

Innovative Workforce Practices & Partnerships -Lifting Innovative Practices Challenge

NACHC's Center for [Community Health Innovation \(CCHI\)](#), in collaboration with NACHC's [Quality Center](#), seeks to identify **four PCAs/HCCNs** to lift an **Innovative Workforce Practice & Partnership** in their state/region. We believe that the innovative practices we put in place today can help address current workforce challenges and prepare us to better face the challenges of tomorrow. **How can your PCA/HCCN help tackle the workforce challenges in your state/region and help inform future solutions?**

This challenge is made possible by the [Johnson & Johnson Foundation](#), which will award each of the four winning PCAs/HCCNs **\$50,000**. We will ask PCAs/HCCNs to:

- Identify one innovative workforce practice from a health center in their state and/or region.
- Identify 2-3 additional health centers that would like to implement this innovation.
- Develop an implementation roadmap, in partnership with their health centers, that utilizes human centered design techniques.

Use the form below to submit all of the materials needed for your organization. The submission deadline is **October 7th**.

If you have any questions, please email us at innovation@nachc.org.

* Required

1. 1. PCA/HCCN Name (include any DBA references) *

2. 2. Name of Primary Contact (First and Last) *

3. 3. Title of Primary Contact *

4. 4. Email of Primary Contact *

5. 5. Phone Number of Primary Contact *

6. 6. Name of CEO/President *

7. 7. Email of CEO/President *

8. 8. Organization Address (street address) *

9. 9. Organization Address (city, state, zip code) *

10. 10. Briefly describe why your PCA/HCCN would like to participate on this program. *(limit 1200 characters)* *

11. 11. What workforce challenges is your state or HCCN membership currently facing (be specific, do not indicate a generalized challenge of 'recruitment or retention')? *(limit 1200 characters)* *

Innovative Practice

The following questions refer to the innovative practice that will be transformed into a roadmap for your health centers.

- [Call for Innovative Practices Email](#)
- [Innovative Practices Submission Template](#)

12. 12. Please use the space below to submit the health center innovative practice, using the submission templated provided. *

Files submitted:

13. 13. **Selection Process for Innovative Practice.** In a few words, please describe the process utilized by the PCA/HCCN to select the innovative practice submitted. *(limit 750 characters)* *

14. *14. Optional Upload: Selection criteria the PCA/HCCN utilized to select the innovative practice.*

Files submitted:

Collaborators/Advisor Health Centers

The following questions refer to the health centers that will join in the journey as collaborators and/or advisors.

- [Call for Collaborators](#)
- [Collaborators Submission Template](#)

15. *15. Please use the space below to submit the health centers collaborators, using the submission templated provided.* *

Files submitted:

16. **16. Selection Process for Collaborators.** In a few words, please describe the process utilized by the PCA/HCCN to select the collaborators. *(limit 750 characters)* *

17. *17. Optional Upload: Selection criteria the PCA/HCCN utilized to select the health center collaborators.*

Files submitted:

Responsibilities Map

The following question refers to the responsibility map that must be included in your submission.

- [Responsibility Map Example and Template](#)

18. 18. Please use the space below to submit the responsibility map for your team. *

Files submitted:

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