

The American Public Health Association



2015 AWARDS Nomination Packet

Outstanding CHW Group Award

Awardee Benefits.*

The APHA-CHW Section will provide the following to the awardees:

- ❖ **Certificate of Award.** Awardees will receive a certificate of award from the APHA CHW Section by mail if not attending the APHA Annual Meeting. While the APHA CHW Section encourages recipients to attend the APHA Annual Meeting, attendance is not required for awardees. All CHWs are encouraged to apply for the APHA CHW Section travel scholarships.
- ❖ **Recognition of Awardees will occur** during the CHW Section Social at the Annual APHA Meeting in Chicago, Illinois on November 2, 2015.

**Disclaimer: Awards are subject to change at each nomination year.*

Nomination Deadline: March 15th, 2015

Please submit your nomination(s) to:

Janel A. Lowman, Co-chair, CHW Awards Committee

Jlowman@southalabama.edu

Fax: 251-461-1727. If faxing call (251) 461-1725 to confirm receipt of fax.

Mailing address: 650 Clinic Drive Ste. 2500 Mobile, AL 36688

Alternate contact: B. J. Ciesielski (505) 255-1227

The individual submitting the nomination is responsible for ensuring all nomination items are received.

Please note: Nominations without all required information CANNOT be considered.



The APHA CHW Section Awards

Outstanding CHW Group Award

Background:

The APHA Community Health Workers (CHW) Section 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."¹ CHWs are also known as: community health advocates; neighborhood workers; lay health advisers/workers; consejeras(os); promotoras(es); outreach workers; patient navigators; peer health educators; camp aides; and community health representatives (CHRs).

To honor those efforts, the CHW Section of APHA has two awards:

- 1. *Outstanding CHW of the Year Award***
- 2. *Outstanding CHW Group Award***

In 2015, two awards will be given. The "Outstanding CHW of the Year Award" will recognize one outstanding CHW for her/his service and excellence. *Please refer to the CHW packet for nominations to this award.* The "Outstanding CHW Group Award" will be given to a group of outstanding CHWs. The group award could be awarded to a group of CHWs employed by a particular entity, a group of CHWs who work in the same community, a group of CHWs working on a specific project, or a group of CHWs working within a CHW coalition, association, or network, etc. Awardees will be announced and recognized at the APHA 143rd Annual Meeting, which will be held in Chicago, Illinois from October 31st to November 4th, 2015. Awards are open to CHWs in the United States and internationally. Submissions are accepted in English only.

Awardee Benefits: *

The APHA CHW Section will provide the following to the awardees:

- ❖ **Certificate of Award**. Group Awardees will receive a certificate of award from the APHA CHW Section by mail if not attending the APHA Annual Meeting. While the APHA CHW Section encourages recipients to attend the APHA Annual Meeting, attendance is not required for awardees. All CHWs are encouraged to apply for the APHA CHW Section travel scholarships.
- ❖ **Recognition of Awardees will occur** during the CHW Section Social at the Annual APHA Meeting in Chicago, Illinois on November 2, 2015.

**Disclaimer: Awards are subject to change at each nomination year.*

Permissions:

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

Cause for Award Revocation:

The APHA CHW Section reserves to the right to revoke an award after informing the recipient of receipt but prior to accepting the award at the APHA Annual Meeting for the following reasons: felony charge and/or conviction; 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.

¹ APHA CHW Section definition.

Outstanding CHW Group Award: Nomination Process & Requirements

Note the required guidelines (and allocated points for each requirement) for the nomination:

- Full name of nominee for the Group Award.
- The completed APHA-CHW Section Award Nomination Form (**5 points**).
- A group statement (**25 points total**). The group statement should not exceed one single spaced, typed page, 1" margins, 12pt font, endorsed and signed by a designated member of the nominated group, which includes the following information:
 1. An explanation of the CHW group and a description of the group's work, job functions, duties, description of health promotion, and other CHW activities of the group (10 points);
 2. Length of involvement and service as a CHW Group (5 points);
 3. Description of the population and community served (5 points); and
 4. Description of the impact of the group on the community served (5 points).
- A justification for the group nominee to be written by the nominator—who could be a member of the CHW group (**60 points total**). 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:

Please describe:

 1. How is the CHW group is involved in leadership, decision making, project planning, implementation, and/or management as appropriate to the project/program? (20 points)
 2. How has the CHW group made a difference in the community he/she serves? (20 points)
 3. How has the CHW group contributed significantly to improving health outcomes and access to health care services for their target community? *Examples include: improved health status; increased health knowledge; increased access to services(including policy changes by mean of advocacy work); increased number of medical appointments; cessation of adverse behavior; adoption of positive behaviors (increased physical activity, weight loss, etc.).* (20 points)
- Two letters of recommendation for the award (**total of 10 points—5 points for each letter**). One letter must be from someone that can speak to the CHW group's work in the community (such as a supervisor; an administrator or coordinator from an organization that benefits from the group's work; or the Chair/President of the CHW group such as a network, association, or coalition). The second letter should be from a person in the community that benefits from the CHW group's work and involvement.
- The nominator may submit additional materials that demonstrate the hard work and dedication of the group 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 community events; news program, etc.); education materials or tools developed by group, etc. **NOTE: Group nominees may receive up to 10 bonus points TOTAL for additional supplemental materials submitted.**

Outstanding CHW Group Award: Application Check list

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 Group: _____

Group Contact's Name: _____

- ___ Completed APHA CHW Section Award Nomination Form (5 points)
- ___ A group statement (25 points total)
- ___ Justification section (60 points total)
- ___ Two letters of recommendation for the award (total of 10 points—5 points for each letter)
- ___ Supplemental materials (**NOTE**: Nominees may receive up to 10 bonus points TOTAL for supplemental materials; refer to section on “supplemental materials” for ideas on what to include).
- ___ Additional Voluntary Information form (optional; no points awarded)

The APHA CHW Section Awards “Outstanding CHW Group Award” Nomination Form

*Note: An group may self nominate or on behalf of another group.
(5 points allocated for completed nomination form)*

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

Name of Nominator:		Title:	
Organization:			
Mailing Address:			
Work Phone Number:	Alternate Contact Number:	Fax Number:	
Email:			

Name and contact information of Contact Person’s Supervisor (To be used for verification purposes.)	
Name: _____	
Work Phone Number: _____	
Email: _____	

***Please complete this form and forward to Co-Chair : jlowman@southalabama.edu
Please type or print. For questions, contact: jlowman@southalabama.edu***

Group Statement (25 points total). (Not to exceed one single-spaced typed page, 1" margins, 12pt font. Applicant may submit the document as an attachment). The personal statement should include the following information:

- 1) *An explanation of the CHW group and a description of the group's work, job functions, duties, description of health promotion, and other CHW activities of the group (10 points)*
- 2) *Length of involvement and service as a CHW Group (5 points)*
- 3) *Description of the population and community served (5 points)*
- 4) *Description of the impact of the group on the community served (5 points)*

Justification (60 points total). (Not to exceed one single-spaced typed page, 1" margins, 12pt font. Applicant may submit the document as an attachment). The nominator should answer the following questions:

1. *How is the CHW group is involved in leadership, decision making, project planning, implementation, and/or management as appropriate to the project/program? (20 points)*
2. *How has the CHW group made a difference in the community he/she serves? (20 points)*
3. *How has the CHW group contributed significantly to improving health outcomes and access to health care services for their target community? Examples include: improved health status; increased health knowledge; increased access to services (including policy changes by mean of advocacy work); cessation of adverse behavior; adoption of positive behaviors (increased physical activity, weight loss, etc.). (20 points)*

Letters of recommendation (*10 points total—5 points per recommendation*). One letter must be from someone that can speak to the CHW group’s work in the community (such as a supervisor; an administrator or coordinator from an organization that benefits from the group’s work; or the Chair/President of the CHW group such as a network, association, or coalition). The second letter should be from a person in the community that benefits from the CHW group’s work and involvement. Please make sure the letters of recommendation have the full name of the group contact person. Email letters of recommendation to Jlowman@southalabama.edu; the name of each file should include the last name of the group contact person (example, Smith_letter1, Smith_letter2).

1) Name:

Address:

Phone:

Email:

Organization:

Relationship to CHW Group Nominee:

2) Name:

Address:

Phone:

Email:

Organization:

Relationship to CHW Group Nominee:

Supplemental materials (*Up to 10 TOTAL bonus points can be awarded for 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 CHWs assisting a client; community events, news program, newsletters; education materials or tools developed by the CHW group, etc.

1.

2.

3.

4.

5.

Outstanding CHW Group Award: Additional Voluntary 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 Group nominee and application process. The information below **WILL NOT** be used in determining award recipients and is solely for the purpose of tracking the number and types of applicants for the awards and to improve the call for nominations process.

Name of CHW Group _____

Number years working as a CHW Group _____

*Type of CHW group: (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 Group 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 2015 APHA CHW Section Awards? (select all that apply)

- APHA communication (email, website, newsletter, etc.)
- Email from a colleague
- CHW Association
- Other. Please specify. _____

Please answer the following Likert-scale questions regarding the call for nominations and process. Note: this information will be used to improve the nomination packet 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.					

Please add comments and suggestions below to help us improve the nomination packet and process.