

Indian Health Service
Sharing What Works – Best Practice, Promising Practice,
and Local Effort Form

The Indian Health Service (IHS) is creating an inventory of Best (i.e., Evidence-Based) Practice, Promising Practice, Local Effort (BP/PP/LE), Resources, and Policies occurring among American Indian/Alaska Native (AI/AN) communities, schools, work sites, health centers/clinics, and hospitals.

The purpose of this inventory is to:

- Assist our AI/AN communities with getting the information and health services they need;
 - Form an IHS database of Best Practices, Promising Practices, Local Efforts, Resources, and Policies that can be easily accessed on the IHS website;
 - Improve informed consultation with Tribal and Urban programs by facilitating transparency in IHS and IHS supported activities; and,
 - Highlight the great work that occurs in the field.
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To submit a best practice, promising practice, local effort, resource, or policy, please complete the inventory form below. Your submission won't be saved until you complete all the required fields and click the Submit button at the end of Step 3. At the end of the form, you will have an opportunity to preview and edit your submission before sending it to the database.

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.

* Indicates a Required Field

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

Name:	*	<input type="text"/>
Site or location name:	*	<input type="text"/>
Address 1:	*	<input type="text"/>
Address 2:		<input type="text"/>
City/Town:	*	<input type="text"/>
State:	*	<input type="text" value="-- select state --"/>
ZIP:	*	<input type="text"/>
Country:		<input type="text"/>
Email Address:	*	<input type="text"/>
Phone Number:	*	<input type="text"/>

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

- Yes
- No

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

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

Name: * (Required only if answer to Question 2 is yes)

Site or location name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address: * (Required only if answer to Question 2 is yes)

Phone Number: * (Required only if answer to Question 2 is yes)

* 4. What type of program or information 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.

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 service 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 population: (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"/> Work site |
| <input type="checkbox"/> Other (please specify) | | |

*** 9. Please check the targeted health indicators impacted by the project. (Check all that Apply)**

Note: Review of content is based partially on the Health Indicator(s) selected. Selecting

more than one Indicator might require additional review; result in delay of approval, and publication of your submission for one Indicator before others.

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

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"/> Addictions | <input type="checkbox"/> Lifestyle coaching |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Methamphetamines |

- Alcohol/substance abuse prevention
- Asthma
- Behavioral health/behavioral change
- Bonding/attachment
- Breastfeeding
- 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
- Domestic violence prevention
- Drug abuse prevention
- DVPI
- Environmental change
- Falls
- Family Planning
- Food safety
- Group process
- Gynecology/obstetrics
- Health literacy
- Health promotion and wellness
- Infant feeding
- Interview and teaching strategies
- Leadership

- Motivation
- Motor vehicle
- MSPI
- News and social media
- Overweight and obesity
- Parenting skills training
- Pets/animals
- Physical activity
- Policy development and planning
- Prenatal care
- PTSD
- Public Health intervention
- School health
- Scientific research
- SDPI
- Self-Care
- Sexual assault
- Staff training and credentialing
- Sudden Infant Death Syndrome
- Suicide prevention
- Surveillance
- Sustainability
- Teaching strategies
- Tobacco cessation
- Traumatic Brain Injury
- Veteran's health
- Violence against women
- Worksite health
- 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

No

*** 14. Is the evaluation summary available?**

Yes

No

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

Accepted file types are: .doc, .pdf, .txt, .rtf

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

Mail Address:

Indian Health Service
Attn: BPPPLE 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?