NACHC's CCHI Innovation Incubator 2024 Application

NACHC's Center for Community Health Innovation announces the Innovation Incubator 2024, powered by the global healthcare company Abbott. This year the incubator will align with social drivers that are essential to good health – and the focus for 2024 is **on improving health equity through access to nutritious food.**

Each of the **eight (8)** selected health centers will be awarded **$30,000 in seed funding to ideate and test their sustainable solutions**. In addition, health centers will receive a travel stipend to attend in-person meetings and events.

Applications will open on February 12, 2024, and will close on March 22, 2024. Apply here.

If you have any questions, please reach out to our team via email at innovation@nachc.com. To visit the CCHI page, please visit this link: https://bit.ly/CCHI_NACHC

Basic Information

Please complete the following information to the best of your abilities.

1. Health Center Name (include any DBA references)
2. Name of Health Center's CEO
3. CEO's Email
4. Do you have approval from your CEO to participate in this program?
   - Yes
   - No
   - I am not sure
5. Of the following, what best describes your organization (but not limited to):
   - Rural
   - Urban
   - Suburban
   - Other: _____
6. Please select all special and vulnerable populations served by your organization:
   - ☐ Migratory and Seasonal Agricultural Workers (Special Population)
   - ☐ Individuals of patients experiencing homelessness (Special Population)
   - ☐ Residents of public housing (Special Population)
   - ☐ Asian American, Native Hawaiian, and other Pacific Islander communities
   - ☐ LBGTQ+ patients and communities
   - ☐ Older adults
   - ☐ School-age children
   - ☐ Veteran population
   - ☐ Other: _____
7. Are you a current NACHC organizational member or will you be a member by the time the program starts in May 2024?

o   Yes, my organization is a current, up-to-date, member
o   Yes, we will be a NACHC Organizational Member for the duration of the program
o   No

Contact Information and Background Questions

This person will be the primary point of contact if awarded and will be attending the required project meetings, submitting reports, and attending the final pitch session.

8. Who is the project lead? (full name, title) *This person will be the primary point of contact if awarded and will be attending the required project meetings, submitting reports, and attending the final pitch session.*
9. Project lead's email address
10. Project lead's phone number
11. Please list another email account that can be used if the project lead is unavailable. This can be a secondary point of contact at your organization. *If the person submitting this is not the project lead, please include your email here too.*
12. Enter the address (street address, city, state, and zip code) for the health center's primary location.
13. How did you hear about this funding opportunity?
    ☐   NACHC membership newsletter
    ☐   NACHC development & listserv
    ☐   NACHC PCA & HCCN newsletter
    ☐   NACHC federal & state policy newsletter
    ☐   NACHC social media
    ☐   NACHC staff member
    ☐   Word of mouth (not NACHC staff)
    ☐   Other: _____

Understanding the Problem

The following questions refer to the current state of access to nutritious food for your organization. It also includes questions about the people that are impacted by those problems and barriers.

14. Describe the target patient populations for initial piloting, if selected to participate in the Incubator. *While the incubator's aim is to generate innovations that are ultimately applicable to your entire patient population, for the duration of the project we ask that you focus on a specific patient population. Please add as much information as you deem necessary.*
15. Regarding improving access to nutritious food, what problem(s) or barrier(s) does your organization hope to reduce/remove/improve? And how do they affect the health outcomes

of your patients? *If you have an idea of how your organization would like to address these problem(s) and barrier(s) please include that here.*

16. Describe how you currently support patients who are having challenges accessing nutritious food. *Please include the number of patients currently served, and the estimate of patients currently not being served by that support.*

Impact and Community Engagement

The following questions refer to how your organization already measures impact and engages with the community. If your organization is already working on nutritious food, or has concrete solutions, please include those metrics and engagements on the questions below.

17. How does your health center measure "impact" of new initiatives?
18. What are some key metrics your organization would like to focus on as part of this program?
19. Is your organization currently measuring needs and/or access to nutritious food for your patient population?
    o Yes
    o No
    o Unsure
20. Describe how the health center engages with community members, including their role in program planning and improvement efforts, how their insights are utilized, etc.
21. Please provide an example of a time that you adapted a solution/program based on patient and/or community feedback to ensure program sustainability. *Adaptation of solutions will be a core part of the program.*

Participation in the Incubator

The following questions refer to how your organization plans to engage in the Innovation Incubator.

22. What are your health center's goals for participating in the Innovation Incubator?
23. Briefly describe your plan to use the $30,000 stipend during the Innovation Incubator.
24. Participation from across functional areas and taking a multidisciplinary approach is required for the Innovation Incubator. *Please select all the teams you plan to involve on this program:*
    ☐ C-suite
    ☐ Patient and/or consumer
    ☐ Clinical team
    ☐ Ancillary services (lab, pharmacy, vision, behavioral health, etc.)
    ☐ IT/informatics
    ☐ Marketing/communications
    ☐ Innovation department
    ☐ Quality improvement department

☐ Other support services or administration (departments not listed above)
☐ Your PCA
☐ Your HCCN
☐ Other: _____

25. If you are selected, then please affirm that two members of your team can commit to coming to the in-person meeting **(tentatively scheduled for June 11 & 12, 2024, and a potential in-person pitch session in October)** and can devote dedicated time throughout the program to work on this program. *As a reminder: health centers will receive a travel stipend for the duration of the program.*
    o I agree
    o I am unsure
    o I cannot commit at this time

Background Information

The following questions will not be used during the selection process, instead these will be utilized to inform the content and experience during the program.

26. Has your organization tried to implement different programs to address nutritious food? *You answer to this question will not have a weight in the selection process.*
    o Yes
    o No
    o Unsure

27. If yes, have you utilized technology in your previous attempts? If so, please explain.

28. Rate your organization's experience level with the following skills:

Human Centered Design

1	2	3	4	5

No experience   Expert

New Project Evaluation

1	2	3	4	5

No experience   Expert

Innovation

1	2	3	4	5

No experience   Expert

Ongoing Measurement/Data

1	2	3	4	5

No experience   Expert

Thank you!

Thank you for applying to NACHC's Center for Community Health Innovation (CCHI) Innovation Incubator 2024. **Applications will close March 22, 2024. Please be on the lookout for selection updates in the following weeks.**

Your team should receive an email shortly confirming your submission. If you have any questions, please reach out to our team via email at innovation@nachc.com.