

## Statewide Community Health Worker Certification: Key Questions

**Community health workers (CHWs)** contribute to [preventing and managing chronic diseases and pursuing health equity](#). Certification is one tool for CHW workforce development that stakeholders across several states [have implemented](#) or are actively considering, and some states have decided not to pursue it. The purpose of CHW certification is to document the proficiency of an individual in the core skills and roles of a CHW. The decision of whether or not to establish statewide CHW certification is a serious one, and what CHWs in a state want must be taken into account.

This technical assistance document provides key questions for stakeholders who are currently making decisions about statewide CHW certification, including whether or not to pursue it. This document also includes actions that some stakeholders have taken to address the key questions, as well as case examples (in the call-out boxes). Additional resources for considering statewide CHW certification are provided at the end. This technical assistance was developed based on findings from a Centers for Disease Control and Prevention (CDC) study completed in 2017.

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### Key Questions

#### 1. Do CHWs and other stakeholders want statewide CHW certification?

Stakeholders have reported determining whether CHWs and other stakeholders want statewide CHW certification by taking the following actions:

- Conducting surveys of the CHW workforce, which include questions about statewide CHW certification;
- Holding summits and meetings with CHWs and other stakeholders to discuss certification. **Table 1** on page 7 provides some attractive features and concerns about CHW certification as reported by stakeholders. Exploring assumptions about certification early on is essential to determining where additional discussion may be needed, or whether other workforce development strategies will be the focus;
- Providing outreach and education about statewide CHW certification and other strategies to develop the workforce (developing a CHW definition, setting training standards, etc.);
- Formally acknowledging the leadership role of CHWs in determining whether statewide certification is the goal, and if so, determining what the process might look like; and/or
- Establishing an advisory group, task force, and/or board, which includes a majority of CHW members and/or assures CHWs leadership roles, to guide all decisions including whether or not to pursue statewide CHW certification.



### Case Examples: Determining whether CHWs and stakeholders want statewide CHW certification.

In **Arizona**, informal discussions about certifying CHWs began in the late 1990s. In the early 2000s, the University of Arizona Prevention Research Center and the Arizona Community Health Workers Organization (AzCHOW) began collaborating to advance workforce development. Stakeholders reported that the national dialogue surrounding certification and hearing about other states' experience (particularly that of New Mexico) had an influence on the early discussions about CHW certification in Arizona. In 2015, AzCHOW collected feedback from stakeholders about a number of topics, including CHW certification, which revealed that the Arizona CHW workforce had a strong interest in certification.

In **Washington**, local promotor/ promotora networks have formed around the state, but to date there is no statewide CHW organization. In 2015, the Healthier Washington CHW Task Force was formed. It consisted of approximately 55 people, including CHWs and promotores/promotoras from across the state, the Washington State Health Care Authority, insurance companies, managed care organizations, state officials, academic institutions, and employers. This group chose to focus on developing CHW scope of practice and training, but not statewide CHW certification. The Washington State Health Department currently offers a free online CHW training, with over 1,500 individuals trained so far.

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## **2. How can state policy/the policy process support implementation of statewide CHW certification?**

Stakeholders have reported the state government contributing to statewide CHW certification efforts by taking the following actions:

- Defining a CHW scope of practice and identifying overlap and distinctions from other health professions;
- Analyzing existing state policies pertaining to the certification of other health professionals and workforces;
- Engaging policy champions and allies, as well as those who need additional education about statewide CHW certification;
- Helping to develop legislation to drive/support the certification adoption and implementation process; and/or
- Holding public hearings about proposed certification rules that allow CHWs to provide input and shape policy and certification requirements.

### Case Examples: Determining how state policy/the policy process can support statewide CHW certification.

The process of developing certification in **Texas** began in 1999 with passage of House Bill 1864. This law set up an advisory committee to develop a certification process for CHWs and the associated training curriculum.

Legislation to establish a voluntary CHW certification program was proposed in **Arizona** twice in 2017, both times led by AzCHOW. The second filing of the legislation was designed to be budget neutral, and AzCHOW reported gaining support for this legislation from a key stakeholder group, the Arizona Nurses Association. During the

legislative process, Arizona stakeholders reported the importance of continually educating all those involved about the value of certification and CHW roles. At the time this document was prepared, the proposed legislation had passed both chambers of the Arizona Legislature and was pending the acceptance of Senate amendments in the House.

Through the public forums associated with the **Oregon** rule-making process, CHWs in Oregon were able to push back against standard background check requirements for certification. As a result, Oregon now has a weighted process for the criminal background check for CHW certification that allows consideration of supporting documentation, such as recommendation letters from previous employers or co-workers and documentation of volunteer efforts. This allows the consideration of mitigating circumstances with the intent of avoiding the denial of certification to otherwise qualified CHWs.

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### 3. How can statewide CHW certification be a part of the state health system transformation?

Stakeholders have reported states integrating statewide CHW certification into state health system transformations by taking the following actions:

- Adding CHWs and CHW certification to state public health and health care plans;
- Including CHW certification as a requirement for Medicaid financing; and/or
- Pursuing certification as a means to achieve CHW inclusion in new financing models, such as Accountable Care Organizations and Patient-Centered Medical Homes.



#### **Case Examples: Determining how statewide CHW certification can be a part of the state health system transformation.**

**Rhode Island** has integrated CHW certification into its health care redesign and workforce development plan. Certified CHWs are engaged as community liaisons within Rhode Island Health Equity Zones to link patients to evidence-based chronic disease programs. In addition, Federally Qualified Health Centers in Rhode Island now include certified CHWs in their administrative oversight teams.

As part of its health care reform, **Oregon** has created Coordinated Care Organizations (CCOs) which provide state Medicaid services to specified regions. CCOs in Oregon are required to employ CHWs and/or other Traditional Health Workers. State CHW certification in Oregon is voluntary for practice, but required for CHW services to be reimbursed through Medicaid. Medicaid financing for CHWs in Oregon was made available through implementation of the state plan amendment that created the CCOs. Stakeholders have reported some confusion around billing for CHWs in CCOs, but this is likely to be resolved through additional technical assistance.

#### 4. How will statewide CHW certification be financed/administered?

Stakeholders have reported developing financing and administration arrangements for statewide CHW certification by taking the following actions:

- Exploring how multiple stakeholders could help to finance the statewide CHW certification program;
- Considering fees for certification applicants and how fees might affect participation; and/or
- Specifying an organization(s), not necessarily within the state government, to administer the certification program.

#### Case Example: Determining how statewide CHW certification will be financed.

**Pennsylvania** stakeholders have reported concerns about the costs associated with CHW certification, training, and recertification. The Pennsylvania CHW Policy Task Force recommended that the state's proposed voluntary CHW certification program be financed through a variety of sources in addition to applicant fees, such as state allocations, federal grants, Title V Maternal and Child Health Services Block Grant, grants from the private sector, funds from certification and accreditation fees, and/or an assessment from all insurers.

#### 5. How can the state health department support statewide CHW certification?

Stakeholders have reported the state health department contributing to statewide CHW certification efforts by taking the following actions:

- Convening CHWs, stakeholders, and subject matter experts to discuss statewide CHW certification;
- Participating in CHW, certification, and other advisory groups, task forces, and boards;
- Helping to expand access and promote certification programs among CHWs; and/or
- Assisting in certification program administration.



#### Case Example: Determining how the state health department can support statewide CHW certification.

In **Arizona**, a collaborative approach is proposed for implementing statewide CHW certification including: development of a CHW-led curriculum approval board and training by the University of Arizona Prevention Research Center; administration of a CHW orientation course and certification application processing by AzCHOW; and maintenance of an online registry of certified CHWs by the Arizona Department of Health Services (ADHS). ADHS also created a CHW Program Manager position, funded in part by CDC's 1305 program, to support the state's CHW Workforce Coalition, including efforts to develop statewide certification.

## 6. How will a statewide CHW certification process address CHW experience and “community membership”?

“Community membership” means being part of the community served, and/or sharing key life experiences with other community members. Community membership is central to the definition of a CHW; however, it can be challenging to assure that applicants for CHW certification have these characteristics.

Stakeholders have reported addressing CHW experience and community membership in statewide CHW certification by taking the following actions:

- Choosing to pursue a voluntary statewide CHW certification process, meaning that certification will not be a legal requirement to work as a CHW in the state;
- Including the [American Public Health Association’s CHW definition](#), which addresses community membership, in certification descriptions;
- Including a field-based internship as a requirement for certification;
- Creating a grandfathering pathway to certification, for example, that requires a certain number of hours as a CHW and/or evidence of previous work experience in the community; and/or
- Including a requirement for CHWs to demonstrate community membership during the certification application and/or grandfathering processes.

### **Case Examples: Determining how a statewide CHW certification process will address CHW experience and community membership.**

In **Oregon**, there are two pathways to voluntary CHW certification. One is to submit documentation for certification through grandfathering, based on past trainings completed, certificates earned, and a documented 3,000 hours of community involvement or engagement as a CHW. The other pathway is to complete the state-approved training and certification process, which requires applicants to identify and document the community they belong to or identify with as part of their application for certification. Some Oregon CHW training programs also require a letter of recommendation from the community before allowing applicants to take the training.

In **Rhode Island**, CHW community membership was addressed in its grandfathering process, which involved a specific, limited “look-back” period for current CHWs to apply for certification, based on their work and experience in the community, as demonstrated in a required portfolio. The current CHW certification process in Rhode Island requires, in addition to training, that CHWs document 1,000 hours of supervised experience in the community. Rhode Island has also created CHW fellowships at community-based organizations, which have helped several CHWs get the work experience they need to qualify for certification.

## 7. How will CHW training programs support statewide CHW certification?

Stakeholders have reported planning for/aligning CHW training programs with statewide CHW certification by taking the following actions:

- Developing [standard CHW roles and core competencies](#) to include in statewide CHW certification;
- Assessing the extent to which existing CHW training programs meet statewide standards; and/or
- Developing statewide CHW training standards;
- Offering affordable CHW training programs in a variety of locations and settings.

### **Case Examples: Determining how CHW training programs will support statewide CHW certification.**

Discussions about statewide CHW certification in [Minnesota](#) began with an established base of experience. For over ten years, Minnesota has implemented a standardized CHW core skills curriculum embodied in a 14-credit community college program leading to a certificate of completion. As of January 2016, there were four schools within the Minnesota State system, one private university, and one vocational school that offered the program. Stakeholders have suggested that this curriculum could serve as a basis for designing training for statewide CHW certification.

CHWs seeking state certification in [Oregon](#) through the certification and training pathway are required to complete an 80-hour training, which can occur in a variety of settings, as long as the program is certified by the Oregon Healthy Authority Office of Equity and Inclusion. As of March 2017, there were ten different organizations in Oregon that offered the approved training for state certification, including community colleges and social service organizations.

**About the Study:** This technical assistance document was developed based on the findings of a 2017 CDC case study, which examined seven states at various stages of considering and implementing statewide CHW certification. In this study CDC conducted 40 key informant interviews with stakeholders, including CHWs and individuals representing state health departments, Medicaid offices, and health care and community-based organizations. CDC also reviewed over 400 extant documents pertaining to CHW certification from the 50 states, D.C., and Puerto Rico, and four years of data reported by states implementing the CDC-funded programs: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (1305) and State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422). Another case study on CHW workforce development investments is currently being conducted by CDC, and additional technical assistance on CHW workforce development will be available in late 2018.

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**Table 1. Attractive features and concerns about statewide CHW certification reported among stakeholders**

| Stakeholder | Attractive features  | Concerns  |
|-------------|--|---|
| All         | <ul style="list-style-type: none"> <li>• There may be more opportunities for sustainable employment for certified CHWs.</li> <li>• Certification might help to increase awareness among employers about CHW roles.</li> <li>• There may be increased job stability for certified CHWs.</li> <li>• Certification may lead to increased CHW visibility and acceptance, which could result in greater integration of CHWs into health care systems.</li> </ul>  | <ul style="list-style-type: none"> <li>• There may be the potential for CHWs to lose their close connection with the community if certification moves CHW further into the health care world.</li> <li>• There may be barriers to CHW certification and training access.</li> <li>• CHWs may resist a certification process that requires them to repeat previous training.</li> </ul>  |
| CHWs        | <ul style="list-style-type: none"> <li>• Certification may lead to increased CHW compensation.</li> <li>• Certified CHWs may experience improved working conditions.</li> <li>• Certified CHWs may have more career opportunities.</li> <li>• Certification could help to build the CHW professional identity.</li> <li>• Certification could create more consistent standards across the CHW workforce.</li> <li>• Organizing around certification could increase CHW participation in CHW associations.</li> <li>• Certification could increase respect for the CHW profession in the health care arena.</li> <li>• Certification could increase the credibility of CHWs to health professionals.</li> </ul> | <ul style="list-style-type: none"> <li>• Certification could create barriers to practice for non-certified CHWs.</li> <li>• Certified CHWs may be regarded more favorably than non-certified CHWs.</li> <li>• Certification could lead to overly prescribing roles for CHWs, who in the past, have attributed much of their effectiveness to flexibility in job descriptions.</li> <li>• If certification focuses on health care roles, it could lead to the over-medicalization of the CHW workforce.</li> <li>• There may be burdensome certification and recertification costs for CHWs.</li> <li>• Background checks for CHWs as part of the certification process could exclude some of the best CHWs for certain communities.</li> <li>• CHW certification programs may not be offered in every language.</li> <li>• It may be difficult for CHWs to maintain certification through continuing education.</li> <li>• Some CHWs (e.g., rural CHWs) may have limited access to training programs.</li> <li>• CHWs may have discomfort interacting with a formal system like the one required for certification.</li> <li>• Communities may not want outsiders dictating or imposing rules through CHW certification.</li> </ul> |

| Stakeholder | Attractive features   | Concerns  |
|-------------|---|---|
| Employers   | <ul style="list-style-type: none"> <li>• Certification may lead to more simplified CHW recruitment and selection for employers.</li> <li>• Certification may reduce on-the-job-costs to employers for CHWs.</li> <li>• Certification could help employers more fully integrate CHWs into their health care teams.</li> <li>• Certification could better prepare the CHW workforce.</li> <li>• If certification leads to sustainable financing, this could reduce an employer's dependence on short-term funding for CHW positions.</li> </ul> | <ul style="list-style-type: none"> <li>• Employers may have to provide compensation or minimum pay for certified CHWs.</li> <li>• Certification could limit an employer's ability to make its own decisions about necessary training and standards for the CHWs they employ.</li> <li>• There may be costs to employers associated with implementing new regulations and restrictions related to certification.</li> <li>• There may be increased overall CHW training costs for employers, for example, if employers end up paying for the training required for certification.</li> </ul> |

### Additional Resources

- The Association of State and Territorial Health Officials offers resources on CHW certification and financing on its [website](#), including a [document](#) about legislative and non-legislative approaches to certification.
- The National Academy for State Health Policy updated its [State CHW Models](#) website in 2017, adding sections on CHW roles and state agency contacts.
- The [CDC CHW Toolkit](#) continues to be updated with new resources for CHW policy and programs, and includes [previous CDC technical assistance](#) on engaging CHWs in health systems for high blood pressure and diabetes self-management.