

## HICcup.co – The Way to Wellville Contest Community Application Form

*Greetings, prospective Wellville communities! Once you've checked out our [selection process](#) and you're ready to apply, please tell us about the place, people and plans you're proposing for **The Way to Wellville** contest. Visit our [FAQs](#) if you get stuck. Submit a new question if you can't find your answer: [info@hiccup.co](mailto:info@hiccup.co). And sign up for a [webinar](#) to learn more.*

### Instructions:

- This form requires the latest version of Adobe Reader (v.11), which you can download here: <http://get.adobe.com/reader/>. (Note: The Mac's Preview program doesn't have all the functionality we need, so please use Adobe Reader!)
- Open Adobe Reader, and then open this form (PDF) within the program.
- Respond to each question on this form in the fields provided. Do your best and provide as much information as you can. Please don't worry if you can't answer *every* question –we know there's a lot here! Those who make it to [Stage 2](#) can address any gaps when you complete your full proposal. But for now it's OK to leave responses blank if you don't have the information.
- Remember to save your application form **often** as you complete the information! Adobe allows you to electronically "Sign" the document, but this is NOT required since you will provide names and contact information on pages 18-20. When you're done, save your completed form.
- Email your completed application form to [apply@hiccup.co](mailto:apply@hiccup.co) by **May 23, 2014**.

*Thanks for applying to **The Way to Wellville** contest. We look forward to getting to know your community!*

### 1. Community Attributes (10 points)

#### To begin, tell us who you are...

- Your full name:
- Your organization: Title:
- Email: Phone:

**And, what is the lead coordinating organization or community coalition you are representing for this application?** This might be the same as the organization you work for (above), or it could be another entity, group or network you are part of. We'll ask you more about this organization later, but for now just list the name here.

- Lead coordinating organization:

**Now, tell us about your community...**

- City/community name: \_\_\_\_\_ State: \_\_\_\_\_ Zip code(s): \_\_\_\_\_
- If your community is part of a larger municipality, county, or other geographic designation, please identify that here:

**How big is your community?**

- Population size?
- What's the average annual (per year) percentage increase or decrease in population over the past five years? % Check one: increase or decrease
- About what percentage of your population are temporary residents (e.g., vacationers, students, migrant workers, transient)? An estimate is fine! %
- If there are there seasonal patterns (e.g., busy summer or winter months), describe that here (50 words max):

**We want to get to know more about the people who live in your community. For these items, provide local/city data where possible. If local data is not available, use county-level data from [www.countyhealthrankings.org](http://www.countyhealthrankings.org). And skip items if you don't have access to the data.**

- Median household income: \$
- Percentage of children who live in poverty: %
- Percentage of unemployment: %
- Percentage of students who graduate high school: %
- Percentage of SNAP/school lunch eligibility: %
- Median age of all residents:
- Average household size:
- Percentage of car ownership: %
- Percentage of workers who use public transit to get to work: %

**What are the percentages of race/ethnicity among your population?**

- Black or African American (non-Hispanic):     %
- Hispanic or Latino:     %
- White (non-Hispanic):     %
- Asian:     %
- Native Hawaiian/Other Pacific Islander:     %
- Native American, American Indian or Alaskan Native:     %
- Other:     %

**Now tell us about health outcomes and influences in your community. Again, provide local data where possible (or county-level data from [www.countyhealthrankings.org](http://www.countyhealthrankings.org) ). And skip items if you don't have access to the data.**

- What is your county's overall "Health Outcomes" ranking (see [www.countyhealthrankings.org](http://www.countyhealthrankings.org) )?
  - Our county ranks     out of     total counties in the state.
- Years of potential life lost (YPLL) before age 75 per 100,000 population:  
Number of years (age-adjusted):     per 100,000 people.
- Percentage of adults reporting fair or poor health:     %
- Average number of poor mental health days reported in past 30 days:
- Adult diabetes percentage:     %
- Child diabetes percentage:     %
- Adult heart disease percentage:     %
- Adult asthma percentage:     %
- Child asthma percentage:     %
- Percentage of adults currently smoking:     %
- Percentage of children currently smoking:     %
- Adult obesity percentage:     %
- Child obesity percentage:     %
- Please provide your county's food environment index (index of factors that contribute to a healthy food environment, found at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)):
- Number of teen births:     per 1,000 female population, ages 15-19
- Percentage of adults without social/emotional support:     %
- Number of violent crimes:     per 100,000 population

**Tell us about current health care access and costs in your community.**

- Percentage of residents insured by:
  - Medicare:     %
  - Medicaid and other state programs:     %
  - Employer-sponsored or group health plan:     %
  - Individual or family health plan:     %
  - Uninsured:     %
- There is one (1) primary care physician for every            number of people.
- There is one (1) dentist for every            number of people.
- There is one (1) mental health provider for every            number of people.
- There are            preventable hospital stays per 1,000 Medicare enrollees.
- Percentage of health care providers that use electronic medical records (EMR):     %
- Health care costs per capita per year: \$
- Other measures of health care costs – e.g., payer mix, trends (50 words max):
  
- Please list measures of health disparities in your community (50 words max):

**Briefly describe the local health care delivery system, major hospitals and specialty/tertiary care providers. Include details (if you have them) about annual patient volume, revenue, profit or not-for-profit status, and whether they're pursuing innovative care delivery and financing models, such as Accountable Care Organizations (200 words max).**

**Whew! That’s a lot of information – thanks for sticking with us! We’d like to learn a little more about your geography, too.**

List the three nearest cities with populations of 500,000 or more...and the approximate number of miles from your community.

1. City name: \_\_\_\_\_ is \_\_\_\_\_ miles from our community.
2. City name: \_\_\_\_\_ is \_\_\_\_\_ miles from our community.
3. City name: \_\_\_\_\_ is \_\_\_\_\_ miles from our community.

**Also, please tell us:**

- Percentage of workers in your community who **commute out** to other cities (outside your community) to their jobs: \_\_\_\_\_ %
- Percentage of those who work in your community who **commute in** from other cities to their jobs: \_\_\_\_\_ %

**We want to learn about your local economy.**

- What is the gross domestic product (GDP) of your metro area? (One place to find this is: <http://tinyurl.com/lvrayr7>.)
  - Our GDP was \$ \_\_\_\_\_ in the year \_\_\_\_\_ (most recent year available).
  - By comparison, our GDP was \$ \_\_\_\_\_ in the year \_\_\_\_\_ (5-6 years ago).
- List your five largest employers, and include annual revenue and number of full-time and part-time employees if you have this information.
  1. Employer name: \_\_\_\_\_ Annual revenue: \$ \_\_\_\_\_  
Number of full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_
  2. Employer name: \_\_\_\_\_ Annual revenue: \$ \_\_\_\_\_  
Number of full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_
  3. Employer name: \_\_\_\_\_ Annual revenue: \$ \_\_\_\_\_  
Number of full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_
  4. Employer name: \_\_\_\_\_ Annual revenue: \$ \_\_\_\_\_  
Number of full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_
  5. Employer name: \_\_\_\_\_ Annual revenue: \$ \_\_\_\_\_  
Number of full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

**Tell us about your community culture, and its political and legal/regulatory environment (250 words max). For example, are there social norms and networks that can be leveraged or nudged toward health? How do the local mayor/council, school board, county and state governments support health improvement? What is the risk of disruption based on election cycles? What health policy changes have occurred – and what level of government has control? How involved are employers in community health? Local civic and religious organizations? Other leadership?**

## **2. Collective Impact (15 points)**

**The Way to Wellville** will be led by community teams working to achieve “collective impact” (see: <http://tinyurl.com/7656jje>). We want to learn about the lead organizing body for your community health-improvement efforts. Sometimes this is called a backbone organization, community quarterback, integrator or coalition. What entity will coordinate if your community is selected for **The Way to Wellville** contest?

- Name of organization/coalition:
- Legal status (501c3, LLC):
- Leader(s):
- Do you have authority to act on behalf of the lead organization/coalition?
- What year did the organization/coalition begin operating?

Rate the following statements about your lead organization/coalition, from 5 (highest) to 1 (lowest), and provide a brief example where possible (30 words max for each example).

evidence demonstrating this capacity				
highest	strong	medium	some	none
5	4	3	2	1

- Staff/coalition of team members have the capacity to drive complex systems change, effectively integrate multiple reinforcing initiatives, and coordinate action among diverse participating organizations.
  - Example:
- Clear roles, lines of accountability and authority.
  - Example:
- Bench strength and sustainability plan.
  - Example:
- Shared vision and aligned activities/plan for a healthier community, developed through broad participation.
  - Example:
- Common understanding of the problems, priorities, and actions for greatest impact.
  - Example:
- Shared measurement, data collection, and continuous review to keep the team aligned and accountable.
  - Example:

evidence demonstrating this capacity				
highest	strong	medium	some	none
5	4	3	2	1

Formal processes for:

- Joint planning, prioritization and decision-making, including funding decisions/financial management across the collective.
  - Example:
  
- Project management, tracking and reporting.
  - Example:
  
- Engaging community participation, incorporating diverse perspectives, and facilitating collective action at both the organizational and grass roots levels.
  - Example:
  
- Continuous, open communication that builds trust, alignment and accountability.
  - Example:
  
- Learning among organizations within the local community and through broader external networks.
  - Example:
  
- Capacity building to address emerging needs and continuously improve results.
  - Example:
  
- Recognition and encouragement.
  - Example:





Stakeholder Group:	Currently involved	Name of Organization(s), Contact, Role/Title:
<ul style="list-style-type: none"> <li>• Local funders, foundations, individual/family trusts, community financial institutions, etc.</li> <li>• Academic/higher education institutions including community colleges</li> <li>• Data/analysis sources</li> <li>• Faith/religious organizations</li> <li>• Civic and volunteer groups</li> <li>• Community-based nonprofits and other service providers</li> </ul>		

**4. Leadership and Culture (15 points)**

Now we want to know about the leadership and culture among your collective action group and stakeholder organizations. Rate your overall group/stakeholders on each of the following, from 5 (highest) to 1 (lowest), and provide an example where possible.

evidence demonstrating this capacity				
highest	strong	medium	some	none
5	4	3	2	1

- Inspires and empowers others to action that is aligned with shared vision.
  - Example:
  
- Understands relationship between short-term and long-term objectives, actions and outcomes.
  - Example:
  
- Effectively leverages support and maximizes resources for greatest effectiveness and efficiency.
  - Example:

evidence demonstrating this capacity				
highest	strong	medium	some	none
5	4	3	2	1

- Promotes learning/continuous improvement culture where failure is celebrated along with success.
  - Example:
  
- Thrives in dynamic, team-based environments with a high degree of change and unknowns.
  - Example:
  
- Freedom, power and ability to self-organize, compete and be creative.
  - Example:
  
- Engages diverse perspectives and collaborators to push outside comfort zone, innovate and co-create new models.
  - Example:

**5. Health Improvement Plan and Results (10 points)**

**How does your community collaborative assess – and act on – opportunities to improve health?**

- Is there a Community Health Needs Assessment?  
If so, please provide link here – or send by email with your completed application.
  
- List the three most important factors that are producing good health in your community.
  - 1.
  - 2.
  - 3.

- List three most important factors that are causing poor health in your community.
  - 1.
  - 2.
  - 3.
  
- List 3 to 5 specific, measurable and achievable objectives tied to your assessment.
  - 1.
  - 2.
  - 3.
  - 4.
  - 5.

**Which of the following health initiatives are in place now (or recently)? Check boxes for all that apply, and include brief description, status, summary of impact to date, and what you’ve learned. You can also attach a link to supplementary materials.**

Health Initiative:	In place now or recently	Status, Impact to Date, What You’ve Learned:
<ul style="list-style-type: none"> <li>• Employer wellness programs</li> <li>• Health care delivery and financing innovations</li> <li>• Public health and prevention programs</li> <li>• Social/community-led healthy living and support programs</li> <li>• Technology-enabled health behavior change and measurement/data collection</li> <li>• Chronic condition/disease management, care coordination, health coaching</li> <li>• School nutrition, exercise, clinics, and other health-related programs/education</li> <li>• Food system changes and incentives</li> <li>• Housing, transportation, and other community development</li> </ul>		

- | Health Initiative:  | In place<br>now or<br>recently | Status, Impact to Date, What You've Learned: |
|---|--------------------------------|--|
| <ul style="list-style-type: none"><li>• Neighborhood design, biking/walking paths, and other environmental changes</li><li>• Economic development</li><li>• Policy change</li></ul> |                                |  |

**Also, please tell us ...**

- Are there any initiatives above you may decide NOT to continue going forward?
  
- Any health initiatives that were tried and abandoned?
  
- Any new initiatives launching soon – or that you'd like to start?

**6. Evaluation and Data (10 points)**

**Please provide a brief description about your evaluation process (150 words max).**

**Describe the top three past successful community health initiatives – these may have been within or outside of your coalition.**

- 1.
  
- 2.
  
- 3.

**Describe your top three failed initiatives (within or outside your coalition) and what was learned.**

- 1.
  
- 2.
  
- 3.

**For each of the following data sets that you have access to, please list the source and population covered by this data.**

Data Type:	Source(s):	Population Covered:
<ul style="list-style-type: none"> <li>• Health indicators, public health data, behavioral risk surveillance surveys, etc.</li> </ul>		
<ul style="list-style-type: none"> <li>• Health care costs (claims data, payer mix, trends, etc.)</li> </ul>		
<ul style="list-style-type: none"> <li>• Health care quality and utilization</li> </ul>		
<ul style="list-style-type: none"> <li>• Community health determinants (social, environmental, economic data linked to health outcomes)</li> </ul>		
<ul style="list-style-type: none"> <li>• Self-tracking data</li> </ul>		
<ul style="list-style-type: none"> <li>• Other</li> </ul>		

How broadly do you share data on your community health improvement results (50 words max)?

**7. Systems for Financing Health (10 points)**

Provide some examples of program return on investment (ROI) measures (150 words max).

Please share any health financing innovations that demonstrate a shift from volume to value, treatment to prevention, such as:

Financing Models:	Innovations Happening in Your Community:
<ul style="list-style-type: none"> <li>• Accountable care organizations</li> </ul>	
<ul style="list-style-type: none"> <li>• Patient-centered medical homes</li> </ul>	
<ul style="list-style-type: none"> <li>• Capitated or population-based payments</li> </ul>	
<ul style="list-style-type: none"> <li>• Global health budgeting</li> </ul>	
<ul style="list-style-type: none"> <li>• Bundled payments and other payment reforms</li> </ul>	
<ul style="list-style-type: none"> <li>• Pay for performance, pay for success, shared risk/shared savings</li> </ul>	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	

Please share examples of payers (health insurers, employers, etc.) that have invested upfront, and/or will agree to pay-for-success contracts, etc., to support community-wide health improvement.

List the name of all funding sources available to support your community health efforts.

Funding Type/Source:	Specific Funder/Organization or Approach:
<ul style="list-style-type: none"> <li>• Grants</li> </ul>	
<ul style="list-style-type: none"> <li>• Foundations</li> </ul>	
<ul style="list-style-type: none"> <li>• Private donors</li> </ul>	
<ul style="list-style-type: none"> <li>• Community development/ financial institutions</li> </ul>	
<ul style="list-style-type: none"> <li>• Government/public funding</li> </ul>	
<ul style="list-style-type: none"> <li>• Nonprofit hospital community benefit funds</li> </ul>	
<ul style="list-style-type: none"> <li>• Wellness and prevention trusts</li> </ul>	
<ul style="list-style-type: none"> <li>• Impact investing/social impact bonds</li> </ul>	
<ul style="list-style-type: none"> <li>• In-kind resources, sponsorships</li> </ul>	
<ul style="list-style-type: none"> <li>• Volunteering</li> </ul>	
<ul style="list-style-type: none"> <li>• Fundraising activities</li> </ul>	
<ul style="list-style-type: none"> <li>• Earned income, revenue, fees</li> </ul>	
<ul style="list-style-type: none"> <li>• Other</li> </ul>	



**What is the total budget of community health improvement activities managed by your sponsoring organization/coalition *over the past 5 years*? \$**

**How confident are you of securing the funding required to support your plans over the next five years?**

100% (already confirmed)

75% (getting close, some commitments)

50% (strong relationships, no specific commitments)

25% (working on leads)

### **8. Shared Commitment (15 points)**

- How did you hear about us?
- What motivates your community to apply?
- Top three strengths your community brings?
- Top three areas of need in your community?
- Anything we didn't ask that you'd like to share?

Finally, please provide the following *information* and *electronic signatures* for all organizations that have agreed (at this time) to submit this application to participate in the five-year **The Way to Wellville** contest.

**Acknowledgements:**

By signing below, I am affirming that I have read and agree to the following terms: 1) any and all information provided in this application will be considered non-confidential, even if labeled otherwise by an applicant; 2) the HICCup Advisory Board has the right to use portions of this application for any reason related to **The Way to Wellville** contest, including publication or distribution of summary materials; 3) I may be asked for clarification of items in the application. Discussions with an applicant shall not constitute acceptance or rejection of an applicant's application.

**Representative of Lead Coordinating Organization/Coalition:**

I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization Name), state that I am authorized and empowered to submit this application on behalf of my organization. I acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

**Partners:**

1. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

**Partners (continued):**

2. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

3. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

4. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

**Partners (continued):**

5. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

6. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

7. I, \_\_\_\_\_ (Print Name) the \_\_\_\_\_ (Title) of \_\_\_\_\_ (Organization/Agency Name), state that I am authorized and empowered to submit this application on behalf of my organization. I also acknowledge that I have read and agreed to the terms outlined above, and I hereby grant HICCup the right to share any portion of this application with its Advisory Board, consultants, and partners, working on **The Way to Wellville** contest.

\_\_\_\_\_  
Date

*End of application form -- **REMEMBER to save the document when you're done.***