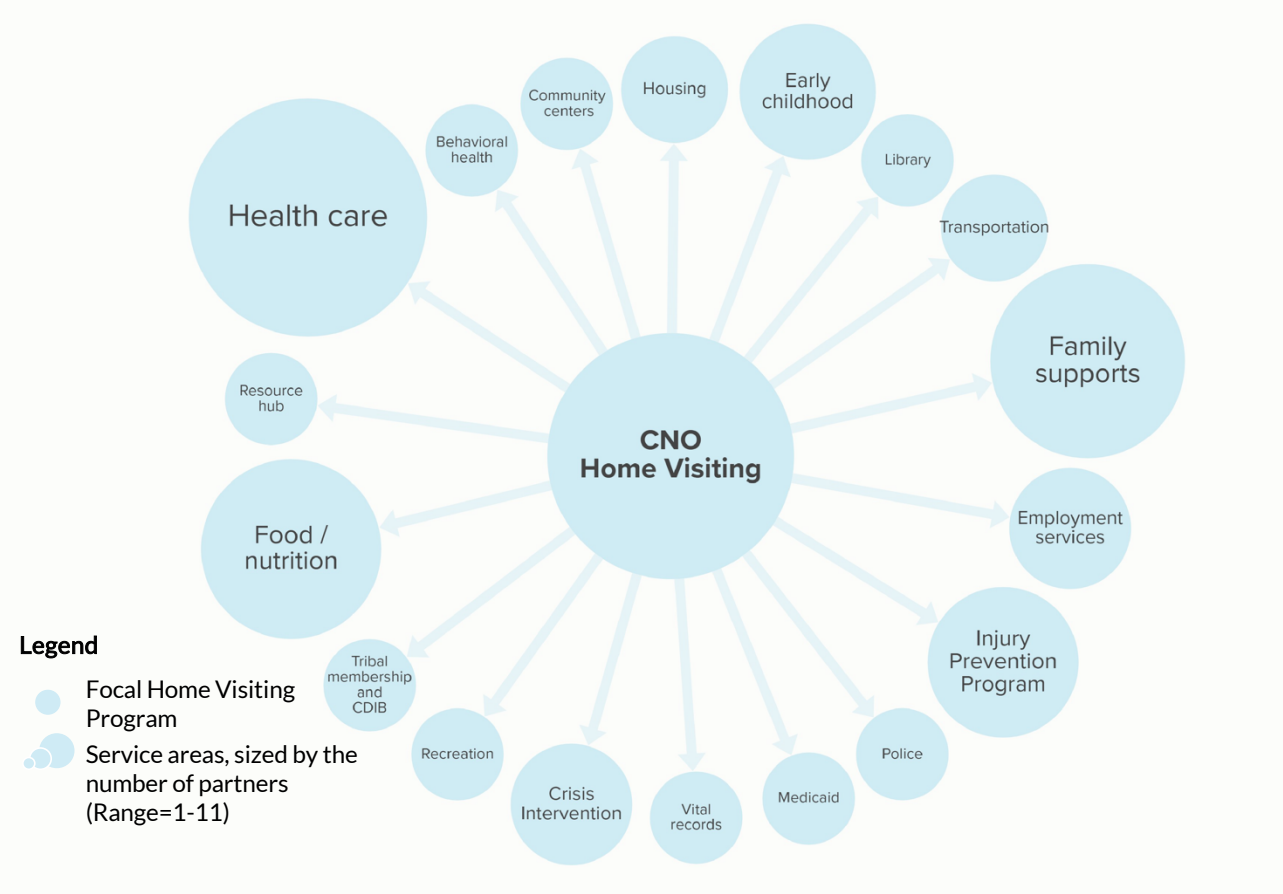
"They also have to be healthy themselves as the parent …I have three clients in [city] that never wanted to face they had mental illness … I took them to the intakes and sat with them, and they're doing so much better now … [One mom] texted me yesterday and was just like, 'I went to another therapist appointment and, oh my gosh, she's so great.' I told you so. Yeah, so mental health is my main resource right now for them because they can't help nobody else if they're not helping themselves."

- CNO Home Visitor

that they are the first to inform their home visitor that a new resource is available! Home visitors also often make phone calls to services on behalf of families, go with families in person to help them navigate enrollment processes, or coach families on how to interact with certain services (e.g., the best way to approach a certain provider, how long wait times might be, the need to call some places back multiple times). Most services that CNO home visitors refer families to are within the CNO's outreach services[34]—the same branch of Tribal services that home visiting is housed in—so home visitors are often familiar with these resources. However, because home visitors are so well-connected with each other and within the community, one home visitor can support another to access the resources that a family needs.

Home visitors' role as connectors was especially helpful to families as new pandemic-related resources became available. For example, given physical office closures and guidance about social distancing, home visitors reported that it became challenging for families to navigate vital records processes for obtaining birth certificates and other paperwork to enroll themselves and their children as Tribal members. Tribal enrollment provided access to some pandemic-related resources, such as cash assistance offered by CNO, and home visitors noted that they were able to identify the challenges and help families expedite processes for requesting and obtaining necessary documents.

Figure 3. Visual depiction of services CNO home visiting programs coordinate with to support families.



Notes. Larger bubbles indicate a greater number of services within each category. CDIB = Certificate of Degree of Indian Blood

Source: Information provided during a systems-mapping activity that was conducted as part of the focus groups with home visitors and families served by CNO home visiting programs.

Strengths and challenges to promoting health equity within CNO home visiting

Office decorations at the Hugo Tribal Services Center. "Halito" means "hello" in Choctaw and is a common greeting.

Because home visitors are very well connected, and the Tribe's outreach services are set up to be interconnected and collaborative, home visitors are very good at matching families to other resources that are available within the Tribe. Home visiting staff did, however, report some challenges in being able to connect non-Native parents of Native children and parents who are members of Tribes other than CNO to resources. Non-Native parents of Native children and non-CNO Native families are eligible for CNO home visiting services because eligibility is based on the child's Native status (for the two Tribal MIECHV programs, children must be Native; for GAP, children must be CNO members). Therefore, these families enjoy the direct benefits of receiving home visits and group connections. However, home visitors shared that these families are often not eligible for other CNO Tribal services that are based on adults' Native status, and home visitors are less familiar with non-CNO services. When asked whether there are eligible families who may not receive the full benefit of participating in CNO's home visiting programs, one home visitor said, *"I think, for me, that was the hard part because I could be like, 'Oh, you're Choctaw. Here's all this stuff.' But if you were another Tribe, usually because you're in our area, your Tribe's not going to service you. And because you're not Choctaw, our Tribe's not going to service you. So that was kind of hard to deal with. I mean, especially when you can help 16-year-olds, that last girl, she's Cherokee or she's Chickasaw and I'm like, 'I don't know what to do with you.' You know what I'm scouring everything I can find to try to find services to help them, but because they're in that area, their own Tribe must help."* In cases where families are not eligible for other needed services within the CNO, home visitors report trying to figure out what other resources they may be eligible for (e.g., state WIC, SNAP, and child care services, and services from their Tribe, if Native) and "piecing things together" to get families what they need.

Many smaller communities exist within the CNO's broader Tribal community, and some of those communities are more actively engaged in CNO cultural traditions than others. For example, there is a higher concentration of CNO Elders in McCurtain County, which lends some greater access to cultural knowledge, language, and traditions. Given this variation in cultural connection across the service area, the CNO home visiting programs make an intentional effort to match home visitors with the communities they are serving in terms of local community and cultural knowledge and connections. This is a major strength of CNO home visiting—they prioritize this cultural match between home visitors and families because they know that families tend to more easily trust and form relationships with home visitors who understand their community and identity. There are times when ensuring this match is more challenging, like when home visitors are out for an extended time period (e.g., on parental or medical leave). Even then, the programs think carefully about which home visitors may be able to cover those cases during the leave so that the home visitors that are filling in are welcomed, accepted, and trusted in those communities.

Looking ahead

Across the country, the removal of COVID-19 era policies and supports has created additional challenges for children and families in accessing food, health care, and even sufficient finances to meet basic needs. Members of the CNO community shared concerns around these challenges. While the COVID-19 pandemic has affected many communities in the United States in similar ways, it also has had unique impacts on Tribal communities like the CNO. The loss of life, especially among Tribal Elders, creates a more distinct threat to sustaining the CNO culture and way of life. Additionally, COVID-19 is still circulating. As cases rise once

again, it is possible that a large portion of the population who remain unvaccinated—primarily children—may experience increased vulnerability or expose Elders and others at higher risk of severe complications to new strains or repeated illness. Waning visibility of vaccine efforts and accurate information about COVID-19 may also contribute to greater risk.

Many of the challenges that families continue to face are not related to the pandemic, at least not directly. Several of the needs and challenges families face are interwoven. Countrywide inflation of material goods from groceries to gasoline continues to create financial difficulties among families, and with CNO being primarily rural, people have to drive long distances for common activities such as getting groceries, going to work, and accessing routine and emergency healthcare. Additionally, we heard concerns from numerous community members about the worsening housing crisis and lack of affordable housing units within the CNO.

These challenges indicate that more can be done to improve the lives of children and families in the CNO. There is always room for increased community collaboration and additional support. CNO home visitors have played an important role in this regard for families, linking them to resources and serving as hubs for cross-organization collaboration. Because of the close and dependable relationships home visitors build with families, they are a trustworthy source of information, especially when relationships with doctors and government officials aren't always positive or trustworthy. These relationships were especially important during the pandemic when families felt particularly isolated.

The CNO was recently awarded continued Tribal MIECHV funding to sustain and enhance their Tribal MIECHV home visiting programs,[35] which means that home visitors can continue to provide many supports for families. However, while CNO home visiting provides a clear benefit to the families it serves and to the community, home visiting alone cannot address all the needs that CNO families have. This is particularly true as nationwide COVID-19 era supports expire. The findings shared in this spotlight offer insights on the critical role that CNO home visiting plays in the region and highlight opportunities for other programs and services to consider how they may enhance their own collaboration efforts with CNO home visiting.

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