

Program Name:

**Indian Health Service
Special Diabetes Program for Indians (SDPI)**

2024 Annual Progress Report Template

Last updated: November 2024

Timeline: This Report covers SDPI grant activities and information from Jan 1 to Dec 31, 2024.

Additional Information: See the [SDPI 2024 Annual Progress Report webpage](#)¹.

Instructions for completing and submitting this report:

1. This template is provided as an option for grantees to gather the required information. Alternatively, all required information can be provided using a template of your choice.
2. **Retrieve and review** the following:
 - a. Your program's 2024 Notice of Award (NoA). This document can be retrieved from [GrantSolutions](#)².
 - b. [Annual Diabetes Audit Reports](#)³ for 2024 and 2025, if available. These can be retrieved from the WebAudit (see Annual Diabetes Audit Reports link above).
 - c. Your program's 2024 grant application, including completed Project Narrative. Application documents can be retrieved from GrantSolutions (History).
 - d. Documents used to track attendance at SDPI-related trainings over the past year, including the [SDPI Training Tracking Tool](#)⁴, if used.
 - e. [2024 SDPI Outcomes System \(SOS\) Required Key Measure \(RKM\) Data Summary Report](#)⁵. 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](#)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 Report.
 - d. **Review** to ensure all required items have responses. Required items have fields that are outlined in red.
4. **Submit** the following:
 - a. [2024 Annual Progress Report](#)¹
 - b. [SOS 2024 Data Summary Report](#)⁵
 - c. **Federal Financial Report** (Submitted separately in the [Payment Management System](#)⁷).

¹ 2024 Annual Progress Report: <https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/>

² GrantSolutions: <https://home.grantsolutions.gov/home/>

³ Audit: <https://www.ihs.gov/diabetes/audit/>

⁴ SDPI Training Tracking Tool:

https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/2024SDPI_TrngTrackingTool.pdf

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

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

⁷ Payment Management System: <https://pms.psc.gov/index.html>

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

Part A: Program Information

A1.1 Date:

A1.2 IHS Area:

A1.3 Program Name (include Tribal and/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 2024 Project Narrative (Item B.1.2) and Audit Reports to provide information for this section.

B1.1 List the two to three items/elements from your 2022 and 2023 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement. In addition, provide the results for these items from your [Annual 2024 Audit](#)³ and 2025 Audit (if available).

A. Audit Item/Element	B. Audit 2022 Result	C. Audit 2023 Result	D. Audit 2024 Result	E. Audit 2025 Result (Optional)
1.				
2.				
3.				

B1.2 Describe how your program has addressed the items/elements from your 2022 and 2023 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement (B1.1), including how you worked with your local facility to address them.

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

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Part C: Training and Networking

C1.1 Refer to your records or completed [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, 2024.

Required Webinar

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
Required Webinar #1 SDPI 2025 Grant Application Kickoff Presented on: July 25, 2024	M. Knight			

Optional Webinars - Complete this section if staff from your program attended any of these webinars.

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
Optional Webinar #1 SOS 2024 Baseline Required Key Measure (RKM) Data Submission and Review Presented on: January 11, 2024	M. Knight			
Optional Webinar #2 Welcome to SDPI, Here's the Basics for 2024 Presented on: January 23, 2024	M. Knight			
Optional Webinar #3 Best Practice and Target Group Overview Presented on: July 30, 2024	M. Knight			
Optional Webinar #4 2024 SDPI Supplement Q&A Webinar Presented on: October 2, 2024	C. Licavoli-Hardin M. Knight			
Optional Webinar #5 SOS 2024 Final RKM Data Submission and Review Presented on: December 12, 2024	M. Knight			

SDPI Grantee Showcase Webinars - Complete this section if staff from your program attended any of these webinars.

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
SDPI Grantee Showcase Webinar #1 Saginaw Chippewa's Continuous Glucose Monitors (CGMs) and Insulin Pump Therapy Overview Presented on: March 19, 2024	Sandi Chesebrough, LPN Tammy House, RN, CDCES, WCC			

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A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
<p>Grantee Showcase Webinar #2 Southcentral Foundation's Integrated SDPI Team Presented on: April 25, 2024</p>	<p>Katey Redmond, MPH, CPH Elize Rumley, RD, LD, MS, PhD, CDCES, BC-ADM Louis Melchor, B.S., M.A.T., CHC Velda Miller, M.Ed , CGFI , ICCE, NBC-HWC Scott Hadley, MS, certified exercise physiologist from ACSM</p>			
<p>Grantee Showcase Webinar #3 Sac and Fox Nation of Oklahoma - BlackHawk Health Center Archery Tag Exercise Presented on: June 27, 2024</p>	<p>Anthony Ramirez, Exercise Specialist</p>			
<p>Grantee Showcase Webinar #4 Cheyenne and Arapaho Tribe's Mobile Medical Unit: Bringing Services to the Patient Presented on: November 7, 2024</p>	<p>Marcos Baros, Program Director Kayla Thompson, RN, Clinic Nurse Manager</p>			

C1.2 **Optional:** List other trainings relevant to your SDPI grant that your program staff attended during calendar year 2024 (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 and/or new positions filled since you completed your 2024 Project Narrative (See Part C)?

- 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 2024 Best Practice? Select all that apply.

- a. IHS Diabetes Care and Outcomes Audit (WebAudit)
- b. Resource and Patient Management System (RPMS) [e.g., Diabetes Management System (DMS), Case Management (CSM), iCare]
- c. Other electronic medical record system (e.g., NextGen, Cerner, EPIC, Allscripts, Athena)
- d. SDPI Outcomes System
- e. Microsoft Excel or another 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 paper PCC)
- b. Other electronic medical record system(s) – specify:
- c. Paper charts

E3. People Served

E3.1 In 2024, approximately how many people (**in total**) 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 2024

F1.1 Obtain and submit a copy of your RKM Data Summary Report for 2024 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 email sdpi@ihs.gov if you are having difficulty finding and/or submitting the required information.

F1.2 Review the RKM Data Summary Report for 2024. 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?

b. List any steps/tips or lessons learned for your team for next year's RKM data submission (optional).

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F1.3 **Completed Activities/Services related to your Best Practice:** List all proposed activity(ies)/service(s) from your 2024 Project Narrative (See Part E). 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 additional information in [Part H, Additional Program Information](#), of this Annual Report.

A. Major Activity/Service listed in 2024 application	B. Date Completed	C. Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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A. Major Activity/Service listed in 2024 application	B. Date Completed	C. Comments
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 2024 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 How did you evaluate whether improvements resulted from implementing this activity/service?

G1.4 Were improvements observed? If so, describe. If not, describe barriers to improvement.

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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. Other Information

H1.1 Provide any other information you would like to share about your SDPI program, including additional program staff, partnerships, and/or activities.

You have completed your 2024 Annual Progress Report. Next Steps:

1. **Review** your report 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 2024 in GrantSolutions.
4. **Notify** your [Area Diabetes Consultant](#)⁸ to inform them that the reports have been submitted in GrantSolutions.

The Federal Financial Report is also due at this time in the [Payment Management System](#)⁷. Check with your local fiscal office and/or your [Grants Management Specialist](#)⁹ to ensure that this report is submitted for your program.

⁹ GMS Contacts: <https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/#DGMCONTACTINFO>