Special Diabetes Program for Indians (SDPI)

Creative Uses of SDPI Funds

IHS Division of Diabetes Treatment and Prevention

August 13, 2026

SDPI – Commonly Used Abbreviations

- AI/AN = American Indian/Alaska Native
- ADC = Area Diabetes Consultant
- Diabetes Audit = IHS Diabetes Care and Outcomes Audit
- Best Practice = SDPI Diabetes Best Practice
- DDTP = IHS Division of Diabetes Treatment and Prevention
- DGM = IHS Division of Grants Management
- GMS = Grants Management Specialist
- IHS = Indian Health Services
- IPC = IHS Improving Patient Care program
- NoA = Notice of Award
- RKM = Required Key Measure
- PIE = Planning, Implementation, Evaluation
- SDOH = Social Drivers (Determinants) of Health
- SDPI = Special Diabetes Program for Indians
- SOS = SDPI Outcomes System

Purpose/What We'll Cover

Purpose: To provide grantees with ideas to spend down their SDPI funds.

What we'll cover:

- General Tips
- SDOH
- Food/Nutrition Security
- Allowable Costs
- Other Considerations

Current/Future Status of SDPI

- SDPI is currently in the 4th year of a 5-year grant cycle.
- Any unspent SDPI funds remaining after 2027 will be sent back to IHS.
- DDTP is currently working to spend down ~$70M of unobligated/surplus funds
  - Administrative Supplement
  - Additional Grant Opportunities?
- Pending Congressional authorization of funds, 2028 will begin a new SDPI grant cycle.
- Take away from this: Grantees should spend down all their funds by the end of 2027.

General Tips

SDPI Diabetes Best Practices: Planning, Implementation, Evaluation (PIE)

SDPI Diabetes Best Practice Resources

- Primers
- Community Tool Box and Community Guide
- SDPI Spotlights
  - ➢Also attend Showcases
- Online Catalog
- Diabetes Education Lesson Plans
- County Health Rankings
- Examples

Additional Resources and Tools

- **IHS Division of Diabetes Treatment and Prevention** – Materials and resources regularly updated
  - Read and Share
  - Diabetes Standards of Care and Resources for Clinicians and Educators
- CDC Prevent T2 Curriculum and Handouts: American Indian and Alaska Native Participants
- The ADA's What Can I Eat? (WCIE) Healthy Choices for AI/ANs with Type 2 Diabetes
  - Cost-free AI/AN serving health care organizations
- The Obesity Association's Person-Centered Obesity Care and Treatments Professional Resources

Social Drivers of Health (SDOH)

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.

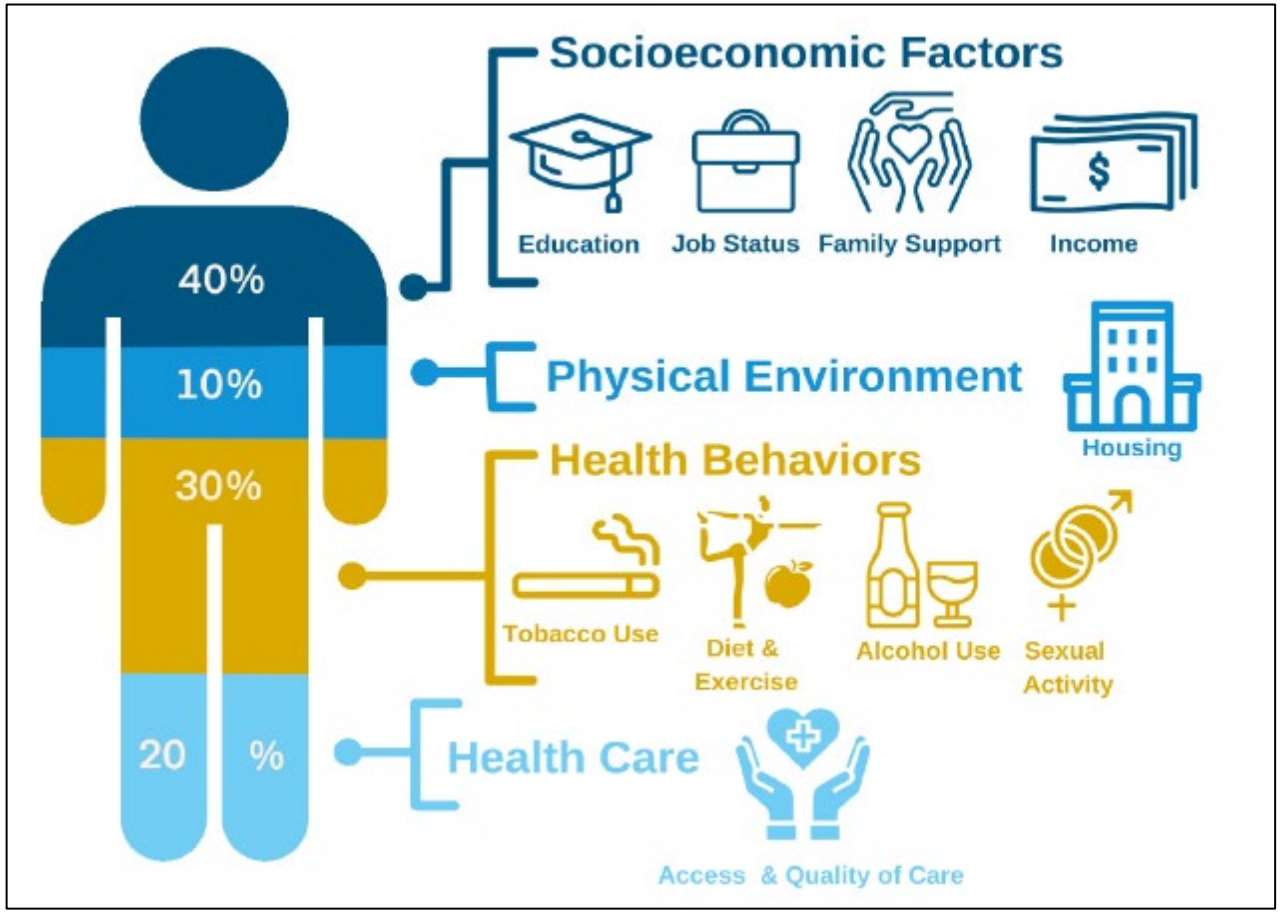
(Healthy People 2030)

Determinants vs Drivers

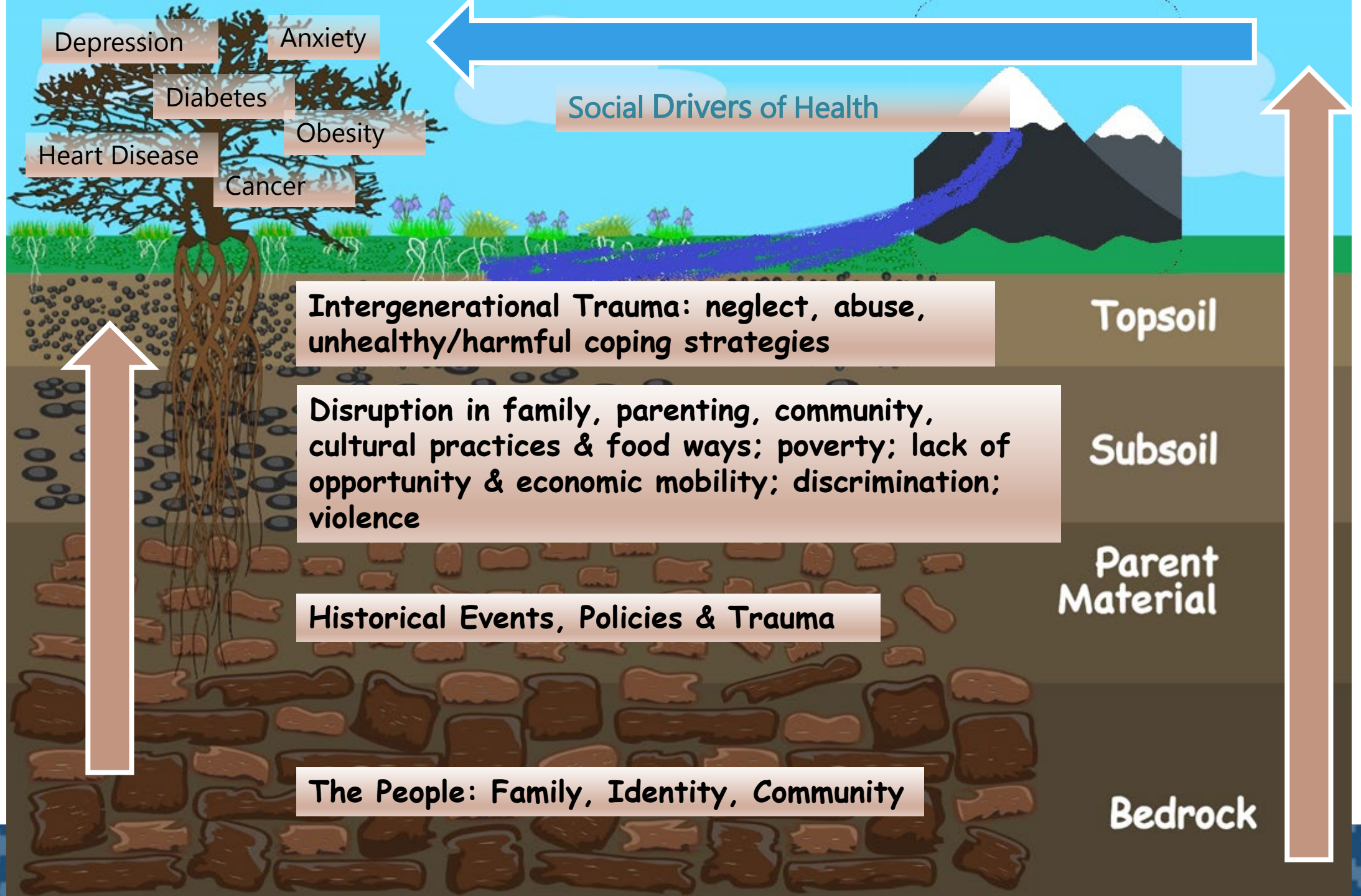
Terms are often used interchangeably when discussing SDOH.

However, the use of “Drivers” instead of “Determinants” is increasingly favored as the use of “determinants” implies a finality and immutability that incorrectly reduces the agency of communities and individuals to impact their health.

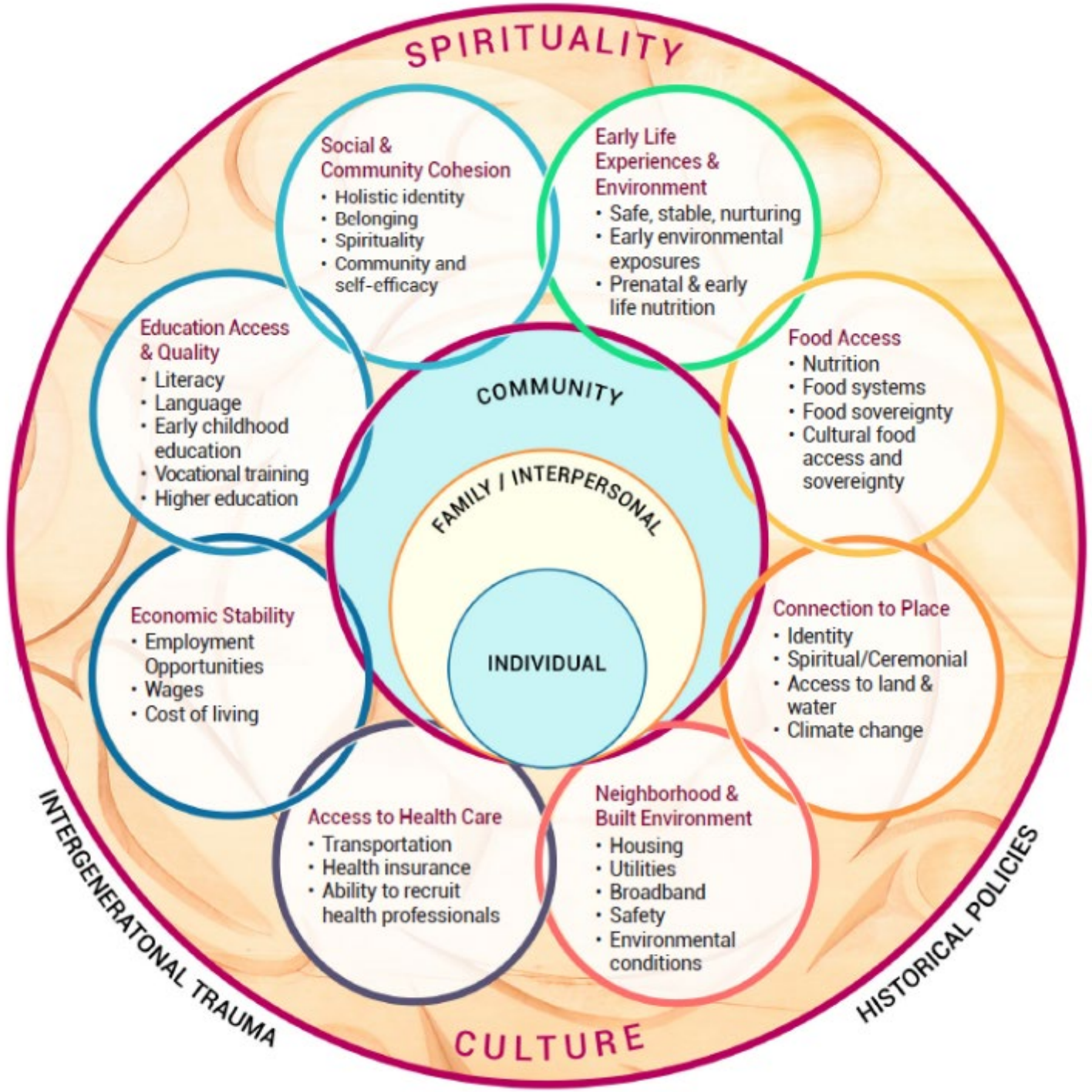
Impact on Health Outcomes

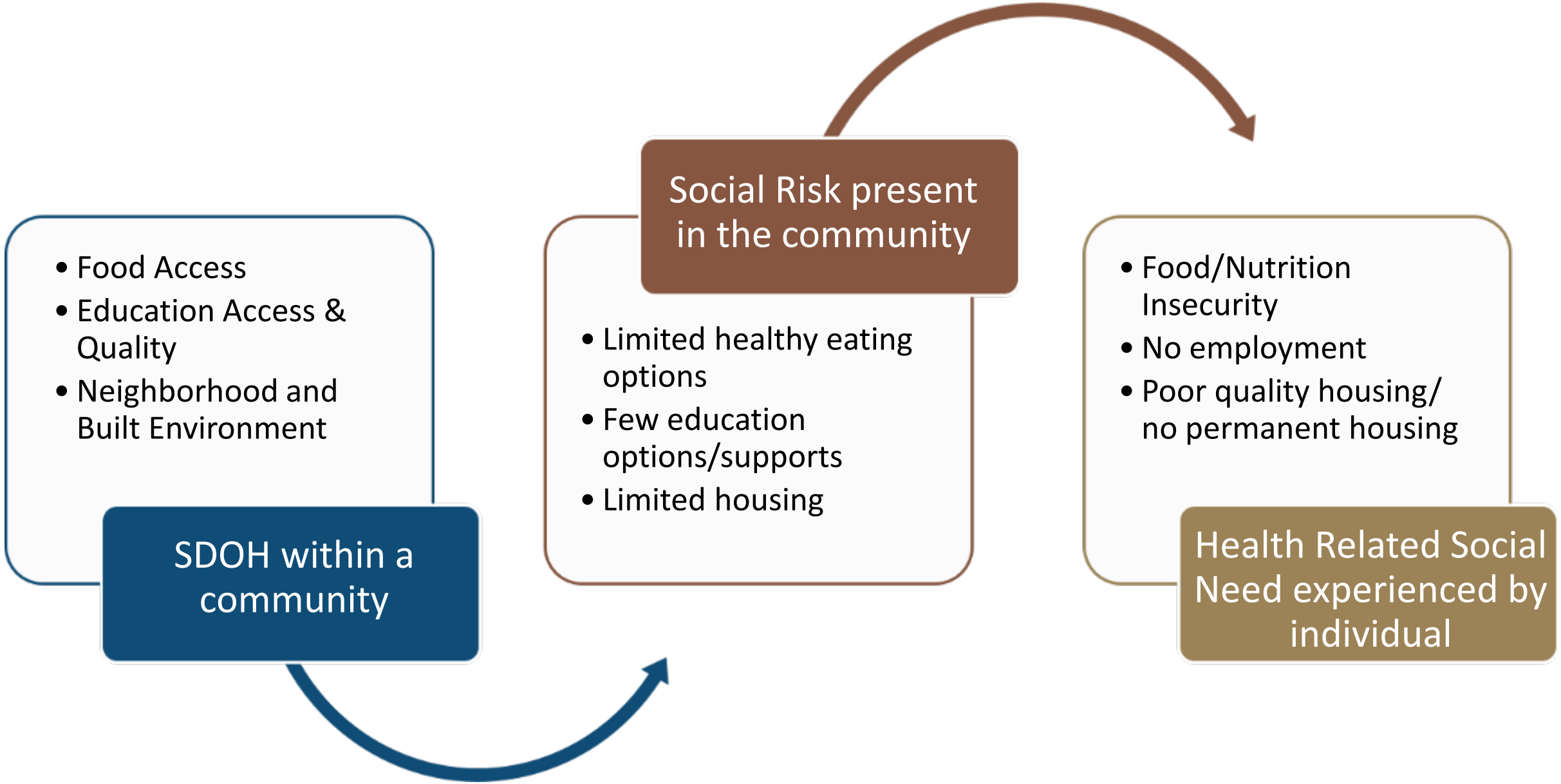


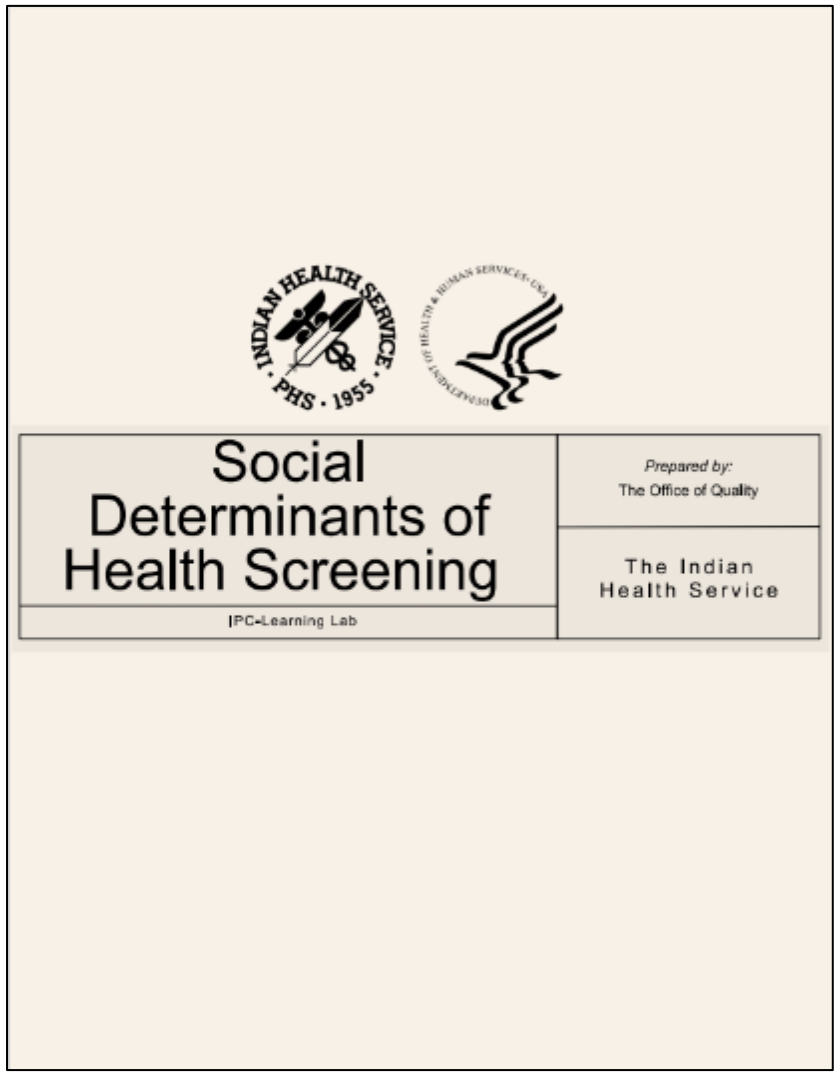
Source: https://www.uclahealth.org/sustainability/social-determinants-of-health


Depression
Anxiety
Diabetes
Obesity
Heart Disease
Cancer
Social Drivers of Health
Intergenerational Trauma: neglect, abuse, unhealthy/harmful coping strategies
Topsoil
Disruption in family, parenting, community, cultural practices & food ways; poverty; lack of opportunity & economic mobility; discrimination; violence
Subsoil
Parent Material
Historical Events, Policies & Trauma
The People: Family, Identity, Community
Bedrock

Indian Health Service Indigenous SDOH Framework




SDOH within a community
• Food Access
• Education Access & Quality
• Neighborhood and Built Environment
Social Risk present in the community
• Limited healthy eating options
• Few education options/supports
• Limited housing
Health Related Social Need experienced by individual
• Food/Nutrition Insecurity
• No employment
• Poor quality housing/ no permanent housing



SDOH Screening Toolkit

A Toolkit that guides a facility through the steps necessary to start SDOH screening with lessons learned from the Learning Lab incorporated.

- 1. Preparation
- 2. Tool Selection
- 3. Workflow Development
- 4. Screening Documentation
- 5. Respond to Findings
- 6. Closing the Loop

Rollout

1. Week in Review
2. IHS Blog Post
3. Publication on IHS intranet
4. Stakeholder Speaking Engagements
5. Learning Lab 2024 with tracks

LINK:

IPC Learning Lab Social Drivers of Health Screening (SDOH) Toolkit

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 2027.

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

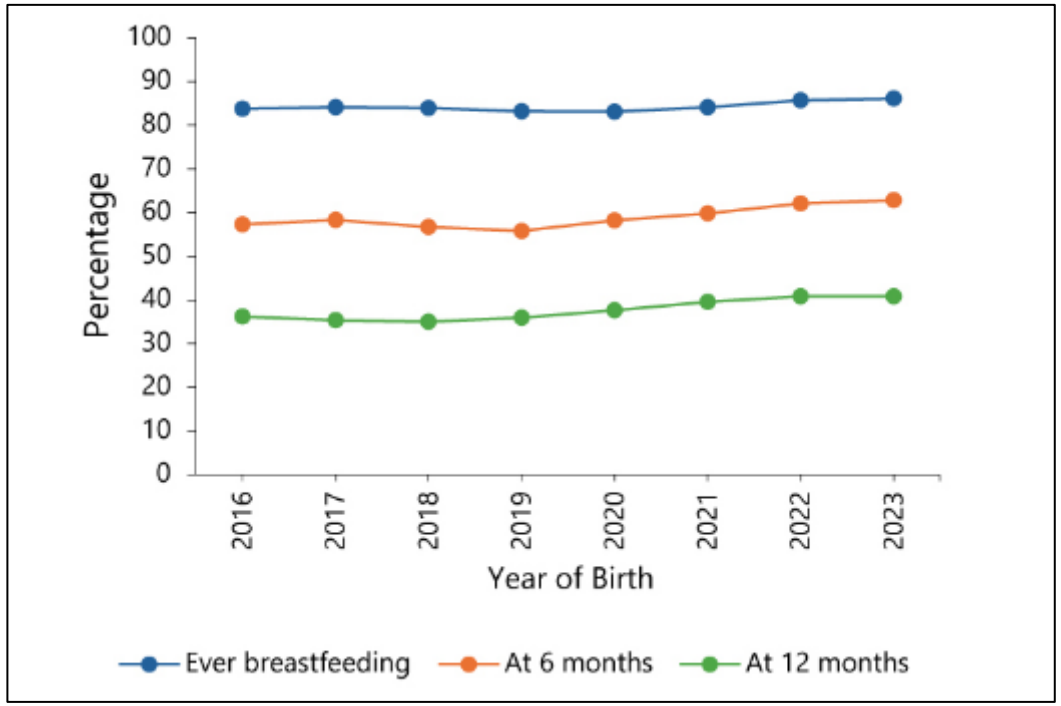
Benefits

- Decreased risk of diabetes
- Decreased risk of cardiovascular disease
- Decreased risk of obesity in offspring

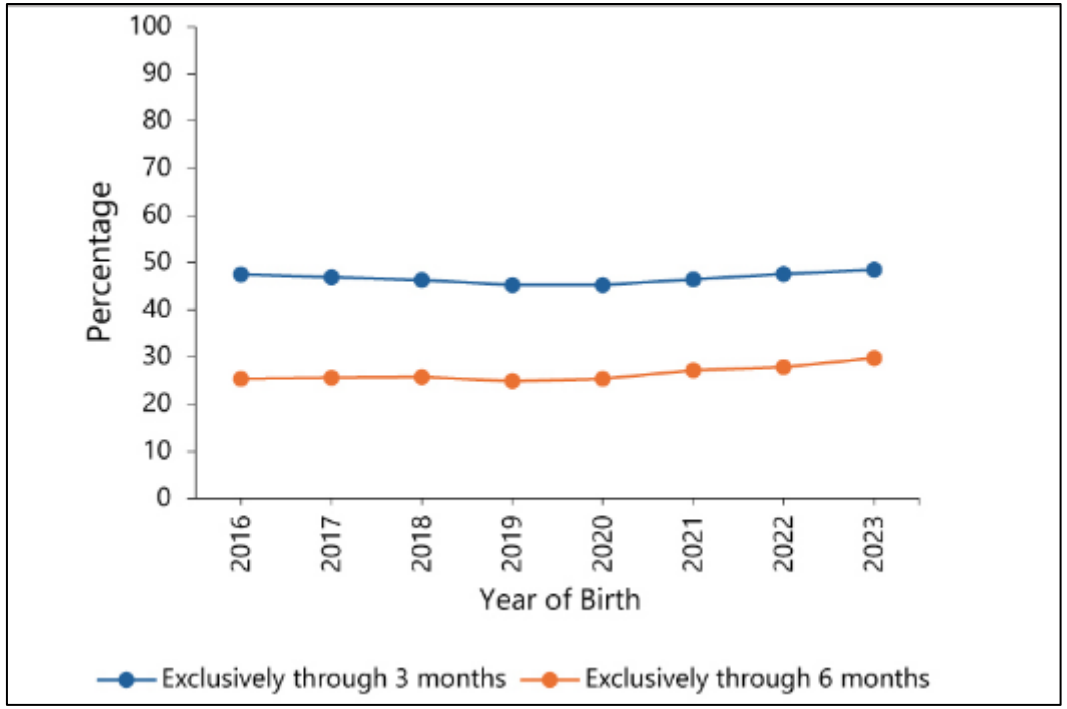
Intensity and threshold effects

- Greater benefit with exclusive breastfeeding
- Threshold affect -- 6 months duration

Percentage of U.S. children who were breastfed, by birth year[1,2,3]



Exclusive breastfeeding by birth year



https://www.cdc.gov/breastfeeding-data/survey/results.html

Breastfeeding Initiation – U.S. Births 2020 -2021

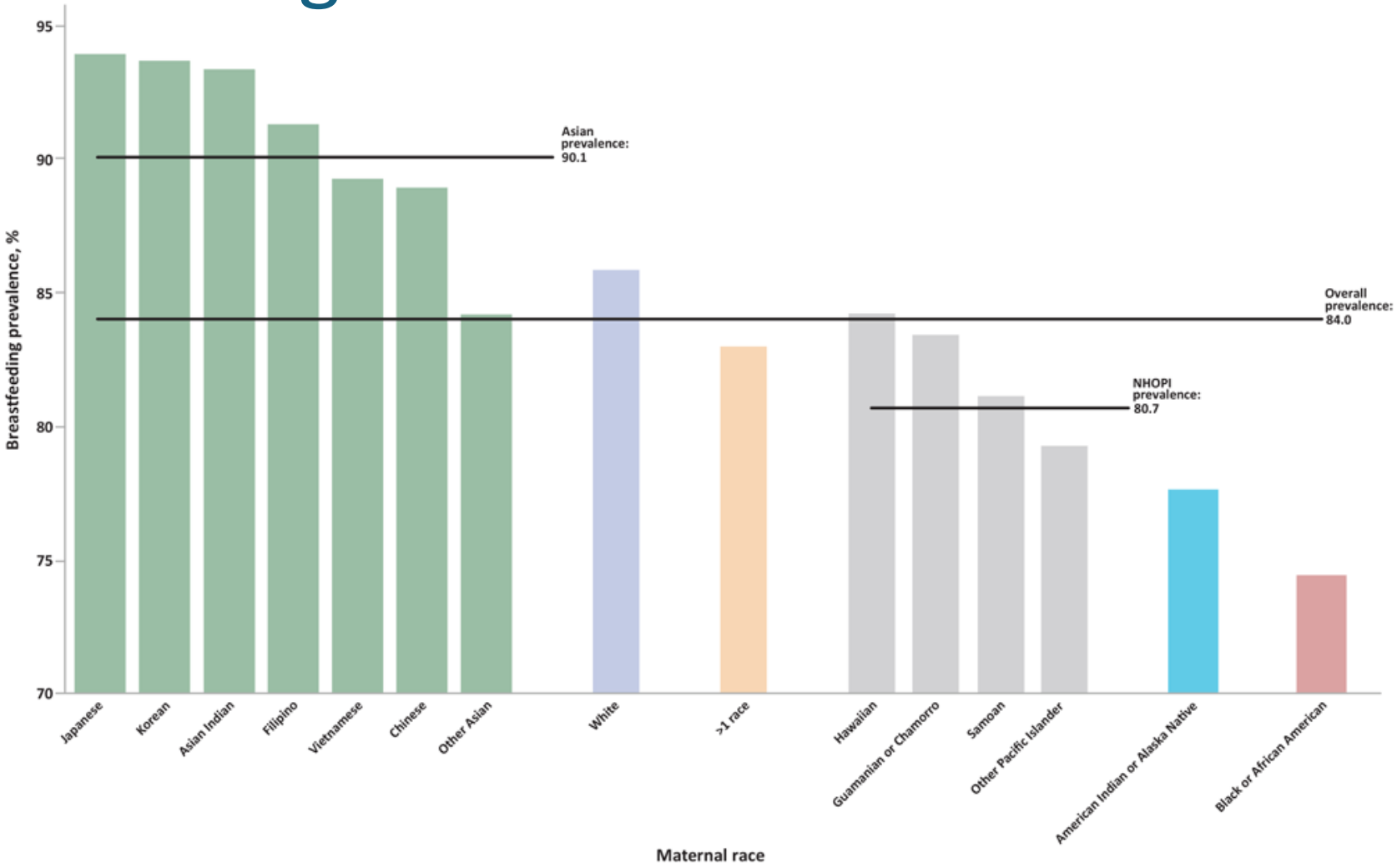


Figure 2.
Breastfeeding initiation by maternal racial groups, with disaggregation of Asian and Native Hawaiian or Other Pacific Islander subgroups, for 48 states and the District of Columbia, 2020–2021. Two states were excluded: California, because breastfeeding data are not reported to NCHS, and Michigan, because data are collected inconsistently. Source: National Vital Statistics System (19). [A tabular version of this figure is available.]

Marks KJ, Nakayama JY, Chiang KV, Grap ME, Anstey EH, Boundy EO, et al. Disaggregation of Breastfeeding Initiation Rates by Race and Ethnicity — United States, 2020–2021. Prev Chronic Dis 2023;20:230199.
DOI: http://dx.doi.org/10.5888/pcd20.230199

Factors That May Help Moms Breastfeed Longer

Baby-Friendly Hospital Initiative

Home Visits

Health Care Staff Education

Peer-Support With WIC Program

AHRQ Agency for Healthcare Research and Quality

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

Make America Healthy Again

- Make America Healthy Again Commission - February 2025
  - Executive Order 14212
- Assessment Report - May 2025.
  - Children's Health
  - Chronic Disease Prevention
  - Policy Recommendations
- Final Strategy Report – Sept 2025.

Additional Federal SDOH Resources

- Addressing Social Determinants of Health in Federal Programs | Health Policy | JAMA Health Forum | JAMA Network
- HHS's Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity - At a Glance
- The U.S. Playbook to Address Social Determinants of Health
- HHS Call to Action: Addressing Health-Related Social Needs in Communities Across the Nation
- Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts
- Community Care Hubs: A Promising Model for Health and Social Care Coordination

Food/Nutrition Security

Food/Nutrition Security

Food and Nutrition Resources on the IHS Nutrition Website

- Food and Nutrition Conversation Starter for Educators and Clinicians
- Food Insecurity Assessment Tool and Resource List

Food Assistance Programming

- Partnerships with local or regional farmers/distributors to provide fruit and vegetable box distributions through Community Supported Agriculture
- Partnerships with local Food Bank to provide mobile pantry

Produce Prescription Programs (P4)

- Produce prescription programs have been shown to increase access to nutritious foods in communities at risk for food insecurity.
  - P4 Grantee Highlights Webpage
  - Rural Produce Prescription Toolkit

Nutrition Education Resources

Find free, culturally-relevant nutrition education resources designed to educate and promote a balanced, nutritious diet. Read and share with your patients, clients, friends, and family members.

Find free, culturally-relevant nutrition education resources designed to educate and promote a balanced, nutritious diet. Read and share with your patients, clients, friends, and family members.

Conversation Starter on Nutrition [PDF – 1.5 MB]
Health care team members are encouraged to have a conversation and support community members along their food and nutrition journey. Reference the Conversation Starter on Nutrition to strengthen your understanding of food and nutrition as you work with members in your community.

Patient Education Resources

Native Cooking Resources

Additional Nutrition Resources

Resource	Organization
What Can I Eat? Healthy Choices for American Indian and Alaska Native People with Type 2 Diabetes	American Diabetes Association (ADA)

Food Sovereignty

Tribal food sovereignty represents the right of Tribal Nations to control their food systems, including the cultivation, harvesting, production, and distribution of food. When colonial settlers arrived and forcibly relocated Tribes from their ancestral lands, these traditional food systems were severely disrupted. Additionally, policies aimed at acculturation further impacted the availability of ancestral foods, contributing to today's challenges in accessing healthy, affordable food.

To address these impacts, Tribal food sovereignty initiatives have emerged and are growing in number, positively impacting food access, and revitalizing traditional food practices in Tribal communities. These efforts are strongly community-led and often rely on local funding.

The resources provided below can be used as a starting point to find out more about various areas of food sovereignty, and are categorized by the following sections:

Traditional Foods | Capacity Building | Farming & Agriculture | Toolkits

Traditional Foods

There are more than 570 federally recognized Tribes in the United States, each one unique in their cultural connection to foods and foodways. Traditional foods depend on the land and regional characteristics of the land base, such as terrain, climate, water security, and soil health. The traditional foods knowledge and methods vary greatly and have been practiced over generations to sustain Native people.

For those who want to better understand traditional Native foods, start with the resources listed below. You will find examples of the following:

- Traditional foods recipes
- Regional foods
- Cooking videos

To further your knowledge of local tribal foods it is essential to build meaningful relationships with community members, including elders, culture bearers, and food sovereignty champions.

Resources

Indigikitchen

Indigikitchen is an online cooking show dedicated to re-indigenizing our diets using digital media. Using foods native to their Americas, Indigikitchen gives viewers the important tools they need to find and prepare food in their own communities.

Native American Traditional Indigenous Food Systems (NATIFS)

NATIFS is a resource that offers regional information on how to use indigenous foods to make healthier meals by offering traditional food recipes and cooking videos.

Nutrition

Produce Prescription Programs

Food Sovereignty

Nutrition in Life's Vital Stages

Food and Nutrition Security

Nutrition Education Resources

National Nutrition Initiatives

Nutrition Continuing Education

Division of Diabetes Treatment and Prevention (DDTP)

Special Diabetes Program for Indians (SDPI)

Contact Us

Food Sovereignty

Tribal food sovereignty represents the right of Tribal Nations to control their food systems, including the cultivation, harvesting, production, and distribution of food. When colonial settlers arrived and forcibly relocated Tribes from their ancestral lands, these traditional food systems were severely disrupted. Additionally, policies aimed at acculturation further impacted the availability of ancestral foods, contributing to today's challenges in accessing healthy, affordable food.

To address these impacts, Tribal food sovereignty initiatives have emerged and are growing in number, positively impacting food access, and revitalizing traditional food practices in Tribal communities. These efforts are strongly community-led and often rely on local funding.

The resources provided below can be used as a starting point to find out more about various areas of food sovereignty, and are categorized by the following sections:

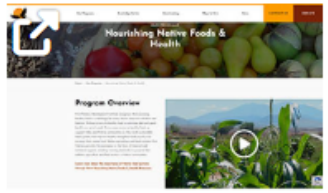
Traditional Foods | Capacity Building | Farming & Agriculture | Toolkits

Capacity Building

Restoring Indigenous foods systems and building a successful food sovereignty initiative requires an investment of time and energy. It also takes support from internal and external partners to establish a solid foundation that can grow and sustain the initiative. From establishing policies, to seeking funding opportunities, there are different phases to developing and strengthening local food sovereignty efforts. Find technical assistance and capacity building resources below.

Resources

Drafting Tribal Public Health Laws and Policies to Reduce and Prevent Chronic Disease [PDF]
The Public Health Law Center designed a resource to assist Tribal leaders, health directors, public health advocates, and community members in thinking about how to draft written public health laws and policies for their Tribes, with a focus on policies related to healthy foods.



First Nations Development Institute
First Nations provides assistance addressing agriculture and food sectors in Native communities in the form of grants and technical support.

Native American Food Sovereignty Alliance

Food Sovereignty

Tribal food sovereignty represents the right of Tribal Nations to control their food systems, including the cultivation, harvesting, production, and distribution of food. When colonial settlers arrived and forcibly relocated Tribes from their ancestral lands, these traditional food systems were severely disrupted. Additionally, policies aimed at acculturation further impacted the availability of ancestral foods, contributing to today's challenges in accessing healthy, affordable food.

To address these impacts, Tribal food sovereignty initiatives have emerged and are growing in number, positively impacting food access, and revitalizing traditional food practices in Tribal communities. These efforts are strongly community-led and often rely on local funding.

The resources provided below can be used as a starting point to find out more about various areas of food sovereignty, and are categorized by the following sections:

Traditional Foods | Capacity Building | Farming & Agriculture | Toolkits

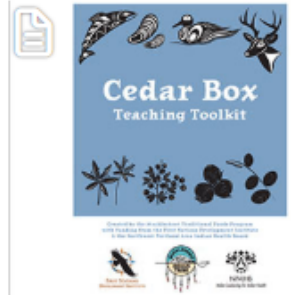
Toolkits

Find toolkits on a variety of Food Sovereignty topics that can be adapted to meet the unique needs of your local community. The resources below are designed to assist programs with their own food sovereignty plans and deliverables.

Resources

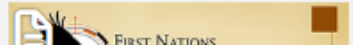
California Indian Culture and Sovereignty Center Food Sovereignty Tool Kit [PDF]

This Food Sovereignty Tool Kit outlines the rich history of traditional foods and cultural food systems of the Indigenous Tribes of California.



Cedar Box Teaching Toolkit [PDF]

The Cedar Box Teaching Toolkit offers a traditional foods curriculum showcasing the native foods in Salish Country which includes recipes, stories, activities, and videos.



First Nations Development Institute Food Sovereignty Assessment Toolkit [PDF]

Allowable Costs

Allowable Costs

Personnel and Fringe Benefits

A. Personnel

For each position funded by the grant, including Program Coordinator and others as necessary, provide the information below. Include “in-kind” positions if applicable.

- Position name.
- Individual’s name or enter “To be named.”
- Brief description of role and/or responsibilities.
- Percentage of effort that will be devoted directly to this grant.
- Percentage of annual salary paid for by SDPI funds OR hourly rate and hours worked per year paid for by SDPI funds.

B. Fringe Benefits

List the fringe rate for each position included. DO NOT list a lump sum fringe benefit amount for all personnel.

Allowable Costs

Travel and Equipment

C. Travel

Line items may include:

- Staff travel to meetings planned during budget period. Example: travel for two people, multiplied by two days, with two–three nights lodging.
- Staff travel for other project activities as necessary.
- Staff travel for supplemental training as needed to provide services related to goals and objectives of the grant, such as CME courses, IHS Regional Meetings, Training Institutes, etc.

D. Equipment

Include capital equipment items of $10,000 and above.

Allowable Costs

Supplies and Contractual/Consultant

E. Supplies

Line items may include:

- General office supplies.
- Supplies needed for activities related to the project, such as teaching materials and materials for recruitment or other community-based activities.
- Software purchases or upgrades and other computer supplies.
- File cabinets.

F. Contractual/Consultant

May include partners, collaborators, and/or technical assistance consultants you hire to help with project activities. Include direct costs and indirect costs for any subcontracts here.

Allowable Costs

Construction/Alterations and Renovations, Other, Indirect Costs

G. Construction/Alterations and Renovations (A&R)

Major A&R exceeding $250,000.00 is not allowable under this project without prior approval.

H. Other

Line items may include:

- Participant incentives – list all types of incentives and specify amount per item. See the IHS Grant Programs Incentive Policy for more information including restrictions.
- Marketing, advertising, and promotional items.
- Office equipment, including computers under $10,000.
- Internet access.
- Medications and lab tests – be specific; list all medications and lab tests.
- Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, and equipment maintenance.

I. Indirect Costs

Line item consists of facilities and administrative cost (include IDC agreement computation)

Other Considerations

How Other SDPI Grantees are Using Their Funds

- Transportation (and/or equipment/software for virtual meetings)
- Renovations (but not construction)
- Portable demonstration kitchen
- Insulin cooler travel case
- What are some creative uses for your funds? (let us know in the chat!)

Final thoughts

- Purpose of SDPI
  - Provide diabetes treatment and/or prevention activities and/or services for AI/AN communities.
  - Implement one SDPI Diabetes Best Practice and report data on the Best Practice's Required Key Measure.
  - Grantees may also implement other activities/services based on diabetes-related community needs and develop an evaluation plan.
  - Activities/services will be aimed at reducing the risk of diabetes in at-risk individuals, providing high quality care to those with diagnosed diabetes, and/or reducing the complications of diabetes.
- Make sure that any new activities/services are part of your "scope of work"
  - Review your Project Narrative
  - Contact your ADC for any questions.

Recap

- **General Tips** – Visit the Best Practices and Division of Diabetes webpages.
- **Social Drivers of Health** – Visit tools to build for long-term impact.
- **Food/Nutrition Security** – Visit the IHS Nutrition webpage and see what the P4 grantees are doing.
- **Allowable Costs** – Re-visit the guidance as needed.
- Stay within the purpose of the grant/your program's scope of work.
- **Spend down all funds by the end of 2027!**

SDPI Resource – 2026 Timetable

Date	Activity
	2026
01/01/2026	Beginning of SDPI 2026 budget year.
01/30/2026 - Due	2025 Required Key Measure (RKM)[1] final data submitted & locked in SDPI Outcomes System (SOS)[2].
01/30/2026 - Due	2025 Annual Progress Report completed and submitted in GrantSolutions[3].
02/27/2026 - Due	2026 RKM baseline data submitted into SOS[2].
03/31/2026 - Due	2026 Annual Diabetes Care and Outcomes Audit data submitted & locked in WebAudit [4] (Audit period: Jan 1-Dec 31, 2025).
03/31/2026 - Due	2025 Annual Federal Financial Report due in Payment Management System (90 days after Budget Period End Date).
06/30/2026 - Due	2026 RKM mid-year data submitted in the SOS[2]; encouraged but not required.
09/01/2026	2027 Continuation Application information available on the SDPI website[5].
10/30/2026 - Due	2027 Continuation Applications due in GrantSolutions[3].
11/12/2026	2026 Annual Progress Report information available on the SDPI website[5].
12/31/2026	End of SDPI 2026 budget year.
	2027
01/01/2027	Beginning of SDPI 2027 budget year.
01/29/2027 - Due	2026 RKM final data submitted & locked in the SOS[2].
01/29/2027 - Due	2026 Annual Progress Report completed and submitted in GrantSolutions[3].
03/31/2027 - Due	2026 Annual Federal Financial Report due in Payment Management System (90 days after Budget Period End Date).

Link: https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPI26Timetable.pdf

Thank you

www.ihs.gov/diabetes/
www.ihs.gov/sdpi/