Program Name:

Indian Health Service
Special Diabetes Program for Indians-2
2024 Application Project Narrative Template
Last Updated: September 2023

Timeline: Covers grant activities and information from January 1 to December 31, 2024.
Application Due Date: Review the Notice of Funding Opportunity (NOFO).
Additional Information: Visit the SDPI-2 2024 Application webpage[1].

Instructions for Using this Template

1. **Save** this PDF on your computer for your records.

2. **Use** Adobe Acrobat Reader[2] to complete this template.

3. **Complete** ALL pertinent items in the template electronically (do **not** handwrite them manually) by selecting a response from a list or typing the requested information. Ensure that this Project Narrative and other application documents provide a clear and complete but brief depiction of your program. Anticipate that reviewers know nothing about your program, the IHS, and/or Indian health systems.

4. **Review** the completed template to ensure that all pertinent items have a response.

5. **Upload** your completed *PDF version* of the Project Narrative Template into the grants.gov application. Do not merge with other documents or submit a scanned copy of a printed document.

Additional Information

1. **Sub-grantees:** Check with your primary program for the due date and submission process.

2. **Text fields**: These are not limited to the space you see on the form. Additional text can be seen by clicking on the plus sign in the lower right-hand corner of the field.

3. **Commonly used abbreviations:** Below is a list of commonly used abbreviations that may be found and/or can be used throughout this template. Any other abbreviation(s) you use should be spelled out and explained the first time used.

   a. ADC = Area Diabetes Consultant
   b. AI/AN = American Indian/Alaska Native
   c. GPRA = Government Performance and Results Act
   d. HHS = Department of Health and Human Services
   e. IHS = Indian Health Service
   f. I/T/U = Indian/Tribal/Urban
   g. NoA/NGA = Notice of (Grant) Award
   h. MOA/MOU = Memorandum of Agreement/Understanding
   i. NOFO = Notice of Funding Opportunity
   j. PDF = Portable Document Format (access using Adobe Acrobat Reader or Pro)
   k. SDPI = Special Diabetes Program for Indians
   l. RKM = Required Key Measure
   m. RPMS = Resource and Patient Management System

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[1] Application webpage: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/
[2] Adobe Acrobat Reader download URL: http://get.adobe.com/reader/otherversions/

Program Name:

Part A. Program Identifiers/Experience

A1.1   Date (mm/dd/yyyy):

A1.2   IHS Area:

A1.3   Program Name (Include Tribal or Clinic name):

A1.4   If available, provide your SDPI Grant Award Number, which can be found in item 11 of your 2022 NoA/NGA:

A1.5   Is your program an IHS, Tribal, or Urban site:

A1.6   Information about person completing this template:

   a. Name:

   b. Title:

   c. Email:

   d. Phone:

A1.7   Will your SDPI program be primarily clinic-based, community-based, or both?

A1.8   Describe your experience with diabetes treatment and prevention in AI/AN Communities.

A1.9   Provide the years that your program has provided diabetes treatment and prevention services in AI/AN Communities.

A1.10 Briefly describe your program's geographic location and the proximity to primary and specialty medical services. How does this location impact your activities/services?

Program Name:

A1.11 What local food resources are available in the community (e.g., grocery store, farmer's markets, community gardens, distribution programs)?

A1.12 Briefly describe your program's relationship or role with your local Indian health clinic.

A1.13 Approximately how many total people in your community received services or participated in activities by your program in the past year? Include people that participated in all types of activities/services (e.g., community events, education classes, fitness activities, clinical services).

A1.14 **Optional**: If you have any other information that helps to identify your program or how it relates to any other programs, provide it here.

Part B. Needs Assessment

Diabetes Needs Assessment

B1.1 Describe key diabetes-related health issues identified by your community and local leadership.

Program Name:

    B1.2 **Diabetes Prevalence Estimation**

        a.   What is the total number of AI/AN people in your community that receive health care from your local Indian health clinic? This is known as "user population".

            Note: You might be able to get this information from your local Indian health clinic administration office, Tribal Epidemiology Center, or Area Statistical Officer.

        b.   What is the total number of AI/AN people in your community with diagnosed diabetes that receive health care from your local Indian health clinic?

            Note: You might be able to get this information from your local Indian health clinic's IHS Diabetes Audit, RPMS (or other electronic medical record system) search, GPRA reports, or your ADC.

        c.   Estimated diabetes prevalence:
            (Will be automatically calculated)

Review of Diabetes Audit Reports

The IHS Diabetes Care and Outcomes Audit (Audit) is a process to assess care and health outcomes for AI/AN people with diagnosed diabetes. SDPI grantees are required to participate in this process each year. See the [Audit website](https://www.ihs.gov/diabetes/audit/)[3] for additional information.

    B2.1 Were you able to obtain copies of your local clinic's 2022 and 2023 Annual IHS Diabetes Care and Outcomes Audit Reports?

        If yes, proceed to item B2.2.

        a.   If no, provide a reason as to why you were not able to obtain copies of these Reports. (**Note**: For current SDPI grantees, this should only apply if you received a *Waiver from Submitting 2022 Diabetes Care and Outcomes Audit Report*.)

    B2.2 Provide two to three items/elements that need to be improved based on the Audit Reports for 2022 and 2023. If you were not able to obtain these Reports, provide two to three issues based on your community needs.

a. Audit Item/Element	b. Audit 2022 Result	c. Audit 2023 Result
1.	%	%
2.	%	%
3.	%	%

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[3] Diabetes Audit website: https://www.ihs.gov/diabetes/audit/

Program Name:

B2.3 Describe how your program will address these two to three items/elements that need to be improved and/or describe how your program will work with your local Indian health clinic to address them.

Challenges

B3.1 Indicate which of the following common challenges your program experiences or may face related to prevention and/or treatment of diabetes.

a. Common Challenges (select all that apply).

1. COVID
2. Staff recruitment/retention
3. Patient/participant recruitment and/or retention
4. Lack of staff training opportunities
5. Lack of nutritious food

6. Lack of access to clean drinking water
7. Transportation
8. Location (e.g., remote, urban)
9. Perception of diabetes in the community
10. Other

b. Briefly describe how each item selected above impacted your program.

Program Name:

Part C: Program Support and Resources
Leadership Support

    C1.1 Identify at least one organization administrator or Tribal leader (other than your Program Coordinator) who has agreed to support your SDPI program efforts for 2024 and briefly describe how they will be actively involved in your program.

Key Personnel

    C2.1 List all key personnel that will be involved in your program's activities/services. This may be your "Diabetes Team." If there are more than 15 people, provide the information for additional individuals in Part F of this Project Narrative Template. You must also separately provide a brief resume or biographical sketch for **all** key personnel listed.

A. First name	B. Last name	C. Title and credentials	D. Paid with SDPI funds (at least in part)?	E. How long involved with your program?
1.		**Diabetes Program Coordinator** **Credentials:**		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Program Name:

A. First name	B. Last name	C. Title and credentials	D. Paid with SDPI funds (at least in part)?	E. How long involved with your program?
10.				
11.				
12.				
13.				
14.				
15.				

Partnerships and Collaborations

C3.1   List your program's current active partnerships and collaborations. If there are more than 15, use Part F of this Project Narrative Template for additional space.

A. Partner name	B. Start date (mm/yyyy)	D. Activities/services provided or primary focus of partnership (brief description)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

Program Name:

A. Partner name	B. Start date (mm/yyyy)	D. Activities/services provided or primary focus of partnership (brief description)
14.		
15.		

C3.2   Describe any new partnerships and collaborations that your program is planning to implement. Include information about how these will contribute to the activities/services you plan to provide. **If there are no new planned partnerships, proceed to item D1.1**.

Part D. SDPI Diabetes Best Practice

Applicants must select one SDPI Diabetes Best Practice (referred to as "Best Practice") which addresses one of the needs identified in your needs assessment (See Part B). During the 2024 budget period, grantees will implement their selected Best Practice activities/services, as well as track and report data on their Target Group for their Required Key Measure (RKM).

There is a list of all the Best Practices on the Best Practices webpages. [4] For each Best Practice, there is a brief statement on the importance, RKM information, guidance for selecting a Target Group, and tools and resources. An SDPI Diabetes Best Practices List and Summary Table [5] is also available.

D1.1   SDPI Diabetes **Best Practice** selected:

D1.2   Briefly describe why your program selected this Best Practice.

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[4] Best Practices: https://www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/
[5] Best Practices Summary Table:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/bestpractices/SDPI_FY16_BP_Summary.pdf

Program Name:

D1.3 **Required Key Measure (RKM)**: Review the [Best Practice Summary Table](#)[5]. Enter the RKM from this table for your selected Best Practice.

D1.4 **Proposed Activities/Services:** What activity(ies)/service(s) do you propose to implement in 2023 that will improve the RKM for your program's Best Practice? List each major activity/service planned and provide a brief description. If there are more than five activities, provide additional information in [Part F](#) of this Project Narrative.

a. **Major Activities** (List each activity/service planned and provide a brief description)	b. **Timeframe** (When will this activity be implemented?)
1.	
2.	
3.	
4.	
5.	

Target Group

Grantees will be required to report RKM data for one Target Group for their selected Best Practice. A Target Group is the largest number of patients/participants that you can realistically include in the activities/services listed in item D1.3 for the budget period. Consider the following when selecting your Target Group:

1. The size and characteristics (e.g., ages, health status, settings, locations) 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

Program Name:

3. SDPI funding and other resources available to provide activities/services

To identify your Target Group, complete the following steps:

Step one: Review the Target Group Guidance for your selected [Best Practice][4].

Step two: From those in step one, determine which group of patients/participants you plan to serve and for whom you will report RKM data. Consider characteristics such as:
- Ages (e.g., youth, elders, women of reproductive age, ages 40 – 75 years)
- Health status (e.g., at risk for diabetes, prediabetes, new onset diabetes, diabetes complications)
- Settings (e.g., school, senior home, clinic)
- Geographic locations (e.g., areas of the reservation, villages, communities)

Step three: Determine approximately how many patients/participants in your community/clinic are in the group you defined in step two.

Step four: Assess the intensity of your Best Practice activities/services. The intensity will affect the number of patients/participants you can serve (i.e., higher intensity activities/services = smaller Target Group; lower intensity activities/services = larger Target Group).
- **High intensity**: Require most staff time and resources per patient/participant.
  Examples: Diabetes Prevention Program intervention, intensive clinical case management.
- **Medium intensity**: Require moderate staff time and resources per patient/participant.
  Examples: Diabetes education classes, periodic diabetes clinical care.
- **Low intensity**: Require less staff time and resources per patient/participant.
  Examples: Depression screening, foot exams.

Step five: Considering the total number of potential patients/participants in step three, the intensity of the planned activities/services as assessed in step four, and SDPI and other resources available, determine the number of patients/participants that you are able to realistically serve. This is your Target Group number.

D1.5 Based on the steps provided above, what is the number of patients/participants in your Target Group?

D1.6 Briefly describe how your program's Target Group number was determined.

D1.7 Describe your Target Group (see Steps one and two above).

Program Name:

Part E. Activities/Services not related to selected Best Practice

Complete this section if you are proposing to implement activities/services not related to your selected Best Practice and/or Target Group in 2024. Otherwise, skip to Part F.

Activities/services reported here should be based on the following criteria:
- Utilize the most SDPI grant funding and program time.
- Address significant needs/challenges.

Activity/Service #1

E1.1   What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

E1.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

    a.   What is the number of patients/participants in your Target Group for this activity/service?

    b.   Describe your Target Group for this activity/service.

E1.3   What improvements do you anticipate will result from implementing this activity/service?

E1.4   How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #2

E2.1   What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

E2.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

       a.   What is the number of patients/participants in your Target Group for this activity/service?

       b.   Describe your Target Group for this activity/service.

E2.3   What improvements do you anticipate will result from implementing this activity/service?

E2.4   How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #3

E3.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

E3.2 **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

    a. What is the number of patients/participants in your Target Group for this activity/service?

    b. Describe your Target Group for this activity/service.

E3.3 What improvements do you anticipate will result from implementing this activity/service?

E3.4 How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #4

E4.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

E4.2 **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

    a.   What is the number of patients/participants in your Target Group for this activity/service?

    b.   Describe your Target Group for this activity/service.

E4.3 What improvements do you anticipate will result from implementing this activity/service?

E4.4 How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #5

E5.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

E5.2 **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

    a. What is the number of patients/participants in your Target Group for this activity/service?

    b. Describe your Target Group for this activity/service.

E5.3 What improvements do you anticipate will result from implementing this activity/service?

E5.4 How will you evaluate whether these improvements occurred?

Program Name:

Part F. Additional Program Information

F1.1   Does your program provide any activities/services for children and/or youth?

F1.2   **Diabetes Services and Activities:** Indicate whether each of the following are available through your SDPI program, community, or health care facility.

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, support groups		
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		

Program Name:

A. Program/Activity	B. SDPI Program Involvement	C. Community or Facility Involvement Other than SDPI
29. Clinic-based services specifically for youth		
30. Use of social media (e.g. facebook, texting)		
31. Telehealth education/services		

F1.3   If there is any other information you would like to share about your program, including additional program staff or partnerships, add it here.

You have now completed the Project Narrative Template. Save this PDF document to your computer before closing.

Upload your completed template into your Grants.gov application.