

PARTNERS IN GOOD HEALTH & WELLNESS

A SKILLS & KNOWLEDGE BASED ONLINE TRAINING TO PREVENT AND MANAGE CHRONIC DISEASE

BEGINNING JANUARY 23, 2024 • ENDING MARCH 6, 2024



The Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) is offering a chronic disease prevention/management training for CHRs, SDPI staff, and other tribal health advocates from the 27 Albuquerque Area Tribes and Pueblos.

Training Overview:

The purpose of this training is to enhance knowledge and skills related to type 2 diabetes, cardiovascular disease, stroke and their risk factors.

During the 7-week training program, topics include:

- Standards of care
- Nutrition
- Spectrum of insulin resistance
- COVID-19 and Diabetes Sick Day Management
- Strategies for managing stress & depression in patients with chronic disease
- Co-morbidities and complications

Final Session is in-person on March 6, 2024

REQUIRED TIME COMMITMENT:

- Two 4-hour orientation/kick-off video conference sessions from 10 am–3 pm (MST) with lunch break at 12 pm on January 23 & 24, 2024
- Weekly Videoconference Sessions for 2-hours on Wednesdays from 10 am–12 pm (MST) for 6 weeks starting on January 31, 2024.

WHO SHOULD ATTEND?

- Community Health Representatives
- SDPI Staff
- Other Tribal Health Workers

HOW TO APPLY:

- Application opens on **November 27, 2023**
- Apply by **January 15, 2024**.



For more information contact:
AASTEC Good Health & Wellness
in Indian Country Program
GHWIC@aaih.org

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Program Description

- There is no cost to participants. Participants will be provided with a webcam if needed.
- All **interested applicants** must **provide documented support** from their supervisor. For best consideration, please submit application as soon as possible due to limited space availability.
- **Notification will take place by January 17, 2024.**

Eligibility

To be eligible for the training, participants:

- Should be a practicing CHR, SDPI staff member, or a tribal health worker/advocate.
- Must be able to participate in all training-related activities.
- Must have support from their supervisor.
- Do not need a degree or certification.
- Complete and submit an application. An email confirmation will be sent to applicant and applicant's supervisor.
- **Preference will be given to individuals that have not taken this training before.**

Computer System Requirements

Participants must have a quiet place for the online training. Software and webcams (if needed) to participate will be provided.

The participant or worksite is responsible for providing the following:

- PC or laptop with webcam - participants must turn on camera during sessions
- Internet connection—broadband wired or wireless

CURRICULUM:

- Designed to support and enhance tasks performed by Community Health Representatives and other tribal health workers.
- Online interactive training.
- Participants remain in their communities working with their clients during the training.

PARTICIPANTS WILL:

- Learn from one another in a supportive environment.
- Expand their knowledge and skills in patient education, self-care, and clinical skills.
- Develop specialty knowledge in type 2 diabetes and COVID-19, cardiovascular disease, and stroke prevention/management.

**SUBMIT APPLICATION
BY JANUARY 15, 2024
BY EMAIL TO
GWHIC@aaihb.org**

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APPLICATION

Today's Date _____

Please print clearly or type information. Your supervisor must read the Program Description and sign the proceeding form before you submit your application. Email the application and supervisor support form as soon as possible to GHWIC@aaih.org for best consideration due to limited space availability. Thank you.

Full Legal Name _____ Preferred Name _____

Employer/Organization Name: _____

Mailing Address _____ City _____ State _____ Zip _____

Work Address _____ City _____ State _____ Zip _____

Phone #1 (with area code) _____ Phone #2 _____

Your Email _____ Your Job Title _____

Supervisor's Name _____ Supervisor's Job Title _____

Supervisor's Email _____

Please provide the following information:

1. Education (Please check the highest grade or level completed):

High School Some College Associate's Degree

Bachelor's Degree Graduate Degree

2. Job Type (Please check the job that describes you best):

CHR Health Educator

SDPI Staff Other: _____

3. Number of years of experience working in healthcare (Please check one):

Less than 1 year 1 to 3 years Greater than 3 and up to 5 years

More than 5 years More than 10 years More than 15 years: _____ years

4. Do you have access to a PC or laptop with reliable internet access?

Yes

No

5. I have an external or laptop video webcam to participate in teleconference calls.

Yes

No

SUPERVISOR SUPPORT FORM

For the applicant:

Applicant, please initial _____ I understand that I am applying for a training program conducted through AASTEC and Project ECHO. I understand that the training program is 7 weeks in duration and has certain minimum mandatory requirements in order to successfully complete the program.

The 7-week training period has the following mandatory minimum hours of participation:

- **2-day Orientation/Kick-off Workshop (Two 4-hour online sessions):** Orientation, team building, and pre-testing on January 23-24, 2024 from 10 am - 3 pm (MST) (lunch break at noon).
- **Weekly Videoconference Sessions:** Online videoconferences will take place **once** a week for 5 weeks. Each weekly session will take place on Wednesdays from 10 am -12 pm (MST) beginning on January 31, 2024. Attendance is mandatory unless participant is excused.
- The final session will take place on **March 6, 2024 from 9 am - 1 pm (MST)** and will be in-person in Albuquerque, NM. More information to follow.

I understand I must have access to a PC or laptop and web internet connectivity with sufficient bandwidth for web conferencing, and I must turn on my webcam during training sessions. I will comply fully with HIPAA requirements regarding confidential patient information.

Applicant's Signature _____ **Printed Name** _____

Title _____ **Date** _____

For the applicant's supervisor:

I have read the AASTEC and Project ECHO training program description. My organization and I both agree to support the participation of _____ in the **7-week** chronic disease prevention and management training program for community health paraprofessionals by allocating the necessary time and resources for his/her full participation in the program.

I understand that:

- The training is at no cost.
- The necessary web conferencing software and webcams (if needed) for the training will be provided;
- I am responsible for ensuring the participant has a quiet place available during the weekly teleECHO clinics and the appropriate computer and web internet connectivity.

Supervisor's Signature _____ **Printed Name** _____

Title _____ **Date** _____

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