



Nebraska Department of Health &
Human Services Health Navigation:
Community Health Worker Course
Application Packet
(Applications due January 31, 2019)

...Expand Access by Bridging Care

The logo features the text "Health Navigation" in a white, sans-serif font on a green-to-yellow gradient background. Below it, the word "Nebraska" is written in a black, cursive script on a yellow-to-white gradient background. The entire logo is set against a background of light blue and green wavy lines.

Health Navigation Nebraska

Community Health Worker Course

When will I be notified of my acceptance status?

Applicants will be notified of acceptance two weeks after the registration deadline.

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

There will only be one course available in 2019. The next course offered will be in the spring of 2020.

What is the fee for the course?

A portion of the training is held in conjunction with the Minority Health Conference in York, Nebraska. Some of the seminars or breakout sessions will be required for the CHW students. The Minority Health Conference registration costs are estimated at \$45 for the day.

Keep in mind that it is a two day training, the training day starts at 8:00 AM and finishes after 4:30 PM and may last up to 5:00 PM.

Where will In-Person Sessions be held?

Holthus Convention Center

Meeting Room I

3130 Holen Ave., York, NE 68467

402-363-2675

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

Phone: 402.471.6453 or 800-532-2227.

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Course Schedule

<u>Online Orientation Webinar</u>	March 6, 2019 12:00 PM CST	
Pre-Assessment Quiz and Orientation Module	Due Date March 12, 2019	
Topics of Study	Begin	Assignment Quizzes and Forums Due Dates
Week 1: Organization	March 6, 2019	March 12, 2019
Week 2: Documentation	March 13, 2019	March 19, 2019
Week 3: Documentation	March 20, 2019	March 26, 2019
<u>Webinar:</u> Teaching & Advocacy	Webinar: March 21, 2019, 10 point survey to follow	
Week 4: Assessment	March 27, 2019	April 2, 2019
<u>E-learning:</u> Capstone Project Instructions	March 27, 2019 – Complete Evaluation	
Week 5: Service Coordination	April 3, 2019	April 9, 2019***
***IMPORTANT! All assignments, forums and quizzes should be completed by April 9, 2019 in order for the student to move on to the second half of the course.		
Week 6: 1st In –Person Session <i>Holthus Convention Center Meeting Room I 3130 Holen Ave., York, NE 68467 402-363-2675</i>	April 16, 2019	Resource Folder Due
In Person Session <i>Minority Health Conference Holthus Convention Center</i>	April 17, 2019	
Week 7: Colorectal Health & Screening	April 18, 2019	April 23, 2019
<u>E-learning:</u> Diabetes	April 18, 2019 – Complete Evaluation	
Week 8: Breast Health & Screening	April 24, 2019	April 30, 2019
<u>Webinar:</u> Communication and Presentation	April 25, 2019 – Complete Evaluation	
Week 9: Cervical Health & Screening	May 1, 2019	May 7, 2019
<u>Webinar:</u> Women’s & Men’s health	May 2, 2019 – Complete Evaluation	
Week 10: Cardiovascular Health & Screening	May 8, 2019	May 14, 2019
<u>E-learning:</u> Infant Mortality	May 9, 2019 – Complete Evaluation	
Week 11: May 15- May 21 Complete Capstone Project Plan Worksheet and submit for approval by Tues., May 21, 2019		
Week 12: May 22-June 4 Capstone Review with students by facilitators		
<ul style="list-style-type: none"> - Individual student meetings held with course facilitator via phone. - Complete and finalize remaining course tasks to include: <ul style="list-style-type: none"> o Resource Manual (<i>hand in June 11th at registration</i>) o Health Topic Presentation (<i>to present on June 12th</i>) 		
Week 13: Final In-Person Session <i>Holthus Convention Center, Meeting Room I</i>	June 11-12, 2019	Resource Folder Due



(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:



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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:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Latino/Spanish/Hispanic
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Mixed Race	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to respond	



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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 2 in-person trainings: *(In-person trainings are: 2 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 in-person and course trainings.
- I understand that I must attend all the activities and presentations at the in-person trainings.
- I understand that all travel expenses for in-person course trainings are the responsibility of the participant and/or their organization.
- 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: _____



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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 14-week ***DHHS Health Navigation: Community Health Worker Course plus additional time to plan, create and complete 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: _____