

**Indian Health Service
Director's 3-Initiative
Best and Promising Practice and Local Effort Electronic Submission Form**

The Indian Health Service (I.H.S.) Health Promotion/Disease Prevention (HP/DP), Behavioral Health (BH) and Chronic Care (CC) Programs are creating an inventory of best practice/promising practice and/or local effort (BP/PP/LE), resources, and policies occurring in American Indian/Alaska Native (AI/AN) communities, schools, work sites, health centers/clinics, and hospitals..

The purpose of this inventory is to:

- Assist AI/AN communities in getting problem and indicator specific information on effective AI/AN targeted programming.
- Form an IHS database of programs easily accessed on the IHS website.
- Establish a resource for external and internal collaboration and communication.
- Highlight successful programs and encourage their broader dissemination.
- Demonstrate programs that integrate Health Promotion Disease Prevention, Behavioral Health, and Chronic Care to increase the wellness of the community.

To submit a best practice, promising practice, or local effort, please complete the inventory form below:

***1. Please provide the name, title and contact information for the person filling in this template.**

Name:	_____
Site or location name:	_____
Address:	_____
Address 2:	_____
City/Town:	_____
State:	_____ (Drop Down Menu)
ZIP:	_____
Country:	_____
Email Address:	_____
Phone Number	_____

2. Should people reviewing your submission contact someone other than yourself for questions about the program?

- Yes → Directed to Question 3**
- No → Directed to Question 4**

*By submitting this form you are agreeing that you or your designee can be contacted regarding this submission.

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3)), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 801 Thompson Ave., Suite 450, Rockville, MD 20852.

***3. Please provide the contact information of the person reviewer should contact:**

Name:	_____
Site or location name:	_____
Address:	_____
Address 2:	_____
City/Town:	_____
State:	_____ (Drop Down Menu)
ZIP:	_____
Country:	_____
Email Address:	_____
Phone Number	_____

*By submitting this form you are agreeing that you or your designee can be contacted regarding this submission.

4. What are you submitting?

- **Evidence Based Practice:** Programs formally evaluated to be effective, or Best Practices, that can be replicated and implemented, even with modifications in other settings.
- **Promising Practice:** Programs not formally evaluated (or formal evaluation is not yet complete) but identified by experts as programs with results suggesting efficacy and worthy of further study in broader pilot implementation efforts.
- **Local Effort:** Programs and/or activities that have not been evaluated but are identified by local programs as producing positive results.
- **Resources:** Information or materials that might help develop a program/project in a community but can not be defined as a Best Practice, Promising Practice, or Local Effort.
- **Policy:** An ordinance, resolution, or law passed by a community that produces positive results.

5. Please choose the service area, from the drop down list below, that best describes the location of the program or information you are submitting. A map of the 12 IHS Areas is below to help you with your selection.

- National
- Aberdeen
- Alaska
- Albuquerque
- Bemidji
- Billings
- California
- Nashville
- Navajo
- Oklahoma
- Phoenix
- Portland
- Tucson
- Other/Unknown



6. What is the Title of the program or information being entered?

7. Please define the project's target age group(s): (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Infants
(0-12 months) | <input type="checkbox"/> Children
(2-11 years) | <input type="checkbox"/> Adults
(18-64 years) |
| <input type="checkbox"/> Toddler
(12-24 months) | <input type="checkbox"/> Adolescent
(12-17 years) | <input type="checkbox"/> Elderly
(65+ years) |

8. Please describe the type of location where the project takes place: (check all that apply)

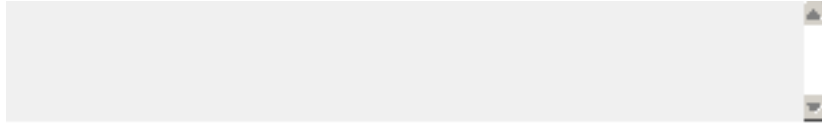
- | | | |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Clinic/Health Center | <input type="checkbox"/> Home | <input type="checkbox"/> Worksite |
| <input type="checkbox"/> Other: | | |

9. Please check the targeted health indicator(s) impacted by the project. (check all the apply)


- | | | |
|--|---|---|
| <input type="checkbox"/> Cardiovascular Disease | <input type="checkbox"/> Healthcare Access | <input type="checkbox"/> Overweight and Obesity |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Immunization | <input type="checkbox"/> Pets/Animals |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Physical Activity |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Environmental Quality | <input type="checkbox"/> Injury and Violence | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Excessive Alcohol Consumption | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Traditional Healing |
| <input type="checkbox"/> Grants | <input type="checkbox"/> Methamphetamines | |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Oral Health | |

Note: Review of content is based partially on the Health Indicator(s) selected. Selecting more than one Health Indicator may require additional review. Information submitted might be approved for some Health Indicators before others, and therefore content might not appear for some searches but does appear for others; this only pertains to submissions that have more than one targeted health indicator selected.

10. Please describe the project that you are submitting.



11. Please list the website where information about the program can be found (if applicable):



12. Please select at least one key word that would describe the project you are submitting (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Interview and teaching strategies |
| <input type="checkbox"/> Alcohol/substance abuse prevention | <input type="checkbox"/> Lifestyle coaching |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Behavioral health/behavioral change | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Capacity building or empowerment | <input type="checkbox"/> Pregnancy prevention |
| <input type="checkbox"/> Child abuse prevention | <input type="checkbox"/> Public Health intervention |
| <input type="checkbox"/> Chronic conditions | <input type="checkbox"/> Staff qualification or credentials |
| <input type="checkbox"/> Community assessment | <input type="checkbox"/> School health |
| <input type="checkbox"/> Community directed intervention | <input type="checkbox"/> Scientific research |
| <input type="checkbox"/> Community mobilization/organization | <input type="checkbox"/> Sudden Infant Death Syndrome |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Drug abuse prevention | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Disability prevention | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Domestic violence prevention | <input type="checkbox"/> Teaching strategies |
| <input type="checkbox"/> Environmental change | <input type="checkbox"/> Tobacco cessation |
| <input type="checkbox"/> Group process | <input type="checkbox"/> Unintentional injury |
| <input type="checkbox"/> Health literacy | <input type="checkbox"/> Violence and Intentional injury |
| <input type="checkbox"/> Health promotion and wellness | <input type="checkbox"/> Worksite health |
| <input type="checkbox"/> HIV prevention | <input type="checkbox"/> Zoonotic Disease (disease with an animal link) |
| <input type="checkbox"/> Other (please specify) | |

Questions 13 to 14 are required in order to be considered evidence based practice or

submission will be considered a promising practice or local effort upon evaluation unless materials are available for review.

13. Was the project evaluated?

- Yes → Directed to Question 14
- No → Directed to Question 16

14. Is the evaluation summary available?

- Yes → If Yes, Directed to Question 15
- No → If No, Directed to Question 16

15. Please specify a file or a set of files:

***If you are not able to upload your documents, or your documents are larger than 5 MB in size, send the evaluation materials one of the following ways:**

Mail Address:

Indian Health Service

Attn: OSCAR Team

801 Thompson Ave, Suite 300

Rockville, MD 20852

Fax:

(301) 594-6213, or (301) 443-7623

Attn: OSCAR Team

16. What is/was the overall cost (estimate) of the program?

17. Any final comments?