

Program Name:

**Indian Health Service  
Special Diabetes Program for Indians**

**2021 Annual Progress Report**

Last updated: December 2021

**Timeline:** This Report covers grant activities and information from Jan 1 to Dec 31, 2021.

**Submission Due Date:** March 31, 2022.

**Additional Information:** See the [SDPI 2021 Annual Progress Report](#)<sup>1</sup> 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 provided in the questions.
2. **Retrieve and review** the following:
  - a. Your program's 2021 Notice of Award (NoA). This document can be retrieved from GrantSolutions.
  - b. [Annual Diabetes Audit Reports](#)<sup>2</sup> for 2021 and 2022, if available. These can be retrieved from the WebAudit (see link above).
  - c. Your program's 2021 grant application, including completed [Project Narrative](#)<sup>3</sup>. Your program's completed 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](#)<sup>4</sup>, if used.
  - e. [2021 SDPI Outcomes System \(SOS\) Required Key Measure \(RKM\) Data Summary Report](#)<sup>5</sup> – This report should contain, at minimum, baseline and 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 to this report download and use the latest version of [Adobe Reader](#)<sup>6</sup> 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 Report.
  - d. **Review** to ensure all required items have responses. Required items have fields that are outlined in red.

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<sup>1</sup> 2021 Annual Progress Report: <https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/>

<sup>2</sup> Audit: <https://www.ihs.gov/diabetes/audit/>

<sup>3</sup> 2021 Project Narrative:

[https://www.ihs.gov/sites/sdpi/themes/responsive2017/display\\_objects/documents/SDPI21\\_ProjectNarrative.pdf](https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPI21_ProjectNarrative.pdf)

<sup>4</sup> SDPI Training Tracking Tool:

[https://www.ihs.gov/sites/sdpi/themes/responsive2017/display\\_objects/documents/2021SDPI\\_Trng\\_Tracking\\_Tool.pdf](https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/2021SDPI_Trng_Tracking_Tool.pdf)

<sup>5</sup> SOS: <https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/>

<sup>6</sup> Adobe Reader download: <http://get.adobe.com/reader/otherversions/>

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4. **Submit** this completed template (or equivalent) and the [2021 SOS RKM Data Summary Report](#)<sup>5</sup> (see items 2e above) in GrantSolutions under [Grant Notes](#)<sup>7</sup>. Subgrantees should check with their primary grantee on due date and submission preferences.
5. **Notify** your [Area Diabetes Consultant](#)<sup>8</sup> that the report has been submitted in GrantSolutions.

**Final submission:** The three components of your 2021 Annual Progress Report are:

- 1) [2021 Annual Progress Report](#)<sup>1</sup>
- 2) [SOS 2021 Data Summary Report](#)<sup>5</sup>
- 3) [SF-425 Federal Financial Report](#)<sup>9</sup> (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: Diabetes Audit Review

Review your [2021 Project Narrative](#)<sup>3</sup> (Item B.1.2) to answer the following questions.

- B1.1 List the two to three items/elements from your 2019 and 2020 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement. In addition, provide the results for these items from your [Annual 2021 Audit](#)<sup>2</sup> and 2022 Audit (if available).

a.Audit Item/Element	b.Audit 2019 Result	c.Audit 2020 Result	d. Audit 2021 Result	e. Audit 2022 Result (Optional)
1.				
2.				
3.				

<sup>7</sup> Submission steps: <https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/#SUBMISSION>

<sup>8</sup> ADC Directory: <https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/>

<sup>9</sup> Federal Financial Report forms/instructions: <https://www.ihs.gov/dgm/forms/>

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B1.2 Describe how your program has addressed the items/elements from your 2019 and 2020 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement (B1.1). Describe how your program worked with your local facility to address them.

### Part C: Training and Networking

C1.1 Refer to your records or [SDPI Training Tracking Tool](#)<sup>4</sup> and indicate if one or more staff from your program attended the trainings below (live and/or recorded) as of December 31, 2021.

#### Required Webinar

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
<b>Required Webinar #1 SDPI 2022 Grant Application Kickoff</b> Presented on: August 31, 2021	M. Knight P. Gettys C. Hardin			

#### Optional Webinars - Optional to complete this section.

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
<b>Optional Webinar #1 SDPI RKM Baseline Data For 2021</b> Presented on: January 13, 2021	M. Knight			
<b>Optional Webinar #2 2021 SOS Final Data Submission and Review</b> Presented on: December 7, 2021	M. Knight			

C1.2 Optional to complete: List other trainings relevant to your SDPI grant that your program has attended during calendar year 2021 (include name and sponsor of training).

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## Part D: Leadership and Key Personnel

D1.1 Have there been any changes in leadership/staff, or new positions filled, since you completed your [2021 Project Narrative](#)<sup>3</sup> (See Part D)?

- a. If yes, briefly describe.

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

### E1. Tracking RKM

E1.1 How did you track RKM data for your 2021 Best Practice? Select all that apply.

- a. IHS Diabetes Care and Outcomes Audit
- b. Resource and Patient Management System (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:

### E2. Access to Medical Record System

E2.1 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

### E3. People Served

E3.1 In 2021, 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, etc.).

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**Part F: Best Practice and RKM Data for 2021**

F1.1 Submit a copy of your RKM Data Summary Report for 2021 from the [SOS](#)<sup>5</sup> 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](#)<sup>8</sup> or email [sdpi@ihs.gov](mailto:sdpi@ihs.gov) if you are having difficulty submitting the required information.

F1.2 Review the RKM Data Summary Report for 2021. 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?

F1.3 **Completed Activities/Services related to your Best Practice:** List all proposed activity(ies)/service(s) from your 2021 Project Narrative (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 [Part H, Additional Program Information](#), of this Annual Report.

a. Major Activity/Service listed in 2021 application	b. Date(s) Completed	c. Comments
1.		

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a. Major Activity/Service listed in 2021 application	b. Date(s) Completed	c. Comments
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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**Part G: 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 2021 funds. If you did not provide additional activities/services, 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.

**G1. Activity/Service #1**

G1.1 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?

G1.2 **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.

G1.3 What improvements resulted from implementing this activity/service?

G1.4 How did you evaluate whether these improvements occurred?

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**G2. Activity/Service #2**

G2.1 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?

G2.2 **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.

G2.3 What improvements resulted from implementing this activity/service?

G2.4 How did you evaluate whether these improvements occurred?



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**G3. Activity/Service #3**

G3.1 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?

G3.2 **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.

G3.3 What improvements resulted from implementing this activity/service?

G3.4 How did you evaluate whether these improvements occurred?

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**G4. Activity/Service #4**

G4.1 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?

G4.2 **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.

G4.3 What improvements resulted from implementing this activity/service?

G4.4 How did you evaluate whether these improvements occurred?

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**G5. Activity/Service #5**

G5.1 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?

G5.2 **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.

G5.3 What improvements resulted from implementing this activity/service?

G5.4 How did you evaluate whether these improvements occurred?

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## Part H: Additional Program Information (Optional)

### H1. COVID-19 and SDPI

H1.1 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 2021. How did you overcome the challenges?

### H2. Other Information

H2.1 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 2021 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 Report** for 2021 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](#)<sup>8</sup> to inform them that the reports have been submitted in GrantSolutions.

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

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<sup>10</sup> GMS Contacts: <https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/#DGMCONTACTINFO>