

## 2025 AHA Dick Davidson NOVA Award Application

### *Collaboration for healthier communities*

The AHA Dick Davidson NOVA Award recognizes the collaborative work of hospitals and community organizations to improve the health status of individuals and communities. Specifically, the award honors **AHA members** for successful programs that:

- Improve community health status whether through health care, economic or social initiatives,
- Are collaborative efforts with other health care systems, hospitals and/or with other community organizations, and
- Engage community members to identify issues and co-design solutions or interventions.

The NOVA Awards will be presented at the Accelerating Health Equity Conference, May 20-22, 2025, in Atlanta. Honorees will be featured in an awards publication and offered the opportunity to showcase their AHA Dick Davidson NOVA Award achievements in their community through a local award presentation of the award.

#### **Eligibility**

- The hospital or health system submitting the application **must be an AHA member**.
- The program described in the application must be a joint effort between a health system, hospital, and another non-related health system or hospital or between a health system, hospital, and community organization.
  - Examples of community organizations include local civic/government organizations, public health agencies, food banks, school systems, legal clinics, police/sheriff's offices and social services agencies.
- The program or initiative described in the application must have been operational for at least 2 years and have data to demonstrated the program's success and positive impact in the community prior before applying.
- Applications submitted by vendors, consultants or external communication firms on behalf of hospitals or health systems will not be accepted.

#### **Application Materials**

The application has five parts:

1. The contact/cover page.
2. Seven application questions.
3. Maximum three pages of data demonstrating the program's success and positive impact in the community (to be uploaded).
4. Maximum five letters of support from other health systems, hospitals and community groups 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 discouraged (to be uploaded).
5. List of participating health systems, hospitals and community organizations.

- Format must be in columns (organization name, contact first and last name, title, preferred contact number, email, organization city and state). (to be uploaded)

**No supplemental materials will be accepted, and links to external content will not be used.**

### **Requirements**

All applications become the property of the American Hospital Association and may be used in AHA's activities to share and highlight "best practices" and examples of different approaches to achieving the award's goals. In these cases, AHA will contact the organization to explore its interest in participating in an interview or case study.

### **Evaluation and Judging**

The applications are reviewed by members of the NOVA Award Committee. AHA is grateful for the volunteer contributions made by Committee members. Winners will be notified in March 2025.

### **Submission of Application**

Completed applications must be submitted through the application system using the customized link provided by **midnight Central Time, Monday, Oct. 14, 2024**. The application system will close at that time, and unfortunately, we are not able to offer an extension of this deadline. Incomplete applications will not be reviewed. All applicants will receive an email acknowledgement of their submission within one business day. Please check your spam, junk, quarantine and clutter folders if you do not receive an acknowledgement. Emailed applications will not be accepted.

### **Additional Guidance**

Information on past NOVA Award recipients can be found at [www.aha.org/nova](http://www.aha.org/nova). Please email [nova@aha.org](mailto:nova@aha.org) with any questions.

For reference only - do not submit

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**Program name:**

**Organization:**

**Contact first/last name:**

**Title:**

**Preferred contact number:**

**Email:**

**Address:**

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

- AHA Website  AHA Meeting/Conference  
 AHA Email/Newsletter  LinkedIn  
 AHA Regional Executive:  Other:

**As CEO and board chair of the hospital(s)/health care system(s), we are nominating this project for an AHA Dick Davidson NOVA Award.**

**CEO/CAO/president's name:**

**CEO/CAO/president's title:**

**Board chair name:**

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Please respond to the following questions using the question number, sub-question letters and titles to easily identify your response to each question (e.g., 1A. When was the program launched?). 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.

**Please note:** The word counts listed for each question are maximums, not suggestions.

1. Please describe the program, using the question number, sub-question letters and titles to easily identify your response to each question. **(maximum word count: 500)**
  - A. When was the program launched?
  - B. What are program goals?
  - C. What population(s) does the program reach?
  
2. Please describe program operations, using the question number, sub-question letters and titles to easily identify your response to each question. **(maximum word count: 500)**
  - A. How does the program operate?
  - B. How is the program funded? How will it be sustained?
  - C. Who are the collaborative partners, and what are their roles?
  - D. What community members were engaged in the program development, and what were their roles?
  
3. Please describe the program's impetus, using the question number, sub-question letters and titles to easily identify your response to each question. **(maximum word count: 500)**
  - A. Why was the program launched? What data were used to identify the issues to address community health status?
  - B. Who was the program's executive sponsor?
  
4. Please describe the program's outcomes and measures used for evaluation, using the question number, sub-question letters and titles to easily identify your response to each question. Outcome measures are preferred over process measures. **(maximum word count: 500).**
  - A. What are the current efforts and methods being used to evaluate and measure the success and impact of the program?
  - B. How were community members engaged in identifying outcomes to be tracked?
  - C. Please share examples of the program's effectiveness, such as changes in health behavior, health status, access to care, etc. Please use metrics that demonstrate significant value and impact on communities.
    - o Question #8 is where you will upload a maximum of 3 pages of data reflecting the program's success and positive impact.

5. How does this program improve equity in your community? **(maximum word count: 300)**
6. What are the unique elements of this program that set it apart or contribute most to its success in your community? **(maximum word count: 250)**
7. Please describe the program's replicability and sustainability, using the question number, sub-question letters and titles to easily identify your response to each question. **(maximum word count: 300)**
  - A. What elements are replicable by other communities and why?
  - B. What elements are sustainable and why?
  - C. What advice would you offer to others who wish to start a similar program?
8. Upload a maximum of three pages of data demonstrating the program's success and positive impact in the community. Save the three pages as a single PDF file before uploading. To replace or update this file, click the upload box and upload the new document. It will take the place of the previously uploaded document.
9. Upload a maximum of five letters of support from other health systems, hospitals and community groups involved in the collaborative program and from community members or leaders who have been engaged in or supported the program. Save all letters into a single PDF file before uploading. To replace or update this file, click the upload box and upload the new document. It will take the place of the previously uploaded document. .
  - Each letter should be unique. Template/form letters are discouraged.
10. Upload a list of participating health systems, hospitals, and community organizations
  - Format must be in columns (organization name, contact first and last name, title, preferred contact number, email and organization city and state).

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