

MA Association of Community Health Workers

2019 Massachusetts Outstanding CHW of the Year

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 of the Year Award Nomination Process & Requirements

The following are required to nominate an Outstanding CHW of the Year:

1. The completed MACHW Award Nomination Form.
2. **A Personal Statement.** The personal statement should be written by the individual being nominated, and should not exceed one single spaced, typed page, 1" margins, 12pt font, and include the following information:
 - a. An explanation of your work/ job functions/duties and description of your CHW activities;
 - b. Length of involvement and service as a CHW;
 - c. Description of the populations and communities you serve; and
 - d. Briefly describe one case where you used your competencies as a CHW to successfully serve a client/patient
3. **A Nomination Statement.** This section is completed by the individual (s) making the nomination and should not exceed one single-spaced typed pages, 1" margins, 12pt font. The nominator should address the following questions in the nomination statement*:
 1. How do you know the CHW being nominated (former client, colleague, etc.)
 2. How has the CHW demonstrated effectiveness in improving the health of her/his/their clients/patients?
 3. How has the CHW demonstrated effectiveness in increasing her/his/their client's access to health care services?
 4. How has the CHW improved the quality of her/his/their patient's care by
 - 1) Providing cultural mediation
 - 2) Facilitating improved doctor-patient communication
 - 3) Providing linkages to health and social services.
 5. How has the CHW help tailor the program s/he works in to better meet community needs?

**Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Care Settings, Sinai Urban Health Institute (SUHI), 2014*

4. **Additional Information (Optional)** The nominator may submit additional materials that demonstrate the hard work and dedication of the nominee. Supplemental materials may be scanned and emailed and MAY NOT exceed 10 pages in length. Examples may include: case stories; letters of recommendation from the target population; news clippings, articles, press releases; articles/publications; reports on project outcomes; letters from partnering agencies; video clips (of CHW/Promotor (a) assisting a client, community events, news program, etc.); education materials or tools developed by the CHW/promotora, etc.
5. Award Feedback Form (Not Required)

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2019 Massachusetts Outstanding CHW 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 Nominee _____

- Completed MACHW Award Nomination Form
- Personal Statement (Completed by individual being nominated)
- Nomination Statement (Completed by individual(s) making the nomination)
- Supplemental materials (optional)
- 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 of the Year Award Nomination Form

Part I. Information about the person being nominated (Nominee)

1. Name
2. Title
3. Organization
4. Organization's Address
5. Phone Number
6. Email
7. Name of Supervisor/Manager
8. Supervisor/Manager's phone
9. Supervisor/Manager email

Part II. Information about the person doing the nomination (Nominator)

1. Name
2. Title
3. Organization
4. Organization's Address
5. Phone Number
6. Email

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2019 Massachusetts Outstanding CHW of The Year Award Personal Statement

To be completed by CHW nominated for the Award

(Not to exceed one single-spaced typed page, 1" margins, 12pt font)

The personal statement should include the following information:

1. An explanation of your work/ job functions/duties and description of your CHW activities;
2. Length of involvement and service as a CHW;
3. Description of the populations and communities you serve; and
4. Briefly describe one case where you used your competencies as a CHW to successfully serve a client/patient.

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2019 Massachusetts Outstanding CHW of The Year Award Nomination Statement

To be completed by the individual(s) making the nomination (Nominator)
(Not to exceed one single-spaced typed page)

The Nomination Statement should answer the following questions*:

1. How has the CHW demonstrated effectiveness in improving the health of her/his/their clients/patients?
2. How has the CHW demonstrated effectiveness in increasing her/his/their client's access to health care services?
3. How has the CHW improved the quality of her/his/their patient's care by
 - a. Providing cultural mediation.
 - b. Facilitating improved doctor-patient communication.
 - c. Providing linkages to health and social services.
4. How has the CHW help tailor the program s/he works in to better meet community needs?

**Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Care Settings, Sinai Urban Health Institute (SUHI), 2014*

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2019 Massachusetts Outstanding CHW of The Year Award Supplemental Materials

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 CHW assisting a client; community events, news program, newsletters; education materials or tools developed by the CHW, etc.

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

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2019 Massachusetts Outstanding CHW of the Year Award Award Feedback Information

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

1) Name of CHW 2) Number years working as a CHW

3) Highest level of education completed:

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college |
| <input type="checkbox"/> High-school graduate | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Advanced degree (Masters, Doctorate) |
| <input type="checkbox"/> Technical degree | <input type="checkbox"/> Other, please specify |

4) Nominee is currently employed:

- Full time. Part-time Volunteer Contractual Consultant

5) If currently working as CHW, please select the type (s) of agency or agencies nominee works for:

- | | |
|---|---|
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Elementary/High School |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> University/academic |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other. Please specify |
| <input type="checkbox"/> Government Agency | |

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

- MACHW communication (email, website, Facebook, newsletter, etc.)
 Email from a colleague
 Training Program. please specify
 Other. Please specify.

7) 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.					