Program Name:

Indian Health Service
Special Diabetes Program for Indians

2020 Annual Progress Report
Last updated: January 2021

Timeline: This Report covers grant activities and information from Jan 1 to Dec 31, 2020.

Submission Due Date: March 31, 2021 in GrantSolutions as a grant note for primary grantees. Subgrantees should check with their primary grantee on due date and submission preferences.

Additional Information: See the SDPI 2020 Annual Progress Report[1] webpage.

Instructions for completing and submitting this report:

1. This template is provided as an option for grantees to use to submit the required information below.

2. **Retrieve and review** the following:

    a. Your program's 2020 Notice of Award (NoA). This document can be retrieved from GrantSolutions.

    b. Annual Diabetes Audit Reports[2] for 2020 and, if available, 2021. This can be retrieved from the WebAudit (see link above).

    c. Your program's 2020 grant application, including completed Project Narrative[3] . This document can be retrieved from GrantSolutions (Grant History).

    d. Documents used to track SDPI-related trainings over the past year, including the SDPI Training Tracking Tool[4]

    e. 2020 SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report[5] – This report should contain final data.

3. **If using this template,**

    a. **Save** the template on your computer for your records and to complete offline.

    b. **Ensure** that all contributors download and use the latest version of Adobe Reader[6] to complete this template.

    c. **Complete** ALL pertinent items by selecting a response from a pull-down list or entering the requested information. Failure to provide all required information will result in an incomplete template.

    d. **Review** to ensure all required items have responses. Required items have fields that are outlined in red.

4. **Submit** this completed template (or equivalent) and the 2020 SOS RKM Data Summary Report[5] in GrantSolutions under Grant Notes[7].

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[1] 2020 Annual Progress Report:https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/
[2] Audit: https://www.ihs.gov/diabetes/audit/
[3] 2020 Project Narrative:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPIFY20_ProjNarr.pdf
[4] SDPI Training Tracking Tool:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/2020SDPI_Trng_Tracking_Tool.pdf
[5] SOS: https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/
[6] Adobe Reader download: http://get.adobe.com/reader/otherversions/
[7] Submission steps: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/#SUBMISSION

Program Name:

5. Notify your [Area Diabetes Consultant][8] that the report has been submitted in GrantSolutions.

The Annual Federal Financial Report (SF-425) is also due at this time. Check with your local fiscal office and/or your Division of Grants Management Specialist to ensure that the SF-425 is submitted for your program (this does not apply to subgrantees).

Final submission: The three components of your 2020 Annual Progress Report are:
1) [2020 Annual Progress Report][1]
2) [SOS 2020 Data Summary Report][5]
3) [SF-425 Federal Financial Report][9] (Primary grants only; submit as a separate grant note)

Part A: Program Information

A1.1   Date:

A1.2   IHS Area:

A1.3   Program Name (include Tribal or facility name):

A1.4   Grant Number:

A1.5   Name/Title of person completing Report:

    a.   Email address:

    b.   Phone number:

Part B: Program Resources

Provide the funding information below, which can be obtained from your local fiscal office. If you are a subgrantee, provide funding information specific to your program, instead of information from your primary grantee.

B1.1   What is the amount of cumulative, unobligated funds for the project (**all** SDPI grant years) through December 31, 2020?

    $

Part C: Training and Networking

C1.1   Refer to your records or [SDPI Training Tracking Tool][4] and indicate if one or more staff from your program attended the trainings below (live and/or recorded) as of December 31, 2020.

Required Webinar

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
Required Webinar #1 SDPI 2021 Continuation Application Kickoff Presented on: June 2, 2020	M. Knight			

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[8] ADC Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/
[9] Federal Financial Report forms/instructions: https://www.ihs.gov/dgm/forms/

Program Name:

Optional Webinars - Optional to complete this section.

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
Optional Webinar #1 **SDPI RKM Baseline Data For 2020** Presented on: January 23, 2020	M. Knight			
Optional Webinar #2 **The Project Narrative and Needs/Resource** Assessment for SDPI Presented on: June 23, 2020	C. Butler			
Optional Webinar #3 **SDPI Best Practice and Target Group Overview** Presented on: July 7, 2020	M. Knight			
Optional Webinar #4 **SDPI 2021 Application: Other Activities and Budget** Presented on: July 22, 2020	B. Broussard D. Richter			
Optional Webinar #5 **2021 SDPI Application Tips and Submission** Presented on: August 4, 2020	C. Butler M. Knight			
Optional Webinar #6 **SOS Overview** Presented on: August 19, 2020	M. Knight			
Optional Webinar #7 **SOS Individual Tools for RKM Data Submission** Presented on: September 30, 2020	M. Knight			
Optional Webinar #8 **Using Electronic Data System/WebAudit for SOS RKM Data Submission** Presented on: October 27, 2020	C. Butler			
Optional Webinar #9 **2020 SOS Final Data Submission and Review** Presented on: Wednesday, December 16, 2020	M. Knight			

C1.2   Optional to complete: List other trainings relevant to your SDPI grant that your program has attended during calendar year 2020 (include name and sponsor of training).

Program Name:

Part D: Diabetes Audit Review

Review your 2020 Project Narrative[3] (Item B.1.2) to answer the following questions.

D1.1   List the two to three items/elements from your 2018 and 2019 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement (Item B.1.2. from your FY 2020 Project Narrative). In addition, provide the results for these items from your Annual 2020 Audit[2] and 2021 Audit (if draft is available).

a. Audit Item/Element	b. Audit 2018 Result	c. Audit 2019 Result	d. Audit 2020 Result	e. Audit 2021 Result (Optional)
1.				
2.				
3.				

D1.2   Describe how your program has addressed the items/elements in D1.1 and/or how your program worked with your local facility to address them.

Part E: Leadership and Key Personnel

E1.1   Have there been any changes in leadership/staff, or new positions filled, since you completed your 2020 Project Narrative[3] (See Part D)?

         a.   If yes, briefly describe.

Program Name:

Part F: Tracking RKM, Access to Medical Record System, and People Served

F1. Tracking RKM

F1.1   How did you track RKM data for your 2020 Best Practice? Select all that apply.

      a.   IHS Diabetes Care and Outcomes Audit

      b.   RPMS

      c.   Other electronic health record system (e.g., NextGen, Cerner)

      d.   SDPI Outcomes System

      e.   Microsoft Excel or other electronic spreadsheet

      f.   Microsoft Access Database

      g.   Pen and Paper

      h.   Other – please specify:

F2. Access to Medical Record System

F2.1 What type of medical record system is used at your local facility? Select all that apply.

      a.   RPMS (includes IHS EHR and PCC)

      b.   Other electronic medical record system(s) – specify:

      c.   Paper charts

F3. People Served

F3.1 In 2020, approximately how many **total** people received services or participated in any activities funded by your SDPI grant program? Include people that participated in all types of activities/services (e.g., community events, education classes, fitness activities, clinical services).

Part G: Best Practice and RKM Data for 2020

G1.1   Submit a copy of your RKM Data Summary Report for 2020 from the SOS[5] into GrantSolutions. This report must include the following:

- Your program's selected Best Practice
- Target Group number
- Target Group description
- RKM baseline data
- RKM final data

Contact your Area Diabetes Consultant[8] or sdpi@ihs.gov if you are having difficulty submitting the required information.

Program Name:

G1.2   Review the RKM Data Summary Report for 2020. Was there an improvement from baseline to final?

  a.   Based on discussion with your team, why do you think your RKM did/did not improve?

G1.3   **Completed Activities/Services related to your Best Practice:** List all proposed activity(ies)/service(s) from your 2020 application (See Part F, Section 2). Provide date completed and any additional comments, such as if the activity/service was reoccurring (and if so, how often) or why it was not completed. If there are more than ten activities, provide this information in <u>Part J, Other Information</u>, of this Annual Report.

a. **Major Activity/Service listed in 2020 application**	b. **Date(s) Completed**	c. **Comments**
1.		
2.		
3.		
4.		
5.		

Program Name:

a. **Major Activity/Service listed in 2020 application**	b. **Date(s) Completed**	c. **Comments**
6.		
7.		
8.		
9.		
10.		

Program Name:

Part H: Activities/Services not related to selected Best Practice (Optional)

Provide information for up to five major activities/services not related to your selected Best Practice that you implemented using 2020 funds. If you did not provide additional activities/services, skip to Part I and J. Activities/services reported here should be based on the following criteria:

- Utilize the most grant funding and program time.
- Address significant needs/challenges.

H1. Activity/Service #1

H1.1   What activity/service did you provide with your SDPI funds (not including your activity/service that implemented your Best Practice) to reduce risk factors for diabetes and related conditions?

H1.2   **Target Group for this activity/service**:

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

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

H1.3   What improvements resulted from implementing this activity/service?

H1.4   How did you evaluate whether these improvements occurred?

Program Name:

H2. Activity/Service #2

H2.1   What activity/service did you provide with your SDPI funds (not including your activity/service that implemented your Best Practice) to reduce risk factors for diabetes and related conditions?

H2.2   **Target Group for this activity/service**:

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

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

H2.3   What improvements resulted from implementing this activity/service?

H2.4   How did you evaluate whether these improvements occurred?

Program Name:

H3. Activity/Service #3

H3.1   What activity/service did you provide with your SDPI funds (not including your activity/service that implemented your Best Practice) to reduce risk factors for diabetes and related conditions?

H3.2   **Target Group for this activity/service**:

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

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

H3.3   What improvements resulted from implementing this activity/service?

H3.4   How did you evaluate whether these improvements occurred?

Program Name:

H4. Activity/Service #4

H4.1 What activity/service did you provide with your SDPI funds (not including your activity/service that implemented your Best Practice) to reduce risk factors for diabetes and related conditions?

H4.2 **Target Group for this activity/service**:

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

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

H4.3 What improvements resulted from implementing this activity/service?

H4.4 How did you evaluate whether these improvements occurred?

Program Name:

H5. Activity/Service #5

H5.1   What activity/service did you provide with your SDPI funds (not including your activity/service that implemented your Best Practice) to reduce risk factors for diabetes and related conditions?

H5.2   **Target Group for this activity/service**:

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

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

H5.3   What improvements resulted from implementing this activity/service?

H5.4   How did you evaluate whether these improvements occurred?

Program Name:

Part I and J: Other Information (Optional)

I.COVID-19 and SDPI

I1.1   We know that COVID-19 response has caused many SDPI programs to make adjustments (e.g., to staff, activities/services, partnerships). Briefly describe how COVID-19 has impacted your SDPI program for 2020.

J. Other Information

J1.1   If there is any other information you would like to share about your SDPI program, including additional program staff or partnerships, add it here.

You have completed your 2020 Annual Progress Report. Next Steps:

1. **Review** your reports for completeness and accuracy.

2. **If using this template, save** on your computer for your records. Response fields should be editable.

3. **Submit this completed template (or equivalent) and SOS RKM Data Summary Repor**t for 2020 as PDF documents in GrantSolutions, under "Grant Notes". **Note**: Subgrantees should check with their primary grantee on due date and submission preferences.

4. **Notify** your Area Diabetes Consultant[8] to inform them that the reports have been submitted in GrantSolutions.

The SF-425 Federal Financial Report[9] **is also due at this time. Check with your local fiscal office and/or your Grants Management Specialist**[10] **to ensure that this report is submitted for your program.**

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[10] GMS Contacts: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/#DGMCONCTACTINFO