



Nebraska Department of Health &  
Human Services Health Navigation:  
Community Health Worker Course  
Application Packet  
(Applications due July 31, 2020)

...Expand Access by Bridging Care



# Health Navigation

Nebraska

## Community Health Worker Course

### FAQ

**When will I be notified of my acceptance status?** Applicants will be notified of acceptance one week following the registration deadline of July 31, 2020.

**Will other Community Health Worker (CHW) courses be available this year if I am unable to attend the current class?**

This is the only DHHS CHW course for 2020 as it was pushed from spring to fall due to the pandemic. The next course offered will be in the fall of 2021.

**What is the fee for the course?** Currently, the training offered this fall will be completely virtual and offered at no charge to participants. Virtual sessions will be replacing our actual in-person sessions due to COVID-19 social distancing practices and current recommendations. Trauma 101 on September 22 from 10 am-12 pm and the dates of September 28<sup>th</sup> & 29<sup>th</sup> and November 17<sup>th</sup> & 18<sup>th</sup> will be required for CHW students. Keep in mind these virtual training dates are replacing our in-person sessions. We will be adjusting the schedule to provide adequate breaks and will attempt to create the best learning environment possible. Please be patient with us as this will be our first run completely virtual and we will be using Zoom for our training platform.

**Please send your completed application by fax or email to the contact information below:**

**Community Health Worker Course**

**DHHS Women's and Men's Health Programs**

**PO Box 94817**

**Lincoln, NE 68509**

Fax: 402.471.0913

Email: [dhhs.chw@nebraska.gov](mailto:dhhs.chw@nebraska.gov)

Phone: 402.471.0568 or 800-532-2227

**OBJECTIVE** - The purpose of this course is to provide a basic understanding of the role of patient navigation for community health workers.

- To provide referral linkages for clients by researching and accumulating community, state and national resources.
- To provide awareness or educational events for individuals, groups or communities.
- The course content is intended to build understanding of the information and concepts presented in the online course and the in-person trainings.

**COURSE WEBSITE:** <http://training.nehealthnavigation.com/login.php>

**COURSE CORRESPONDENCE** - You can contact the instructors and support staff through the course inbox, by phone or their direct email, but **prefer you use the email account** [dhhs.chw@nebraska.gov](mailto:dhhs.chw@nebraska.gov). That email can be accessed by all facilitators and is checked daily Monday through Friday.

Margarita Allen, (402)471-6453

Natalie Kingston, (402)471-0568

Jessie Perez, (308) 390-2560

Aaron Sweazy, (402)471-6567



# COMMUNITY HEALTH WORKER COURSE SYLLABUS

Nebraska Department of Health & Human Services | *Session 2020*

*“I alone cannot change the world, but I can cast a stone across the waters to create many ripples.”*

— [Mother Teresa](#)

## First Half of Training

If a situation arises in which you are not able to meet a course deadline, please contact the facilitators at: [dhhs.chw@nebraska.gov](mailto:dhhs.chw@nebraska.gov) to determine next steps. \*Please note the dates below may change to continue these trainings virtually. This is due to the fact we may be implementing social distancing and pandemic recommendations yet this fall.

<u>Online Orientation Webinar</u>		Tuesday, Aug 11 <sup>th</sup> , 2020 @ 11:30 am-1:00 pm	
	Topics of Study	Begin	Module Due Dates
<b>Week 1</b> August 12-18	Overview of CHW Course/Expectations	Webinar: Tuesday, Aug 11, 2020	August 18, 2020
	Complete Orientation Module & Pre-Assessment		
<b>Week 2</b> August 19-25	Organization	August 19, 2020	August 25, 2020
<b>Week 3</b> August 26-Sept 1	Documentation	August 26, 2020	September 1, 2020
	Webinar: Teaching & Advocacy 12-1 PM	Webinar: August 25, 2020, 10 point survey to follow	
<b>Week 4</b> Sept 2-8	Assessment	September 2, 2020	September 8, 2020
	E-learning: Capstone Project – Instructions		
<b>Week 5</b> Sept 9-15	Service Coordination	September 9, 2020	September 15, 2020 ***
	E-learning: Confidentiality /Boundaries		
<b>Week 6</b> Sept 16-22	*** <b>IMPORTANT!</b> All assignments, forums & quizzes, must be completed by the due dates of each module for the student to move on to the second half of the course. <b>Week of September 16-22 CATCH UP - *Forums are worth 150 points which is 30% of your total grade</b>		
	Virtual Training On-line: Trauma 101 10am-12pm	Tuesday, Sept 22, 2020	w/ Mentor Nebraska

## Second Half of Training

If a situation arises in which you are not able to meet a course deadline or you find yourself falling behind for any reason, please contact us right away at: [dhhs.chw@nebraska.gov](mailto:dhhs.chw@nebraska.gov) to determine next steps.

	Topics of Study	Begin	Module Due Dates
<b>Week 7</b> Sept 23- 29	CHW Virtual Session 1 via Zoom	September 28, 2020	Resource Manual Due
	CHW Virtual Session 2 via Zoom	September 29, 2020	*Capstone options
<b>Week 8</b> Sept 30-Oct 6	Colorectal Health & Screening	September 30, 2020	October 6, 2020
	E-learning: Pre-Diabetes & Diabetes	TUES., October 6, 2020	
<b>Week 9</b> October 7- 13	Breast Health & Screening	October 7, 2020	October 13, 2020

	Webinar: Communication / Presentation 12-1 PM	Webinar: TUES., October 13, 2020, survey to follow	
<b>Week 10</b> Oct 14-20	Cervical Health & Screening	October 14, 2020	October 20, 2020
	E-learning: Women's & Men's Health Programs	TUES., October 20, 2020	
<b>Week 11</b> October 21-27	Cardiovascular Health & Screening	October 21, 2020	October 27, 2020
	E-learning: Infant Mortality	TUES., October 27, 2020	
	Complete Post-Assessment		
<b>Week 12</b> Oct 28-Nov 3	Complete Capstone Project Worksheet and <b>submit for approval</b>	October 28, 2020	November 3, 2020
<b>Week 13</b> Nov 4-10	Capstone Review by Facilitator & feedback provided to students by the end of this week, November 16 <sup>th</sup> ) <b>Students please:</b> <ul style="list-style-type: none"> <li>Complete Resource Manual (to turn in <b>November 17<sup>th</sup></b> at 3<sup>rd</sup> virtual training</li> <li>Work on Health Topic Presentation (to present at 4<sup>th</sup> virtual training on <b>November 18<sup>th</sup></b>)</li> </ul>	November 4, 2020	November 10, 2020
<b>Week 14</b> Nov 11-18	<b>CHW Virtual Sessions 3</b>	<b>November 17, 2020</b>	Resource Manual Due Health Topic Presentations
	<b>FINAL Virtual Session 4</b>	<b>November 18, 2020</b>	Health Topic Presentations
<b>Week 15</b> Nov 19- January 31	<b>Implementation of Capstone Project (Students have over 2 months to implement)</b>	Nov 19 <sup>th</sup> 2020 – January 22 <sup>nd</sup> 2021 IMPLEMENTATION Jan 25-Febr 18 <sup>th</sup> 2021- Write final report	*Febr 19 <sup>th</sup> - Facilitator REVIEW (*optional) <b>February 28, 2021</b> FINAL Capstone Report DUE

**\*\*\*IMPORTANT!** All assignment, forums & quizzes, must be completed by the due dates of each module.  
**The Forums are worth 150 points which is 30% of your total grade**

If you find yourself falling behind for any reason contact us right away at [dhhs.chw@nebraska.gov](mailto:dhhs.chw@nebraska.gov) to determine next steps.



(We encourage you to keep a copy of your application for your records. If you have any questions, contact us by phone or email.)

**Section I. Applicant Information**

Name of Applicant \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Degree(s) (if applicable) \_\_\_\_\_

Organization or Place of Employment (If applicable) \_\_\_\_\_

Job Title(s) \_\_\_\_\_ Education \_\_\_\_\_

Is one of your duties taking blood pressure?  No  Yes If yes, how often? \_\_\_\_\_

Number of years in current position (check one):

0–1 years  2–4 years  5–9 years  10 years or more

Primary Language: \_\_\_\_\_ Country of Origin \_\_\_\_\_

Please list any accessibility needs: \_\_\_\_\_

Please list any dietary needs: \_\_\_\_\_

In your own words, please describe your current responsibilities and public health activities in your organization and/or tell us why you would like to take the Health Navigation course:



**Section I. Applicant Information (continued)**

**How Did You Hear About DHHS Health Navigation: Community Health Worker Course? (Check all that apply)**

- Assessment Survey                       Brochure                       Supervisor                       Colleague
- Conference/Exhibit                       Past Participant                       Presentation/Workshop                       Website
- Recommendation (by whom, if known) \_\_\_\_\_
- Other \_\_\_\_\_

**The following information will be used for aggregate reporting purposes and for our funders and is not used as admission criteria:**

**Sex:**     Female     Male

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Race/Ethnicity:**
- American Indian or Alaskan Native                       Asian
  - Black or African American                       Latino/Spanish/Hispanic
  - Native Hawaiian or other Pacific Islander                       White
  - Mixed Race                       Other
  - Prefer not to respond



# Health Navigation Nebraska

## Section II: Community Health Worker Student Responsibilities

*To be completed and signed by the applicant:*

CHW students must be able to use the online course, attend webinars and participate in virtual trainings:  
(*In-person trainings are: 2 ½ days in the middle of the course, and 2 days at the end of the course. See Course Schedule*)

- I will commit the time necessary to complete all parts of the online course and webinars, complete all assignments and answer questions about what I have learned. (*Please note, this may take an average of 6 hours per week.*)
- I will attend all **4 ½ in-person days (2 ½ in Sept and 2 in Nov)** and course trainings.
- I understand that I must attend all the activities and presentations within the virtual trainings.
- I will be an active participant in the course forums and agree to participate in discussions during group learning activities.
- I will work with my mentor/employer in the creating and completing a Community Health Worker Capstone Project that is related to public health and the skills learned in this course.
- I will have access to adequate computer hardware and software to participate in the online course and to complete assignments.
- I will have an email account so the course trainers are able to contact me through email.

As an applicant for **DHHS Health Navigation: Community Health Worker Course**, I have read the CHW Responsibilities above and agree to all of the conditions and requirements of the course.

For marketing purposes, I authorize use of my name as a student/alumnus of the course and of photographs taken during my participation in course activities

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Electronic Signature allowed)*

Print or Type Name: \_\_\_\_\_



# Health Navigation Nebraska

## Section III: Supervisor/Accountability Endorsement

To be completed and signed by (choose one)

- Applicant's supervisor  
 Mentor that the Applicant will be working with

As the immediate supervisor or mentor of \_\_\_\_\_, I have read the description of CHW Student Responsibilities, and agree to the following:

- I will allow her/him time off from regularly assigned duties to participate in all required activities of the 26-week **DHHS Health Navigation: Community Health Worker Course including the planning, creation and completion of a Community Health Worker Capstone Project** (The supervisor and applicant will agree on how to account for the excused time).
- I will allow her/him time off from regularly assigned duties to participate in **all mandatory in-person sessions** as outlined on page 3, *Course Schedule*.
- I will allow the student access to a computer for the on-line portion of the course and completing assignments and projects.
- I will support the student's use of newly learned knowledge, skills, attitudes, and competencies in their work.
- I will meet with the student weekly, or as needed, to review assignments and discuss coursework.
- I will assist the student in planning, creating, and completing a Community Health Worker Capstone Project that will be in line with priorities of our agency and use the new skills learned by the student.

Supervisor/Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Electronic Signature allowed)

Print or Type Name: \_\_\_\_\_  
 Position/ Title: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_