

Program Name:

**Indian Health Service
Special Diabetes Program for Indians
Community-Directed Grant Program**

**FY 2015 Continuation Application Template: Part 1
Project Narrative**

FY 2015 Budget Periods and Reporting Dates by Cycle

Budget Cycle	Budget Cycle Period dates	Tentative Due Date*
1	October 1, 2014 to September 30, 2015	TBA
2	January 1, 2015 to December 31, 2015	September 1, 2014
3	April 1, 2015 to March 31, 2016	December 1, 2014
4	June 1, 2015 to May 31, 2016	February 2, 2015

* Dates are tentative per DGM policy (120 days before budget cycle start date). Official due date will be available on GrantSolutions. Sub-grantees will need to check with their primary program on submission date and instructions.

Instructions for Using this Template

1. **Retrieve** and review the following documents to assist you with completing this template:
 - a. FY 2014 application, including completed Project Narrative and Best Practice templates.
 - b. FY 2014 Notice of (Grant) Award.
 - c. FY 2013 Annual Progress Report.
 - d. 2012, 2013, and 2014 Diabetes Care and Outcomes Audit Reports
 - e. Other sources as necessary.
2. **Save** this PDF on your computer for your records.
3. **Ensure** that all contributors download and use the latest version of [Adobe Reader](#)¹ to complete these forms.
4. **Complete** ALL pertinent items in the template by selecting a response from a list or entering the requested information. Also complete a Best Practice template for each Best Practice selected for FY 2014 and FY 2015. Failure to provide this information will result in an incomplete application.
5. **Review** the completed template to ensure all required items are completed. Required items will have fields that are outlined in red.
6. **Submit** the completed Project Narrative to the Application Kit in GrantSolutions. Browse and upload the original completed PDF template; do not merge with other documents or submit a scanned copy of a printed document.

Additional Information

1. **Grantees with sub-grantees** must complete and submit a separate Project Narrative for the primary and each sub-grantee.
2. **Commonly used abbreviations:**
 - a. ADC = Area Diabetes Consultant
 - b. HHS/IHS = Health and Human Services/Indian Health Service
 - c. IPC/QILN = Improving Patient Care/Quality and Innovation Learning Network
 - d. NOA/NGA = Notice of (Grant) Award

¹ Adobe Reader download URL: <http://get.adobe.com/reader/otherversions/>

Program Name:

- e. MOA/MOU = Memorandum of Agreement/Understanding
- f. PDF = Portable Document Format (access using Adobe Acrobat Reader or Pro)
- g. SDPI = Special Diabetes Program for Indians
- h. URL = Uniform Resource Locator (full link to a specific webpage)

Section 1: Program Information

1. Date:
2. IHS Area:
3. Program Name (Include Tribal or Clinic name):
4. Grant Number (Item 4 on NOA/NGA. If sub-grantee, check with primary program):
5. If you are a sub-grantee, check this box:
6. Name of person completing report:
 - a. Title:
 - b. Email:
 - c. Phone:
7. Budget cycle:
8. Do you consider your program to be primarily clinic-based, community-based, or both?
9. If you have any other information to help us identify your program or how it is related to any other programs, add it here **(optional)**.

Section 2: Program Resources

Provide the following funding information about your grant. If you are a sub-grantee, provide funding information specific to your program instead of information from the NOA/NGA.

1. Funding Amount (Item 12d. from NOA/NGA):
2. Amount of funds obligated to date.
(Starting from the beginning of the FY 2014 budget cycle. This information can be obtained from your local fiscal office.)

as of (date)
3. Percent (%) of funds obligated to date.

Program Name:

Section 3: Training and Networking

Per the Programmatic Terms and Conditions, grantees are required to participate in online trainings provided or approved by the Division of Diabetes (live or recorded). For FY 2014, grantees were required to attend one Required Training per quarter. Grantees are required to report trainings they attended on their FY 2014 Annual Progress Report. Visit the [SDPI Community-Directed Training Requirements](#)² webpage for more information.

Trainings offered by the [Division of Diabetes](#)³

1. Does your program participate in required trainings or trainings eligible to fulfill the SDPI Community-Directed Training Program?

Trainings/Meetings offered by your ADC/Area office

2. List trainings/meetings your program attended for SDPI grantees offered by your ADC or Area office during the FY 2014 budget period (site-visits, conference calls, online meetings/trainings, face-to-face, emails, conference).

Trainings/Assistance offered by other SDPI Grant Programs

3. Did your program **receive** assistance or information from other SDPI grant program(s) in your IHS Area or another Area during the FY 2014 budget period?
4. If yes, describe what kind of assistance or information you received (conference calls, online meetings/trainings, face-to-face, emails, conference).

Trainings/Assistance provided by your SDPI Grant Program

5. Did your program **provide** assistance or information to other SDPI grant program(s) in your IHS Area or another Area during the FY 2014 budget period?
6. If yes, describe what kind of assistance or information you provided and to whom:

² SDPI Required Training URL:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedTraining>

³ Division of Diabetes URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/>

Program Name:

Section 4: Diabetes Audit Review

Per the Programmatic Terms and Conditions, SDPI grantees are expected to participate in and/or be aware of the results from the annual *IHS Diabetes Care and Outcomes Audit*.

Obtain and review copies of your local IHS Diabetes Care and Outcomes **Audit Reports for 2012, 2013, and 2014**. Work with your local facility, local Audit coordinator or Area Diabetes Consultant (ADC) if you need help.

1. In the Project Narrative submitted with your FY 2014 SDPI application, look at the list of three to five items/elements identified as **improving** from Audit 2012 to Audit 2013 (section 4, item 4). Did these items/elements continue to improve in Audit 2014?

2. In your FY 2014 Project Narrative, look at the list of three to five items/elements identified as **needing improvement** from Audit 2012 to Audit 2013 (section 4, item 5). Did these items/elements improve in Audit 2014?

3. Why do you think the items referred to in item 2 above improved or did not improve?

4. Provide a list of results for three to five items/elements (e.g., A1c, eye exam, education, etc.) that **improved** from 2013 to 2014.

A. Audit Item/Element	B. Audit 2013 Result	C. Audit 2014 Result
1.		
2.		
3.		
4.		
5.		

Program Name:

5. Provide a list or table of three to five items/elements that **need to be improved** based on the 2014 Audit Report.

A. Audit Item/Element	B. Audit 2013 Result	C. Audit 2014 Result
1.		
2.		
3.		
4.		
5.		

6. Describe how your program will address these three to five items/elements that need to be improved and/or describe how your program will work with your local health care facility to address these areas.

Section 5: Leadership and Key Personnel

1. In your FY 2014 Project Narrative you were asked to identify an organization administrator or Tribal leader that agreed to be actively involved in your program’s work (Section 5, item 1).
 - a. Provide the name and role or position that this leader holds.

 - b. Describe how this leader was involved with the work your program did with FY 2014 SDPI funds.

 - c. Will this leader continue to be involved with your program’s work for FY 2015? If not, identify a new leader that will be involved, including name and role or position.

Program Name:

2. In your FY 2014 Continuation Application, you were asked to identify new personnel who would be paid with SDPI funds and other key personnel involved in your program’s work (key personnel form).
 - a. If any of the people identified in your FY 2014 Continuation Application no longer work with your program, list their names.

3. List all personnel involved in your program’s work. This may be your “Diabetes Team.” Provide a brief biographical sketch for **new** program staff. If there are more than 15 people, provide the information for these individuals in [Section 8](#), item 2.

A. First Name	B. Last Name	C. Title	D. Paid with SDPI funds?	E. How long you have been involved with your SDPI program?
1.		Diabetes Program Coordinator		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Program Name:

Section 6: Partnerships and Collaborations

1. List your current active partnerships below. If there are more than 15, provide a list of the additional partnerships on [Section 8](#), item 2.

A. Partner Name	B. Start Date (mm/yy)	C. Current MOA/MOU in place?	D. Services provided/primary focus of partnership (brief description)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

2. Describe any new partnerships and collaborations that your program is planning to implement as part of FY 2015 work. Include information about how these partners and collaborators will contribute to the work you plan to do. **If there are no new planned partnerships, you may leave this question blank.**

Program Name:

Section 7: Program Planning and Evaluation/Best Practices

Per the Programmatic Terms and Conditions, grantees must implement recommended services and activities and report on all **Required Key Measures** from at least one **2011 IHS Diabetes Best Practice**. The Required Key Measures must directly reflect objectives and activities of the Best Practice(s) implemented.

Note: the Required Key Measures for some of the Best Practices have changed. The [FY 2014 Best Practice Addendum](#)⁴ provides the most current information on the Required Key Measures

1. Use the table below to specify what changes are being made for FY 2015. A change includes any of the following:
 - *selecting a new Best Practice*
 - *dropping a Best Practice*
 - *changing the target population*
 - *changing the goal for a selected Best Practice*
 - *adding or deleting objectives and/or measures*

If there are more than 5 changes, provide the additional changes in the next question below.

A. Best Practice being changed.	B. What are you changing?	C. How are you changing?	D. Briefly describe what changes are being made and why.
1.			
2.			
3.			
4.			
5.			

2. If you have any other or additional changes to report, list them here:

⁴ Best Practice Addendum URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/BP_2011_Table_RKM_508c.pdf

Program Name:

3. Indicate which Best Practice(s) your program implemented in FY 2014 and which ones will be implemented in FY 2015. These may be the same or they may be different.

A. Best Practice	B. FY 2014	C. FY 2015
1. Adult Weight Management		
2. Breastfeeding		
3. Cardiovascular Disease		
4. Case Management		
5. Chronic Kidney Disease		
6. Community Advocacy		
7. Community Screening		
8. Depression		
9. Diabetes and Pregnancy		
10. Diabetes Prevention		
11. Diabetes Systems of Care		
12. Diabetes Self-Management Education (DSME)		
13. Eye Care		
14. Foot Care		
15. Nutrition		
16. Oral Health		
17. Pharmaceutical Care		
18. Physical Activity		
19. School Health and Diabetes		
20. Youth and Type 2 Diabetes		

Program Name:

3. **Additional Program Information:** The following general information is being requested about diabetes related services and activities that are available in your diabetes program, health care facility, or community. Indicate whether the following are available:

A. Program/Activity	B. SDPI Program Involvement	C. Community or Facility Involvement Other than SDPI
1. Diabetes team(s) (people working together to provide coordinated care to individuals with diabetes)		
2. Diabetes registry (list of people with diabetes)		
3. Diabetes clinic(s)		
4. Registered dietitian(s)		
5. Diabetes educator(s)		
6. Physical activity specialist(s)		
7. Organized diabetes education (individual or group classes)		
8. Access to culturally appropriate diabetes education material		
9. Talking circles		
10. Nutrition services for children and youth		
11. Nutrition services for adults		
12. Nutrition services for families		
13. Weight management programs for children and youth		
14. Weight management programs for adults		
15. Community fitness programs, such as walking or running groups or events		
16. Community exercise classes, such as aerobics or strength building		
17. School-based nutrition services for children and youth		
18. School-based healthy eating programs for children and youth		
19. School-based physical activity programs for children and youth		
20. Diabetes prevention for children and youth		
21. Community-based physical activity programs for children and youth		
22. Playground construction or improvement		
23. Physical activity programs for school-age youth		
24. Safe environments that encourage physical activity		
25. Partnership or collaboration with social services		
26. Partnership with local school systems		
27. Clinic and/or community-based services specifically for men's health		
28. Clinic and/or community-based services specifically for women's health		
29. Clinic-based services specifically for youth		
30. Use of social media (e.g. facebook, texting)		

Program Name:

In an effort to support HHS/IHS programs and partnerships, items 4 - 12 will be collecting information on SDPI program's involvement to specific National Campaigns and Initiatives. Involvement in these Campaigns and Initiatives are not mandatory for this grant.

Involvement in [Improving Patient Care \(IPC\)](#)⁵

4. Has your program officially participated as an IHS Improving Patient Care (IPC) site?

5. If your program officially participated, indicate your diabetes team's involvement (check all that apply):
 - a. A diabetes staff member served as an active IPC/QILN team member
 - b. Utilized the Model for Improvement including the rapid tests of change approach to quality improvement
 - c. Contributed to care elements on the diabetes comprehensive bundled measures in the IPC/QILN
 - d. Utilized the IPC/QILN high-leverage change package
 - e. Utilized the IPC/QILN teamwork model
 - f. Attended presentations within your organization facilitated by the IPC/QILN team(s)
 - g. Other, please specify:

6. If your program does not officially participate, did your program have any involvement with IPC (check all that apply):
 - h. Participated informally, but not part of the IPC Team
 - i. Participated informally in an IPC sponsored training/event
 - j. Did not participate; no IPC in my community/facility
 - k. IPC is in my community/facility, but chose not to participate
 - l. Not aware if IPC is in my community/facility
 - m. Other, please specify:

Involvement in *Let's Move!* in Indian Country (LMIC) initiative

7. Has your program attended any sessions offered as part of the IHS [LMIC Webinar Series](#)⁶?

8. Has your program been involved in or sponsored any other activities related to [Let's Move!](#)⁷ and/or LMIC initiative?

⁵ IPC URL: <http://www.ihs.gov/ipc/index.cfm>

⁶ LMIC Webinar Series URL:
<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=trainingExternal#IHSTRAININGRESOURCES>

Program Name:

9. If so, briefly list activities.

Involvement in [Million Hearts Initiative](#)⁸

10. Has your SDPI program been involved in or officially sponsored any activities related to the Million Hearts Initiative?
11. If so, briefly list activities.

Other National Initiatives or Campaigns

12. List any other nationwide initiatives or campaigns you are involved in related to healthy lifestyles.

You have now completed the Project Narrative Template. Visit the [SDPI FY 2015 Application webpage](#)⁹ to complete the following:

- ✓ Best Practice template(s) (depending on your program plan)
- ✓ Other Activities template (depending on your program plan)
- ✓ Key Contact Form (this form is also available in your application kit in GrantSolutions)

Once all these templates are complete, upload these templates to your application kit on [GrantSolutions](#)¹⁰.

⁷ Let'sMove! URL: <http://www.letsmove.gov/>

⁸ Million Hearts URL: <http://millionhearts.hhs.gov/index.html>

⁹ SDPI FY 2015 Application URL:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp>

¹⁰ GrantSolutions Login URL: <https://www.grantsolutions.gov/gs/>