



## Bridge to Promising Practices For: *Health Center Name*

*Aliados Health*

### PROMISING PRACTICE OVERVIEW

1. *Name of Promising Practice*
2. *Name of originating health center*
3. *Promising practice summary - i.e. basics of the promising practice (be sure to attach a copy of promising practice and send to the health center)*

### HOW WE THINK IT WILL HELP

*i.e. What issue could this promising practice help address? What elements could the health center based on their current resources?*

### RELATED OPPORTUNITIES

1. *i.e. Grant opportunities Aliados Health has seen, opportunities for TA to implement the promising practice, and upcoming QI Chat Room presentations. Include reminders to join upcoming related meetings to learn more and to let Aliados Health know how the implementation went if the promising practice is tried. Remember to follow up with the health center six months after issuing this document to see how any implementation of the promising practice went. If possible, complete the "building the evidence" document.*