

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW Program of the Year Award

Award Benefits

MACHW will provide the following to the awardee:

- The CHW awardee will receive an award plaque during the CHW Conference in Norwood, MA on May 16, 2019
- Profile of the awardee will be disseminated to local papers, public health and state foundations newsletters, posted on MACHW's web page and social media outlets
- Registration fees for the CHW Annual Conference will be waived.
- Awardee will receive a certificate of award from MACHW by mail if not attending the CHW Annual Conference.

Nomination Deadline: April 16, 2019

Please submit your nomination to Lissette Blondet, MACHW's Executive Director, lblondet@machw.org or Fax to 617-451-0062, Attention: Lissette Blondet, MACHW

Background

The Massachusetts Association of Community Health Workers (MACHW) wants to recognize and honor the outstanding service, dedication, and excellence of individuals and groups of individuals who serve their communities as Community Health Workers (CHWs). The APHA definition of a CHW is: "A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." CHWs may use other titles (e.g. patient navigator, outreach worker, etc.) we encourage you to nominate anyone who fits the above description.

To honor those efforts, MACHW has three awards:

1. Outstanding CHW of the Year Award
2. Outstanding CHW Supervisor of the Year Award
3. Outstanding CHW Program of the Year Award

In 2019, three awards will be given. The "Outstanding CHW of the Year Award" will recognize one outstanding CHW for her/his/their service and excellence. The "Outstanding CHW Supervisor of the Year Award" will recognize one outstanding CHW Supervisor for her/his/their service and excellence. The "Outstanding CHW Program of the Year Award" will be given to a group of outstanding CHWs. Please refer to the group packet to apply for these awards. Awards are open to CHWs in Massachusetts

Permissions

By submitting a nomination for the MACHW Awards, Nominator and Nominee agree that all or parts of the information contained within the nomination can be released by MACHW in forms that may include but are not limited to press releases, website postings, e-mail announcements, and newsletter articles.

Cause for Award Revocation

MACHW reserves to the right to revoke an award after informing the recipient of receipt but prior to accepting the award at the PN/CHW Annual Conference for the following reasons: unethical actions on the part of the recipient; and unbecoming behavior while serving as a CHW so that the CHW is no longer in good standing with his or her community

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2019 Massachusetts Outstanding CHW Program of the Year Award Application Checklist

In order to make sure your nomination is complete, please complete the checklist below.
Note: Nominations without all required information **CANNOT** not be considered.

Full Name of Nominated Program: _____

____ Completed MACHW Award Nomination Form

____ Program Statement

____ Nomination Statement

____ Supplemental Materials (optional) Please list the names/resources and give a brief description of any additional supplemental materials. Examples of supplemental materials (but not limited to) include: case stories; letters of recommendation from the target population; news clippings; press releases; articles/publications; reports on project outcomes; letters from partnering agencies; video clips of community events, news program, newsletters; education materials or tools developed by the CHW program, etc.

____ Award Feedback Form (optional)

Please email nominations along with all required information as outlined on the checklist to lblondet@machw.org no later than April 16, 2019.

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2019 Massachusetts Outstanding CHW Program of the Year Award Nomination Process & Requirements

The following are required to nominate an Outstanding CHW Program:

1. The completed **MACHW Award Nomination Form**
2. **A Program Statement.** The program statement should not exceed one single spaced, typed page, 1" margins, 12pt font, endorsed and signed by a designated member of the nominated program, and include the following information:
 - A. A description of the CHW Program, including
 - i. program goals
 - ii. population (s) and community(ies) served
 - iii. how CHWs contribute to achieve these goals
 - iv. specific outreach and health education strategies CHWs utilize to engage client/patients
 - v. if CHWs refer to other clinical and/or community settings, describe referral protocols and follow up (how do CHWs make sure clients/patients receive the additional services they might need)
 - B. How are CHWs involved in decision making, project planning, implementation of the project/program?
 - C. Please describe the role of the CHW Supervisor
 - D. Length of involvement and service as a CHW Program
 - E. Description of the impact of the program on the community served
 - F. Attachments:
 - i. CHW job descriptions
 - ii. CHW supervisor job description
 - iii. Safety or other workplace policies to support and protect CHWs
3. **Nomination Statement(s).** A statement from the person(s) nominating this program describing the reasons (based on the questions below) s/he thinks this program should be considered for the Award. Nominations may be submitted by a member of the CHW program. The justification should not exceed one single-spaced typed pages, 1" margins, 12pt font. The nominator should answer the following questions in the justification section:
 - A. How do you know the program being nominated? (a client of the program, collaborating organization, administrator, member of the program, etc.)
 - B. How has the CHW Program made a difference in the community he/she serves?
 - C. How do CHWs contribute to the program's overall success? Please feel free to share specific examples
4. **Supplemental Materials** (optional). Please feel free to attach additional materials that further demonstrate the excellence of this program. Ex. case stories; letters of recommendation from the target population; news clippings, articles; articles/publications; video clips (of community events; news program, etc.); education materials or tools developed by group, etc.

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW Program of the Year Award Nomination Form

Name of Program Nominee: <i>(As it would appear on the award)</i>		Program Nominee Contact Person:	
Contact Person's Address:			
City:	State:	Zip Code:	
Work Phone Number:		Alternate Contact Number:	
Email:			

Name of Individual(s) Nominating Program:		Title:	
Organization:			
Mailing Address:			
Work Phone Number:		Alternate Contact Number:	
Email:			

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW Program of the Year Award Program Statement

The program statement should not exceed one single spaced, typed page, 1" margins, 12pt font, endorsed and signed by a designated member of the nominated program, and include the following information:

1. A description of CHW Program, including:
 - a) Program goals
 - b) Population(s) and community(ies) served
 - c) How CHWs contribute to achieve these goals
 - d) Specific outreach and health education strategies CHWs utilize to engage client/patients
 - e) If CHWs refer to other clinical and/or community settings, describe referral protocols and follow-up (how do CHWs make sure clients/patients receive the additional services they might need)
2. How are CHWs involved in decision making, project planning, implementation of the project/program?
3. Please describe the role of CHW Supervisor
4. Length of involvement and service as CHW Program
5. Description of the impact of the program on the community served
6. Attachments:
 - a) CHW job descriptions
 - b) CHW supervisor job description
 - c) Safety or other workplace policies to support and protect CHWs

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW Program of the Year Award Nomination Statement

1. **Nomination Statement.** A statement from the person(s) nominating this program describing the reasons (based on the questions below) s/he thinks this program should be considered for the Award. Nominations may be submitted by a member of the CHW program. The justification should not exceed one single-spaced typed pages, 1" margins, 12pt font. The nominator should answer the following questions in the justification section:
 - a. How has the CHW Program made a difference in the community it serves?
 - b. How do CHWs contribute to the program's overall success? Please feel free to share specific example.

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW Program of the Year Award Supplemental Materials (optional)

Please list the names resources and give a brief description of any additional supplemental materials. Examples of supplemental materials (but not limited to) include: case stories; letters of recommendation from the target population; news clippings; press releases; articles/publications; reports on project outcomes; letters from partnering agencies; video clips of community events, news program, newsletters; education materials or tools developed by the CHW program, etc.

- 1.
- 2.
- 3.
- 4.
- 5.

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW Program Award Feedback Form

Note: In order to track the dissemination and response to this call for nominations, nominators may fill out the following **VOLUNTARY** supplemental information about the CHW Program nominee and application process. The information below **WILL NOT** be used in determining award

Name of CHW Program _____

Number years working as a CHW Program _____

Type of CHW program: (Select the one that best describes the group)

- | | |
|--|--|
| <input type="checkbox"/> Healthcare clinic | <input type="checkbox"/> Community Setting |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Grade School (Elementary, Middle, High) |
| <input type="checkbox"/> Home health | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Social service organization | <input type="checkbox"/> Local, state, or federal government |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> CHW Association, Network, or Coalition |
| <input type="checkbox"/> Business | <input type="checkbox"/> Other |

How is the CHW Program funded? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Grants | <input type="checkbox"/> Fundraisers |
| <input type="checkbox"/> Internal Budget | <input type="checkbox"/> Volunteers/not paid |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Federal or state funds |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Other, please specify |

How did you hear about the 2019 MACHW Awards? (select all that apply)

- MACHW communication (email, website, newsletter, etc.)
- Email from a colleague
- CHW Association
- Other, please specify

Please answer the following questions regarding the call for nominations and process.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The instructions in the nomination packet are easy to understand and follow.					
The length of the application is appropriate for this type of award.					
The amount of required information is appropriate for this type of award.					
The nomination application is easy to complete in a timely fashion.					
The awardee benefits and compensation are appropriate for this type of award.					

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