Program Name:

Indian Health Service
Special Diabetes Program for Indians
2025 Continuation Application Project Narrative
Last updated: July 2024

Instructions

1. This template is provided as an option for SDPI and SDPI-2 grantees to use to submit the required information below.

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

   a. Your program's 2024 application, including the completed Project Narrative.
   b. Your program's 2024 Notice of (Grant) Award.
   c. Your local clinic's 2023 and 2024 Diabetes Care and Outcomes Audit Reports.
   d. Your program's 2024 SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report.

3. **If using this template,**

   a. **Download** a copy of this Project Narrative template to your desktop before entering information.

   b. **Ensure** Adobe Acrobat Reader[1] is used.

   c. **Complete** ALL pertinent items by selecting a response from a list or typing the requested information.

   d. **Review** your completed Project Narrative to ensure that all required items – outlined in red – are filled in.

4. **Submit** your completed Project Narrative (or equivalent) as instructed.

Additional Information

1. **Form fields**. Free text fields are not limited to the space you see on the template. Additional text that you enter can be seen by clicking on the plus sign in the lower, right-hand corner of the field.

2. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used in your Project Narrative. Any other abbreviation(s) used should be spelled out the first time.

   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

3. Contact your Area Diabetes Consultant[2] or the SDPI team (sdpi@ihs.gov) if you have any questions or problems.

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[1] Adobe Acrobat Reader download: http://get.adobe.com/reader/otherversions/

[2] Area Diabetes Consultant Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/

Program Name:

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 12 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 both 2023 and 2024?

    a. If no, why not?

    b. If other, provide a brief explanation:

B1.2 Provide information to the table below that corresponds to Audit Reports you were able to obtain.

    a. **If you DO have Audit Reports for both 2023 and 2024**: provide two to three outcomes that need to be improved based on these reports (if audit reports are not available, go to B1.2b).

a. Audit Outcome	b. Audit 2023 Result (percent)	c. Audit 2024 Result (percent)
1.	%	%
2.	%	%
3.	%	%

b. **If you DO NOT have Audit Reports for both 2023 and 2024:** list two to three diabetes-related issues

that your program can work on improving.

a. Diabetes-related Issue	b. 2023 Result	c. 2024 Result
1.		
2.		
3.		

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

Part C: Leadership and Key Personnel

C1.1 In your 2024 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 C).

a. Provide the name and role or position that this leader holds.

b. Describe how this leader was involved with your program's work for 2024.

c. Will this leader continue to be involved with your program's work for 2025? If not, identify a new leader that will be involved, including their name and role or position.

Program Name:

C1.2 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 G, Other Information of this Project Narrative. **Provide a brief resume or biographical sketch for any new key personnel working on the project since you submitted your 2024 grant application**.

First Name	Last Name	Title and Credentials	Paid with SDPI funds (at least in part)?	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.				

Program Name:

Part D: Partnerships and Collaborations

D1.1 Provide information on any new or discontinued partnerships that occurred since you completed your 2023 grant application. If there are more than five changes, use Part G, Other Information of this Project Narrative to document them. **If there are no new or discontinued partnerships, proceed to Part E.**

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 E. 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 2025 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 resources and tools. An SDPI Diabetes Best Practices List and Summary Table[5] is also available for quick reference. For the 2025 application, grantees may propose to:

1. Continue work on the same Best Practice selected in their 2024 application. This could include:

   a. Continuing 2024 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 your program worked with in 2024.

Section 1: Best Practice and Required Key Measure Information for 2024

Submit a copy of your program's 2024 RKM Data Summary Report from the SOS, which includes the following:

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

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[3] Funding Opportunity Description: https://www.federalregister.gov/d/2022-16264/p-47

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

[5] Best Practices Summary Table:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/bestpractices/SDPI_BP_Summary.pdf

Program Name:

Per the Terms and Conditions of the grant, 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 2024 baseline RKM data. If this has not been completed, do so before submitting a 2025 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: 2025 Best Practice, Target Group Number and Description, and Activities

E2.1   SDPI Diabetes Best Practice selected:

a. Briefly describe why your program selected this Best Practice.

b. Is this is a different Best Practice than the one your program selected for 2024?

E2.2   **Required Key Measure (RKM)**: Review the Best Practices summary table[5]. Enter the RKM for your selected Best Practice as it appears in the table.

E2.3   **Proposed Activities/Services:** What activity(ies)/service(s) does your program propose to implement in 2025 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 G, 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.	

Program Name:

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.	

Program Name:

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 your program can realistically include in the activities/services provided above (in item E2.3) and collect and submit RKM data for. The following should be considered in selecting your program's 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 program's Target Group from,
2. Intensity of the activities/services your program plans to do,
3. SDPI funding and other resources available to provide activities/services, and
4. Source for RKM data.

To determine your program's Target Group, complete the following steps:

Step one: Review the Target Group Guidance for your program's selected Best Practice in the [Summary Table](#)[5].

Step two: Based on the guidance in step one, determine which group of patients/participants your program plans 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 your program 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: Determine the number of people that your program can realistically serve, which will be the number in your Target Group, based on the following:

- The characteristics of the patients/participants (step two);
- The total number of potential patients/participants (step three);
- The intensity of the planned activities/services as assessed (step four); and
- SDPI and other resources available.

Program Name:

    E2.4   Based on the steps provided, what is the number of patients/participants in your 2025 Target Group?

    E2.5   Describe your 2025 Target Group (see Steps one and two above).

    E2.6   Briefly describe how your program's Target Group number was determined.

Part F. Activities/Services NOT related to selected Best Practice

Complete this section if your program is proposing to implement activities/services not related to your selected Best Practice and/or Target Group in 2025. Otherwise, skip to Part G.

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

F1.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F1.2   **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.

F1.3   What improvements does your program anticipate from implementing this activity/service?

F1.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #2

F2.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F2.2   **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.

F2.3   What improvements does your program anticipate from implementing this activity/service?

F2.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #3

F3.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F3.2   **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.

F3.3   What improvements does your program anticipate from implementing this activity/service?

F3.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #4

F4.1 What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F4.2 **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.

F4.3 What improvements does your program anticipate from implementing this activity/service?

F4.4 How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #5

F5.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F5.2   **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.

F5.3   What improvements does your program anticipate from implementing this activity/service?

F5.4   How will your program evaluate whether these improvements occurred?

Program Name:

Part G. Additional Program Information
Food Insecurity Assessment

    G1.1 Are patients/community members screened for food insecurity?

        a. If yes, who conducts the screening? Check all that apply.

            i. Registration Representative

          ii. Provider

       iii. Nurse

       iv. Medical Assistant

        v. Community Health Representative (CHR)

       vi. Registered Dietitian

      vii. Social Worker

     viii. Behavioral Health Representative

       ix. Other:

        x. Don't Know

        b. If yes, what screening tool(s) is/are used? Check all that apply.

            i. [2 Question Hunger Vital Sign](#)[6]

          ii. [US Household Food Security Survey](#)[7]

       iii. [US Adult Food Security Survey](#)[8]

       iv. [Six Item Short Form of the Food Security Survey](#)[9]

        v. [Self-Administered Food Security Survey for Youth Ages Twelve and Older](#)[10]

       vi. Other:

      vii. Don't Know

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[6] The Hunger Vital Sign: https://childrenshealthwatch.org/public-policy/hunger-vital-sign/
[7] US Household Food Security Survey: https://www.ers.usda.gov/media/8271/hh2012.pdf
[8] US Adult Food Security Survey: https://www.ers.usda.gov/media/8279/ad2012.pdf
[9] Six Item Short Form of the Food Security Survey: https://www.ers.usda.gov/media/8282/short2012.pdf
[10] Self-Administered Food Security Survey for Youth: https://www.ers.usda.gov/media/8283/youth2006.pdf

Program Name:

    c.   What occurs when someone screens positive for food insecurity? Check all that apply.

        i.   Provide emergency food resources at time of screening (e.g., grocery store gift card, food box)

        ii.   Referral for food resources to an off-site/external program (e.g., food pantry, church)

        iii.   Referral to another program or department at the clinic (e.g., public health, diabetes, nutrition, social services)

        iv.   Referral to Federal Food Assistance Program (e.g., SNAP, WIC, Title VI, FDPIR)

        v.   Referral to a Registered Dietitian

        vi.   Other:

        vii.   Don't Know

Other Information (optional)

G2.1   Does your program provide any activities/services for children and/or youth?

G2.2   **Diabetes Services and Activities:** Indicate whether each of the following are available through your SDPI program, community, or health care facility.

A. Program/Activity	B. SDPI Program Involvement	C. Community or Facility Involvement Other than SDPI
1. Diabetes team(s) (people working together to provide coordinated care to individuals with diabetes)		
2. Diabetes registry (list of people with diabetes)		
3. Diabetes clinic(s)		
4. Registered dietitian(s)		
5. Diabetes educator(s)		
6. Physical activity specialist(s)		
7. Organized diabetes education (individual or group classes)		
8. Access to culturally appropriate diabetes education material		
9. Talking circles, support groups		
10. Nutrition services for children and youth		
11. Nutrition services for adults		
12. Nutrition services for families		
13. Weight management programs for children and youth		
14. Weight management programs for adults		
15. Community fitness programs, such as walking or running groups or events		
16. Community exercise classes, such as aerobics or strength building		
17. School-based nutrition services for children and youth		

Program Name:

A. Program/Activity	B. SDPI Program Involvement	C. Community or Facility Involvement Other than SDPI
18. School-based healthy eating programs for children and youth		
19. School-based physical activity programs for children and youth		
20. Diabetes prevention for children and youth		
21. Community-based physical activity programs for children and youth		
22. Playground construction or improvement		
23. Physical activity programs for school-age youth		
24. Safe environments that encourage physical activity		
25. Partnership or collaboration with social services		
26. Partnership with local school systems		
27. Clinic and/or community-based services specifically for men's health		
28. Clinic and/or community-based services specifically for women's health		
29. Clinic-based services specifically for youth		
30. Use of social media (e.g. Facebook, texting)		
31. Telehealth education/services		

G2.3   Is there any other information you would like to share about your SDPI program, including additional program staff or partnerships? If so, describe below.

You have now completed the SDPI 2025 Project Narrative. Save this PDF document to your computer before closing. Submit your completed Project Narrative as instructed.

Visit the [SDPI 2025 Application webpage](https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/)[11] *for further information.*

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[11] SDPI 2025 Application: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/