American Hospital Association™
Advancing Health in America

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2027 Dick Davidson NOVA Award

Applicant Information > Application Questions > Supporting Documents

Dick Davidson NOVA Awards Instructions

Please read all instructions **here** before beginning this application.

Questions with a red asterisk are required. If you cannot complete all fields, please enter 0 or NA.

To preview the application before starting your submission, click here: 2027 AHA Dick Davidson NOVA Award Application

Acknowledgment 1

By checking this box, I confirm that I have reviewed all instructions and requirements before beginning this application.

☐ I confirm

Acknowledgment 2

I understand that only one hospital per health system may apply for this award. I confirm that this is the only application from my system, based on verification with system-level leadership, and I acknowledge that multiple applications from the same system will not be reviewed.

☐ I confirm

Hospital and Program Contact Information

Hospital Name

Program Name

Health System Name (if applicable)

Salutation

Select

Program Contact - First Name

Program Contact - Last Name

Degrees/Certifications

e.g. MD, RN, etc

Primary Address

Street Address

Line 2

City

Country

United States

State / Province

Select

Zip / Postal Code

Program Contact Email Address

Program Contact Phone Number

(___) ___-____

Where did you learn about the AHA Dick Davidson NOVA Award?

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
- [ ] Other

Acknowledgment 3

The following should be read and acknowledged by the hospital or health system CEO or president.

I acknowledge and support this application, confirm that the information provided is accurate, and affirm there are no outstanding clinical, financial or legal matters that would preclude the organization from being considered for the award.

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, community and population health 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 agree

CEO/Program Leader First Name

CEO/Program Leader Last Name

CEO/Program Leader Title

Today's Date

M/D/YYYY

Save | Save and Next

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Applicant Information > **Application Questions** > **Supporting Documents**

2027 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. About the Program

When was the program launched?

M/D/YYYY

Please provide an overview of your program.

Include a description of the program and its goals, the impetus behind it and the population(s) it reaches.

Word count: 0 / 800

What data were used to identify the issues your program addresses?

Word count: 0 / 250

2. Program Operations and Governance

How does the program operate?

Word count: 0 / 250

How is the program funded?

Word count: 0 / 250

Is the program financially sustainable? Please explain.

Word count: 0 / 250

Who is the program's executive sponsor?

An executive sponsor is senior leader who champions a project or initiative.

Word count: 0 / 150

3. Collaboration and Community Engagement

What community members were engaged in the development of this program?

Word count: 0 / 250

Please provide an overview of your collaborative partners and their roles.

A complete list of collaborative partners and their roles is requested below.

Word count: 0 / 250

List of Collaborative Partners

Upload a list of collaborating health systems, hospitals and community organizations and the organizations' roles in the program.

Format: List must include these columns: Organization Name; Contact First and Last Name; Title; Preferred Contact Number; Email; Organization's City and State; and Program Role.

Choose File No file chosen

4. Impact and Evaluation

Describe the current efforts/methods being used to evaluate and measure impact.

Outcome measures are strongly preferred over process measures.

Word count: 0 / 250

Provide three examples of the program's effectiveness - changes in health behavior, health status, access to care, etc. Describe the metrics used to demonstrate significant value and impact on communities.

Please number each example.

Word count: 0 / 500

Provide two examples of how this program supports/addresses underserved or underrepresented groups in your community.

Please number each example.

Word count: 0 / 350

5. Innovation

What are the program's unique elements that set it apart or contribute most to its success in your community?

Word count: 0 / 250

How does your program introduce new ways to improve community health?

Word count: 0 / 250

6. Scale, Spread and Sustainability

What elements of your program are replicable by other communities and why?

Word count: 0 / 250

What elements of your program are sustainable and why?

Word count: 0 / 250

7. Advice for Others

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. Outcome measures are strongly preferred over process measures.

Accepted File Type: PDF

Max File Size: 15 MB

Choose File No file chosen

Letters of Support

Upload at least one to 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

Choose File No file chosen

Letter 2

Optional

Choose File No file chosen

Letter 3

Optional

Choose File No file chosen

Letter 4

Optional

Choose File No file chosen

Letter 5

Optional

Choose File No file chosen

Prev Save Save and Finalize

Click "Prev" to return to a previous section of the application. Click "Save" if you would like to return to the application later. Click "Save and Finalize" if your application is complete and ready to be submitted. Submitted applications cannot be edited.