

# MA Association of Community Health Workers

## 2019 Massachusetts Outstanding CHW Supervisor 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](mailto: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:

- Outstanding CHW of the Year Award
- Outstanding CHW Supervisor of the Year Award
- 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 Supervisor of the Year Award Nomination Process & Requirements

The following are required to nominate an Outstanding CHW Supervisor for the Award:

1. The completed **MACHW Award Nomination Form**
2. **Two (2) Nomination Statements**. One completed by at least one CHW, see Section A below. A second Nomination Statement must be completed by a program administrator within the organization that employs the nominee (CEO, Manager, etc.), see Section B below. Each nomination statement should not exceed one single spaced, typed page, 1" margins, 12pt font.

Each Nomination Statement should outline specific ways in which the supervisor performs her/his/their role with excellence according to the following criteria:

### Part I. to be completed by at least one CHW\*

- A. Please tell us how your supervisor demonstrates that s/he:
  - i. Believes in and promotes the CHW model
  - ii. Understands the history and nature of the CHW field and workforce
  - iii. Fosters your professional growth
- B. Provides you with adequate and regular supervision. Please highlight one or more
  - i. Clearly establishes work structure and assists you in setting professional boundaries
  - ii. Monitors and manages your performance and sets reasonable expectations
  - iii. Assist you in adapting to the work culture
  - iv. Mentors you
  - v. Provides opportunities for CHWs to provide program feedback and assist with decision making
  - vi. Allows you to work independently when appropriate
  - vii. Recognizes good performance

### Part II. to be completed by an organization administrator (CEO, Project Manager, etc.)

- A. Please tell us how the nominated supervisor demonstrates that s/he
    - i. Believes in and promotes the CHW model
    - ii. Fosters the professional growth of CHWs
  - B. How long has this individual worked as a CHW supervisor
  - C. Please describe the goals, population(s) and community (ies) served by the program of which nominated supervisor is a staff
3. **Supplemental Materials (optional)**. The nominators 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, etc.
  4. **Award Feedback (optional)**

\*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 Supervisor 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
- \_\_\_\_\_ CHW Nomination Statement (Section A)
- \_\_\_\_\_ Organization Administrator Nomination Statement (Section B)
- \_\_\_\_\_ Supplemental materials (optional)
- \_\_\_\_\_ Award Feedback Form (optional)

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

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## 2019 Massachusetts Outstanding CHW Supervisor 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

Please complete this form and forward to: Lissette Blondet, [lblondet@machw.org](mailto:lblondet@machw.org)

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## 2019 Massachusetts Outstanding CHW Supervisor of the Year Award Nomination Statement Part I. Completed by CHWs

Part I. To be completed by at least one CHW supervised by the Nominated Supervisor and not to exceed one single spaced, typed

The Nomination Statement should outline specific ways in which the supervisor performs her/his/their role with excellence according to the following criteria\*:

1. Please tell us how your supervisor demonstrates that s/he
  - a. Believes in and promotes the CHW model
  - b. Understands the history and nature of the CHW field and workforce
  - c. Fosters your professional growth
  
2. Provides you with adequate and regular supervision. Please highlight one or more
  - a. Clearly establishes work structure and assists you in setting professional boundaries
  - b. Monitors and manages your performance and sets reasonable expectations
  - c. Assist you in adapting to the work culture
  - d. Mentors you
  - e. Provides opportunities for CHWs to provide program feedback and assist with decision making
  - f. Allows you to work independently when appropriate
  - g. Recognizes good performance

*\*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 Supervisor of the Year Award Nomination Statement Part II. Completed by Organization's Administrator

To be completed by an administrator within the organization employing supervisor (CEO, Project Manager, etc.)

1. Please tell us how the nominated supervisor demonstrates that s/he,
  - a. Believes in and promotes the CHW model.
  - b. Fosters the professional growth of CHWs
2. How long has this individual worked as a CHW supervisor
3. Please describe the goals, population(s) and community (ies) served by the program of which nominated supervisor is a staff

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## 2019 Massachusetts Outstanding CHW Supervisor 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 Supervisor of the Year 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

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

3) Highest level of education completed:

- |   |  |
|---|--|
| <input type="checkbox"/> Some high school<br><input type="checkbox"/> High-school graduate<br><input type="checkbox"/> GED<br><input type="checkbox"/> Technical degree | <input type="checkbox"/> Some college<br><input type="checkbox"/> Bachelor's Degree<br><input type="checkbox"/> Advanced degree (Masters, Doctorate)<br><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<br><input type="checkbox"/> Community Health Center<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Government Agency | <input type="checkbox"/> Elementary/High School<br><input type="checkbox"/> University/academic<br><input type="checkbox"/> Other. Please specify |
|--|---|

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.					



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