2025 TRIBAL HEALTH ASSESSMENT REPORT

Choctaw Nation Public Health

ACKNOWLEDGMENTS

Our partners comprise numerous individuals and departments that contributed to the 2025 revision of the 2020 Tribal Health Assessment, including the broader community. We are grateful for the efforts of the following individuals who served on the Tribal Health Assessment revision process:

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Choctaw Nation of Oklahoma

Halito!

The overall health of Choctaw Nation tribal members has been a priority for many years. Over the past 20 years, several new programs and facilities have been developed, implemented and built to bring improved health and wellness services closer to home for our tribal members.

To further enhance our ability to improve the lives of Choctaw tribal members, the Choctaw Nation has initiated an exciting journey to review and address the overall public health needs, as identified by our members, within their communities. This Tribal Health Assessment will serve as the basis for developing an overall public health approach to create healthy communities for Choctaw tribal members. Using the input from our tribal members, we are developing a roadmap to a healthier Choctaw Nation.

Achieving healthier communities through a public health approach will require collaboration among our various services throughout the Choctaw Nation. For example, it is difficult to maintain a healthy diet if our tribal members have limited access to healthy food options, so nutrition services play a significant role in a public health approach to healthier communities. Another example is that it may be difficult for a family to feel safe and secure when they have no place to call home. Thus, the hard work of our Housing Program and Behavioral Health Programs can collaborate to reduce the family's feelings of despair and increase their feeling of security. These are just two examples of how our many fine programs can collaborate to achieve healthier communities.

The Executive Summary on the next page of this report presents an overall framework for how the Choctaw Nation's excellent programs can work together effectively as we move forward on this journey. This journey to improve the public health of our communities can play a vital role in the overall health of Choctaw tribal members and the Choctaw Nation as a whole.

As the Choctaw Nation expresses and demonstrates every day, "Together We Are More".

Yakoke,

EXECUTIVE SUMMARY

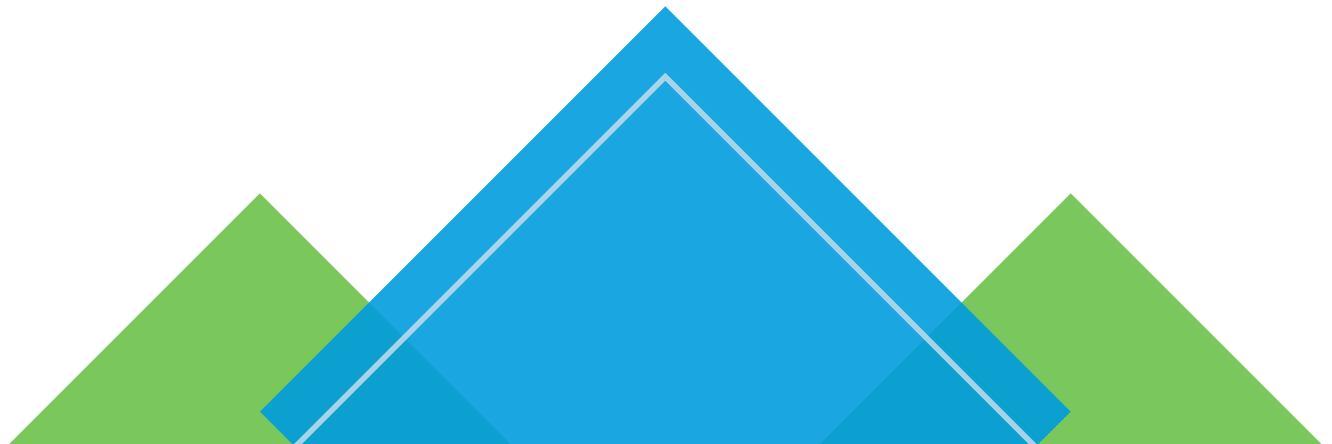
The 2025 Tribal Health Assessment (THA) by the Choctaw Nation Public Health Department serves as a foundational document to guide the health and wellness efforts of the Choctaw Nation. This comprehensive assessment reflects the input of tribal members, health professionals and community stakeholders, and is part of Choctaw Nation's strategic effort to achieve Public Health Accreditation by 2026.

PURPOSE AND VISION

The THA aims to create a unified, culturally responsive and data-informed roadmap to improve the health and well-being of Choctaw citizens. The assessment strengthens collaboration across tribal departments and focuses on building healthy communities through integrated services, community input and evidence-based planning. The Choctaw Nation emphasizes that a public health approach—equally valuing prevention and treatment—is essential to achieving lasting wellness.

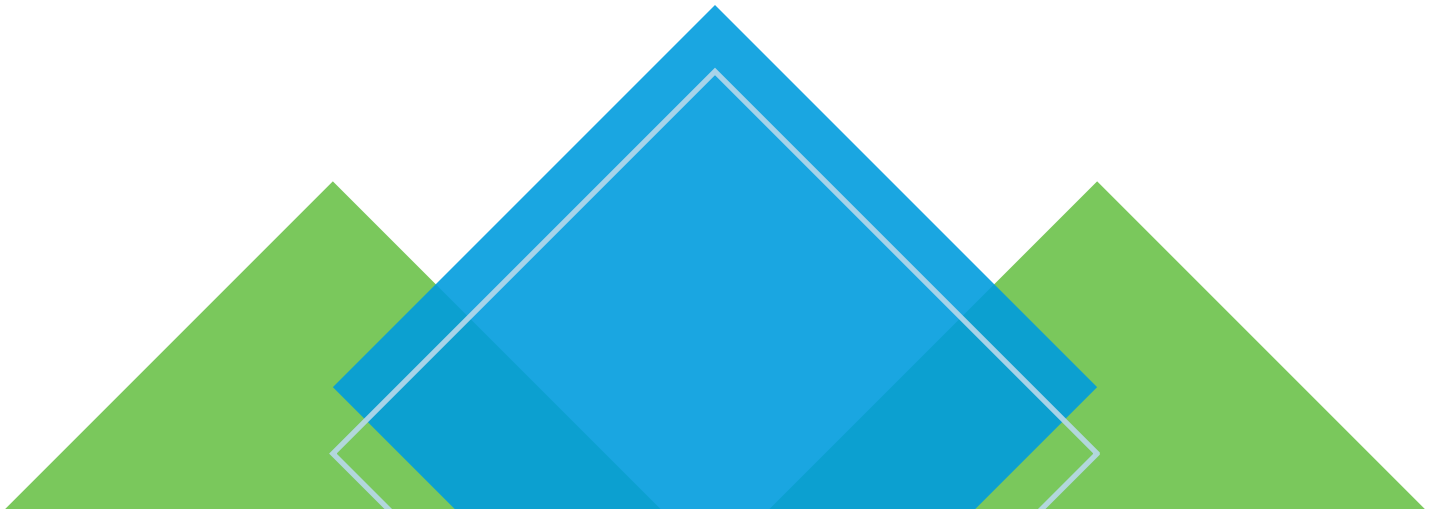
KEY POINTS:

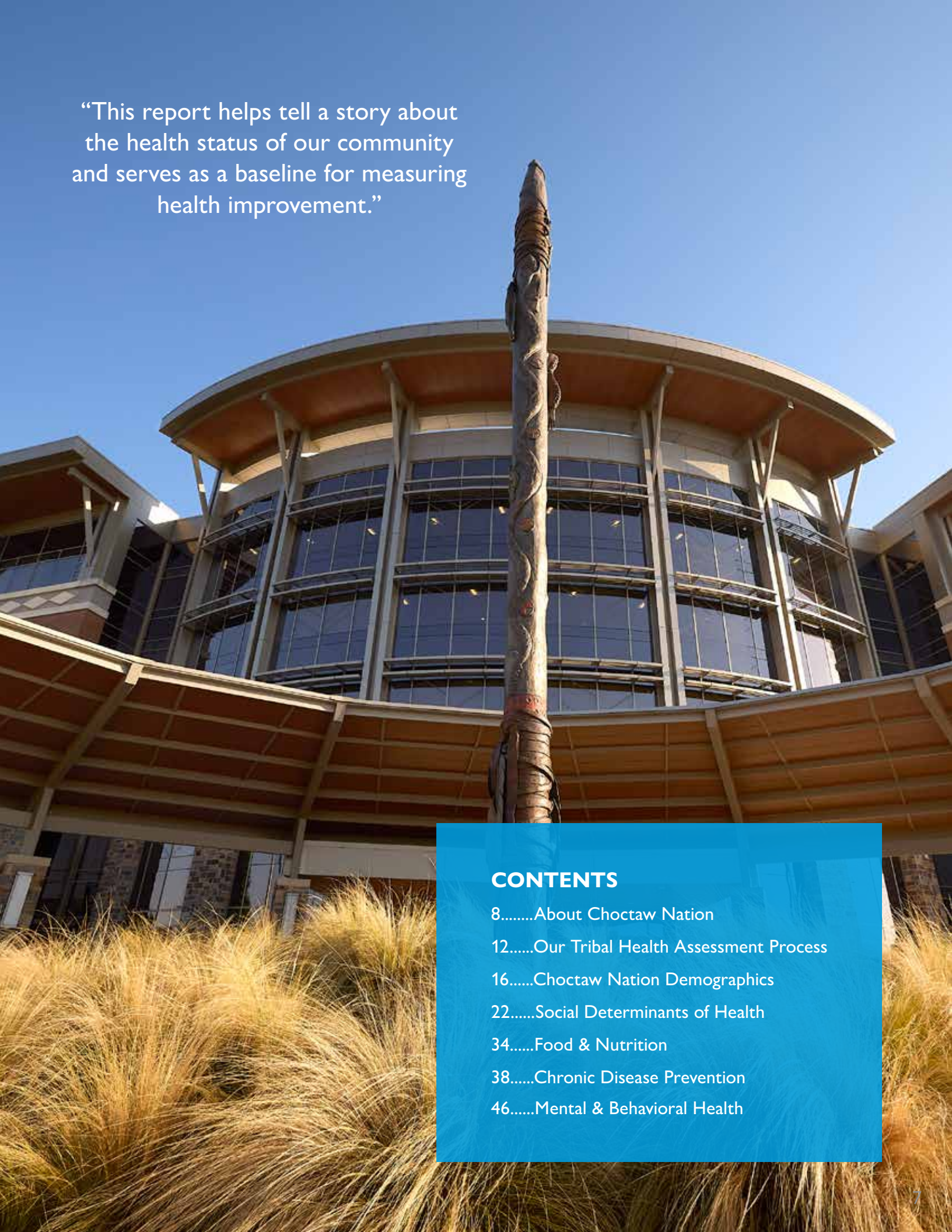
- Demographics: The Choctaw Nation's jurisdiction includes a diverse population of over 227,000 people. Nearly half of the population is aged 20–54, with 21% aged 55 and older.
- Social Determinants of Health: Major barriers to accessing care include geographic distance, scheduling difficulties, cost and eligibility restrictions. Issues in housing, transportation and food security continue to impact health outcomes.
- Nutrition & Chronic Disease: Programs like WIC, Senior Farmers Markets, and the Masali Wellness Initiative are addressing food access and nutrition, though breastfeeding rates are declining, and diabetes remains a significant concern.
- Physical Wellness: CNHSA operates 14 wellness centers and offers fitness programs and incentives to promote activity. Participation continues to increase, indicating a growing level of community engagement.
- Substance Use & Youth Health: While traditional tobacco holds sacred meaning, commercial tobacco and vaping—especially among youth—present emerging threats. The Himitthoa Achukmaka program combats vaping through culturally grounded education and support.
- Cancer and Screenings: Cancer remains a leading cause of death, with lung and colorectal cancer rates notably high. However, screening rates through CNHSA exceed national targets, demonstrating strong provider performance.
- Mental & Behavioral Health: Access remains a challenge, although behavioral health programs are growing and show promise in terms of community impact.
- Cultural Resilience: Engagement with Choctaw culture—through language, stickball, ceremonies and the Choctaw Cultural Center—is a critical protective factor in community wellness.



INTRODUCTION

Choctaw Nation has a rich history of forward-thinking and caring leadership that values our traditions and the health and wellness of our communities. Delivering a wide array of services, the Choctaw Nation Health Services Authority (CNHSA) is Choctaw Nation's healthcare system, responsible for providing services to community members residing across the reservation. We uphold a tradition of servant leadership – extending our hearts and resources to those in need and striving to create better lives for those we serve. Choctaw Nation believes a public health approach to healthcare services is essential for healthy communities. That means that health promotion and disease prevention are of equal importance as taking care of patients when they are ill. A Tribal Health Assessment is a critical public health function and a national strategic priority for tribal, state and local governmental health departments. The Public Health Accreditation Board (PHAB), the national accrediting body for public health accreditation, has identified community health assessment as one of three prerequisites for public health accreditation, followed by a Community Health Improvement Plan and an Organizational Strategic Plan. Choctaw Nation has identified public health accreditation as a priority and strategic goal by 2026. We recognize that strengthening our public health infrastructure will enhance our capacity to respond to significant public health issues and improve health outcomes. This Choctaw Nation Tribal Health Assessment Report aims to serve as a tool and resource to help us: 1) Ensure services are connected and programs work together with one goal – the health of community members; 2) Provide a consolidated source of data that is accessible, understandable, and actionable; and 3) Involve and interest leadership in efforts to improve health. The data in this report help tell a story about the health status of our community and serve as the baseline for measuring health improvement. We view this comprehensive Tribal Health Assessment as a crucial step in the overall process of improving community health for the Choctaw Nation. Our next steps will be to use the results of this report to engage stakeholders and the community in health improvement planning, which will be updated in 2025. The results of this effort will be shared in a Tribal Health Improvement Plan, which will be used to monitor changes in health status and identify areas for quality improvement across Choctaw Nation programs and services. The health and well-being of the Choctaw Nation is our priority, and the community is at the heart of everything we do.





"This report helps tell a story about the health status of our community and serves as a baseline for measuring health improvement."

CONTENTS

ABOUT CHOCTAW NATION

Living out the Chahta Spirit of Faith, Family and Culture

CHOCTAW NATION VISION STATEMENT

We, as Chahta, are resilient and strong. Originally occupying what is now known as the southeastern United States, the Choctaw Nation presently makes its home in southeastern Oklahoma. We pride ourselves on our ability to preserve and celebrate our many unique traditions, including our language, historical games, dances and artwork. Choctaw Nation has a rich history of forward-thinking and caring leadership that values our traditions and the health and wellness of our communities. We uphold a tradition of servant leadership— extending our hearts and resources to those in need and striving to create better lives for those we serve. Today, the Choctaw Nation is the third-largest federally recognized tribe, with nearly a quarter of a million enrolled members and a jurisdictional area that spans nearly 11,000 square miles and ten-and-a-half counties (see Map 1). With its government seat located in Durant, OK, the Choctaw Nation has three branches of government: Executive, Legislative and Judicial. The Choctaw Nation delivers a wide range of services, including education, housing, family, elder, cultural and health services. The CNHSA is the heart of our health system and is responsible for delivering a wide array of services to a population of over 38,000 people. In 1999, Choctaw Nation was the first tribe to build its own hospital. This state-of-the-art facility, located in Talihina, offers inpatient care, surgery, family practice and pediatrics, radiology, physical therapy, optometry, dental services, 24/7 emergency care and more. In addition, CNHSA operates nine outlying clinics located in Antlers, Broken Bow, Durant, Hugo, Idabel, McAlester, Poteau and Stigler. CNHSA also operates other services throughout southeastern Oklahoma, including a diabetic wellness center, behavioral health and substance abuse programs, residential treatment facilities and fitness centers.

PUBLIC HEALTH

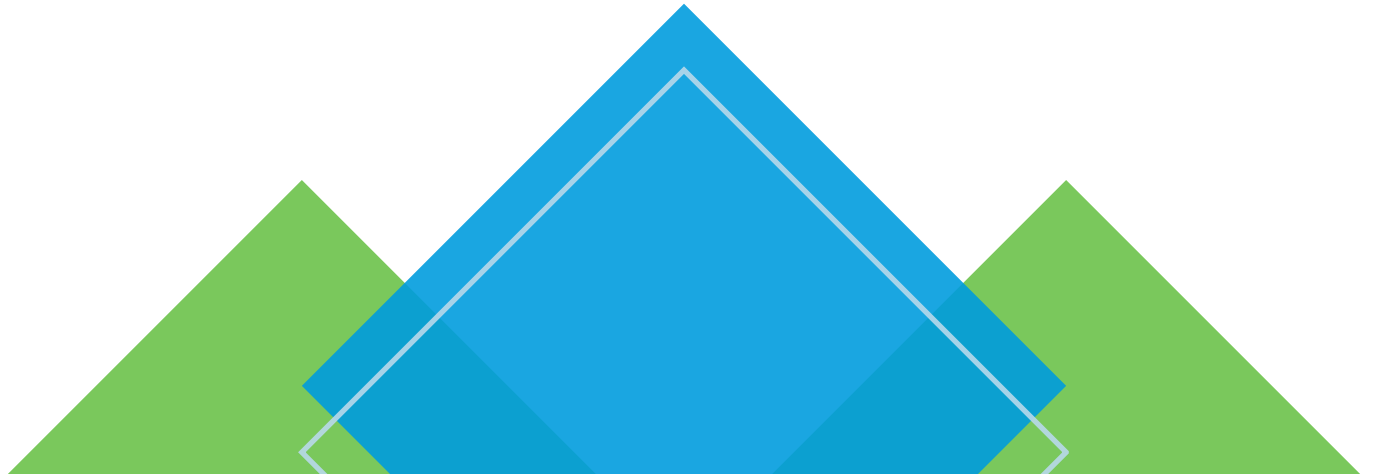
The Choctaw Nation believes that a public health approach to healthcare services is essential for healthy communities. Health promotion and disease prevention are equally important as taking care of patients when they are ill. A Tribal Health Assessment (THA) is a critical public health function and a national strategic priority for tribal, state and local governmental health departments. The Public Health Accreditation Board (PHAB), the national accrediting body for public health, has identified community health assessment as one of three prerequisites for public health accreditation, followed by a Community Health Improvement Plan and an Organizational Strategic Plan.

Choctaw Nation has identified public health accreditation as a priority and strategic goal by 2026. We recognize that strengthening our public health infrastructure may lead to a greater capacity to respond to critical public health issues and improve health outcomes.

To achieve this, we revised the 2020 Tribal Health Assessment Report, starting in June 2025. The updates will reflect requirements for PHAB accreditation.

- **What are the health concerns in a community?**
- **Why do health issues exist in a community?**
- **What factors create, influence or determine the health concerns?**
- **What resources are available to address the health concerns?**
- **What are the health needs of the community as a whole?**

Ultimately, THAs use data as a form of storytelling. They tell us about our health at a given point in time. Like any good story, when told well, it can compel people to change the way they think, feel and act. We want to create the conditions where all our communities can be healthy. We hope this report provides our communities with an understanding of our current health status, a foundation for future decision-making, and baseline information that can be used to measure improvements in our health over time.



OUR TRIBAL HEALTH ASSESSMENT PROCESS

CNO's goal is to implement a health assessment process that respects tribal sovereignty, engages leadership and community, and addresses the national accreditation standards for community health assessment. Therefore, we selected the Inter Tribal Council of Arizona's Tribal Community Health Assessment for Public Health Accreditation: A Practical Guide and Toolkit as a guide to planning. To ensure broad representation across CNO, a THA Core Team was established with representation from various tribal programs and services, including Preventive Health, Behavioral Health, Environmental Health, Healthy Aging, Emergency Management, Health Informatics, Safety/Food Safety and others. The THA Core Team convened in July 2019, and many members joined the Data Strategic Work Team to meet regularly throughout the process. The "community," whose health status is described in this Choctaw Nation Tribal Health Assessment Report, is defined as all those served by the Choctaw Nation across the tribal jurisdictional service area. The desired outcome of the report, as identified by the THA Core Team, is to serve as a tool and resource to: 1) Ensure services are connected and programs work together with one goal – the health of our community members; 2) Provide a consolidated source of data that is accessible, understandable and actionable; and 3) Involve and interest leadership in efforts to improve health.

PRIORITY SETTING AND HEALTH INDICATOR SELECTION

CNO convened staff from across the various Choctaw Nation governmental departments and programs for a THA Training and Stakeholder Meeting held in April 2019. At that meeting, stakeholders were asked to participate in a community mapping activity. Teams discussed and drew images that represented the strengths, challenges and resources for community health in their communities.

Stakeholders reconvened in July 2019 to continue discussing a vision of health and well-being for the Choctaw Nation. Themes that emerged from these discussions include a healthy future, family, accessible quality healthcare and mind-body-spirit wellness. The THA Core Team reviewed the outcomes from these meetings and used them to identify factors that contribute to the identified health topics. They then grouped the topics into key themes as an initial step to prioritize health topics that will best tell us about our health in the THA. The team felt it was essential to take a strength-based approach by using

data to "tell a story about the health and wholeness of Choctaw Nation." Using this approach, they chose to frame the THA around the determinants of health rather than disease. In this way, the THA complements the Choctaw State of the Nation reports.

They chose to explore the tribe's health status by examining the following areas: Social Determinants, Food and Nutrition, Chronic Disease Prevention, and Mental and Behavioral Health. The THA Core Team agreed that a workgroup was needed to focus on developing data indicators, identifying data sources and determining the quality of the data for each of the health priorities. The Data Strategic Work Team (Data Team) was established and led by the Accreditation Director. The Data Team then collaborated over several months, from October 2019 to June 2020, to determine the availability of data, review it for accuracy, and submit it for inclusion in this report. Data indicators were then prioritized using the following criteria: relevance, importance and availability. The Data Team then identified three indicators within each of the topic areas listed above and drafted a data collection plan.

STAKEHOLDER COMMUNITY ENGAGEMENT

Stakeholder and community engagement were identified as a priority early in the THA process. The THA Core Team developed an engagement plan that outlined the key stakeholders to be engaged, strategies for engagement and a timeline for implementing the strategies. The detailed engagement plan was designed to ensure that the THA process: 1) was meaningful and purposeful, 2) allowed stakeholders to make the greatest contribution, and 3) established new relationships and built upon existing ones towards shared goals.

The team decided that a survey was an important way to gather community members' thoughts and ideas about community health and the conditions that support or hinder it. The first Choctaw Nation Community Health Survey was administered in the summer and fall of 2019 at the Labor Day Festival, CNHSA clinics and the CNHSA Diabetes Wellness Center, with 1,188 surveys included in the analysis. This survey inquired about demographics (e.g., age, gender, county of residence, race/ethnicity), the availability, use and barriers to use of public health services, as well as suggestions on how to improve access and utilization. It also asked community members to share their perception of the seriousness of various public health issues in their county (e.g., availability of services, unemployment, access to substance abuse treatment, healthy food options, solid waste management, e-cigarettes or juuling). Survey findings confirmed that the THA topics selected during the July 2019 THA meetings were relevant to community perceptions.

To ensure that more current information was collected, the survey was updated and re-administered in 2024–2025 under the name Anumpuli (n = 928). This updated survey provided fresh insights into the community's health needs and priorities, enabling the Choctaw Nation to track changes over time more effectively and continue aligning services with the concerns most important to tribal members.

2025 TRIBAL HEALTH SURVEY
ANUMPULI "TO SPEAK"

This Choctaw Nation Tribal Health Assessment (THA) serves as a tool and resource to help us:

1. Ensure services are connected and programs work together with one goal- improving the health of community members;
2. Provide a consolidated source of data that is accessible, understandable and actionable;
3. Involve and interest leadership in efforts to improve health.

The data in this report tells a story about the health status of our community and serves as the baseline for measuring health improvement. We view this comprehensive THA as an important step in the overall community health improvement process for the Choctaw Nation.

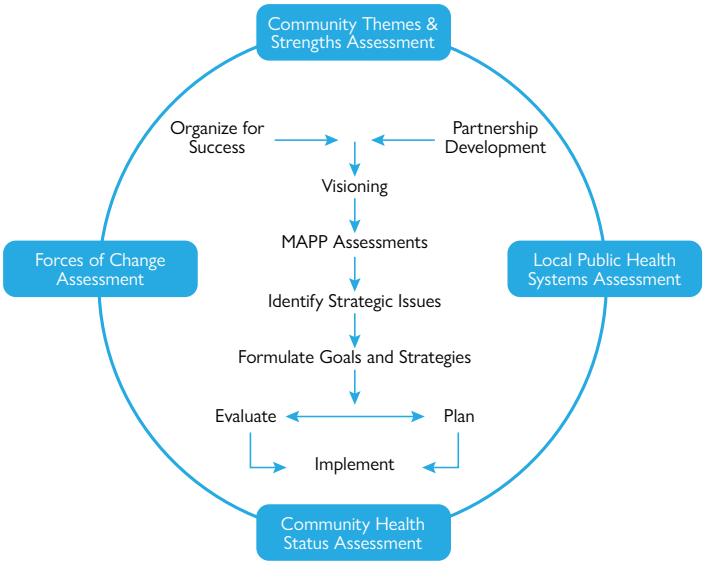
Our revision process for our 2025 THA report includes:

- Reviewing and alignment with PHAB accreditation domains.
- Continued relationship building with our partners, stakeholders and tribal services.

This approach enables us to streamline our efforts, make updates efficiently and collectively meet our goals towards Public Health accreditation. At the same time, we can continue to engage in partnerships to build our sustainability and ensure that program services align with community needs. Engaging Stakeholders is a key part of our revision process as we follow the MAPP model to ensure we address health disparities in our community, monitor changes in health status, and identify areas for quality improvement across CNHSA programs and services.

Our next steps will be to utilize the findings of this report to continue engaging stakeholders and the community in health improvement planning, as well as to advance efforts for PHAB accreditation. Therefore, our Tribal Health Improvement Plan demonstrates evidence of using our tool, the Tribal Health Assessment, as data findings presented from these reports will be aligned in both documents.

Mobilizing for Action through Planning and Partnerships (MAPP) Model



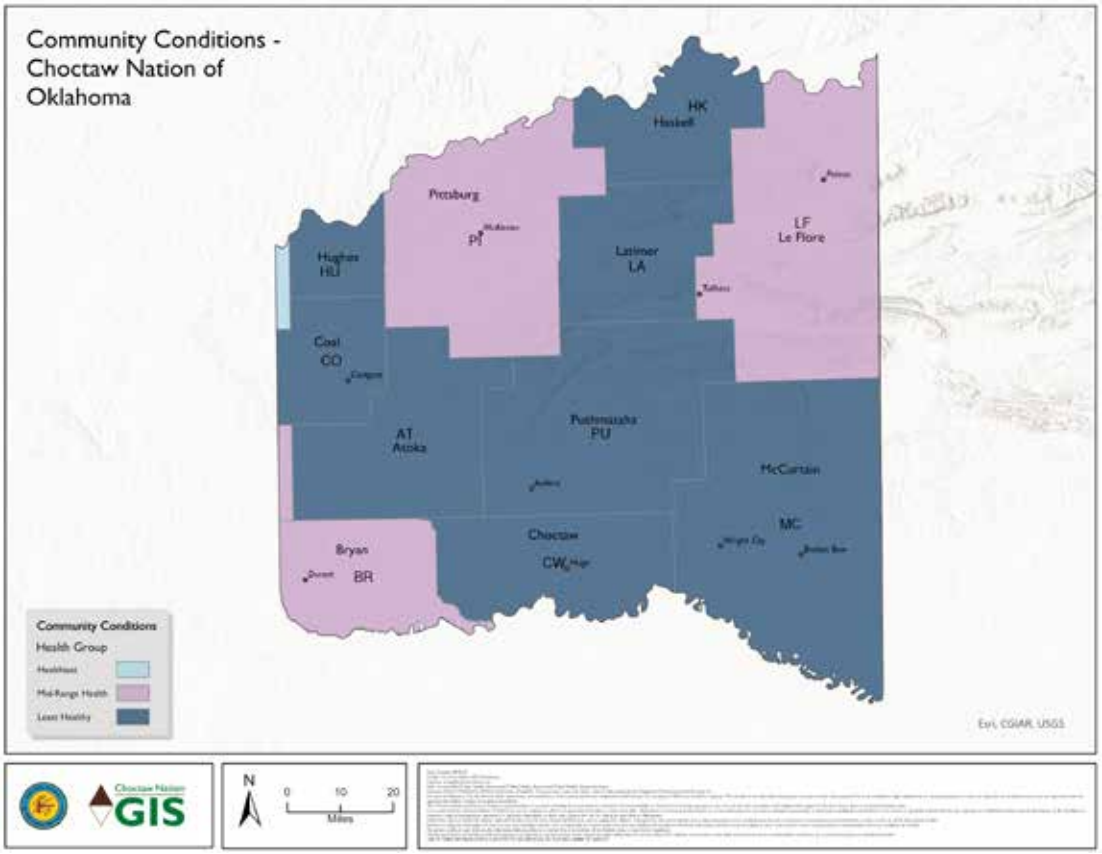
Adapted from https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main

COMMON THEMES IDENTIFIED FROM 2025 ANUMPULI SURVEY

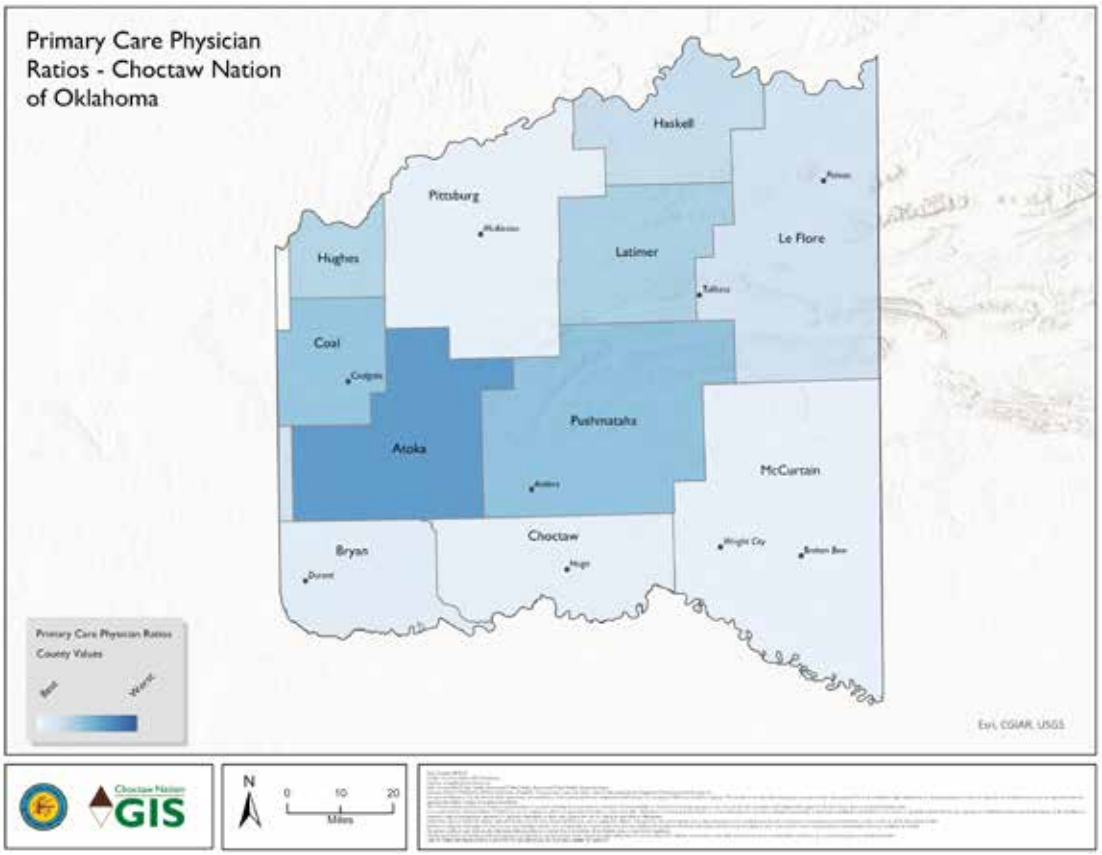
Upon analysis of the qualitative data gathered through the Tribal Health Assessment, numerous themes emerged directly related to the health status of our Reservation, and in turn, directly impacting the public health and welfare of our communities. Among the top ten themes identified from the THA (of participants who reported residence within the Choctaw Nation), 68 respondents mentioned that the type of care needed was not available within their community, 40 respondents preferred to go elsewhere for healthcare and public health services, and 36 respondents felt that the level of care provided within their community did not meet their expectations. Other themes identified included privacy concerns, familiarity with staff at healthcare facilities within their community, concerns about out-of-pocket costs, limited transportation, and interference with duties at home, work and/or school due to appointment scheduling. Through analysis, we conclude that these are factors that contribute to the health status of the population. These factors are interconnected, directly influencing one another and affecting the health status of the population. For example, limited transportation access and extended transit times can significantly hinder the ability to seek care outside one's community, thereby reducing the level of accessible healthcare and public health services. Likewise, appointment time interference can significantly hinder access to care, especially among individuals who do not accrue paid time off to attend such appointments. Highlighting the interconnectedness of these findings, if an individual loses employment due to illness or requires extended medical care, this can significantly impact their financial well-being and, in turn, reduce access to transportation and financial stability.

Analysis of responses self-categorized as "other" by survey respondents revealed similar themes as those previously mentioned, including geographical barriers to care, appointment accessibility, healthcare/public health service eligibility and/or coverage, quality of care received, and limited access to specialized healthcare services. These factors, along with those mentioned above, significantly contribute to the health and well-being of our communities, often resulting in disparities and negatively impacting the public health of those residing within our Reservation. The outcomes of such disparities are widely evident, as indicated in the most recent 2025 County Health Rankings Data, which shows that counties within the Choctaw Nation Reservation are among the least healthy in the United States in terms of population health and well-being. When reviewing the 2025 County Health Rankings data pertaining to community conditions, which encompass factors commonly referred to as Social Determinants of Health, most counties within the Choctaw Nation fall within the "Least Healthy in the United States" category.

Map 1

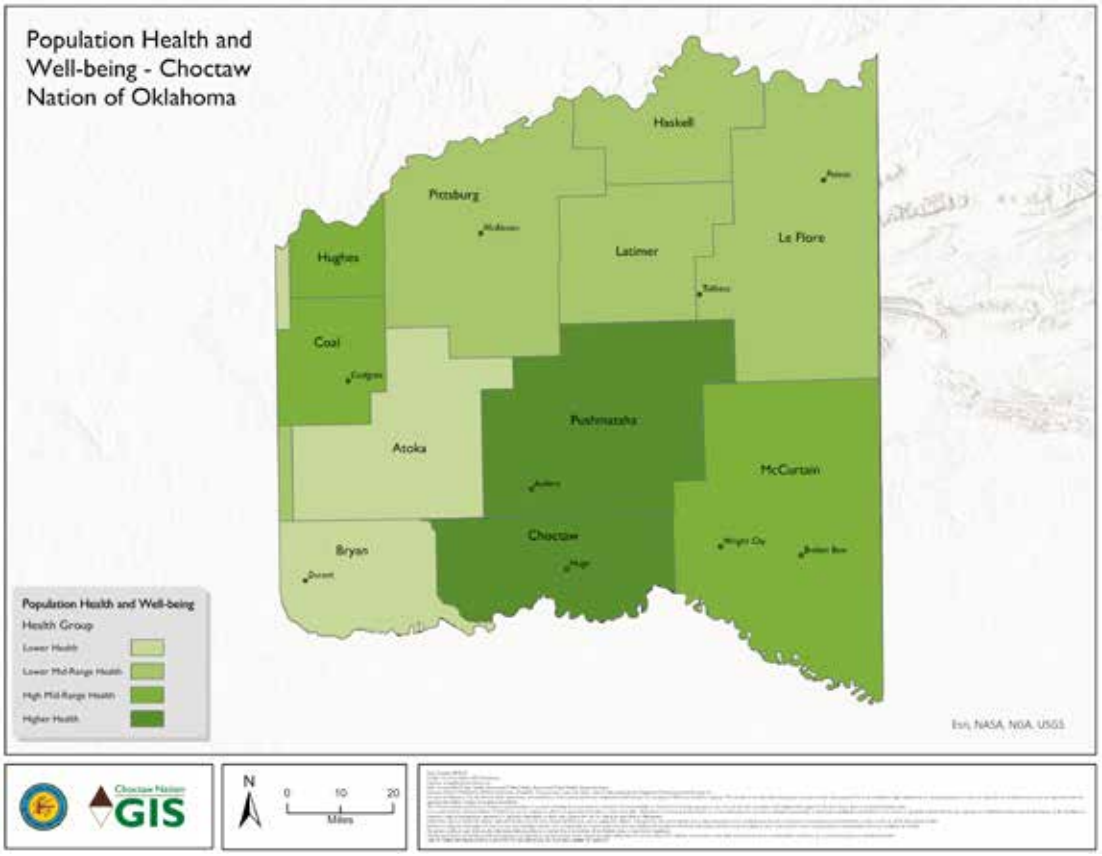

Community Conditions - Choctaw Nation of Oklahoma
HK
Haskell
Pittsburg
PI
LF
Le Flore
Hughes
HU
Latimer
LA
Coal
CO
Pushmataha
PU
AT
Atoka
McCurtain
MC
Choctaw
CW
Bryan
BR
Community Conditions
Health Group
Healthiest
Mid-Range Health
Least Healthy
Esri, CGIAR, USGS
Choctaw Nation GIS
N
0
10
20
Miles

Map 2


Primary Care Physician Ratios - Choctaw Nation of Oklahoma
Haskell
Pittsburg
Hughes
Latimer
Le Flore
Coal
Pushmataha
Atoka
McCurtain
Bryan
Choctaw
Primary Care Physician Ratios
County Values
Best
Worst
Esri, CGIAR, USGS
Choctaw Nation GIS
N
0
10
20
Miles

As observed in map 1, the community conditions of the counties within the Choctaw Nation are considered among the least healthy within the State and Country. Examples of factors considered in the Community Conditions rankings include access to exercise opportunities, preventative health service access (flu vaccinations, physicians, mental health providers, dental providers, cancer screenings, etc.), and the food environment index. These county-level rankings also consider the patient-to-physician ratios, reflected in map 2, which indicates that each county within the Choctaw Nation faces a patient: physician ratio greater than the State ratio (1,690:1).

Map 3



Map 3 reflects the population health and well-being rankings for each county within Choctaw Nation. Unfortunately, all counties within the CNO fall among the least healthy for these measures within the State. As population health involves optimization of physical, mental, spiritual, and societal well-being, factors included in this measure includes average length of life, factors affecting quality of life (physical health days, reduced birth weight, etc.), built infrastructure, and societal/economic factors (education attainment, unemployment, poverty rates, etc.).

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

OUR HEALTH

A Story of the "Health and Wholeness of the Choctaw Nation"

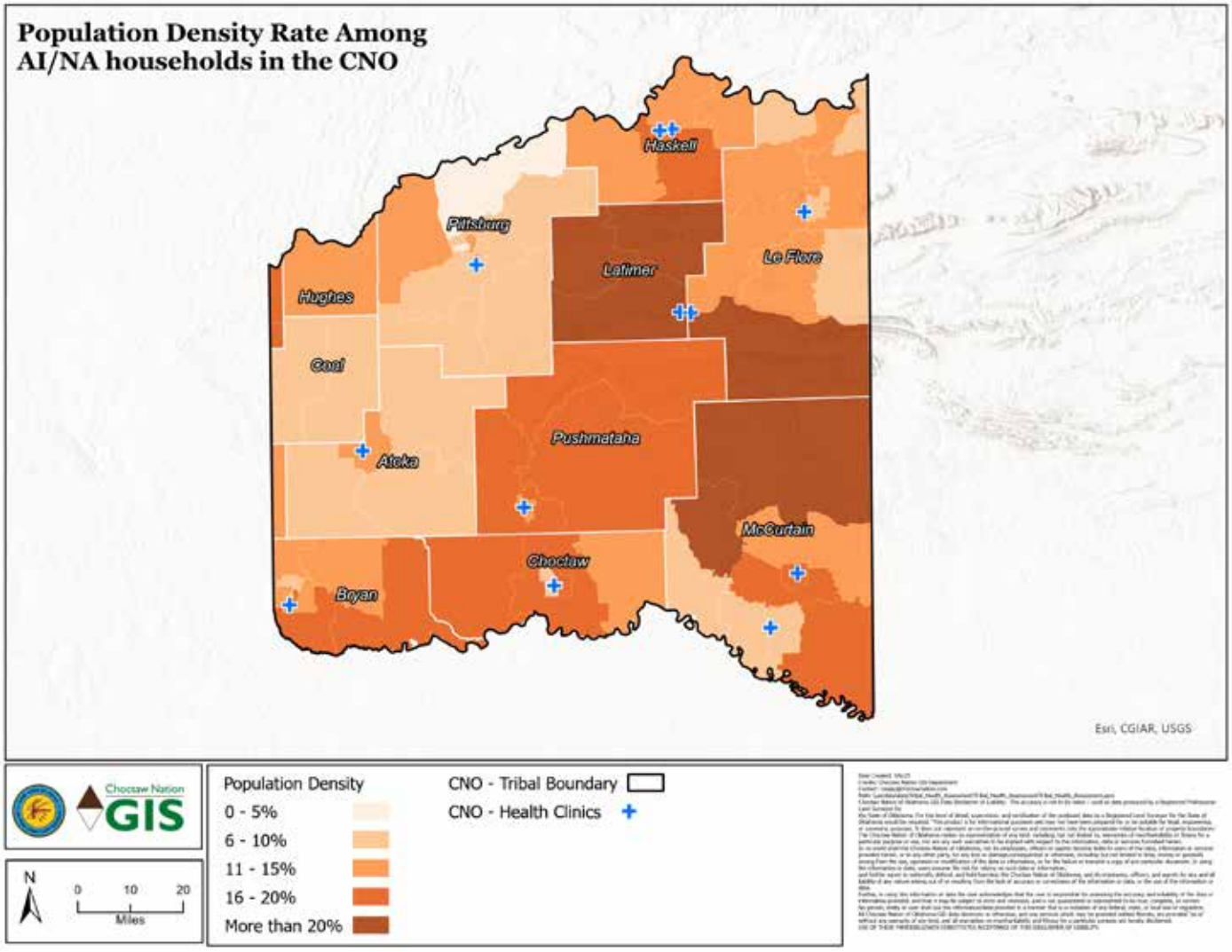
We are weaving a story about health and well-being within the Choctaw Nation that begins with defining community and health. Within this definition, data and information are shared to describe the conditions in which people live, learn, work and play. These conditions are referred to as social determinants, and they can have a wide-ranging impact on health risks and outcomes. In some cases, social determinants can have a greater impact than individual genetics, health behaviors and healthcare delivery systems. After describing the community served by Choctaw Nation, the story is continued with data and information about health and well-being status and conditions, from a preventive and social determinants perspective. This information is shared under the following headings: Food & Nutrition, Chronic Disease Prevention and Mental & Behavioral Health. The figures, maps, and graphs highlight concerns, strengths and possibilities for continued health and well-being throughout the Choctaw Nation.

WHO DO WE SERVE?

The Choctaw Nation provides health services and programs to community members within the reservation boundaries, which span thirteen counties in southeastern Oklahoma. These counties are Choctaw, Bryan, Atoka, Pushmataha, McCurtain, Coal, Pittsburg, Latimer, LeFlore, Haskell and a portion of Hughes.

According to the U.S. Census, the Choctaw Nation of Oklahoma Tribal Statistical Area (OTSA) has a total population of 227,312, with a median age of 39 years. Elders, those 65 years of age and older, comprise 19% of the total population. This diverse population includes representation from tribal nations in Oklahoma and across the country. Community members include tribal members, their spouses and children, tribal members from other nations and non-tribal members. Over 55,000 American Indians are served by the Choctaw Nation, the majority of whom are Choctaw tribal members. Those who self-identify as American Indian and Alaska Native (AIAN) make up over 20% of the Choctaw Nation Reservation.

Map 4. Choctaw Nation jurisdictional area counties and clinics, by AIAN population density, 2023.



Source: American Community Survey, 5-yr estimates, OK, (2023)

OUR HEALTH

A Story of the "Health and Wholeness of the Choctaw Nation"

The CNHSA provides programs and services to community members in eleven clinics, represented by blue crosses (see Map 4 on the previous page). These facilities are located in Atoka, Bryan, Choctaw, Haskell, McCurtain (3), Latimer, LeFlore, Pittsburg, and Pushmataha counties. Healthcare services are provided to tribal members, their spouses and children only. Native American CDIB cardholders with membership in other U.S. federally recognized tribes are eligible for services, subject to certain restrictions.

Choctaw Nation and Oklahoma State University jointly operate two community health clinics in Pushmataha and McCurtain counties. These acute-care clinics are open to the public at no cost to the patient. Tribal membership is not required to receive care at either of these facilities.

The eleven clinics are located in mid-sized cities and towns that have higher poverty rates than the state and national averages, at 15.9% in OK and 12.5% in the U.S., respectively. (see Table 1 below)

Table 1. Distribution of population and poverty in the Choctaw Nation jurisdictional area, by count and percentage, Oklahoma, 2023.

COUNTY	TOWN	2023 TOWN POPULATION ESTIMATES	2023 PERCENTAGE OF TOWN LIVING IN POVERTY
Atoka	Atoka	2,918	20.30%
Bryan	Durant	20,296	17.40%
Choctaw	Hugo	5,184	32%
Haskell	Stigler	2,702	20.20%
Latimer	McAlester	18,098	22.20%
LeFlore	Poteau	8,903	20.3%
McCurtain	Broken Bow	4,215	29.70%
McCurtain	Idabel	6,959	29.80%

Source: U.S. Census Bureau, Population Division, 2023 Survey Data; American Community Survey, 5-year estimates (2023).

The information in Table 1, above, provides context for the subsequent maps in this report. The maps show the locations of Choctaw Nation healthcare clinics (blue crosses) in relation to dots that increase in size according to the density of a particular determinant of health among the population, such as poverty level, housing, transportation or use of the Supplemental Nutrition Assistance Program (SNAP). The larger the dot, the greater the density. The density of social determinants presented in these maps highlights potential areas of health inequity within subgroups of the Choctaw Nation Reservation. Note: Core CNHSA clinics are indicated on the subsequent maps. Community Clinics located in Antlers and Broken Bow are not reflected on Map 7.

COMMUNITY HEALTH HERE IS...

Community members describe community health and wellbeing within the Choctaw Nation as access to health services and education, wellness and prevention, improved quality of life and longevity, a strong sense of community, support across the lifespan, modeled healthy lifestyles and a clean and safe environment.

WHAT DOES COMMUNITY HEALTH MEAN TO YOU?

"Someplace to go get help when you need it." "Having improved health programs and services." "At any age, the difference between being able to move properly and have strength and movement or not." "Safety and welfare of our community by helping neighbors out and keeping our kids safe, and plenty of activities to keep kids active and healthy."

SENSE OF COMMUNITY

In 2019, AIAN community members who took the Choctaw Nation Community Health Survey agreed or strongly agreed that in their community, there was a strong sense of belonging (64%), trust in relationships (58%) and participation in community activities (61%). These responses support community cohesion, the strength of coming together and are a positive determinant of health. These are considered protective factors that support resilience in individuals and families across generations, contributing to their overall well-being, including physical, mental, emotional and spiritual aspects.

LANGUAGE AND CULTURE

Many tribal nations are actively engaged in language revitalization efforts for the well-being of their peoples. There are 1,200 fluent Choctaw language speakers in the Choctaw Nation, a decrease from the 2,000 speakers recorded in 2015. The Choctaw Nation provides language classes through the School of Choctaw Language, as well as online courses for high school students and Head Start students. In 2021, an informal survey conducted by Choctaw Nation's Language Department found there are at least 200 Choctaw first-language speakers. Language and connection to culture (i.e., storytelling, traditional practices) are found to support the healing and health of community members, increasing individual and community senses of belonging, connections and resilience.

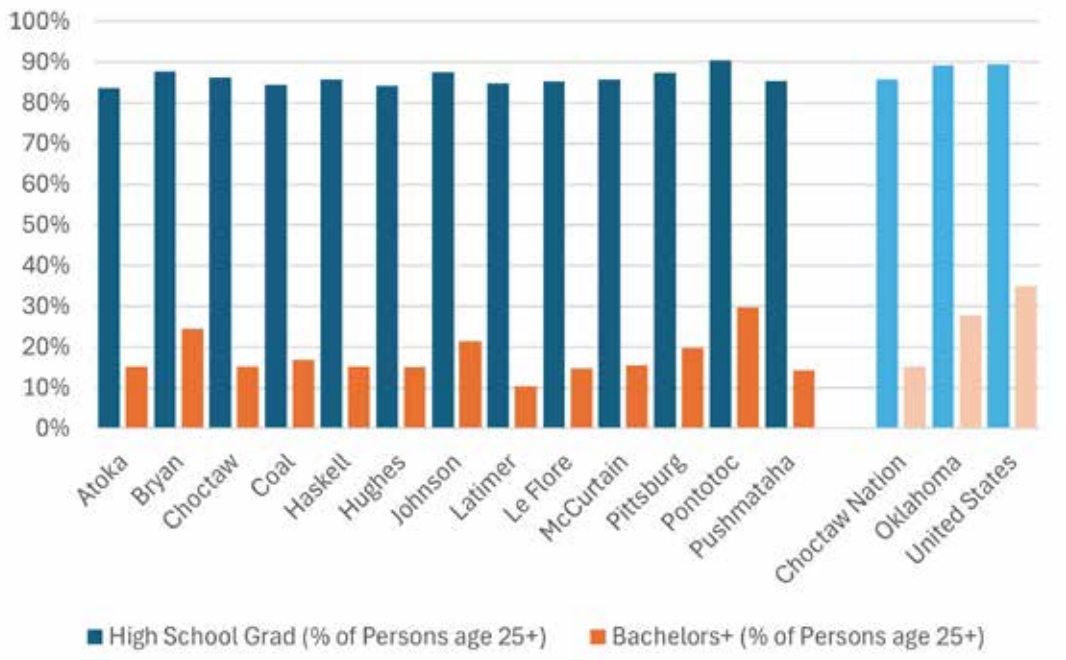
SOCIAL DETERMINANTS

Social determinants are the conditions that affect community members' "equal opportunity to make choices that lead to good health." They include the social, natural and built environment (i.e., housing, transportation, clinics) that affect health and wellbeing. Co-existing health conditions (e.g., asthma and diabetes) and economic instability put individuals and communities at greater risk for disease and illness. Therefore, it is essential to understand what these determinants look like in our communities to create social and physical environments that promote good health and well-being.

EDUCATION

Educational attainment is a predictor of good health, associated with longer life expectancy, improved health and quality of life. Obtaining a high school degree can increase a community member's opportunities for economic stability and access to material resources (e.g., housing, food, transportation), enabling individual and family choices that support health and wellbeing (i.e., nutrition, safety, and accessing preventive and acute healthcare services). Across the Choctaw Nation Reservation, 85.70% of community members are over 25 years old reported having obtained a high school degree or equivalent in 2023 (see Graph 1).

Graph 1. Choctaw Nation Reservation education attainment, high school degree or equivalent; bachelor's degree or higher, compared to Oklahoma and the U.S., 2019-2023.

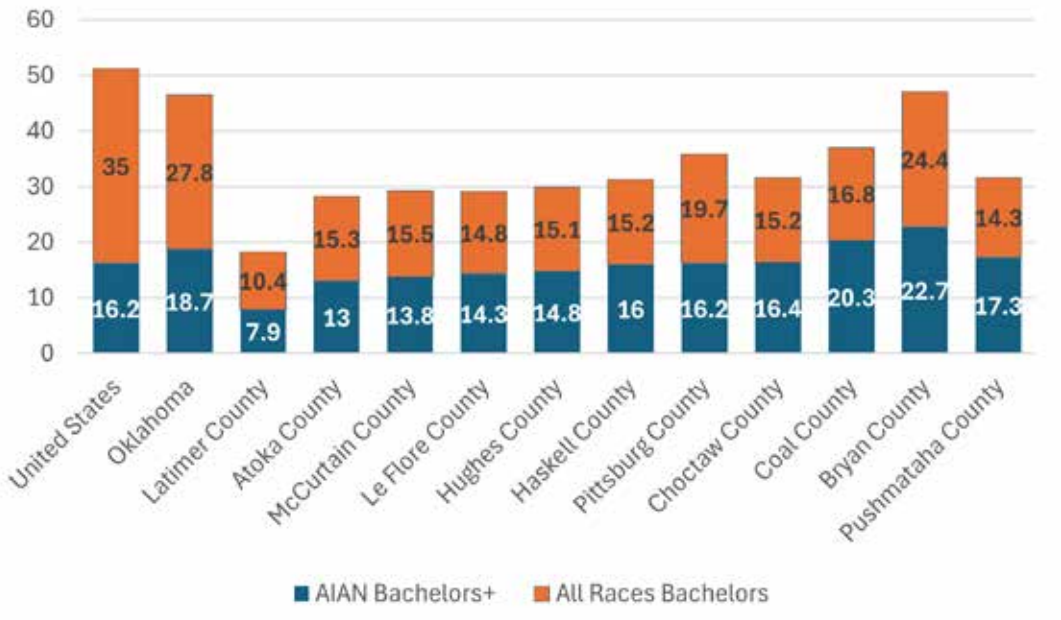


Source: HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 8/27/2025.

Among those who self-identified as Native American during the 2023 Census, 90% of Individuals 25 years of age or older reported having attained a high school diploma or equivalent, with 15% reporting having earned a bachelor's degree or higher. This finding is similar to that of the general population within the Choctaw Nation, as Native American individuals reported having obtained a bachelor's degree at rates of 15.3% and 17.3%, respectively, which are comparable to those of the general population.

However, the percentage of Native American individuals reported to have earned a high school diploma or equivalent was greater than that of the general population, at 90% and 58.7%, respectively. Educational attainment is directly tied to job opportunities, which provide stability for families and communities. Job opportunities increasingly require applicants to demonstrate education attainment higher than having a high school diploma or equivalent certificate.

Graph 2. Choctaw Nation jurisdictional area, AIAN Bachelor's Degree + attainment by county, compared to all races/ethnicities in Oklahoma and the U.S., 2019-2023



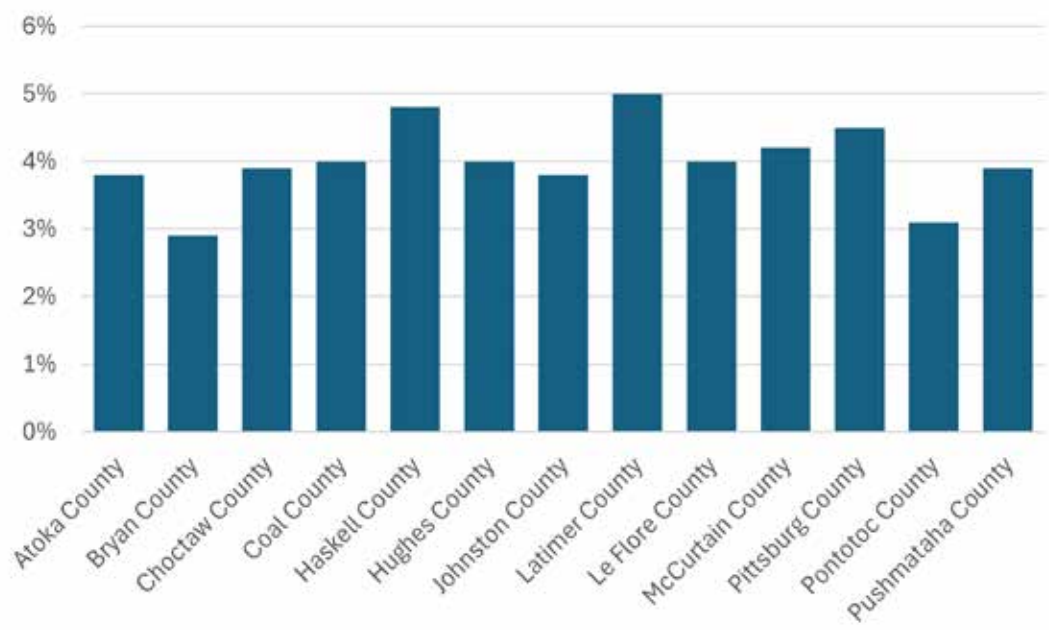
Source: HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 8/27/2025.

SOCIAL DETERMINANTS

UNEMPLOYMENT

In 2024, the Choctaw Nation's overall unemployment rate was 5.0%, a significantly higher figure compared to the 3.4% and 4.3% unemployment rates in Oklahoma and the United States, respectively. The average unemployment rate among counties within the Choctaw Nation is represented in Graph 3 below.

Graph 3. Distribution of population and poverty in the Choctaw Nation jurisdictional area, by count and percentage, Oklahoma, 2023.



UNEMPLOYMENT RATES 2024

5.0%
CHOCTAW NATION

3.4%
OKLAHOMA

4.3%
UNITED STATES

Source: HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Created 8/27/2025.

POVERTY

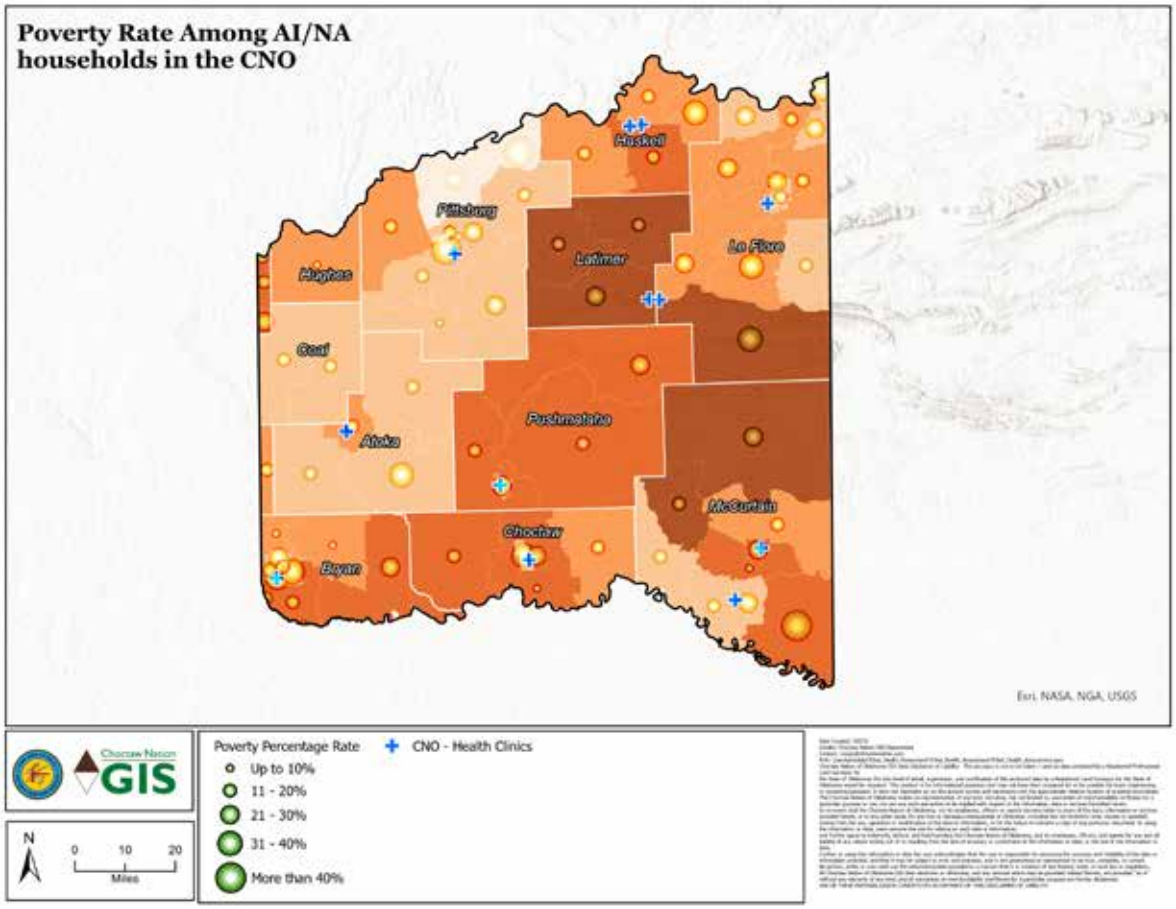
Educational attainment and employment are closely linked to economic stability within a household. Greater financial security increases the likelihood that community members will have access to food, transportation, medicines and services. The proportion of persons living at or below the poverty line is one measure of economic stability. Between 2019 and 2023, the poverty rate within the Choctaw Nation was 19.5% among individuals and 15.2% among families. In comparison, the poverty rate for Oklahoma during this time frame was 15.9%. Living below the poverty threshold is a significant social determinant of health that affects major aspects of healthcare access, physical wellbeing, transportation and financial security.

The federal poverty guidelines are based on income and do not include non-cash benefits such as food stamps. For a household size of four, this threshold was $32,150 annually in 2025 and is used to determine and provide health and social service programs to families.

SOCIAL DETERMINANTS

The geographical context for the community members served by the Choctaw Nation is provided using density maps of the AIAN population in each county. The dots on the geographic maps below represent the density of select social determinants (i.e., household income, housing and transportation); larger dots indicate that a determinant is more prevalent. Additionally, the maps indicate the locations of the eleven CNHSA clinics. In multiple counties within the reservation, over 31% of the local population is living at or below the poverty threshold (see Map 5). High-poverty areas are associated with more concentrated population areas, towns and border counties near the Choctaw Nation Reservation. They are not necessarily located in areas with a higher concentration of self-identified AIAN community members. As can be seen with the blue crosses, the clinics in LeFlore, McCurtain, Pittsburg, Choctaw and Bryan are located in areas with higher poverty rates (see Map 5).

Map 5. Choctaw Nation jurisdictional area, percentage of the population living at or below poverty, 2023

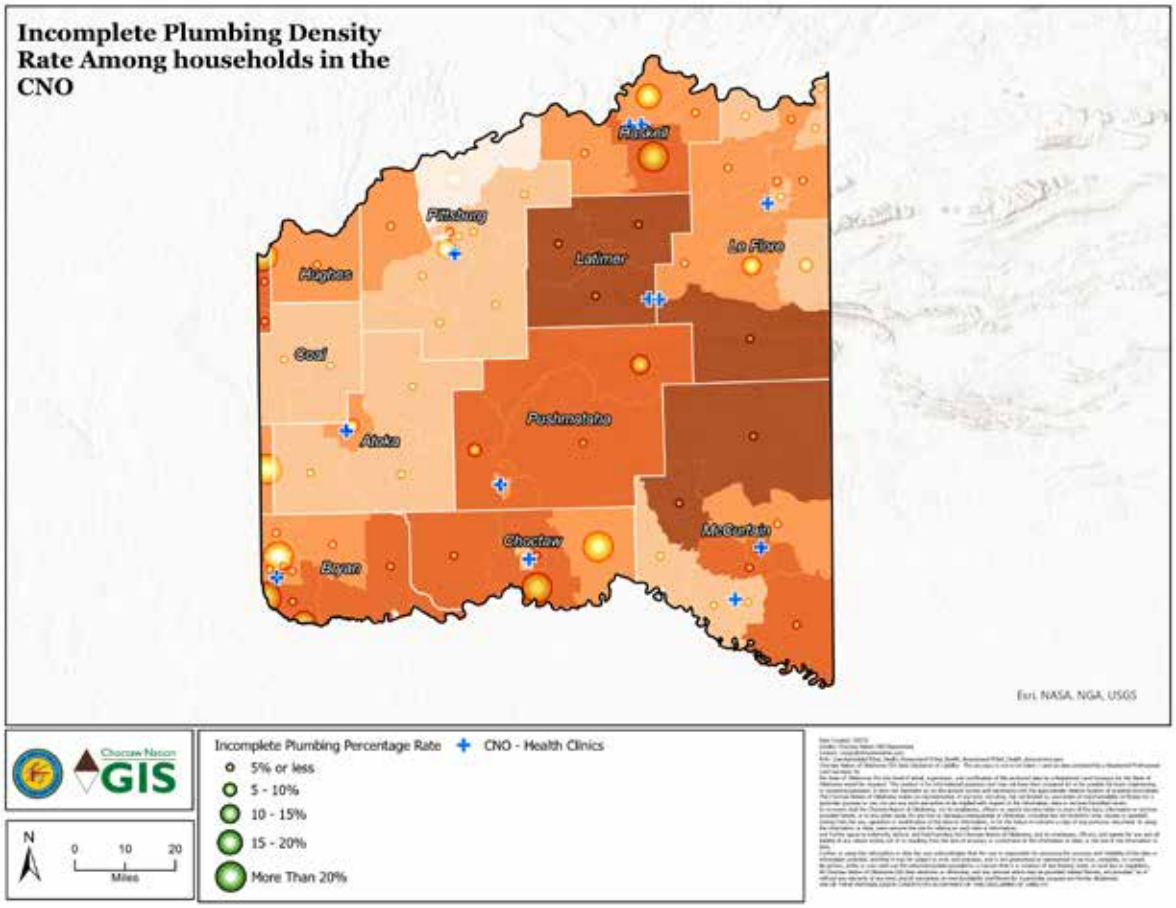


Source: American Community Survey, 5-yr estimates, OK, (2023).

HOUSING

Data on the presence and conditions of running water in homes within the Choctaw Nation are used as indicators of housing quality and to identify areas that require funding and programs to ensure safe housing. Map 6 below presents data on areas within the Choctaw Nation with a high prevalence of homes with incomplete plumbing.

Map 6. Choctaw Nation jurisdictional area, density map of households with incomplete plumbing, 2023.



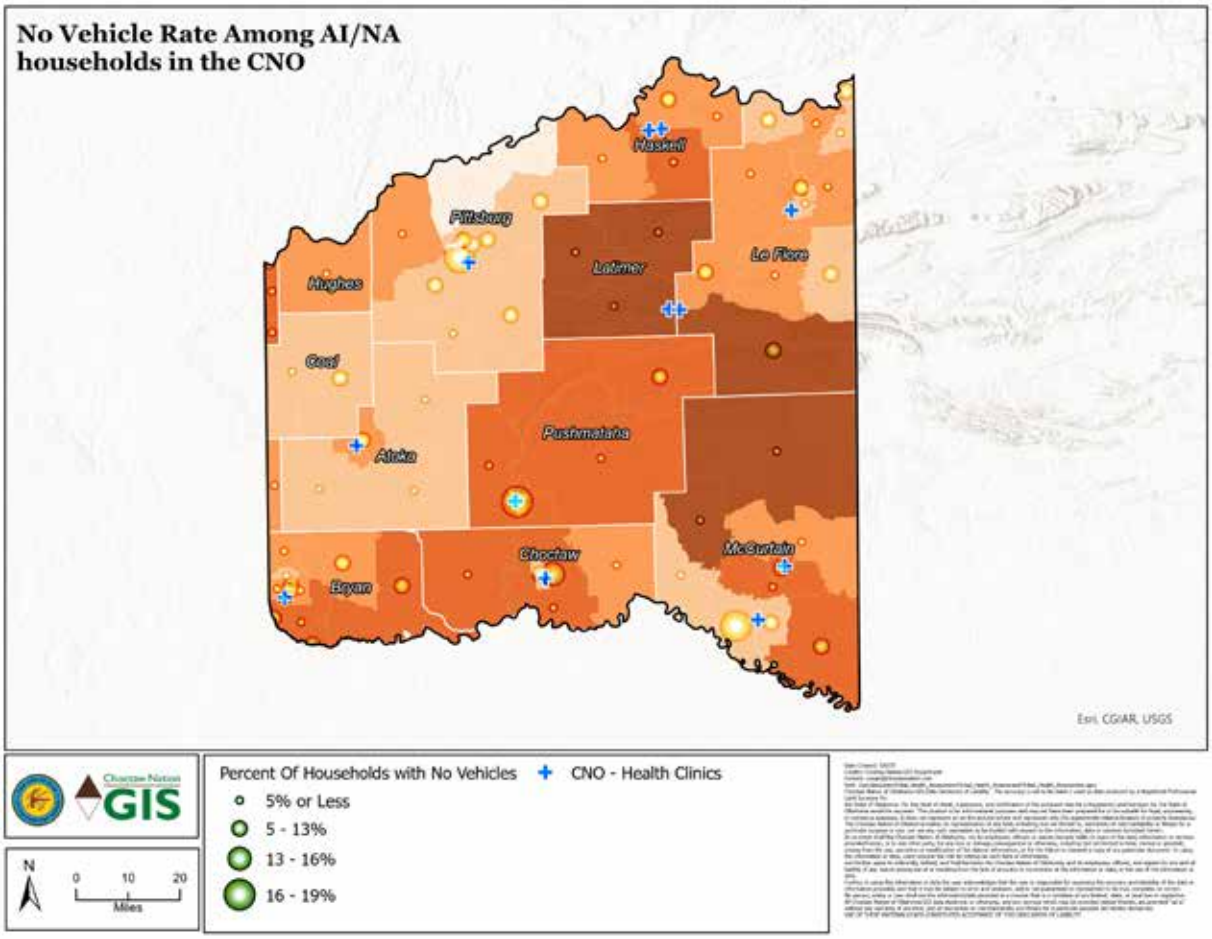
Source: American Community Survey, 5-yr estimates, OK, (2023).

SOCIAL DETERMINANTS

TRANSPORATION

Lack of access to transportation is a determinant that can have a negative impact on health and well-being. It can, in some cases, be associated with economic instability if a person is unable to commute to work in urban or rural areas. Additionally, a lack of transportation can make it challenging to access preventive services, health education programs and therapeutic care. There are areas with high population density where at least 19% of households do not have access to a car (see Map 7). They are clustered around small to mid-size cities and towns (see Table 1). Many of these areas have a high percentage of households living in poverty, with partial plumbing and experiencing food insecurity. Among AIAN people who participated in the Community Health Survey and reported barriers to care, approximately 27% indicated that transportation to public health and healthcare services prevented them from accessing care and resources within their community. A lack of transportation can have a negative impact on accessing services for both acute and preventive care.

Map 7. Choctaw Nation jurisdictional area: households with no access to a car, 2023.



Source: American Community Survey, 5-year estimates (2023).

ACCESS TO CARE

We conclude this section on social determinants with a description of access to care, a component of the definition of community health shared at the beginning of this report. Within healthcare delivery, access is measured by having insurance coverage, visiting a primary care physician and having facilities in locations that are accessible. For this report, the concept was expanded to include perceived awareness, use and satisfaction with services. CNHSA Clinics located throughout the Choctaw Nation help provide access to health services. Yet, many households have no access to a car (see Map 7). This gap in access can impact the overall health of the community and has multifaceted root causes. Many individuals living below the poverty line face difficulties with reliable transportation. We expanded this concept to include counts and percentages of use through screenings (see Graphs 10, 11, 14) and participation in food programs, for example (see Table 2). In 2019, sixty percent (60%) of respondents to the Choctaw Nation Community Health Survey (n = 928) reported being aware of all public health services and programs available to them. Thirty percent (30%) of survey respondents reported using public health preventive programs and services. Of the respondents who use the services listed above, the most accessed was for vaccinations and the least for housing. AIAN who took the survey were less likely to be satisfied or very satisfied with their public health services, compared to non-AIAN (63.3% vs 76.5%). When asked to identify barriers to accessing local health care, survey respondents indicated that they didn't seek local public health services because they preferred to go somewhere else for care (8%), cost concerns (5%), the kind of care they needed was not available (4%) or they wanted to solve the problem on their own (4%). Survey respondents suggested ways to overcome barriers to accessing and using services. Recommendations included improving facilities, expanding services, increasing communication, extending benefits and coverage and enhancing patient-provider relationships.

SOCIAL DETERMINANTS

Examples of these recommendations include providing assistance with transportation, enhancing the advertising of health/wellness classes offered, improving benefits for spouses of tribal members, and improving the bedside manner and understanding of providers. This section on Social Determinants provided background information that describes our community, who we are, and the conditions that can impact our community's ability to access care and opportunities for optimal individual and community health and wellbeing. We share data and information in the following sections on Food and Nutrition, Chronic Disease Prevention and Mental and Behavioral Health to complete the story of Choctaw health and wellbeing. Many of these areas have a high percentage of households living in poverty, with partial plumbing and experiencing food insecurity. Of AIAN people who participated in the Community Health Survey, approximately 46% indicated that transportation to public health prevention services was a moderate or severe problem in their community. A lack of transportation can have a negative impact on accessing services for both acute and preventive care, including primary care visits and behavioral health services.

Analysis of the 2025 Tribal Health Assessment Anumpuli Survey revealed that the same concerns were still being faced today as those mentioned in 2019. However, the rates were significantly higher in 2025. For example, among survey respondents who indicated barriers to accessing healthcare services (26.7%), community members reported that they preferred to go elsewhere for care (16.1%), the type of care needed was not available within their community (27.4%) and they had cost concerns (11.3%).

Respondents who selected "Other" (55.2%) when asked about barriers to care and/or services indicated concerns surrounding the cost/expense associated with the distance traveled, limited awareness of services provided or eligible for, a lack of specialty care available within their community and limited scheduling availability.

When asked how Choctaw Nation can reduce such barriers to care, respondents mentioned providing services outside of the Reservation boundaries, improving awareness of the services offered, enhancing appointment time availability and hiring additional Health Services Associates to expand workforce capacity.

SOCIAL DETERMINANTS

Analysis of the 2025 Tribal Health Assessment Survey revealed similar concerns and trends to those mentioned in the 2019 survey. When asked about health services available directly within the respondent's community, the most common programs respondents indicated as not being directly available include:

- Food Distribution
- Cultural Services
- Employment Services
- Housing
- Youth Programs

However, areas with the greatest presence within respondent communities include:

- Behavioral Health
- Employment Services
- Community Health
- Food Distribution
- Housing

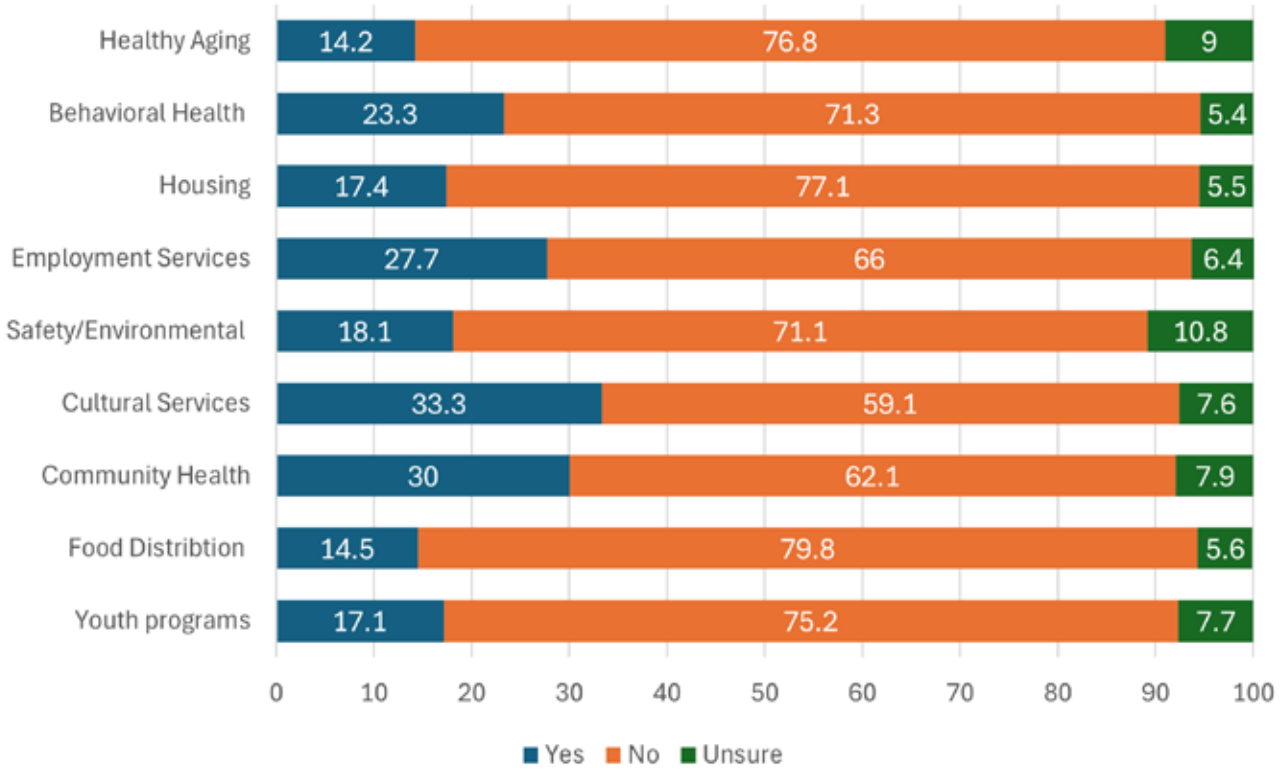
We conclude that, based on data obtained from the 2025 Tribal Health Assessment survey, many services are available throughout various communities within the Choctaw Nation; however, the information pertaining to these services may not be reaching those who seek assistance. Targeted outreach and promotion to such communities may increase awareness of programs available to those in need.

When asked directly about utilizing public health services within the community, additional disparities were identified as concerns among those living within Choctaw Nation. As graph 4 indicates, only 17% of respondents utilize youth services available in their community. 14.5% of respondents reported using food distribution services, compared to 79.8% who do not utilize available food programs.

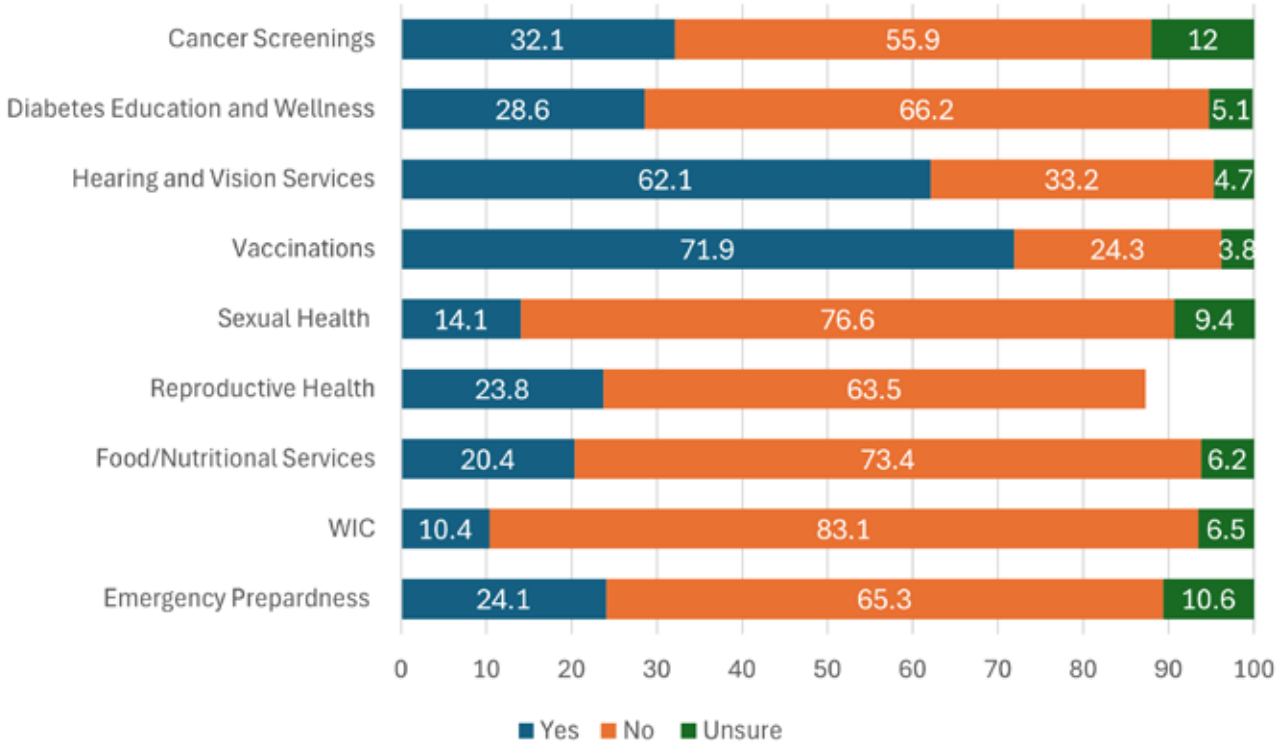
30.0% of respondents indicated they utilize community health services offered by CNO, with nearly 8% indicating they were unsure about the services offered.

Healthy aging services are severely underutilized by respondents, with only 14.2% indicating that they participate in such health promotion and prevention activities. Vaccinations are highly accepted and utilized by respondents, with 71.9% indicating they utilize vaccination services provided in their community. Other areas of concern that appear not to be utilized by respondents include Maternal Support (WIC) (10.4% indicated 'yes'), STI/Personal Health Services (14.1% indicated 'yes'), and cancer screenings (32.1% indicated 'yes'). Other services measured in the survey are highlighted in Graph 5 (on the right).

Graph 4. Public Health Service Utilization, CN Services - THA 2025



Graph 5. Public Health Service Utilization, CN Services - THA 2025



FOOD & NUTRITION

Access to nutritious food is essential for maintaining a healthy body, mind and spirit. Nutritious food, combined with physical activity, plays a crucial role in preventing and managing diseases, illnesses and other conditions, such as diabetes, depression and obesity. Healthy People 2020 established a target goal to "promote health and reduce chronic disease risk through the consumption of healthy diets and achievement and maintenance of healthy body weights." Nationally, the goal is to increase mean total vegetable intake per 1,000 calories from 0.76 to 1.16 cup-equivalents per 1,000 calories (CEPC). Meeting this goal requires access to affordable, fresh and nutritious foods for many families. In 2014, the area served by the USDA Food and Nutrition program, Choctaw Nation of Oklahoma Food Programs (CNOFP), was designated a food desert. A food desert refers to an area with limited access to stores that offer affordable, nutritious, and safe food. These areas tend to have a large proportion of low-income households with inadequate transportation and a limited number of food retailers that sell nutritious foods. A food desert can be measured by grocery density, which is the number of grocery stores per 1,000 people.

Table 2. USDA Food and Nutrition, count of people served monthly and annually during FY 2024.

CHOCTAW NATION FOOD PROGRAMS	# SERVED
Women Infant Child	5,153 (Monthly)
Food Distribution on Indian Reservations	5,277 (Monthly)
Senior Nutrition Program	5,177 (Monthly)
Next Step Initiative	622 (Monthly)
WIC Farmers Market Nutrition Program	5,600 (Annually)
Senior Farmers Market Nutrition Program	1,284 (Annually)
Hvshtula Senior Winter Fruit and Vegetable Program	1,003 (Monthly)

30,000

STUDENTS AT 83 SCHOOLS SERVED BY THE SUMMER EBT PROGRAM

5,600

PEOPLE ATTENDED WIC FARMERS MARKETS

1,284

SENIORS FARMERS MARKET PARTICIPANTS IN FY 2024

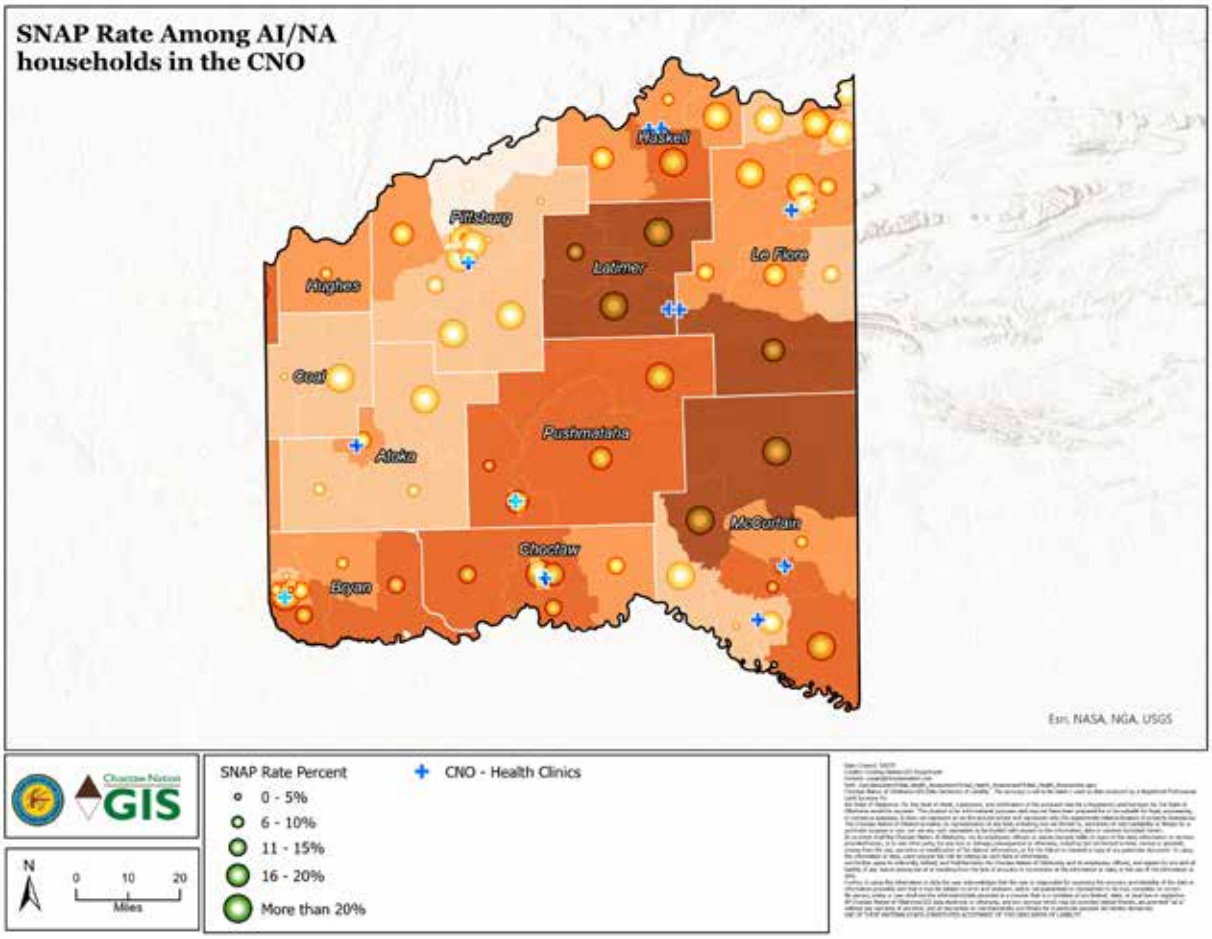
Within this food desert, the CNOFP serves tribal members from Choctaw Nation and other tribal nations in Oklahoma. There are several programs under this umbrella, including the Women, Infant and Children (WIC) Program, Senior Nutrition Program, Next Step Initiative, Food Distribution on Indian Reservations, WIC Farmers Market Nutrition Program, Senior Farmers Market Nutrition Program, and Senior Winter Fruits and Vegetable Program (see Table 2). Additionally, CNOFP served approximately 30,000 students in fiscal year 2024 across 83 schools on the Choctaw Nation Reservation. Most counties are primarily rural areas, where convenience stores often offer less nutritious food choices. The Choctaw Nation Diabetes Prevention Program contributed to the "Tribal Health and Resilience in Vulnerable Environments" study by participating in efforts to shift norms surrounding the accessibility of healthy foods at convenience stores. The results showed that the program increased the purchase of healthy foods.

FOOD & NUTRITION

FOOD INSECURITY

The Supplemental Nutrition Assistance Program (SNAP) is a food assistance program funded by the United States Department of Agriculture (USDA). To qualify for SNAP benefits, the gross monthly income must be at or below 130% of the poverty line, or the net income of the household after tax deductions must be at or below the poverty line, and assets must be less than $3,000 for households without elderly members present. Map 8 below illustrates the percentage of households that have received SNAP benefits in the past 12-month period at the census block level. The pattern is similar to Map 7, above; areas where households do not have access to a car also show that more than 20% of households are in the SNAP program. SNAP is not offered through the Choctaw Nation, but many tribal members choose to apply for this program through the state.

Map 8. Choctaw Nation jurisdictional area, household SNAP Benefits, 2023.

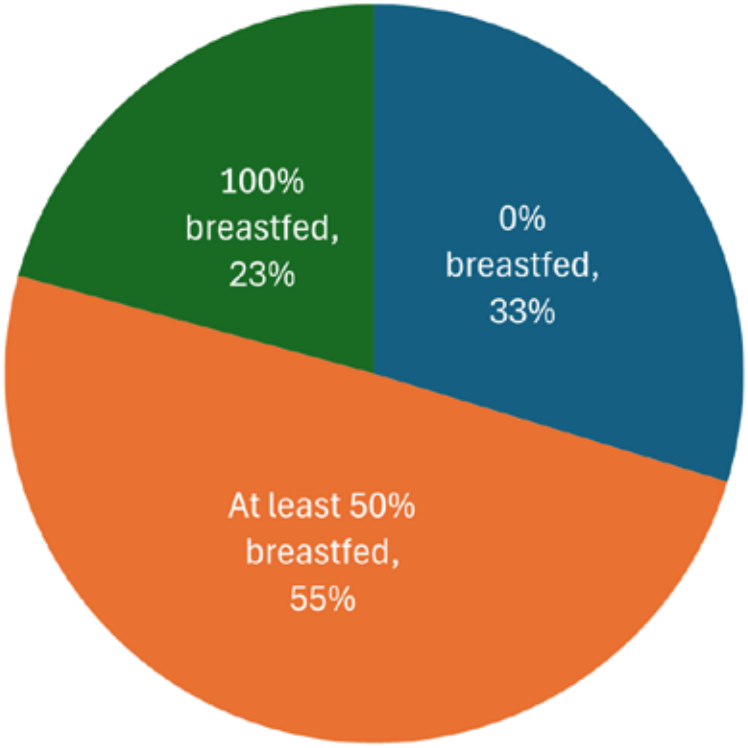


Source: American Community Survey, 5-yr estimates, (2023). 27. Jernigan, V.B.B., et al. (2019).

BREASTFEEDING

Breastfeeding provides a healthy foundation for infants and young children. There is evidence that breastfeeding strengthens infants' immune system development and reduces the risk of childhood obesity. Recent analysis found that 55% of infant patients within CNHSA are breastfed at least 50% of the time. 23% of Infant CNHSA patients are reported to have been solely breastfed. IHS GPRA Target Rates for Individuals exclusively or almost exclusively breastfeeding at 2 months is 44.1% for FY2025.

Graph 6. CNHSA: Breastfeeding rates, August 2024 - August 2025



Source: RPMS, (2025).

CHRONIC DISEASE PREVENTION

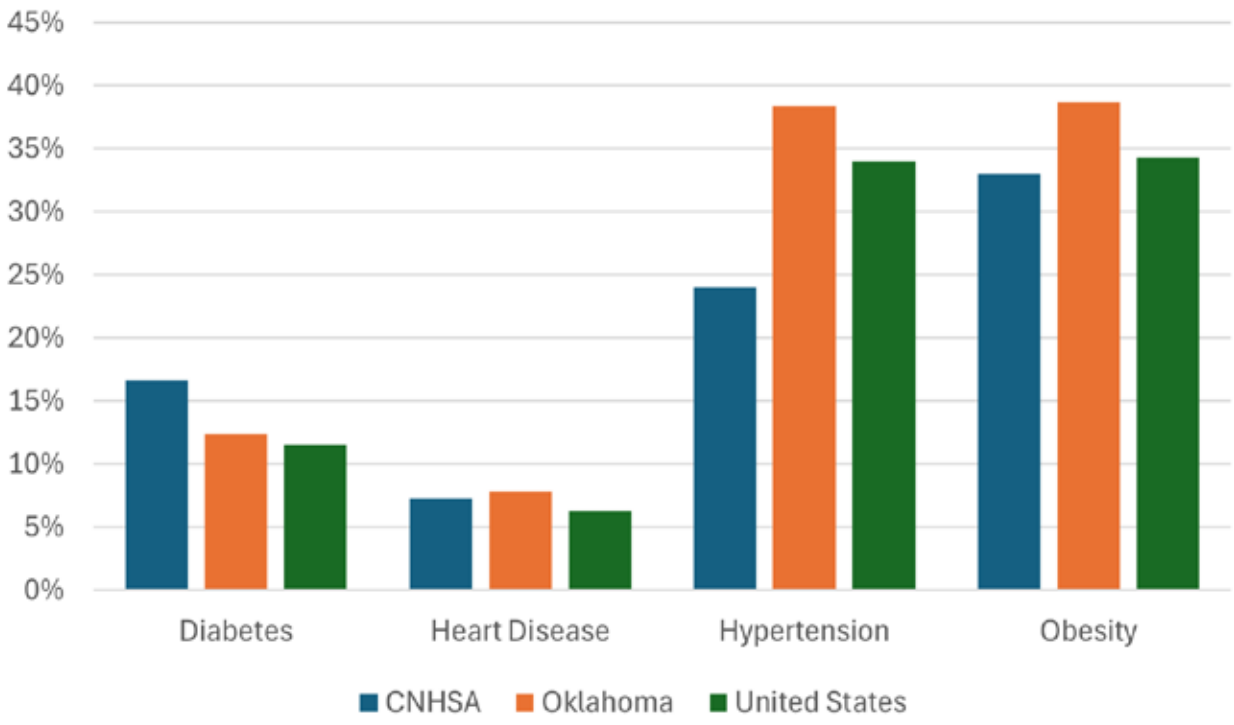
At the heart of preventing chronic health conditions is understanding that there are personal, social, economic, and environmental factors that interact with each other to impact our health and well-being. Maintaining health is more than personal lifestyle, behavior, and genetic makeup. Some factors influence our health and the likelihood of becoming unwell. We've shared social determinants that can positively or negatively impact our ability to maintain our own, our families' and our communities' health. Among these determinants are educational attainment, housing, economic stability and food scarcity (see Graphs 1, 2, 3 and Maps 2, 3, 4, 5). The social determinants identified can play a role in the onset of diabetes, obesity, cancer, substance abuse/misuse, suicidal ideation and depression.

PREVALENCE OF HEALTH DISEASE AND CONDITIONS

AIAN who obtain CNHSA services remain impacted by diseases and health outcomes such as diabetes, heart disease, high blood pressure and obesity (see Graph 7). CNHSA data specifically refer to the AIAN population served by CNHSA, while the U.S. data is inclusive of all races/ethnicities.

Graph 7 compares the percentage of AIAN adults in CNHSA, Oklahoma and the U.S. percentage of diagnoses across four primary chronic health conditions. In 2024, 16.64% of AIAN in CNHSA were diagnosed with diabetes, compared to roughly 12.4% of adults living in Oklahoma and 11.5% of adults in the U.S. Heart disease affected 7.28% AIAN served by CNHSA, compared to 7.8 % in Oklahoma and 6.3% of adults in the U.S., all races/ethnicities. Heart disease, for this report, means having a physician tell the individual they have angina or cardiovascular disease. A contributing factor to heart disease is high blood pressure. CNHSA patients have a lower percentage of high blood pressure diagnoses than those in Oklahoma and the U.S., at 24%, 38.4%, and 34%, respectively. Finally, 33% of AIAN adults served by CNHSA, compared to 38.7% of adults in Oklahoma and 34.3% of adults in the U.S., met the diagnostic criteria for obesity, as defined by BMI. 33

Graph 7. CNHSA: Prevalence of chronic health condition diagnoses compared to all races/ethnicities in Oklahoma and U.S., 2023-2024.



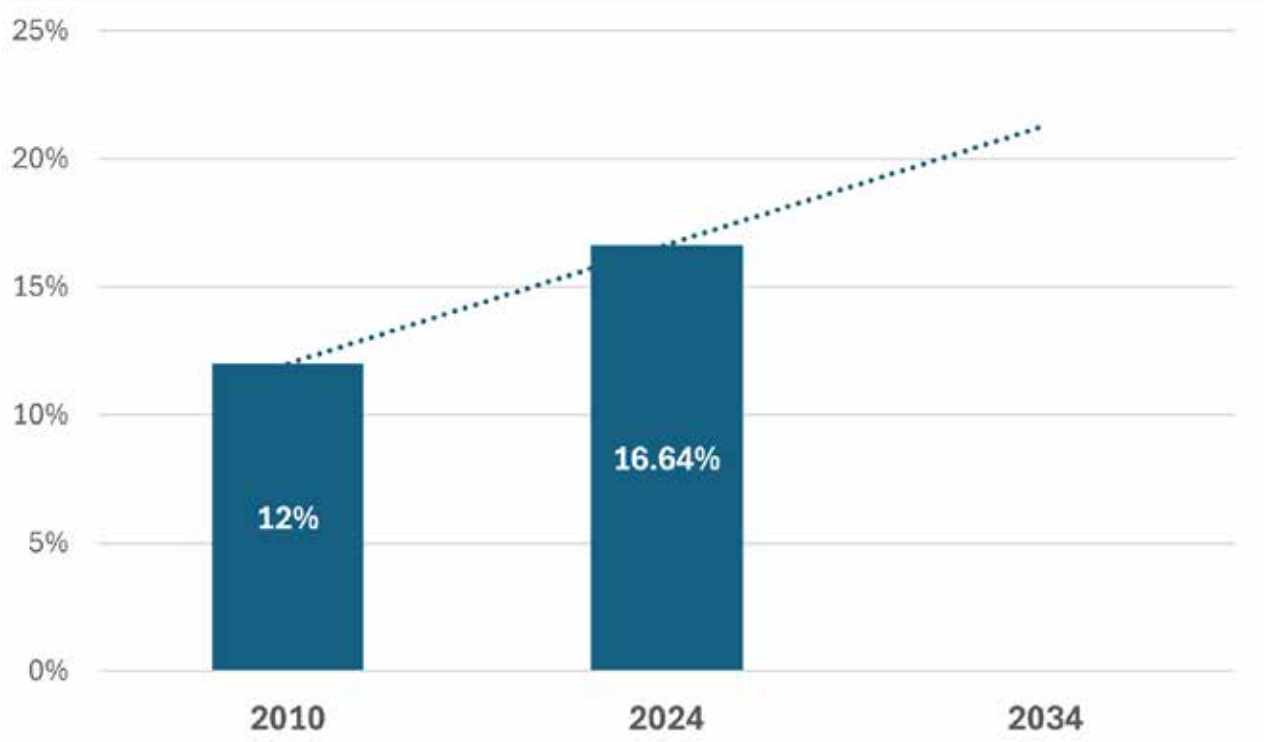
Source: CNHSA RPMS (2024); US and OK - CDC-Behavioral Risk Factor Surveillance System (2023); crude prevalence

CHRONIC DISEASE PREVENTION

DIABETES AND OBESITY

Chronic disease conditions among community members residing within the Choctaw Nation are presented below (see Graph 8). Graph 8 depicts the trends in diabetes diagnoses among CNHSA patients.

Graph 8. CNHSA: Diabetes prevalence 2010-2024



Source: CNHSA RPMS Data, Accessed August 2025

From a strength-based perspective, the trend in diagnosis and management of diabetes has not changed dramatically since 2010, ranging from 12% to 17% across a 15-year period. While there may be a modest increase in diagnoses, CNHSA continues to increase screening opportunities among patients and community members. Eating nutrient-dense foods, incorporating physical activity and movement, and maintaining connections or support networks are protective factors that prevent diabetes diagnosis and improve diabetes management. The rate of obesity among CNHSA patients has drastically decreased between 2016 and 2024, from 41% to 17%, respectively.

17%

OBESITY DIAGNOSIS RATE AMONG CNHSA PATIENTS IN 2024

24%

REDUCTION IN OBESITY PREVALENCE SINCE 2016

The significant reduction in obesity rates among CNHSA patients is evidence that the health education programs, promotion of physical activity, and access to healthy meal programs offered by the Choctaw Nation are significantly improving the health of our people. BMI is a calculation that adjusts weight for height. The calculation is considered a proxy for measuring body fat. It is used despite not being able to distinguish between muscle and body fat when calculating body composition. Therefore, providers must consider this when working with patients, rather than relying solely on the BMI scale. Increased body fat is a risk factor for chronic conditions, including obesity, diabetes and fatty liver disease. There is a relationship between our ability to metabolize foods and our immune system.

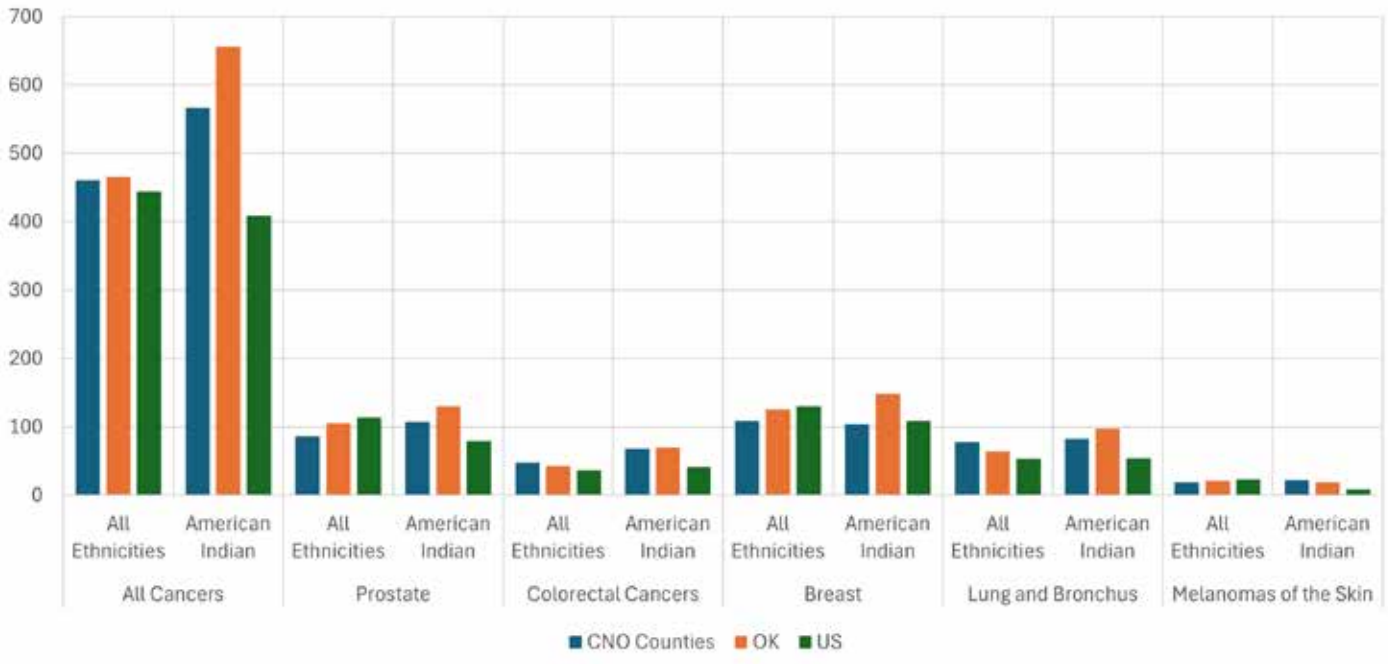
The Choctaw Nation offers the Diabetes Prevention Program, a nationally recognized initiative that promotes positive lifestyle changes, healthy eating and physical activity through the use of a lifestyle coach. Choctaw Nation Wellness Centers also encourage community members to use the facilities for physical activity and movement. The challenge posed by these diseases and conditions is that, for the most part, they are preventable and manageable. Yet, having multiple conditions at the same time can cause poor long-term effects on the health and well-being of community members. Co-existing conditions increase risk and vulnerability to other chronic and infectious diseases and illnesses that can lower their quality of life and life expectancy.

CHRONIC DISEASE PREVENTION

CANCERS AND SCREENINGS

Over the past twenty years, cancer diagnosis has gone from an acute disease to a chronic condition, with improved screening, management and treatment. Graph 9 provides a comparison of cancer rates for the Choctaw Nation Reservation, State of Oklahoma and the United States.

Graph 9. Choctaw Nation jurisdictional area, age-adjusted cancer rates compared to Oklahoma and U.S. rates, 2017-2021



*Sources: OK2SHARE (2025); prostrate per 100,000 men, cervical and breast per 100,000 women. 36. Oklahoma State Department of Health, Disease, Prevention, & Preparedness Service, Chronic Disease Service, Oklahoma Central Cancer Registry 2017-2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE) *For CN Counties and Oklahoma, American Indian identification is linked through IHS*

Between 2017 and 2021, the most prevalent cancers reported among all races within the Choctaw Nation include breast, prostate, colorectal, lung and bronchus and melanomas of the skin. The overall cancer incidence within the Choctaw Nation was 460.3 per 100,000 people, which is higher than the U.S. incidence rate of 444.4 but similar to that of the state of Oklahoma, at 466.1 per 100,000 people.

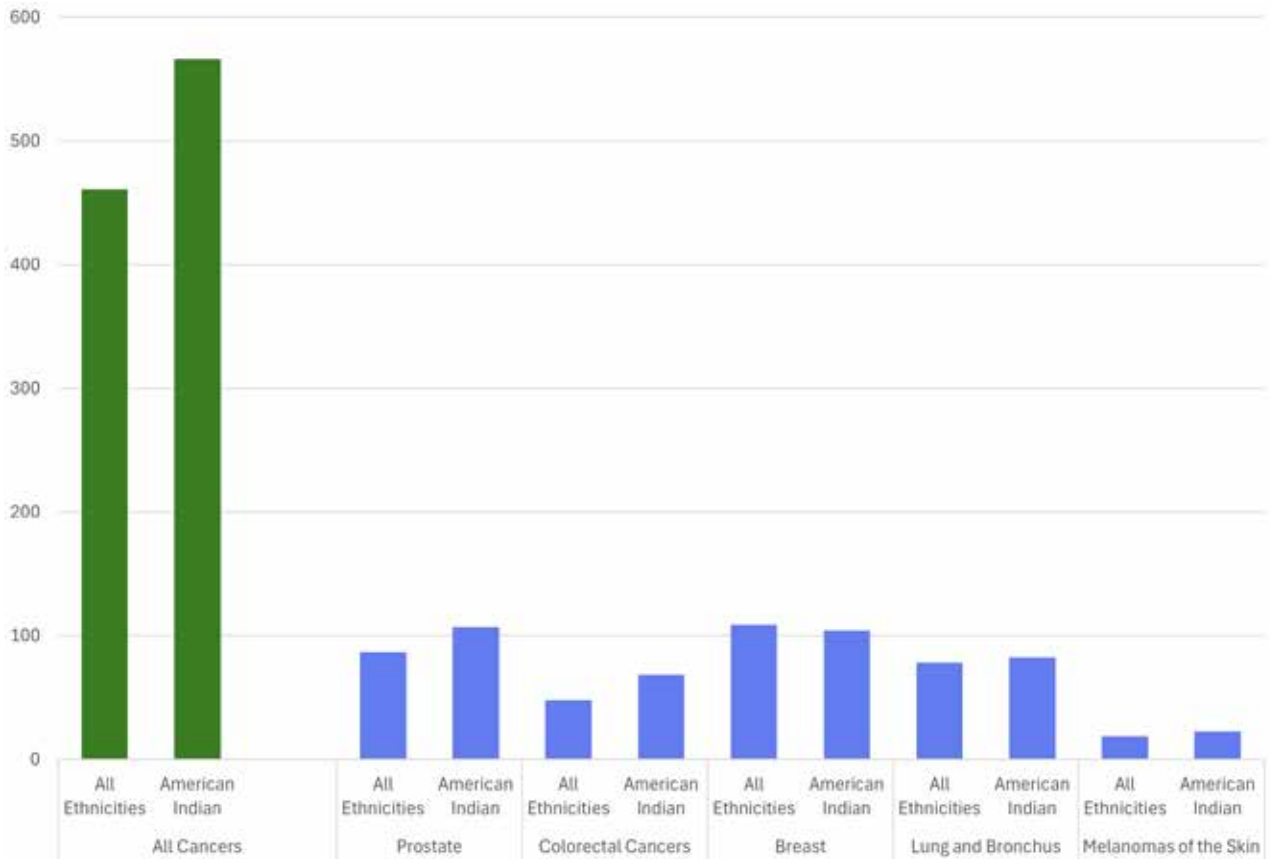
Prostate cancer incidence within the Choctaw Nation was 86.8 per 100,000 people, with a higher incidence among AIAN populations living within the reservation, 106.8. While the overall prostate cancer incidence rate was lower than the U.S. and Oklahoma incidence rates, 113.2 and 105.3, respectively, the incidence of

prostate cancer among Native individuals living within the Choctaw Nation was higher than the U.S. rates of 79.3, but lower than the State's incidence rate of 130.2.

Breast cancer incidence rates among women living within the Choctaw Nation were lower than those of Oklahoma and the United States, 108.7 compared to 125.4 and 129.8, respectively. This incidence trend is similar among AIAN women living within the Choctaw Nation. Lung and bronchus cancers continue to be more prevalent among Choctaw Nation residents, with 78.2 per 100,000 incidence rates reported, compared to 53.1 and 64.1 across the United States and the state of Oklahoma, respectively.

Colorectal cancer incidence within the Choctaw Nation was similar to that of Oklahoma, 47.8 and 42.8, respectively; however, AIAN colorectal cancer incidence sharply increased both within the Choctaw Nation and Oklahoma, 68.5 and 69.7, respectively. Both incidence rates in the Choctaw Nation and the state of Oklahoma are higher than the U.S. incidence of colorectal cancer diagnoses.

Graph 10. Five-year incidence rates of top cancers reported within the Choctaw Nation, 2017- 2021.



OK2SHARE Cancer Registry Data, Accessed June 2025.

CHRONIC DISEASE PREVENTION

When comparing cancer incidence by race, Native American individuals were the highest among both the state of Oklahoma and the Choctaw Nation. However, cancer incidence among Native Americans within the Choctaw Nation was lower than that of the state. Caucasian individuals had the second-highest cancer incidence by race, followed by African Americans and Asian individuals.

CANCER INCIDENCE

Table 3. Cancer Case Count and Age-Adjusted Incidence Rates by Race/Ethnicity (2016-2020)

	CHOCTAW NATION OF OKLAHOMA		STATE OF OKLAHOMA	
RACE/ETHNICITY	NUMBER OF CASES	AGE-ADJUSTED INCIDENCE RATE	NUMBER OF CASES	AGE-ADJUSTED INCIDENCE RATE
White	6,316	444.1	91,767	467.5
Black/African American	227	433.8	6,697	453.5
American Indian	1,166	543.7	11,046	631.5
Asian	43	498.8	1,402	331.4

Accessing CNHSA healthcare services and prevention programs regularly is a crucial preventive measure for community members. Screening improves the likelihood of early diagnosis and treatment for cancers, leading to improved life expectancy. The percentage of screening performed by the CNHSA for cancers, including cervical, breast and colon, has been consistently above the U.S. Prevention Task Force rates, according to the State of the Nation report for 2019. In fiscal year 2024, 60% of CNHSA patients between the ages of 40 and 75 completed their recommended colorectal screening(s) at a CNHSA facility. Colorectal screenings are available at CNHSA facilities located in Talihina and Durant, and self-collection testing options are available to those meeting the eligibility criteria.

60%

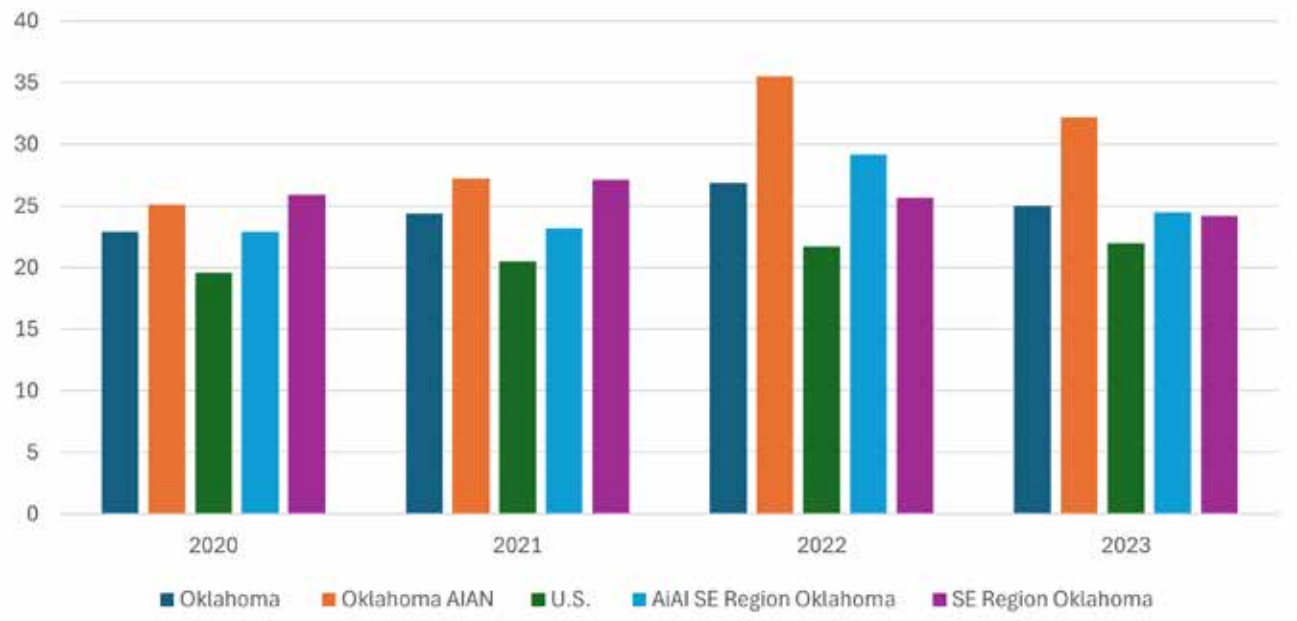
OF CNHSA PATIENTS AGES 40-75 RECEIVED THEIR COLORECTAL CANCER SCREENING IN FISCAL YEAR 2024.

This quality of care extends to mammogram screenings, which are crucial for detecting breast cancer. Screening for potential cancers is very important for early detection and treatment, should a provider identify a problem. For example, mammograms are screenings that will make sure any breast cancer is detected early for treatment. In 2024, 35% of female CNHSA patients aged 52-75 completed their annual mammogram at a Choctaw Nation Healthcare facility. Note: This figure does not include self-reported mammogram completion at outside facilities.

MENTAL & BEHAVIORAL HEALTH

The story of health within the Choctaw Nation would not be complete without sharing information about our well-being, about our mental and behavioral health. Increasingly, we understand the impact of mental and behavioral health on our physical health and vice versa. In addition, we recognize the impact that social determinants, including economic and food insecurity, unemployment and a lack of transportation, can have on mental and behavioral health. Although behavioral health services are offered in multiple locations throughout the reservation, the barriers reported previously in this assessment, (e.g., families without a car, limited awareness of services available, etc.) may still impact utilization of needed care. Oklahomans have reported higher percentages of depression than the U.S. (see Graph 11). In 2023, among AIAN in the state, 32.2% reported having a form of depression, a percentage that was significantly higher than that reported by the total population in the U.S., 22.0%. Depression (in 2023) reported among AIAN living in southeast Oklahoma was lower than that of AIAN reporting depression statewide, 24.5% and 32.2%, respectively.

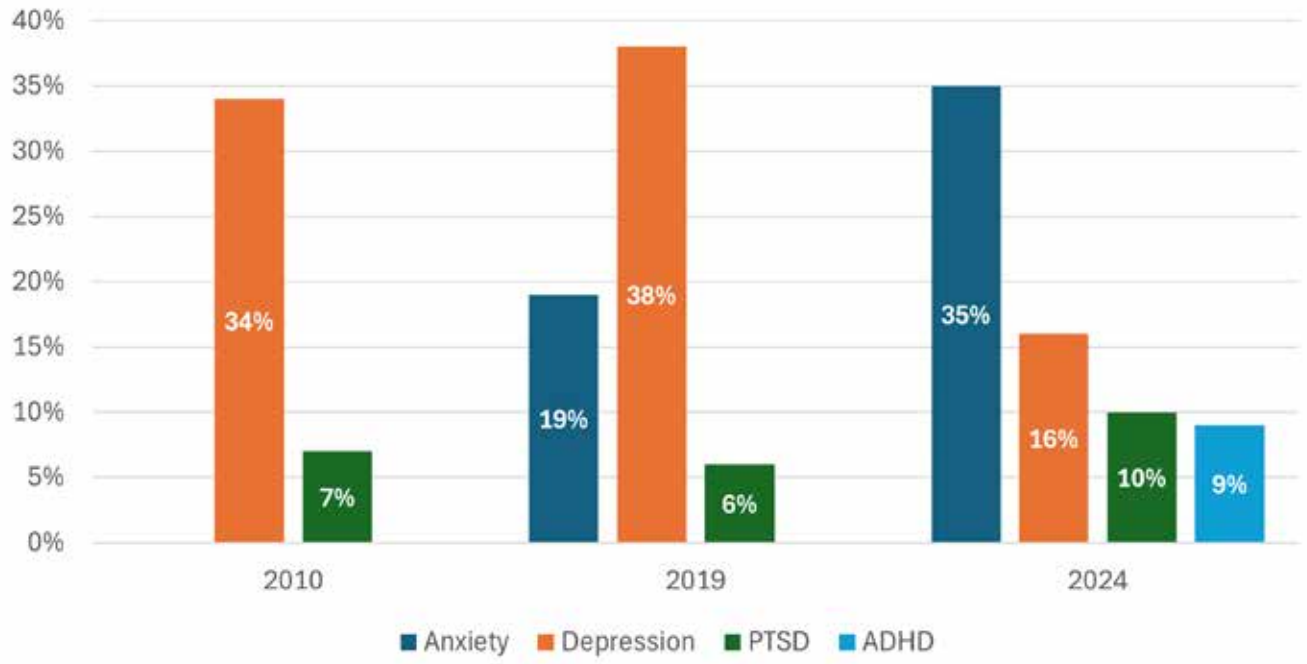
Graph 11. Adults, with reported depression, all races/ethnicities, 2020-2023



Source: OK2SHARE Oklahoma BRFSS Data. Accessed August 1, 2025

Over the past decade, the CNHSA Behavioral Health department has experienced significant growth. Anxiety is the top diagnosis for CNHSA Behavioral Health patients. In 2024, 35% of Behavioral Health patients were diagnosed with anxiety disorder. Depression is the second most common diagnosis among CNHSA patients in 2024, 16%, followed by PTSD (10%) and ADHD (9%). See Graph 13 below. Note: ADHD rates were not available for 2010 and 2019, nor was the 2010 anxiety diagnosis rate.

Graph 12. CNHSA: Prevalence of mental and behavioral health conditions among patients, 2010-2024.



Source: CNHSA, Behavioral Health Services (2024).

The above trends are notable for consideration of community health and wellbeing, understanding comorbidity, and determinants of health. The rise in total clients and inclusion of anxiety as a top mental health diagnosis could be associated with negative social determinants that are putting pressure on individuals and families, causing increased anxiety and depression. There could be an increase in the total number of clients seen per year due to increased awareness of the programs offered by CNHSA Behavioral Health and improved facility access as new CNHSA facilities are opened.

MENTAL & BEHAVIORAL HEALTH

FACILITIES AND SCREENINGS

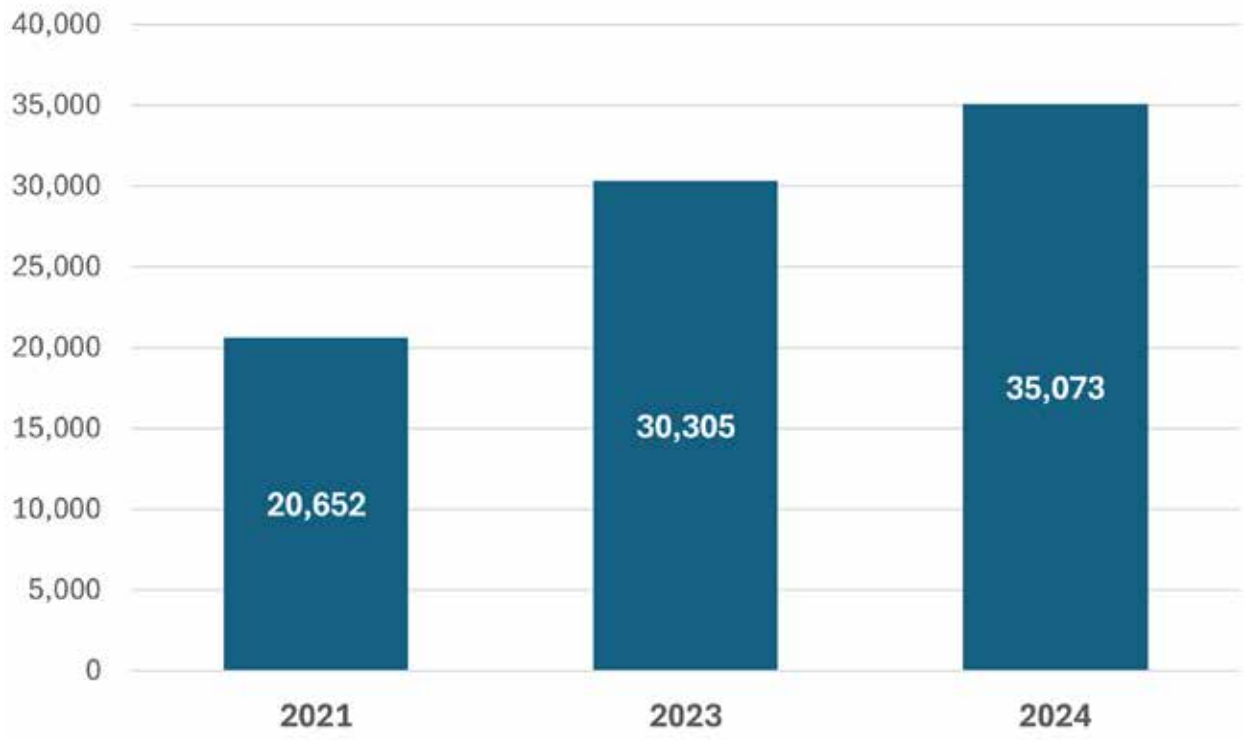
Choctaw Nation Behavioral Health Department operates 12 behavioral health facilities across the Choctaw Nation Reservation, including two inpatient recovery centers, four Wind Horse Counseling Centers and numerous outreach programs. Utilizing an integrated approach, CNO Behavioral Health clinics are commonly integrated within CNHSA healthcare facilities, allowing for easy access, quick referrals, and in-house assessments within both the primary care setting and the Behavioral Health Department.

The Behavioral Health Department offers individual and family counseling services, case management services, substance abuse counseling, child/partner abuse counseling, psychiatric medication evaluations and management, crisis intervention and suicide prevention services.

Additionally, CNO Behavioral Health operates various prevention and support programs, including the 988 Tribal Suicide Prevention program, Adult Reentry Services, the Ahni House for Child Advocacy Services, Hvshi Akucha and Sita Homakbi services related to domestic violence and sexual assault, as well as numerous other impactful programs.

Visit the Choctaw Nation Behavioral Health webpage for additional information on current and new program offerings.

Graph 13. Choctaw Nation Behavioral Health Patient Encounters 2021 – 2024



Source: RPMS EHR Data; Choctaw Nation State of the Nation 2023 Annual Report

DEPRESSION AND SUICIDE SCREENING, ASSESSMENT AND FOLLOW-UP

As a prevention measure for behavioral and mental health conditions, CNHSA offers screening services for depression, suicide prevention, substance use treatment, and psychiatric services. Per CNHSA policy, all patients complete the Ask Suicide Screening Questionnaire (ASQ) at least once annually. However, Choctaw Nation Public Health and Behavioral Health Best Practices recommends that CNHSA providers screen patients every quarter.

Integrated therapists across the CNHSA healthcare system, both within the Talihina hospital and clinics, are on-site to address positive ASQ screens for depression or suicide prevention with an assessment, follow-up and referral. Sites without integrated therapists are staffed with outpatient counselors.

Upon referral, integrated therapists maintain a continuum of care with bi-weekly follow-up calls until the patient is established with suitable treatment for depression. If the suicide screen question on the ASQ is positive, the patients complete the patients complete the Columbia Suicide Severity Rating Scale (C-SSRS) assessment and are provided with an approved Suicide Prevention Resource list and appropriate referrals to Behavioral Health or Integrated Care, depending on assessment results. All patients presenting to the Emergency Department or admitted to the Medical Surgery unit complete a C-SSRS. Integrated Care therapists are on-site at the Talihina hospital and CNHSA clinics to address suicidal ideation and prevention. The hospital maintains three integrated therapists: one in the Emergency Department, one for general behavioral health needs and one in the Women's Clinic. Integrated therapists are available on site at the Poteau, McAlester, Idabel, and Durant clinics. CNHSA Behavioral Health maintains a 24/7 on-call for crisis needs that occur outside of clinical hours.

SUBSTANCE USE TREATMENT

CNHSA maintains two residential treatment facilities: The Recovery Center for men has a 28-client capacity, and Chi Hullo Li for women has an 18-client capacity, allowing for two children up to age 12 at the women's facility (a third may be permitted if the child is an infant). Services are free for all Choctaw Nation tribal members regardless of residence and for all other Certificate of Degree of Indian Blood (CDIB) card holders who live in the Choctaw Nation Reservation. In 2024, the Recovery Center admitted 79 clients, and Chi Hullo Li admitted 51 clients. Outpatient services for substance use treatment are available at all eight clinical locations and the main hospital within the Choctaw Nation. CNHSA Behavioral Health employs over 56 practicing clinicians, including Licensed Professional Counselors, Licensed Alcohol and Drug Counselors and Licensed Social Workers, with opportunities for supervised experience toward all licensures.

DATA CONSIDERATIONS AND LIMITATIONS

Identifying shared purpose and community health indicators that required pulling data from across Choctaw Nation programs was an important step towards realizing the aspirations of a unified system for community health. Each section above includes data and information gathered from various sources within and outside of the Choctaw Nation. Each figure, map or graph has a description to make the connection to community health. The majority of data and information were obtained from the American Community Survey, the CNHSA electronic health record data (RPMS, EPIC), the Choctaw Nation of Oklahoma Food Programs, the Choctaw Community Health Surveys and the Choctaw Nation Behavioral Health and Diabetes Prevention Program. Other sources include the Indian Health Service and the Centers for Disease Control and Prevention. The data was collected, reviewed for quality and synthesized for use in this report. There are limitations to the data shared in this report that should be considered when viewing the data:

CHOCTAW COMMUNITY HEALTH SURVEY:

Disseminated at clinics across the jurisdictional area, the survey yielded a total of 1,188 surveys for analysis. This was a sufficient sample size to demonstrate statistical significance in subgroups (e.g., AIAN vs. non-AIAN). We used SPSS to run comparisons between subgroups (e.g., Indigenous identity, county clusters). The only limitations associated with the survey data are that it was self-reported, which may introduce bias and is not verifiable. The updated survey, administered in 2025 (n = 928), was distributed online via CNHSA social media channels and promoted at CNHSA clinics, wellness centers and community centers across the reservation boundaries.

CHOCTAW NATION PROGRAM LEVEL DATA:

Accessing and collecting data to establish prevalence and incidence is challenging when there is no centralized data repository. Data sharing requires a process and agreements, both formal and informal. Program-level data shared is primarily collected as outputs of activities for performance monitoring. This made it difficult to use for following trends or conducting comparisons that would facilitate meaningful interpretations during the initial assessment process. For example, we only have counts for language and food programs, as well as the use of the behavioral health program. This posed challenges for getting Choctaw Nation-specific data; yet, it is not insurmountable.

CDC-BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEMS (BRFSS): The BRFSS is a phone survey that collects state-level data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services. The limitation of using BRFSS data compared to clinical data is that it relies on self-reported information; most often, the respondent is asked, "If you've been told . . ."

RPMS: This is performance data from the RPMS database, including selected indicators and entries into the EHR system. In this report, the Resource and Patient Management System (RPMS) provided the clinical information used for GPRA measurements. Mortality and certain morbidity data are not collected within the RPMS system. Limitations to the use of RPMS include the validity and reliability of the data, which depend on accurate diagnosis and coding, as well as only capturing data from CNHSA patients.

U.S. CENSUS: The American Indian density data is likely an underreporting of the actual data. It only represents self-identified AIAN data, does not provide tribal affiliation, and excludes individuals who identify as AI in combination with another race/ethnicity.

U.S. CENSUS - AMERICAN COMMUNITY SURVEY: This survey provides yearly county and tract-level data for demographics, social and structural determinants of health. We used a one-year estimate from 2018 and a five-year estimate from 2019 to 2023. Information on Choctaw Nation tribal affiliation is not collected in the U.S. Census; therefore, tribally specific data is not represented on the Choctaw Nation Reservation.

U.S.CENSUS – OKLAHOMA TRIBAL STATISTICAL AREA FOR CHOCTAW (OTSA):
The OTSA for Choctaw Nation allows for analysis of reservation-level data obtained from census data to better gauge relative indicators and detailed data associated with the tribal health assessment findings and contributing factors.

OK2SHARE OKLAHOMA: This is a publicly accessible, web-based query system that provides data from Oklahoma state vital statistics, hospitals and ambulatory surgery centers, health surveys (such as BRFSS and YRBS), and health registries (including congenital disabilities, cancer, STDs and injuries). Limitations to this data are primarily the racial misclassifications that result in either over- or under-reporting of American Indian status data.

CONCLUSION

The Choctaw Nation's THA exemplifies its commitment to servant leadership, cultural preservation and holistic well-being. By leveraging data, community voice and tradition, CNHSA is building a healthier, more resilient Choctaw Nation—today and for future generations.

NEXT STEPS

This Tribal Health Assessment Report will directly inform the development of a Tribal Health Improvement Plan (THIP) and guide strategic decisions across CNHSA. Continued community engagement, data sharing and partnership building will be vital to achieving measurable health improvements and long-term accreditation goals. The Choctaw Nation of Oklahoma is dedicated to enhancing the health and well-being of our communities and safeguarding the public health interests of the historic Choctaw Nation Reservation.


THE GREAT SEAL
OF THE CHOCTAW NATION