



Indian Health Service

**Division of Diabetes
Treatment and Prevention**



IHS Produce Prescription Pilot Program (P4) 2023 Annual Progress Report Webinar

July 12, 2024

IHS Division of Diabetes Treatment and Prevention (DDTP) P4 2023 Annual Progress Report Webinar | July 12th, 2024

- This is a required webinar. All grantees should plan to attend the live webinar or watch the recording when it becomes available.
- Recorded webinar will be available on the [P4 Grant Resources website](#) in two weeks.
 - Will also be emailed within 24 hours
- If you are hearing an echo, try hanging up your phone or turning down your computer speakers.
- Feel free to place your questions in the chat, or ask at the end during the Q & A.

Note: This webinar is scheduled to start at 12 pm AZ/1 pm MT/2 pm CT



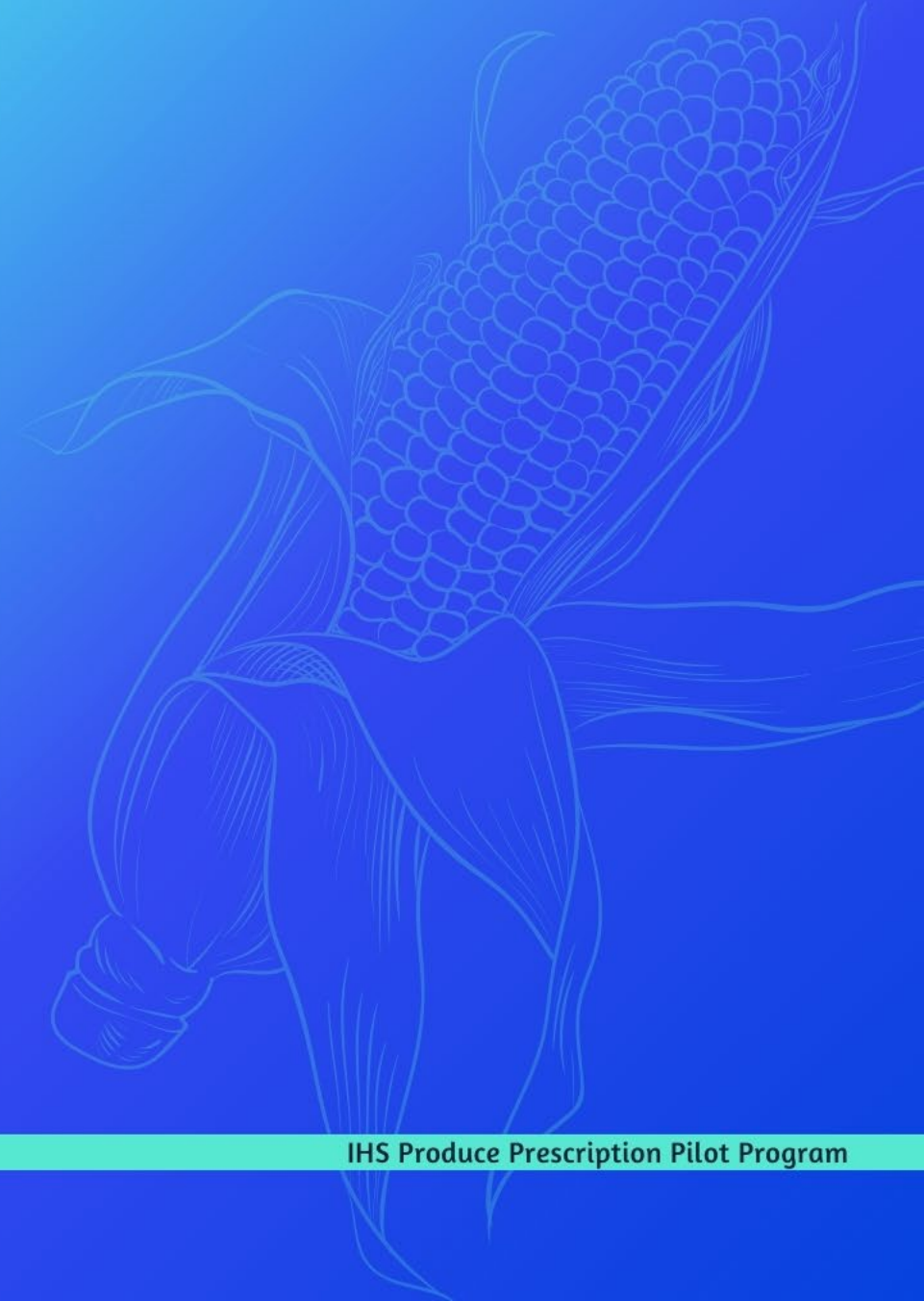
P4 – Commonly Used Abbreviations

- AI/AN = American Indian and Alaska Native
- DDTP = IHS Division of Diabetes Treatment and Prevention
- DGM = IHS Division of Grants Management
- GMS = Grants Management Specialist
- NoA = Notice of Award
- P4 = Produce Prescription Pilot Program
- IHS = Indian Health Service
- Indian Health Service, Tribal and Urban Indian Organizations (I/T/U)



What this webinar will cover

1. Annual Progress Report Purpose
2. Preparing Report
3. FY23 Grant Annual Progress Report Review
4. Due Date
5. Submitting the Annual Progress Report
6. Questions



Annual Progress Report

- What?
 - Report providing final updates summarizing your grant year
 - Review of your program plan (project narrative) – have all activities/services been implemented and budget been spent?
 - Submission of final data for the year
- Why?
 - Reporting requirement by DGM and DDTP
 - Helps tell the story to frame future programming



Annual Progress Report

- When?
 - Annually, due by beginning of October
 - Covers activities/outcomes from July 1, 2023 - June 30, 2024 (Year 1)
- Where?
 - Submit your 2023 Annual Progress Report in GrantSolutions as a Grant Note.



Preparing the Annual Progress Report



Retrieve Annual Progress Report Materials

- On the [P4 Grant Resources website](#)
 - Instructions for how to access P4 Annual Progress Report
 - FY23 Annual Progress Report Webinar Recording
- In [GrantSolutions](#)
 - Grant Notes
 - Annual Progress Report template
- In [Grants.gov](#)
 - Post Award Reporting Forms
 - SF-425 template is available for drafting
- In [PMS.gov](#)
 - Annual FFR (SF-425) is available for completion
- Recipient Prepared/Acquired
 - Your program's 2023 Notice of (Grant) Award (NoA)
 - Your program's 2023 grant application, including the completed Project Narrative



Review the Annual Progress Report



A1.6 - Carryover Guidance

Once the Federal Financial Report has been completed, submitted and approved by IHS (due 90 days after 6/30/2024), you'll know the total unobligated balance and you'll use that amount to request a carryover in GrantSolutions.

Carryover guidance, can be found on the DGM website at:
<https://www.ihs.gov/dgm/policytopics/>

Program Name:

Indian Health Service
Produce Prescription Pilot Program
2023 Annual Progress Report
(Last updated: May 2024)

Instructions

1. This template is provided for grantees to submit required information.
2. **Retrieve and review** the following documents from GrantSolutions:
 - a. Your program's 2023 Notice of (Grant) Award (NoA).
 - b. Your program's 2023 grant application, including the completed Project Narrative.
 - c. Your program's 2024 Terms and Conditions.
3. **Timeline**
 - a. This Report covers grant activities and information from July 1, 2023 to June 30, 2024.
 - b. Submission Due Date: October 1, 2024.
4. **Submit** the following:
 - a. Your completed 2023 Annual Progress Report in [GrantSolutions](#) as a Grant note.
 - b. [SF-425 Federal Financial Report](#)¹ (Submit in PMS).
5. **Notify** Stacy Hammer (stacy.hammer@ihs.gov) that the report has been submitted in GrantSolutions.

Additional Information

Contact your P4 support team (IHSProducePrescriptionPilotProgram@ihs.gov) if you have any questions.

Part A: Program Identifiers

- A1.1 Date (mm/dd/yyyy):
- A1.2 IHS Area:
- A1.3 Program Name (include Tribal, Tribal Health Center, or Clinic name):
- A1.4 Grant Number (Item 12 on NoA/NGA):
- A1.5 Information about person completing this Annual Progress Report:
- a. Name:
 - b. Title:
 - c. Email address:
 - d. Phone number:
- A1.6 Did you have P4 unobligated grant funds at the end of year 1 (6/30/2024)?
- a. If so, how much?
 - b. What are the programs plans to spend these funds moving forward?

¹ Federal Financial Report forms/instructions: <https://www.ihs.gov/dgm/forms/>



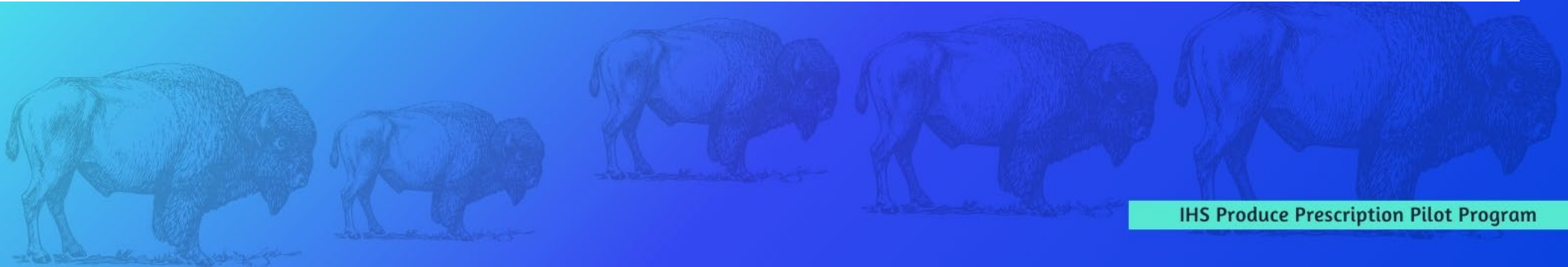
Reminder: This question is referring to
Year 1 (July 1, 2023 to June 30, 2024)

Program Name:

Part B: Key Personnel

B1.1 Have there been any changes in leadership/staff or new positions filled since you completed your 2023 Project Narrative (See Part B of the Project Narrative)?

- a. If yes, describe what changed and provide an explanation of why the changes were made.



The answers for “a” thru “e” will be numbers.

If you do not know reasons for drop out in “i” – can write “unknown, did not document” or something similar.

C1.3 and 1.4 – not all grantees may have this information yet.

Describe your program’s situation or reasons for not having the information.

Part C: Food Insecurity

C1.1 Measurement of Food Insecurity

- a. Total number of participants screened:
- b. Number of participants who screened positive at baseline:
- c. Number of participants who screened negative at baseline:
- d. Number of participants enrolled:
- e. Number of participants who dropped out:
 - i. Primary reasons for participant drop out:

C1.2 How often were participants assessed for food insecurity?

C1.3 Describe how food insecurity rates changed during year 1 by participating in P4.

C1.4 How was it tracked/measured?

C1.5 Provide any other additional information you would like to share about this measure.

- The term “prescriptions” can refer to:

- Vouchers
- Boxes or bags of food
- Pounds

Example:

Your program **issued** 100 vouchers (prescriptions) worth \$10 each, giving a total value of \$1,000.

The total number of vouchers participants used (**redeemed at the store**) was 80 vouchers with an actual total of \$648 in redeemed produce prescriptions.

Part D: Produce Prescriptions Issued and Redeemed

(The following can be reported in number of vouchers/bags or boxes of food/pounds of food, depending on how your P4 program operates.)

D1.1 How many total produce prescriptions were issued to participants during year 1?

D1.2 How many produce prescriptions (voucher/food box) were redeemed during year 1?

a. What was the total dollar amount spent on redeemed produce prescriptions?

D1.3 How was it tracked/measured?



E1.1

Not all grantees may have this data for Year 1.

Describe your program's situation or reasons for not having the information.

Part E: Consumption of Produce and Traditional Foods

Consumption of Produce

E1.1 How did you measure a participant/household's consumption of produce?

E1.2 From baseline to June 30, 2024:

- a. What percentage of participants/households reported an **increase** in their consumption of produce?
- b. What percentage of participants/households reported a **decrease** in their consumption of produce?
- c. What percentage of participants/households reported that their produce consumption remained **unchanged**?

E1.3 How often were participant/household's consumption of produce assessed?

E1.4 Provide any other additional information you would like to share about this measure.

E2.1

Not all grantees may have this data for Year 1.

Describe your program's situation or reasons for not having the information.

E2.4

Please list the foods your program considers "traditional foods" for P4.

Consumption of Traditional Foods:

E2.1 How did you measure consumption of traditional foods?

E2.2 From baseline to June 30, 2024:

- a. What percentage of participants/households reported an **increase** in their consumption of traditional foods?
- b. What percentage of participants/households reported a **decrease** in their consumption of traditional foods?
- c. What percentage of participants/households reported that their consumption of traditional foods remained **unchanged**?

E2.3 How often were participant/household's consumption of traditional foods assessed?

E2.4 Provide any other additional information you would like to share about this measure.

Access to Produce and Traditional Foods (Optional)

Please share any changes to accessing produce and traditional foods since implementing P4 in your community.



Access can look like:

- Increased options of produce or traditional foods at your local store(s).
- Getting different kinds or a variety of produce into households.
- Partnerships that have led to increased access as a result of the P4 grant.

Consumption of Traditional Foods:

E2.1 How did you measure consumption of traditional foods?

E2.2 From baseline to June 30, 2024:

- What percentage of participants/households reported an **increase** in their consumption of traditional foods?
- What percentage of participants/households reported a **decrease** in their consumption of traditional foods?
- What percentage of participants/households reported that their consumption of traditional foods remained **unchanged**?

E2.3 How often were participant/household's consumption of traditional foods assessed?

E2.4 Provide any other additional information you would like to share about this measure.

Access to Produce and Traditional Foods (Optional)

Please share any changes to accessing produce and traditional foods since implementing P4 in your community.



F1.1

If your answer is “No” or “Other”, please provide an explanation why under letter “d.”

F1.2 – Table

Not all grantees may have collected every clinical marker listed in the table. Write “N/A” if not collected.

If there are additional markers or health outcomes collected, add additional rows.

Program Name:

Part F: Health Outcomes or Clinical Markers

F1.1 Were healthcare records available and accessible, in accordance with privacy laws, to track changes in participant’s health outcomes or clinical markers?

- a. Yes
- b. No
- c. Other
- d. If no or other, explain why:

F1.2 List the health outcomes and clinical markers your program is evaluating in the table below. Include how often the clinical marker is collected, how it was obtained and how your program analyzed the outcomes of that clinical marker during year 1.

Note: You may not be collecting every clinical marker listed below. If you are collecting other clinical markers or health outcomes, please add additional rows with that information.

Clinical Markers	How often collected?	How was the clinical marker obtained?	Outcome trend (Improved/Worsened/Unchanged)
A1C			
Blood Pressure			
BMI			
Cholesterol			
Other:			



G1.1 (a)

Explanations may be related to challenges or barriers.

Program Name:

Part G: Nutrition Education

G1.1 What percentage of enrolled participants have received nutrition education?

a. If participants have NOT received nutrition education, explain why.

G1.2 Did you measure change in nutrition knowledge? (Yes/No)

a. If yes, how did you assess change in knowledge?

G1.3 Provide any other additional information you would like to share about administering nutrition education to your participants.

Nutrition Education Activities Offered to P4 Participants

Provide the date each activity was completed and any additional comments, such as if the activity was reoccurring (and if so, how often). If there are more than ten activities, provide additional information in Part H, Additional Program Information, of this Annual Progress Report.

Nutrition Education Activity (Group and Individual)	Timeframe (When was this activity conducted?)	P4 Grant Sponsored (Yes/No/Partially)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



Part H:

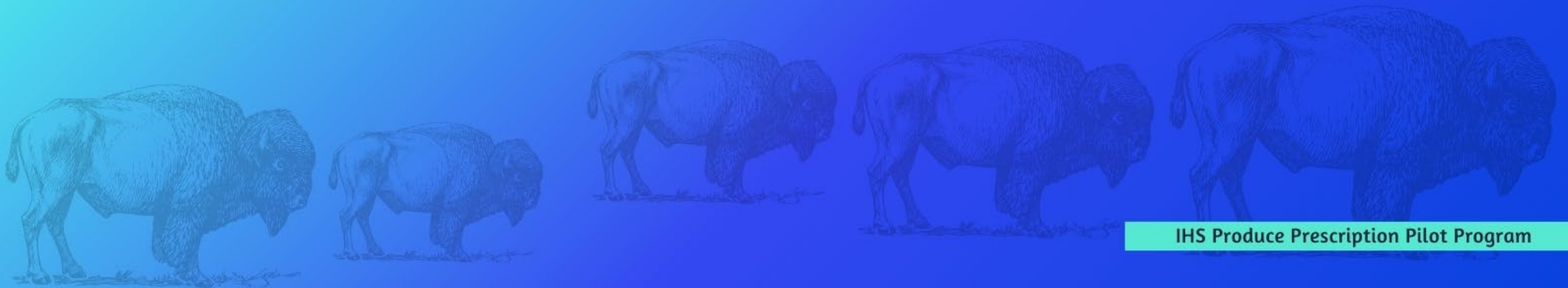
Share any key learnings from Year 1.

Program Name:

Part H: Additional Program Information (Optional):

H1.1 Please identify any major changes you made from your original application during year 1 of your program. *Examples: method of distribution (food bag vs. voucher), target population, screening, identified/emerging best practices.*

H1.2: Other Information:

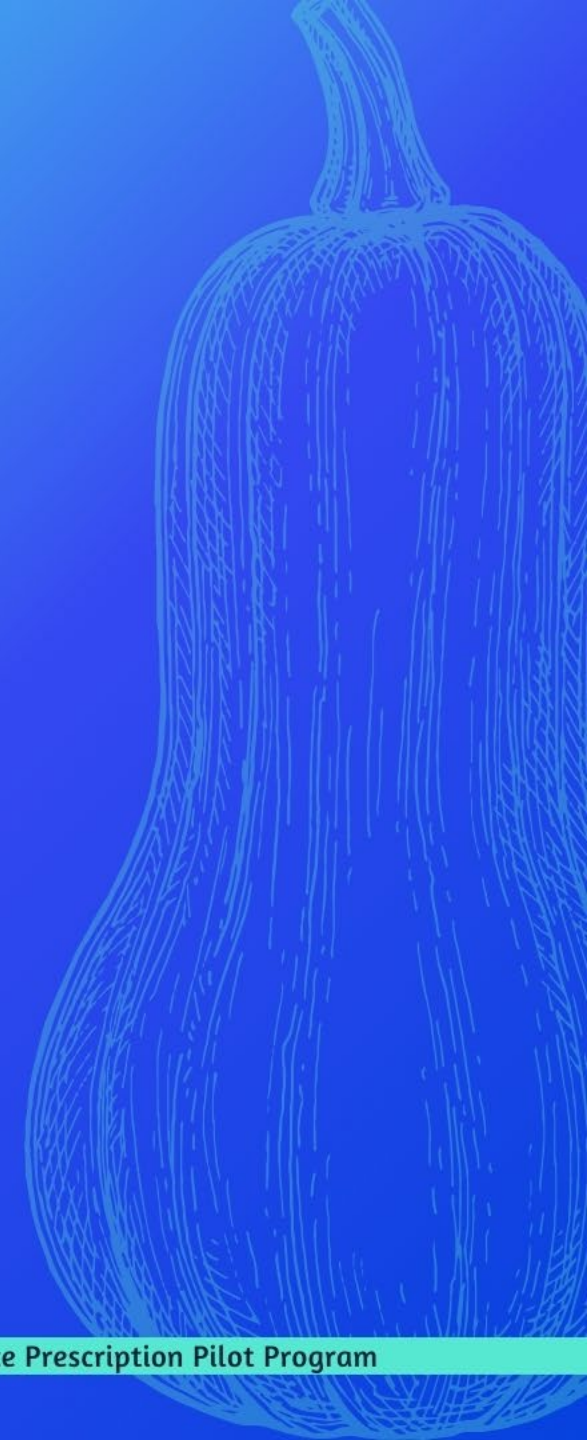


P4 FY23 Annual Progress Report

Due Date: **Tuesday, October 1, 2024**



Submitting the Annual Progress Report



Submitting Reports

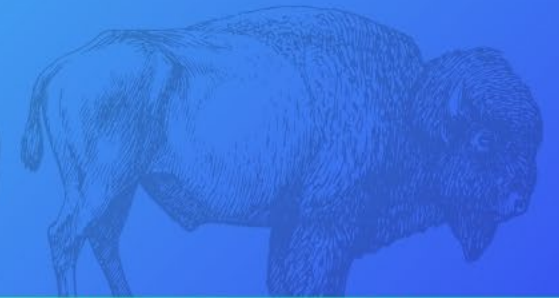
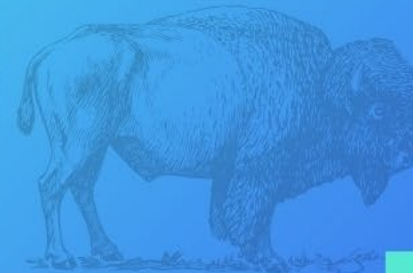
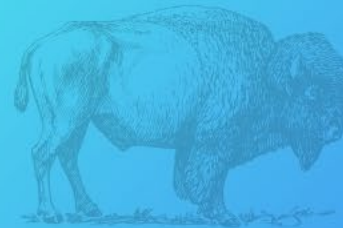
Annual Progress Report

1. Submit your **2023 Annual Progress Report** in GrantSolutions as a Grant Note.
2. Notify Stacy Hammer (stacy.hammer@ihs.gov) that the Annual Progress Report has been submitted in GrantSolutions.

SF-425 Federal Financial Report

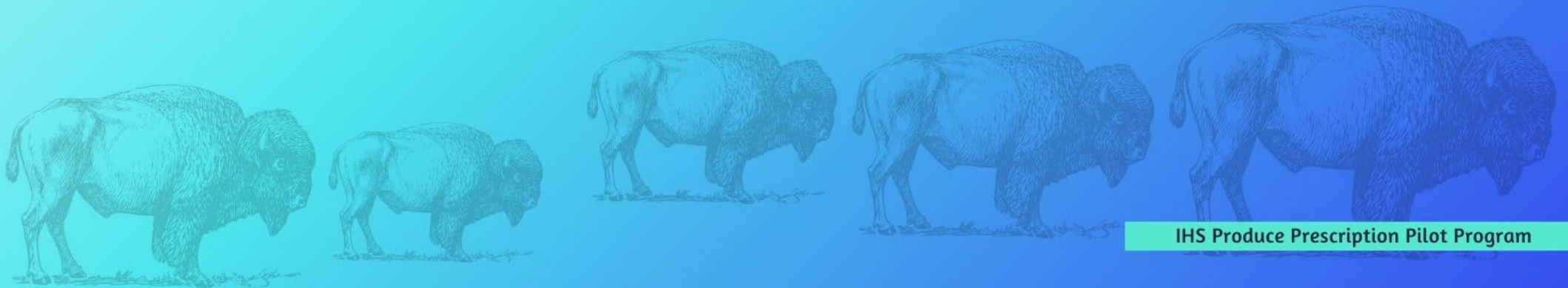
1. Submit your **SF-425 Federal Financial Report** in PMS.

See the GrantSolutions [Grantee Support and Reference](#) webpage for additional information about this process. Contact your Grants Management Specialist, Paula Acevedo, with any questions.



Recap: APR Resources

- [P4 Grant Resources website](#): Due dates, Annual Progress Report webinar slides and recording
- [GrantSolutions.gov](#): Web-based system where application will be submitted
- [DGM website](#): Funding opportunities, policies, forms & resources.
- Connect with a human
 - DDTP – P4 Team ihsproduceprescriptionpilotprogram@ihs.gov
 - DGM – Grants Management Specialist Paula.Acevedo@ihs.gov (for budget narrative, forms, GrantSolutions)



QUESTIONS

