

Submit Your Promising Practices

The purpose of the Promising Practices [database](#) is to inform professionals and community members about documented approaches to improving community health and quality. The promising practices database includes promising practices from all over the country, but we want to provide as many locally relevant practices as possible. The ultimate goal is to support the systematic adoption, implementation, and evaluation of successful programs, practices, and policy changes. The database provides carefully reviewed, documented, and ranked practices that range from good ideas to evidence-based practices.

To submit a Promising Practice, please complete the following form and provide as much detail as possible. Please also see the [Guidelines for Submitting Promising Practices](#) to ensure your submission qualifies as a Promising Practice.

Once you have completed the form, save it to your computer, then attach the completed form to an email and send it to Carlie Houchen at chouchen@khi.org.

Questions marked with an* are required.

Your Name*

[Your Name]

Your Email Address*

[Your Email Address]

Title of Promising Practice*

[Title of Promising Practice]

What organization(s) or individual runs the program or is responsible for this Promising Practice?*

[Organization]

Source of the Promising Practice if different than above (for example, a specific high school may be running a program they got from a national group)

[Promising Practice Source]

Where is/was this Promising Practice located?* *(Please select the appropriate choice for regional span and for area type.)*

Regional Span

Choose an item.

Area Type

Choose an item.

Name of the City/County/State

[Name of the City/County/State]

Who is the primary contact regarding this Promising Practice?

Contact's Name*

[Contact's Name]

Organization

[Organization]

Phone

[Phone]

Website

[Website]

Email

[Email]

Address

[Address]

Description of Promising Practice*

[Description of Promising Practice]

URL of Promising Practice if applicable (URLs should begin with "http://")

[Promising Practice Website]

Goal/Mission*

[Goal/Mission]

Results/Accomplishments*

[Results/Accomplishments]

Who is the Primary Target Audience? *(Please check all that apply.)*

- | | | | |
|-----------------------------------------|----------------------------------|-----------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Children | <input type="checkbox"/> Teens | <input type="checkbox"/> Adults | <input type="checkbox"/> Women |
| <input type="checkbox"/> Men | <input type="checkbox"/> Elderly | <input type="checkbox"/> Families | <input type="checkbox"/> Racial/Ethnic Minorities |
| <input type="checkbox"/> Other: [Other] | | | |

Please list subject keywords that are relevant to this Promising Practice.*

[Subject Keywords]

Date of implementation

[yyyy-mm-dd]

I (the submitter) agree and understand that the information submitted will be made publicly available through Healthy Communities Institute websites if it meets [HCI guidelines for submission](#).*

- Yes No

Which of the following subcategories best relates to this Promising Practice? *(Please select up to three from the list below.)*

Subcategory #1
Choose an item.

Subcategory #2
Choose an item.

Subcategory #3
Choose an item.

Please share any additional thoughts about this Promising Practice or any questions for us.

[Additional Thoughts]