

Pickaway County Public Health

110 Island Rd., Suite C, P.O. BOX 613 CIRCLEVILLE, OH 43113
Phone 740-477-9667 | Fax 740-474-5523 | Clinical Health Fax 740-420-6102



PICKAWAY COUNTY PUBLIC HEALTH JOB DESCRIPTION:

Health Navigator

Civil Service Status:	Classified
Job Classification:	Non-exempt
FLSA Status:	Part-time/ Grant Funded
Reports to:	Health Commissioner or Designee
Supervises:	None
Typical Work Hours:	Mon-Fri variable times depending on need, 20 hours per week
Work Time Accountability:	Mon-Fri except in times of additional community need
Updated:	10/13/2026

POSITION OVERVIEW

The Health Navigator is a grant-funded, part-time position responsible for assisting Pickaway County residents in identifying, accessing, and successfully connecting with health, behavioral health, harm reduction, recovery, and social services.

The position will support Pickaway County Public Health (PCPH) programs by providing individualized navigation, outreach, referral follow-up, and coordination of services. Particular emphasis will be placed on harm reduction, post-overdose outreach, substance use disorder resources, preventive health services, and addressing barriers related to social determinants of health.

The Health Navigator will also assist PCPH in meeting applicable grant goals, objectives, performance measures, reporting requirements, and program deliverables.

This position is contingent upon the availability and continuation of grant funding and does not create an expectation of continued employment beyond the applicable grant period.

MINIMUM QUALIFICATIONS & CHARACTERISTICS

- High School Diploma or Equivalent required
- Associate degree, bachelor's degree, Community Health Worker certification, peer recovery credentials, or related education or experience preferred.
- Experience in healthcare, public health, behavioral health, substance use disorder services, social services, community outreach, or navigation services preferred.
- Must have a valid driver's license, own vehicle for travel, and personal automobile insurance

- Ability to successfully complete required background checks and agency onboarding requirements.

ESSENTIAL DUTIES AND RESPONSIBILITIES

Health and Social Service Navigation

- Receive referrals from PCPH staff, community partners, healthcare providers, outreach programs, and other approved referral sources.
- Assist residents in identifying appropriate health, behavioral health, recovery, and social-service resources.
- Connect residents with primary care, dental care, behavioral health, preventive health, women's health, immunizations, STI services, TB services, cancer screening, and other healthcare services.
- Assist residents in accessing resources related to food, housing, transportation, utilities, insurance, employment, and other social determinants of health.
- Assist individuals with scheduling appointments, understanding referral processes, and navigating healthcare and social-service systems when appropriate.
- Conduct follow-up to determine whether individuals successfully accessed referred services.
- Identify barriers to care and assist residents with finding practical solutions to overcome those barriers.

Harm Reduction and Overdose Response

- Support the Pickaway Overdose Response Team (PORT) and other PCPH harm-reduction initiatives.
- Conduct outreach and follow-up with individuals referred following an overdose or other identified substance use-related need.
- Connect individuals with substance use disorder treatment, medications for opioid use disorder, peer recovery support, counseling, recovery housing, and other recovery services.
- Provide education regarding naloxone, overdose prevention, harm reduction, and available community resources.
- Assist with naloxone distribution and other approved harm-reduction activities.
- Follow up with referred individuals to assess service connection, barriers, and additional needs.

Community Outreach

- Participate in PCPH outreach activities, community events, Mobile Health Clinic activities, and other community-based programming.
- Provide health navigation services at partner locations when appropriate.
- Build and maintain relationships with healthcare providers, behavioral health organizations, recovery organizations, social-service agencies, and other community partners.
- Promote awareness of PCPH programs and available health and social-service resources.

Grant Program Support, Data Collection, and Reporting

- Support implementation of activities identified within the applicable grant work plan.
- Assist PCPH in meeting grant objectives, deliverables, performance measures, and reporting requirements.
- Maintain accurate records of client contacts, referrals, follow-up attempts, services provided, and outcomes.
- Track measurable outcomes, including successful connections to services, appointments scheduled, referrals completed, barriers identified, and individuals unable to be reached.

- Collect and maintain program data necessary for grant reporting, evaluation, quality improvement, and program monitoring.
- Assist with preparation of progress reports, program summaries, and documentation required by the funding agency.
- Maintain appropriate documentation demonstrating completion of grant-funded activities.
- Identify trends, service gaps, and recurring barriers affecting residents and communicate findings to PCPH leadership.
- Assist with evaluation of program effectiveness and recommendations for improvement.

Additional Responsibilities

- Maintain confidentiality and comply with applicable privacy requirements and PCPH policies.
- Participate in staff meetings, grant-related meetings, trainings, and professional development activities as assigned.
- Work collaboratively with PCPH divisions, programs, and community partners.
- Provide services in a respectful, nonjudgmental, culturally responsive, and person-centered manner.
- Maintain professional boundaries when assisting residents with complex needs.
- Perform other related grant-supported health navigation and community outreach duties as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES

The successful candidate should demonstrate:

- Strong interpersonal, communication, and relationship-building skills.
- Ability to establish rapport with individuals from diverse backgrounds and circumstances.
- Ability to communicate in a compassionate, respectful, and nonjudgmental manner.
- Understanding of or willingness to learn harm reduction principles and substance use disorder services.
- Knowledge of or willingness to learn local healthcare and social-service systems.
- Strong organizational, documentation, and follow-up skills.
- Ability to accurately collect and report program data.
- Ability to understand and work toward established grant objectives and performance measures.
- Ability to maintain confidentiality and appropriately handle sensitive information.
- Ability to work independently while collaborating with a multidisciplinary public health team.
- Basic computer skills, including use of electronic records, spreadsheets, databases, and reporting systems.

WORKING CONDITIONS

The Health Navigator will work in a combination of office and community settings. The position may require travel throughout Pickaway County and participation in outreach activities, community events, and partner-based services. Some scheduling flexibility may be necessary based on program and grant activities.

GRANT-FUNDED POSITION STATEMENT

This position is funded in whole or in part through grant funding. Employment is contingent upon the availability of those funds and the continued programmatic need for the position. The position may be modified, reduced, or discontinued if grant funding expires, is reduced, or is otherwise unavailable. Nothing in this job description guarantees employment for the duration of the grant or beyond the period for which funding is available.

POSITION PURPOSE

The Health Navigator position is intended to strengthen PCPH's ability to connect residents with needed health and social services while advancing the goals and objectives of the supporting grant.

The position will help PCPH move beyond simply providing referrals by establishing a process to identify needs, connect residents to appropriate services, reduce barriers, follow up on referrals, measure outcomes, and demonstrate the impact of grant-funded public health activities.