

**ELEVENTH LEGISLATURE
OF THE
CHEYENNE AND ARAPAHO TRIBES
SPECIAL SESSION
MAY 28, 2026
CONCHO, OK**

RESOLUTION: A Resolution to submit grant proposal for Produce Prescription Pilot Program by the Indian Health Service, Health and Human Services, HHS-2026-IHS-PPPP-0001.

RESOLUTION NO: 11L-SS-2026-0528-005
DATE INTRODUCED: May 22, 2026
SPONSOR: Kendricks Sleeper, District A2
CO-SPONSOR: Rector Candy, District A4

SUBJECT: A Resolution to submit grant proposal for Produce Prescription Pilot Program by the Indian Health Service, Health and Human Services, HHS-2026-IHS-PPPP-0001.

WHEREAS: The Cheyenne and Arapaho Tribes ("Tribes") are federally recognized Indian tribes, organized under a Constitution approved by Tribal membership on April 4, 2006, and approved by the Secretary of the Interior; and

WHEREAS: Article VI, Section 5(a) and (c) in the Constitution provides that "Legislative power shall be vested in the Legislature" and "the Legislature shall have the power to make laws and resolutions in accordance with the Constitution which are necessary and proper for the good of the Tribes;" and

WHEREAS: Article VII, Section 4(d) provides the Governor with "the power to negotiate and sign a contract, other than a gaming management contract, which has been previously authorized by the Tribal Council or Legislature;" and

WHEREAS: Federal grants are contracts that require authorization; and

WHEREAS: The Legislature has the Constitutional obligation and public responsibility to the Tribes to oversee the Tribes' operations in order to establish and promote justice establish guidance and direction for the government and advance the general welfare of the Tribes; and

WHEREAS: Diabetes is a complex and costly chronic disease that requires tremendous long-term efforts to prevent and treat. Although diabetes is a nationwide public health problem, American Indian/Alaska Native people are disproportionately affected.

WHEREAS: Indian Health Service has announced a funding opportunity for the Produce Prescription Pilot Program FY2026, Funding Announcement Number: HHS-2026-

IHS-PPPP-001; and

WHEREAS: The Produce Prescription Pilot Program provides funding for produce prescription methods to help reduce food insecurity, increase knowledge via nutrition education and increase access to fresh foods; and

WHEREAS: The PG&C Office in conjunction with Department of Health, Diabetes Wellness Program will submit a \$250,000.00 grant proposal: and

NOW THEREFORE BE IT RESOLVED that the Legislature of the Cheyenne and Arapaho Tribes, pursuant to Article VII, Section 4(d) of the Tribal Constitution does hereby approve and support the submission.

Kendricks Sleeper
Speaker of the Eleventh Legislature
Cheyenne and Arapaho Tribes



ATTEST:

I, Jodi White Buffalo, Legislative Clerk, hereby certify that the foregoing is a True and Accurate Copy of the Original Resolution No. 11L-SS-2026-00528-005 which was acted upon by the Legislature of the Cheyenne and Arapaho Tribes in a Special Session of the Eleventh Legislature, by a roll call vote on the 28th day of May 2026.

VOTE RECORD:

DISTRICT	LEGISLATOR	YES	NO	ABSTAIN	ABSENT
A1	Pamela Sutton				
A2	Kendricks Sleeper				
A3	Travis Ruiz				
A4	Rector Candy				
C1	Bruce Whiteman, Jr.				
C2	Milan Roman Nose, Jr.				
C3	Thomas Trout				
C4	Mariah Youngbull				
TOTAL					
Passes () Fails () Tabled () Allowed to Die () No Action ()					

Pursuant to Article VI, Section 5, subsection (a) of the Tribes Constitution reads in part: “Tie votes in the Legislature shall be decided by the Governor.”

		YES	NO	ABSENT
Governor	Reggie Wassana			

 Jodi White Buffalo, Legislative Clerk
 Eleventh Legislature, Cheyenne and Arapaho Tribes



ATTEST:

Pursuant to Article VI, Section 7, subsection (a)(iv) of the Tribes Constitution reads in part: “All Bills passed by the Legislature shall be presented to the Governor for signature or veto. All laws shall take effect thirty days after signature by the Governor or veto override by the Legislature unless any Member of the Tribes submits to the Coordinator of the Office of Tribal Council a petition signed by at least one hundred fifty Members of the Tribal Council seeking to repeal the law or resolution at the next Tribal Council meeting. If the Tribal Council fails to repeal such law or resolution at the next Tribal Council where the matter has been properly placed on the agenda for the Tribal Council meeting, such law or resolution shall become effective immediately.”

Pursuant to Article VII, Section 4, subsection (g) of the Tribes Constitution reads: “The Governor shall have the power to sign any enactment passed by the Legislature into law or to veto any enactment passed by the Legislature within ten days of passage with a written explanation of any objections; and if the Governor takes no action within ten days, then the enactment shall become law in accordance with this Constitution.”

{ } APPROVED

{ } VETOED: Attachment ____; Governor’s written explanation of any objections.

On the _____ day of _____, 2026.

Reggie Wassana, Governor
Cheyenne and Arapaho Tribes



**TRANSMITTAL OF DOCUMENTS:
From the Legislative Branch to the Office of Records Management**

ATTEST:

Pursuant to Article VI, Section 7, subsection (a)(v), of the Tribes Constitution reads, “The Office of Records Management shall compile all Laws and Resolutions into a comprehensive Code in an orderly manner that shall be published annually.”

Office of Records Management Staff, hereby certify that the foregoing is a True and Accurate Original Resolution No. 11L-SS-2026-0528-005.

Space below is reserved for Stamp:

Received (Date) Office of Record Management

Signature: _____

Print Name: _____

Title: _____

Date: _____

Office of Records Management
Department of Administration, Executive Branch
Cheyenne and Arapaho Tribes



**Cheyenne and Arapaho Tribes
Legislative Action Request**



This Form will be used by the Governor of the Cheyenne and Arapaho Tribes on behalf of all Departments and programs when submitting all Bills and Resolutions to the Legislative Branch for Public Hearings and Regular/Special Sessions.

Name: ~~Connor Bushyhead~~ Marcos Barros Title: ~~Executive Director~~ Program Director
 Contact Number: ~~405 947 3379~~ 27683 Work E-mail: ~~cbushyhead@cheyenneandrapaho-nsh.gov~~ mbarros
 Department: HEALTH Program: ~~Dist Admin~~ DWP
 Date of Submission: 5.21.26 Date Document is Needed _____
 Regular/Special Session: _____

What Type of Request: Bill, Resolution, Contract, and Supporting Documents are you submitting:
 New Bill to be adopted: _____; Revised Act to be adopted: _____
 New Resolution to be adopted: X; Revised Resolution to be adopted: _____
 New Contract to be adopted: _____; Revised Contract to be adopted: _____
 Supporting Document: X; Supporting Document: _____

Please provide a detailed description of your request to include what type of action is required by the Legislature. Attach all supporting documentation to this form.
To approve submission of IHS P4 Grant.

Program Director Approval: [Signature] Date: 5.21.26
 Department Executive Director Approval: [Signature] Date: 5.21.26
 Received and Reviewed by Legal Department, Executive Branch:
 Tribal Attorney: [Signature] Date: _____
 Received by Executive Office: [Signature] Date: _____
 Governor Approval: [Signature] Date: _____

ACTION TAKEN BY LEGISLATIVE BRANCH:

Resolution /Bill # _____

ATTEST:
 The Legislative Staff hereby certify that the foregoing (Bills, Resolutions, Contracts, and/or supporting documents) that were submitted by the Submitting Party are complete.
 Legislative Staff: _____ Title: _____
 Date of action: _____

Project Narrative for Produce Prescription Pilot Program (P4)

Part 1: Needs Assessment

The Cheyenne and Arapaho (C&A) Tribe's 10-county (Canadian, Kingfisher, Blaine, Dewey, Woodward, Ellis, Roger Mills, Beckham, Washita, and Custer) service area spans a rural 8,996 square miles. There are three Indian Health Services (IHS) clinics in our service area. They are set up to provide basic healthcare needs only. Specialty or emergency care must be gained through purchased and referred care at the nearest facility capable. The nearest specialty medical care is in Oklahoma City which is over a 6-hour round trip drive from some locations within the C&A service area where reliable transportation is significantly limited.

The C&A tribal population historically has struggled with high poverty rates, high levels of unemployment, and low rates of income on a per capita basis as compared with the general population in the region. The Cheyenne and Arapaho Demographic, Health & Community Survey reports a substantial number of respondents who indicate they struggle financially. Some 35.7% report income of less than \$1,000 per month, and 44.2% report a total household income of less than \$2,000 per month. Furthermore, 15.3% report receiving a housing subsidy from the tribal or federal government. The per capita income for residents in the tribal jurisdiction over the past decade has generally been lower than the state's per capita income rate. Unemployment rates for the C&A Tribes have been significantly higher than the general population in the region. The Bureau of Indian Affairs reported a 70% unemployment rate among the C&A Tribes. This percentage was based upon the service population living within the tribal jurisdiction. In addition, 24% of tribal members were employed but still living below poverty guidelines. In comparison, the unemployment rate for the State of Oklahoma [OK] was 6.8%, while the nationwide unemployment rate was 9.9%.

The C&A Diabetes Wellness Program (DWP) distributed a needs assessment to local tribal leaders including: the Governor and Lieutenant Governor; Department of Administration's Executive Director; Health Board directors; and legislatures of the entire C&A tribal jurisdiction. The assessment was based on a 5-point Likert Scale [one (1) being "not important", to five (5) as "very important"] so all questions could be statistically analyzed and compared for importance. When categories were compared based on the average points given [five (5) being the highest possible], the educational categories which received an average score of at least 4.5 or higher were: nutrition; foot care; eyeglasses; physical activities; and buffalo. When reviewing these top categories as a whole, the average score given was 4.7 out of a possible 5.0

These five areas of need are not only deemed critical by the C&A tribal leaders, but the 2025 DM Audit statistics as well. Within the C&A service area, tribal members show more biomarker levels which increase the risk for developing DM and its complications. One such risk factor for increasing insulin resistance is weight status; specifically overweight or obese. Approximately 69% of the U.S. population is overweight and/or obese [CDC]. Astonishingly, the C&A Tribe's rate is even higher at 89% of its population being overweight and/or obese. It's no surprise then that the percentage of elevated Hemoglobin A1c [A1c] levels, which is a

3. Farmers in our 10 county service area
 - a. Will supplement fruits and vegetables to participants in more food deserts
4. US Foods
 - a. Currently have a purchase agreement that allows us to purchase the required amount of fresh foods to sustain our current project. We will continue using them for our supplier.
5. Osage Nation
 - a. Currently have a purchase agreement that allows us to purchase fresh buffalo meat. We will continue this service. Buffalo is culturally significant to the Cheyenne and Arapaho people.
- ii. Communities involved in the project are located in the following 10 counties. Within the state of Oklahoma, the Food insecurity rate is at 14.6%, while the US is currently at 10.5%
 1. Canadian County 9.9% Food Insecurity Rate
 2. Blaine County 12.4% Food Insecurity Rate
 3. Woodward County 12.9% Food Insecurity Rate
 4. Roger Mills County 13.0% Food Insecurity Rate
 5. Ellis County 13.6% Food Insecurity Rate
 6. Washita County 13.2% Food Insecurity Rate
 7. Custer County 12.1% Food Insecurity Rate
 8. Kingfisher County 9.5% Food Insecurity Rate
 9. Dewey County 12.1% Food Insecurity Rate
 10. Beckham County 15.3% Food Insecurity Rate
- iii. Screening/Enrollment Process
 1. The Cheyenne and Arapaho Tribes and the Clinton Service Area (CSU) share data with a Memorandum of Understanding(MOU). The CSU will identify and prescribe patients to the P4 Program. P4 Program staff will then verify patients meet the qualifications and enroll them into the program.
 2. The enrollment and screening process will start with the IHS CSU. The CSU will prescribe fresh produce to the clients that meets the following criteria:
 - Food Insecurity, based on the outcomes of the U.S. Adult Food Security Survey Module.
 - BMI greater than or equal to 25.
 - Diagnosed for risk factors of CVD.
 3. The next step would be the client bringing the prescription to the Diabetes Wellness Program office. P4 staff will then verify the criteria, conduct a pre-survey, a nutrition education class with one of the nutrition

Increase knowledge of healthy cooking methods and nutrition education	Improve overall health of tribal members enrolled in P4 by the completion of this project <ul style="list-style-type: none"> • Lower A1C • Lower blood pressure • Lower BMI 	<ul style="list-style-type: none"> • Reduction in healthcare use and associated costs • Improvement of dietary health through increased consumption of fruits and vegetables

b. Activities to Achieve the Goals.

P4 Goals	Activities	Outcome
Increase access to fresh fruits and vegetables	<ul style="list-style-type: none"> • A planning meeting will be held in September 2026 with P4 and IHS staff to review eligibility requirements (food insecurity, based on the outcomes of the U.S. Adult Food Security Survey Module and suffers from, or is at risk of developing, a diet-related health condition) for this project • A P4 template will be produced and shared to applicable IHS staff • combo and incentives (fruits and vegetables), scheduling distribution, designing nutrition education activities and other health (fitness) initiatives 	<ul style="list-style-type: none"> • Participants will receive a box/bag of fresh fruits and vegetables each month • Strong partnership between P4, DOH, IHS, and community

- Baseline survey to help understand dietary intake and impact in relation to geographic settings.
 - Post survey to determine effectiveness of P4 in relation dietary intake and impact in relation to geographic settings.
 - Annual IHS audit will provide a better understanding of the dietary health outcomes in relation to dietary intake.
 - the reduction of individual and household food insecurity
 - Baseline survey to help understand food security, sociodemographics, and impact in relation to geographic setting
 - Post survey to determine effectiveness of P4 in relation to food security, sociodemographics, and impact in relation to geographic setting
 - the reduction in healthcare use and associated costs
 - Baseline survey to help understand overall health, sociodemographics, and impact in relation to geographic settings.
 - Post survey to determine effectiveness of P4 in relation to overall health, sociodemographics, and impact in relation to geographic settings.
 - Annual IHS audit will provide a better understanding of the dietary health outcomes in relations to overall health and sociodemographics.
 - Cost per person currently through the Good Health and Wellness in Indian Country grant is around \$60 per person a month. With P4 we anticipate the cost per person to be around \$160 per person a month. This increase would be due to doubled pickup/ delivery of fresh produce.

Part 4: Organizational Capabilities

a. Personnel

- i. Marcos Baros, Program Director
 - 1. Current Director of the Cheyenne and Arapaho Tribes Diabetes Wellness Program, will oversee grant operations
- ii. Raven Bramlett, Project Coordinator
 - 1. Current Coordinator of the DWP's Diabetes Prevention and Good Health and Wellness in Indian Country projects. Ms Bramlett has extensive knowledge in grant writing and reporting. She will coordinate all efforts with the community, food acquisition, distribution, food demonstrations, and compiling data from all evaluation efforts and grant reporting requirements.
- iii. P4 Specialist (1 positions)

- Maintaining beneficial relationships with all stakeholders will help foster champions for future P4 projects. Using these funds, we will be able to purchase a large refrigerator/freezer. We already have a refrigerated food truck. Having this infrastructure will allow us to continue providing fresh fruits and vegetables to our community. During and after the five-year grant cycle, we will apply for other grants to sustain this program.
- Non-supplantation
 - The P4 grant will expand and enhance our current project that is funded through Good Health and Wellness in Indian Country.