



Special Diabetes Program for Indians (SDPI)

# **SDPI Grant Program: Creative Options for your SDPI Grant**

IHS Division of Diabetes Treatment and Prevention

June 21, 2022

# Abbreviations

- AI/AN = American Indian/Alaska Native
- ADC = Area Diabetes Consultant
- AOR = Authorized Organization Representative
- DDTP = IHS Division of Diabetes Treatment and Prevention
- DGM = IHS Division of Grants Management
- DTLL = Dear Tribal Leader Letter
- DUIOLL = Dear Urban Indian Organization Leader Letter
- DUNS = Data Universal Numbering System
- IHS = Indian Health Service
- MOA = Memorandum of Agreement
- NOFO = Notice of Funding Opportunity (also known as FOA)
- ORC = Objective Review Committee
- SAM.gov = System for Award Management
- SDPI = Special Diabetes Program for Indians
- TLDC = Tribal Leaders Diabetes Committee
- UEI = Universal Entity Identifier
- UIO = Urban Indian Organization



# What this webinar is about

- (Past) Revisiting Resources and Tools in the Best Practices.
- (Present) Adapting to challenges
- (Future) Activities/services for long-term impact



# **(Past) Revisiting Resources and Tools in the Best Practices.**

Melanie Knight, SDPI Program Coordinator  
IHS Division of Diabetes Treatment and Prevention

# SDPI Diabetes Best Practices: Background

- Congress directed that SDPI funds be used to implement best practice approaches for diabetes treatment and prevention.
- Best Practices for SDPI grant programs started in 2001 and have gone through several versions over the years.
- Set up for Best Practices for 2023 will be the same as 2016-2022.
  - Need data to demonstrate effectiveness of SDPI: Required Key Measure (RKM) for Target Group
  - Grantees decide how to improve their RKM: BP does not dictate how, with whom, or where

# SDPI Diabetes Best Practices 2016-2022

- Focused areas for improvement of diabetes prevention and treatment activities/services and related outcomes in communities and clinics.
- **19** SDPI Diabetes Best Practices
- Each Best Practice includes:
  - Importance Statement
  - One Required Key Measure (RKM)
  - Target Group Guidance
  - **Resources and Tools**

# SDPI Diabetes Best Practices

## SDPI Diabetes Best Practices

### Overview

As part of their required activities, SDPI Community-Directed grantees will implement one SDPI Diabetes Best Practice (also referred to as "Best Practice"). The Best Practices are focused areas for improvement of diabetes prevention and treatment outcomes in communities and clinics. Note that, as in previous years, grantees may use some of their SDPI funds for diabetes-related activities outside of their selected Best Practice.

Links to the [SDPI Diabetes Best Practices](#) can be found below and a printable list can be found in the [Best Practice Summary Table](#) [PDF – 250 KB].

To assess improvement on outcomes, each Best Practice includes one Required Key Measure (RKM) that programs will track and report on regularly. Grantees will collect data on the RKM for individuals in their Target Group. The Target Group is the carefully selected set of individuals that grant programs can realistically serve. Each Best Practice provides guidance on selecting an appropriate Target Group.

### Quick Links

- [SDPI Diabetes Best Practices](#)
- [Using Best Practices](#)
- [Best Practice Summary Table](#)  
[PDF – 174 KB]
- [SDPI Diabetes Best Practice Resources](#)

## SDPI Diabetes Best Practices

- [Aspirin or Other Antiplatelet Therapy in Cardiovascular Disease](#)
- [Blood Pressure Control](#)
- [Chronic Kidney Disease Screening and Monitoring](#)
- [Dental Exam](#)
- [Depression Screening](#)
- [Diabetes-related Education](#)
- [Eye Exam – Retinopathy Screening](#)
- [Foot Exam](#)
- [Glycemic Control](#)
- [Hepatitis C Screening](#)
- [Immunizations: Hepatitis B](#)
- [Immunizations: Influenza](#)
- [Immunizations: Pneumococcal](#)
- [Immunizations: Tetanus/Diphtheria](#)
- [Lipid Management in Cardiovascular Disease](#)
- [Nutrition Education](#)
- [Physical Activity Education](#)
- [Tobacco Use Screening](#)
- [Tuberculosis Screening](#)

# SDPI Diabetes Best Practices: Planning Resources

## SDPI Diabetes Best Practice Resources

Grantees may find the resources below helpful as they plan for, implement, and evaluate their SDPI grant program and Diabetes Best Practice.


[Program Planning Resources](#)

[Implementation Resources](#)

[Evaluation Resources](#)

## Program Planning Resources


### IHS Division of Diabetes Treatment and Prevention

- [Integrating Case Management Into Your SDPI Diabetes Best Practice](#) [PDF – 290 KB] – Use this Case Management guide to assist you in meeting the health needs of individuals in your clinic and community diabetes programs.
- [Integrating Diabetes Self-Management Education and Support Into Your SDPI Diabetes Best Practice](#) [PDF – 275 KB] – Review this guide to explore strategies and tools to enhance DSMES in your diabetes program.
- [Best Practice and Target Group Overview](#)   
(Recorded 5/12/2021: 55 minutes)
  - Best Practice = 08:16
  - Target Group = 22:26
  - Questions = 49:17


**Materials:** [Slides](#) [PDF – 766 KB]



### University of Kansas Work Group for Community Health and Development

- [Community Tool Box](#)  – Online resource that provides guidance, tools, and a troubleshooting guide on planning, implementation and evaluation.

### The Community Preventive Services Task Force

- [The Community Guide](#)  – Website with materials to help plan and design effective, evidence-based interventions to meet your community's health needs.



# SDPI Diabetes Best Practices: Implementation Resources

## SDPI Diabetes Best Practice Resources

Grantees may find the resources below helpful as they plan for, implement, and evaluate their SDPI grant program and Diabetes Best Practice.

[Program Planning Resources](#)

Implementation Resources

[Evaluation Resources](#)

## Implementation Resources


### Special Diabetes Program for Indians

- [SDPI Toolkits](#) – The toolkits provide keys to success and lessons learned from SDPI Diabetes Prevention/Healthy Heart (DP/HH) grant programs in implementing strategies to reduce diabetes and cardiovascular disease risk in American Indian/Alaska Native communities.
- [Program Spotlights](#) – Videos and written stories of SDPI Programs making a difference in Indian Country.

### IHS Division of Diabetes Treatment and Prevention

- [Education Materials and Resources \(Online Catalog\)](#) – Culturally relevant and easy-to-use materials for providers, patients, and clients. Materials are free to order or download and print.
- [Printable Materials](#) – Downloadable full-color articles, posters, and Public Service Announcements that allow for instant and easy distribution.

### Other Resources

- [What Works for Health from County Health Rankings & Roadmaps](#)  – Website with information to help select and implement evidence-informed policies, programs, and system changes.

# SDPI Diabetes Best Practices: Evaluation Resources

## SDPI Diabetes Best Practice Resources

Grantees may find the resources below helpful as they plan for, implement, and evaluate their SDPI grant program and Diabetes Best Practice.

[Program Planning Resources](#)

[Implementation Resources](#)

Evaluation Resources

## Evaluation Resources





### Special Diabetes Program for Indians

- [SDPI Outcomes System \(SOS\)](#) – Web-based system for SDPI Community-Directed Grant programs. Grantees will use this system, to enter, check, and download Required Key Measure (RKM) data for their Target Group for their selected [Diabetes Best Practice](#). They can also run reports of their RKM results. [SOS Training](#) and [Resources](#) are also available.

### IHS Division of Diabetes Treatment and Prevention

- [IHS Diabetes Care and Outcomes Audit](#) – Web-based system for data submission, processing, and reporting. [Audit Training](#) and [RPMS/DMS Info](#) also available for assessing care and health outcomes for American Indian and Alaska Native people with diagnosed diabetes.

### Centers for Disease Control and Prevention (CDC)

- [CDC Program Evaluation website](#)  – Resources for program planning and evaluation, including a [Self Study Guide](#)  [PDF], a guide to [Developing An Effective Evaluation Report](#)  [PDF], and other materials.
- [CDC Workbook: Developing an Effective Evaluation Plan](#)  [PDF] – Document detailing the steps in conducting an effective program evaluation.

# SDPI Diabetes Best Practices: Example

[About IHS](#) / [Special Diabetes Program for Indians \(SDPI\)](#) / [SDPI Community-Directed Grant Program](#) / [Diabetes Best Practices](#) / Diabetes-related Education

## Special Diabetes Program for Indians

- About
- SDPI Community-Directed Grant Program**
- Application/Reports
- SDPI Grant Training
- Diabetes Best Practices
- SDPI Basics
- SDPI Outcomes System (SOS)
- SDPI Toolkits
- Audit/SOS Login
- Report to Congress
- Fact Sheets and Publications
- Grantee Resources
- Program Spotlights
- Contact Us
- Education Materials and Resources (Online Catalog)
- Division of Diabetes Treatment and Prevention

## Diabetes-related Education

### Importance

Diabetes education helps reduce the risk for developing diabetes and its complications.

### Required Key Measure

**Must be reported by grantees that select this Best Practice.**

Number and percent of individuals in your Target Group who receive education on any diabetes topic\*, either in a group or individual setting.

\* Includes nutrition education, physical activity education, and any other diabetes education.

- **Improvement:** Increasing the number and percent of individuals in your Target Group who achieve this measure shows improvement.
- **Timeframe:** The timeframe for collecting data on the Required Key Measure will be January 1<sup>st</sup> to December 31<sup>st</sup>.
- **Data Collection:** For more information on data collection and reporting, see the [SDPI Outcomes System \(SOS\)](#).

### Target Group Guidance

Select your Target Group from adults and/or youth with diabetes and/or at risk for developing diabetes.

You are required to report Required Key Measure data for one Target Group for your selected Best Practice. A Target Group is the largest number of patients/participants that your grant program can realistically serve. The following should be considered in selecting your Target Group:

1. The size and characteristics (e.g., ages, health status, settings) of the community or patient population that you are going to draw your Target Group from
2. Intensity of the activities/services you plan to do
3. SDPI funding and other resources available to provide activities/services

For information and examples on selecting a Target Group, see the [SDPI Diabetes Best Practice and Target Group](#) recorded webinar.

**Resources and Tools**

# SDPI Diabetes Best Practices: Resources and Tools

## Resources and Tools

Below are selected resources and tools specific to this Best Practice. Additional resources that may be useful for all Best Practices can be found in the [SDPI Best Practice Resources](#).

### IHS Division of Diabetes Treatment and Prevention

- [Diabetes Standards of Care & Clinical Practice Resources: Diabetes Self-Management Education and Support](#)
- [Education Materials and Resources \(Online Catalog\)](#)
- [SDPI Toolkits](#)

### Association of Diabetes Care & Education Specialists

- [Diabetes Education Recognition Program \(DEAP\)](#)

### American Diabetes Association

- [2017 National Standards for Diabetes Self-Management Education and Support](#) [PDF]
- [Education Recognition Program](#)
- [American Diabetes Association. 5. Facilitating behavior change and wellbeing to improve health outcomes: Standards of Medical Care in Diabetes 2021](#) *Diabetes Care* 2021;44(Supp.1):S53-S72. doi:10.2337/dc21-S005

### American Diabetes Association, Association of Diabetes Care & Education Specialists, and Academy of Nutrition and Dietetics, and others

- [Diabetes Self-Management Education & Support in Diabetes: A Joint Position Statement](#)

### Healthy Native Communities Partnership

- [Native Lifestyle Balance Curriculum](#)

### Centers for Disease Control and Prevention

- [Tools and Resources](#)

# Selecting a Best Practice and Target Group

## Key considerations:

- Primary goal is to show improvement in an area of need.
- You also have to be able to collect and submit RKM data.

## Other considerations:

- What are the diabetes-related needs in your clinic and community?
- What resources are available?
- Is there room for improvement?
- How will you identify your Target Group members and keep track of them?
- How will you collect RKM data?

# Free Resources From DDTP!

- [Education Materials and Resources \(Online Catalog\)](#) – Find culturally relevant and easy-to-use materials for providers, patients, and clients. Materials are free to order, or to download and print.
- [Diabetes Standards of Care & Clinical Practice Resources](#) - intended to provide guidance to clinicians and educators as they care for American Indian and Alaska Native people who have or are at risk for type 2 diabetes.



# Diabetes Activities/Services (self reported)

Table 1. Increases in Diabetes Services Reported by SDPI Sites

Intervention	Percent of Sites	
	1997 <sup>a</sup>	2019
Diabetes clinical teams	30%	95%
Diabetes patient registries	34%	96%
Nutrition services for adults	39%	94%
Access to registered dietitians	37%	85%
Access to physical activity specialists	8%	84%
Access to culturally tailored diabetes education materials	36%	96%
Adult weight management services	19%	76%
Nutrition services for children and youth	65%	90%
Community-based physical activity services for children and youth	13%	85%
Physical activity for school-age youth	9%	83%

<sup>a</sup>Baseline = before SDPI funding was available  
Source: Evaluation of the SDPI, 2019

Table from [SDPI 2020 Report to Congress](#)



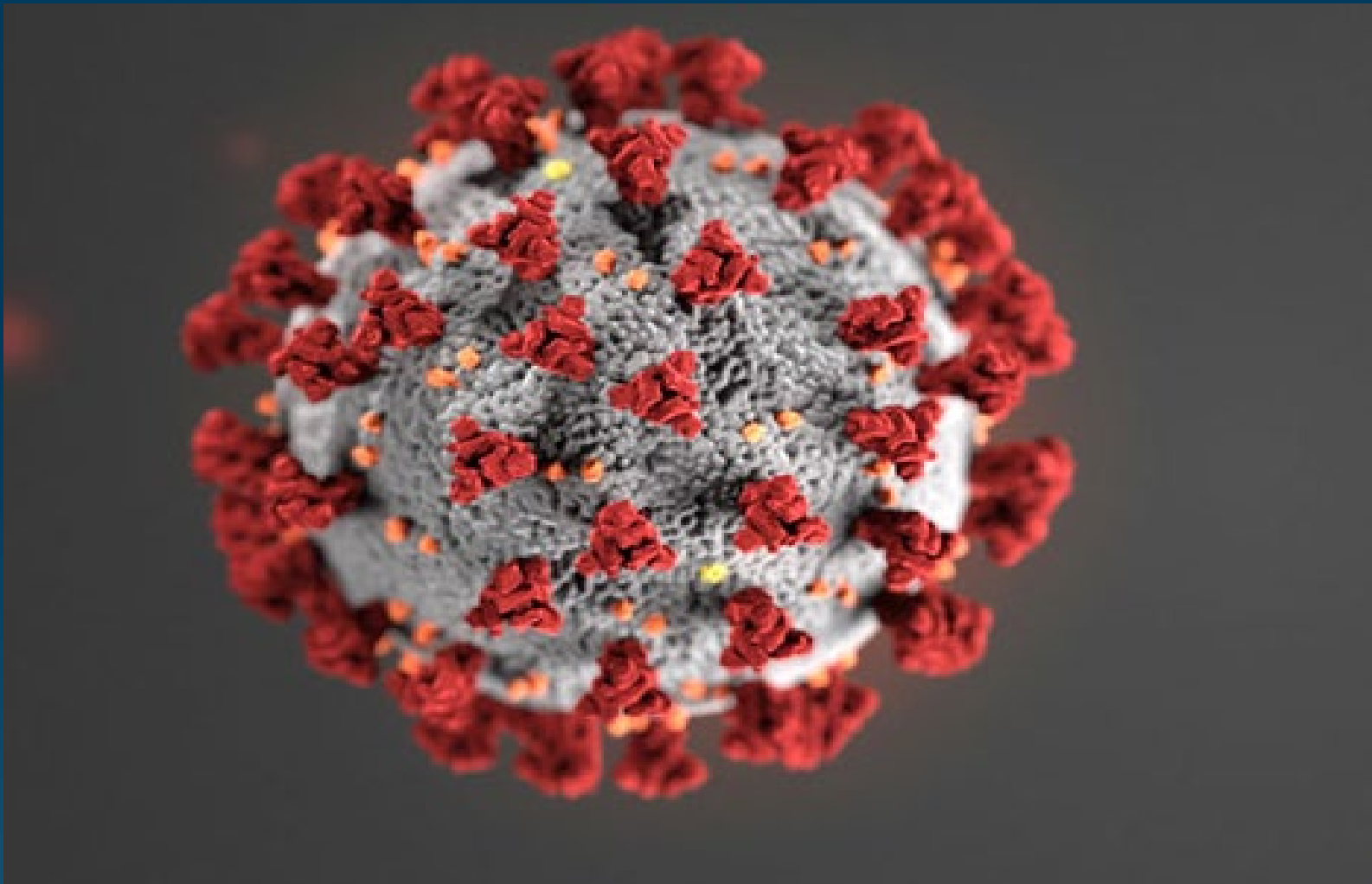
# **(Present) Adapting to challenges**

Nancy Haugen, MSN, CNP  
Great Plains Area Diabetes Consultant



# Creative cultural history

- Creative, cultural-driven, and unique ways to provide activities/services based on community needs has been part of SDPI's history:
  - Lunch & Learns, cooking demos., food preservation, gardening & harvesting, community gardens, Healthy Futures clinic and lifestyle camp, automated sphygmomanometer kiosks, healthy video messages, mobile units, Get Fit Don't Sit, Zombie Walk, Monster Mash, Haunted Trails, Rock Your Mocs, Turkey Trot, Glo Run, Fit Fairs, Digital Dietitian talks, Four Directions Walk, Best Dam Run, Biggest Loser, Dump the Plump, Welcome Back the Thunders, Bike Ride for Health, Warrior Challenge, Youth Traditional Dance, Move & Munch, Fit and Fluffy, Shed Some Layers, Spring into Health, Easter Hop, Iron Kids, Creative Expressions Class, etc. , etc.



**Then the COVID challenge presented...**



## Adapting to present challenges...

Maybe the “new normal” isn’t a static culture but a constantly shifting, changing one, rolling with the technological, political, environmental and economical movements as they exponentially increase.

Maybe “settling into the new normal” is less about trying to make things stay the same and more about becoming comfortable with change – learning how to be adaptable

*R. Goddard in Monday State of Mind newsletter 06/01/2020*

# The triple-A approach to change

- Accept
  - Observe that change is constantly happening, so to intervene before it's too late to do so, or to adapt once it is
- Adapt
  - Find solutions, make the most of whichever situation comes, as it does, may put us in an even stronger position than we were in before
- Appreciate
  - Accept that what is/was happening may not last forever, we can not only adapt to it but take a moment to appreciate what we have within it - and continue to do so, no matter what changes or “new normal” may come our way

*R. Goddard in Monday State of Mind newsletter 06/01/2020*

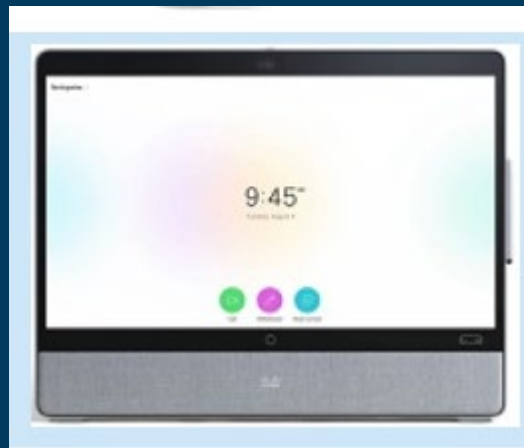
# SDPI is a Challenge Success

- Change is mandatory & change comes fast ... SDPI adapted!
- *You changed the way you look at things and the things you look at changed.*
- *People, plans & programs changed:*
  - Home fitness routines, circuits and home activity kits
  - Individual community physical activities events as a virtual group
  - Visits, education sessions, staff meetings and trainings took to the tele...stage
  - We helped reprioritized, reshuffled, redesigned and rose to it

*A public health threat created new connection opportunities...*

# Great Plains Area Challenge Project

- Change- FY21 deadline to zero out carryover balances due to impending closeout prior to FY22 extension
- Triple A's- as ADC had to accept it, had to adapt to make the most of this and make the best use of our area SDPI carryover for impact for and with the people, though we all really appreciate carryover...time's change and so do we
- Challenge Opportunity- GPA 95.5% Education Best Practices  
\*\*SDPI Tele education Equipment & Installation\*\*
  - Desktop units = 72
  - 55" wheel, wall or floor = 30
  - 70" wall or floor = 4
  - Video phones = 30



**We're back  
even when there is distance  
we will be connected  
future opportunities are ours for the taking**





## **(Future) Activities/services for long-term impact**

Jana Towne, RN, BSN, MHA  
CAPT, US Public Health Service  
Nurse Consultant

IHS Division of Diabetes Treatment and Prevention



# Diabetes Activities/Services (self reported)

Diabetes treatment and prevention services available to AI/AN individuals	Access in 1997	Access in 2019	Absolute Percentage increase
Diabetes clinical teams	30%	95%	+65%
Diabetes patient registries	34%	96%	+62%
Nutrition services for adults	39%	94%	+55%
Access to registered dietitians	37%	85%	+48%
Culturally tailored diabetes education materials	36%	96%	+60%
Access to physical activity specialists	8%	84%	+76%
Adult weight management services	19%	76%	+57%
Nutrition services for children and youth	65%	90%	+25%
Community-based physical activity services for children and youth	13%	85%	+72%
Physical activity for school-aged youth	9%	83%	+74%

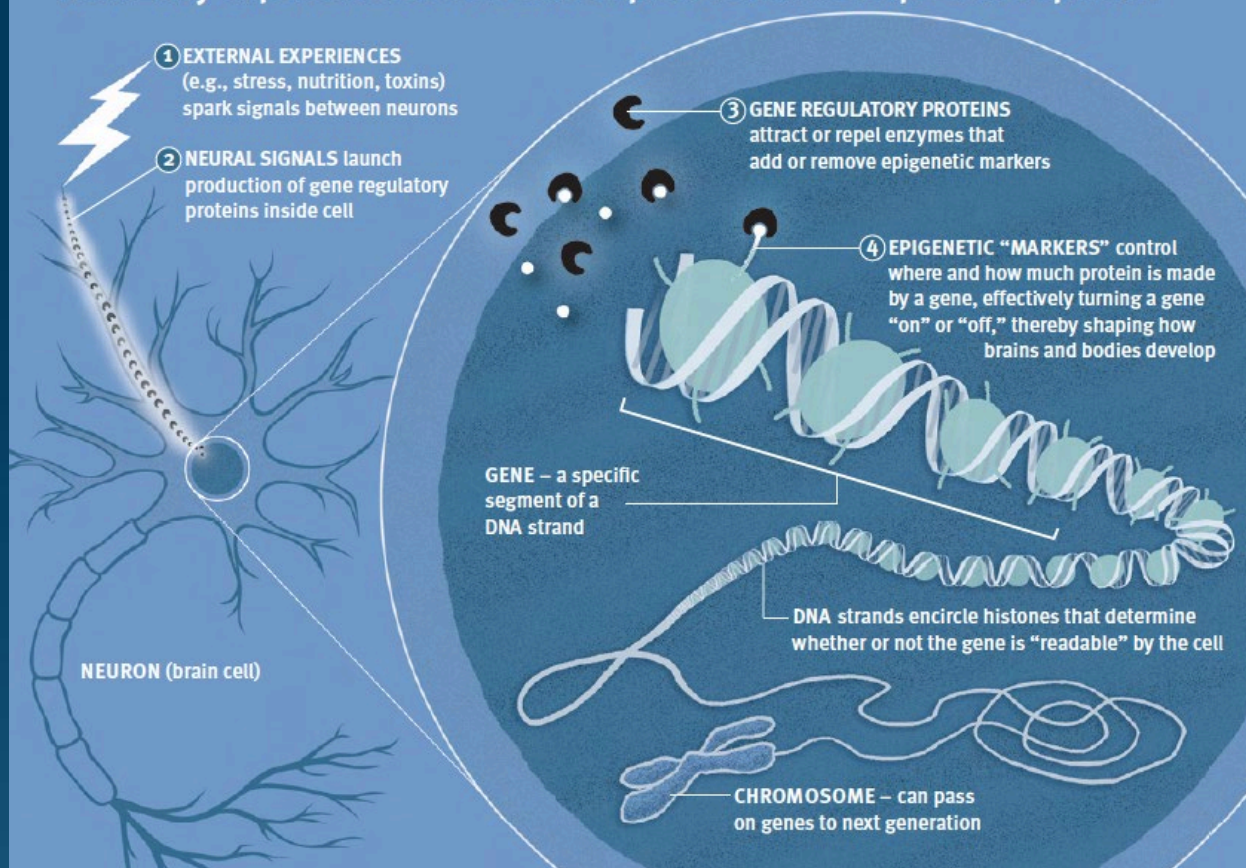
# Building for Long-term Impact

1. Continue successful services and programming
2. Broaden or expand activities and services range to leverage knowledge from the growing science/evidence base about the factors that increase risk for diabetes

# Key Risk Factors

- Obesity/Overnutrition
- Physical inactivity
- Genetic factors
- Toxic stress
- Poor nutrition/Nutrition insecurity

## How Early Experiences Alter Gene Expression and Shape Development



Gene-Environment Interaction, Center on the Developing Child.  
Illustration by Betsy Hayes.

# Social Determinants of Health (SDOH)

The conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (Healthy People 2030)

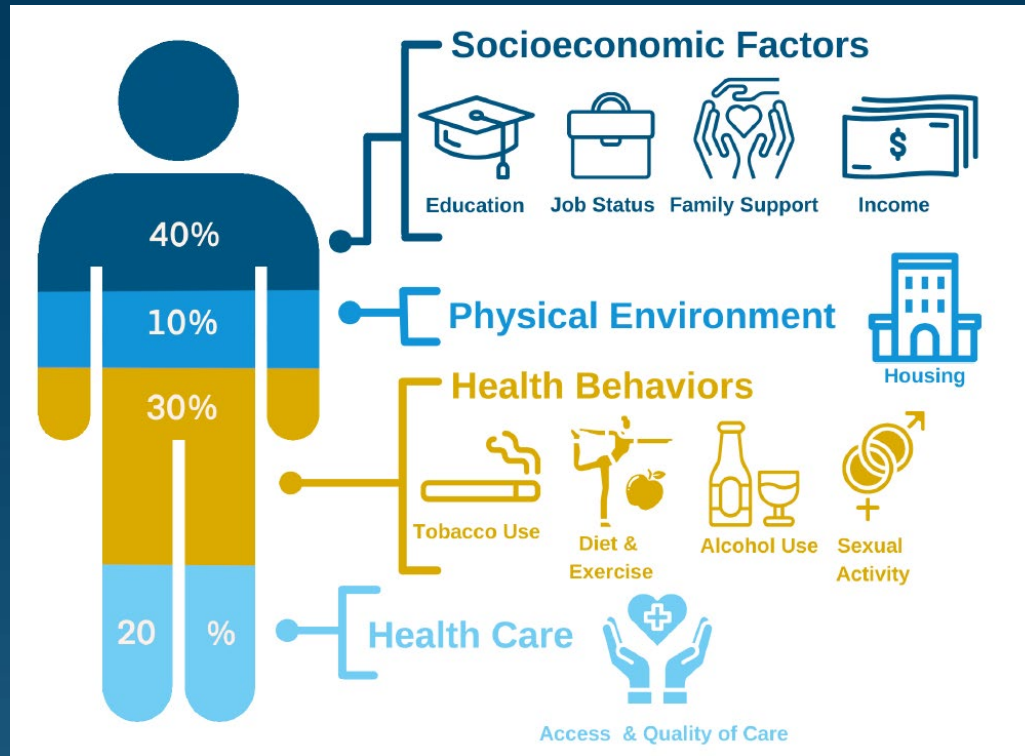
The conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy. Social inequities in health – the unfair and avoidable differences in health status across groups in society – are those that result from the uneven distribution of social determinants. (World Health Organization)



# The Social Determinants of Health (SDOH)

- Income and financial resources
- Educational attainment and access
- Employment and job security
- Food/Nutrition security
- Housing
- Neighborhood and built environment
- Transportation
- Early childhood development
- Social cohesion and belonging
- Health care access and quality
- Health Literacy

# Impact on Health Outcomes



<https://www.uclahealth.org/sustainability/social-determinants-of-health>

# Building for Long-term Impact: Activities/Services

## Part G. Activities/Service not related to selected Best Practice

Complete this section if you are proposing to implement activities/services not related to you selected Best Practice and/or Target Group in 2022. Otherwise skip to Part H.

Activities/services reported here should be based on the following criteria:

- Utilize the most grant funding and program time.
- Address significant needs/challenges. This could include items from your review of the Diabetes Audit Reports (Part B)

### Activity/Service #1

G1.1 What activity/service will you be providing with your SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

Garden Market Exchange:

We want fresh produce to be more available for the members of the community. The program has raised vegetable and herb beds, grapes, and crab apple trees on-site at the clinic. The plan is to make the harvest available to the community in the form of an exchange program. It will function by having community members bring their excess produce to the clinic, and we, or members, can exchange one product for another. We hope that the exchange program will help form more robust relations with community members.



# Gestational Diabetes (GDM)

- About 50% of women with GDM eventually develop type 2 diabetes (CDC)
- Babies have increased risk for developing obesity and type 2 diabetes

“GDM is an important determinant of the development of T2D in both mothers and their offsprings, and thus, **achieving glycemic control during pregnancy may provide a window of opportunity to prevent and lower the burden of T2D in many generations.**”

Int. J. Mol. Sci. 2020; 21(14), 5003, p. 2

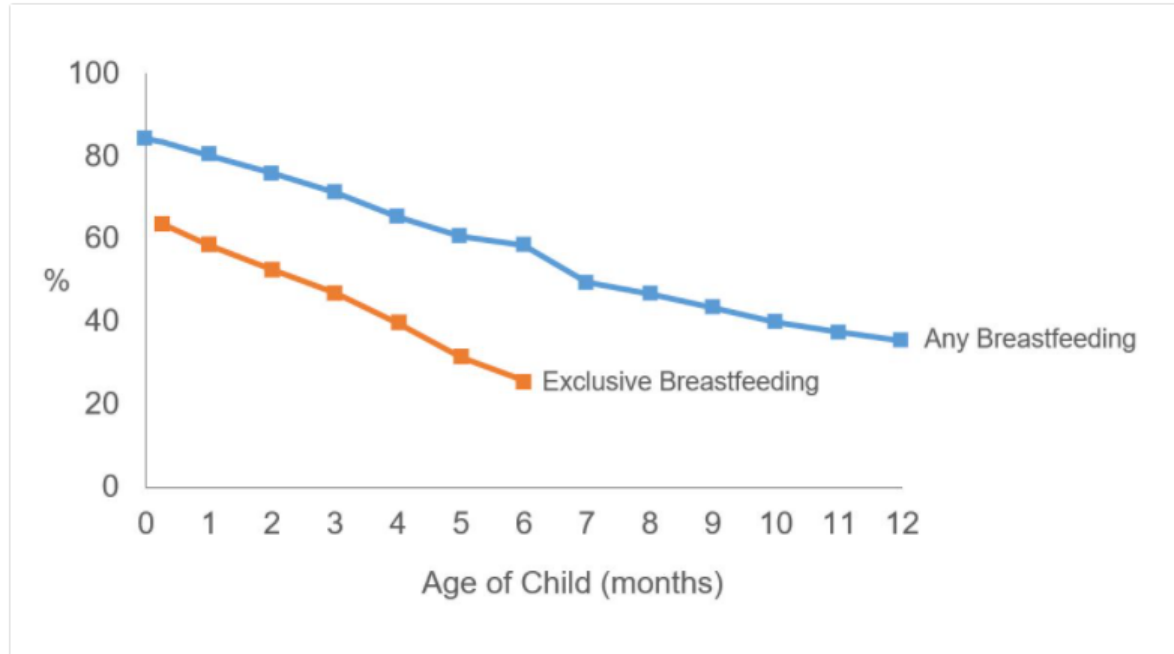
# Partnerships for Impact

- Prenatal and postpartum diabetes prevention educational and physical activity programming
- Pregnancy Planning Education
- Follow up testing for diabetes—many of these women do not complete follow up testing to determine if they might have pre-existing diabetes or the continued recommended screenings
- Others

# Breastfeeding

- Benefits
  - Decreased risk of diabetes
  - Decreased risk of cardiovascular disease
  - Decreased risk of obesity in offspring
- Intensity and threshold effects
  - Greater benefit with exclusive breastfeeding
  - Threshold affect -- 6 months duration

Rates of Any and Exclusive Breastfeeding by Age Among Children Born in 2017, National Immunization Survey, United States<sup>1,2,3</sup>



1. Data from U.S. territories are excluded from national breastfeeding estimates to be consistent with the analytical methods for the establishment of [Healthy People 2020](#) targets on breastfeeding.
2. Exclusive breastfeeding is defined as ONLY breast milk—NO solids, water, or other liquids.
3. The data point for exclusive breastfeeding begins at 7 days of life.

[https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html)

# Factors That May Help Moms Breastfeed Longer



**Baby-Friendly  
Hospital Initiative**



**Home Visits**



**Health Care  
Staff Education**



**Peer-Support With  
WIC Program**



Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries.  
Comparative Effectiveness Review No. 210. AHRQ Publication No. 18-EHC014-EF. July 2018

# Adversity—Adverse Childhood Experiences

- Diabetes: ~11% increased risk of diabetes associated with each ACE
  - Diabetes Care 2018; 41: 2120–2126
- Ischemic Heart Disease: 1.3- to 1.7-fold risk increase
  - Circulation 2004; 110(13), 1761
- Cancer, Cardiovascular Disease, Type 2 DM, Stroke, Respiratory and Liver/Digestive Diseases: disease rates increased by 2.76 with  $\geq 4$  ACEs
  - Journal of Public Health 2015; 37(30), 445–454



# Home Visiting Programs

- Family Spirit
  - Evidence-based model supporting parents from pregnancy - 3 years post-partum
  - 65 locations
  - Culturally tailored
- Agency for Children and Families (ACF) Tribal Home Visiting Programs
  - Critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs
  - Goals to improve physical and mental health, developmental outcomes, holistic wellness, improve resiliency, education success
  - Currently, 23 ACF programs in 12 states

# Food/Nutrition Security

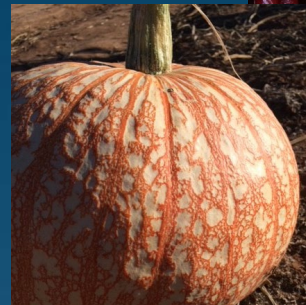
- About one in four Native Americans experience food insecurity, compared to 1 in 8 Americans overall.
  - Native American families are 400% more likely to report being food insecure, with limited access to sufficient, affordable food.
- ✓ **Challenges and Barriers:**
- Food access in rural AI/AN communities
  - Limited full-service food markets
  - Food deserts, with long distances to get to grocery stores
  - Family members with chronic health conditions and quarantine
  - High cost of fresh food in rural markets
  - Disruption of traditional food systems, even more significant in rural areas
  - Higher rates of chronic disease and diet-impacted conditions like diabetes, chronic kidney disease, heart disease, and obesity

<https://moveforhunger.org/one-in-4-native-americans-is-food-insecure#:~:text=About%20one%20in%20four%20Native,access%20to%20sufficient%2C%20affordable%20food.>



# Food/Nutrition Security

- Changing the Food System
  - Community Gardens and Exchange programs
  - Seed preservation—heritage seeds
  - Partnerships with local or regional farmers/distributors to provide fruit and vegetable box distributions
  - Mobile grocery stores
- First Foods
  - Subsistence harvesting
    - Gathering opportunities
    - Processing
- Integration of cultural practices



# Application Resources

- [SDPI Training webpage](#) – Upcoming and recorded webinars.
- [Grants.gov](#) – Web-based system where 2023 grant application will be submitted.
- [DGM website](#) – policies, forms.

# Stay in Touch

- SDPI Grantee email list
  - send a request to be added to [sdpi@ihs.gov](mailto:sdpi@ihs.gov)
  - Emails will provide latest updates, webinars, and resources.
- [ADC Directory](#)
  - Stay in touch with your ADC for guidance and local training opportunities/resources.
- [Division of Grants Management/Grants Management Specialist](#)
  - May provide further guidance on the 2023 application process.

# Contact Info: DGM

- IHS Division of Grants Management
  - Website: [www.ihs.gov/dgm](http://www.ihs.gov/dgm)
  - Main line: 301-443-0243

<b>IHS Division of Grants Management – Grants Management Specialists (GMS)</b>		
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# Questions?

## Thank you

[www.ihs.gov/diabetes/](http://www.ihs.gov/diabetes/)

[www.ihs.gov/sdpi/](http://www.ihs.gov/sdpi/)