The Foster G. McGaw Prize for Excellence in Community Service

2018 Call for Entries

The simple act of applying for the Foster G. McGaw Prize demonstrates your commitment to your community as well as an eagerness to share your organization’s experience and expertise in community service. The distinct honor of winning the Prize exhibits remarkable standards to which others will aspire.
The winners and finalists of the Foster G. McGaw Prize collectively paint a picture of creative, insightful, caring health delivery organizations that are exceptionally committed to improving the health and well-being of everyone in their communities. These organizations are not all large or small (nor urban or rural) nor economically disadvantaged or advantaged. Yet uniformly, they demonstrate a passion and continuous commitment to making their communities healthier and more vital. They are all proof that the integration of the health care organization with its community is the cornerstone of a healthier America.

The Baxter International Foundation, the American Hospital Association and the Health Research & Educational Trust invite you to be a national example of excellence in serving your community by applying for the 2018 Foster G. McGaw Prize.
What is the Foster G. McGaw Prize for Excellence in Community Service?

The Prize honors health delivery organizations (hospitals, health systems, integrated networks, or self-defined community partnerships) that have demonstrated exceptional commitment to community service. Any health delivery organization that exhibits the criteria described on the next page is eligible to apply for the Prize, which is one of the most coveted, significant honors in health care.
1. **Leadership**
The health delivery organization takes a proactive role in establishing the web of relationships needed to address the community’s health and social issues and to improve the community’s well-being.

2. **Commitment**
Individuals and departments throughout the health delivery organization, including governance, administration, and patient care, are involved on an ongoing basis in the organization’s community service plan and/or initiatives.

3. **Partnerships**
The health delivery organization has alliances with the community, including physicians, other health-related organizations, business, and government, to identify and meet community health needs.

4. **Breadth and Depth of Initiatives**
The health delivery organization’s community service initiatives: (a) exceed the provision of just acute medical and health care services; (b) address major health-related issues in the community; (c) constitute a significant and sustainable ongoing effort by the health delivery organization; and (d) demonstrate an impact on the community’s health status and/or quality of life.

5. **Community Involvement**
There is a high level of community response to, acceptance of, and participation in the health delivery organization’s community service initiatives.
What is the recognition for Foster G. McGaw Prize honorees?

**Recognition**
In recognition of the outstanding contribution the winner of the Foster G. McGaw Prize makes to its community, the winner will receive $100,000, a trophy, recognition at a special awards ceremony at the AHA Annual Meeting, and coverage in *AHA Today* and other health care publications.

Up to three finalists will each receive $10,000 and mention in *AHA Today* and other health care publications.

What is the time frame of the review process?

**Timing**

**April 6, 2018**
Applications must be received online before midnight Central Time on April 6, 2018.

**April - May 2018**
Initial review of all applications is conducted by an external panel of health care executives from across the country.

**June 2018**
The highest-ranking applications are forwarded to the Foster G. McGaw Prize Committee for review. The Prize Committee is composed of nationally prominent executives and academicians.

**July 2018**
The Prize Committee meets and selects up to four semifinalists for site visits. All applicants are notified by mail of their status.

**September - November 2018**
The Prize Committee conducts site visits at up to four semifinalist organizations.

**December 2018**
The Prize Committee selects a winner and finalists. These health delivery organizations are notified of their status via mail.

**May 2019**
The 2018 winner and finalists are honored at the AHA Annual Meeting in Washington, DC.
A complete application consists of one (1) electronic copy of the following information:

NOTE: The application must have at least 1" margins and be typed in a font size no smaller than 12-point Times New Roman or an equivalent font.

1. Completed application cover page.

2. Executive summary of your completed application, including a list of the programs you are highlighting in the application. Maximum of one (1) page in length, single-sided.

3. A brief overview of the health delivery organization, including a description of the organization’s structure, facilities, services, and market share. Maximum of one-half page in length, single-sided.

4. A brief description of the community served by the organization, along with the community’s major significant health and social challenges. The description should include population size, general demographics, major employers, and key community health assessment findings. Also, describe the approach the organization uses, in partnership with the community, to determine major health and social needs. Maximum of one (1) page in length, single-sided.

5. Your organization's story. Describe its commitment to and passion for improving health and quality of life in its community. In this section, include the following subsections (please include subheadings):
   - **Overview.** Describe the basis for your organization's commitment to community service.
   - **Leadership.** Describe your organization's role in establishing the relationships needed to address the community's health and social issues and improve the community's well-being.
   - **Commitment.** Explain the depth and degree of community service commitment throughout your organization, including, but not limited to, governance, administration, and service delivery areas.
   - **Partnerships.** List partnerships with others to meet community needs, including alliances with physicians, other health-related organizations, businesses, government, and social services, etc.
   - **Breadth and Depth of Initiatives.** Explain the overall impact of the programs and activities in addressing the most significant challenges to improving community health and quality of life. Please describe the outcomes and range of these initiatives contributing to population health goals.
   - **Community Involvement.** Describe the community responsiveness to and participation in the organization's community service initiatives.
   - **Sustainability.** Describe the overall level and continuity of the organization's financial and other support for community service initiatives. (Be specific about funding and ongoing sources of support.)

   Maximum of three (3) pages in length, single-sided.

6. Descriptions of five (5) community service initiatives that best exemplify how the organization is living its passion to improve health and quality of life in its community. All of the initiatives must have been operational for at least three years. Three must have been operational for at least five years. For each community service initiative, provide the following subsections (please include subheadings):
   - **Overview.** Provide a brief description of the initiative, length of operation, how it meets the unique needs of the community, and how it effectively uses community resources.
   - **Impact.** Provide statistics, such as the number of people served, number of visits, and quantifiable improvements in health status.
   - **Lessons Learned.** Briefly explain lessons learned in the implementation of the initiative.
   - **Future Goals.** Describe plans for maintaining or expanding the initiative.
   - **Operating Expenses for Past Fiscal Year.** List the initiative’s total operating expenses for the most recently completed fiscal year, also specifying the value of in-kind contributions, if any.
   - **Funding.** Itemize the major sources for the initiative’s funding and support, including the specific amount of dollars and in-kind resources contributed by the applicant and by other organizations.

   Maximum of one (1) page in length, single-sided, for each initiative described.

In addition to sending an electronic copy of the information above, please submit the following:

1. Health delivery organization’s audited financial statement from the most recently completed fiscal year. Also include a specific statement on the amount of community benefit the organization provides (for example, a non-profit organization might use the descriptions included in its Form 990 filing).

2. Most recent annual report and/or community benefit report.

3. List of current board of directors/trustees, including titles and affiliations.
APPLICATION COVER PAGE

Submit your complete application by visiting: www.aha.org/submitfosterapp

Applications must be received online before midnight Central Time on April 6, 2018.

Questions? Please contact AHA Member Relations at 800-424-4301, or visit the web site at www.aha.org/foster.

Name of Health Delivery Organization

Mailing Address

City, State, Zip Code

Name of Contact (Mr. Ms. Mrs.)

Title

Phone

Fax

Email

My health delivery organization is a (check one):

Hospital  q  Health System  q  Integrated Network  q  Community Partnership  q  Other

Primary type of community:

q  Urban  q  Rural  q  Suburban  q  Mix

References
Please list three (3) individuals who can be contacted to provide reference information about:
(a) the commitment of the health delivery organization to community service and (b) the impact of the applicant’s community service initiatives.

Name of Reference

Title

Organization

City, State, Phone

Relationship to Health Care Organization

Name of Reference

Title

Organization

City, State, Phone

Relationship to Health Care Organization

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Title

Organization

City, State, Phone

Relationship to Health Care Organization

Signatures
In submitting this application, we give the American Hospital Association permission to use and disseminate the information contained herein except the audited financial statements.

Chief Executive Officer

Type or Print Name

Board of Trustees Chair

Type or Print Name

Chief Medical Officer

Type or Print Name

Application Contact Person

Type or Print Name

Checklist

Be sure to include:

✓ Complete application (including cover page)
✓ Audited financial statement
✓ Most recent annual report and/or community benefit report
✓ Current board of directors/trustees list

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