2020 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 7, 2020
- 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, 2020

Please submit your nomination Patrice Jean, CCHW at patrice.jean@bmc.org

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 2020, 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 and their management team. 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 CHW Annual Conference for the following reasons: unethical actions on the part of the recipient; and

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unbecoming behavior while serving as a CHW so that the CHW is no longer in good standing with his or her community

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
	Organization's Senior Leadership Statement
	Supplemental Materials (optional) Please list the names/resources and give a brief description of any additional supplemental materials. Examples of supplemental materials may 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.

Please email nominations along with all required information as outlined on the checklist to Patrice Jean, CCHW at patrice.jean@bmc.org no later than April 16, 2020.

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Nomination Process & Requirements

- 1. The completed MACHW Award Nomination Form (p. 5)
- 2. **Program Statement**. The program statement should not exceed two single spaced, typed pages, 1" margins, 12pt font, and include the following information:
 - A. A description of the CHW Program, including
 - a) program goals
 - b) population (s) and community(ies) served
 - c) date program was established
 - d) how do CHWs contribute to achieve the program's goals
 - e) specific outreach and health education strategies CHWs utilize to engage client/patients
 - f) 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. Are there opportunities for CHW professional development (please list trainings and other professional development activities attended by CHWs in the program)
 - D. Please describe the role of the CHW Supervisor, including
 - a) Type of supervision (clinical, etc.)
 - b) Frequency of supervision
 - c) Supervisor required to complete "CHW Supervisor Training"
 - E. Description of the impact of the program on the community served
 - F. Attachments:
 - a) CHW job descriptions
 - b) CHW supervisor job description
 - c) Safety or other workplace policies to support and protect CHWs

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- 3. Organization's Senior Leadership Statement(s). A statement from senior leadership in the organization describing the reasons (based on the questions below) s/he thinks this program should be considered for the Award. The statement should not exceed one single spaced, typed pages, 1" margins, 12pt font.
- 4. Supplemental Materials (optional)

Please list the names/resources and give a brief description of any additional supplemental materials. Examples of supplemental materials may 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 programs, newsletters; educational materials or tools developed by the CHW program, etc

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Award Nomination Form

1. Program Name
2. Organization
3. Address
4. Number of CHWs in the Program
5. Contact Name
6. Contact Person's Email
7. Contact Person's Phone Number