

Program Name:

**Indian Health Service  
Special Diabetes Program for Indians  
Community-Directed Grant Program**

**FY 2019 Annual Progress Report**

Last updated: March 2020(2)

**Timeline:** This Report covers grant activities and information from Jan 1 to Dec 31, 2019. **Note:** Completion of this report should start on or after January 1, 2020.

**Due Date and Submission:** March 31, 2020 in GrantSolutions as a grant note for primary grantees. Sub-grantees should check with their primary grantee on due date and submission preferences.

**Additional Information:** See the [SDPI FY 2019 Annual Progress Report](#)<sup>1</sup> webpage.

**Instructions for completing and submitting this report:**

1. **Retrieve and review** the following:
  - a. Your program's FY 2019 Notice of Award (NoA)
  - b. [Annual Diabetes Audit Reports](#)<sup>2</sup> for 2019 and, if available, 2020
  - c. Your program's FY 2019 application, including completed [Project Narrative](#)<sup>3</sup>
  - d. Documents used to track SDPI-related trainings over the past year, including the [SDPI Training Tracking Tool](#)<sup>4</sup>
  - e. [FY 2019 SOS RKM Data Summary Report](#)<sup>5</sup>
2. **Save** this PDF on your computer for your records and to complete offline.
3. **Ensure** that all contributors download and use the latest version of [Adobe Reader](#)<sup>6</sup> to complete this report.
4. **Complete** ALL pertinent items by selecting a response from a list or entering the requested information. Failure to provide all required information will result in an incomplete report.
5. **Review** the completed Report to ensure all required items have responses. Required items have fields that are outlined in red.
6. **Submit** this completed report and the [FY 2019 SOS RKM Data Summary Report](#)<sup>5</sup> in GrantSolutions under [Grant Notes](#)<sup>7</sup>.
7. **Notify** your [Area Diabetes Consultant](#)<sup>8</sup> that the report has been submitted in GrantSolutions.

**The Annual Federal Financial Report (SF-425) is also due at this time. Check with your local fiscal office and/or your Division of Grants Management Specialist to ensure that the SF-425 is submitted for your program (this does not apply to sub-grantees).**

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<sup>1</sup> FY 2019 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> FY19 Project Narrative:

[https://www.ihs.gov/sites/sdpi/themes/responsive2017/display\\_objects/documents/SDPIFY19\\_ProjNarr.pdf](https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPIFY19_ProjNarr.pdf)

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

[https://www.ihs.gov/sites/sdpi/themes/responsive2017/display\\_objects/documents/FY19\\_SDPI\\_Trng\\_Tracking\\_Tool.pdf](https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/FY19_SDPI_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/>

<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/>

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**Final submission:** The three components of your FY 2019 Annual Progress Report are:

- 1) [FY2019 Annual Progress Report](#)<sup>1</sup>
- 2) [SOS FY 2019 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 Clinic name):
- A1.4 Grant Number:
- A1.5 Name/Title of person completing Report:
- a. Email address:
  - b. Phone number:

### Part B: Program Resources

Provide the funding information below, which can be obtained from your local fiscal office. If you are a sub-grantee, provide funding information specific to your program, instead of information from your primary grantee.

- B1.1 What is the amount of cumulative, unobligated funds for the project (**all** SDPI grant years) through December 31, 2019?
- \$

### 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, 2019.

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
<b>Optional Webinar #1</b> <b>SDPI Required Key Measure (RKM) Baseline Data For FY 2019</b> Presented on: February 22, 2019	K. Sheff			
<b>Required Webinar #1</b> <b>SDPI FY 2020 Continuation Application Kickoff</b> Presented on: June 13, 2019	DDTP Staff			
<b>Optional Webinar #2</b> <b>SDPI FY 2020 Best Practice and Target Group Overview</b> Presented on: July 16, 2019	K. Sheff			

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

Program Name:

A. Title	B. Presenter(s)	C. Date Attended	D. Attended By (Names)	E. Other Comments (optional)
<b>Optional Webinar #3</b> <b>SDPI RKM Final Data For FY 2019</b> Presented on: December 12, 2019	M. Knight			
<b>Optional Webinar #4</b> <b>2020 Grant Update</b> Presented on: December 18, 2019	DDTP/DGM			

C1.2 List all other trainings relevant to your SDPI grant that your program has attended during calendar year 2019 (include name and sponsor of training).

**Part D: Diabetes Audit Review**

Review your [FY 2019 Project Narrative](#)<sup>3</sup> (Item B.1.2) to answer the following questions.

D1.1 List the two to three items/elements from your 2017 and 2018 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement (Item B.1.2. from your FY 2019 Project Narrative). In addition, provide the results for these items from your [Annual 2019 Audit](#)<sup>2</sup> and 2020 Audit (if draft is available).

a. Audit Item/Element	b. Audit 2017 Result	c. Audit 2018 Result	d. Audit 2019 Result	e. Audit 2020 Result (Optional)
1.				
2.				
3.				

D1.2 Describe how your program has addressed the items/elements in D1.1 and/or how your program worked with your local Indian health clinic to address them.

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### Part E: Leadership and Key Personnel

- E1.1 Have there been any changes in leadership/staff, or new positions filled, since you completed your [FY 2019 Project Narrative](#)<sup>3</sup> (See Part D)?
- a. If yes, briefly describe.

### Part F: Tracking RKM, Access to Medical Record System, Diabetes Prevention, and People Served

#### Tracking RKM

- F1.1 How did you track Required Key Measure data for your FY 2019 Best Practice? Select all that apply.
- a. IHS Diabetes Care and Outcomes Audit
  - b. 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:

#### Access to Medical Record System

- F2.1 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
- F2.2 What type of access does your SDPI program currently have to your local facility's medical record system? Select only one option.
- a. Direct access – your program can **directly** enter and retrieve information from the system
  - b. Indirect access – your program can **request** entry and retrieval of information from the system
  - c. None

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- i. If none, how can your program obtain direct or indirect access to your local facility's medical record system?

## Diabetes Prevention

F3.1 In FY 2019, did your program provide any diabetes prevention activities/services to the following groups?

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

F3.2 Does your program provide the [Diabetes Prevention Program \(DPP\) intensive lifestyle intervention](#)<sup>10</sup>?

If yes, answer the following questions below.

- a. Does your program bill **Medicaid** for DPP services (only applicable in [certain states](#)<sup>11</sup>)?
- b. Is your program a [CDC-Recognized Lifestyle Change Program](#)<sup>12</sup>?
  - 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

F4.1 Approximately how many total people in your community received services or participated in activities funded by your SDPI Community-Directed grant program in the past year? Include people that participated in all types of activities/services (e.g., community events, education classes, fitness activities, clinical services).

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<sup>10</sup> CDC DPP: <https://www.cdc.gov/diabetes/prevention/index.html>

<sup>11</sup> States with Medicaid Managed Care Programs: <https://coveragetoolkit.org/states-with-medicare-managed-care-programs/>

<sup>12</sup> CDC Lifestyle Recognition Program: <https://www.cdc.gov/diabetes/prevention/requirements-recognition.htm>

Program Name:

**Part G: Best Practice and Required Key Measure (RKM) Data for FY 2019**

G1.1 Submit a copy of your RKM Data Summary Report for FY 2019 from the [SDPI Outcomes System \(SOS\)](#)<sup>5</sup>. 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 [sdpi@ihs.gov](mailto:sdpi@ihs.gov) if you are having difficulty submitting the required information.

G1.2 Review this report. 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?

G1.3 **Completed Activities/Services:** List all proposed activity(ies)/service(s) from your FY 2019 application (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 I, Other Information](#), of this Annual Report.

a. Major Activity/Service listed in 2019 application	b. Date(s) Completed	c. Comments
1.		
2.		
3.		

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a. Major Activity/Service listed in 2019 application	b. Date(s) Completed	c. Comments
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Program Name:

**Part H: 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 FY 2019 funds. If you did not provide additional activities/services, skip to [Part I](#).

Activities/services reported here should be based on the following criteria:

- Utilize the most grant funding and program time.
- Address significant needs/challenges.

**Activity/Service #1**

H1.1 What activity/service did you provide with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

H1.2 **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.

H1.3 What improvements resulted from implementing this activity/service?

H1.4 How did you evaluate whether these improvements occurred?



Program Name:

**Activity/Service #2**

H2.1 What activity/service did you provide with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

H2.2 **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.

H2.3 What improvements resulted from implementing this activity/service?

H2.4 How did you evaluate whether these improvements occurred?

Program Name:

**Activity/Service #3**

H3.1 What activity/service did you provide with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

H3.2 **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.

H3.3 What improvements resulted from implementing this activity/service?

H3.4 How did you evaluate whether these improvements occurred?

Program Name:

**Activity/Service #4**

H4.1 What activity/service did you provide with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

H4.2 **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.

H4.3 What improvements resulted from implementing this activity/service?

H4.4 How did you evaluate whether these improvements occurred?

Program Name:

**Activity/Service #5**

H5.1 What activity/service did you provide with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

H5.2 **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.

H5.3 What improvements resulted from implementing this activity/service?

H5.4 How did you evaluate whether these improvements occurred?

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### **Part I: Other Information (optional)**

- 11.1 If there is any other information regarding FY 2019 you would like to share about your program, provide it below.

### **You have completed your FY 2019 Annual Progress Report. Next Steps:**

1. **Review** your reports for completeness and accuracy.
2. **Save** this document on your computer for your records. Response fields should be editable.
3. **Submit this completed report and SOS RKM Data Summary Report** for FY 2019 as PDF documents in GrantSolutions, under “Grant Notes”. **Note:** Sub-grantees 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>13</sup> to ensure that this report is submitted for your program.

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<sup>13</sup> GMS Contacts: <https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/#DGMCONTACTINFO>