

## The American Public Health Association



## 2015 AWARDS Nomination Packet

### *Outstanding CHW of the Year Award*

#### Awardee Benefits.\*

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

- ❖ The CHW Awardee will receive up to \$ 800 to cover expenses related to her/his participation to the APHA Annual Meeting (membership, registration, accommodations, etc.). No additional funds are provided for the recipient. While the APHA CHW Section encourages recipients to attend the APHA Annual Meeting for recognition during the APHA CHW Section Social, attendance at the annual meeting is not required for awardee. All CHWs are encouraged to apply for the APHA-CHW Section travel scholarships.
- ❖ **Recognition of Awardee will occur** during the CHW Section Social at the Annual APHA Meeting in Chicago, Illinois on November 2, 2015.
- ❖ **Certificate of Award.** Awardee will receive a certificate of award from the APHA CHW Section by mail if not attending the APHA Annual Meeting.

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

## Nomination Deadline: March 15<sup>th</sup>, 2015

*Please submit your nomination(s) to:*

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

[jlowman@southalabama.edu](mailto: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 of the Year 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."<sup>1</sup> 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. The "Outstanding CHW Group Award" will be given to a group of outstanding CHWs. **Please refer to the group packet to apply for this award.** All APHA 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 CHW Awardee will receive up to \$ 800 to cover expenses related to her/his participation to the APHA Annual Meeting (membership, registration, accommodations, etc.). No additional funds are provided for the recipient. While the APHA-CHW Section encourages the awardee to attend the APHA Annual Meeting, attendance is not required. All CHWs are encouraged to apply for the APHA-CHW Section travel scholarships.
- ❖ **Recognition of Awardee will occur** during the CHW Section Social at the Annual APHA Meeting in Chicago, Illinois on November 2, 2015.
- ❖ **Certificate of Award.** Awardees will receive a certificate of award from the APHA-CHW Section by mail if not attending the APHA Annual Meeting.

**\*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.

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<sup>1</sup> APHA CHW Section definition.

## **Outstanding CHW of the Year Award: Nomination Process & Requirements**

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

- Full name of nominee.
- The completed APHA-CHW Section Award Nomination Form (**5 points**).
- A personal statement (**25 points total**). The personal statement should not exceed one single spaced, typed page, 1" margins, 12pt font, endorsed and signed by the nominee, which includes the following information:
  1. An explanation of work/ job functions/duties and description of health promotion and other CHW activities (10 points);
  2. Length of involvement and service as a CHW, CHW Advocate or CHW Policy Maker (5 points);
  3. Description of the population and community served (5 points); and
  4. Description of community involvement (5 points).
- A justification for the nominee to be written by the nominator (**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 nominee is involved in decision making, project planning, implementation, and/or management as appropriate to his/her project/program? (20 points)
  2. How has the nominee made a difference in the community he/she serves? (20 points)
  3. How has the nominee contributed significantly to improving health outcomes and access to health care services for his/her 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*
- Two letters of recommendation for the award (**total of 10 points—5 points for each letter**). One letter must be from the nominee's supervisor (assuming the nominee is in an organization with a chain of command). If the CHW is a volunteer, letters from an administrator or coordinator at the organization may submit a letter on behalf of the nominee. The second letter should be from a person that knows the nominee well and can speak to the nominee's work as a CHW and contributions to his/her community.
- 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. **NOTE: Nominees may receive up to 10 bonus points TOTAL for additional supplemental materials submitted.**

## “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 or Group: \_\_\_\_\_

- \_\_\_\_\_ Completed APHA CHW Section Award Nomination Form (5 points)
- \_\_\_\_\_ A personal 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 of the Year Award: Nomination Form

*Note: An individual may nominate him/herself or on behalf of another individual.*

*(5 points allocated for completed nomination form)*

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

<b>Name of Nominator:</b>	<b>Title:</b>	
<b>Organization:</b>		
<b>Mailing Address:</b>		
<b>Work Phone Number:</b>	<b>Alternate Contact Number:</b>	<b>Fax Number:</b>
<b>Email:</b>		

<b>Name and contact information of Nominee Supervisor</b> <small>(This information will be used for verification purposes.)</small>
<b>Name:</b> _____
<b>Work Phone Number:</b> _____
<b>Email:</b> _____

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

**Personal 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 work/ job functions/duties and description of health promotion and other CHW activities (10 points)*
- 2) *Length of involvement and service as a CHW, CHW Advocate or CHW Policy Maker (5 points)*
- 3) *Description of the population and community served (5 points)*
- 4) *Description of community involvement (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 nominee is involved in decision making, project planning, implementation, and/or management as appropriate to his/her project/program? (20 points)*
2. *How has the nominee made a difference in the community he/she serves? (20 points)*
3. *How has the nominee contributed significantly to improving health outcomes and access to health care services for his/her target community? Examples include: improved health status; increased health knowledge; increased access to services (including policy change by means 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 the nominee’s supervisor (assuming the nominee is in an organization with a chain of command). If the CHW is a volunteer, letters from an administrator or coordinator at the organization may submit a letter on behalf of the nominee. The second letter should be from a person that knows the nominee well and can speak to the nominee’s work as a CHW and contributions to his/her community. Please make sure the letters of recommendation have the full name of the nominee. Email letters of recommendation to [Jlowman@southalabama.edu](mailto:Jlowman@southalabama.edu); the name of each file should include the last name of the nominee (example, Smith\_letter1, Smith\_letter2).

1) Name:

Address:

Phone:

Email:

Organization:

Relationship to Nominee:

2) Name:

Address:

Phone:

Email:

Organization:

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

1.

2.

3.

4.

5.



## Outstanding CHW of the Year 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 **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 \_\_\_\_\_ Age \_\_\_\_\_

Male/Female/ Transgendered \_\_\_\_\_ Number years working as a CHW \_\_\_\_\_

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, Professional)<br><input type="checkbox"/> Other, please specify _____ |
|---|--|

Nominee is currently employed:

- Full time     
  Part-time     
  Volunteer     
  Contractual     
  Consultant

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

- |  |  |
|--|--|
| <input type="checkbox"/> Community setting<br><input type="checkbox"/> Medical Clinic<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Home health agency<br><input type="checkbox"/> Other medical entity | <input type="checkbox"/> Non-profit<br><input type="checkbox"/> Social service entity<br><input type="checkbox"/> University/academic<br><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.**