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2026 Dick Davidson NOVA Awards

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Dick Davidson NOVA Awards Instructions

Please read all instructions [here](#) before completing this application.

If you wish to download a copy of the application for your review prior to completion, please click here: [2026 AHA Dick Davidson NOVA Award Application](#)

Program Name

Hospital Name

Health System Name (if applicable)

Salutation

Program Contact Name

First Name

Last Name

Degrees/Certifications

e.g. MD, RN, etc

Primary Address**Street Address****Line 2****City****Country****State / Province****Zip / Postal Code****Program Contact Email Address****Program Contact Phone Number****Where did you learn about the AHA Dick Davidson NOVA Awards?**

Select all that apply.

- AHA Email/Newsletter
- AHA Meeting/Conference
- AHA Regional Executive/Committee Leader
- AHA Community Health Improvement
- AHA Social Media
- AHA Website
- NOVA Award Committee Member
- State Hospital Association
- LinkedIn

Other

Acknowledgment

All Dick Davidson NOVA Award applications become the property of the American Hospital Association (AHA). Descriptions of honored programs may be published, and the AHA may use application content to promote quality and patient safety initiatives. Program contacts may be asked to provide additional details. Honorees are also expected to participate in outreach efforts and share their organizational improvement experiences and insights.

I certify that the information in this application is accurate.

I agree

CEO/Program Leader First Name

CEO/Program Leader Last Name

CEO/Program Leader Title

Today's Date

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2026 AHA Dick Davidson NOVA Award Application

Please respond to the following questions. The program described in the application must have been operational for at least 2 years and have data to demonstrate the program's success and positive impact in the community before applying.

1. Please describe the program.

When was the program launched?

What are the program goals?

Word count: 0 / 250

What population(s) does the program reach?

Word count: 0 / 250

2. Please describe the program operations.

How does the program operate?

Word count: 0 / 250

How is the program funded? How will it be sustained?

Word count: 0 / 250

Who are the collaborative partners, and what are their roles?

Word count: 0 / 250

What community members were engaged in the program development, and what were their roles?

Word count: 0 / 250

3. Please describe the program's impetus.

Why was the program launched?

Word count: 0 / 250

What data were used to identify the issues to address community health status?

Word count: 0 / 250

Who was the program’s executive sponsor?

Word count: 0 / 250

4. Please describe the program’s outcomes and measures used for evaluation. Outcome measures are strongly preferred over process measures.

What are the current efforts and methods being used to evaluate and measure the success and impact of the program?

Word count: 0 / 250

Please share examples of the program’s effectiveness, such as changes in health behavior, health status, access to care, etc. Please describe the metrics used to demonstrate significant value and impact on communities.

Word count: 0 / 250

5. Share how this program supports and addresses underserved or underrepresented groups in your community.

Examples:

Word count: 0 / 300

6. What are the unique elements of this program that set it apart or contribute most to its success in your community?

Unique elements:

Word count: 0 / 250

7. How does your program introduce new ways of thinking or working to improve health outcomes in your community?

Improvements:

Word count: 0 / 250

8. Please describe the program’s replicability and sustainability.

What elements are replicable by other communities and why?

Word count: 0 / 250

What elements are sustainable and why?

Word count: 0 / 250

What advice would you offer to others who wish to start a similar program?

Word count: 0 / 250

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Supporting Documents

Success and Positive Impact Document

Please demonstrate the program's success and positive impact in the community by uploading a maximum of three single-sided pages of supporting data combined into one file.

Accepted File Type: PDF

Max File Size: 15 MB

No file chosen

Letters of Support

Upload at least one and a maximum of five one-page letters of support from other health systems, hospitals and community organizations involved in the collaborative program and from community members or leaders who have been engaged in or supported the program. Each letter should be unique. Template/form letters are strongly discouraged.

Accepted File Type: PDF

Max File Size: 15 MB

Letter 1

No file chosen

Letter 2

Optional

No file chosen

Letter 3

Optional

No file chosen

Letter 4

Optional

No file chosen

Letter 5

Optional

No file chosen

Collaborators

Upload a list of collaborating health systems, hospitals, and community organizations and the organization’s role in the program.

Format: Must be in columns (organization name, contact first and last name, title, preferred contact number, email, organization city and state, program role)

Accepted File Type: PDF

Max File Size: 15 MB

List of Participating Parties

No file chosen