



# DRAFT 2 MT REACH LANDSCAPE ASSESSMENT



Kristin Lundgren, REACH Evaluator

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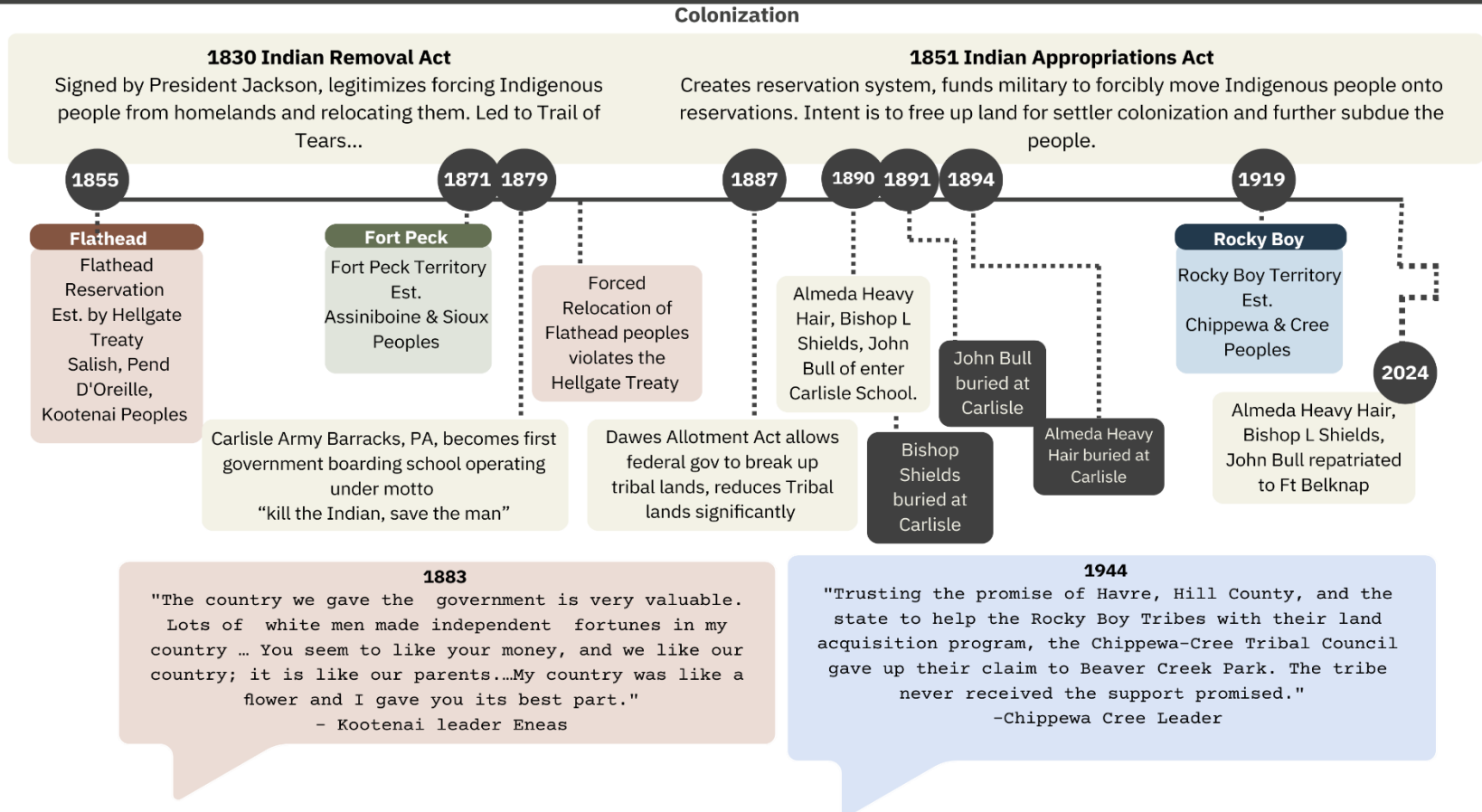
# Historical Context of MT REACH Subaward Communities<sup>1</sup>

### Before Colonization

The **Salish, Pend d'Oreille, and Kootenai** inhabited vast aboriginal lands across Montana, with parts in Idaho, Wyoming, and Canada. Their culture centered on hunting, fishing, and seasonal migrations, with a strong emphasis on family bands and alliances.

The **Assiniboine** originally lived in northwest Ontario, Saskatchewan, and Alberta, while the **Sioux** were east of the Mississippi in Minnesota. Both tribes migrated west, adapting to plains life and buffalo hunting, before being confined to the Ft Peck Reservation.

The **Chippewa** (Ojibwe) lived in the Great Lakes region, while the **Cree** inhabited areas across the northern plains of Canada and Montana. Both tribes depended on fishing, hunting, and trade before U.S. policies forced them westward.



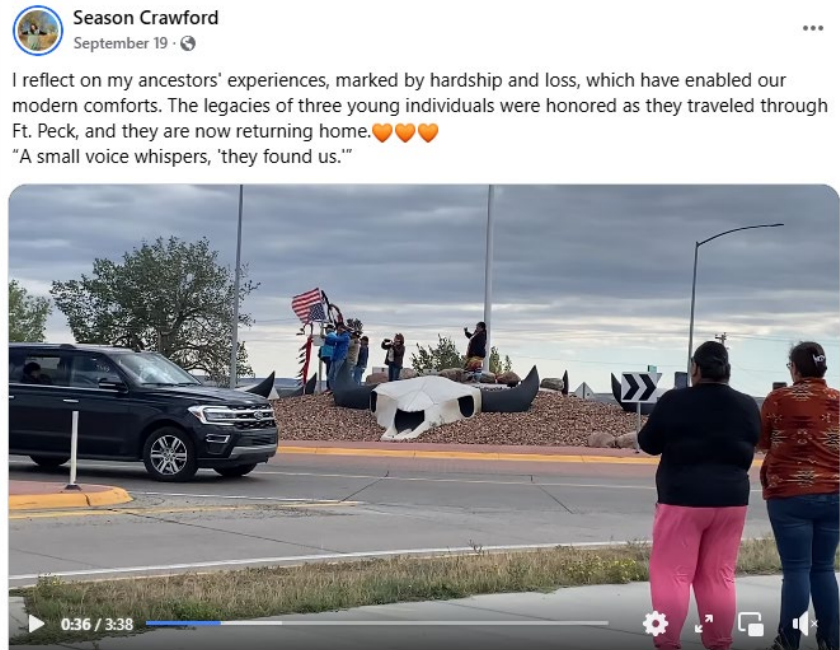
The intentional effort to **eradicate** American Indian culture extended beyond reservations and broken treaties. Policies aimed at erasing Indigenous identity included:

- **Boarding Schools (late 1800s–1970s):** Thousands of American Indian children were forcibly removed from their families and placed in government- and church-run boarding schools. These institutions aimed to "civilize" students by stripping them of their language, traditions, and cultural practices, often through abusive assimilation methods<sup>2</sup>
- **Urban Relocation (1950s–1960s):** This program encouraged American Indians to leave reservations for cities with promises of jobs and housing, further disrupting cultural connections and marginalizing Indigenous communities.

In the face of current and past impacts from colonization, the resilience and sovereignty of MT REACH communities is the essential context for MT REACH success.

A recent event shared by Season Crawford, REACH Coordinator at Fort Peck, reflects both the fresh grief and enduring resilience of the MT REACH communities as they honor their past and reclaim a healthier future.

In September 2024, the remains of three Aahnii students from Carlisle Boarding School returned home to Fort Belknap and honored as they passed through Ft. Peck. Soon Ft. Peck will be repatriating two of their own from Carlisle. Hundreds gathered to honor them along Highway 2 in Poplar, wearing orange to remember the trauma of the boarding school era.



## Quick Facts about REACH in Montana

WHO				
Grantee	Montana State University Office of Rural Health			
Subawards	<ul style="list-style-type: none"> <li>Confederated Salish &amp; Kootenai Tribes, Food Sovereignty Program</li> <li>Rocky Boy Health Center</li> <li>Spotted Bull Resource Recovery Center</li> </ul>			
Partners	<ul style="list-style-type: none"> <li>MT DPHHS Office of American Indian Health</li> <li>MT DPHHS Diabetes Prevention Program</li> </ul>			
Timeline				
Year 1 (Done)	<b>Year 2 (We are here)</b>	Year 3	Year 4	Year 5
Oct 2023 – Sep 2024 ↓	Oct 2024 – Sep 2025 ↓	Oct 2025 – Sep 2026 ↓	Oct 2026 – Sep 2027 ↓	Oct 2027 – Sep 2028 ↓
Landscape Assessment	Each Subaward implements 1 Goal Area	Subawards implement all strategies as they make sense		
Goal Areas & Strategies				
Healthy Nutrition	Physical Activity	Family Healthy Weight		
Year 2 Focus: CSKT	Year 2 Focus: Rocky Boy	Year 2 Focus: SBRRRC		
<p><b>HER Guidelines:</b> Increase the # of charitable food locations that have adopted and are implementing culture based HER Guidelines</p> <p><b>Produce Prescriptions and Vouchers:</b> Develop or enhance an existing plan to address fruit and vegetable voucher incentive and produce prescription programs</p>	<p><b>Physical activity through community design.</b> Develop at least one Active People, Healthy Nation plan focused on Physical Activity Through Community Design</p>	<p><b>MEND:</b> Adapt and implement MEND, a best practice Family Healthy Weight program focused on 7–13-year-olds and their families (MEND -- Mind, Exercise, Nutrition, Do It!)</p>		
Performance Measures				
<ul style="list-style-type: none"> <li># places newly issuing vouchers or prescriptions or places with enhanced processes for providing produce prescriptions.</li> <li># new enrollees in produce voucher or prescription programs</li> </ul>	<ul style="list-style-type: none"> <li># new or enhanced policies or plans for systems change adopted for community design</li> <li># of people living within geographic areas with new, enhanced, or implemented policies or plans for community design.</li> </ul>	<ul style="list-style-type: none"> <li># sites newly implementing MEND in the community#</li> <li>children for whom the MEND implementing partner received a referral.</li> </ul>		

## OVERVIEW: Landscape Assessment

### What Is REACH?

- Racial and Ethnic Approaches to Community Health (REACH) is a CDC-funded program to reduce racial and ethnic health disparities or gaps.
- REACH program recipients plan and carry out local, culturally appropriate programs.
- Funding cycles are five years: the MT REACH program began October 2023.
- The program's goal is to make healthy eating and active living more accessible and affordable to priority populations to help improve health, prevent chronic diseases, and reduce health disparities.

### About the Landscape Assessment

This Landscape Assessment, conducted in Year 1 (2023-24), provides actionable insights for REACH strategies in Years 2-5. It was a collaborative effort between REACH Subaward Coordinators, the Program Coordinator, and Program Evaluator.

### Assessment Content

After an overview of the MT State Health Improvement Plan alignment with REACH, insights are organized by REACH Strategy and based on information from: 1) Community Health Assessments; 2) REACH Survey, key stakeholder interviews, and focus groups; and 3) External Resource Review.

Within each strategy section, there is a discussion of:

- **REACH Alignment** with Community Health Assessments
- **REACH Survey Findings:** Relevant input from REACH survey, key informant interviews, and focus groups.
- **Impact of Sovereignty and Frontier Context**
- **Momentum:** Stakeholders in this space; current and potential funding
- **Actionable ideas and questions are sprinkled throughout. For consideration by REACH stakeholders.**

### Target Audience

The target audience for this assessment is: 1) MT REACH Staff, Subawards, and MT DPHHS partners 2) CDC. The hope is that these stakeholders can lift key insights or sections as needed to:

- Support effective implementation in Years 2-5.
- Engage others.
- Make the case for funding and work toward sustainability.
- Frame the work from a sovereign perspective.

## Section 1: Alignment MT SHIP and MT REACH

The MT REACH priorities align well with the draft *Montana State Health Improvement Plan (SHIP) 2024-2028*<sup>3</sup>.

### Relevance

MT DPHHS and Tribal Health Departments will be seeking partnership and funding to address priorities and carry out strategies. REACH Subaward Recipients can position their work to meet identified needs and synergize with local and state priorities. This will:

- Increase and accelerate key stakeholder buy in
- Ensure synergy versus duplication or competition
- Open avenues for implementation
- Open funding opportunities to complement REACH and/or sustain

### MT State Health Improvement Plan Alignment

The three priority areas for MT State Health Improvement Plan 2024-2028 (DRAFT) are **Cardiovascular Health**, **Behavioral Health**, and **Maternal Health**. These priorities have close ties to nutrition, physical activity, and healthy weight and align with REACH Priorities as shown in Table 1.



Table 1: MT SHIP Priorities and REACH

		REACH Goal Areas		
		Nutrition	Physical Activity	Healthy Weight
<b>NEXUS with MT</b>	<b>Behavioral Health</b> Priority	Poor nutrition both contributes to and results from behavioral health issues like depression and substance use disorders, which are often linked to food insecurity <sup>4</sup> . Improved nutrition supports recovery by stabilizing mood, reducing cravings, and lowering relapse rates <sup>5</sup>	Physical activity is known to reduce stress, anxiety, and depression. Engaging in regular exercise has been shown to support recovery from behavioral health issues, such as substance abuse <sup>6</sup> .	

	<b>Maternal Health</b> Priority	Adequate nutrition during pregnancy is vital for maternal and child health, reducing the risk of adverse birth outcomes and supporting long-term development <sup>7</sup> .	Regular physical activity during pregnancy can improve maternal health outcomes and reduce the risk of postpartum depression <sup>8</sup> .	Achieving a healthy weight before and after pregnancy is linked to better maternal health outcomes. Family-based interventions, such as MEND, may reduce the risk of gestational diabetes and improve overall maternal well-being <sup>9</sup> .
	<b>Cardiovascular</b> Priority	Diet plays a key role in cardiovascular health, with unhealthy eating patterns leading to obesity, hypertension, and heart disease <sup>10</sup> .	Exercise is essential for maintaining cardiovascular health. Routine physical activity helps manage weight, reduces the risk of hypertension, and improves heart function <sup>11</sup> .	Maintaining a healthy weight is critical for cardiovascular health. Family-centered programs that promote healthy eating and physical activity, like MEND, can help reduce the risk of hypertension and heart disease in



				both children and adults <sup>12</sup> .
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Table 2: MT SHIP Strategies and REACH

MT DPHHS Cross-Cutting Strategies		Nexus with REACH
1. Policies and Infrastructure to support communities and meet basic needs:	Advance conditions for making healthy choices ⇒ Develop resources and policies to make physical activity and nutritious food affordable and available.	Exact purpose of REACH Nutrition and Physical Activity Goals
2. Evidence Based programs fostering resilience and connection:	Help families transition from meeting basic need to thriving <ul style="list-style-type: none"> <li>Bolster programs that provide direct financial assistance to families for <b>nutrition</b>, childcare, housing.</li> </ul>	The Landscape Assessment substantiates the need to provide financial assistance to families in order to increase access to health fruits and vegetables.
	Protect the current and future health of Montana’s children <ul style="list-style-type: none"> <li>Strengthen and expand youth-related prevention and early intervention systems in Montana</li> </ul>	REACH strategies are upstream, generating access to healthy foods, physical activity, and healthy family weight to prevent disease later on, and to assist with recovery.
3. Organizational and Institutional practices that support equity	Foster opportunities to learn from and work alongside Tribal Nations <ul style="list-style-type: none"> <li>Strengthen the capacity of the Office of American Indian Health in DPHHS and bolster Tribal engagement and consultation practices statewide</li> </ul>	Tribal Subaward communities should find open doors at DPHHS in Helena as they plan and implement.
	Educate providers of all types in cultural humility. <ul style="list-style-type: none"> <li>Support training, development, and funding for culturally appropriate models of care...</li> </ul>	Supports REACH need to culturally adapt models that have never been proven with American Indian populations, and generates the opportunity for subawards to lead the way in innovative cultural models

## SECTION 2: Nutrition



**REACH SHORT TERM GOAL: Increased access to healthier foods.**

**Strategy 1: Food Service and Nutrition Guidelines**

Sub-strategy: 1.1a) Implement local level policies and activities that promote food service and nutrition guidelines and associated healthy food procurement in facilities, programs or organizations where food is sold, served, and distributed

**CDC Key Points**

- Healthy eating patterns help people live longer, strengthen their immune systems, and have fewer chronic diseases.
- To increase access to healthy food and beverages, states and communities can promote food service and nutrition guidelines.
- These guidelines can be used where food is sold, served, or distributed.

**Montana Specific Strategy**

Implement HER (Healthy Eating Research) Guidelines at Charitable Food Locations

**Strategy 2: Fruit and Vegetable vouchers incentive and/or produce prescription program**

Sub-strategy 1.2 Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs

**CDC Key Points**

- Eating enough fruits and vegetables each day is an important way for people to improve their health.
- To improve consumption of fruits and vegetables, states and local communities can implement new fruit and vegetable voucher incentive and produce prescription programs—or can refine and expand existing programs.

**Montana Specific Strategy**

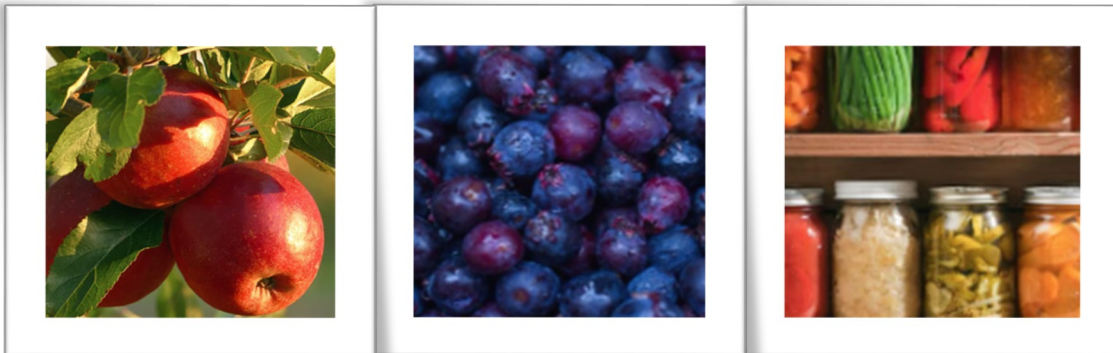
Implement or Enhance Produce Prescription and/or Produce Voucher Program

## 2.1 ALIGNMENT With Community Health Assessments

Data and priorities from all three subaward Community Health Assessments substantiate the need to increase access to healthy fruits and vegetables with sustainable strategies appropriate for the culture and geography.

### DATA from CSKT, Ft. Peck, and Rocky Boy Community Health Assessments (CHAs)

CHA DATA: ACCESS to HEALTHY FOOD		
CSKT	Ft Peck	Rocky Boy
<p><i>Food Insecurity</i></p> <ul style="list-style-type: none"> <li>• 17% said it was often true and 33% said sometimes true that "food in home did not last and had no money to get more.</li> <li>• Those with fair to poor mental health (74%) had near double the prevalence of food insecurity</li> <li>• Those with fair to poor physical health (59%) had higher food insecurity</li> </ul>	<p><i>Food Insecurity</i></p> <ul style="list-style-type: none"> <li>• 22% children are food insecure compared to 14% in MT</li> </ul> <p>Comments:                      "Places to purchase fresh food are far away from the community, which can feel very remote for basic needs."                      "The only place to get food is bars. There are no close or available grocery or convenience stores."</p>	<p><i>Food Insecurity</i></p> <ul style="list-style-type: none"> <li>○ 44% said <i>Food in home did not last, had no money to get more</i></li> </ul>
<p><i>Fruit Eaten Previous Day:</i></p> <ul style="list-style-type: none"> <li>• 30% None</li> <li>• 22% 1 Serving</li> </ul> <p><i>Vegetables Eaten Previous Day:</i></p> <ul style="list-style-type: none"> <li>• 20% None</li> <li>• 32% 1 Serving</li> </ul>	<p><i>Fruit Eaten Past Week</i></p> <ul style="list-style-type: none"> <li>• 17% Youth did not eat fruit past week (compared to 10% in MT and 8% in US)</li> <li>• 8% Adults had limited access to healthy foods compared to 7% in MT, and 6% in US</li> </ul>	<p><i>Low Fruit Consumption</i></p> <ul style="list-style-type: none"> <li>▪ 21% = 5+ Days/Week</li> <li>▪ 32% = 3-4 Days</li> <li>▪ 42% = 1-2Days</li> </ul> <p><i>Low Vegetable Consumption</i></p> <ul style="list-style-type: none"> <li>▪ 25% = 5+ Days/Week</li> <li>▪ 39% = 3-4 Days</li> <li>▪ 32% = 1-2Days</li> </ul>



**Priorities from CSKT, Ft. Peck, and Rocky Boy CHAs**

**REACH Nutrition Strategies can help CSKT make progress toward five of seven resolutions that resulted from the CSKT 2022 CHA.**

CSKT Resolution	Possibilities for REACH NEXUS
Resolution 21-085 To signify the Tribes’ desire and commitment to fully integrating traditional cultural values and languages into the daily lives of individuals within the reservation.	REACH strategies will promote traditional cultural values and knowledge about healthy food, including helping to restore access to traditional foods in the daily lives of individuals on the reservation.
Resolution 21-086 - To foster business ownership among membership.	Local food production is a strategy REACH partners can support to increase the year-round supply of affordable fresh produce. There may be opportunity for unique partnerships with economic development stakeholders.
Resolution 21-088 Proclaiming mental illness as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to improve and promote mental health.	In efforts to increase healthy food access, REACH subawards can consider produce prescriptions, and other policy and system change to increase access to healthy food for people living with mental illness or addiction; and also for those in recovery. Reach subawards can also consider the prevention value of increasing youth access to protective cultural knowledge and traditions around healthy food.
Resolution 21-089 Proclaiming addiction as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to eradicate addiction.	
Resolution 21-090 – To commit to the achievement of food sovereignty, proclaiming hunger as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to achieve food sovereignty and security.	<p style="text-align: center;"><b>This resolution DIRECTLY supports everything about the REACH Nutrition Goal and strategies and explains why CSKT is taking the lead on implementation of Nutrition strategies in Year 2.</b></p>

**REACH Nutrition Strategies can help the FT Peck Community address the most common causes of death identified in their 2023 CHA:** 1) Behavioral health (alcohol-related, drug related and suicide) 2) cardiovascular disease. Preventing these is key and aligns with MT SHIP as previously discussed.

FT Peck CHA Area of Emphasis	Possibilities for REACH NEXUS
<p><b>Basic Needs:</b> “public health partners must focus on supporting access to and strengthening social safety net programs for at-risk residents.”</p>	Access to healthy food is a “safety net” challenge. REACH can help to increase access to healthy food via produce prescriptions, vouchers, and culture-based healthy eating guidelines for food distributions. They can also help work to increase local supply of healthy foods year-round.

<p><b>Substance Use and Mental Health:</b>          “Substance use—from tobacco to alcohol to illicit drug use—is an underlying cause impacting a range of health concerns from family instability, lung, heart and kidney disease, motor vehicle crashes, violence and suicide. Fully 43% of deaths among Fort Peck Tribal Members have substance use or mental health as an underlying cause. Despite high rates of substance use, residents of Fort Peck are less likely than all Montanans to receive treatment. Our community needs strategic investment in the entire continuum of behavioral health care, from prevention, crisis response, treatment and recovery. Leveraging telehealth and other ways to access care while staying in the community is critical, as well as strengthening and embedding cultural and spiritual resources into this continuum of supports.”</p>	<p>It is fitting that the Subaward Entity at Ft Peck is Spotted Bull Recovery Resource Center.</p> <p>Through REACH, SBRRRC can focus on food access solutions that both promote recovery and build protection.</p>
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**REACH Nutrition Strategies can help Rocky Boy with some of the top concerns in their 2023 CHA:**

- Addiction and Mental Illness:
  - Sixty-three percent of CHA Survey Respondents were very concerned about drug use.
  - They articulated concern for children who live in Rocky Boy about: “Access to drugs; drug or alcohol use; access to alcohol; seem sad or depressed; unhealthy eating habits.”
  - As discussed prior, REACH strategies build protection and promote recovery for people living with mental illness, or addiction or at risk for these.
- Two of the Rocky Boy “Individual Health” key findings are risk factors for cardiovascular disease and relevant to REACH nutrition strategies: 44% Obese, 42% eat fruit 1-2 days/week.
- The Rocky Boy Health Center is well positioned to increase access to healthy fruits and vegetables and connect with internal and external stakeholders who share an interest in healthy nutrition as disease prevention and health promotion strategy.

**2.2 REACH Survey: Nutrition Findings**

**Survey Overview**

A total of 967 surveys were conducted across the three communities: 417 Rocky Boy, 254 CSKT, and 296 Fort Peck. The average completion rate across the three

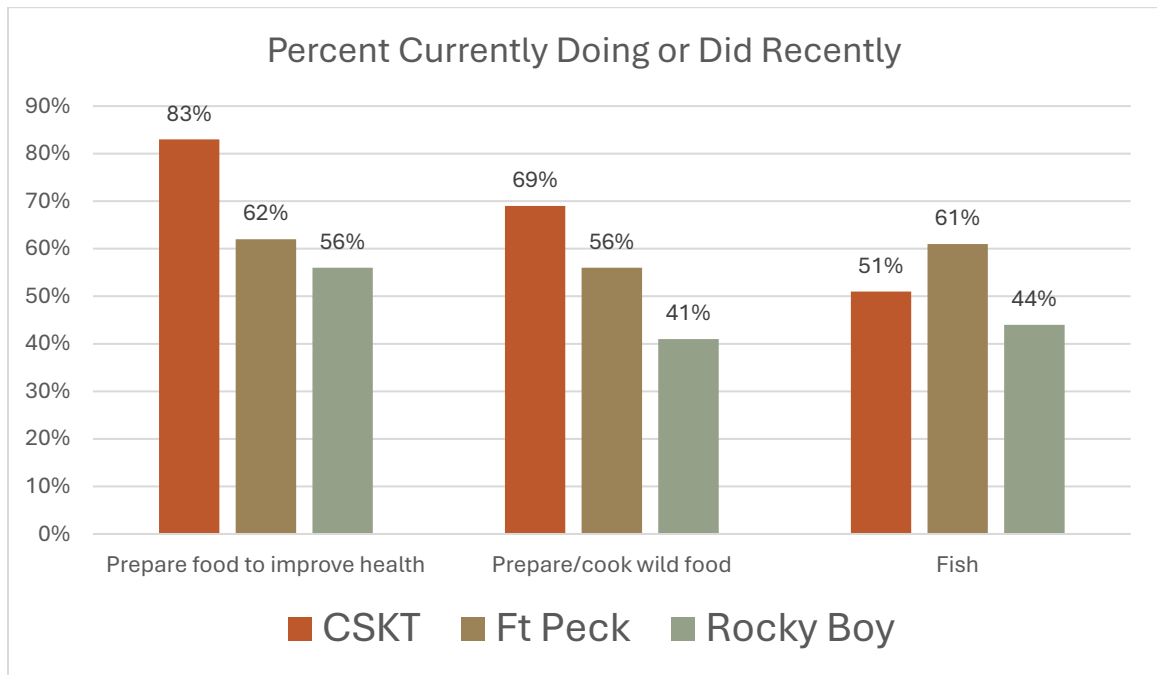
communities was 90%. The survey centered on current habits of respondents with regard to nutrition and physical activity, and sought input on what would increase access “More” or “A Lot More” for them personally. The content for the survey was developed in collaboration with REACH Coordinators. It built on prior work in each community to identify access barriers.

*Actionable Habits*

REACH staff can consider tapping into or building on the existing interests and habits in their community. Three examples of “food-related habits” from the survey are in the graph below. Each community can look to their own survey report for additional insights.

Research shows that building on existing habits is one of the most effective ways to promote lasting behavior change. By aligning new behaviors with familiar routines, we reduce cognitive and emotional resistance, making change feel more natural and sustainable<sup>13</sup>. Behavioral economics highlights that reducing friction and embedding changes into daily patterns creates a smoother path to healthier choices.

This approach respects the strengths of communities and fosters changes that are easier to adopt and maintain over time.

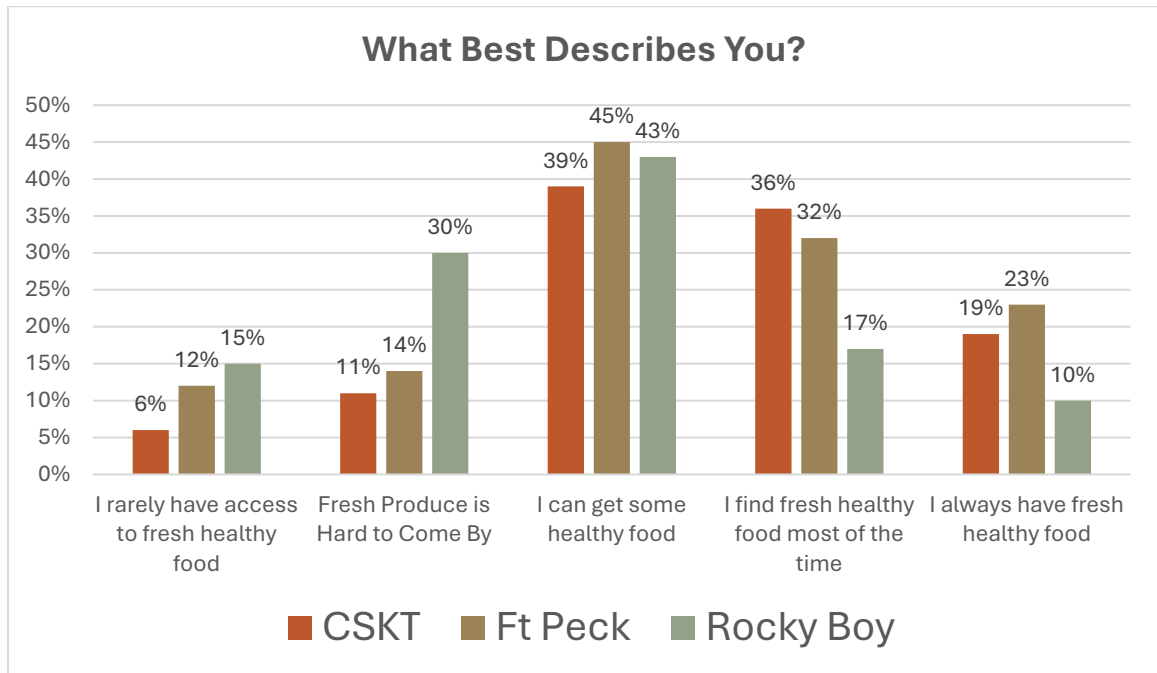


*What The Survey Taught About ACCESS*

There were two access questions: 1) the first aimed to understand current access to healthy fruit, vegetables, and game; and 2) the second aimed to understand respondent perspective on the likelihood that a particular strategy would increase access to healthy nutrition for them personally.

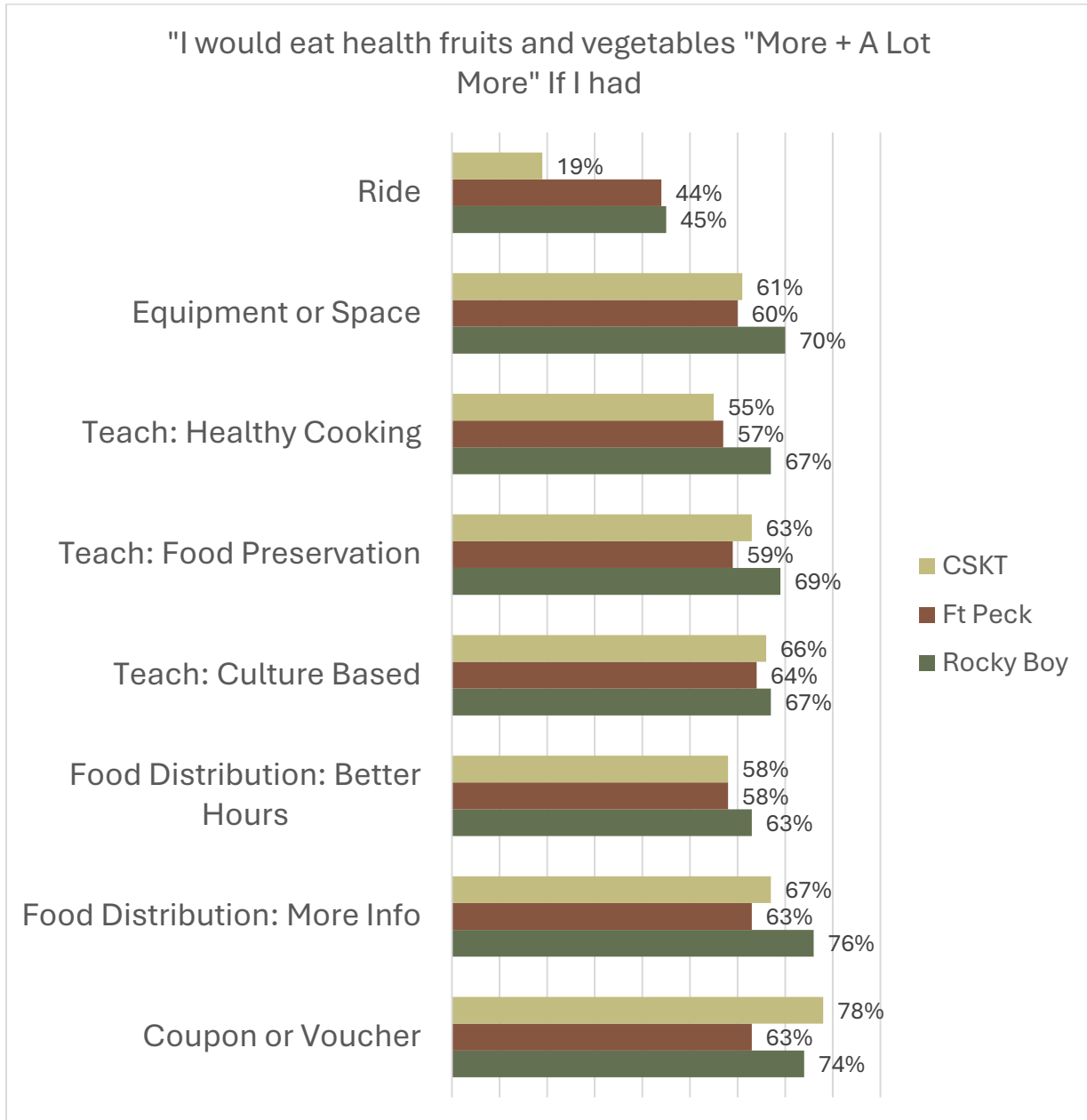
**Current access.** In all three communities, a bell curve indicates most people get “some” healthy food. Respondents were allowed to choose more than one option. This was intentional to provide nuance. When multiple answers were selected, answers fell into two camps.

- Most of the time, answers were close on the spectrum, indicating individuals hovered between two answers.
- The other pairing was usually “Fresh Produce Is Hard to Come By” and any of the other answers, indicating that ***no matter your food security, fresh produce is a challenge*** in these geographies.



**Levers to increase access.** When asked what would make them eat healthy fruits, vegetables, and game “More” or “A Lot More,” the clear message of respondents in each community is: **no wrong strategy**. Since all the barriers on the survey had been identified previously in the communities, the REACH Survey validates their relevance. REACH stakeholders can increase consumption of healthy fruits, vegetables, and game by addressing any barriers listed in the survey.

- **“If I had a coupon or voucher,”** was at or near the top of the list in all communities with over two-thirds of respondents saying a coupon or voucher would help them eat “more” or “a lot more” healthy fruits, vegetables, and game.
- **Rides** were amongst least impactful strategies in all communities, but close to one half of respondents in Rocky Boy (45%) and Ft Peck (44%), said a ride would help. 19% of CSKT respondents said a ride would help.



### 2.3 Impact of Sovereignty: *Healthy Nutrition*

The Confederated Salish and Kootenai, Chippewa Cree, and Assiniboine Sioux Tribes have a profound connection to their land, traditional food systems, and holistic health practices.



Colonization disrupted traditional protective systems, which led to high incidences of chronic disease found in MT REACH communities today. For example:

- **Disruption of Traditional Food Systems:** Colonization forced the Chippewa Cree, Assiniboine Sioux, Salish, and Kootenai people from their lands, cutting access to traditional foods like wild game, fish, plants, and crops that were central to their diets.
- **Introduction of Government Rations:** Colonizers replaced traditional diets with nutrient-poor government rations (e.g., flour, sugar, lard) leading to widespread malnutrition and increased dependency on non-traditional food sources.
- **Shift to Processed Foods:** Displacement and poverty fostered reliance on highly processed, low-nutrient foods.
- **Loss of Agricultural Knowledge:** Forced assimilation policies discouraged or eradicated traditional farming practices, leading to diminished agricultural knowledge and decreased food security.

Sovereignty is the superpower that is reclaiming traditional strengths and systems, and is central to the success of REACH strategies aimed at increasing access to nutritious foods, promoting physical activity, and supporting healthy weight management.

Sovereignty is the key to:

- **Restoring Traditional Food Systems:** Historically, tribes had complex systems in place for cultivating, gathering, and preserving nutrient-dense foods. Sovereignty allows for the revitalization of these systems, which were disrupted by colonization.
- **Reclaiming Integrative Health Practices:** Traditional health systems blended physical activity with community well-being. Sovereignty is about reclaiming these practices, where physical activity was naturally woven into daily life, ensuring vibrant health.
- **Rebuilding to Agricultural Knowledge:** Colonization disrupted food sovereignty by limiting access to traditional foods and introducing processed rations. Sovereignty offers the path to restoring indigenous agricultural practices, ensuring food security and cultural continuity.
- **Reconnecting people with protective cultural factors.**

## Health Sovereignty

The ability of MT Reach communities to control their own health policy and funding is an asset when it comes to REACH implementation and sustainability.

The following are of specific importance to the REACH landscape: 638 Self-Determination Contracts and Tribal Health Improvement Programs. The goals and intent of REACH are synergistic with these power structures.

**Local adoption and ongoing funding for REACH opportunities could be accelerated by champions, programs, and priorities embedded with these local systems and their leadership.**

### **638 Self-Determination Contracts**

All Montana REACH communities have 638 Self-Determination Contracts which empower them to control their healthcare services and tailor them to meet the specific needs of their communities, aligning with cultural practices. Key strengths include:

- **Self-Governance:** Tribes can design healthcare programs that address unique community needs, leveraging local knowledge and cultural practices to improve health outcomes.
- **Flexible Resource Use:** The ability to allocate resources based on local priorities allows tribes to address root causes of health disparities, including those related to nutrition and physical activity.
- **Culturally Appropriate Care:** Sovereignty enables tribes to implement healthcare that honors traditional healing practices, ensuring culturally aligned interventions for chronic conditions like obesity and diabetes.

### Tribal Health Improvement Program (T-HIP)

All Montana REACH communities have Tribal Health Improvement Programs (T-HIP). These add to the sovereignty established through 638 contracts, offering targeted support to further reduce health disparities and strengthen wellness efforts. Key impact targets for T-HIP that align with REACH include:

- **Chronic Disease Reduction:** T-HIP funding enables tribes to implement specific interventions to address chronic diseases, including culturally tailored nutrition and physical activity programs.
- **Cultural Alignment:** T-HIP supports the development of health initiatives that resonate with tribal members, ensuring that programs address both physical and cultural health.
- **Public Health Collaboration:** T-HIP fosters partnerships between tribes and public health systems, enhancing community health strategies and addressing social determinants of health.

### **Food Sovereignty**

Food sovereignty initiatives are in place in all REACH communities, at various stages of implementation. These are integral to solving both access and supply challenges. Champions in these initiatives already have a “food as medicine” lens and are reclaiming cultural traditions to improve access to nutrition. Efforts align with REACH strategies to implement HER Guidelines and Produce Prescription

Programs. The following food sovereignty themes are relevant to REACH success and sustainability:

- **Cultural Reconnection:** Restoring traditional food systems strengthens cultural identity and promotes intergenerational knowledge transfer. Examples of these efforts include:
  - Restoration of Buffalo herds in each community.
  - Documenting cultural knowledge of traditional food
- **Health Improvements:** Increased access to traditional foods, such as preserved meats, native plants, and foraged foods, offers a path to improved health outcomes, particularly in reducing obesity and chronic disease rates.
- **Economic Empowerment:** Reclaiming control over food production systems supports sustainable local economies, reducing reliance on external food sources.
  - In 2023, Ft Peck received a USDA grant to create a tribal-owned business for meat processing and storage.
- **Environmental Stewardship:** Indigenous agricultural practices promote biodiversity and climate resilience, protecting ecosystems for future generations while ensuring long-term food security.

Examples of Food Sovereignty efforts that REACH can align with include:

- Buffalo herds that have been re-introduced to all locations
- Tribes working to secure local meat processing and storage and other local food processing and storage.
- Food production strategies like gardens, greenhouses, and other farming.
- Reconnection to traditional foods like wild game, fish, roots, and berries
- Alignment with cultural and elders’ committees to shape a shared vision and to reclaim and reconnect

## 2.4 Impact of Geography: Nutrition

Montana REACH communities face unique food access barriers due to geographic isolation, harsh winters, and limited infrastructure.

- **Seasonal Realities:** Long winters and short growing seasons make fresh produce unreliable. Sovereignty empowers tribes to restore food preservation methods—such as drying, canning, and fermenting—that have historically ensured year-round food security. These methods are often more practical than relying on transported fresh produce, which is subject to supply constraints. Research underscores the resilience of Indigenous food systems that integrate physical, social, and spiritual nourishment, ensuring sustainability in such environments<sup>14</sup>.
- **Distance Barriers:** Community members often travel long distances to reach grocery stores, where selection is limited, and prices are high due to

transportation challenges. This highlights the need to reduce reliance on external food systems.

- **Reducing External Dependency:** Sovereignty enables tribes to develop tailored solutions. Subaward communities are already implementing food sovereignty initiatives, such as community gardens and buffalo restoration. **REACH can support efforts like building year-round greenhouses, promoting local food enterprises, and developing infrastructure for food preservation and storage.**

## 2.5 Limiting Language

MT REACH Subawards can consider reframing traditional CDC language around “Fresh fruits and vegetables,” without losing sight of the purpose and goal of increasing access to healthy food. A focus on “fresh produce” can overlook the cultural and practical realities of Montana REACH communities, including important aspects of nutrition that are not “physical,” and cultural strengths and food traditions adapted to the geography of tribal settings. According to Maudrie et al., 2024 in “It Matters Who Defines It:”

“Adequately assessing nutrition is deeply important for understanding and addressing health inequities, especially for American Indian, Alaska Native, and Native Hawaiian (AI/AN/NH) peoples who have been subjected to the malnourishing effects of settler colonialism. Mainstream approaches to nutrition rely heavily on indicators of physical diet consumption, while ignoring the contributions of food to spiritual, social, and emotional health. Considering only physical aspects of dietary consumption paints a narrow picture of AI/AN/NH foodways and nutritional health further contributing to deficit-based narratives about AI/AN/NH peoples. To adequately understand and address the nutritional health of AI/AN/NHs, strengths-based approaches to nutrition that are rooted in Indigenous ways of knowing are urgently needed.”

Some considerations for REACH Communities, and CDC, with regard to reframing the language are the following.

- **Cultural Disconnect:** Focusing on fresh foods or healthy fruits and vegetables may neglect spiritual aspects of nourishment, and sideline traditional practices like food preservation and foraging, which have sustained Native communities for centuries.
- **Geography and Climate Impacts:** Harsh climates (for example: extreme cold, drought) and geographic isolation make year-round access to fresh produce difficult, while preserved foods remain a reliable, culturally aligned option.

- **Nutrient-Dense Alternatives:** Preserved foods—dried, canned, or fermented—offer similar or even greater nutritional value than fresh produce. These options should be fully recognized in modern nutrition discussions.
- **Empowerment and Sovereignty:** REACH communities may be more effective if they reframe the REACH language around “healthy produce” to align with their own definition of “nutrients,” emphasizing self-reliance and cultural strength rather than deficiency.

**Communities should define what language they want to use when promoting nutrition. “It Matters Who Defines It” (Maudrie et al., 2024). This should be applied to HER Guidelines, “Produce Prescriptions,” and Vouchers.**

## 2.6 Momentum: *Healthy Nutrition*

### Stakeholders

A lot of work is underway in Montana and Subaward Communities that REACH Subawards can connect to for HER Guideline Implementation and Produce Prescriptions and Vouchers.

- **Food Distribution:** REACH Communities all have Food Distribution Program On Indian Reservations (FDPIR) programs, and also a MT Foodbank Network member operating locally. In addition they have community gardens, food programs for the elderly and for children in schools.
- **Produce Prescriptions:** a MT coalition for Produce Prescriptions is convened by Farm Connect Montana whose mission is to grow a healthy local food community by conserving farmland, supporting farmers, and making food accessible for all. FCM also runs a Double Snap program funded by GusNIP. And GusCRR. Unfortunately the Double Snap Program is at capacity and cannot grow without a new source of funding. There is one Double Snap location at one grocery store in Wolf Point, Ft. Peck.



### PRODUCE PRESCRIPTION PROGRAM

The Montana Produce Prescription Collaborative (MTPRx) partners with health providers across Montana to provide eligible patients with free fruits and vegetables from local farmers markets, farm stands and grocery stores. Addressing food insecurity and chronic health issues in Montana, while supporting local and sustainable agriculture, is the goal of this program.

Farm Connect works with healthcare institutions to track biomarkers and health indicators showing the impact eating fresh local fruits and vegetables can have on patient health outcomes. MTPRx provides an avenue for produce prescription programs serving rural areas to connect across the state to build a community of practice, learn from one another, and develop best practices.



### DOUBLE SNAP DOLLARS (DSD)

Check out the [Double SNAP Dollars Montana website](#) to learn all you need to know about the program – how it works, program locations and more.

Montanans on SNAP-EBT can access fresh, local food at various locations across the state and double their SNAP dollars (receive a 1:1 match up to \$30/day depending on location) to increase consumption of fresh produce while also supporting local farmers and ranchers.

The following diagram illustrates major stakeholders in the Nutrition landscape of REACH subaward communities.

ALL	Rocky Boy	Ft Peck	CSKT
<b>General Alignment</b>		<b>Food Distribution</b>	
Local: Health Promotion and Disease Prevention, including Substance Abuse Prevention, Diabetes Prevention	Mt Food Bank Network		CSKT: Food Bank Elmo
	FDPIR		
Local: Tribal Health Improvement Program	Rocky Boy: Buffalo Program	Ft Peck: Buffalo Program	CSKT: Buffalo Program
MT DPHHS Chronic Disease Prevention, Public Health, Medicaid and Health Services	Rocky Boy: Lutheran Church	Ft Peck: Culbertson Food Bank	CSKT: Food Sovereignty Program
Montana AgExtension, EFNEP, SNAP-Ed	Rocky Boy: Community Garden	Ft Peck: Community College Food Sovereignty	CSKT: Arlee Community Development Corporation
<b>Produce Prescription</b>		<b>Vouchers/Incentives</b>	
Montana Produce Prescription Collaboration (MTPRx): funded by GusNIP (awarded to CFAC)		Community Food and Agriculture Coalition(CFAC): uses GusNIP funds for Double SNAP program <i>(note: funds currently maxed)</i>	
Rocky Boy: Health Center	CSKT: Providence Community Health Investment	Ft Peck: Albertsons in Wolf Point <i>Double SNAP</i>	CSKT: Farmers Markets in Polson and Ronan <i>Double SNAP</i>
<b>ACCESS to Fresh Produce</b>			
To address the lack of fresh produce due to frontier geography (harsh winters, long distance for transport), REACH Subawards can consider partnerships to increase local food production and preservation.			
Economic Development Partners: potentially invest in building local business to meet supply needs	Agricultural infrastructure partners: partner with an entity capable of funding Year-Round Green House or Tunnel builds, food preservation storage and equipment.	Local Farmers and Growers: support their growth to meet needs	
<b>Champions</b>			
Tribal Council	Elders, Traditional Leaders	Individuals with Lived Experience	

## Funding

Two keys to REACH program success are: 1) Leveraging funds for activities REACH funds cannot pay for, but are necessary for success, and 2) leveraging funds to sustain REACH work when the grant is over.

In the CASE of Nutrition strategies, the REACH grant cannot pay for food, but to be successful, the reality is that Reach Community members need to be able to actually purchase or acquire fresh fruits or vegetables. Two barriers to purchase power that surfaced in the Landscape Assessment are:

- 1) **Lack of personal financial resources** – thus the number of survey respondents who said a “coupon or voucher” would help them eat health fruits and vegetables “More” and “A Lot More.”
  - **REACH stakeholders may need to secure funding for voucher programs or find other ways to increase purchase power. Fortunately this aligns with the MT priority to bolster programs that provide direct financial assistance for nutrition.**
  
- 2) **Actual lack of produce** available in local grocery stores (due to geographic isolation, shorter growing seasons, harsh winters, as described earlier).
  - **REACH stakeholders may need to partner to increase the supply of fresh produce. Consider using the REACH grant for planning, consultation, and communication around supply chain challenges.**

Some major funding sources aligned with increasing the supply of fresh fruits and vegetables are listed in Appendix 1.

Other funding strategies could include aligning with existing tribal or state initiatives described above: for example, THIP, Diabetes Prevention, Economic Development, Food Sovereignty, Culture Committees, or other stakeholders with a common interest.



## SECTION 3: Physical Activity



### REACH SHORT TERM GOAL:

Increased policies, plans or community design changes that increase access to physical activity

#### **Strategy 3: Connect activity-friendly routes to everyday destinations**

Implement policies and activities to connect pedestrian, bicycle, or transit transportation networks (called activity-friendly routes) to everyday destinations.

#### **CDC Key Points**

- Being physically active is one of the most important ways people can improve their health now and into the future.
- Physical activity benefits people of all ages and abilities.
- To increase physical activity, state and local organizations can implement policies and take action to connect activity-friendly routes to everyday destinations.

#### **Montana Specific Strategy**

Develop at least one community design Active People, Healthy Nation Action Plan that includes policies and activities beyond community design to address community concerns.



### 3.1 ALIGNMENT With Community Health Assessments

Data and priorities from all three subaward Community Health Assessments support the need to address access physical activity with sustainable strategies appropriate for the culture and geography.

#### DATA from CSKT, Ft. Peck, and Rocky Boy Community Health Assessments (CHAs)

CHA DATA: ACCESS to PHYSICAL ACTIVITY		
CSKT	Ft Peck	Rocky Boy
<p>Percent of Respondents Who Said the following “would support me to be physically active”</p> <ul style="list-style-type: none"> <li>• 73%: outdoor places to be physically active near my home</li> <li>• 51%: indoor places to be physically active near my home</li> <li>• 34%: more parks/trails</li> <li>• 30%: more/better sidewalks</li> <li>• 30%: access to a gym</li> <li>• 21%: a walking or exercise group</li> <li>• 18%: increased neighborhood safety</li> </ul>	<ul style="list-style-type: none"> <li>• 29% of adults have access to exercise opportunities compared to 67% in MT and 80% in US.</li> <li>• 32% of adults report physical inactivity compared to 19% for MT and 26% for US.</li> </ul>	<p>No or Little Exercise in Past 7 Days</p> <ul style="list-style-type: none"> <li>• 25%: none</li> <li>• 29% 30 minutes or less</li> </ul> <p>Top concerns that kept participants and their kids from going outside to be active include:</p> <ul style="list-style-type: none"> <li>• 25%: Wild Dogs (25%)</li> <li>• 20%: Vehicles Speeding (20%)</li> <li>• 14%: Unsafe garbage (14%)</li> </ul>



## Priorities from CSKT, Ft. Peck, and Rocky Boy CHAs

**REACH Physical Activity Strategy can help CSKT make progress toward three of the seven resolutions that resulted from the CSKT 2022 CHA.**

CSKT Resolution	◆ Possibilities for REACH NEXUS
Resolution 21-085 To signify the Tribes' desire and commitment to fully integrating traditional cultural values and languages into the daily lives of individuals within the reservation.	REACH can integrate traditional cultural values, knowledge, and practices into their work to promote activity-friendly routes to everyday destinations.  REACH can ask for Technical Assistance from CDC to locate examples where other communities have done this.
Resolution 21-088 Proclaiming mental illness as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to improve and promote mental health.	REACH can <ul style="list-style-type: none"> <li>• Ask what role daily physical activity played in behavioral health and work with traditional leaders on restoration of traditional systems to promote daily physical activity that offers protection and healing</li> <li>• Consider everyday destinations of individuals experiencing mental illness or addiction and what it might look like to increase activity on routes to these destinations.</li> <li>• Partner with Prevention and Treatment Specialists to maximize physical activity as a prevention and recovery support.</li> </ul>
Resolution 21-089 Proclaiming addiction as a risk to the health, security, and general welfare of the Tribes and directing necessary resources to eradicate addiction.	

**REACH Physical Activity Strategy can help the FT Peck Community address the most common causes of death identified in their CHA:** 1) Behavioral health (alcohol-related, drug related and suicide) 2) cardiovascular disease. Preventing these is key and aligns with MT SHIP as previously discussed.

FT Peck CHA Area of Emphasis	◆ Possibilities for REACH NEXUS
<b>Basic Needs:</b> "public health partners must focus on supporting access to and strengthening social safety net programs for at-risk residents."	REACH can consider if routes to safety net programs are accessible to at-risk residents and consider plans to improve.
<b>Substance Use and Mental Health:</b> "Substance use-from tobacco to alcohol to illicit drug use-is an underlying cause impacting a range of health concerns from family instability, lung, heart and kidney disease, motor vehicle crashes, violence and suicide. Fully 43% of deaths among Fort Peck Tribal Members have substance use or mental health as an underlying cause."	REACH can: <ul style="list-style-type: none"> <li>• Consider safe streets design concepts to prevent motor vehicle crashes and pedestrian fatalities.</li> <li>• Consider the role of physical activity (both traditional and as described in research) in promoting healing for people in recovery from mental illness or addiction, or cardiovascular disease, and in preventing disease in the first place.</li> </ul>

	<ul style="list-style-type: none"> <li>• Consider prioritizing physical activity along routes most used by individuals experience mental illness or addiction</li> </ul>
<p>Early childhood and resilience: “We must consider innovative and effective ways to engage parents and strengthen families in our community... Positive supports and reinforcements are needed, along with resources to help families remain intact, access spiritual and cultural resources, and meet their basic needs...”</p>	<p>REACH can</p> <ul style="list-style-type: none"> <li>• Consider strategies targeting young families, including pregnant moms.</li> <li>• Consider design elements along routes, in parks, or in the workplace that encourage family physical activity</li> <li>• Consider safety concerns that prevent families from being physically active outdoors</li> <li>• Conduct design elements that make physical activity possible and less dangerous in cold and hot weather.</li> </ul>
<p>Centering culture and empowering our community          “We know that our culture contains the wisdom and insight needed to help our people to thrive. We should place an emphasis on elevating and embedding our culture into our educational, healthcare and public health systems.”</p>	<p>Reach can</p> <ul style="list-style-type: none"> <li>• Work alongside elders and cultural committees to ensure physical activity strategies are rooted in cultural wisdom and designed to elevate and embed culture in every way possible.</li> </ul>

**REACH Physical Activity Strategies can help Rocky Boy with some of the top concerns in their CHA:**

- Most worried about for the Rocky Boy Community: by far, access to drugs and drug use (346 mentions compared to the nearest worry with 49 mentions). ♦ As discussed earlier, access to physical activity can be protective for individuals in recovery as well as from a prevention point of view. It can also reduce stress, anxiety, and depression.

**3.2 REACH Survey: Physical Activity Findings**

Reach Community members answered questions about their current physical activity, and what would make them exercise “more” or “a lot more.”

- **Everyday Activities** was the most common form of exercise in all communities: 65% Rocky Boy, 53% Ft Peck, and 63% CSKT.
- **Wish They Could:** “More Traditional opportunities” was #1 wish for Rocky Boy (17%), #1 wish for Ft Peck (15%) and #2 wish for CSKT (20%).

When asked about ways to increase physical activity, there were similar results to the food question. REACH Subawards could address anything on the list and have

an impact, with one-half to two-thirds of respondents saying they would exercise “more” or “a lot more” if the barrier were addressed.

Of specific relevance to REACH strategies, respondents said they would exercise “more” or “a lot more” if they had:

	CSKT	Ft Peck	Rocky Boy
<b>Better Walking Paths</b>	56%	57%	69%
<b>Instruction</b>	54%	59%	59%
<b>More Info on Availability</b>	47%	49%	59%
<b>Equipment/Clothes</b>	48%	50%	62%
<b>More Culture Based</b>	59%	58%	63%

Based on these responses, some considerations for REACH Communities are:

- Consider a Community Design that enhances Walking Paths or Gym Access or More Access to Traditional Physical Activities
  - Is there a way to incorporate culture into these designs? What about cultural teachings?
  - Does the community need an education campaign to share information on availability and “how to?”
  - Will people need equipment or special clothing? If so, how do you educate and provide?

A second list asked respondents about safety barriers. Respondents said they would exercise “more” or “a lot more” if:

	CSKT	Ft Peck	Rocky Boy
<b>Clean Up Broken Glass, Needles, Trash</b>	55%	69%	65%
<b>Better Shade/Shelter in parks and on trails</b>	53%	66%	67%
<b>Better lighting in parks and on trails</b>	49%	65%	68%
<b>Better seating in parks and on trails</b>	50%	67%	69%
<b>Off leash dogs were addressed</b>	46%	63%	63%
<b>Speeding cars were slowed</b>	51%	64%	65%

Based on these responses, REACH Stakeholders can consider

- A plan that addresses:
  - Shade, seating, and light.
  - Off leash dogs and/or speeding cars.
  - Unsafe trash and debris
- Temporary builds, “pop-ups,” for communities to test whether or not these kinds of improvements will work, before you go all in.
- Walk Audits to engage community members with documentation of needs.

### 3.3 Impact of Sovereignty: Physical Activity

An impact of colonization touched on earlier, was the displacement of the Chippewa Cree, Assiniboine Sioux, and Salish and Kootenai people from the lands they called home to small reservations where their coming and going was monitored and every attempt was made to systemically dismantle their culture. This had the impact of cutting tribes off from trails and lands traditionally used for hunting, fishing, gathering, and daily life. Part of sovereignty is land reclamation, and all MT REACH communities have efforts underway to restore lands. In the same way that a cultural understanding of “nutrition” is foundational for REACH, so too is a cultural understanding of “land” when considering “community design” to increase physical activity. Community design is a type of “land use.” MT REACH communities may want to define their own cultural view of “land use” as it relates to community design for physical activity. Some ideas to consider:

- **Sacred Connection to Land.** Does the land in question can hold spiritual significance because of its role in creation stories, as the home of ancestors, and as a source of life? Is the land in question seen as a living being, with spiritual powers that must be respected with specific sites within the land, such as mountains, rivers, or plains, having special cultural and religious significance. **Are there lands, or traditional views of lands that should be considered in guiding principles for Community Design for Physical Activity?**
  -
- **Land is part of an Ecosystem.** do you view land as part of a larger, interconnected ecosystem where humans, animals, plants, and natural forces (wind, water, fire) are all interdependent? This relationship emphasizes a responsibility to maintain balance and harmony with the environment, and many practices reflect this sustainable approach to land use. **What impact might this lens have on Community Design for Physical Activity?**

- **Land as Identity.** Is the land integral to your identity and way of life, shaping cultural practices, social structures, and worldviews? Do different regions of land hold specific uses — hunting grounds, areas for gathering medicinal plants, or places for spiritual ceremonies — with these uses woven into the cultural fabric of the tribe? Do connections to specific areas often define heritage and sense of belonging? **What impact could this lens have on Community Design for Physical Activity?**

**The Rocky Boy CHA** asked community members what they love most about the Rocky Boy Community and associations with “land” were strong. The #1 mention was “beautiful community,” with “Bear Paw Mountains” being fourth.

These are strengths that can help REACH communities frame their Community Design in powerful ways.

Recognition must be given to the fact that these communities *were* healthy by design before colonization imposed new realities. Implementing community design to increase physical activity can be a reclamation of sovereignty.

**Tribal leaders working on land reclamation, and elders knowledgeable about traditional views of land, may be great allies and champions.**



The health sovereignty structures discussed in the Nutrition section are also relevant here: 638 Self-Determination Contracts and Tribal Health Improvement Plans give tribes discretion to design their own healthcare programs that address unique community needs and align with cultural values.

### 3.4 Impact of Geography: Physical Activity

Frontier geography impacts the REACH Physical Activity strategy in all communities.

- **Lack of Tax Base:** Infrastructure builds like sidewalks, parks and trails are typically funded through taxes. REACH communities do not have the commercial or property base to support this. Tax support for infrastructure builds does not exist. Builds are typically done with external one-time funds, and ongoing maintenance and staffing is a challenge. It is easy for things to fall into disrepair when there are no funds of people to maintain things. **When it comes to REACH, external funds will be needed to make any permanent improvements that are proposed in a community design. Thought will need to be given to sustainability of maintenance.**
- **Long Distances and Remote Residential Areas.** Villages and towns are scattered across vast distances on these reservations, and many residents don't live in any village or town. Driving to get to everyday activities is inherent. Most will need to drive to work, drive to grocery stores, drive to the wellness center. Walkability is a unique challenge for these rural communities. Investments in trails in one residential area may benefit only a few, and the remote nature of residences brings a unique challenge of loose animals and wildlife not faced in urban settings. **Community Design for Physical Activity may need to look completely**



#### Case Study: Brad Pitt Foundation Housing Project, Fort Peck Reservation

In 2014, Brad Pitt's Foundation launched a project on the Fort Peck Reservation to address critical housing shortages. The project aimed to provide energy-efficient homes with sustainable materials and innovative design, bringing much-needed housing to a high-need area. The project faced substantial delays and complications, and residents reported structural problems in the homes.

The project highlights the risks associated with external, one-time funding for infrastructure. Initial funds covered construction, but no sustained support for maintenance and repairs, leaving the Fort Peck Tribes with the long-term burden of upkeep and legal battles to address construction flaws.

#### Brad Pitt's Nonprofit Facing Tribal Housing Lawsuit

*Poor management and financial trouble plaguing a nonprofit organization started by actor Brad Pitt have resulted in unpaid bills and budget woes for Montana tribes, according to a lawsuit filed by a modular home installer.*

LAURA LUNDQUIST / February 8, 2017



MISSOULA, Mont. (CN) – Poor management and financial trouble plaguing a nonprofit organization started by actor Brad Pitt have resulted in unpaid bills and budget woes for Montana tribes, according to a [lawsuit](#) filed by a modular home installer.

**different than it does in more urban settings. There are no evidence-based strategies that have been proven in Indian Country.** This is an opportunity for REACH communities to uniquely frame their design for both culture and geography.

- **Beauty and Strength.** Each frontier REACH Community is nestled in spectacular natural beauty unique to its region. FT Peck has majestic prairie and the largest body of water in the state, created by Ft Peck Dam, situated on its border. Rocky Boy has a combination of prairies and the sacred Bear Paw Mountains. Flathead is nestled in by Flathead Lake with the Mission Mountains for backdrop. Communities treasure their natural resources, and have access to some of the most spectacular nature by walking out their front door. **REACH can capitalize on these assets, as well as the pride community members feel in their natural setting to generate and implement “community design.”**

### **3.5 Momentum: *Physical Activity***

#### **Key Stakeholders**

**Stakeholders that could be relevant for all REACH communities for their Physical Activity work are listed in the table below. Additional stakeholders are in the Funding Table in Appendix 2.**

Examples of current or recent initiatives in REACH Communities to increase access to physical activity are listed below. **Would it make sense for REACH Subawards to come alongside or engage with champions from any of these successful efforts?**

#### **Rocky Boy**

- One of four tribal communities to receive a grant from the MT Highway Administration for road safety (2023)
- Rocky Boy Health Center (RBHC) Incorporated walking paths in the design of their new health facility, and in other locations as well.
- RBHC is building a Youth Wellness Facility
- Recently completed a Parks Assessment which surfaced the need for repairs.

#### **Ft. Peck**

- One of four tribes in MT to receive a grant from the MT Highway Administration for road safety (2023). The funds are to update an existing transportation safety plan and improve safety to BIA Route 1. Additional funds are to make improvements and widen the shoulder of Route 1 and provide for intersection transverse rumble strips.
- Built a safe walking path to their Pow Wow grounds
- Worked on highway safety to reduce the number of deaths and serious injuries.
- Spotted Bull Resource Recovery Center has horsemanship and bronc riding clinics



### CSKT

- Ronan had a robust “Safe Routes to School” initiative and worked on steadily improving safety and convenience for students walking and bicycling, lighting and signage along a bike path and crosswalks, and improving connection to tribal housing.

### ALL have:

- “Safe on All Roads” initiatives to reduce the number of deaths and serious injuries caused by motor vehicle crashes.
  - American Indians comprise 6.2% of the population in MT but represent approximately 17% of the motor vehicle crash deaths in the state each year. The SOAR program is a MT Department of Transportation effort to spread a safety message in Tribal communities, and their goal is to attain a five-year average rate of Native American fatalities of 39.7 by December 31, 2026. (MT DOT 2024)
- Invested in wellness facilities.
- Chronic disease prevention teams invested in increasing physical activity
- Focus on restoring traditional Native Games, hunting, fishing , gathering
- Pow Wow grounds



Stakeholders for Physical Activity		
Health Alignment	Infrastructure or Activity Support	
Local: Health Promotion and Disease Prevention, including Substance Abuse Prevention, Diabetes Prevention	<a href="#">Montana Trails Coalition</a>	<a href="#">International Traditional Games Society</a>
Local: Tribal Health Improvement Program	MT Dept of Transportation: <a href="#">Safe on All Roads</a> <a href="#">Safe Routes to School</a> <a href="#">State funding for local infrastructure</a>	
	Tribal Government: Safety Committee, Transportation Department, Culture Committee...	
MT DPHHS Chronic Disease Prevention, Public Health, Medicaid and Health Services	K-12 Schools	Community College
	Champions	
	Tribal Council	Elders, Traditional Leaders

## Funding

A list of potential funders for MT REACH Physical Activity strategy is in Appendix 2. REACH funds cannot be used for infrastructure. They can be used for consulting, creating a design, and “temporary builds” or “Pop Ups” to test efficacy of a community design concept. They can also be used for communication strategies. Other funds will be needed to implement a community design,

A consideration for REACH Physical Activity Strategies: **who are the local champions that have succeeded in the projects listed in the stakeholder section, and or those listed in the funding table in Appendix 2? Does it make sense to engage with any of them from the beginning?**



## SECTION 4: Family Healthy Weight



### REACH SHORT TERM GOAL:

Increased supports for family healthy weight programs

### Strategy 4: Plan for, support, and/or implement Family Healthy Weight Program

#### CDC Key Points

- Childhood obesity is a complex condition with serious and costly consequences.
- Family Healthy Weight Programs (FHWP) are safe, effective treatments for childhood obesity.
- State and local organizations can establish policies and activities to implement, spread, and sustain FHWP.

#### Montana Specific Strategy

Partner with MT Diabetes Prevention Program to identify and confirm the best fit Family Healthy Weight Program; adapt for culture; develop an implementation plan; implement.

## 4.1 ALIGNMENT With Community Health Assessments

Data and priorities from all three subaward Community Health Assessments support the need to address healthy family weight with sustainable strategies appropriate for the culture and geography.

### DATA from CSKT, Ft. Peck, and Rocky Boy Community Health Assessments (CHAs)

CHA DATA: HEALTHY WEIGHT		
CSKT	Ft Peck	Rocky Boy
<ul style="list-style-type: none"> <li>41% of CHA survey respondents said obesity was a problem and 28% said it was a big problem.</li> </ul>	<ul style="list-style-type: none"> <li>39% of youth self-described themselves as overweight on the 2021 Youth Risk Behavior compared to 28% in MT and 32% in the US (Ft. Peck CHA)</li> <li>38% of adults are obese compared to 28% in Montana and 32% in the United States (Ft Peck CHA)</li> </ul>	<ul style="list-style-type: none"> <li>44% of patients at Rocky Boy Health Center had a BMI of 30 or greater, putting them at high risk. This compares to 31% in MT (MT DPHHS) and 42% in the US (NIH NIDDKD). This is concerning in a state that has one of the lowest obesity rates in the country. In Rocky Boy, those with the highest BMIS were between the ages of 25-54 years old.</li> </ul>
<p>All REACH subaward Community Health Assessments express a desire for strong families.</p> <ul style="list-style-type: none"> <li>CSKT: 32% said a Strong Family Life was a top concern. In a list of 19 concerns, it ranked #6.</li> <li>Ft Peck: stakeholders were asked: "what do you think needs to be available, or improved upon, to make our community a better place to raise children?" 65% said "Parenting Classes." In a final list of 9 top concerns, it was #2.</li> <li>Rocky Boy: "Better Parenting" was a top way to make Rocky Boy a Better place for children, and 13% worried that children had no positive role models in their lives.</li> </ul>		

### Priorities from CSKT, Ft. Peck, and Rocky Boy CHAs

In Year 1 of the REACH grant, MT DPHHS and REACH partners went through a rigorous review of evidence based curricula to select the curriculum that best aligned with Montana's unique culture and geography. They took into account, for example, that many rural communities would not have easy access to a registered dietician.

CHA prioritization of family is relevant to the REACH Family Healthy Weight strategy because the program MT has chosen engages parents with children. While addressing healthy weight, this program also has the following benefits:

- **Improved Family Bonding:** MEND encourages families to participate in healthy activities together, fostering a sense of teamwork and strengthening family relationships. Parents and children work together to set goals, engage in physical activities, and learn about nutrition, promoting positive family dynamics.
- **Increased Parenting Confidence:** The program provides parents with skills and tools to manage their children's health, improve communication, and support behavior change. Parents often report feeling more confident in making healthier choices for their family and guiding their children toward healthier habits.
- **Healthier Lifestyle Habits:** Families participating in MEND are equipped with practical strategies to improve their eating and physical activity behaviors. The program emphasizes portion control, balanced nutrition, and the importance of regular exercise, leading to sustainable, healthier habits for both children and parents.
- **Emotional and Behavioral Benefits:** MEND has been associated with improvements in children's self-esteem and reductions in emotional distress. The supportive family environment created by the program helps children feel more secure and motivated to adopt healthier behaviors, which positively affects their emotional well-being.
- **Long-Term Behavior Change:** The MEND program focuses on long-term lifestyle changes rather than short-term fixes. By involving the whole family, it creates a supportive environment that helps sustain the new habits learned during the program. Research shows that parents and children are more likely to continue practicing healthy eating and physical activity behaviors beyond the program.
- **Parent-Child Role Modeling:** MEND encourages parents to model healthy behaviors for their children. Parents learn the importance of being role models in terms of nutrition, physical activity, and emotional well-being, which has a lasting impact on the family's health trajectory.

These outcomes align well with CHA priorities at CSKT, FT. Peck, and Rocky Boy to build strong families. Increasing knowledge and skills around healthy weight management will also impact cardiovascular health, diabetes, and mental health priorities of tribes.

## 4.2 REACH SURVEY: Family Health Weight Findings

The REACH Survey did not ask any questions about healthy weight. This decision was made for pragmatic reasons:

- 1) Survey needed to be short
- 2) The process for selecting Family Healthy Weight Strategies was aligned with a state process and in the summer of 2024 when the survey was being conducted, it was premature to develop healthy weight questions for the public. The REACH team did not know what kind of information would be needed or how best to frame questions.

### 4.3 Impact of Sovereignty: *Family Health Weight*

As just described, the MT Family Healthy Weight strategy is about addressing obesity and chronic disease *and also* reclaiming family health and resilience to do so. Family has always been a central to the MT REACH Subaward communities, and despite impacts of colonization, these communities have shown incredible resilience, working to reclaim cultural practices, rebuild family strength, and heal from these legacies of colonization.

- **Disruption of extended family systems** that played a key role in caregiving, education, and cultural transmission, fracturing the support networks that strengthened Indigenous families. In the boarding school era, children were separated from their families for years, often losing their language, cultural practices, and connection to their heritage. This generational trauma has had lasting impacts on parenting, family cohesion, and the transmission of cultural knowledge.
- **Erosion of Parenting Roles:** Boarding schools and assimilation policies undermined traditional parenting roles by imposing Western norms and suppressing Indigenous approaches to child-rearing. This contributed to the erosion of cultural parenting practices, including shared caregiving, communal responsibility, and the spiritual upbringing of children.
- **Generational Trauma:** The trauma experienced through colonization, boarding schools, and systemic racism has been passed down through generations, affecting mental health, family dynamics, and community cohesion. This trauma often manifests in higher rates of substance abuse, mental health challenges, and family disruption in Indian Country today.
- **The implementation of the MEND program provides opportunity for REACH Communities to frame a healthy weight program uniquely from their own cultural base. The MEND curriculum, while proven in other populations, has not been proven for indigenous frontier settings. The REACH program encourages cultural adaptation.**
- **Consideration can be given to the language and framework of the MEND implementation, so that it not only addresses a western perspective of causes and remedies to obesity but also considers cultural views, practices, and definitions. This may include attention to “unseen” causes and remedies aligned with spiritual values and knowledge. How prevalent is trauma as the root cause for obesity, for example? “It Matters Who Defines It.”**

The health sovereignty structures discussed in the Nutrition section are also relevant here: 638 Self-Determination Contracts and Tribal Health Improvement Plans give tribes discretion to design their own healthcare programs that address unique community needs and align with cultural values. Because strong family is an inherent part of traditional culture and is also a protective factor for chronic disease (including mental illness and substance addiction), 638 and THIP partners may be able to come alongside MEND for long term viability.

#### 4.4 Frontier Geography

Frontier geography impacts on the REACH Family Healthy Weight strategy are the challenges already identified around access to healthy food and physical activity.

#### 4.5 Momentum: Stakeholders, current and potential funding

##### Key Stakeholders

Family Healthy Weight is a unique REACH strategy in that it is being implemented in partnership with the Montana Diabetes Prevention Program. This defines part of the partnership network. In addition, for MEND Implementation, each community will need referral partners. Stakeholders to consider are:

- Home-Visiting Parenting Programs
- Parent Resource Centers
- Parenting Classes of any Kind
- Family Treatment Courts
- Clinics

Stakeholders for Family Healthy Weight			
Health Alignment	Infrastructure or Activity Support		
Local: Health Promotion and Disease Prevention, including Substance Abuse Prevention, Diabetes Prevention	Treatment Courts	Tribal Health	
		Indian Health Service	
Local: Tribal Health Improvement Program	Home Visiting Programs		
	Culture Committee...		
MT DPHHS Diabetes Prevention Program	K-12 Schools	Community College	
	Champions		
	Tribal Council	Elders, Traditional Leaders	Individuals with Lived Experience

## Funding

Funding to pilot the Family Healthy Weight program is available through a collaboration with MT DPHHS and their Diabetes Prevention program. Ongoing funding will depend on program outcomes, so REACH subawards will carefully track outcome measures in order to make the case for ongoing funding when demonstration funds are no longer available.

## SECTION 5: Conclusion

The MT REACH Landscape Assessment reveals overarching themes critical to advancing health equity in Montana's tribal and frontier communities:

### 1. **Cultural Resilience:**

- Indigenous communities demonstrate enduring resilience by reclaiming traditional practices and emphasizing sovereignty in health, nutrition, and physical activity. Aligning REACH strategies with these strengths will amplify their impact.

### 2. **Community-Led Solutions:**

- Successful interventions must prioritize community-driven approaches, leveraging local champions such as tribal councils, elders, and cultural committees. This ensures strategies resonate with community values and have sustainable buy-in.

### 3. **Addressing Systemic Barriers:**

- Geographic isolation, infrastructure challenges, and historical trauma create unique barriers to health equity. Strategies must address these while aligning with CDC-approved interventions.

### 4. **Alignment with Energy:**

- Stakeholders should focus on where the community's energy and enthusiasm already exist. By aligning CDC strategies with these areas, stakeholders can accelerate progress and build momentum.

## Recommendations

### 1. **Healthy Nutrition:**

#### **Grow or Enhance Partnerships With**

- Food sovereignty initiatives to increase access to culturally significant foods and to increase the supply of nutrient dense foods available year-round.
- Economic development to increase the number of community-owned year-round greenhouses, and other food processing commerce.



- Montana Produce Prescription Collaboration and Double Snap program to benefit from their momentum and expertise, and to grow advocacy capacity.

**Consider**

- The need to increase the supply of fresh produce.
- Reframing language around healthy food to emphasize cultural beliefs about food, seasonal practices, and other relevant traditions.
- Communication strategies aligned with the most prevalent habits that surfaced in the REACH Survey. For example, a large number of individuals are preparing food to improve their own health or the health of a loved one. A large number said they wished they knew more about traditional foods.

**2. Physical Activity:**

**Grow or Enhance Partnerships With**

- Leaders working on Safe Streets
- Those responsible for parks and trails.

**Consider**

- Walk audits and address safety concerns with temporary builds (e.g., lighting and seating) to create activity-friendly environments.
- Develop culturally rooted programs that integrate traditional physical activities.
- Collaborate with local champions to align programs with cultural values and priorities.

**3. Family Healthy Weight:**

- Tailor the MEND program to address obesity and chronic disease through culturally adapted approaches.
- Engage referral partners such as home-visiting programs and family courts to enhance program participation.
- Track outcomes to secure long-term funding and support alignment with other health initiatives.

**4. Cross-Cutting Strategies:**

- Consider selecting a high priority CHA or MT SHIP population as a target population for nutrition, physical activity or family health weight

work. This will align REACH priorities with others and result in quicker progress and possibly more resources.

- Partner with individuals in charge of 638 Self-Determination Contracts and THIP to see how REACH can fit with tribal health priorities.
- Foster partnerships with community leaders to ensure local ownership and sustainability of programs.
- Advocate for innovative funding solutions to bridge infrastructure gaps and support year-round programs.

By building on these themes and aligning strategies with community energy and CDC guidelines, MT REACH stakeholders can drive meaningful change. This approach not only ensures adherence to funding restrictions but also strengthens the foundation for long-term health sovereignty and equity. Success will require continued collaboration, cultural respect, and a steadfast focus on community-defined goals.

## Appendix 1: Funding Related to REACH Nutrition Strategies

Program / Agency	Recently or Currently Funded Entities in Montana	Eligible Applicants	Funding Cycle	Other Key Information	Contact
<a href="#"><u>Gus Schumacher Nutrition Incentive Program (GusNIP)</u></a>	Funds Double SNAP and Produce Prescriptions through Community Food and Agriculture Coalition(CFAC)	Tribal governments , nonprofits, local health organizations	Annually, grant cycle typically opens once per year	Supports nutrition incentives, Produce Prescription, and Double SNAP expansion	Tina Croissant, USDA NIFA Program Specialist (tina.croissant@usda.gov , 202-720-5284)
<a href="#"><u>Double SNAP (Double Up Food Bucks)</u></a>	Farmers Markets in Polson, Ronan, Albertsons in Wolf Point Double SNAP	Farmers markets, grocery stores	Rolling applications for new store locations	Expands access to fruits and vegetables for SNAP recipients in rural and tribal communities	Erin Costello, CFAC Double SNAP Coordinator (erin@cfacmontana.org, 406-830-8213)
<a href="#"><u>Montana Produce Prescription Collaborative (MPPC)</u></a>	CFAC working with tribal health departments in Montana for Produce Prescriptions	Health care organizations , tribal health clinics	Ongoing funding based on programmatic initiatives	Connects patients with vouchers for healthy foods in participating locations	Lorrie Haines, CFAC Director (lorrie@cfacmontana.org , 406-830-3443)
<a href="#"><u>Tribal Food Distribution Program (FDPIR)</u></a>	Providing fresh produce through FDPIR	Federally recognized tribes	Rolling applications through FDPIR	Provides commodities and fresh produce to tribes, opportunity to partner with local growers	Shirley Chacon, FDPIR Program Coordinator (shirley.chacon@usda.gov, 406-247-7995)

<a href="#"><u>USDA Specialty Crop Block Grant Program</u></a>	Montana Department of Agriculture supporting tribal agricultural projects	Tribes, tribal agricultural projects, nonprofits	Annually, opens early in the year	Supports specialty crop production including fruits and vegetables; could fund year-round projects	Kim Davis, MT Department of Agriculture (kdavis@mt.gov, 406-444-2402)
<a href="#"><u>USDA Farm to School Grant Program</u></a>	CSKT Tribal Schools sourcing local produce for school lunches	Schools, tribal organizations	Annual; grants announced in spring	Can be used to support local sourcing for school lunch programs, including fruits and vegetables	Carly Heggen, Farm to School Program Coordinator (carly.heggen@usda.gov, 406-444-4324)
<a href="#"><u>USDA Rural Development Grants</u></a>	Fort Peck Tribes funding greenhouse for food sovereignty	Tribes, nonprofits, rural organizations	Rolling applications	Funds community facilities, including greenhouses, food storage, and infrastructure	Lea McCullough, USDA Rural Development (lea.mccullough@usda.gov, 406-585-2515)
<a href="#"><u>Montana Tribal Business Development Grant (TBDG)</u></a>	Little Shell Tribe funded for manufacturing plant (model for food enterprise)	Tribal governments and enterprises	Annual; applications open in the fall	Can fund tribal business development, including food enterprises that produce and sell cultural foods	Amber Larson, TBDG Program Coordinator (amber.larson@mt.gov, 406-444-6037)
<a href="#"><u>Native American Agriculture Fund (NAAF)</u></a>	Salish Kootenai College Extension, Blackfeet Tribe: Food sovereignty and local production projects	Tribes, tribal nonprofits	Annually, check website for grant dates	Funds food sovereignty, agricultural production, food preservation infrastructure	Anita Lucero, NAAF Grant Officer (anita.lucero@nativeamericanagriculturefund.org, 479-445-6226)
<a href="#"><u>Community Development</u></a>	Blackfeet Nation successfully	Tribes, Native-	Rolling applications	Provides loans and technical	Mark Alexander, Great Plains Native Asset Fund

<p><b><u>t Financial Institutions (CDFI)</u></b></p>	<p>leveraged CDFI loans to purchase agricultural equipment and expand production. Native-owned food businesses on reservations have used CDFI microloans to build greenhouses and purchase commercial kitchen equipment.</p>	<p>owned businesses</p>	<p>for loans and technical support</p>	<p>assistance for food enterprises, could fund greenhouse or food company</p>	<p>(mark.alexander@gpnaf.com, 605-721-3253)</p>
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## Appendix 2: Funding Related to REACH Physical Activity Strategy

Program / Agency	Recently or Currently Funded Entities in Montana	Eligible Applicants	Funding Cycle	Other Key Information	Specific Contacts
<b>Bureau of Indian Affairs (BIA) - Tribal Transportation Program (TTP)</b>	Fort Peck Assiniboine & Sioux Tribes, Chippewa Cree Tribe (Rocky Boy's Reservation)	Federally recognized tribes	Annual call for applications (next in 2025)	Supports transportation infrastructure for tribal areas	John Smith, BIA Rocky Mountain Region (john.smith@bia.gov, 406-247-7940)
<b>Indian Community Development Block Grant (ICDBG)</b>	Crow Tribe, Northern Cheyenne Tribe	Federally recognized tribes	Periodically open; check HUD site	Supports tribal housing development and infrastructure	Tina Crowe, HUD Region Specialist (tina.crowe@hud.gov, 406-247-7943)
<b>Indian Health Service (IHS) - Health Facilities Construction</b>	Fort Peck Health Promotion/Disease Prevention Program, Confederated Salish and Kootenai Tribes	Tribes and tribal organizations	Based on project priorities	Funds health facilities and priority health projects	IHS Billings Area Office (ihsbaoinfo@ihs.gov, 406-247-7100)
<b>USDA Rural Development - Tribal Programs</b>	Blackfeet Tribe, Fort Belknap Indian Community Council	Federally recognized tribes in rural areas	Ongoing; check USDA for details	Supports rural development and tribal infrastructure	Lea McCullough, USDA Rural Programs (lea.mccullough@usda.gov, 406-585-2515)
<b>Native American Agriculture Fund (NAAF)</b>	Salish Kootenai College Extension (Flathead Reservation)	Tribes and Native-led organizations	Annually, check NAAF website	Funds food sovereignty and agricultural projects	Anita Lucero, NAAF (anita.lucero@nativeamericanagriculturefund.org, 479-445-6226)
<b>Trust for Public Land (TPL)</b>	Confederated Salish and Kootenai Tribes (Polson Park Expansion), Blackfeet	Tribes, local governments, nonprofits	Periodic; check TPL for updates	Supports land conservation and	Catherine Schmidt, TPL Montana (catherine.schmidt@t

	Nation (Sacred Lands Conservation), Crow Nation (Community Trails), Chippewa Cree Tribe (Rocky Boy's Reservation)			recreation for tribes	pl.org, 406-721-2172)
<b>Transportation Alternatives Program (TAP)</b>	No current awards listed, new funding available 2025	Local, state, and tribal governments	Next round opens January 2025	Funding for non-motorized transportation alternatives	Dave Holien, MDT Transportation Alternatives (dholien@mt.gov, 406-444-6118)
<b>Recreational Trails Program (RTP)</b>	No current awards listed, next application cycle opens Nov 2024	Federal, tribal, state, county, city agencies, nonprofits	Next round opens November 2024	Supports recreational trail development and maintenance	Stephanie Adams-Clemen, RTP (stephanie.adamscllemen@mt.gov, 406-444-5898)
<b>Community Facilities Direct Loan &amp; Grant Program</b>	Little Shell Tribe (Pray Manufacturing Plant)	Rural communities, nonprofits, tribal governments	Open year-round; rolling applications	Funds community facilities in rural and tribal areas	Little Shell Tribe of Chippewa Indians (Contact via TBDG Montana Office)
<b>Rural Community Development Initiative (RCDI)</b>	Recent grantees focused on community development in small towns (including tribal communities)	Nonprofits, local governments, tribal organizations	Periodic; check USDA for next cycle	Supports community development in small, tribal towns	Lea McCullough, USDA Rural Programs (lea.mccullough@usda.gov, 406-585-2515)
<b>Land and Water Conservation Fund (LWCF)</b>	Over 800 projects in Montana since 1964, next round in 2025	State, local, tribal governments	Next round opens summer 2025	Funding for conservation and recreation projects	Adam Brooks, LWCF Program Manager (abrooks@mt.gov, 406-444-3032)
<b>REACH (CDC)</b>	MSU is implementing REACH in Fort Peck,	Tribal health departments,	Ongoing funding	Funding for improving	Bridget Collins, REACH Program

	Rocky Boy, and Flathead Reservations	local governments	based on programmatic initiatives	health in rural communities	Manager (bridget.collins@mt.gov, 406-444-4540)
<b>Building Blocks for Sustainable Communities (EPA)</b>	No recent rural Montana grantees found, but program supports planning and infrastructure	Local governments, nonprofits, tribal governments	Technical assistance as needed	Supports sustainable planning and infrastructure	Darren Rainey, EPA Brownfields (drainey@mt.gov, 406-444-6591)
<b>Brownfields Program (EPA)</b>	Fort Peck Tribes (Buffalo Restoration Program), Crow Tribe (Monette Farms Collaboration)	Local governments, nonprofits, tribal organizations	Annual; check EPA for deadlines	Supports brownfields restoration and reuse	Troy Heinert, Intertribal Buffalo Council (troy.heinert@itbc.org)
<b>National Recreation and Park Association (NRPA)</b>	Several grantees focused on underserved communities in Missoula	Nonprofits, local governments	Annual; check NRPA site for updates	Funding for parks and recreation in underserved areas	NRPA Membership Services (customerservice@nrpa.org, 703-858-0784)
<b>Robert Wood Johnson Foundation (RWJF)</b>	RWJF funding for physical activity initiatives in rural Montana	Nonprofits, local and state governments, tribes	Open year-round; periodic cycles	Funding for physical activity initiatives in rural areas	RWJF Grant Services (grants@rwjf.org, 877-843-7953)
<b>Safe Routes to School (SRTS)</b>	Recent projects in rural schools to increase safe walking/biking in Montana	Schools, local, tribal governments	Open year-round; periodic funding cycles	Funding for projects improving safety for school routes	Lori Ryan, MDT Safe Routes to School (lori.ryan@mt.gov, 406-444-9252)



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