Section 1 – Eligibility Criteria

The HCC program is open to teams comprised of an AHA member hospital or health system and the cross-sector partner(s) of their choosing (e.g., community-based social service agency, local health department, or business partner) who are (or will be) working together to address a community health issue. Teams who meet the eligibility criteria below will be considered for the program.

NB: if applying as a health system, please identify a single hospital/community that will be the primary focus of your partnership interventions. If including more than one partner, all should be engaged in the same intervention for the same community and/or population.

1. Existing partnership between a hospital/health system and a community organization, public health department, or other group that serves the needs of diverse communities caused by societal factors (often referred to as social determinants of health).

   NB: A letter of support from the partner organization is required to support the application, stating that they have committed to working with your hospital/health system for the collaborative work described herein. (An email from the partner organization is sufficient.)

2. Teams have identified a societal factor at the community level (refer to the AHA Societal Factors Framework) in the communities your organizations serve, and have agreed to work together on a community-level intervention to address the identified societal factor.

3. Ability and willingness to designate a leadership dyad – one point person each from the applying hospital/health system and community partner organization- to facilitate the team’s participation.

4. Explicit commitment from each partner to:
   - complete the assigned materials on time,
   - engage in monthly discussions on their project using a virtual platform, and
   - engage with cohort teams during live monthly virtual convenings.

   NB: Anticipated monthly time commitment from each team is approximately four hours.

☐ By checking this box, I certify that I have read the above and the team in the application herein meets all criteria for participation.
Section 2 – Questionnaire

1. Proposed Team Composition

Please provide the following information about your hospital/health system, and the proposed team: including the individuals comprising the leadership dyad and additional team members (if known):

Hospital
Name: 
Address: 
AHA Member ID (can be looked up here): 

Team Lead (from applying hospital/health system)
Name: 
Position/Title: 
Department/Division: 
Mailing Address (if different from hospital address): 
Email: 
Phone: 

Team Co-lead (from partner organization)
Organization Name: 
Organization Type
  □ community-based social service agency
  □ local health department
  □ business
  □ other (please describe): 
Co-Lead Name: 
Title: 
Email: 
Phone: 
Organization website: 

Other Team Members (list all that apply)
Name: 
Organization (Hospital or Partner)
  □ Hospital/Health System
  □ Partner Organization
Title: 
Email: 
Phone: 

2. Provide the following background information about your proposed program partner organization:

How long has this partnership existed?
  □ <1 year
How have the hospital and partner organization collaborated prior to applying to HCC?

Link to external docs or websites referencing historical relationship: (optional)

Develop Multi-Sector Collaborative

3. Please (1) describe work you and your partner have advanced thus far in addressing this problem or issue area(s) (if any); and (2) describe your plans for future work to address the identified SDoH issue(s) at the community-level.

4. Please describe the community or target population for the work described above.

5. Have you identified how you will measure success of your work (in terms of process or outcome measures)? If so, please describe.

6. To what extent is there consensus at your organization that the collaborative work described in the previous question is:

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<thead>
<tr>
<th></th>
<th>Lack of Consensus</th>
<th>Emerging Consensus</th>
<th>Broad Consensus</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A change that is needed now</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>b. Likely to help advance your organization’s key strategic objectives</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Likely to be support the goals of individual staff members in your organization</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>d. Supported by your senior leadership</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<td>e. Possible to achieve</td>
<td>□</td>
<td>□</td>
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</tbody>
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7. What are your primary motivations for applying to the HCC program?

8. How did you hear about the HCC program? Select all that apply.
   □ AHA Team Member contact
   □ Email
   □ ACHI newsletter
   □ Social Media
☐ Word of mouth
☐ Participated in HCC pilot program
☐ Other (please describe):

9. Did you or a member of your proposed team attend an HCC info session?
   ☐ Yes
   ☐ No

10. In what areas of the program are you most interested/feel will be most beneficial to facilitating your partnership work? Check all that apply.
   ☐ Understanding the population(s) you serve
   ☐ Models for partnership between health care and community
   ☐ Taking systemic action
   ☐ Assessing progress toward shared goals
   ☐ Not sure yet

11. Is there anything else you’d like to share about your organization or the collaborative work you’ve described?

   Thank you for submitting your application for the HCC national cohort.

   Please email the letter(s) of support from your partner organization(s) to hcc@aha.org. An email from a leader at the partner organization(s) will suffice.

   We will be reviewing applications and may be in touch to request clarifications or to ask for additional materials. Teams will be notified of our decision by Friday, May 14.

   If you have any questions, please contact us at hcc@aha.org.