



American Indian
Cancer Foundation®

INDIGENOUS FOOD IS MEDICINE TOOLKIT



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INTRODUCTION

Welcome Message from AICAF

“When we choose foods that our ancestors thrived on, we are choosing health and resilience. The berries, corn, beans, wild rice, and other gifts from the land carry nutrients that help prevent cancer and other chronic disease. These foods teach us that prevention begins long before illness, it begins in the soil, in our kitchens, and in our communities. Food is medicine and by thinking of every meal as an opportunity to nourish and protect us.”

—Melissa Buffalo, CEO, American Indian Cancer Foundation

The [American Indian Cancer Foundation \(AICAF\)](#) is a national Native non-profit organization established to address the tremendous cancer inequities faced by Native communities. The mission of the American Indian Cancer Foundation is to eliminate the cancer burdens on American Indian and Alaska Native people by improving access to prevention, early detection, treatment, and survivor support.

AICAF, in partnership with FreshRx Oklahoma, a food prescription program serving the Tulsa area and beyond, and the Indigenous Cancer Solutions Oklahoma Coalition (ICS-OK), a statewide coalition of Tribal leaders, health professionals, and community members dedicated to advancing Indigenous-led prevention efforts, we have worked together to create this Indigenous Food is Medicine (FIM) Toolkit.

This toolkit is designed to support Tribal Nations as they strengthen food sovereignty, reclaim ancestral foodways, and advance health and healing in their communities, at their own pace and in their own way, through sustainable Food is Medicine programs. The toolkit is adaptable and tribally led, recognizing that each community holds knowledge, traditions, and pathways to wellness.

The need for culturally rooted food and health resources is urgent. Oklahoma has among the highest diabetes prevalence rates in the nation (2022, data), exceeding the U.S. average, with the highest



burden falling on AI/AN communities. Within the present-day boundaries of Oklahoma are 39 sovereign Tribal Nations and more than 579,000 American Indian and Alaska Native people (U.S. Census Bureau, 2020). These communities face disproportionate burdens of chronic disease, including diabetes, heart disease, and cancer, which are the top two causes of death in Oklahoma (CDC, 2024).

Food is Medicine programs that build food sovereignty are not only about nutrition. These programs are about healing, resilience, and the right of Tribal Nations to define wellness. This toolkit offers practical resources, examples, and pathways for integrating Food is Medicine into both community and clinical settings.

Grounded in Indigenous values of cultural relevance, community responsibility, and intergenerational knowledge, this toolkit is also rooted in hope. Hope that Tribal Nations can restore health and healing through food, that future generations will thrive, and that the best days are still ahead. The intention of this toolkit to be both a guide and a source of inspiration to help Tribal Nations design programs that honor traditions, strengthen sovereignty, and create healthier generations to come.

Purpose & Goals

The purpose of this toolkit is to support Tribal Nations in creating and sustaining Food is Medicine (FIM) programs that are rooted in sovereignty, culture, community wellness, and the reclamation and rematriation of traditional foodways.

Our goals are to:

- **Ancestral Foodways:** Reclamation and rematriation of ancestral foodways as a foundation for health and healing.
- **Local Food Economies:** Support Tribal food producers and keep food dollars circulating within the community.
- **Chronic Disease Prevention:** Address chronic disease through access to nutrient-dense, traditional foods available through tribal healthcare systems.
- **Education:** Provide education that empowers individuals, families, and communities to make healthy food choices.



- **Access:** Reduce barriers and increase access to fresh, local, and traditional foods for Tribal citizens.
- **Practical Tools:** Provide practical tools, templates, sample budgets, recipes, and evaluation models that can help programs succeed.
- **Sovereignty:** Strengthen sovereignty by ensuring Tribes design, lead, and benefit from FIM efforts in their own way.

How to Use This Toolkit

Think of this toolkit as a basket of resources. You may not use every piece, and that's okay. Each section stands on its own, so you can turn directly to what you need, whether it's a sample class plan, guidance on evaluation, or examples from other FIM programs. The appendices contain templates and resources you can copy and adapt.



The toolkit is designed for:

- Tribal health and wellness staff
- Community health representatives and nutrition educators
- Tribal leaders and policy makers
- Producers and growers interested in FIM programs
- Anyone working to strengthen food sovereignty and health in Indian Country

Definitions

For clarity, here are some key terms as we use them in this toolkit (*more terms defined in the Appendix*):

- **Food Sovereignty**—The right of a community to define its own food system: what is grown, how it's shared, and how it reflects cultural values.
- **Food is Medicine (FIM)**—The practice of using healthy, culturally relevant foods as a direct part of healthcare, disease reversal and prevention.



- **Rematriation** is the return of land, seeds, traditional foods, and cultural knowledge to Indigenous communities, restoring them to the care of their original stewards and renewing reciprocal relationships with the land.
- **Ancestral Foodways**—Traditional foods and practices handed down through **Value-Based Care**—A healthcare model that focuses on overall wellness and prevention, not just treating disease.
- **Culturally Informed Evaluation**—Measuring outcomes in a way that respects Tribal values, stories, and knowledge systems, not only Western metrics.

Acknowledgement of Contributors

This toolkit was made possible through the guidance of many; elders who shared their knowledge, growers who are reclaiming our foodways, health workers who connect food to healing, and community members who reminded us why this work matters. We thank each person who contributed their time, stories, and wisdom.

Special thanks to our contributors Erin Martin of FreshRx Oklahoma, Kiandra Call of FreshRx Oklahoma, Cynthia Rollins of FreshRx Oklahoma, Veronica Pipestem, Ellen Brown of Healthcare Actually, Chief Tim Rhodd of Ioway Kansas Nebraska Tribe, Nico Albert Williams of Burning Cedar, Amy Warne, MBA, RD/LD, Kathleen Gray with Oklahoma City Indian Clinic, Travis Andrews with Native Farming Solutions, and Kendra Wilson-Clements with We the People Consulting.

We also acknowledge our ancestors, whose resilience and teachings are the foundation of all that follows.



BACKGROUND

Chronic Disease and Health Outcomes in Oklahoma Tribal Nations

Across the Tribal Nations whose homelands are now called Oklahoma, Native people experience some of the highest rates in the country of diet-related disease, including type 2 diabetes, heart disease, and obesity. These health disparities are the result of historical trauma, loss of land, and forced reliance on outside food systems. For generations, federal commodity programs and industrialized food distribution replaced traditional foodways with highly processed, calorie-dense but nutrient-poor foods. These systems were built to deliver cheap calories, not nutrient density, and their long-term impact has been directly tied to increased disease processes in Native communities.

It is important to note that the following data reflect health outcomes among American Indian and Alaska Native peoples living within the present-day boundaries of Oklahoma. We acknowledge that Tribal Nations existed on these lands long before the establishment of the state.



This has led to high rates of chronic disease prevalence and health disparities among Tribal Nations, both at the state and national level including:

- Cancer incidence rates are almost 1.5 times higher among AI/AN individuals in Oklahoma compared to non-Hispanic white individuals. (U.S. Cancer Statistics Data Visualizations, 2022)
- In 2022, Oklahoma ranked 3rd in the nation for the highest obesity rates. Additionally, there are racial/ethnic disparities at both the state and national level. (U.S. Cancer Statistics Data Visualizations, 2025)
- Oklahoma has one of the lowest life expectancies at birth across the United States, 72.7 years compared to 76.4 years (National



Center for Health Statistics, 2023), and AI/AN individuals have the lowest life expectancy in the U.S. at 65.6 years when comparing by race and ethnicity (Arias et al., 2023).

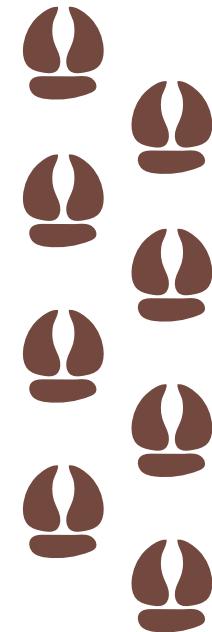
- The disease cost burden is disproportionately higher, with funding disproportionately lower for Tribal Nations.

Food is Medicine programs offer a way to restore balance. By bringing tribally grown, nutrient-dense, and culturally meaningful foods into homes, clinics, and community gatherings, we can address chronic disease while also strengthening sovereignty. This also reflects financial savings that offset the insufficient federal funding for Tribal Nations. Programs in Oklahoma have already shown success: prescription produce programs, farm-to-school initiatives, and wellness classes led by elders are reconnecting food, health, and culture.

Food Sovereignty

In Oklahoma, 39 Tribal Nations call this land home. Each Nation carries unique foodways, from the prairie foods of the west, to the woodland traditions of the east, to river- and lake-based fishing practices across the state. Some Tribes were forcibly removed here, bringing seeds, recipes, and practices that blended with local ecosystems. Others have called this place home since time immemorial. Together, these foodways reflect both survival and resilience.

Food sovereignty means having the power to define our own food systems: what is grown, how it is shared, and how it connects us to culture and ceremony. This includes everything from seed keeping and hunting to producing local beef and running Tribally-owned grocery stores. Sovereignty in food strengthens sovereignty in health, governance, and the economy.



Cultural Resilience Through Localized Food Systems

Colonization disrupted Indigenous foodways across Oklahoma. Allotment, removal, boarding schools, and commodity food programs cut families off from the foods that once sustained them. Highly processed foods replaced wild onions, corn, beans, squash, pecans, persimmons, bison, and fish. Yet, cultural resilience is strong here.



Across the state, Tribal Nations are restoring foodways:

- **Cherokee Nation Seed Bank:** The Cherokee Nation operates a Seed Bank program that offers heirloom seeds to tribal citizens interested in cultivating traditional Cherokee crops. These seeds are produced locally by trained staff and are intended for cultural use, not for sale. The program aims to preserve Cherokee agricultural heritage and promote food sovereignty.
- **Choctaw Nation's Choctaw Fresh Produce:** Choctaw Fresh Produce is a farm initiative by the Choctaw Nation that supplies locally grown foods to schools, stores, and health programs. The farm produces fresh beef and other agricultural products, which are distributed to various institutions, including public schools in Southeastern Oklahoma.
- **Osage Nation's Harvest Land:** Harvest Land is a significant development in the Osage Nation's food sovereignty efforts. Located in Pawhuska, Oklahoma, it includes a 40,000-square-foot greenhouse, a 44,000-square-foot program building, and an orchard with fruit and nut trees. The facility supports local ranchers and provides locally grown produce year-round to the Osage community.
- **Chickasaw Nation's Agribusiness Investments:** The Chickasaw Nation has invested in farms and agribusinesses to strengthen food security. Through initiatives like the "Packed Promise" project, the nation provides monthly food boxes filled with nutritious items and checks to purchase fruits and vegetables to families in rural counties within its territory.
- **Quapaw Farmers Market & Food Hub:** The Quapaw Farmers Market & Food Hub is part of Quapaw Nation's agricultural efforts to promote food sovereignty. This includes farm-to-table initiatives, a Tribally-owned meat plant, greenhouses, bison, cattle, and coffee roasting to ensure fresh, healthy food access while fostering economic growth, cultural heritage, and self-reliance.

These are just a few examples that show how localized food systems bring more than nutrition. They bring back ceremony, language, and intergenerational learning.



FOOD IS MEDICINE

What Does “Food is Medicine” Mean?

For our people, food has always been medicine. Before there were clinics and pharmacies, there were wild onions gathered in spring, beans and squash dried for winter, and buffalo that provided not only meat but tools, clothing, and ceremony. Every food carried a teaching, and every meal was part of a larger circle of wellness.

“Food is Medicine” (FIM) today builds on that knowledge while connecting it to modern healthcare. It means using healthy, culturally meaningful foods as part of prevention and treatment for chronic illness. In practice, it looks like doctors prescribing fresh produce, nutrition classes led by elders, or health centers distributing tribally raised beef or vegetables to patients managing diabetes.

Ancestral Foodways as Healing Agents

Ancestral foods are nutrient-dense and deeply tied to wellness. Corn, beans, and squash (the Three Sisters) provide a balance of protein, fiber, and energy. Pecans, persimmons, wild greens, fish, and bison offer vitamins, minerals, and traditional flavors that our bodies recognize. These foods nourished generations long before processed sugar, white flour, and commodity cheese were introduced.

Bringing back ancestral foodways has become a powerful healing practice. Community classes often center on cooking wild onion stew, making grape dumplings, or preparing hominy, not only for nutrition but for cultural connection. When people taste these foods, they reconnect to memory, place, and health all at once.

The Role of Food in Healthcare

Food is Medicine bridges Tribal healthcare systems and food sovereignty. Across Oklahoma, there are several models taking root:

- **Produce prescription programs** where health providers give patients vouchers for fresh fruits and vegetables, redeemable at Tribal stores or farmers’ markets.
- **Medically tailored groceries** where health centers send home weekly boxes of locally grown produce, traditional foods, and recipes.



- **Nutrition education classes** that combine modern health science with cultural teachings, often led by elders, community health workers, or local chefs.

These programs do more than lower blood sugar or blood pressure. They restore trust in Tribal health systems, create jobs for local producers, and strengthen the link between community and clinic.

PROGRAM MODELS

What Are Program Models?

Program models describe the ways Food is Medicine can be delivered in Tribal communities. They provide a framework for organizing resources, connecting producers to patients, and ensuring programs are both culturally informed and effective. Oklahoma Tribes have adapted several models to meet local needs, drawing on traditional foods, healthcare systems, and community expertise.

Types of Food is Medicine Programs

Produce Prescription Programs

Produce prescription programs that connect healthcare providers with local food sources. Patients are ‘prescribed’ fresh foods, ideally grown by Tribal producers, and available for them on a regular basis.

Oklahoma Examples:

- **Muscogee (Creek) Nation Healthy Roots Program** – Provides nutrition education and fresh produce to citizens with or at risk for diabetes, supporting health through culturally relevant foodways.
- **FreshRx Oklahoma** provides free, locally grown, nutrient-dense produce to individuals living with Type 2 diabetes. Participants receive bi-weekly fresh vegetables for 12 months, along with nutrition education and quarterly health screenings to monitor progress. The program focuses on North Tulsa, an area identified as a food desert. Participants have not only seen reductions in A1c levels and weight, but FreshRx also strengthens the local economy by partnering with Oklahoma farmers and supporting Tribal and community producers. By combining culturally



relevant food access with clinical guidance, FreshRx exemplifies how FIM programming can integrate wellness, culture, and community empowerment.

- **Choctaw Nation** distributes produce vouchers to patients managing diabetes. Vouchers are redeemable at Choctaw Fresh Produce stands and farmers' markets, strengthening local food systems while supporting health outcomes.



Medically Tailored Groceries

Medically tailored groceries provide patients with pre-packaged boxes of foods designed to meet their nutritional needs. Boxes may include vegetables, grains, proteins, and traditional foods aligned with both medical guidance and cultural practices.

Oklahoma Example:

- **Osage Nation** health programs provide grocery boxes containing locally raised bison, fresh vegetables, and beans for patients with chronic illnesses. The program combines clinical guidance with ancestral foodways.

Medically Tailored Meals

Medically tailored meals are ready-to-eat or easy-to-prepare meals that meet a patient's dietary needs. They are particularly useful for patients with mobility issues or complex health conditions, ensuring access to nutritious, culturally relevant food without barriers.

Oklahoma Example:

- **Chickasaw Nation** offers meal delivery programs for elders and patients recovering from hospitalization. Meals incorporate traditional ingredients and recipes adapted for modern dietary needs.



TRIBAL INTEGRATION FRAMEWORK

Successful Food is Medicine (FIM) programs are those that are fully integrated into Tribal systems. This means aligning initiatives with Tribal governance, healthcare, education, and community services.

Key principles include:

- **Sovereignty:** Tribes lead all aspects of program design, implementation, and evaluation.
- **Cultural Relevance:** Programs reflect local foodways, languages, ceremonies, and traditions.
- **Collaboration:** Partnerships between health departments, farmers, schools, and elders strengthen program impact.
- **Sustainability:** Programs are financially and operationally designed to continue long-term.

Implementation Plan

A step-by-step approach ensures programs are structured and achievable:

1. **Needs Assessment:** Identify community health priorities, local food resources, and cultural practices.
2. **Stakeholder Engagement:** Include Tribal leaders, elders, healthcare providers, community members, and producers in planning.
3. **Program Design:** Select the appropriate FIM model (produce prescriptions, medically tailored groceries or meals, classes) and define logistics.
4. **Pilot Phase:** Start with a small, manageable pilot program to test processes and gather feedback.
5. **Full Launch:** Expand the program based on lessons learned during the pilot phase.
6. **Ongoing Evaluation:** Use culturally informed evaluation tools to track outcomes, refine programs, and share successes.



Pilots: Why They Matter

Pilot programs allow Tribal Nations to start small, learn what works, and make changes before committing to a full-scale program. They provide a safe space for experimentation, community feedback, and refining logistics while demonstrating impact to funders and leadership.

Pilots: Lessons Learned

- Start small and flexible: Adapt based on feedback.
- Center cultural practices: Traditional foodways build trust and engagement.
- Build strong partnerships: Healthcare providers, producers, and educators must work closely together.
- Document everything: Tracking successes and challenges strengthens the case for expansion.

Pilot: 3, 6, and 12 Month Rollouts

- **3-Month Pilot:** Introduce one FIM program component (e.g., produce prescription boxes for a small patient group).
- **6-Month Pilot:** Expand distribution, add classes or virtual sessions, and refine logistics.
- **12-Month Pilot:** Evaluate outcomes, adjust program design, and plan for broader implementation.

Testimonials

Testimonials are important because they put a human face on the data, showing how Food is Medicine programs impact real lives beyond the numbers. They build trust, inspire community engagement, and make funders and policymakers more likely to support programs when they hear direct voices of participants. Be sure to collect testimonials not only from patients, but also from doctors, farmers, and community partners to show the full circle of impact.



Testimonial & Case Study Example: FreshRx Oklahoma

Background

FreshRx Oklahoma launched in 2021 in North Tulsa, an area designated as a food desert with high rates of type 2 diabetes among American Indian and African American residents. The program was created in partnership with regenerative farmers, local clinics, and community health workers to provide fresh, nutrient-dense produce as a direct part of healthcare.

What They Did

Participants living with type 2 diabetes were enrolled in a 12-month program. Each received bi-weekly distributions of locally grown vegetables, culturally relevant recipes, and nutrition classes. Clinics provided baseline and quarterly health screenings (A1c, blood pressure, weight). FreshRx also partnered with Oklahoma farmers, including Tribal and regenerative producers, to supply food.

Outcomes

One participant, a 54-year-old Muscogee (Creek) citizen, entered the program with an A1c of 10.4 and frequent ER visits for blood sugar crashes. After nine months in FreshRx, their A1c dropped to 7.8, they had not visited the ER once, and they reported feeling more energy and confidence in managing their diabetes.

Participant Testimony

"Before FreshRx, I was at the hospital every couple of months. I didn't know how to cook vegetables the right way, and I was living on fast food. Now I get a box every two weeks, and the recipes help me use everything inside. My grandkids even eat with me. My doctor says my numbers are the best they've been in years. This program gave me hope and a reason to keep going."

Lessons Learned

- Participant trust grows when they see real changes in their health and feel supported by familiar foods and community educators.
- Simple tools, such as recipe cards and cooking demonstrations, help participants confidently use fresh produce in daily meals.
- Relational support from community health workers ensures participants stay connected and accountable.



- Highlighting participant stories alongside health data strengthens advocacy with both funders and policymakers.

Team Considerations

A Food is Medicine program is only as strong as the people who carry it. Beyond job titles, the heart of the work lies in building a team that reflects and uplifts the community it serves. Hiring from within the community ensures that those leading the program not only understand the realities participants face but also share lived experience and cultural connection. This approach creates trust, relatability, and a sense of “walking the walk” that participants can feel.

When team members embody empowerment and wellness in their own lives, it naturally transfers to participants. The energy of the team sets the tone for the program: relational, encouraging, and rooted in possibility. Participants see their own neighbors, friends, and elders leading the way, which can be more powerful than any handout or lecture.

Core Team Roles & Capacity

- **Program Coordinator**
Oversees day-to-day logistics, partner relationships, and overall program management. This role is often filled by a registered nurse, dietitian, or certified diabetes educator who can also provide clinical oversight. *Capacity estimate:* One full-time coordinator can typically manage 2–3 program sites (approximately 150–300 participants), depending on geographic spread and program intensity.
- **Nutrition Educators**
Facilitate culturally relevant nutrition education, cooking demonstrations, and one-on-one counseling. *Capacity estimate:* One educator can usually lead 4–6 classes per week and maintain regular contact with 50–75 participants.
- **Community Health Workers & Support Staff**
Act as trusted connectors, providing follow-up, conducting outreach, supporting recruitment, and addressing barriers like transportation or technology.
Capacity estimate: One CHW can effectively support 50–75 participants, depending on program complexity.



- **Elders or Cultural Leaders**
Guide the cultural integration of traditional foodways, storytelling, and ceremonies. Their involvement strengthens community trust and cultural relevance.
Capacity estimate: Number will vary by community size and cultural protocols; at minimum, 1-2 elders engaged per site is recommended.
- **Administrative Support**
Manages data tracking, reporting, scheduling, and communications.
Capacity estimate: One part-time staff member may be sufficient for up to 2-3 sites, though larger programs may require a full-time role.

Screening for the Right Team Members

When interviewing, look for both qualifications and connection to community. It may be useful to add questions that reveal relational skills, personal values, and alignment with program goals. Sample questions:

1. *How do you see food as part of health and healing in your own life?*
2. *What experiences have you had working with or within this community?*
3. *Can you share an example of how you supported or empowered someone to make a change in their health or lifestyle?*
4. *What traditional or cultural foodways are meaningful to you, and how would you bring them into this work?*
5. *How do you take care of your own health and wellness, and how would you model that for participants?*

These questions help identify individuals who are not only skilled, but also deeply connected, committed, and ready to lead by example.

Interdepartmental Coordination

1. **Establish a Tribal Food is Medicine Task Force or Working Group**
 - **Purpose:** Create a cross-sector, time-bound body that brings together key leaders from all relevant departments.



- **Recommended Members:**
 - Tribal Health Director (or IHS clinic representative)
 - Public Health Nurse / CHR Program Lead
 - Agriculture Program Director / Conservation District Lead
 - Tribal Nutritionist / Diabetes Prevention Educator
 - Food Distribution Program on Indian Reservations (FDPIR) Manager
 - Procurement Officer (if applicable)
 - Elder Services / Title VI Coordinator
 - Traditional Food Knowledge Holder or Cultural Liaison
 - Policy or Grants Manager
- **Meeting cadence:** Biweekly or monthly during planning and pilot phases

2. Start with a Joint Visioning Session

- **Goal:** Align departments around a shared definition of “Food is Medicine” rooted in cultural values.
- **Activities:**
 - Discuss chronic disease data and community needs
 - Map existing food and health-related efforts
 - Identify gaps and overlapping efforts
 - Set shared goals (e.g., reduce diabetes, support local growers, reclaim traditional foodways)

3. Create a Shared Implementation Plan

- Use the Indigenous Food is Medicine Toolkit as a guide.
- Assign responsibilities across departments:
 - Healthcare: patient referrals, metrics, clinical buy-in
 - Agriculture: growing and aggregating produce
 - Food Distribution: logistics and packaging
 - Education: nutrition classes, cooking demos



- IT/Data: participant tracking, reporting tools
- Finance/Grants: resource alignment and sustainability planning

4. Build or Expand Interdepartmental Data Sharing Agreements

- **Purpose:** Facilitate referral tracking, participant follow-up, and outcome monitoring
- Use HIPAA-compliant tools if health data is involved
- Encourage data sovereignty principles: community ownership, secure access, respect for cultural knowledge

5. Engage Tribal Council and Leadership Early

- Request a resolution in support of cross-departmental collaboration on Food is Medicine
- Align program goals with broader priorities such as:
 - Tribal health sovereignty
 - Economic development
 - Cultural revitalization
 - Elder wellness and youth engagement

6. Pilot Small and Scale Strategically

- Start with a single site (clinic, elder center, or diabetes program)
- Use pilot results to build support and trust across departments
- Phase in additional partners and participants with clear timelines

7. Honor Cultural Protocols and Include Knowledge Holders

- Include Elders, seed keepers, and traditional food knowledge holders in:
 - Class design
 - Recipe vetting
 - Event planning



- Ensure time and honorariums are included for their participation

Troubleshooting Common Issues

- **Challenges in Supply Chain:** Build relationships with multiple Tribal producers and regional farms to ensure steady access to produce and traditional foods.
- **Participant Engagement:** Combine virtual and in-person approaches, offer incentives, and use culturally relevant messaging.
- **Staff Turnover:** Train multiple team members and document processes to maintain program continuity.
- **Evaluation Barriers:** Use simple, culturally informed tools and storytelling to complement quantitative metrics.

By implementing FIM programs within Tribal systems, Tribal Nations can ensure programs are culturally grounded, effective, and sustainable. Ensuring the connection of health, culture, and local food systems for generations to come.

TRIBALLY GROWN & NUTRIENT-DENSE FOODS

Why Sourcing from Tribal Producers Matters

For Tribal Nations, sourcing food locally, from their own producers or from other Tribes, is vital to building strong, sovereign Food is Medicine programs. When Tribal producers are at the center in these programs, it leads to:

- **Economic strength:** Local purchasing keeps dollars circulating within the community, creating stable markets for Tribal farmers and ranchers.
- **Cultural continuity:** Indigenous foods like bison, corn, beans, squash, pawpaws, wild onions, pecans, and catfish carry ceremony, identity, and ancestral knowledge.





- **Health equity:** These nutrient-dense, non-processed foods directly combat diet-related chronic diseases that disproportionately affect Tribal communities.

As we often say, “We can’t heal from the soil and the food that got us sick.” Building Food is Medicine programs on culturally rooted Tribal foods is how we break the cycle and begin to heal.

Closing the Loop: A Circular Food System

Sourcing locally allows Tribes to create circular food systems rooted in ancestral values of respect and responsibility.

A circular system means:

- Using whole animals and whole plants
- Reducing waste through low- or zero-waste processing
- Returning nutrients to the soil through composting and ancestral practices
- Keeping value monetary, cultural, and nutritional within the Tribe rather than sending it out of the community

This approach reflects Indigenous worldviews that honor stewardship, reciprocity, and balance. It ensures that no part of the food system is wasted, while creating new opportunities for land stewards, cultural knowledge keepers, cooks, and community members.

Food Is Medicine as a Vehicle for Sovereignty

Food is Medicine programs can anchor this local, circular system by offering large and predictable purchasing power. Because these programs can be funded and are being recognized more as part of healthcare and chronic disease prevention and reversal, they can:

- Provide guaranteed markets for Tribal producers
- Reduce nutrition-related disease and healthcare costs
- Create a reliable revenue stream to sustain Tribal food systems

When Tribes source food from their own farmers and from other Tribal Nations, they are not just buying ingredients, they are reclaiming the right to decide how their foods are grown, harvested, and prepared. They are affirming that food is medicine for body,



mind, and spirit and ensuring they have a sustainable way to pay for it.

The Outcome: Sovereignty Beyond Food

When Tribes own their food system from farm to table, they build cultural sovereignty, economic resilience, and health equity for future generations.

Sourcing locally from within Tribal Nations transforms Food is Medicine from a health intervention into a powerful tool of self-determination, which restores traditional foodways while creating a healthier future.

Honoring Indigenous Foods and Traditions

Indigenous foods; such as bison, fowl, pawpaws, catfish, morel mushrooms, nuts, and sweet potatoes, alongside heirloom vegetables and heritage breeds of beef, chicken, and pork, are more than ingredients. They represent cultural identity, traditional knowledge, and unique market opportunities. Because these foods cannot be mass-produced, Tribal farmers and ranchers hold a distinct advantage in offering something truly authentic and irreplaceable.



At the same time, strong local food systems make room for everyone: community gardens and small-scale growers who may not meet large institutional buying requirements but are essential to the health and well-being of their communities.

More Than Calories: Cultural Nourishment

Ancestral foods carry teachings, ceremony, and identity. When people eat corn, beans, squash, wild onions, persimmons, pecans, bison, or fish, we nourish our bodies while also renewing cultural memory. These foods reconnect us to the land-based practices that have sustained Indigenous people for generations.

They are also deeply nourishing on a physical level. They are rich in fiber, protein, vitamins, and minerals that protect against diabetes, heart disease, and other chronic illnesses.



Revitalizing Communities Through Foodways

Growing and sharing ancestral foods restores balance and strengthens Native communities. Maintaining these foodways requires a wide range of knowledge and skills, such as:

- **Language and culture keepers** to carry out seed blessings and food ceremonies
- **Land stewards** to care for and restore the soil, water, and ecosystems that sustain food
- **Makers and artisans** to create tools for harvesting and processing foods and seeds
- **Cooks** trained in traditional preparation and ceremonial food traditions
- **Leaders and diplomats** to guide land use and ensure fair food distribution
- **Legal and policy experts** to shape Tribal and protect food rights
- **Community members, young and old**, to gather, process, and share the harvest

Reconnecting to Place

Many families still remember the taste of wild onion stew in the spring, cornbread fresh from community gardens, or pecans gathered along the riverbanks. Bringing these ancestral foods back into homes, schools, and even healthcare settings nourish not just the body, but the spirit. And strengthens the bonds that hold communities together.

The Power of Sourcing Locally

Food sovereignty means owning the entire food supply, from production to consumption. When Tribal Nations control how food is grown, processed, distributed, and shared, they reclaim the power to define what food nourishes their people and uphold cultural sovereignty.

Sourcing food from Tribal producers strengthens this sovereignty on multiple levels:



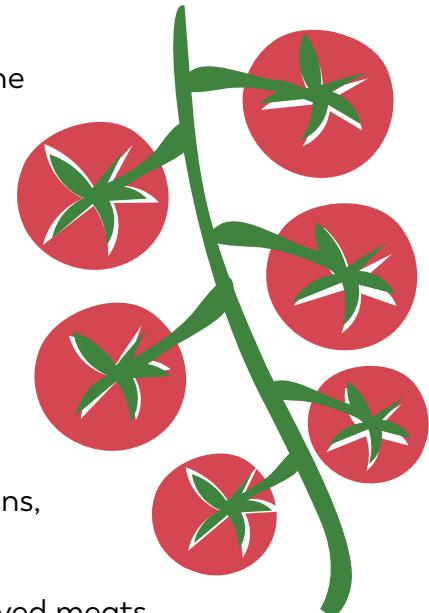
- **Economic resilience:** Local purchasing keeps food dollars circulating within Tribal communities, creating stable markets for producers and laying the groundwork for long-term prosperity.
- **Job creation:** A sovereign food system fuels workforce opportunities in value-added processing, specialty warehousing, skilled transportation, and local distribution (careers that sustain both families and communities).
- **Health and cultural restoration:** Foods grown by Tribal producers are fresher, healthier, and rooted in ancestral traditions, reconnecting people to the land while reducing diet-related disease.

When clinics prescribe food grown by local Tribal farms they are investing in community wellness, cultural continuity, and sovereignty.

Seasonal Food Calendars

Food is Medicine works best when it follows the seasons. In Oklahoma, seasonal cycles bring foods that are fresh, nutrient-rich, and culturally meaningful:

- **Spring:** wild onions, poke greens, berries, asparagus, bison
- **Summer:** corn, beans, squash, melons, tomatoes, small game
- **Fall:** pumpkins, persimmons, grapes, pecans, wild game
- **Winter:** dried corn, beans, hominy, preserved meats, canned vegetables



Each Tribe can adapt a seasonal food calendar to reflect their own traditions, geography, and local producers. Calendars can be used in classes, clinics, and community events to guide both menus and teachings.

Case Studies of Oklahoma Tribal Growers

- **Osage Ranching and Farming Enterprise Harvest Land** contains a 40,000-square-foot greenhouse and a 44,000-square-foot program building. The program building contains a



large aquaponics system, a food processing area, and a water lab. Also located on the farm is an orchard that contains fruit and nut trees. The farm is a significant development in tribal food sovereignty efforts by providing locally grown produce year-round to the Osage people.

- **Cherokee Nation Seed Bank** is a plant and cultural preservation program that provides seeds to tribal citizens who are interested in growing traditional Cherokee crops. The CSN seed bank sustains heirloom varieties like Cherokee White Eagle corn and Trail of Tears beans, ensuring that traditional foods remain part of future generations' diets.
- **Pawnee Seed Preservation Society** - The Pawnee Seed Preservation project is enhancing the visibility of Atira Rikisu in modern Pawnee spirituality and ways of living. The project is implementing mentorships and community gardens whose crops align with the natural cycles of plants as medicine and food, guided by Mother Corn
- **College of Muscogee Creek Nation Sustainable Ag Program** - The Natural Resources Associate of Science degree is an academic program designed for students who are interested in the field of conservation and sustainable agriculture. Students develop knowledge of the elements of the natural environment and aspects of conducting agribusiness.
- **Muscogee Creek Nation Looped Squared meat processing facility** is able to process 25 cattle and 25 hogs per week, with extra space to process 300–500 deer carcasses during the peak hunting season and other value-added meat products during the off season.
- **Quapaw Nation Farmers Market & Food Hub** has been growing its farm-to-table agriculture initiatives since 2010 by planting row crops, raising bison and beef herds, and using greenhouses. More recently, the agriculture program has expanded to include beehives, a coffee roasting facility, a meat processing plant, and a microbrewery.

These examples show the diversity of ways Tribal producers contribute to both sovereignty and health when connected to Food is Medicine programs and other local food markets.



FreshRx Oklahoma Farmer Testimonials: Highlighting Market Impact

“Not only can you sell fresh produce to local peoples, but you have a much larger impact on their lives than selling at a farmers market.”

— FreshRx Farmer

“FreshRx has made selling easy by giving us a reliable market so we can focus on growing.”

— FreshRx Farmer

“Working with FreshRx has been a game changer! Not only do we get to grow more veggies than we ever have, we also get to see what it does to people's health long term! So rewarding!”

— Kat Robinson, Robinson Ranch

“Having a market to sell our produce year-round to a population in need of nutrient-dense food aligns with our mission in so many ways. FreshRx supports our farm by helping us with harvest, cold storage, and seasonal work groups.”

— Colby Craig, Birch Creek Farms

Post-Harvest Handling and Distribution

Harvesting food is only the first step. Proper washing, processing, storage, transportation, and packaging ensure food remains safe and high-quality by the time it reaches patients and families. Tribal community and/or cooperative food hubs are a critical infrastructure investment for Native food sovereignty efforts, as this is a costly endeavor that creates a significant challenge for small-scale producers. Partnerships with Tribal health systems, food sovereignty initiatives, and federal resources can strengthen these efforts.

Additional Resources

- **NRCS Conservation Programs:** USDA programs supporting soil health, water conservation, and overall farm sustainability.
<https://www.nrcs.usda.gov>
- **First Nations Development Institute:** Provides grants, training, and resources to strengthen Native food sovereignty and community-based food systems.
<https://www.firstnations.org/our-programs/nourishing-native-foods-health/>



- **Intertribal Agriculture Council (IAC):** Offers technical assistance, business development, and marketing support for Native producers nationwide.
<https://www.indianag.org>
- **Indigenous Food and Agriculture Initiative (IFAI):** Policy, legal, and educational support for Tribal food systems, housed at the University of Arkansas.
<https://indigenousfoodandag.com/policy-research/>
- **USDA Tribal Programs (Office of Tribal Relations):** Coordinates USDA programs, resources, and partnerships with Tribal Nations.
<https://www.usda.gov/about-usda/general-information/staff-offices/office-tribal-relations>
- **Indigenous Seed Keepers Network:** Supports seed sovereignty, education, and the revitalization of traditional seed-keeping practices.
<https://sierraseeds.org/indigenous-seedkeepers-network/>
- **Native Farm Bill Coalition:** Advocates for Tribal priorities in federal farm and nutrition policy.
<https://www.nativefarmbill.com>
- **National Sustainable Agriculture Coalition (NSAC):** Advances federal policy for sustainable food systems, family farmers, and conservation.
<https://sustainableagriculture.net>
- **Food Distribution Program on Indian Reservations (FDPIR):** USDA nutrition assistance program providing food to income-eligible households on reservations.
<https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations>
- **North American Traditional Indigenous Food Systems (NĀTIFS):** Founded by Chef Sean Sherman, NĀTIFS promotes Indigenous culinary education, food access, and entrepreneurship.
<https://www.natifs.org>
- **Food Finance Institute:** The Food Finance Institute (FFI) supports the entire food business sector, from consumer packaged goods and value-added agriculture to beverage



companies, consultants, and food systems nonprofits.

<https://foodfinanceinstitute.org/>

- **Traditional Native American Farmers Association:** TNAFA's mission is to revitalize traditional agriculture for spiritual and human need, by creating awareness and support for Native environmental issues. The organization holds traditional organic farming workshops, distributes seeds to member farmers, and educates Native students by planting demonstration gardens at schools.
tnafa.org
- **Intertribal Buffalo Council:** ITBC is dedicated to the support of sustainable Tribal buffalo programs and provides the membership with technical assistance in the development of such programs on both a localized and a national scale. This includes training and technical assistance on the development of feasibility analyses, business plans and marketing plans. ITBC assists Tribes in the development of a consistent supply chain, uniform labeling, packaging and product distribution.
<https://www.itbcbuffalonation.org/>
- **College of the Muscogee Nation Extension:** The College of Muscogee Nation Extension Program's mission is to provide Mvskoke citizens with research-based education, knowledge, and tools to improve their well-being. CMN Extension Program places emphasis on Traditional Ecological Knowledge, Tribal Food Sovereignty and Security, sustainable agriculture, nutrition, community gardening and 4-H youth development programs.
<https://extension.cmn.edu/>

INDIGENOUS COOKING + NUTRITION

Food as Celebration and Healing

For generations, food has been at the center of gatherings, from stomp dances and stickball games to naming ceremonies and community feasts. Food carries our teachings. Like how to share, how to respect the seasons, and how to care for one another. In Oklahoma, dishes like wild onions, grape dumplings, and fry bread are gentle reminders of the resilience, survival, and the connections we hold with each other.



Incorporating cooking classes into community health programs creates a space for both healing and celebration. Cooking together can turn a class into a circle, where knowledge is exchanged and health is nurtured through story, laughter, and hands-on learning.

Disease Prevention Through Food

Many of the chronic illnesses impact Native people in Oklahoma. Diabetes, high blood pressure, heart disease are directly linked to diet. Many of these disease states are related to the introduction of commodity foods into Native communities. Shifting from these processed, high-sugar, and high-salt foods back to nutrient-dense traditional foods can reduce these risks. Traditional staples support blood sugar balance, heart health, and overall wellness.

Cooking classes and nutrition education embodied in Indigenous foodways help people reconnect with these healing foods. When paired with clinical care, they create powerful tools for prevention and long-term health.

Culturally Relevant Food and Recipes

While recipes themselves may vary, the key is ensuring food shared through classes and programs is culturally relevant and familiar to the community. This may mean highlighting:

- Wild and foraged foods like persimmons, berries, and wild onions.
- Three Sisters (corn, beans, squash) are prepared in both traditional and modern ways.
- Locally raised meats, including bison, beef, and fish.
- Family dishes that carry memory and identity.

Programs should adapt recipes to balance cultural relevance with modern health needs (e.g., reducing added sugars or sodium while keeping the flavor and spirit of the dish).

Please see the Appendix for sample recipes.

Class Models

Cooking and nutrition classes can be delivered in many ways, depending on community needs and resources:



- **In-Person Classes:** Hands-on cooking workshops held at community centers, clinics, or schools.
- **Virtual Classes:** Online cooking demonstrations or live sessions that reach citizens across Oklahoma and beyond.
- **Hybrid Models:** Combine in-person gatherings with virtual follow-ups or recorded content.
- **Elder-Led Classes:** Elders share food stories, cooking techniques, and teachings, with health staff providing nutrition context.
- **Intergenerational Classes:** Children, parents, and grandparents cook together, strengthening family ties while learning healthy practices.

Sample Class Templates

A typical class might include:

1. **Opening:** Welcome, prayer, and introduction to the food of the day.
2. **Storytelling:** An elder or cultural leader shares the history or teaching connected to the food.
3. **Cooking Demonstration:** Hands-on preparation of a culturally relevant dish, with discussion of nutritional benefits.
4. **Shared Meal:** Participants eat together, emphasizing food as a celebration.
5. **Discussion & Reflection:** Group shares experiences, memories, or ideas for using the food at home.
6. **Takeaway:** Participants leave with a recipe card, ingredient bag, or educational handout.

Sample Core Topics

Cooking and nutrition classes might focus on:

- Seasonal food preparation (e.g., wild onion harvest in spring).
- Diabetes-friendly adaptations of traditional foods.
- Preserving foods (drying corn, canning vegetables, freezing berries).



- Portion sizes and balanced plates using traditional foods.
- The role of ceremony and gratitude in food preparation.
- Budgeting and meal planning with Tribally sourced foods.
- Meal-prep workshops

Strategic Food Sourcing & Prepping Teaching

Teaching strategic food sourcing and meal prepping within the realities of busy modern lifestyles is essential for making classes relatable. Many community members face time, budget, and access constraints, and last-minute meals often default to processed or lower-quality options. By weaving in tools for planning ahead, such as batch cooking, seasonal shopping guides, and culturally familiar “go-to” meals. Programs can empower participants to shift habits gradually. These strategies help families stretch their food dollars, reduce stress, and bring nutrient-dense, traditional foods back to the center of daily life.

Evaluation Tools for Classes

Evaluation can be simple and culturally grounded:

- Short participant surveys (verbal or written) about what was learned.
- Sharing circles where participants speak about what they enjoyed or will try at home.
- Tracking attendance and participation over time.
- Collecting quotes or stories from participants to show impact.

Please see the Appendix for sample evaluation surveys.

These tools not only measure outcomes but also honor community voice and experience.



TECHNOLOGY

The Role of Technology in Food is Medicine Programs

Technology is a critical enabler of Food is Medicine (FIM) programs. It not only makes programs more efficient and scalable but also ensures accountability and sustainability as they expand. For Tribal Nations in Oklahoma, technology can help connect patients, producers, and healthcare providers while respecting Tribal data sovereignty.

Technology in Program Models

Technology can support FIM programs by:

- Tracking patient participation and outcomes across multiple distribution sites.
- Managing voucher or grocery distribution, reducing fraud and administrative burden.
- Scheduling and hosting classes, whether in-person, virtual, or hybrid.
- Collecting evaluation data in ways that protect privacy and honor cultural knowledge.



Key Applications

Program Management

- Enrollment systems that assign unique participant IDs for secure tracking.
- Tools like Local Food Marketplace for ordering, aggregation, and distribution (see their guide on Food as Medicine programs [here](#)).
- Monday.com or other customer relationship management tools to streamline staff workflows (used by FreshRx Oklahoma).

Health Monitoring

- Remote patient monitoring systems that allow participants to log A1c, blood pressure, or weight from home devices.



- Integration with Electronic Health Records (EHRs) so that biometric data, referrals, and participation status are visible to both providers and FIM staff.
- This allows for drug reduction tracking (e.g., reduction in insulin or blood pressure medication usage) and ensures providers can adjust treatment plans in real time.

Communication & Education

- Texting platforms (e.g., Textedly, Twilio) to send reminders for produce pick-up, cooking classes, or medical check-ins.
- Virtual platforms such as Zoom or YouTube channels for cooking demos and nutrition education.
- Mobile apps or QR codes that link to recipes, culturally relevant food videos, or class recordings.

Data Collection & Evaluation

- REDCap, Qualtrics, or HIPAA-secure survey tools for patient intake and follow-up surveys.
- Dashboards (e.g., Tableau, Power BI) to visualize program reach, health outcomes, and cost savings.
- Bidirectional feedback loops: Providers refer patients into FIM programs through EHR, while FIM staff send participation/outcome data back to the clinic.

Why Integration Matters: Referrals & Feedback Loops

Referral pathways are critical for scaling FIM programs. When a doctor can prescribe food directly through the EHR and see whether the patient redeemed their produce box, attended a class, or improved their A1c. This creates a closed feedback loop that elevates FIM to the level of other clinical interventions.

For example, Recipe4Health in Alameda County, California, integrates produce prescriptions into the county health system's EHR. Physicians refer patients directly, patients receive food from local farms, and health metrics are tracked alongside medication use. This bidirectional data flow allows providers to see how food impacts patient health, reduce unnecessary prescriptions, and justify sustainable reimbursement through Medicaid and insurers.



Best Practices for Technology Use

- **Respect Tribal Data Sovereignty:** Ensure all data belongs to the Tribe and is stored/managed under Tribal governance.
- **Accessibility:** Choose user-friendly platforms that work for elders, families, and participants with limited internet access.
- **Cultural Relevance:** Incorporate Tribal foods, imagery, and language into digital materials.
- **Privacy:** Ensure all health data sharing complies with HIPAA and Tribal policies.

Oklahoma Examples

- FreshRx Oklahoma uses Monday.com and HIPAA-secure EMR add-ons to track enrollment, deliveries, and health outcomes across multiple distribution sites.
- Some Tribal Nations use Zoom and Facebook Live for virtual cooking classes, expanding access to rural communities while maintaining cultural connection.

EVALUATION + IMPACT

Why Evaluation Matters

Evaluation ensures that Food is Medicine (FIM) programs are effective, sustainable, and aligned with Tribal values. For Oklahoma Tribes, evaluation is not just about numbers, it's about understanding how programs strengthen health, culture, and community.

Thoughtful evaluation helps:

- Demonstrate program outcomes to funders and Tribal leadership.
- Identify what's working and what needs adjustment.
- Share success stories that inspire other communities.
- Ensure programs are culturally informed and participant-centered.



Culturally Informed Evaluation Practices

Traditional Western evaluation methods often miss what is most meaningful to communities. Culturally informed evaluation respects Tribal knowledge, storytelling, and local priorities. Best practices include:

- **Participant Voice:** Use sharing circles, interviews, or surveys that allow participants to describe impact in their own words.
- **Holistic Outcomes:** Track not only biomedical indicators (like A1c, weight, blood pressure) but also cultural engagement, food knowledge, family involvement, and community connection.
- **Tribal Governance:** Ensure all data collection, storage, and reporting respects Tribal sovereignty and governance policies.

Sample Logic Model for Oklahoma FIM Programs

Inputs: Tribal producers, healthcare staff, community centers, funding, seeds, educational materials

Activities: Growing, distributing, and delivering food; running classes; providing nutrition education; monitoring health

Outputs: Number of participants served, produce boxes delivered, classes held, nutrition education sessions completed

Outcomes: Improved dietary habits, reduced A1c or blood pressure, increased cultural knowledge and cooking confidence, strengthened local food economy

Key Metrics to Track

- Physical Health outcomes
 - HbA1c median reduction
 - Blood Pressure
 - Weight loss
 - Note: Avoid relying on BMI or weight alone as indicators of health. Instead, consider more robust measures such as weight-to-height ratio or waist circumference, which provide a clearer picture of metabolic health and risk for chronic disease.
- Mental Health outcomes



- Reduction in depression
- Reduction in anxiety
- Reduction in Medication Usage
- Reduction in Emergency Room utilization
- Dollars circulating in the local Tribal economy
- Participant satisfaction
- Changes in knowledge or confidence
- Healthcare costs savings
- Number of participants served
- Number of boxes/meals distributed
- Attendance at classes

Sample Logic Model

A logic model is a visual roadmap or narrative tool that outlines how a program is intended to work. It shows the logical connections between the resources a program has, the activities it undertakes, and the outcomes it expects to achieve.

A simple logic model for an Oklahoma FIM program might look like this:

Inputs: Tribal producers, clinic staff, community spaces, funding, seeds, training materials

Activities: Growing food, preparing grocery boxes, running classes, distributing produce

Outputs: Number of patients served, meals or boxes delivered, classes held

Outcomes: Improved dietary intake, reduced HbA1c, increased cultural engagement, strengthened local food economy

Evaluation Tools

- **Monthly Tracking Sheets:** Record attendance, distribution, and basic health outcomes.
- **Participant Surveys:** Short, culturally appropriate forms or interviews asking about program satisfaction, food access, and knowledge gained.



- **Logic Model Worksheets:** Map inputs, activities, outputs, and outcomes for reporting and planning.
- **Annual Reports:** Combine data, stories, and lessons learned to share with Tribal leadership and funders.

Demonstrating Impact

Evaluation is most powerful when paired with storytelling. Participant quotes, photos (with permission), and narratives bring programs to life, and offer a human aspect. For example, FreshRx Oklahoma tracks not only improved A1c levels and weight management but also the stories of participants reconnecting with their own health, learning about new foods and implementing what they've learned.

By combining quantitative metrics with qualitative stories, Tribes can show the full impact of FIM programs: improved health, restored cultural practices, strengthened community connections, and support for Tribal food economies.

FINANCIAL SUSTAINABILITY

Why Food is Medicine Saves Money

As stated previously, Oklahoma has among the highest diabetes prevalence rates nationally (2022 data), exceeding the U.S. average, and prevalence is highest among AI/AN communities. Within the present-day boundaries of Oklahoma are 39 sovereign Tribal Nations and more than 579,000 AI/AN individuals (U.S. Census Bureau, 2020).

Investing in Food is Medicine programs can reduce healthcare costs over time by preventing and managing chronic diseases like diabetes, heart disease, and hypertension. For Oklahoma Tribal Nations, the savings extend beyond clinics, supporting local food systems and Tribal producers strengthening the community economy while improving health.

The Problem

In the United States, nearly half (45.4%) of deaths from cardiometabolic diseases (such as heart disease and Type 2 diabetes) are linked to poor diet. Food insecurity makes this even



worse. When people are forced to choose between paying for food, healthcare, or other essentials, they often resort to cheap, calorie-dense processed foods instead of healthier, nutrient-dense options.

Tribal Nations are disproportionately affected, experiencing higher rates of both food insecurity and the chronic diseases it fuels. This makes addressing food insecurity not only urgent, but also a powerful opportunity for change.

The Solution: Food Is Medicine

When implemented as a clinical intervention, Food Is Medicine programs can reverse or significantly reduce the severity of nutrition-related chronic diseases. These programs combine:

- Access to nutrient-dense foods
- Culinary and nutrition education
- Behavior-change support and counseling

Participants often see meaningful improvements in biomarkers like A1c, which are directly linked to better health and lower medical costs. In fact, reversing or reducing the severity of conditions like Type 2 diabetes can lead to healthcare cost savings as high as 60% for program participants.

Key studies below highlight the objective measures of success which is helpful context for projecting the return on investment (ROI) for a Food Is Medicine program.

- "Weight Loss-Associated Decreases in Medical Care Expenditures for Commercially Insured Patients with Chronic Conditions" ([link](#)) reported savings in excess of \$2,665 annually for a person with diabetes and a baseline BMI of 40 who lost 5%.
- According to the American Diabetes Association sustaining an A1c reduction for 12 months will avoid over \$5,000 in health care costs per patient in the first year and over \$3,000 in subsequent years with the greatest savings achieved when A1c is reduced below 9 and again below 7.
- A recent actuarial analysis conducted to project savings for a Food Is Medicine program structured with the key elements of FreshRX Oklahoma estimated annual savings could be as high as 25% net of program costs. This savings assumed a highly effective program with high levels of engagement leading to



reduced BMI and/or A1c. The included program budget appendix has a range of assumptions from 5% to 25% for tribal nation Food Is Medicine modeling purposes.

- A 2019 study “Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study found that economic incentives for improved diet and nutrition would generate substantial health gains and be highly cost-effective. The study assumed a 30% subsidization of fruits and vegetables as an incentive. This also enables participants to “derisk” food which is a significant barrier for low-income households to try healthier foods and improve long-standing dietary patterns.

The structure of Indian Health Services and the way healthcare expenses are funded for Oklahoma Tribal Nations creates a financial burden for tribes as a result of the prevalence of diet-related chronic disease. This burden can be lessened significantly by deploying Food Is Medicine as a clinical intervention not only to treat nutrition-related chronic disease but also to reverse it and keep it in long-term remission. It is also a tool to address those in the earliest stages of chronic disease such as pre-diabetes and obesity, even as a companion to GLP-1s to unlock lasting success and health improvements once they are no longer being utilized.

Value-Based Care in a Tribal Context

The current healthcare model is structured around volume. More visits and greater complexity means more reward for healthcare delivery. This approach exacerbates the chronic disease burden by failing to address the root cause of the disease itself and instead simply treating and managing it. Value based care, on the other hand, incentivizes the prevention of illness, relief of suffering and creation of health. It is designed to improve the experience of care and the health of the population while reducing the overall cost of healthcare (known as the triple aim).

In the past, value-based care models have faced challenges because the healthcare system often focuses on treating illness rather than preventing it. For Tribal Nations, where funding gaps and health disparities are widespread. Food is Medicine (FIM) programs are one way to make this shift possible. With the right design, these programs can help prevent and even reverse disease, while



supporting the “triple aim” of value-based care: improving health outcomes, reducing costs, and enhancing the patient experience. An effectively designed Food Is Medicine intervention aligns by:

- Providing nutrient-dense, culturally relevant foods that prevent disease complications.
- Reducing hospitalizations, medication needs, and long-term healthcare costs.
- Encouraging lifestyle changes that are sustainable and culturally meaningful.
- Creating a supportive community for lifestyle change.
- Restored health and improved health outcomes.

For a tribe with 5,000 citizens under a 638 contract (receiving a lump-sum to fund their healthcare costs) the net annual healthcare savings as a result of an effective Food Is Medicine program could yield \$250,000 to \$1,000,000 if 250 tribal citizens with Type II Diabetes with complications and comorbidities successfully completed/graduated the program.

Sample Program Budget & Cost Breakdown

A sample budget for a produce prescription program like FreshRx Oklahoma might include:

- **Produce & Food Supplies:** Costs for locally grown fruits, vegetables, and traditional foods.
- **Distribution & Logistics:** Transportation, storage, and staff time for delivery.
- **Program Staffing:** Nutrition educators, coordinators, and support staff.
- **Evaluation & Reporting:** Data collection, software, and analysis.
- **Education & Class Materials:** Recipes, handouts, and workshop supplies

Budgets can vary depending on scale, geography, and staffing, but planning helps ensure programs remain sustainable and scalable. The assumption chart includes the basic elements needed to develop the [operating budget](#) starting point provided.



Key Assumptions

Criteria for identifying program participants will vary based on the desired outcomes. If cost savings are the primary goal, it is most effective to focus on Tribal citizens with an A1c above 9, a BMI over 40 (or over 35 with a complex chronic condition), and/or those who are hypertensive and taking more than two medications.

Additionally, if the objective is to maximize direct savings to the Tribe, the target population should be those who are fully insured through Indian Health Services without subsidies from Medicaid and/or Medicare.

Because payer contracts are complex, they should be carefully reviewed when setting participant selection criteria. Payers can also serve as valuable partners in Food Is Medicine programs, including through demonstration projects with the Centers for Medicare and Medicaid Innovation, which is placing strong emphasis on Food Is Medicine in current policy development.

For developing the budget and estimated cost savings, a series of assumptions should be made in the following areas. You will find an illustrative below that is a modifiable version. This can also be found in the appendix. It is important to note, that this is a live document that will update the budget once the assumptions are input.

The budget is based on in-house program development. However, greater economies of scale could be achieved if tribes collaborated. Alternatively, all or part of the program could be outsourced to FreshRx Oklahoma under a mutually agreed upon fee structure.

Key Assumptions		
	# of Participants/Yr	100
	# of Weeks/Participant	52
	# of Total Distributions/Yr	26
Food Expense		Unit Cost
	Produce Per Box	\$50.00
	Delivery Services/ Bi-weekly Delivery	\$500.00
	Delivery Supplies/ Bi-weekly Delivery	\$100.00
	Monthly Storage	\$500.00
Program Costs		
	Participant Cooking Starter Kits	\$100.00
	Education Cost/Month	\$1,250.00
	Videography (YouTube classes)/month	\$1,250.00
	HbA1c Quarterly Testing	\$15.00
	Farmers Market Tokens	\$10.00
	Aprons	\$12.00
	Knives	\$6.50
Staffing Costs		
	Program Manager	\$26,000
	Education Director	\$30,000
	Produce + Outreach Coordinators	\$33,000
Administrative Costs		
	Data Evaluation	\$10,000
	Website	\$2,000
	Office Supplies	\$7,500
	Software	\$500
	Survey Software/Gift Cards	\$500

Illustrative Program Budget (100 participants)

Food		Quantity	Unit Cost	Total Cost
Produce Bi-Weekly		2600	50	\$130,000
Storage		12	500	\$6,000
Delivery Services		26	500	\$13,000
Delivery Supplies		26	100	\$2,600
Program				
Participant Cooking Starter Kits		100	100	\$10,000
Education		12	1250	\$15,000
Videography (YouTube classes)		12	1000	\$12,000
HbA1c Quarterly Testing		400	15	\$6,000
Farmers Market Tokens		100	10	\$1,000
Aprons		100	12	\$1,200
Knives		100	6.5	\$650
Administrative Costs				
Data Evaluation		1	10000	\$10,000
Website		1	2000	\$2,000
Office Supplies			7500	\$0
Ink		8	500	\$4,000
Software (CRM Fax PandaDoc)		12	500	\$6,000
Survey Software/Gift Cards		100	50	\$5,000
Salaries				
Program Director (25%)		520	50	\$26,000
Program Manager (50%)		1040	30	\$31,200
Education Director (50%)		1040	28	\$29,120
Produce + Outreach Coordinators		1560	21	\$32,760
Total Cost				\$343,530
Per Participant Cost				\$3,435

Funding Pathways

Sustainable Food is Medicine programs depend on diverse and reliable funding streams. By leveraging healthcare, Tribal, state, and philanthropic resources, Tribal Nations can build long-term programs that strengthen community health while supporting local economies.

Tribal Nations within present day bounds of Oklahoma, can explore a variety of funding sources to support FIM programs:

- **Federal Grants:** USDA programs (such as *CusNIP*), CDC chronic disease prevention grants, HRSA rural health grants, and Indian Health Service (IHS) initiatives, including produce prescription pilots.



- **State Programs:** Opportunities through the *Oklahoma State Department of Health* and partnerships with the *Oklahoma Health Care Authority (OHCA)*. OHCA is actively pursuing an 1115 Medicaid waiver that could include Food is Medicine services as covered benefits, opening the door to long-term reimbursement.
- **Medicaid Mechanisms:** Beyond the 1115 waiver, Tribal Nations can explore In Lieu of Services (ILOS) models that allow Medicaid Managed Care Organizations (MCOs) to reimburse for produce prescriptions, medically tailored meals, or groceries as cost-effective alternatives to traditional medical care.
- **Policy Pathways:** The Oklahoma Food is Medicine Act (SB 806) passed on May 1, 2025 offers an opportunity to formally embed FIM programs into state policy and funding streams. Advocacy from Tribal Nations and partners is critical to advancing this legislation.
- **Foundations & Philanthropy:** Philanthropic partners such as the Zarrow Commemoration Fund, Rockefeller Foundation, Morningcrest Healthcare Foundation, and others have already invested in Oklahoma's FIM movement and can provide match dollars or seed funding.
- **Tribal Revenue Streams:** Tribal enterprises, casinos, and local economic development initiatives can support FIM programs as part of broader sovereignty and wellness strategies.

Joining the Oklahoma Food is Medicine Coalition offers a powerful way for Tribal Nations to help drive implementation of the *Oklahoma Food is Medicine Act*, advocate for inclusion in Medicaid ILOS and 1115 waiver opportunities, and align efforts across healthcare, agriculture, and community partners for sustainable growth.

Additionally, AICAF's Indigenous Cancer Solutions Oklahoma Coalition strengthens these efforts by centering Indigenous voices for Tribal Nations, clinics, and community organizations to share knowledge, build capacity, and advance culturally rooted Food is Medicine initiatives together.



Cost Savings Estimates from Real Programs

Programs that are structured as a clinical intervention (e.g. FreshRx Oklahoma) rather than simply a food box, generate a meaningful economic impact by reducing healthcare expenses while growing the economy of the tribe by creating demand for tribal grown produce.

- Participants report improved A1c and reduced risk factors for diabetes complications.
- Fewer emergency room visits and hospitalizations translate into cost savings for both healthcare systems and families.
- Money spent on local produce circulates within the Tribal economy, creating additional financial benefits.

Healthcare Cost Savings Range Estimates Based on Budget Illustration Above:

Cost of Care Impact		Annual	3-yr	5-yr
	Avg. Participant COC (\$1,650 PMPM)	\$20,000		
5%	Low COC Savings	\$100,000	\$300,000	\$500,000
	ROI		87%	146%
20%	High COC Savings	\$400,000	\$1,200,000	\$2,000,000
	ROI		349%	582%

Economic Impact of Local Food Investments

Investing in local and Tribal food systems creates ripple effects that reach far beyond the farm. When Food is Medicine programs source directly from Tribal and regional producers, each dollar stays in the community, which supports families, creates jobs, and fosters long-term resilience and sovereignty.

Supporting Tribal producers strengthens the local economy by:

- **Creating jobs and skills pathways:** Expanding production on Tribal farms, food hubs, and ranches creates year-round employment opportunities for Tribal citizens in farming, distribution, food processing, and nutrition education.
- **Circulating dollars locally:** Money spent on local produce, meat, and traditional foods stays in the community instead of leaving for out-of-state or global suppliers, increasing economic independence.



- **Building food infrastructure:** Investments in cold storage, distribution networks, and processing facilities benefit not only Food is Medicine programs but also schools, elder centers, and Tribal enterprises, creating multiple market opportunities for producers.
- **Preserving land and seeds:** Prioritizing culturally significant crops (corn, beans, squash, bison, wild onions, persimmons) helps protect biodiversity, maintain soil health, and sustain traditional food knowledge for future generations.
- **Leveraging multiplier effects:** Research shows that local food purchases can have a 2-3x multiplier effect, every dollar spent locally generates additional economic activity in the region. This means FIM investments directly contribute to community wealth and stability.
- **Improving health equity and reducing costs:** By funding nutrient-dense, Tribally grown food, programs reduce chronic disease burden, which translates into millions in healthcare savings while simultaneously growing the local economy.

Together, these impacts demonstrate that Food is Medicine is not just a health intervention, it is also a community economic development strategy. By linking healthcare dollars to Tribal food producers, communities can create sustainable markets that heal both people and the land, ensuring that future generations thrive.

Financial Tracking Templates

Programs benefit from simple, clear tracking tools:

- **Monthly Expense Logs:** Track spending on produce, staffing, and logistics.
- **Revenue & Grant Tracking:** Document incoming funds, grants, or partnerships.
- **Impact-to-Cost Analyses:** Compare program costs to health outcomes and community benefits to demonstrate ROI.

By thoughtfully tracking resources and highlighting both health and economic benefits, the Tribal Nations within present-day Oklahoma can cultivate Food is Medicine programs that are sustainable, scalable, and grounded in community wellness, healing, and economic vitality.



APPENDICES

Contents:

- Glossary of Key Terms

Term	Definition
Ancestral Foodways	Traditional foods and food practices handed down through generations that provide both nutritional and cultural value (e.g., corn, beans, squash, bison, wild onions).
Culturally Relevant Nutrition	Nutrition education and practices that are rooted in the food traditions, values, and lived experiences of a community.
Culturally Informed Evaluation	Measuring program outcomes in ways that respect Tribal sovereignty, cultural knowledge, and community voice, while avoiding solely Western metrics.
Data Sovereignty	The right of Indigenous Nations to govern the collection, ownership, and application of their own data, including health and program data.
Food Insecurity	Limited or uncertain access to enough nutritious food for an active, healthy life.
Food Sovereignty	The right of a community to define its own food system: what is grown, how it is shared, and how it reflects cultural values, governance, and self-determination.
Food is Medicine (FIM)	The practice of integrating healthy, culturally relevant food into healthcare and disease prevention, including produce prescriptions, medically tailored groceries, and meals.
Gus Schumacher Nutrition Incentive Program (GusNIP)	A USDA program that funds nutrition incentives and produce prescription projects to improve access to fruits and vegetables.



Medically Tailored Groceries (MTGs)	Grocery boxes that include specific foods selected to meet the nutritional needs of individuals with chronic disease, often guided by healthcare providers.
Medically Tailored Meals (MTMs)	Fully prepared meals designed to meet the medical and cultural dietary needs of individuals with serious or chronic illness.
Nutrition Incentives	Programs that provide financial support (such as vouchers, discounts, or matching dollars) to make fruits and vegetables more affordable.
Produce Prescription Programs (PPRs)	Programs in which healthcare providers prescribe fresh fruits and vegetables to patients, often redeemable at Tribal farms, markets, or local grocers.
Social Determinants of Health (SDOH)	Non-medical factors that influence health outcomes, such as food access, housing, income, education, and community environment.
Sovereignty	The inherent authority of Tribal Nations to govern themselves and determine their own paths in health, food, and policy.
Value-Based Care (VBC)	A healthcare model that prioritizes prevention, wellness, and long-term outcomes rather than fee-for-service treatment.
Agroecology	Farming that works with natural ecosystems by using practices that mimic ecological processes, strengthen biodiversity, and reduce reliance on chemicals.
Biodiversity	The variety of life within ecosystems (plants, animals, microbes) that supports resilience in both natural and food systems.
Carbon Sequestration	The process by which plants and healthy soils capture and store carbon dioxide from the atmosphere, reducing climate change impacts.



Composting	Recycling organic material (like food scraps, leaves, and manure) into nutrient-rich soil amendment, supporting healthy crop growth.
Cover Crops	Crops grown not for harvest but to protect and enrich soil, reduce erosion, and support soil biodiversity.
Food System	The full network of activities involved in producing, processing, distributing, consuming, and disposing of food.
Heirloom/Heritage Varieties	Traditional plant and animal breeds passed down for generations that maintain unique genetic diversity and cultural value.
Local Food System	Food that is grown, processed, and consumed within a specific geographic region, strengthening community economies and reducing reliance on global supply chains.
Nutrient Density	The concentration of vitamins, minerals, and phytonutrients in food relative to its calorie content. Higher nutrient density supports stronger health outcomes.
Perennial Crops	Plants that grow back year after year without replanting, such as fruit trees or perennial grains, supporting soil health and sustainability.
Rematriation	The return of land, seeds, traditional foods, and cultural knowledge to Indigenous communities, restoring them to the care of their original stewards and renewing reciprocal relationships with the land.
Regenerative Agriculture	Farming practices that restore soil, water, and ecosystems, focusing on long-term sustainability, biodiversity, and resilience.
Seed Sovereignty	The right of communities to save, steward, and share seeds in ways that protect biodiversity and cultural identity.



Soil Health

The continued capacity of soil to function as a living ecosystem, supporting plants, animals, and humans. Healthy soil improves water retention, nutrient cycling, and climate resilience.

Sustainable Agriculture

Farming that meets current food needs without compromising the ability of future generations to meet theirs, balancing environmental, social, and economic concerns.

Traditional Ecological Knowledge (TEK)

Indigenous knowledge of ecosystems, land, and foodways passed down through generations, guiding sustainable stewardship of natural resources.

The following resources can be found on the American Indian Cancer Foundation's Resources tab at www.aicaf.org.

- **Template Budget & Financial Modeling**
- **MOU Templates** (Partners, Clinics, Chefs, Instructors)
- **BAA Business Associate Agreement Template (HIPAA)**
- **Class & Recipes Resource Index**
 - Sample Class Schedules
 - Sample Recipes
- **Evaluation Tools & Surveys**
- **Additional Resource List**
 - **Program Resources**
 - **Nutrition Incentive Hub** – National training, technical assistance, and evaluation center for produce prescription and nutrition incentive programs.
<https://www.nutritionincentivehub.org>
 - **National Produce Prescription Collaborative (NPPC)** – A national network advancing produce prescription programs and aligning best practices. <https://nppc.health>



- **Indian Health Service (IHS) Produce Prescription Initiatives** – IHS has launched and supported produce prescription pilots in Tribal communities, often in partnership with USDA and Tribal health programs, to improve access to fruits and vegetables and reduce diet-related disease. <https://www.ihs.gov/nutrition/>
- **Erin Martin's Food is Medicine Toolkit** – A practical guide to building and scaling Food is Medicine programs, rooted in sovereignty, culture, and health. <https://www.erinwmartin.com/#section-resource-guide>
- **Wholesome Wave** – Early leader in produce prescriptions and nutrition incentives, providing program models and policy advocacy. <https://www.wholesomewave.org>
- **Gus Schumacher Nutrition Incentive Program (GusNIP)** – USDA grant program funding produce prescriptions and nutrition incentives across the U.S. <https://www.nifa.usda.gov/grants/programs/gus-schumacher-nutrition-incentive-program>

- **Local Food & Indigenous Food Resources**
 - **NRCS Conservation Programs** – USDA programs supporting soil health, water conservation, and overall farm sustainability. <https://www.nrcs.usda.gov>
 - **First Nations Development Institute** – Provides grants, training, and resources to strengthen Native food sovereignty and community-based food systems. <https://www.firstnations.org/our-programs/nourishing-native-foods-health/>
 - **Intertribal Agriculture Council (IAC)** – Offers technical assistance, business development, and marketing support for Native producers nationwide. <https://www.indianag.org>
 - **Indigenous Food and Agriculture Initiative (IFAI)** – Policy, legal, and educational support for Tribal food systems, housed at the University of Arkansas. <https://indigenousfoodandag.com/policy-research/>

USDA Tribal Programs (Office of Tribal Relations) – Coordinates USDA programs, resources, and partnerships



with Tribal Nations.

<https://www.usda.gov/tribal-affairs>

- **Indigenous Seed Keepers Network** – Supports seed sovereignty, education, and the revitalization of traditional seed-keeping practices.
<https://sierraseeds.org/indigenous-seedkeepers-network/>
- **Native Farm Bill Coalition** – Advocates for Tribal priorities in federal farm and nutrition policy.
<https://www.nativefarmbill.com>
- **National Sustainable Agriculture Coalition (NSAC)** – Advances federal policy for sustainable food systems, family farmers, and conservation.
<https://sustainableagriculture.net>
- **Food Distribution Program on Indian Reservations (FDPIR)** – USDA nutrition assistance program providing food to income-eligible households on reservations.
<https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations>
- **North American Traditional Indigenous Food Systems (NĀTIFS)** – Founded by Chef Sean Sherman, NĀTIFS promotes Indigenous culinary education, food access, and entrepreneurship. <https://www.natifs.org>

- **Policy & Advocacy Resources**
 - **Center for Health Law & Policy Innovation (CHLPI)** – Food is Medicine Project – Legal and policy strategies to integrate Food is Medicine into healthcare financing and delivery. <https://chlpi.org/project/food-is-medicine/>
 - **Tufts Food is Medicine Institute** – Research, education, and policy leadership advancing Food is Medicine in clinical care. <https://tuftsfoodismedicine.org/>
 - **Harvard Food is Medicine Initiative** – Harvard Law School and Harvard Medical School collaborative advancing Food is Medicine policies nationally.
<https://chlpi.org/project/food-is-medicine/>
 - **National Produce Prescription Collaborative (NPPC)** – National coalition advancing produce prescription policy,



best practices, and alignment across states and federal systems. <https://nppc.health>

- **Food is Medicine Coalition (FIMC)** – Coalition of nonprofit providers of medically tailored meals and groceries advocating for Food is Medicine integration into healthcare and policy. <https://fimcoalition.org>
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- References & Citations
 - Data & Statistics
 - Centers for Disease Control and Prevention. (2024). *Leading causes of death in Oklahoma*. Atlanta, GA: U.S. Department of Health & Human Services.
<https://www.cdc.gov>
 - U.S. Census Bureau. (2020). *American Indian and Alaska Native population: Oklahoma*. Washington, DC: U.S. Department of Commerce. <https://www.census.gov>
 - U.S. Department of Agriculture, Food and Nutrition Service. (n.d.). *Food Distribution Program on Indian Reservations (FDPIR)*. <https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations>
 - U.S. Cancer Statistics Data Visualizations. (2025.). *Obesity (Body Mass Index ≥ 30) — Screening and Risk Factors*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved September 9, 2025, from <https://gis.cdc.gov/Cancer/USCS/>
 - U.S. Cancer Statistics Data Visualizations. (2022.). *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention*. Retrieved [Month Day, Year], from <https://gis.cdc.gov/Cancer/USCS/>
 - Oklahoma State Department of Health. *Diabetes Dashboard* [Interactive data visualization]. Oklahoma State Health Improvement Plan. Retrieved September 9, 2025, from <https://oklahoma.gov/health/health-education/data-and-statistics/oklahoma-state-health-improvement-plan/diabetes-dashboard.html>
 - Micha, R., Peñalvo, J. L., Cudhea, F., Imamura, F., Rehm, C. D., & Mozaffarian, D. (2017). Association between dietary factors and mortality from heart disease, stroke, and type 2 diabetes in the United States. *JAMA*, 317(9), 912–924. <https://doi.org/10.1001/jama.2017.0947> (for the “45.4% of cardiometabolic deaths due to suboptimal diet” stat).
 - National Center for Health Statistics. (2023, November 7). *United States life tables, 2021* (National Vital Statistics Reports No. 72-12). U.S. Department of Health and Human



Services, Centers for Disease Control and Prevention.
<https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-12.pdf>
[CDC](#)

- Arias, E., Xu, J., & Kochanek, K. (2023, November 7). *United States life tables, 2021* (National Vital Statistics Reports No. 72-12). National Center for Health Statistics, Centers for Disease Control and Prevention.
<https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-12.pdf>

- **Food is Medicine Policy & Research**

- Center for Health Law and Policy Innovation (CHLPI). (n.d.). *Food is Medicine Project*. Harvard Law School.
<https://chlpi.org/project/food-is-medicine/>
- Tufts University Food is Medicine Institute. (n.d.). *Food is Medicine Institute*. Friedman School of Nutrition Science and Policy. <https://foodismedicine.tufts.edu>
- Harvard Law School & Harvard Medical School. (n.d.). *Food is Medicine Initiative*. <https://chlpi.org/food-is-medicine-initiative/>
- National Produce Prescription Collaborative (NPPC). (n.d.). *About NPPC*. <https://nppc.health>

- **Indigenous & Local Food Systems**

- First Nations Development Institute. (n.d.). *Nourishing Native Foods & Health*. <https://www.firstnations.org/our-programs/nourishing-native-foods-health/>
- Indigenous Food and Agriculture Initiative (IFAI). (n.d.). *Policy and research*. University of Arkansas.
<https://indigenousfoodandag.com/policy-research/>
- Intertribal Agriculture Council (IAC). (n.d.). *Technical assistance and programs*. <https://www.indianag.org>
- Indigenous Seed Keepers Network. (n.d.). *Indigenous Seedkeepers Network*. Sierra Seeds.
<https://sierraseeds.org/indigenous-seedkeepers-network/>
- Native Farm Bill Coalition. (n.d.). *Native Farm Bill Coalition*.
<https://www.nativefarmbill.com>



- North American Traditional Indigenous Food Systems (NĀTIFS). (n.d.). *About NĀTIFS*. <https://www.natifs.org>
- U.S. Department of Agriculture, Office of Tribal Relations. (n.d.). *USDA Tribal Affairs*. <https://www.usda.gov/tribal-affairs>
- U.S. Department of Agriculture, Natural Resources Conservation Service (NRCS). (n.d.). *NRCS Conservation Programs*. <https://www.nrcs.usda.gov>

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