

2017 Call for Entries



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 2017 FOSTER G. McGaw Prize.



2016 Foster G. McGaw Prize Winner:

Spectrum Health, Grand Rapids, MI









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.

What is the Foster G. McGaw Prize for Excellence in Community Service?







[CRITERIA]

Applicants must establish, through the requested documentation, that they meet the following criteria for excellence in community service:

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 News, H&HN Hospitals & Health Networks, and other health care publications.

Up to three finalists will each receive \$10,000 and mention in AHA News, H&HN Hospitals & Health Networks, and other health care publications.

The highest-ranking applications will be made accessible to AHA member health care executives and trustees.

What is the time frame of the review process?

TimingApril 7, 2017

Applications must be received online before midnight Central Time on April 7, 2017.

April - May 2017

Initial review of all applications is conducted by an external panel of health care executives from across the country.

June 2017

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 2017

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

September - November 2017

The Prize Committee conducts site visits at up to four semifinalist organizations.

December 2017

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

May 2018

The 2017 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, 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 how the outcomes and range of these initiatives are 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 in 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. (Note: Hospitals that are members of systems should submit financials for the individual hospital.) 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	Name of Health Delivery Organization		
	Mailing Address		
	City, State, Zip Code		
Applications must be received online before midnight Central Time on April 7, 2017.	Name of Contact (Mr. Ms. Mrs.	.)	Title
	Phone	Fax	E-mail
	My health delivery organization is a (check one):		
Questions? Please contact	☐ Hospital ☐ Health	System	Community Partnership 🔲 Other
AHA Member	Primary type of community: ☐ Urban ☐ Rural ☐ Suburban ☐ Mix		
Relations at 800/424-4301, or			
visit the web site			
at www.aha.org/	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		
foster.			
	Name of Reference	Title	Organization
	City, State, Phone		Relationship to Health Care Organization
	Name of Reference	Title	Organization
		City, State, Phone	
Checklist	orty, state, i none		Treatment of the artifact of garinzation
Be sure to include:			
✓ Complete application (including cover page)	Name of Reference	Title	Organization
	City, State, Phone		Relationship to Health Care Organization
✓ Audited financial statement			
	Signatures		
Most recent annual report and/or com- munity benefit report	In submitting this application, we give the American Hospital Association permission to use and disseminate the information contained herein except the audited financial statements.		
✓ Current board of directors/ trustees list	Chief Executive Officer	Туре	or Print Name
	Board of Trustees Chair	Туре	or Print Name
	Chief Medical Officer	Туре	or Print Name

Type or Print Name

Application Contact Person



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











