

**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.**

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

**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 the Paperwork Reduction Act regulations (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:**

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

\*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:** Body of Evidence (usually based on more than a single program assessment) formally evaluated to be effective, or Best Practices, that can be replicated and implemented, even with modifications in other settings. Examples: USPHS Task Force or CDC Community Guide Recommendations.
- **Promising Practice:** A single program that is evaluated with the results suggesting effectiveness and worthy of further study. Example: A community intervention project shown to reduce Type II Diabetes by 15%.
- **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. Examples: Grants and tool kits.
- **Policy:** An ordinance, resolution, or law. Example: Community no smoking policy.

*\* Red colored font indicates the change to the definition in order to clarify what is being asked.*

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?**

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

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Capacity Building and Assessment</b> | <input type="checkbox"/> Healthcare Access        | <input type="checkbox"/> Oral Health                            |
| <input type="checkbox"/> Cardiovascular Disease                  | <input type="checkbox"/> <b>HIV/AIDS</b>          | <input type="checkbox"/> <b>Overweight and Obesity</b>          |
| <input type="checkbox"/> <b>Child Abuse/Neglect</b>              | <input type="checkbox"/> Immunization             | <input type="checkbox"/> <b>Pets/Animals</b>                    |
| <input type="checkbox"/> Diabetes                                | <input type="checkbox"/> Infectious Disease       | <input type="checkbox"/> Physical Activity                      |
| <input type="checkbox"/> <b>Domestic Violence</b>                | <input type="checkbox"/> Information Technology   | <input type="checkbox"/> <b>Sexually Transmitted Infections</b> |
| <input type="checkbox"/> <b>Disability</b>                       | <input type="checkbox"/> <b>Injury Prevention</b> | <input type="checkbox"/> Substance Abuse                        |
| <input type="checkbox"/> Environmental Health/Quality            | <input type="checkbox"/> Maternal Child Health    | <input type="checkbox"/> Tobacco Use                            |
| <input type="checkbox"/> <b>Epidemiology and Statistics</b>      | <input type="checkbox"/> Mental Health            | <input type="checkbox"/> Traditional Healing                    |
| <input type="checkbox"/> Excessive Alcohol Consumption           | <input type="checkbox"/> <b>Methamphetamine</b>   | <input type="checkbox"/> <b>Trauma Care</b>                     |
| <input type="checkbox"/> Health Education                        | <input type="checkbox"/> <b>Nutrition</b>         | <input type="checkbox"/> <b>Violence</b>                        |
|  |   | <input type="checkbox"/> <b>Zoonotic Disease</b>                |

**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.**

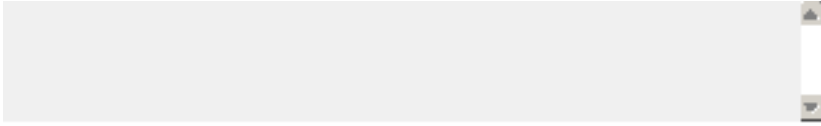
\* *Blue colored font* indicates a Health Indicator that was added.

\* *Red colored font* indicates Health Indicator that was removed and added to Key Words.

\* *Green colored font* indicates Health Indicator that was removed from Key Words and added to Health Indicator.

\* *Brown colored font* indicates Health Indicator that was reworded to clarify what was being asked.

**Please describe the project that you are submitting.**



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





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

- Addictions**
- Advocacy**
- Alcohol/substance abuse prevention**
- Asthma
- Behavioral health/behavioral change
- Breastfeeding
- Bonding/Attachment**
- Cancer screening**
- Capacity building or empowerment
- Child abuse/neglect**
- Child development**
- Chronic conditions
- Coalition building**
- Community assessment
- Community directed intervention
- Community mobilization/organization
- Depression**
- Dietary guidelines**
- Disability**
- Disability prevention**
- Domestic violence prevention
- Drug abuse prevention
- DVPI**
- Environmental change
- Falls**
- Family Planning**
- Food safety**
- Group process
- Gynecology/Obstetrics**
- Health literacy
- Health promotion and wellness
- HIV prevention**
- Infant feeding**
- Interview and teaching strategies
- Lifestyle coaching**
- Methamphetamines**
- Motivation
- Motor Vehicle**
- MSPI**
- News and social media**
- Nutrition**
- Overweight and obesity**
- Parenting skills training**
- Pets/animals**
- Physical activity
- Policy development and planning**
- Pregnancy planning**
- Prenatal care**
- PTSD**
- Public Health intervention
- School health
- Scientific research
- SDPI**
- Self-care**
- Sexual Assault**
- Staff training or credentials
- Sudden Infant Death Syndrome
- Suicide prevention
- Surveillance
- Sustainability**
- Teaching strategies
- Tobacco cessation
- Traumatic Brain Injury
- Unintentional injury**
- Veteran's health
- Violence against Women**
- Worksite health
- Other (please specify)

## □ **Leadership**

\* *Blue colored font* indicates Key Word that was added.

\* *Red colored font* indicates Key Word that was removed and added to Health Indicator.

\* *Green colored font* indicates Key word that was removed from Health Indicator and added to Key Word.

\* *Brown colored font* indicates Key Word that was reworded to clarify what was being asked.

\* *Pink colored font* indicates Key Word that was removed.

**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?**