HICCup.co – The Way to Wellville Contest
Community Selection Criteria and Process

*For more information, visit hiccup.co, read our **FAQs** (www.hiccup.co/contest/faqs/), and sign up for a **webinar** (www.hiccup.co/contest/webinars/). Submit new questions to: info@hiccup.co. When you are ready to **apply**, visit: www.hiccup.co/contest/application-form/.*

Selection criteria and scoring summary – detailed on following pages

1. **Community attributes that align with Wellville contest** (10 points)
2. **Collective impact structures, governance and conditions** (15 points)
3. **Multi-stakeholder buy-in and active support** (15 points)
4. **Entrepreneurial leadership and culture** (15 points)
5. **Comprehensive health improvement plan and track record** (10 points)
6. **Outcomes-based evaluation, data access and transparency** (10 points)
7. **Innovative health financing systems linked to value/ROI** (10 points)
8. **Shared commitment to five-year journey** (15 points)

= 100 total possible points

Three-stage selection process

1. **Application** – open April 10-May 23, 2014 (6 weeks); downloadable PDF form available on hiccup.co; scoring is quantitative and qualitative (see next page); evaluation by HICCup advisory board (see below); top 10 scoring communities (approximately) advance to Stage 2
2. **Proposal** – June 2-20, 2014 (3 weeks); selected communities invited to submit proposals that describe five-year plans, address advisory board questions, and provide supporting materials and letters of intent from local partners; evaluation by advisory board; top 7-8 communities selected for Stage 3
3. **Site visit/due diligence** – July-early August, 2014 (6 weeks); advisory board meets with finalist community full teams/partners to test proposal assumptions and assess readiness

*The five communities selected to participate in **The Way to Wellville** contest will be announced in August 2014, and gather for a three-day kick-off, Next Step to Wellville, in September 2014.*

Community selection judges

All reviews and final decisions to be made by HICCup advisory board (www.hiccup.co/team/):

- Esther Dyson, HICCup founder
- Brad Perkins, M.D., HICCup advisory chairman
- Rick Brush, HICCup CEO
- Marvin Avilez, HICCup advisor
- Marcia Conner, HICCup advisor
- Karen Watson, HICCup advisor

Scoring details

The HICCup advisory board will score community applicants based on responses submitted in their application forms, available here: www.hiccup.co/contest/application-form/. There are a total of 100 possible points, as follows:

Section/criteria:	Possible points:
1. Community attributes that align with Wellville contest (U.S.-based)	10 points total
a. Size: U.S. city with population of less than 100,000 people i. Small enough to make a critical-density impact	requirement
b. Stability: population increases/decreases	informational only
c. Demographics: i. As a group, selected Wellville communities will generally be representative of the U.S. population. This will be useful in assessing replicability and identifying outliers that could create challenges or opportunities.	informational only

d. Geography: self-contained
       i. Not a suburb of a larger nearby city
      ii. Not a commuter-suburb
     iii. People live, work, learn, shop, eat, exercise, etc. primarily within the community (city/county) boundaries
	requirement

e. Economy: stability
       i. Economic growth
      ii. Industry/employer mix
	4 points

f. Other supportive characteristics:
       i. Cultural: social norms/networks that can be leveraged or nudged toward health
      ii. Political: local (mayor/council), county and state government support and low-risk of disruption based on election cycles
     iii. Legal/regulatory environment: conducive to health policy change and local control
	6 points

2. Collective impact structures, governance and conditions	15 points total
a. Dedicated backbone/integrator organization/coalition already in place and operating at community-level	3 points

b. Community self-ratings of current organizational/team member capacity required for the work ahead:
       i. Ability to drive complex systems change, effectively integrate multiple reinforcing initiatives, and coordinate action among diverse participating organizations
      ii. Clear roles, lines of accountability and authority
     iii. Bench strength and sustainability plan
	3 points

iv. Shared vision and aligned activities/plan for a healthier community, developed through broad participation v. Common understanding of the problems, priorities, and actions for greatest impact vi. Shared measurement, data collection, and continuous review to keep the team aligned and accountable	
c. Community self-ratings of existing shared processes for: i. Joint planning, prioritization and decision-making, including funding decisions/financial management across the collective ii. Project management, tracking and reporting iii. Engaging community participation, incorporating diverse perspectives, and facilitating collective action at both the organizational and grass roots levels iv. Continuous, open communication that builds trust, alignment and accountability v. Learning among organizations within the local community and through broader external networks vi. Capacity building to address emerging needs and continuously improve results vii. Recognition and encouragement	3 points
d. Evidence/specific examples of the above capacity and processes	6 points
3. Multi-stakeholder buy-in and active support	15 points total
a. Breadth and depth of sectors and stakeholders actively collaborating with backbone/integrator organization	5 points
b. Level of involvement of:	
i. Health system	2 points
ii. Health insurers	2 points
iii. Government/public health/policy	2 points
iv. Employers	2 points
v. Funders, community agencies, schools, food, other	2 points
4. Entrepreneurial leadership and culture	15 points total
a. Community self-ratings of the following leadership and cultural attributes among its collective action group and stakeholder organizations: i. Inspires and empowers others to action that is aligned with shared vision ii. Understands relationship between short-term and long-term objectives, actions and outcomes iii. Effectively leverages support and maximizes resources for greatest effectiveness and efficiency iv. Promotes learning/continuous improvement culture where failure is celebrated along with success	5 points

	v. Thrives in dynamic, team-based environments with a high degree of change and unknowns	
	vi. Freedom, power and ability to self-organize, compete and be creative	
	vii. Engages diverse perspectives and collaborators to push outside comfort zone, innovate and co-create new models	
	b. Evidence/specific examples of the above attributes	10 points
5. Comprehensive health improvement plan and track record		**10 points total**

	a. Data-driven assessment of community/population-level health determinants, assets and needs
	   i. Community Health Needs Assessment
	   ii. Assessment of most important factors producing good health
	   iii. Assessment of most important factors causing poor health
	   iv. Specific, measurable, achievable objectives tied to assessment
		3 points

	b. Comprehensive, community-level health improvement plan integrates medical, behavioral, and environmental/policy strategies to strengthen community conditions that lead to good health and prevent root causes of illness	2 points
	c. Current and previous programs that demonstrate coordinated approach to multiple, reinforcing health initiatives	2 points
	d. Evidence of measuring and learning from prior initiatives	3 points
6. Outcomes-based evaluation, data access and transparency		**10 points total**
	a. Evaluation process generates data needed to manage activities, monitor progress, and measure impact	2 points

	b. Application of evaluation processes is evident in description of:
	   i. Top three past successes
	   ii. Top three failed initiatives and what was learned
		2 points

	c. Access to key data sets (as evidenced by list of sources and coverage)	3 points
	d. Demonstrates precedent of/willingness to share data and results	3 points
7. Innovative health financing systems linked to value/ROI		**10 points total**
	a. Examples of program return on investment (ROI) measures	2 points
	b. Health financing innovations that demonstrate shift from volume to value, treatment to prevention	2 points
	c. Payers (health insurers, employers) that have invested upfront, and/or will agree to pay-for-success contracts, etc., to support community-wide health improvement	2 points

d. Diversified funding sources	2 points
e. **Demonstrated ability to generate financial support, ROI and sustainability of health programs**	1 point
f. **Confidence of securing funding required to support five-year plans**	1 point
8. **Shared commitment to five-year journey**	15 points total
a. **Motivation and credible self-assessment of requirements to fundamentally transform community's health profile**	6 points
b. **Partner organization signatures of support**	9 points

All review and final decisions regarding eligibility and selection of participants for **The Way to Wellville** contest will be at the discretion of the HICCup leadership team and advisory board, listed here: http://www.hiccup.co/team/.