

# SDPI FY 2010, 2011

(Special Diabetes Program for Indians)

Tribal Consultation Issues  
SDPI Successes and Barriers  
2009

# SDPI Program Considerations

## Community-directed grant programs and Demonstration Projects

### 1. Community-directed grant program - Strengths

- Think about the strengths of your Community-directed grant program. Which of the following elements of your current grant program need to be preserved? Choose all that apply.
  - Local autonomy for setting objectives
  - Community based focus; meets our local needs
  - Promotes team building between clinical and community health staff
  - Involves community members in decision making
  - Other elements?

# SDPI Program Considerations

## 2 Community-directed grant program – Challenges/barriers/problems

- Think about the challenges/barriers/problems that your Community-directed grant Program has faced. Which of the following elements of your current grant program need to be changed or improved? Choose all that apply.
  - Clinical services and activities
  - Community-based public health activities
  - Administrative functions & support
  - Evaluation / data collection
  - Other elements?

# SDPI Combination Programs

3. For the 66 communities ONLY that have the targeted Demonstration Projects as well as Community-Directed grant programs, please answer the following questions:
  - A. **Outcomes**
    - What has been the most positive outcome from these projects in your local communities?
    - What factors contributed to produce this local positive outcome?
    - Think beyond just the clinic. Were community health, administrative support, community buy-in or other factors also involved?
  - \*You may want to ask these grantees to provide a short presentation of their programs at the consultation meetings.

# SDPI Combined Programs (cont.)

**B. Collaboration between the community-directed grantees and the demonstration project grantees** (This question applies only to the 66 communities where a competitive SDPI grant program has been established).

- Do the SDPI Community-directed grant programs work well together with the competitive targeted SDPI Demonstration Projects in your community?
- If not, what have been the challenges to working together?

# SDPI Combined Programs (cont.)

## C. Demonstration Projects – Challenges/Barriers/Problems

- At the local level, what have been the greatest challenges/barriers/problems in implementing the targeted Demonstration Projects?

# SDPI Combined Programs (cont.)

## D. Demonstration Projects – Preservation and Spread of Expertise

- The formal structure of these programs and the comprehensive data collection is scheduled to end in June 2009. These programs have developed a significant amount of expertise in diabetes prevention and CVD risk reduction. How can we preserve this expertise in our system and spread it to other programs and other communities?

# SDPI Combined Programs (cont.)

**E. Add any other comments**

# Collaboration

4. **Collaboration between clinical and community health programs**
  - Do the clinical and community health programs work well together in your community?
  - If your site has an IHS clinic, what is the communication like between IHS and the Tribe regarding diabetes care and prevention?
  - If the communication is not ideal, how would you suggest it be improved?

# SDPI Improvement

## 5. Improve diabetes treatment and prevention

- What would be the best way to improve diabetes treatment and prevention in AIAN communities? Choose all that apply.
  - Best Practices
  - Standards of Care or other guidelines
  - More technical assistance and training
  - Grant writing training
  - Program evaluation
  - What other ways can you think of to improve diabetes treatment and prevention?

# SDPI Resources

## 6. SDPI Grant Program Resources

- Should the SDPI grant program as a whole be structured to keep grant project resources focused narrowly on diabetes?
- To what extent should grant programs be allowed or encouraged to devote resources to diabetes-related conditions such as:
  - psychology, depression, stress,
  - smoking, alcohol and other substance abuse,
  - cardiovascular disease,
  - dental issues including periodontal disease,
  - non-alcoholic fatty liver disease,
  - cancers statistically linked to diabetes/metabolic syndrome,
  - Other conditions?

# Technical Assistance through Technology

## 1. Technical Assistance using Technology

- Given the shortage of resources to address diabetes, do you support IHS using technologies such as Web-ex, the internet, DVDs and other such tools to provide ongoing technical assistance in addition to large conferences and meetings?
- If yes, do you have suggestions for the best way to provide technical assistance with these newer technologies?
- What works best in your community?
- Would your community be willing to invest resources in improving the technological infrastructure to support this type of technical assistance and training.

# Technical Assistance to Achieve SDPI Grant Objectives

2. What types of technical assistance are needed to be able to achieve your SDPI objectives? Choose all that apply.
  - a. More patient education booklets and other materials
    - i. For adults?
    - ii. For elderly?
    - iii. For children?
    - iv. For pregnancy and gestational diabetes?

# Technical Assistance to Achieve SDPI Grant Objectives

- b. More diabetes-related Continuing Education for our providers
- c. More diabetes-related Continuing Education for community health staff, both professionals and paraprofessionals
- d. Diabetes orientation for new providers
- e. More education curricula
- f. Training on national standards, clinical recommendations and best practices
- g. Team building and effective communication skills
- h. Community advocacy and mobilization