

Program Name:

Indian Health Service Special Diabetes Program for Indians 2021 Continuation Application Project Narrative

Instructions

1. **Retrieve** and review the following documents:
 - a. Your program's 2020 application, including the completed Project Narrative.
 - b. Your program's 2020 Notice of (Grant) Award.
 - c. Your local clinic's 2019 and 2020 Diabetes Care and Outcomes Audit Reports.
 - d. Your program's 2020 SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report.
2. **Download** a copy of this Project Narrative template to your desktop before entering information.
3. **Ensure** [Adobe Acrobat Reader](#)¹ is used to complete this Project Narrative.
4. **Complete** ALL pertinent items in this Project Narrative electronically (do **not** handwrite) by selecting a response from a list or typing the requested information.
5. **Review** your completed Project Narrative to ensure that all required items – outlined in red – are filled in.
6. **Submit** your completed Project Narrative into your GrantSolutions.gov application using the "IHS Division of Diabetes Project Narrative" Enclosure or in GrantSolutions as a grant note if submitting after the application due date. Browse to and upload the original completed Project Narrative; do not merge with other documents or submit a scanned copy of a printed document.

Additional Information

1. **Form fields.** Free text fields are not limited to the space you see on the form. Additional text that you enter can be seen by clicking on the plus sign in the lower right-hand corner of the field.
2. **Grantees with subgrantees** must submit a separate Project Narrative for the primary and each subgrantee.
3. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used throughout this Project Narrative. Any other abbreviation you use should be spelled out and explained the first time they are used.
 - a. ADC = Area Diabetes Consultant
 - b. IHS = Indian Health Service
 - c. I/T/U = Indian/Tribal/Urban
 - d. NoA/NGA = Notice of (Grant) Award
 - e. PDF = Portable Document Format (access using Adobe Acrobat Reader or Pro)
 - f. SDPI = Special Diabetes Program for Indians
 - g. SOS = SDPI Outcomes System
 - h. RKM = Required Key Measure
 - i. RPMS = Resource and Patient Management System
4. Contact your [Area Diabetes Consultant](#)² or the SDPI team (sdpi@ihs.gov) if you have any questions or problems.

¹ Adobe Acrobat Reader download: <http://get.adobe.com/reader/otherversions/>

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Part A. Program Identifiers

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

A1.2 IHS Area:

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

A1.4 Grant Number (Item 4 on NoA/NGA):

A1.5 Information about person completing this Project Narrative.

a. Name:

b. Title:

c. Email:

d. Phone:

A1.6 Is your SDPI program primarily clinic-based, community-based, or both?

Part B. Review of Diabetes Audit Reports

B1.1 Were you able to obtain copies of your local clinic's Annual IHS Diabetes Care and Outcomes Audit Reports for 2019 and 2020?

If yes, proceed to item B1.2.

If no, submit a copy of your *Waiver from Submitting 2020 Diabetes Care and Outcomes Audit Report* in lieu of submitting Audit Reports. If you do not have a waiver, contact your [Area Diabetes Consultant](#)².

B1.2 Provide two to three items/elements that need to be improved based on the Audit Reports for 2019 and 2020. **If your program received an Audit Waiver**, provide two to three diabetes-related issues that your program can work on improving.

a. Audit Item/Element	b. Audit 2019 Result (percent)	c. Audit 2020 Result (percent)
1.	%	%
2.	%	%
3.	%	%

² ADC Directory: <https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/>

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- B1.3 How can your program assist with improving the items in B1.2? Note that whether your program is clinical or community based, there are many ways to impact these items.

Part C. Training/Meetings

Trainings/Meetings offered in your IHS Area (e.g., by your ADC, Area Tribal organizations, Tribal Epidemiology Center)

- C2.1 List Area SDPI trainings/meetings your program has attended so far during the 2020 budget period (including site-visits, conference calls, online, face-to-face, and conferences).

Part D: Leadership and Key Personnel

- D1.1 In your 2020 Project Narrative, you were asked to identify an organization administrator or Tribal leader that agreed to be actively involved in your program's work (Part D).
- a. Provide the name and role or position that this leader holds.

 - b. Describe how this leader was involved with the work your program did with 2020 SDPI funds.

 - c. Will this leader continue to be involved with your program's work for 2021? If not, identify a new leader that will be involved, including name and role or position.

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D1.2 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 H, Other Information](#) of this Project Narrative. **Provide a brief resume or biographical sketch for any new key personnel since you submitted your 2020 application.**

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.				
10.				
11.				
12.				
13.				
14.				
15.				

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Part E: Partnerships and Collaborations

E1.1 Use the table below to provide information on any new partnerships that were not included in your 2020 application or discontinued partnerships. If there are more than five changes in Partnerships/Collaborations, provide this information in [Part H, Other Information](#) of this Project Narrative. **If there are no new or discontinued partnerships, proceed to [Part F](#).**

a. Partner Name	b. New or discontinued?	c. If discontinued: briefly describe why If new: briefly describe services provided/primary focus of partnership
1.		
2.		
3.		
4.		
5.		

Part F. SDPI Diabetes Best Practice

Per the [Funding Opportunity Description](#)³, Grantees must select one SDPI Diabetes Best Practice (also referred to as “Best Practice”). During the 2021 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) in the SDPI Outcomes System (SOS).

There is a list of all the Best Practices on the [SDPI Diabetes Best Practices](#)⁴ webpage. Each Best Practice includes 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 for quick reference. For the 2021 application, grantees may propose to:

1. Continue work on the same Best Practice selected in their 2020 application. This could include:
 - a. Continuing 2020 activities or proposing new ones.
 - b. Continuing with the same Target Group or proposing a new one.
2. Select a different SDPI Diabetes Best Practice with an appropriate Target Group that may be different than the Target Group you worked with in 2020.

Section 1: Best Practice and Required Key Measure Information for 2020

Submit a copy of your program’s RKM Data Summary Report from the SOS, which includes the following:

- Your program’s selected Best Practice
- Target Group number
- Target Group description

³ Funding Opportunity Description: <https://www.federalregister.gov/documents/2015/08/04/2015-19088/special-diabetes-program-for-indians-community-directed-grant-program-announcement-type-new-and>

⁴ SDPI Diabetes Best Practices: <https://www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/>

⁵ Best Practices Summary: https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/bestpractices/SDPI_FY16_BP_Summary.pdf

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- Required Key Measure baseline data

Per the Terms and Conditions, grantees must submit data for the RKM of their selected Best Practice into the SOS at the start (baseline) and end of each budget period. All grantees should have already submitted baseline RKM data for 2020 and must do so before submitting a 2021 Continuation Application. Contact your [Area Diabetes Consultant](#)² or the SDPI team (sdpi@ihs.gov) if you are having difficulty submitting the required information.

Section 2: Best Practice, Target Group number and description, and Activities for 2021

F2.1 SDPI Diabetes Best Practice selected:

a. Briefly describe why you selected this Best Practice.

b. Is this is a different Best Practice than the one your program selected for 2020?

F2.2 **Required Key Measure (RKM):** Review the [summary table](#)⁵. Enter the RKM for your selected Best Practice as it appears in the table.

F2.3 **Proposed Activities/Services:** What activity(ies)/service(s) do you propose to implement in 2021 that would 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 ten activities, provide this information in [Part H, Other Information](#) 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.	

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a. Major Activities (List each activity/service planned and provide a brief description)	b. Timeframe (When will this activity be implemented?)
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

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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 you provided above in item F2.3 for the budget period and collect and submit RKM data for. The following should be considered in 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,
3. SDPI funding and other resources available to provide activities/services,
4. Source for RKM data.

To determine your Target Group, complete the following steps:

Step one: Review the Target Group Guidance for your selected Best Practice in the [summary table](#)⁵.

Step two: From those in step one, determine which group of patients/participants you plan to serve and for whom you will collect and 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 and collect and submit RKM data for. This is the number of members that will be in your Target Group.

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F2.4 Is your 2021 Target Group different from 2020?

F2.5 Based on the steps provided above, what is the number of patients/participants in your 2021 Target Group?

F2.6 Describe your 2021 Target Group (see Steps one and two above).

F2.7 Briefly describe how your program's Target Group number was determined.

Part G. 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 2021. 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](#)).

Program Name:

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?

G1.2 **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.

c. Briefly describe how your program’s Target Group number was determined.

G1.3 What improvements do you anticipate will result from implementing this activity/service?

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

Program Name:

Activity/Service #2

G2.1 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?

G2.2 **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.

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

G2.3 What improvements do you anticipate will result from implementing this activity/service?

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

Program Name:

Activity/Service #3

G3.1 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?

G3.2 **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.

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

G3.3 What improvements do you anticipate will result from implementing this activity/service?

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

Program Name:

Activity/Service #4

G4.1 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?

G4.2 **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.

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

G4.3 What improvements do you anticipate will result from implementing this activity/service?

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

Program Name:

Activity/Service #5

G5.1 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?

G5.2 **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.

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

G5.3 What improvements do you anticipate will result from implementing this activity/service?

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

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Part H. Additional Program Information

Youth

H1.1 Does your SDPI program provide any activities/services for children and/or youth?

Diabetes Prevention

H2.1 Does your program provide any diabetes prevention activities/services to the following groups?

- a. Adults
- b. Youth (generally under age 18)

H2.2 Does your program provide the [Diabetes Prevention Program \(DPP\) intensive lifestyle intervention](#)⁶?

If yes, answer the following questions below.

- a. Does your program bill **Medicaid** for DPP services (only applicable in [certain states](#)⁷)?
- b. Is your program a [CDC-Recognized Lifestyle Change Program](#)⁸?
 - i. If yes to question b. above, what is your program's status?
 - ii. If no to question b. above, does your program plan to apply to be a CDC-Recognized Lifestyle Change Program?
 - iii. If your program has full or preliminary recognition as a CDC-Recognized Lifestyle Change Program, does your program bill **Medicare** for DPP services?

People Served

H3.1 In 2019, 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).

⁶ CDC DPP: <https://www.cdc.gov/diabetes/prevention/index.html>

⁷ States with Medicaid Managed Care Programs: <https://coveragetoolkit.org/states-with-medicaid-managed-care-programs/>

⁸ CDC Lifestyle Recognition Program: <https://www.cdc.gov/diabetes/prevention/requirements-recognition.htm>

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COVID-19 and SDPI

H4.1 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 affected your SDPI program.

Other Information (optional)

H5.1 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 now completed the Project Narrative. Save this PDF document to your computer before closing. Submit your completed Project Narrative into your GrantSolutions.gov application using the “IHS Division of Diabetes Project Narrative” Enclosure or in GrantSolutions as a grant note if submitting after the application due date.

Visit the [SDPI 2021 Application webpage](https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/)⁹ for further information.

⁹ SDPI 2021 Application: <https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/>