

# Community Health Worker Certification Practices from Other States

Prepared for the Illinois Department of Public Health

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July 2024

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## Executive Summary

Based upon our review of successfully implemented state-wide Community Health Worker certifications, several best practices were identified and are discussed below.

### **1. Include community health workers in all steps of the process.**

All the state certification processes included in this review heavily emphasized the inclusion of community health workers (CHWs) throughout the process. Most states included CHWs in leadership roles within certification boards, advisory committees, and/or credentialing committees. CHWs were able to provide first-hand knowledge and experiences that proved essential when establishing state-wide competencies and requirements. Additionally, including CHWs throughout the process was imperative to keeping the core of community health work intact given possible issues that come with standardizing requirements and administrative processes for a previous unregulated health workforce role with a long history of contributions and innovations defined work.

### **2. Create a state-wide registry of community health workers.**

Given that CHWs offer a wide array of services in the healthcare sector, it is difficult to define the full scope of work that needs to be included in certification schemes. In order to better understand the breadth of the contributions of CHWs and the roles they fill, many states have created a state-wide registry of CHWs. Registries often include the position, workplace, main tasks and salary of each CHW in the state. Additionally, states have found this registry helpful in determining who should be eligible for certification, thereby furthering CHW workforce development.

### **3. Conduct surveys and focus groups with CHWs and other stakeholders to determine what should be included in the certification scheme.**

Other states have found stakeholder engagement to be imperative when defining core competencies and certification requirements. Stakeholders often include CHWs as well as providers, patients, clients, and community-based organizations that work closely with CHWs and have perspectives concerning the competencies important for CHWs.

### **4. Determine reimbursement through Medicaid or other methods.**

States have found that in order for Medicaid to reimburse CHW services, a qualifying physician or other provider must refer a patient to CHW services which then triggers a specific billing code. While some states have chosen to pursue CHW reimbursement through Medicaid, others caution that Medicaid billing may limit the roles CHWs are able to perform. Additional options for financing include: MCOs reimbursement, health plan coverage, internal financing by providers, or blended funding. Further, Federally Qualified Health Centers and their lookalikes may include CHW costs in their per-visit reimbursement rates.

**5. Decide if certification should be state-wide or include multiple accredited programs.**

While some states have opted for one state-wide certification program, many have chosen to also accredit their current CHW educational programs and certifications. Whether there are multiple accredited programs or just one state-wide program, all states have chosen to establish one certifying body that is responsible for development, implementation, and maintenance of the certification process.

**6. Pilot certification and reimbursement programs.**

Some states implemented pilot programs before statewide rollout of their certification and reimbursement models. By conducting a pilot, states received critical feedback and were able to make adjustments to the certification process, so it is effective and feasible for all parties. During pilot programs, a wide variety of barriers can emerge, and changes can be made before a statewide rollout of the program.

**7. Tailor training and certification programs to state policies and approaches.**

In our review, many approaches to training and certification were debated and, among the states that had enacted programs, there was a wide variation. Not all states were considering or had implemented mandatory programs; for some states, certification was only required if Medicaid reimbursement was available.

The majority of states in this review were either considering some sort of “grandparenting” certification arrangement or had implemented one. For some states, grandparenting is seen as a bridge to a “stricter” version of CHW training and certification; for others, it is seen as a permanent feature.

**8. Consider a variety of exam formats.**

In order to most equitably and effectively assess the knowledge, competencies and skills of CHWs, some states require exams while others have omitted exam requirements completely. Our review found that only five states require passing a state-wide competency exam in order to become certified as a CHW. The exams are offered in a variety of formats which include written, multiple-choice exams and practical, observational exams.

**9. Community health worker certification should be an opportunity for CHWs from different backgrounds.**

States emphasize the importance of developing a CHW certification program that is accessible to CHWs from diverse backgrounds. Given CHWs’ unique relationship to the communities they serve, states found that it is especially important to limit barriers to certification for CHWs that are best suited to care for traditionally underserved communities. Each state has taken a different approach to limit these barriers which include making informed decisions about the cost of certification and background check, formal education level and language proficiency requirements.

## State Certification Practices Summary Chart

State	Overview and Process	Best Practices/ Recommendations	Reimbursement	Status	Contacts
<b>Alaska</b> <sup>1,2,3</sup>	<ul style="list-style-type: none"> <li>• Designed to meet the unique needs of “a large state with a small population.”</li> <li>• CHWs are covered under CHAP – the Alaska Community Health Aide Program – which began in 1968.</li> <li>• Strong emphasis on community-based practice.</li> <li>• Alaska provides grants to various third parties to train CHWs/CHAPs.</li> <li>• Trained and certified CHW/CHAPs can operate under a physician’s standing orders and can dispense certain medications.</li> </ul>	Not found	Physician supervision is required for reimbursement	Process Implemented	
<b>Arizona</b> <sup>4</sup>	<ul style="list-style-type: none"> <li>• HB 2324 established a voluntary CHW certification process through the Ariz. Dept. of Health Services</li> <li>• The Ariz. Community Health Worker Association. (AzCHOW) worked with the Ariz. Advisory Council on Indian Health Care to gain insight from CHWs across the state regarding opinions and content for certification.</li> <li>• AzCHOW utilized surveys, focus groups and a statewide provider survey to better understand provider views on the benefits of CHWs in the healthcare sector.</li> <li>• AzCHOW worked with governmental stakeholders while beginning to create its CHW certification, including the adoption of the American Public Health Association (APHA) CHW definitions, creating core competencies and a scope of work consistent with national standards.</li> </ul>	<ul style="list-style-type: none"> <li>• Include CHWs in all steps of process.</li> <li>• Work with partners to gather information about the current CHW workforce from various perspectives.</li> <li>• Secure payment/reimbursement mechanisms.</li> <li>• Pass legislation regarding an advisory council comprised primarily of CHWs.</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid reimbursement as of 4/23.</li> <li>• Education, screening and preventative services recommended by a licensed professional are covered .</li> </ul>	Process Implemented	<ul style="list-style-type: none"> <li>• Ariz. CHW Association, <a href="https://www.azchow.org/">https://www.azchow.org/</a></li> <li>• <a href="mailto:Info@AzCHOW.org">Info@AzCHOW.org</a></li> <li>• Yanitza Soto, CHW Program AZDHS Manager, <a href="mailto:yanita.soto@azdhs.gov">yanita.soto@azdhs.gov</a>, (602) 542-8261</li> </ul>

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<b>Connecticut</b> <sup>5,6</sup>	<ul style="list-style-type: none"> <li>• The CHW Advisory Committee met with CHWs twice over a year and determined that a design group process was needed to make recommendations for certification.</li> <li>• Three separate groups (Certification Requirements, Methods and Administration of Certification, and Training Curricula) met 4-6 times before convening with the larger group to share recommendations.</li> <li>• Groups were provided with resources on other states' certification programs and some groups included surveys of members to gain consensus.</li> <li>• Mass., R. I., Texas, and Fla. were used as model states.</li> <li>• In 2017, Public Act 17-74 established a statewide CHW definition and scope of work.</li> <li>• In 2019, CHW Certification became public law under Public Act 19-117.</li> <li>• January 1, 2020 CHW Certification became effective.</li> </ul>	<ul style="list-style-type: none"> <li>• Include CHWs in all processes.</li> <li>• Establish a separate advisory body to inform the full development of Certification Standards.</li> <li>• Create groups to discuss recommendations regarding various aspects of certification; re-convene to reach consensus.</li> <li>• Include research on prior states' approaches to certification and content of certification.</li> </ul>	No Medicaid reimbursement; grant funding through FQHCs, CBOs, the NIH, CDC and HRSA.	Process Implemented	Milagrosa Seguinot, President, CHW Association of Conn., <a href="mailto:chwassociation@cpha.info">chwassociation@cpha.info</a>
<b>Delaware</b> <sup>7</sup>	In 2017, a statewide committee formed in recognition of the need to expand the CHW workforce and develop a step-by-step plan to move towards formalized training and certification.	<ul style="list-style-type: none"> <li>• Establish a certification program – Del. chose to pursue voluntary certification.</li> <li>• Establish a certification board with a curriculum committee.</li> <li>• Create a state-wide registry.</li> <li>• Develop and certify training options.</li> <li>• Define entry points for training.</li> <li>• Develop financing mechanisms.</li> </ul>	Medicaid reimbursement pursued as an option.	On Hold	Center for Health Innovation, Dept. Public Health, Julane Miller-Armbrister, Executive Director; contact through Dolores Waddell: <a href="mailto:dolores@dehealthinnovation.org">dolores@dehealthinnovation.org</a>

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<b>Florida</b> <sup>8,9</sup>	<ul style="list-style-type: none"> <li>The Fla. CHW Coalition began through a grant by the Florida Dept. of Health which required them to explore and research, models, curriculum, and practices for CHW workforce development.</li> <li>The coalition includes five subgroups, including one on curriculum development, which is chaired by a CHW and a CHW ally.</li> <li>The curriculum subgroup established core standards for curricula, established a curricular review panel, and established requirements for training and certification.</li> <li>Fla. CHW certification is a privately operated program.</li> </ul>		No Medicaid reimbursement.	Process Implemented	Fla. CHW Coalition Curriculum Subgroup: Tonya Bell, <a href="mailto:tbell@healthystartjmt.org">tbell@healthystartjmt.org</a> Cheryl Kerr, <a href="mailto:kerr.cheryl@spcollege.edu">kerr.cheryl@spcollege.edu</a> Fla. Certification Board: (850) 222-6314
<b>Indiana</b> <sup>9,10,11</sup>	<ul style="list-style-type: none"> <li>In 2015, the Ind. CHW Association (INCHWA) received funding from the Ind. State Dept. of Health to develop an initial strategy to become the certifying body for CHW certification.</li> <li>In 2016, they recruited chair members from each county to represent the workforce throughout the state and created an education committee to begin the process of developing the certification program.</li> <li>In 2017, INCHWA was named the certifying organization and the certification process was piloted by HealthVisions Midwest.</li> <li>A CHW task force was created by the governor and was asked to define the work, certification process and reimbursement mechanisms for Ind. CHWs. INCHWA was included in this task force and provided best practice information based on their past work.</li> <li>In 2018, the first 100 CHWs were certified via HealthVisions Midwest and Medicaid announced that CHW services could be reimbursed. The CHW certification process was also updated to include national definitions of CHWs, and an additional training vendor was approved.</li> <li>Ind. CHW certification is a privately operated program.</li> </ul>	<ul style="list-style-type: none"> <li>Pilot a certification process before implementing it statewide.</li> <li>Use national definition of CHWs in certification.</li> <li>Include CHWs throughout the process (INCHWA, n.d.).</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement available</li> <li>Services must be delivered under supervision of a physician, health services provider in psychology, advanced practice nurse, physician assistant, podiatrist or a chiropractor.</li> <li>No Medicaid coverage for insurance enrollment and navigator assistance, case management and care coordination, or transportation related costs.</li> </ul>	Process Implemented	<ul style="list-style-type: none"> <li>INCHWA, (317)-721-1181, <a href="mailto:incommunityhealth@gmail.com">incommunityhealth@gmail.com</a></li> <li>Ind. Dept of Health, Margarita Hart, <a href="mailto:margarita@inchw.org">margarita@inchw.org</a></li> </ul>
<b>Kansas</b> <sup>9,12,13</sup>	<ul style="list-style-type: none"> <li>CHW certification is privately operated.</li> <li>Includes a reciprocity pathway towards certification with Missouri's program.</li> </ul>		<ul style="list-style-type: none"> <li>No Medicaid reimbursement.</li> <li>MCOs are required to implement Medicaid Care Coordination, and two of the three MCOs comply.</li> </ul>	Process Implemented	CHW Coalition, <a href="mailto:Katrina.Schneweis@wichita.edu">Katrina.Schneweis@wichita.edu</a>

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<b>Kentucky<sup>14</sup></b>	<ul style="list-style-type: none"> <li>Established a CHW Advisory Workgroup in 2014 that brings together CHWs, local health department representatives, FQHCs, nonprofits, universities and other orgs. The group has three subcommittees Certification, Evaluation and Curriculum.</li> <li>The Ky. Dept. of Public Health (KDPH) launched the statewide competency-based certification process in 2019. The process is currently optional, but most organizations who employ CHWs request that they become certified.</li> </ul>	<ul style="list-style-type: none"> <li>Provide regularly scheduled advisory work group meetings open to the public, even after the program is established.</li> </ul>	No Medicaid reimbursement.	Process Implemented	<ul style="list-style-type: none"> <li>Ky. Office of CHWs, CHW.Certification@ky.gov(502)-564-7996; Laura Eirich, Administrator, <a href="mailto:Laura.a.eirich@ky.gov">Laura.a.eirich@ky.gov</a></li> <li>Mace Baker, Director, Ky. Homeplace, mace.baker.uky.edu, (606) 439-2557</li> </ul>
<b>Maryland<sup>15</sup></b>	<ul style="list-style-type: none"> <li>The Md. 2018 CHW Act established the State CHW Worker Advisory Committee which established processes for certification and accreditation of CHWs and accreditation requirements for entities offering certification training programs.</li> <li>This included structured discussions, break out groups and panel discussion in addition to reviews of certification practices in other states.</li> </ul>	<ul style="list-style-type: none"> <li>Conduct regularly scheduled meetings to discuss CHW workforce issues and ways the state can collaborate to expand opportunities for the CHW workforce.</li> <li>Always include at least 50% CHW representation on committees and workgroups in addition to other stakeholders.</li> <li>Research on approaches to certification and content of certification in other states.</li> </ul>	No Medicaid reimbursement.	Process Implemented	<p>Md. CHW Advisory Committee, Kimberly Hiner and Tina Backe, <a href="mailto:MDH.CHW@maryland.gov">MDH.CHW@maryland.gov</a>, 410-767-5971</p>
<b>Massachusetts<sup>8</sup></b>	<ul style="list-style-type: none"> <li>Mass. Association of CHWs (MACHW), Mass. Dept. of Public Health and the Blue Cross Blue Shield of Mass. Foundation worked to create certification.</li> <li>First steps were to look at other states where CHW workforce development and certification had been successful.</li> <li>MACHW included legislators in their work in order to propose (and later pass) a bill that would require the Mass. Dept. of Public Health to conduct a CHW workforce analysis.</li> <li>Once the workforce analysis was completed, a CHW Certification Board was created.</li> <li>The certification board implemented certification while continuing to engage CHWs to further promote continued collaboration and opinion sharing to best serve CHWs throughout the state.</li> </ul>	<ul style="list-style-type: none"> <li>Include CHWs in positions of decision making and power throughout the process.</li> <li>Create a state-wide registry of all CHWs.</li> <li>Review certification design processes in other states.</li> <li>Engage CHWs long-term – not only during the initial process but afterwards to foster continuous improvement based on feedback and recommendations.</li> </ul>	Mass. provides funds to MCOs to support partnerships with and hiring of CHWs.	Process Implemented	<p>Mass. Office of CHWs, Dept. of Public Health, Director, Gail Hirsch, <a href="mailto:gail.hirsch@state.ma.us">gail.hirsch@state.ma.us</a> Board of Certification Multiboard.Admin@state.ma.us</p>



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<b>Minnesota</b> <sup>16</sup>	<ul style="list-style-type: none"> <li>In 2003, CHW scope of practice was defined using information from the 1998 University of Ariz. Community Health Advisory Study.</li> <li>In 2005, a statewide curriculum and certificate program was implemented in collaboration with higher education institutions.</li> <li>Legislation passed in 2007 allowed CHWs to be reimbursed for care coordination and patient education through Medicaid.</li> <li>Required participating CHWs to have completed the Minn. State Colleges and University System's CHW curriculum or be grandfathered following five years of supervised experience.</li> <li>Minn. shared a CHW Employer Survey (2016) to solicit feedback on the defined competencies for CHWs.</li> </ul>	<ul style="list-style-type: none"> <li>Create a statewide CHW Registry.</li> <li>Focus planning discussions on a wide variety of certification and training issues towards the end of reaching consensus early on in the process.</li> <li>Determine certification and training parameters in consultation with key stakeholders.</li> </ul>	<ul style="list-style-type: none"> <li>Reimbursement through Medicaid MCOs and FFS program.</li> <li>Covered services include "diagnoses-related health education" which must be ordered by a provider.</li> </ul>	Process Implemented	<ul style="list-style-type: none"> <li>Minn. Dept. of Health, Will Wilson, <a href="mailto:will.wilson@state.mn.us">will.wilson@state.mn.us</a>, 651-201-3842</li> <li>Minn. CHW Alliance, Renae Oswald Anderson, <a href="mailto:renae@mnychwalliance.org">renae@mnychwalliance.org</a></li> <li>CHW Supervisors Roundtable, Angie Stevens, <a href="mailto:angie.stevens@southsidechs.org">angie.stevens@southsidechs.org</a></li> <li>Jean Gunderson, <a href="mailto:gunderson.jean@mayo.edu">gunderson.jean@mayo.edu</a></li> </ul>
<b>Mississippi</b> <sup>17,18</sup>	Tougaloo College and Central Mississippi AHEC has worked with Miss. Dept. of Health to develop the certification program.	Establish a state-wide community health worker registry.	No Medicaid reimbursement	In Development	CHW Certification Program, (601) 987-9463
<b>Missouri</b> <sup>8</sup>	Initiated a pilot program in Kansas City (Kan.-M. O. CHW Partnership) to advise Kan. and M. O. on core competencies, scope of practice, and certification.	Use a pilot program to determine core competencies and scope of work.	No Medicaid reimbursement.	Process Implemented	Kansas City Regional CHW Collaborative, Marlene Nagel <a href="mailto:mnagel@marc.org">mnagel@marc.org</a>
<b>Nevada</b> <sup>8,9,19</sup>	Privately operated CHW certification program.	<ul style="list-style-type: none"> <li>Research funding mechanisms of other states.</li> <li>Pilot the program to ensure the system is functional before fully implementing statewide.</li> </ul>	Medicaid reimbursable activities include screening and risk identification for conditions including diabetes, obesity, tobacco cessation, heart disease, and other chronic diseases	Process Implemented	<ul style="list-style-type: none"> <li>Nev. CHW Association, Quinn Cartwright, <a href="mailto:qcartwright@nevada.unr.edu">qcartwright@nevada.unr.edu</a></li> <li>Amanda Santos, CHW Coordinator (775) 684-4092 <a href="mailto:asantos@health.nv.gov">asantos@health.nv.gov</a></li> <li>Program manager, Jay Kolbet-Clausell, <a href="mailto:jay@hcclsc.org">jay@hcclsc.org</a></li> </ul>
<b>New Jersey</b> <sup>20</sup>	<ul style="list-style-type: none"> <li>The N. J. Dept. of Health (NJDOH) established a certification and training program. The Colette Lamothe-Galette (CLG) CHW is charged with creating a standardized certification training for CHWs.</li> <li>Currently, the Rutgers Health Care Talent Network's CHW Training Program is recognized by NJDOH.</li> </ul>		No Medicaid reimbursement; doula and substance use disorder specialists are reimbursed.	In Development	

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<b>New Mexico</b> <sup>8,21</sup>	<ul style="list-style-type: none"> <li>The Office of CHWs was established by the Dept. of Health in 2008.</li> <li>The Office of CHWs now offers core competency training (100 hours) and approves curricula.</li> <li>The 2014 passage of the <a href="#">Senate Bill 58 - Community Health Workers Act</a> enabled the N. M. Dept. of Health to offer voluntary certification for CHWs in the state.</li> </ul>	<ul style="list-style-type: none"> <li>Establish an Office of CHWs within state government.</li> </ul>	<ul style="list-style-type: none"> <li>No Medicaid reimbursement; Medicaid MCO administrative costs cover CHW salaries, trainings and service costs.</li> </ul>	<ul style="list-style-type: none"> <li>Process Implemented</li> </ul>	<ul style="list-style-type: none"> <li>Office of CHWs, Carol Hanson, Director <a href="mailto:carol.hanson@state.nm.us">carol.hanson@state.nm.us</a> (505) 222-8685; Jamie Baca, Training Coordinator <a href="mailto:jamie.baca@state.nm.us">jamie.baca@state.nm.us</a> (505) 841-5883; Dorothea Martinez, Certification Coordinator, <a href="mailto:dorothea.martinez@state.nm.us">dorothea.martinez@state.nm.us</a> (505) 841-5849</li> </ul>
<b>New York</b> <sup>8</sup>	<ul style="list-style-type: none"> <li>The CHW Network of New York City led a state-wide CHW Initiative, which included conducting internal research and existing evidence-based research to create recommendations for core skills and competencies that should be included in the training.</li> <li>Through this initiative, three work groups were created (Scope of Practice, Training and Credentialing, and Financing).</li> <li>Each work group met a few times over three months in order to come to a consensus on their topic.</li> <li>The work groups utilized data from community based participatory surveys and existing literature.</li> </ul>	<ul style="list-style-type: none"> <li>Include CHWs throughout the process and as “higher ups” in the process.</li> <li>Review existing literature and results from the previous experiences of other states.</li> </ul>	<ul style="list-style-type: none"> <li>Planning to add Medicaid reimbursement for CHWs in 2023.</li> </ul>	<ul style="list-style-type: none"> <li>In Development</li> </ul>	<ul style="list-style-type: none"> <li>CHW Network of NYC: Sergio Matos, National CHW Association Board Member (<a href="mailto:sergio@chwnetwork.org">sergio@chwnetwork.org</a>)</li> </ul>
<b>Ohio</b> <sup>8,22, 23</sup>	<ul style="list-style-type: none"> <li>Governed by Ohio Administrative Code 4723-26 (2023).</li> <li>CHWs must practice under the supervision of an Ohio licensed clinician or an educational professional licensed by the Ohio Department of Education.</li> <li>The Ohio Board of Nursing issues and renews CHW certificates biennially.</li> </ul>	<ul style="list-style-type: none"> <li>Identify and remediate barriers to training and certification early in the process.</li> <li>Clearly define scope of practice at the beginning of the process;</li> <li>Fully integrate CHWs in program planning, management and evaluation; and</li> <li>Create grandparenting process.</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid, MCOs, CHIP and other programs reimburse CHW services.</li> </ul>	<ul style="list-style-type: none"> <li>Process Implemented</li> </ul>	<ul style="list-style-type: none"> <li>Ohio CHW Association (through the Wright State University Boonshoft School of Medicine), <a href="mailto:ochwa1@gmail.com">ochwa1@gmail.com</a></li> <li>Ohio Board of Nursing: <a href="mailto:chw@nursing.ohio.gov">chw@nursing.ohio.gov</a></li> </ul>

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Oregon <sup>24</sup>	<ul style="list-style-type: none"> <li>H.B. 3650 (2011) required the Ore. Health Policy Board to establish the Non-Traditional Worker Subcommittee to create core competencies and education/training requirements.</li> <li>Ore. CHW Association (OCHWA) completed the statewide needs assessment on the importance of its CHW workforce; includes qualitative interviews with Ore. CHWs.</li> <li>Used a needs assessment to identify barriers.</li> </ul>	<ul style="list-style-type: none"> <li>Create a CHW registry that includes names/titles of working CHWs, employers, and common roles.</li> <li>Conduct needs assessment.</li> <li>Identify barriers early in the process and as part of a continuous improvement approach.</li> </ul>	<ul style="list-style-type: none"> <li>OCHWA found friction between wanting reimbursement while realizing billing may limit CHW roles.</li> <li>Their findings suggest that a tiered per-member-per-month (PMPM) payment triggered by a provider or other healthcare staff who will enter a SDOH code and refer to a CHW may be the best option.</li> </ul>	Process Implemented	<ul style="list-style-type: none"> <li>Ore. CHWs Association, Edna Nyamu, Deputy Director, <a href="mailto:ednaglena@orchwa.org">ednaglena@orchwa.org</a></li> <li>Ore. Health Authority Office of Equity and Inclusion, Mohamed Abdiasis, Traditional Health Worker Program Coordinator, <a href="mailto:MOHAMED.ABDIASIS@state.or.us">MOHAMED.ABDIASIS@state.or.us</a></li> </ul>
Pennsylvania <sup>8, 25</sup>	<ul style="list-style-type: none"> <li>The Penn. Dept. of Health completed an environmental scan in 2013 to improve CHW workforce development.</li> <li>The scan and subsequent discussions with internal and external stakeholders in 2015 led to creating three taskforces and a steering group, which includes a Training CHW Task Force.</li> <li>The task force established various CHW roles and competencies.</li> <li>Certification and CHW definition were delegated to the Policy Task Force.</li> </ul>	<ul style="list-style-type: none"> <li>While developing the program, ground decisions and revisions in evaluation data to encourage refinement and continuous improvement.</li> <li>Care coordination and patient navigation are important roles for CHWs.</li> <li>Address potential liability issues through sufficient training in disease states and process and clear role definitions (scope of work).</li> <li>Secure adequate funding for CHW services.</li> </ul>	No Medicaid reimbursement; some MCOs pay for CHWs as part of their Care Management Programs.	Process Implemented	<ul style="list-style-type: none"> <li>Robert Ferguson, Director of Government Grants and Policy, Jewish Healthcare Foundation, <a href="mailto:info@jhf.org">info@jhf.org</a> or contact form online, <a href="https://www.jhf.org/contact-us">https://www.jhf.org/contact-us</a></li> <li>Fern Gilkerson, <a href="mailto:fern.gilkerson@temple.edu">fern.gilkerson@temple.edu</a></li> </ul>
Rhode Island <sup>8</sup>	<ul style="list-style-type: none"> <li>Training domains were developed in 2016 by the R. I. Certification Board in collaboration with a committee of subject matter experts including CHWs.</li> <li>The CHW Association of R. I. (CHWARI) administers CORE CHW certification training and specialty certification in chronic disease management and healthy aging.</li> </ul>	<ul style="list-style-type: none"> <li>Bring together governmental and non-governmental organizations to advance CHW initiatives and workforce development.</li> <li>Conduct regularly scheduled meetings with stakeholders.</li> </ul>	CHW services reimbursed through MCOs and FFS.	Process Implemented	R.I. Dept. of Health Training Coordinator, <a href="mailto:doh.community@health.ri.gov">doh.community@health.ri.gov</a> , Sarah Lawrence, CHW Association of R. I., <a href="mailto:slawrence@ric.edu">slawrence@ric.edu</a>

State	Overview and Process	Best Practices/ Recommendations	Reimbursement	Status	Contacts
South Carolina <sup>8</sup>	<ul style="list-style-type: none"> <li>• Training program and Certification process through the S. C. Technical School System established in 2012.</li> <li>• When C3 expanded and revised the national competencies for CHWs, S. C. realized they needed an update on recertification, reciprocity and supervisor training.</li> <li>• S. C. CHW Credentialing Council was established and revised the core competencies and training process in 2019.</li> </ul>	<ul style="list-style-type: none"> <li>• Change process as needed, when more research has been done and effective processes have been determined.</li> <li>• Utilize input from CHWs and CHW allies.</li> </ul>	No Medicaid reimbursement.	Process Implemented	<ul style="list-style-type: none"> <li>• S. C. Dept. of Health and Environmental Control, Suzanne Sanders, Manager, External Systems, <a href="mailto:sandersh@dhec.sc.gov">sandersh@dhec.sc.gov</a></li> <li>• CHW representatives: Terry Jowers, SCCHWA, <a href="mailto:tjjowers@gmail.com">tjjowers@gmail.com</a> and Julie Smithwick, PASOS, <a href="mailto:julie@scpasos.org">julie@scpasos.org</a>, <a href="mailto:julie.smithwick.sc.edu">julie.smithwick.sc.edu</a></li> </ul>
Texas <sup>26,27</sup>	<ul style="list-style-type: none"> <li>• Began in 1999 with the establishment of the <i>Promotora</i> Program Development Committee was established to study and provide recommendations to the health department, the governor, and the legislature.</li> <li>• In 2011, a statewide <i>Promotor(a)</i>/CHW Training and Certification Advisory Committee was created to advise the Texas Dept. of State Health Services (DSHS).</li> <li>• DSHS and Health and Human Services Commission (HHSC) completed the Texas CHW Study regarding the desirability and feasibility of employing CHWs, funding and reimbursement methods, and recommendations to expand funding and reimbursement for services.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a close relationship between CHWs and state health official leadership.</li> <li>• Create a CHW advisory committee led by CHWs.</li> <li>• Recognize and support diversity both in the CHW workforce and in the communities they serve.</li> </ul>	Reimbursement through 1115 Medicaid Transformation waiver (Texas Health and Human Services, n.d.).	Process Implemented	<ul style="list-style-type: none"> <li>• CHW Program Contact: <a href="mailto:chw@dshs.texas.gov">chw@dshs.texas.gov</a>,</li> <li>• (512) 776-2570</li> <li>• <a href="mailto:chw-training@tamhsc.edu">chw-training@tamhsc.edu</a>, (979) 436-9360</li> </ul>
Virginia <sup>28</sup>	<ul style="list-style-type: none"> <li>• Va. Certification Board (VCB) Staff, VDH Staff and CHWs participated in a focus group to review the scope of practice and core competencies for CHWs.</li> <li>• VCB developed the draft outline content.</li> <li>• CHWs reviewed the draft and the CHW Advisory Group completed 2<sup>nd</sup> and 3<sup>rd</sup> review of the content outline.</li> <li>• VCB staff completed the Va. certification overview and drafted the Certified Community Health Worker application.</li> <li>• CWH Advisory Board and CHWs reviewed the CCHW application and submitted it to VCB Board.</li> </ul>	<ul style="list-style-type: none"> <li>• Include CHWs throughout the process (reviewed the certification content, application, scope of practice and competencies.</li> <li>• Utilize focus groups with broad stakeholders to define CHW role.</li> </ul>	No Medicaid reimbursement.	Process Implemented	<a href="mailto:Valeria.mcallister@vdh.virginia.gov">Valeria.mcallister@vdh.virginia.gov</a>

## State Certification Application Requirements Summary Chart

	Requires training?	Requirements for Core Training/Practicum	Requires Exam?	Details	Pathway to certification without training?	Cost
<b>Alaska</b> <sup>27,29,30,31,32</sup>	Yes	120 hours classroom intensive (3-4 weeks), 200 hours village clinical	Yes	Competency exams (practical and written) are included in the training programs and are specific for each type of health aide.	N/A, must attend training in order to become certified.	Application fee of \$500
<b>Arizona</b> <sup>33,34</sup>	No		No	Can become a certified CHW through experience without requiring CHW training course and exam.	Requires 960 hours of paid or volunteer CHW experience in core competencies specified in R9-16- 802(B)(3)(a).	<ul style="list-style-type: none"> <li>• \$100 for application fee</li> <li>• \$200 for certification fee</li> <li>• \$250 re-certification fee</li> <li>• Some applicants may be eligible for cost reduction</li> </ul>
<b>Connecticut</b> <sup>35,36,37</sup>	No		No	Can become a certified CHW through experience without requiring CHW training course and exam.	In order to be eligible for certification without training applicants must have a minimum of 2,000 hours of experience as a CHW, submit a professional reference from an employer and a community member with direct knowledge of the applicant's experience as a CHW.	<ul style="list-style-type: none"> <li>• \$100 Initial Certification</li> <li>• \$100 Renewal (every three years)</li> <li>• \$100 Reinstatement</li> </ul>
<b>Delaware</b> <sup>7</sup>	2017 plan calls for training and certification to be voluntary			<ul style="list-style-type: none"> <li>• 2017 plan calls for competency-based training and certification.</li> <li>• Training should embrace a career development model; proposes three levels of certification based upon amount of formal training.</li> <li>• Initial course of <math>\geq 80</math> contact hours.</li> </ul>	Grandfathering will be allowed for a "limited period of time."	To be determined
<b>Florida</b> <sup>39,40,41,42</sup>	Yes	30 hours classroom	Yes	<ul style="list-style-type: none"> <li>• Exam is 100 multiple choice questions and test-takers have two hours to complete it.</li> <li>• Applicant must receive 75% or above to pass. It is written by Subject Matter Experts in the field who have been trained in writing multiple choice questions with help from psychometricians.</li> <li>• Exam has three multiple choice options where one is the best answer.</li> </ul>	Must attend training to become certified.	<ul style="list-style-type: none"> <li>• \$50 for application fee</li> <li>• \$65 for the exam</li> <li>• \$100 renewal fee</li> </ul>

	Requires training?	Requirements for Core Training/Practicum	Requires Exam?	Details	Pathway to certification without training?	Cost
<b>Indiana</b> <sup>43,44</sup>	Yes	24 hours classroom (3 day)	Yes	Exam is included in training fee and must pass with $\geq 85\%$ correct.	N/A, must attend training in order to become certified.	Certification fees vary some are free while others are up to \$1,250
<b>Kansas</b> <sup>13</sup>	No		No	<ul style="list-style-type: none"> <li>• Can become a certified CHW through experience without requiring the completion of CHW training course.</li> <li>• The Kansas CHW Coalition (KCHWC) Recognizes the Missouri "Community Health Worker-Certified (CHW-C)" as the equivalent to the Certified Kansas CHW.</li> </ul>	Applicant must complete 800 hours over three years plus three letters of recommendation to document work and/or volunteer experience.	
<b>Kentucky</b> <sup>45</sup>	No	40 hours classroom/on-line, 80 hours practicum	No	Can become a certified CHW through experience without requiring CHW training course and exam	<ul style="list-style-type: none"> <li>• Individuals who have a minimum of 2,500 hours of CHW experience within the past three (3) years prior to their date of application may apply for certification based on experience.</li> <li>• The CHW experience must demonstrate proficiency in the CHW Core Competencies</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 application fee</li> <li>• \$25 renewal fee</li> </ul>
<b>Maryland</b> <sup>46,47</sup>	Yes	80 hours Tier 1 (core); 160 hours Tier 2 combo classroom/practicum	Yes	Must pass an "objective knowledge assessment"	Maryland no longer offers CHW certification based on experience	Free
<b>Massachusetts</b> <sup>48</sup>	No	80 hours classroom	No	Can become a certified CHW through experience without requiring CHW training course and exam. Exam was seen as a potential barrier.	Upon completion the required 4,000 hours of work experience, the individual may apply for a Massachusetts CHW certification via the Work Experience Pathway.	<ul style="list-style-type: none"> <li>• \$35 application fee</li> <li>• \$35 renewal fee</li> </ul>
<b>Minnesota</b> <sup>16,49,50,51</sup>	Yes w/ exceptions	200 hours total est. (14 credits) – 1 semester full time	No	<ul style="list-style-type: none"> <li>• Five certified training programs in state (as of 2023); all are community college based and all award a certificate.</li> <li>• CHW Alliance maintains a registry of certified CHWs.</li> </ul>	<ul style="list-style-type: none"> <li>• Applicants must complete a certified CHW training course unless they are a tribal member;</li> <li>• Tribal members can complete 5 years of supervised experience in order to become certified.</li> <li>• <i>It is unclear if this option is time limited.</i></li> </ul>	

	Requires training?	Requirements for Core Training/Practicum	Requires Exam?	Details	Pathway to certification without training?	Cost
<b>Mississippi</b> <sup>17, 18,52,53</sup>	Unclear		Unclear	<ul style="list-style-type: none"> <li>• Currently developing a standardized program for certification of CHWs</li> <li>• Maintains a registry of CHWs who have completed a certification course.</li> <li>• On-line entries emphasize the role of CHWs in medication management</li> <li>• Miss. Dept. of Health, Office of CHWs offers a free 1600-hour core competency course over 6-8 weeks (80 hours of classroom work and 80 hours of practicum).</li> </ul>	Not mentioned	Free
<b>Missouri</b> <sup>8,27,54,55,56</sup>	Yes	160 hours classroom, 60 hours practicum	Yes	<ul style="list-style-type: none"> <li>• CHW certification began in 2019; curricula and instructors are also certified (May 2021 data).</li> <li>• 26 certified training programs scattered around the state; 3 are 100% on-line (2024 data)</li> <li>• Generally follows the APHA definition of CHWs</li> <li>• 11 core competencies are covered in required training (duration not discussed)</li> <li>• Very broad scope of work is covered including cultural humility, client education, client and community advocacy, service navigation and system-based assistance and client advocacy.</li> </ul>	Not clear for CHWs; instructors with significant experience teaching in approved courses prior to 2021 do not have to pass the train-the-trainer course.	Not discussed
<b>New Jersey</b> <sup>57</sup>	Yes		Unclear	The Colette Lamothe-Galette Community Health Worker Institute Training Program is spread over 16-18 weeks and consists of 13 core competencies covered through 144 hours of classroom instruction and 240 hours of on-the-job-training	No	Free
<b>New Mexico</b> <sup>58</sup>	No	100 hours core training	No	Existing CHWs can become certified through experience without requiring a CHW training course.	<ul style="list-style-type: none"> <li>• Applicants must be at least 18 years of age;</li> <li>• Must be proficient in the core competencies through training or experience;</li> <li>• Must submit two letters of reference on agency letterhead; and</li> <li>• Must document 2000 hours of work or volunteer experience as a fulltime CHW in the 2 years prior to application or 5 years for part time employees.</li> </ul>	<ul style="list-style-type: none"> <li>• \$45 application fee for "generalist" certification; specialty certification is \$10 extra per specialty area.</li> <li>• \$44 additional fee for background check</li> </ul>

	Requires training?	Requirements for Core Training/Practicum	Requires Exam?	Details	Pathway to certification without training?	Cost
<b>New York</b> <sup>59</sup>	No		No	In 2023, New York State Dept. of Labor developed a set curriculum and other standards for a registered CHW apprenticeship. Uptake has been slow.	Certification is not mandatory.	Not discussed
<b>Nevada</b> <sup>60,61</sup>	Yes		No	Must complete one of three approved training courses but there is no qualifying exam.	N/A: Must complete CHW training.	<ul style="list-style-type: none"> <li>• \$75 certification fee for CCHW1</li> <li>• \$150 certification fee for CCHW2</li> </ul>
<b>Ohio</b> <sup>8,23</sup>	Yes	100 hours of classroom, 130 hours clinical instruction	No	<ul style="list-style-type: none"> <li>• Needs SSN to apply</li> <li>• Ohio Board of Nursing maintains a list of approved training programs.</li> <li>• Minimum of 100 hours of classroom training plus practicum</li> <li>• Certified course instructors must hold an Ohio clinical or educational credential.</li> <li>• Specific clinical competencies are required in addition to nationally recognized competencies.</li> </ul>	Unclear	<ul style="list-style-type: none"> <li>• \$35 Initial certification</li> <li>• \$85-135 renewal fee</li> </ul>
<b>Oregon</b> <sup>62,63,64</sup>	No	80 hours training	No	Can become a certified CHW through experience without requiring CHW training course and exam.	<ul style="list-style-type: none"> <li>• Applicants must be at least 18 years of age.</li> <li>• Must pass a background check.</li> <li>• Must submit a minimum of one letter of recommendation from any previous employer.</li> <li>• Must submit verifiable evidence of working or volunteering as a CHW, peer wellness specialist, or personal health navigator for at least 3000 hours between 1/1/2008, and 6/30/2025</li> </ul>	Free
<b>Pennsylvania</b> <sup>8,25</sup>	Unclear		Unclear	Recommends core curriculum focus on C3 national standards with specific areas of emphasis.	Not discussed	Not discussed
<b>Rhode Island</b> <sup>8,65,66</sup>	No	30 hours classroom, 80 hours field experience	No	Can become certified through experience without requiring CHW training course through supervisor feedback instead of an exam.	Must work for at least 1,000 hours to be eligible for grandfathering.	\$125



	Requires training?	Requirements for Core Training/Practicum	Requires Exam?	Details	Pathway to certification without training?	Cost
<b>South Carolina</b> <sup>68,69</sup>	Yes	120 classroom hours (internship/mentorship required – doesn't indicate # hours)	Yes	Existing CHWs can be grandfathered in without training but are still required to pass CHW core competencies test.	<ul style="list-style-type: none"> <li>• Applicants must be at least 18 years of age.</li> <li>• Must have a high school graduate/GED.</li> <li>• Must be legally able to work in the U.S.</li> <li>• Must pass a background check and pass the core competency test.</li> </ul>	\$50 fee for taking exam
<b>Texas</b> <sup>26,29,70</sup>	No	160 classroom hours	No	Can become a certified CHW through experience without requiring CHW training course.	Applicant must have at least 1000 cumulative hours of CHW services within the past three years	Free
<b>Virginia</b> <sup>28,71</sup>	Yes		Unclear	<p>Training is available with state financial and administrative support; mandatory for certification although certification does not appear to be mandatory. Core training must cover 7 domains:</p> <ul style="list-style-type: none"> <li>• Community health and approaches;</li> <li>• Service coordination and system navigation;</li> <li>• Health promotion and prevention;</li> <li>• Advocacy outreach and engagement;</li> <li>• Communication;</li> <li>• Cultural humility; and</li> <li>• Ethical responsibilities and professionalism.</li> </ul> <p>To become certified, an applicant must have:</p> <ul style="list-style-type: none"> <li>• <u>≥</u>2000 hours of paid or voluntary experience within the last 3 years;</li> <li>• 50 hours of supervision in these 2000 hours;</li> <li>• Supervision in all 7 domains; and</li> <li>• <u>≥</u> 60 hours of classroom instruction covering all 7 domains within the past 3 years.</li> </ul>	Not discussed	Not discussed

	<b>Background Check</b>	<b>Recertification / Continuing Education (CE) Requirements</b>	<b>Language Requirement</b>	<b>Formal Education Requirement</b>
<b>Alaska</b> <sup>27,29,30,31,32</sup>	Requires individual's signature to approve a law enforcement background check.	Minimum of 48 hours of ongoing education or CME every two years (24 per year)	No stated language requirement however application is only available in English.	No formal education requirement.
<b>Arizona</b> <sup>33,34</sup>	Applicants will be asked if they have ever been convicted of a felony or misdemeanor involving moral turpitude in this or another state; required to upload appropriate documentation.	<ul style="list-style-type: none"> <li>• Must re-certify every 2 years.</li> <li>• Must complete 24 CEU hours during the 2-year period.</li> </ul>	No language requirement however application is only available in English but can be translated by the browser.	Requires high school diploma or equivalent diploma
<b>Connecticut</b> <sup>35,36,37</sup>	The advisory committee determined that background checks would exclude an applicant with a felony who could be an ideal CHW to work with community members with similar background.	Renewal requires a minimum of 30 CE hours, including 2 hours focused on cultural competency, systemic racism or systemic oppression and 2 hours focused on social determinants of health.	No language requirement but no clear way for non-English speakers to complete application.	No formal education requirement. The Advisory Committee found that this could exclude CHWs who do not have their high school or college degree
<b>Delaware</b> <sup>7</sup>	Must pass background screening	To be determined.	Not discussed.	2017 plan states: <ul style="list-style-type: none"> <li>• Applicants must be at least 18; and</li> <li>• No formal education requirement</li> </ul>
<b>Florida</b> <sup>37,38,38,40,41</sup>	Must pass a level 2 background screening.	<ul style="list-style-type: none"> <li>• Must re-certify every 2 years on October 31st of the second renewal year.</li> <li>• Must complete 10 hours of CEUs a year.</li> </ul>	No stated language requirement; however, it is unclear how non-English speakers complete the certification exam as it is only available in English	Requires high school diploma or GED
<b>Indiana</b> <sup>43,44</sup>	Background checks are required for "some" courses; however, applicants are but not "always" excluded an applicant from participating in the training.	<ul style="list-style-type: none"> <li>• 14 CEUs per year</li> <li>• CEUs are not required, however they are recommended</li> <li>• INCHWA offers free CEUs each year.</li> </ul>	<ul style="list-style-type: none"> <li>• No stated language requirement.</li> <li>• Application asks for preferred language and other languages applicant speaks.</li> <li>• Application is only available in English</li> </ul>	<ul style="list-style-type: none"> <li>• Must be at least 18; and</li> <li>• Requires formal high school diploma or GED.</li> </ul>
<b>Kansas</b> <sup>13</sup>	<ul style="list-style-type: none"> <li>• Does not require a background check.</li> <li>• It is up to employers to conduct background checks when hiring CHWs.</li> </ul>	Required to complete CE 20 contact-hours every 2 years. Of the 20 CEUs required, 6 hours of ethics and Health Information Privacy and Portability Act (HIPPA) training are required every 2 years and no more than 10 hours in one specific core competency is allowed.	No stated language requirement and no clear way for non-English speakers to complete application.	<ul style="list-style-type: none"> <li>• Requires high school diploma or high school equivalent; and</li> <li>• Some exceptions are made for refugees, people who received a diploma in another country, and individuals who intend to serve high school-age students.</li> </ul>

	<b>Background Check</b>	<b>Recertification / Continuing Education (CE) Requirements</b>	<b>Language Requirement</b>	<b>Formal Education Requirement</b>
<b>Kentucky</b> <sup>45</sup>	The application manual states that if a criminal background is found that would interfere with CHW work, the individual will not be accepted into a training program	CHWs are required to earn 10 CEUs per year, 5 of which must come from KDPH-approved programming. CCHWs recertify every October.	No stated language requirement and no clear way for non-English speakers to complete application.	High school diploma or GED certificate is <u>preferred</u> ; however, individuals without a diploma or certificate may apply and the Ky. Office of CHWs will review on a case-by-case basis.
<b>Maryland</b> <sup>46,47</sup>	Not required	Must recertify every two years.  Must complete 20 hours of a broad range of professional development activities.	No stated language requirement and no clear way for non-English speakers to complete application.	Requires high school diploma or GED equivalent.
<b>Massachusetts</b> <sup>48</sup>	<ul style="list-style-type: none"> <li>Requires criminal offender record information check; however, they advocate for not excluding people due to the background check and assert the benefits of having CHWs with backgrounds similar to their clients, including those involved in the criminal justice system.</li> <li>They do not review non-violent crimes. This has been controversial.</li> </ul>	Requires 15 CEU hours every two years (7.5 per year)	No stated language requirement but no clear way for non-English speakers to complete application.	Requires high school diploma or GED equivalent.
<b>Minnesota</b> <sup>16,49,50,51</sup>	Not discussed	CEUs are not mandatory for CHW certification in Minn. but are recommended.	No stated language requirement although no way to complete application in a language other than English.	Requires high school diploma or a GED
<b>Mississippi</b> <sup>17, 18,52,53</sup>	Not discussed	Certification process is under development.	No stated language requirement although no way to complete application in a language other than English.	Not discussed
<b>Missouri</b> <sup>8,27,54,55, 56</sup>	Not discussed	Requires CE and unspecified additional requirements.		Not discussed
<b>New Jersey</b> <sup>57</sup>	Unclear	Unclear	No stated language requirement although no way to complete application in a language other than English.	Requires high school diploma or a GED
<b>New Mexico</b> <sup>58</sup>	Requires background check	<ul style="list-style-type: none"> <li>Certificates are valid for 2 years.</li> <li>In order to be recertified, applicants must complete 30 hours of department approved CE.</li> </ul>	No stated language requirement but no specification for those that do not speak English either.	<ul style="list-style-type: none"> <li>No formal education required.</li> <li>Applicant must be at least 18.</li> </ul>

	<b>Background Check</b>	<b>Recertification / Continuing Education (CE) Requirements</b>	<b>Language Requirement</b>	<b>Formal Education Requirement</b>
<b>New York</b> <sup>59</sup>	Not discussed	Process has not been developed.	No stated language requirement although no way to complete application in a language other than English.	Not established
<b>Nevada</b> <sup>60,61</sup>	Not required in the application but applicants are made aware that employers may require when applying for a job.	Can become a CCHW2 with 44 hours of approved continuing education, completed within the past five years.	No stated language requirement but no specification for those that do not speak English either.	Requires high school diploma or equivalency.
<b>Ohio</b> <sup>8,23</sup>	Requires both state and FBI background checks, including submission of fingerprints.	Requires 15 hours of CEUs every two years (7.5 per year); requirement waived for first renewal.	No stated language requirement but no specification for those that do not speak English either.	<ul style="list-style-type: none"> <li>• Requires high school diploma or GED</li> <li>• Applicant must be at least 18.</li> </ul>
<b>Oregon</b> <sup>62,63,64</sup>	CHWs must complete a background check as part of their application; however, they can submit explanatory documentation .	CHWs must complete 21 CEU credits every three years for renewal (7 per year)	No stated language requirement but no specification for those that do not speak English either.	<ul style="list-style-type: none"> <li>• Applicants must be over 18.</li> <li>• No formal education required.</li> </ul>
<b>Pennsylvania</b> <sup>8,25</sup>	Unclear	Certification is voluntary.	No stated language requirement but no specification for those that do not speak English either	Unclear
<b>Rhode Island</b> <sup>65,66,67</sup>	Applicant is asked if they have been convicted of a felony or had previous disciplinary actions and are required to provide additional information if they answer yes to either question.	CHWs must renew every two years.	No stated language requirement but no specification for those that do not speak English either. They do ask that the applicant indicate what languages they speak fluently on the application.	No formal education required.
<b>South Carolina</b> <sup>68,69</sup>	Required to pass a background check.	CHWs must complete 24 hours of CEU every year.	No stated language requirement but no specification for those that do not speak English either.	Requires high school diploma or GED
<b>Texas</b> <sup>26,29,70</sup>	No	Must complete 20 CEU contact hours every two years for renewal (10 per year)	Application includes designation of English, Spanish, or other language for applicant but does not require English or Spanish to receive certification	<ul style="list-style-type: none"> <li>• Applicants must be over 16; and</li> <li>• No formal education required.</li> </ul>
<b>Virginia</b> <sup>28,71</sup>	Unclear	Not discussed	No stated language requirement but no specification for those that do not speak English either.	Unclear

## Multi-State Summaries – Annotated Literature Review

Wennerstrom, A., Sugarman, M., Rush, C., Barbero, C., Jayapaul-Philip, B., Fulmer, E.B., ... Mason, T. (2021). "Nothing About Us Without Us": Insights from State-level Efforts to Implement Community Health Worker Certification. *Journal of Health Care for the Poor and Underserved* 32(2), 892-909. [doi:10.1353/hpu.2021.0070](https://doi.org/10.1353/hpu.2021.0070). Last accessed, 5/10/24.<sup>72</sup>

Wennerstrom et al conducted key informant interviews with CHWs, state health officials, payers, and CHW employers in seven states that have considered or implemented CHW certification, regarding their processes for developing CHW certification. The semi-structured qualitative interviews included questions concerning the certification process, the role of state government, CHW qualifications, CHW scope of practice, training requirements, approach to outcome measurement and sustainable funding. Three central themes were identified during the analysis: key considerations in deciding whether and how to establish certification; factors influencing CHW participation in policy decisions; and effective practices to develop the CHW workforce. The findings recommend defining the CHW workforce and scope of practice, involving CHWs in all decision making, educating stakeholders, identifying workforce champions, using an organization to convene stakeholders, hosting public meetings, learning from previous research, and working on policies to support workforce development.

Kash, B. A., May, M. L., & Tai-Seale, M. (2007). Community health worker training and certification programs in the United States: Findings from a national survey. *Health policy*, 80(1), 32–42. Available from, <https://doi.org/10.1016/j.healthpol.2006.02.010>. Last accessed, 5/10/24.<sup>73</sup>

Kash et al, analyzed data from a 2003 national survey of CHW training and certification programs to determine trends in CHW professional development and the outcomes of implementing a standardized CHW certification program. The interviews in each state were conducted with state public health officials, offices of rural health, primary healthcare associations, departments of social services, CHW associations, community colleges with CHW training programs, and direct service providers who provide on-the-job training for CHWs. Data was collected in two phases, initial screening interviews followed by in-depth interviews with informants from 17 states that had training and/or certification programs with regional geographical reach. The states included Alaska, Indiana, Ohio, and Texas that have state required CHW certification; North Carolina and Nevada that require training for certification; and Arizona, California, Connecticut, Kentucky, Massachusetts, New Mexico, Florida, and West Virginia that have state-supported training but do not require it for certification. Results from the survey indicate that most programs were started to respond to unmet needs of communities. Kash et al found six outcomes consistent across all training programs: career advancement, increased earning capacity, increased CHW retention, improved health outcomes, increased CHW status, and enhanced CHW self-esteem.

CDC (n.d.). Statewide Community Health Worker Certification: Key Questions. Available from, <https://coveragetoolkit.org/wp-content/uploads/2018/11/Statewide-CHW-Certification-Technical-Assistance-for-CDC-Recipients-FINAL.pdf>. Last accessed, 5/10/24.<sup>74</sup>

This technical assistance document was created using results from a 2017 CDC study and provides questions and answers to assist stakeholders who are considering statewide CHW certification. Key questions include:

1. *Do CHWs and other stakeholders want statewide CHW certification? This can be determined by conducting surveys with CHWs and other stakeholders, holding town hall*

meetings, providing education on CHW certification, including CHWs in all steps, and creating an advisory board.

2. *How can state policy/the policy process support implementation of statewide CHW certification?* States have completed this step by defining the scope of CHW position, analyzing existing state policies, meeting with experts in other states, promoting legislation regarding CHW certification, and holding town hall meetings.
3. *How can statewide CHW certification be a part of the state's health system transformation?* This can be achieved by adding CHWs to statewide care plans and including CHW certification in Medicaid financing.
4. *How will statewide CHW certification be financed/administered?* The toolkit recommends exploring who is in a position to finance CHW certification statewide, considering fees for certification and how that will affect who can be certified, and looking into establishing a certification entity.
5. *How can a state health department support statewide CHW certification?* Some states have the state health department participate in advisory boards and offer to provide certification program administration.
6. *How will a statewide CHW certification process address the CHW experience and "community membership"?* Choosing to pursue voluntary rather than required certification, using the American Public Health Association (APHA) CHW definition, requiring field-based internships in certification, and/or grandfathering current CHWs into certification may be useful strategies to strengthen community connections.
7. *How will CHW training programs support statewide CHW certification?* This can be achieved by developing statewide goals/competencies that include already established CHW training programs, developing statewide training standards and determining if current training meets these standards.

CDC (2019). Community Health Worker Toolkit. Division for Heart Disease and Stroke Prevention. Available from, <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/dhdsppubs/toolkits/chw-ta-background.htm>. Last accessed, 5/10/24.<sup>75</sup>

In 2016-17, the CDC investigated various approaches to CHW certification. The intent of this toolkit is to help inform states/entities who are interested in pursuing statewide certification. The authors suggest that CHWs and other stakeholders be included in the overall process, decision making, health system transformation and, further, that CHWs have a role in determining how to include CHWs with prior experience, the development of financing schemes and administrative procedures, process(es) to align current training with proposed certification, and the role(s) for state government entities. The toolkit incorporates qualitative information from stakeholders, including concerns related to barriers to training, loss of connection with communities once CHWs are certified, and disengagement by current CHWs if they are required to retrain in order to become certified.

London, K., Carey, M., & Russel K. (2016). Community Health Worker Certification Requirements by State. Connecticut Health Foundation. Available from, <https://www.cthealth.org/wp-content/uploads/2016/02/CHW-Certification-by-State-Final-Final-2.pdf>. Last accessed, 5/10/24.<sup>29</sup>

This 2016 document provides an overview of 15 states that were working towards or had created CHW certification. The 15 states are: Alaska, Arizona, California, Florida, Illinois, Indiana, Kentucky, Massachusetts, Maryland, Minnesota, Missouri, Mississippi, New Mexico, New York, Ohio, Oregon, Rhode Island, South Carolina and Texas. It includes a chart that

describes the 2016 status of their efforts, certification credentialing, supervision requirements, core competencies, continuing education requirements/opportunities, and the certifying entity.

Miller P., Bates, T., & Katzen, A. (2014, June 16). Community Health Worker Training: State Approaches. Center for Health Law and Policy Innovation: Harvard Law School. Available from, [https://chwcentral.org/wp-content/uploads/2014/07/CHW-Credentialing-Paper\\_0.pdf](https://chwcentral.org/wp-content/uploads/2014/07/CHW-Credentialing-Paper_0.pdf). Last accessed, 5/10/24.<sup>3</sup>

Miller et al provide an overview of various state approaches to CHW training and certification including core questions to be considered at the beginning of the process. These questions include: the state's definition of a CHW; identification of key stakeholders and their role(s) in designing the process; one unified state controlled process v. a variety state certified programs; compulsory v. optional certification; state v. private control of the program; role of volunteer (unpaid) CHWs; and work experience v. formal training as certification requirements. This document also includes the CHW certification frameworks of Massachusetts, Rhode Island, Oregon and Florida as well as the CHW policies of Alaska, Minnesota, New Mexico, New York, Ohio, and Texas.

Mason T., Rush C., & Sugarman, R. (2021). Statewide Training Approaches for Community Health Workers. A NACHW Report. Available from, <https://nachw.org/wp-content/uploads/2021/09/8.25.21StatewideTraining.pdf>. Last accessed, 5/10/24.<sup>76</sup>

The American Public Health Association recommends four specific steps when developing and implementing CHW certification: (1) formally acknowledge the role of CHWs; (2) establish an advisory group with CHW leadership; (3) require CHW members in decision making roles and steps; and (4) survey the state's workforce for insight on training topics. This document also includes specific state requirements for CHW training and certification in Oregon, New Mexico, Rhode Island, Florida, Texas and Washington.

CDC (n.d.) Technical Assistance Guide: States Implementing Community Health Worker Strategies. Available from, <http://www.chronicdisease.org/resource/resmgr/1305/domain3/docs/chwstatestrategies.pdf>. Last accessed, 5/10/24.<sup>77</sup>

This document is directed towards the 32 states funded by the CDC to strengthen community-clinic linkages; utilization and integration of CHWs into care teams is the focus of this guide. The guide states that the majority of the funded states have:

- Developed certification and training guidelines with the input of CHWs;
- Developed a CHW scope of practice and key competencies at the beginning of the process;
- Pilot tested all program guidelines and elements before implementation;
- Included CHWs when implementing certification programs;
- Engaged stakeholders to discover and rectify barriers;
- Addressed discovered barriers in a timely manner; and
- Housed the program within state government.

Among the participating states, the majority addressed workforce development issues and:

- Developed or adopt federal occupational regulations;
- Ensured an accessible pathway for attaining key competencies and attributes for practicing as a CHW; and
- Connected current CHWs and those interested in entering the profession with educational opportunities and the certification process.

This technical assistance guide recognizes that reimbursement for CHW services is not uniform across states. The challenge in securing agreements via state Medicaid offices is a source of considerable confusion for providers and health systems. In addition to advocating for resolution to reimbursement issues – often through legislation – the guide encourages states to ensure that all facets of the health care system in their state understand the current options, develop locally accurate billing information, and provide technical assistance on reimbursement options.

The guide stresses the importance of collaboration with non-profit entities including CHW associations, community-based organizations that employ CHWs, their state AHEC and academic institutions during the planning process and while implementing the training strategies that are adopted.

Brooks, B.A., Davis, S., Frank-Lightfoot, L., Kulbok, P.A., Poree, S., & Sgarlata, L. (2018). Building a Community Health Worker Program: The Key to Better Care, Better Outcomes, & Lower Costs. Available from, <https://www.aha.org/system/files/2018-10/chw-program-manual-2018-toolkit-final.pdf>. Last accessed, 5/10/24.<sup>78</sup>

This report discusses CHW program implementation and includes a diagram of reimbursement options.

### Sustainable Financing of CHW Activities: Three Pathways

		Basic pathways		
		A Conventional health care	B Population/community-based public health	C Patient-centered care systems (emerging hybrid structures)
1 Promising program models		Emergency room diversion "Hot-spotters" (high cost users) Prenatal/perinatal coaching Primary care based chronic disease management Care transitions Home/community-based long-term care	Specific condition-focused initiatives Community development approach (social determinants)	Patient Centered Medical Homes Accountable Care Organizations Health Homes
	2 Specific CHW roles in these models	Care coordination Self-management support for chronic conditions Referral and assistance with non-medical needs and barriers Medication management support Patient/family advocacy Support and extension of health education Patient navigation	Basic outreach and education Community advocacy/organizing	Combination of health care and population-based (as at left)
	3 Payment mechanisms for these models	Fee for service Managed care organizations: admin/service dollars; duals Medicaid 1115 waivers Internal financing Prospective payment (FQHCs)	Medicaid waivers Block grants Prevention trust fund (Mass. model) Pooled funds from third-party healthcare payers	Bundled/global/prospective payment Supplemental capitation payment for specific services
4 Options for third-party payers	CHWs directly employed by payer Health care provider contracts/add-ons to hire CHWs CBO contracts to employ CHWs CHWs as independent contractors			

Source: Project on CHW Policy and Practice, University of Texas Institute for Health Policy



Rush, C. (2020). Sustainable Financing of Community Health Worker Employment: A NACHW Report. Available from, <https://nachw.org/wp-content/uploads/2020/10/SustainableFinancingReportOctober2020.pdf>. Last accessed, 5/10/24.<sup>79</sup>

Rush includes descriptions of financing options to sustain CHW employment. He provides an overview of the problem, and then presents a deep dive into the possible financing options. The chart below provides a summary of major options including the advantages and disadvantages of each.

APPENDIX A: STRATEGIES FOR SUSTAINABLE FINANCING OF COMMUNITY HEALTH WORKER EMPLOYMENT		
SUMMARY	PROS	CONS
<b>State Medicaid Policy Actions: High Level Policy Mechanisms</b>		
<ul style="list-style-type: none"> <li>Section 1115 Demonstration Waivers;</li> <li>Dual Eligible Programs (individuals eligible for both Medicare and Medicaid);</li> <li>Medicaid State Plan Amendments (SPA)</li> </ul>	<ul style="list-style-type: none"> <li>Can embed CHW services in core Medicaid operations</li> <li>Process offers considerable latitude for creative design of services</li> <li>Waiver process offers a means to pilot test for feasibility and cost savings</li> </ul>	<ul style="list-style-type: none"> <li>Administrative and regulatory requirements can be complex, including CMS approval</li> <li>Legislation may be required</li> <li>May require treating CHW activities as equivalent to clinical procedures</li> <li>Challenges of matching standard billing (CPT) codes to a range of CHW activities</li> </ul>
<b>State Medicaid Policy Actions: MCO Contracts</b>		
<ul style="list-style-type: none"> <li>Medicaid health plan contracts may include permission, incentives or mandates to include CHWs in services to their members</li> <li>States may allow health plans to offer these services as optional or "value added" services</li> <li>The State may or may not offer enhanced payment rates to MCOs for coverage of optional services</li> </ul>	<ul style="list-style-type: none"> <li>Assures uniform application across providers and payers (MCOs)</li> <li>Can provide mechanism for common reporting/evaluation standards</li> </ul>	<ul style="list-style-type: none"> <li>Plans may need to be convinced to go along with inclusion of requirements in development of standard MCO contract</li> <li>Requirements may need to be very simple when first proposed</li> </ul>
<b>CHW Expenditures Covered Voluntarily by Health Plans</b>		
<ul style="list-style-type: none"> <li>A number of health plans have proactively employed or paid for CHW positions based on business goals and corporate values</li> <li>This practice is apparently fairly widespread but operating at modest scale in most cases</li> <li>There are no data yet indicating that "medical loss ratio" calculations are limiting these initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Requires little or no approval from State or CMS</li> <li>CHWs can perform virtually any activities that do not require a clinical license</li> </ul>	<ul style="list-style-type: none"> <li>Health plans must be convinced of value in terms of outcomes vs. cost</li> <li>Theoretically may increase admin cost and decrease "total claims cost" (adversely affecting MLR)</li> <li>Little accountability in terms of reporting what CHWs actually do</li> </ul>
<b>Healthcare Reform-related Alternative Payment Structures</b>		
<ul style="list-style-type: none"> <li>Bundled payments for episodic or encounter-based payments for conditions such as asthma, which involve multiple services (may or may not be global);</li> <li>Supplemental enhanced payment for specific purposes (e.g., for care coordination services (per member per month wrap-around services for target populations, possibly risk-adjusted)); or</li> <li>Risk contracts: cost of CHWs offset by other savings</li> </ul>	<ul style="list-style-type: none"> <li>Can offer providers/employers wide flexibility in staffing of services</li> <li>Provides explicit linkage and accountability between CHW activity and desired outcomes</li> </ul>	<ul style="list-style-type: none"> <li>May present challenges in uniform reporting of activities and outcomes</li> <li>Proposals will be closely scrutinized for feasibility/credibility of cost saving potential</li> </ul>
<b>Internal Financing by Providers in Anticipation of Return on Investment (ROI)</b>		
<ul style="list-style-type: none"> <li>Provider organizations use grant funds and/or internal resources to test an intervention that includes CHWs. Once the net cost savings and other valued outcomes have been documented in relation to the intervention, CHW positions can be included in an ongoing operating budget without a designated source of payment.</li> </ul>	<ul style="list-style-type: none"> <li>Very few regulatory constraints</li> <li>Can usually be scaled easily by employers upon acceptance of early results</li> </ul>	<ul style="list-style-type: none"> <li>May result in wide variation of participation (and results) among providers</li> <li>Proposals will be closely scrutinized for feasibility/credibility of cost saving potential</li> <li>Subject to fluctuations in overall employer financial wellbeing</li> </ul>
<b>Federally Qualified Health Centers (FQHC): Prospective Payment Systems</b>		
<ul style="list-style-type: none"> <li>Incorporates the cost of employing CHWs into the total cost proposal on which they negotiate per visit rates with Medicaid</li> <li>Expenses may be treated as part of FQHC "enabling services" under HRSA 330 grant funding, along with transportation and language services</li> </ul>	<ul style="list-style-type: none"> <li>May qualify as "enabling services," thereby not necessary to be billable as patient encounters</li> <li>Would integrate CHWs into annual financial calculations</li> </ul>	<ul style="list-style-type: none"> <li>CHW-only patient encounters not currently billable as "visits"</li> <li>May require renegotiation of annual costs and PPS rate calculation, which can be sensitive</li> </ul>
<b>Blended or Braided Funding</b>		
<ul style="list-style-type: none"> <li>Combines multiple funding resources can reduce dependence on any one source (such as Medicaid) and allows for integration of resources that are not associated with provision of clinical services, diversity of CHW activities despite restrictions imposed by anyone funding source. Grants can continue to play a role, because the program as a whole is not highly dependent on their continuation.</li> </ul>	<ul style="list-style-type: none"> <li>Diversification can help shield services from fluctuations in budgets and grant restrictions</li> <li>Greater flexibility to provide assistance that is not directly related to clinical care</li> </ul>	<ul style="list-style-type: none"> <li>Requires application and/or negotiation with multiple payers</li> <li>Deliverables and reporting can become complex; accountability for multiple outcomes, overlapping funding periods</li> </ul>

## Policies & Practices of Selected States – Annotated Literature Review

### Arizona

Ingram, M., Sabo, S., Redondo, F. et al. (2020). Establishing voluntary certification of community health workers in Arizona: a policy case study of building a unified workforce. *Human Resources for Health* 18, 46. Available from, <https://doi.org/10.1186/s12960-020-00487-7>. Last accessed, 5/10/24.<sup>4</sup>

Ingram et al, share a case study that documents the process by which *promotoras* and CHRs (community health representatives) came together to develop voluntary certification for CHWs in Arizona. In Arizona, CHRs primarily serve the American Indian communities and are funded by the Indian Health Service while *promotoras de salud* work on the American/Mexican borders and mainly receive funding through public/private grants. Ingram et al point out that Arizona CHRs and CHWs had a working relationship before the voluntary certification bill was signed into law in 2018. In 2001, the Arizona CHW Association (AzCHOW) was founded and soon after added the Arizona Advisory Council on Indian Health Care in order to provide insight into the opinions of CHRs regarding recognition and standardization. The AzCHOW certification planning process included surveys, focus groups and a statewide provider survey to better understand views on the benefits of CHWs in the healthcare sector. While the group was working with stakeholders at the government level, they independently began to create certification for CHWs which included adopting the APHA CHW definition, creating core competencies and a scope of work consistent with national standards. Ingram et al state that AzCHOW recommends working with partners to gather information about the current workforce from various perspectives, secure funding stream(s), pass legislation, and establish an advisory council primarily comprised of CHWs.

### Connecticut

Connecticut Office of Health Strategy (2022). Community Health Worker Advisory Body Meeting Summary. Available from, [https://portal.ct.gov/-/media/OHS/CHW-Advisory-Body/2022-Meetings/6-2-22/Summary\\_CHWAB\\_20220602\\_draft\\_v2.pdf](https://portal.ct.gov/-/media/OHS/CHW-Advisory-Body/2022-Meetings/6-2-22/Summary_CHWAB_20220602_draft_v2.pdf). Last accessed, 5/10/24.<sup>35</sup>

This summary of the Connecticut Community Health Worker Advisory Body Meeting includes names and positions of advisory members, updates on CHW instructor requirements, outside states' reciprocity for CHW certification, and next steps for continued CHW workforce and certification development.

Community Health Worker Advisory Committee (2018). A Report to the Legislature on Community Health Worker Certification. Available from, <https://www.chwresourcesct.org/wp-content/uploads/2019/09/CHW-Legislative-Report-2018.pdf>. Last accessed, 5/10/24.<sup>5</sup>

This report includes recommendations from the Community Health Advisory Committee to the Connecticut legislature on CHW certification. Recommendations include requirements for certification and certification renewal, administrative procedures, and requirements for recognizing training programs as certifying programs. Additionally, the report provides steps the Advisory Committee took during the process. The steps included meeting as a full advisory group and then forming three smaller working groups, each focused on a specific aspect of certification (certification requirements, methods and administration of certification and training curricula). Each group met individually before meeting as a larger group to come to consensus on specific aspects.

## Delaware

Delaware Health and Social Services (2017). Development and Deployment of Community Health Workers in Delaware Establishing a Certification Program and Reimbursement Mechanism

[https://www.dehealthinnovation.org/hubfs/DE%20CHW%20Report\\_Final.6.26.2017.pdf](https://www.dehealthinnovation.org/hubfs/DE%20CHW%20Report_Final.6.26.2017.pdf).

Last accessed, May 9, 2024.<sup>7</sup>

This 40-page report outlines the process and progress that Delaware, in collaboration with the privately financed Delaware Center for Health Innovation and other partners, has made in establishing a CHW certification and training program. The publication makes the following recommendations:

1. Establish a certification program.
  - Certification should be voluntary.
  - Certification should be required for those working under a licensed health professional in order to receive Medicaid reimbursement.
  - Certification should be available to all individuals who believe they fall within the CHW scope of practice.
2. Develop and maintain a program to certify CHW training.
  - Training should be open to all regardless of practice site, certification status or reimbursement options.
3. Establish a CHW Certification Board.
  - The board should reside within an established public agency.
  - The design of the program should ensure that the board has the authority to guide and sustain the overall program, including the ability to:
    - Oversee development and administration on certification;
    - Approve CHW training;
    - Maintain registry of certified CHWs
    - Resolve grievances, and
    - Include CHWs, CBOs, representatives of healthcare organizations, and entities that provide CHW training.
4. Establish a curriculum development committee.
  - Develop a model curriculum capable of anchoring the CHW training program.
5. Establish entry points for training for specific groups:
  - Current CHWs seeking training;
  - Prospective CHWs who may require training; and
  - High school students who participate in the Delaware Pathways to Prosperity Program.
6. Develop financing mechanisms.
  - Medicaid can reimburse for CHW services.
  - Encourage hospitals to support CHW training by providing internships and other practical education opportunities for CHWs engaged in formal training programs.
  - Include CHWs in any health care payment models that are developed.
7. Create metrics to fully measure the impact of CHWs throughout the state.

## Indiana

Indiana Community Health Workers Association. (n.d.). About Us. Available from, <https://www.inchwa.org/site/about>. Last accessed, May 9, 2024.<sup>10</sup>

This website provides a timeline of steps ICHWA took to create and implement CHW certification in Indiana. Per the 2015 overview, ICHWA received funding from the Indiana State Department of Health to develop an initial strategy towards becoming the certifying body for CHW certification. In 2016, they recruited chair members from each Indiana county to represent the statewide workforce and created an education committee to develop the certification program. In 2017, INCHWA was named as the certifying organization and the certification process was piloted by HealthVisions Midwest. Additionally, a CHW task force was created by the governor and was asked to propose a scope of work, certification process and reimbursement mechanisms. INCHWA was included in this task force and provided best practices from their previous work. In 2018, 100 CHWs were certified via HealthVisions Midwest, and Medicaid announced that CHW services could be reimbursed. The CHW certification process was also updated to include the national CHW definitions and a training vendor approval process.

## Massachusetts

Healthcare Workforce Partnership of Western Mass (2017). Community Health Worker (CHW) Workforce Training and Development Team. Available from, <http://westernmasshealthcareers.org/wp-content/uploads/2018/04/report.pdf>. Last accessed, May 9, 2024.<sup>80</sup>

This 2017 document provides an overview of CHW certification in Massachusetts. It provides details on competencies, current regional educational and training programs and additional licenses for CHWs (e.g., alcohol and drug use counselors, personal care attendants, mental health counselors, and problem gambling specialists). The document specifies which Massachusetts employers provide training for their CHWs and includes other employer-based training topics requested by CHWs. The report also includes a time-specific chart of CHW employers and working CHWs with information concerning their certifications.

Mason, T., Wilkinson, G. W., Nannini, A., Martin, C. M., Fox, D. J., & Hirsch, G. (2011). Winning policy change to promote community health workers: lessons from Massachusetts in the health reform era. *American journal of public health*, 101(12), 2211–2216. Available from, <https://doi.org/10.2105/AJPH.2011.300402>. Last accessed, May 9, 2024.<sup>81</sup>

Mason et al discuss how community health leaders from a CHW association and additional public health stakeholders in Massachusetts collaborated to create a successful CHW certification program. The Massachusetts Association of CHWs (MACHW), the Massachusetts Department of Public Health (MDPH) and the Blue Cross Blue Shield of Massachusetts Foundation worked together with other stakeholders and looked at states that had successfully established CHW workforce development and certification schemes. Learning from their predecessors, MACHW included legislators in their work in order to propose (and later pass) legislation that required MDPH to conduct a CHW workforce analysis. After the analysis was complete, the advisory council recommended that a certification board, led by CHWs, be established and housed in the MDPH. Certification was implemented in an atmosphere of continued collaboration with CHWs. According to the authors, the Massachusetts process towards CHW certification can inform additional states on best practices in the areas of workforce development and certification with ongoing collaboration between CHWs, public health stakeholders and influential legislators.

## Minnesota

Minnesota Community Health Worker Alliance (2018). The State of the Community Health Worker Field in Minnesota. Available from, [https://mnchwalliance.org/wp-content/uploads/2019/01/MNCHWA\\_State-of-the-CHW-Field\\_Dec\\_21\\_2018.pdf](https://mnchwalliance.org/wp-content/uploads/2019/01/MNCHWA_State-of-the-CHW-Field_Dec_21_2018.pdf). Last accessed, May 9, 2024.<sup>16</sup>

This document provides an overview of the status of CHWs in Minnesota and includes a brief discussion of Minnesota's approach to CHW certification in 2018. At that time, Minnesota did not have a certification program; this document presents their preparation for moving forward, including information on establishing a statewide standardized CHW training program. The Minnesota CHW Alliance presents a set of questions that need to be addressed during the process:

- Will the program certify individuals who work as CHWs?
- Will the program be voluntary or mandatory?
- Will certification be required in order to use a title such as "Certified CHW?" or will certification be required for anyone doing the work of a CHW?
- Will the program also accredit or certify CHW training programs?
- Will the program certify instructors in CHW training programs?
- Will certification be carried out under state or private auspices?
- Is state recognition required for privately managed certification?

## Ohio

Ohio Department of Health. (2018). The 2018 Ohio Community Health Worker Statewide Assessment: Key Findings. Available from, [https://grc.osu.edu/sites/default/files/inline-files/CHW\\_Assessment\\_Key\\_Findings.pdf](https://grc.osu.edu/sites/default/files/inline-files/CHW_Assessment_Key_Findings.pdf). Last accessed, May 9, 2024.<sup>22</sup>

This 53-page report is based upon data from three major sources: 19 focus groups of CHWs, clinicians and key stakeholders; 11 key informant interviews; a CHW-focused survey (n=620); and an employer-focused survey (n=150). CHWs were involved in all phases of the statewide assessment. At the time the assessment was conducted, the Ohio CHW scope of practice and administrative requirements were governed by Ohio Administrative Code 4723-26 (2023).

It includes substantive discussions of a variety of key issues, including: workforce demographics, salary and wages, practice settings, funding mechanisms, and CHW scope(s) of work.

The assessment found that both certified and non-certified CHWs have been integrated into care teams in Ohio and that they perform clinical assessments, patient education and fulfill public health functions.

The assessment found a variety of barriers of concern to CHWs:

- Training programs are too long and too costly;
- Often, it is too far to travel to training programs;
- It is too expensive to maintain certification;
- Certification is not required by all employers so it's hard to decide if it's worth it;
- Many Ohio CHWs are not aware that certification exists.
- The certification renewal process is unclear;
- Certification does not make a difference in terms of pay; and
- Background checks prohibit some CHWs from becoming certified.

Ohio State Board of Nursing. (n.d.) Community Health Workers. Available from, <https://nursing.ohio.gov/licensing-and-certification/types-of-applications/community-health-workers> Last accessed, 4/4/24.<sup>23</sup>

The Ohio State Board of Nursing plays a major role in CHW scope of practice and administrative requirements. Certificates, while not required for practice, are issued for two years with strict deadlines for application and renewal. After the first renewal period, CHWs are required to document a minimum of 15 CEUs in order to renew. According to the website, CHW services are reimbursed by Ohio Medicaid, MCOs, CHIP and other programs. A rather unique aspect to CHW practice in Ohio, CHWs must practice under the supervision of an Ohio licensed clinician and instructors of certified course are required to be an Ohio licensed clinician or an educational professional licensed by the Ohio Department of Education.

In order to be certified, a CHW must pass a rigorous background check – from the Ohio State Bureau of Criminal Investigation and secondarily from the FBI; this includes fingerprinting. Applicants need a social security number (SSN) to apply.

This website also includes a description of training programs. In addition to the requirements that must be met by instructors, a certified training program must include 100 hours of instruction and a practicum experience. Courses are required to cover specific clinical competencies in addition to the nationally recognized C3 competencies. Courses, training programs and instructors are certified by the Ohio State Board of Nursing.

## Oregon

Sanford, B., Wiggins N., Reyes, M. E., & George, R. (2018). Community Health Workers: Integral, Members of Oregon's Health Workforce. A statewide needs assessment conducted by the Oregon Community Health Workers Association for the Oregon Health Authority Office of Equity and Inclusion. Available from, [https://www.oregon.gov/oha/EI/Documents/2018-11-29\\_ORCHWA%20CHW%20Statewide%20Needs%20Assessment%20Report\\_FINAL.pdf](https://www.oregon.gov/oha/EI/Documents/2018-11-29_ORCHWA%20CHW%20Statewide%20Needs%20Assessment%20Report_FINAL.pdf). Last accessed, May 9, 2024.<sup>24</sup>

Sanford et al. provide an in depth look at the Oregon needs assessment provided by the Oregon CHW Association (OCHWA) and focused on CHW workforce issues. The needs assessment includes qualitative interviews with CHWs in Oregon and makes recommendations regarding statewide training and certification. OCHWA suggests creating a CHW registry to better understand who works as a CHW, where CHWs work and what roles they assume. The qualitative interviews uncovered a variety of frustrations with the current certification process including a lack of standardization in training; barriers to paying for training; delays when renewing one's certification; and general difficulty with the current certification process. Regarding reimbursement and payment options for CHW services, OCHWA found friction between some CHWs and providers who supported reimbursement for CHW services while also realizing that billing may limit the contributions of CHWs. Their findings suggest that a tiered per-member-per-month (PMPM) payment triggered by a provider or other healthcare staff may be the best option. In this scenario, the provider enters a social determinants of health (SDOH) code and refers the client to a CHW for services.

Oregon Community Health Worker Association (n.d.). How to become a certified community health worker in the state of Oregon. Available from, [https://www.orchwa.org/resources/Documents/How%20to%20become%20a%20certified%20community%20health%20worker%20in%20the%20state%20of%20Oregon%20\(extended%20directions\).pdf](https://www.orchwa.org/resources/Documents/How%20to%20become%20a%20certified%20community%20health%20worker%20in%20the%20state%20of%20Oregon%20(extended%20directions).pdf). Last accessed, 4/20/2024.<sup>64</sup>

In Oregon, CHWs must complete a background check as part of their application; however, they will have a chance to submit written explanations of past history and current life changes, court documentation, treatment certificates, relapse prevention plans, work history, educational accomplishments, reference letters and/or updates regarding parole or probation.

## **Pennsylvania**

Report: Pennsylvania Dept. of Health Environmental Scan: CHW Initiative, identified roles and activities, education, and training of CHWs in the state (July 2013). Available from, [https://nachw.org/wp-content/uploads/2020/07/NACDD/PA9\\_environmental\\_scan\\_of\\_community\\_health\\_workers\\_in\\_pa\\_final.pdf](https://nachw.org/wp-content/uploads/2020/07/NACDD/PA9_environmental_scan_of_community_health_workers_in_pa_final.pdf). Last accessed, May 9, 2024.<sup>25</sup>

This 110-page report summarizes a significant research effort to understand the current distribution, scope(s) of work and educational status of the Pennsylvania CHW workforce with the goal of coordinating and improving the state's workforce development efforts. The immediate outcomes included establishing various task forces; scope of work, certification and educational requirements were delegated to the Policy Task Force.

The authors of the report made a variety of recommendations based upon their literature review and the data they gathered in their environmental scan. In addition to the need to secure stable, adequate funding for CHW services, their scan found that CHWs were playing pivotal roles in the areas of care coordination and patient navigation.

They also recommended that while developing a workforce development strategy, initial decisions and subsequent revisions should be grounded in evaluation data and done in such a way to encourage refinement and continuous improvement. They also suggest that potential liability issues can be addressed through sufficient training in disease states and processes and clear role definitions (scope of work) in health care settings.

ASTHO (2018). Community Health Workers Training and Core Competencies. Available from, [https://www.astho.org/globalassets/pdf/chw-training-and-core-competencies-chart\\_nov-2018.pdf](https://www.astho.org/globalassets/pdf/chw-training-and-core-competencies-chart_nov-2018.pdf). Last accessed, 5/16/24.<sup>8</sup>

CHW training is offered by academic institutions, community-based organizations and the HRSA funded Pennsylvania AHEC. The ASTHO report includes a detailed description of the proposed Pennsylvania curricular content and standards. The majority of core courses include eight skills (many overlap with the C3 national standards):

1. Communication skills;
2. Interpersonal skills;
3. Knowledge of the community/specific health issues/health and social services systems;
4. Service coordination skills;
5. Capacity-building skills;
6. Advocacy skills;
7. Organizational skills; and
8. An enhanced knowledge base on specific health issues



Curricular content standards regarding specialization competencies beyond these foundational topics are also recommended.

At the time of its publication, Pennsylvania did not reimburse CHW services through its state Medicaid program although some MCOs pay for CHWs as part of their Care Management Programs.

## Rhode Island

Rhode Island Certification Board (2016). Certified Community Health Worker Job Analysis & Standards. Available from, <https://health.ri.gov/materialbyothers/CommunityHealthWorkerJobAnalysisAndStandards.pdf>. Last accessed, May 9, 2024.<sup>82</sup>

The Rhode Island Certification Board conducted a job analysis of Rhode Island CHWs in order to better define their role and scope of work. The focus group with CHWs helped identify important aspects of their jobs, including engagement methods and strategies; individual and community assessment; appropriate cultural and linguistic responsiveness; health promotion; care coordination; advocacy; ethical responsibilities; and wellbeing and safety. Using the responses from the focus group, the certification board further identified the following requirements for CHW certification:

- **Experience:** Six months or 1000 hours of paid or volunteer work experience within five years;
- **Supervision:** 50 hours of supervision;
- **Education:** 70 hours of education relevant to the domains;
- **Portfolio:** Required; and
- **Recertification:** Every 2 years requiring 20 hours of education relevant to the domains

Dunklee B., & Garneau D. (2018). Community Health Workers in Rhode Island: A Study of a Growing Public Health Workforce. Rhode Island Department of Public Health. Available from, <http://www.rimed.org/rimedicaljournal/2018/08/2018-08-40-health-dunklee.pdf>. Last accessed, May 9, 2024.<sup>83</sup>

Dunklee and Garneau provide an overview of an employment study in order to better understand the CHW field in Rhode Island after the Rhode Island Certification Board defined and created standards for certification. The employment study, conducted in collaboration with CHWs, included 39 qualitative interviews with employers and other stakeholders. Topics included: work settings; service spectrum and delivery; funding mechanisms, training practices; and strategies to further develop the CHW workforce. The findings indicated that stakeholders had positive perceptions of CHWs and their work and that most participants remain concerned that currently CHWs are primarily paid through grants. Participants commented that fee-for-service billing may be counterproductive for CHW services and suggested capitation-based support; however, they are aware that this mechanism might truncate the types of services CHWs provide.

## Texas

Texas Health and Human Services. (n.d.). CHW Training & Certification Program Annual Report. Available from, <https://www.dshs.texas.gov/community-health-worker-or-promotora-training-certification-program/reports>. Last accessed, May 9, 2024.<sup>26</sup>

The Texas Health and Human Services website includes a dedicated section on their CHW/*Promotor(a)* Training and Certification Program. Senate Bill 1051, House Bill 2610 and Chapter 48 of the Texas Health and Safety Code made it possible for the Texas Department of State Health Services (DSHS) to create a CHW certification program. These pieces of

legislation required the DSHS to conduct a study regarding the CHW scope of work in Texas in order to determine how to leverage their contributions in healthcare settings and identify methods of reimbursement. The results were used to create the *Promotora* and Community Health Worker Training and Certification Advisory Committee which advises the Texas DSHS on CHW standards and requirements, employment, funding, and certification program sustainability. The advisory committee includes certified CHWs, members of the public, professionals who work with CHWs and a member of the Texas Higher Education Coordinating Board.

Nichols, D., Berrios, C., & Samar, H. (2005). Texas' community health workforce: From state health promotion policy to community-level practice. *Preventing Chronic Disease Public Health Research, Practice, and Policy*, 2, 1-7. Available from, <https://stacks.cdc.gov/view/cdc/19983>. Last accessed, 5/10/24.<sup>84</sup>

Nichols et al. discuss the *Promotor(a)* Program Development Committee that was established in 1999 and charged with developing a statewide training and certification program. The committee was required to review and assess current training programs; study the feasibility of creating a standardized training program; develop a curriculum for the training program; determine settings for certification; evaluate program effectiveness; create and oversee pilot programs; and determine the feasibility of using a federal waiver for Medicaid reimbursement. In order to meet these requirements, the committee conducted a *Promotor(a)/CHW Workforce and Training Questionnaire*; researched current training programs; held public hearings; and followed the exemplars in the University of Arizona *Community Health Worker Evaluation Tool Kit*. The committee was successful in meeting its programmatic charge and, as of 2005, over 700 CHWs had been certified CHWs in Texas.

ASTHO (2017). State Story: Statewide Training and Certification Program Strengthens the Community Health Worker/*Promotor(a)* Workforce in Texas. Available from, [https://nachw.org/wp-content/uploads/2020/07/NACDD/TX29\\_Texas%20CHW%20State%20Story%20\(ASTHO%202016\).pdf](https://nachw.org/wp-content/uploads/2020/07/NACDD/TX29_Texas%20CHW%20State%20Story%20(ASTHO%202016).pdf). Last accessed, 5/10/24.<sup>27</sup>

This ASTHO document presents an overview of steps, strategies and best practices followed by Texas legislators, state health officials, and the CHW Training and Certification Advisory Board when implementing its statewide CHW certification.

Steps:

1. In 1999, Texas established the *Promotora* Program Development Committee to study and provide recommendations to the health department, the governor, and the legislature concerning outreach and education programs for *promotor(a)s/CHWs*.
2. In 2011, it established a statewide *Promotor(a)/CHW Training and Certification Advisory Committee* to advise the DSHS on matters related to funding, reimbursement, and maximizing access to CHWs. The committee included certified *promotor(a)s/CHWs*, members of the public, community-based professionals who work with CHWs, and higher education personnel.
3. DSHS and the Texas Health and Human Services Commission (HHSC) developed and conducted the Texas CHW Study that covered the desirability and feasibility of employing CHWs, explored funding and reimbursement methods, and developed recommendations to expand funding and reimbursement for CHW services.
4. DSHS was charged with preparing an annual report that describes the membership, accomplishments and activities of the *Promotor(a)/CHW Training and Certification Advisory Committee* and reports workforce data (e.g., certification and renewal rates), trends and opportunities to improve training and certification.

#### Strategies:

1. DSHS certifies CHWs and instructors, training programs, and the curricula to assure they support core competencies across eight areas and address local needs and challenges. Certification courses are delivered in person, online or via distance learning at over 30 sites statewide.
2. The CHW Training and Certification Program reviews and approves training programs and curricula. The maternal and child health program coordinator disseminates curricula to DSHS subject matter experts who review and provide feedback on proposed curricula (e.g., lead poisoning prevention or tobacco cessation for pregnant women).
3. DSHS contracts with the Texas Medicaid enrollment broker to employ CHWs as outreach counselors.
4. Title V Maternal and Child Health block grant funding supports the *Promotor(a)*/CHW Training and Certification Program.
5. CHWs are included in Texas' 1115 Medicaid Transformation waiver, which establishes quality initiatives for hospitals and state Medicaid MCOs and provides incentives for system reforms.

#### Lessons Learned:

1. CHW and state health official leadership are key to CHW sustainability and integration. CHW leadership of an advisory committee is critical.
2. Training and certification programs benefit families, communities, and the CHW workforce.
3. Training and certification programs serve as critical information clearinghouses.
4. Sustaining the CHW workforce is an ongoing challenge.
5. Training and certification programs must recognize and support the diversity of both the CHW workforce and in the communities they serve.

#### Virginia

Virginia Department of Health (n.d.). Community Health Workers in Virginia. Available from, <https://www.vdh.virginia.gov/content/uploads/sites/76/2019/07/Office-of-Chronic-Disease-CHW-presentation.pdf>. Last accessed, 5/10/24.<sup>28</sup>

This presentation provides an overview of the CHW certification process in Virginia including the activities, stakeholders and timeline of each aspect of the process.

### The Certification Process

Step	Participants	Date
One day focus groups to review scope of work and core competencies	Va. Certification Board staff Va. Dept. of Health staff CHWs (serving as SMEs)	Sept. 17, 2017
Draft content outline	Va. Certification Board staff	Oct. 4, 2017
Review of content outline draft by CHWs	Statewide CHWs	Oct. 17, 2017 – extended Nov. 1, 2017
2 <sup>nd</sup> & 3 <sup>rd</sup> reviews of content outline	CHW Advisory Group	Dec. 12, 2017 – Jan. 28, 2018
Submitted bill to General Assembly Senate Bill 417 – CHW House Bill 1389 – Senate	Va. Sen. Barker Va. Delegate Aird	Feb. – March 2018
Virginia certification overview	Va. Certification Board staff	Jan. 25, 2018
Draft certified CHW application	Va. Certification Board staff	Jan. – Feb. 2018
CHW Advisory Board reviews certified CHW (CCHW) application	CHW Advisory Board CHWs All interested parties	Feb. 2018
CCHW application is submitted to Virginia Certification Board	Va. Certification Board staff	Feb. 2018
CHW certification opens in Virginia	Va. Certification Board	April 2018 – Ongoing
Initial marketing of CHW certification	Va. Dept. of Health staff CHW Advisory Group Va. CHW Association	Ongoing

## Specific Issues of Interest

This section summarizes information related to specific questions that were raised during the Illinois efforts to design a state-wide certification and training program for CHWs.

### Background Checks

#### **Do other states have a background check requirement for CHW certification? Does the literature provide any lessons learned regarding this requirement?**

In this review, 24 states were determined to have a certification process; information regarding background checks were found for 15 of the 24. Eight of the states required a background check and a few asked applicants to disclose any previous criminal convictions. Nevada, which does not require background checks, reminds applicants that many employers will require background checks in job applications.<sup>60,61</sup> Oregon and Massachusetts both require background checks but emphasize the importance of not excluding applicants who may have a criminal background given they can be very successful CHWs, especially for clients who may have similar backgrounds. The background check was controversial in both these states given the possibility of excluding important community members from CHW positions.<sup>48,65</sup>

In Oregon, CHWs provided arguments against background checks in the public forums during the state-wide rule making certification process. This resulted in a process that allowed applicants to provide additional documentation such as letters of support from employers, coworkers, or previous volunteer efforts. These documents are considered as part of the overall application and allow for applicants to be considered if they have a criminal background.<sup>65</sup>

In Connecticut, the CHW Design Group Advisory Committee determined that a criminal background check, education level, residency and personality traits would not be included in the CHW certification application and would instead be left to employers to include in their applications. They ultimately decided that including a criminal background check could exclude applicants with felonies who may be the most effective CHW to work with community members who also have criminal background.<sup>5</sup>

### Certification Exams

#### **Do other states require a statewide certification exam? (who is doing it and why, and vice versa)?**

It was found that Florida, Alaska, Indiana, Maryland, and South Carolina require CHWs to pass a statewide certification exam.<sup>1,10,15,39,32,69,85z</sup>

#### **In states that require an exam, what are the passage rates?**

The authors were unable to find information on the passage rates in CHW qualifying exams.

#### **In states with a certification exam, who is writing/preparing the exams?**

In Florida, the CHW exam was created by subject matter experts (SMEs). In order to create the exam, the SMEs initially determined the specific performance domains and tasks of CHWs. After these were determined, a validation study was conducted to confirm that the domains and tasks were reflective of current CHW practice. Upon confirmation, an examination blueprint was created to establish how many questions would be required for each performance domain/task to adequately assess competence. The questions were then written by the SMEs who were trained in item writing best practices.<sup>39</sup>

Psychometricians assisted the SMEs with writing questions. Each question was formatted as a multiple-choice question with three response options, one response was deemed the best response.<sup>39</sup>

### **Is passing a statewide exam a good predictor of CHW performance?**

The authors were unable to find details on the predictive ability of passing a statewide certification exam.

## **Certified vs. Non-certified CHWs**

### **Has outcomes research compared metrics between certified and non-certified CHWs?**

While formal outcomes research was not located, several articles provide stakeholders' opinions on certification and discuss the relationship between certification, reimbursement and recruitment.

In a 2022 study, Kissinger et al used purposive sampling to interview 108 stakeholders (CHWs, program managers and participants) to understand their opinions on the risks and advantages of CHW certification. Additional information was obtained through focus groups and observation of public forums on CHW workforce issues. The data was analyzed via thematic analysis. Their findings included concerns regarding threats to CHW identity, excluding current or potential CHWs, and the distancing CHWs from the communities they serve. However, some advantages were also mentioned, including enhanced recognition of CHWs through certification and the possibility for upward mobility and workforce growth for CHWs.<sup>86</sup>

A 2020 AHRQ publication drew information from published literature, gray literature, key informant interviews, and public commentary to understand the implications, advantages and disadvantages of certifying CHWs. The key informant interviews provided opinions on the utility of certification, ethical considerations, and potential effects of certification. The gray literature provided information on the impact of certification on reimbursement and recruitment. Some literature noted that statewide recruitment of CHWs was improved with certification while others found a disconnect between reimbursement and CHW scopes of work. The publication concluded that there is minimal evidence regarding the relationships between certification and health outcomes of their clients; or the relationships between certification and CHW recruitment, workforce development and reimbursement.<sup>87</sup>

In a 2022 study, Jones et al. reviewed data from the U. S. Current Population Survey, 2010-2021, to evaluate the impacts of CHW certification and Medicaid reimbursement on CHW hourly wages and turnover. The results indicated that CHW hourly wages increased by \$2.42 in states with CHW certification programs; however, there was also evidence that hourly wages increased more for male CHWs, White CHWs and part-time CHWs. The authors note that when creating and implementing CHW certification programs, equitable pay, especially for women of color who make up the majority of CHWs, must be emphasized. Additionally, they did not find any evidence of differences in turnover between states with and without CHW certification.<sup>88</sup>

## **Grandparenting**

### **As a career pathway, are states implementing a grandparenting scheme that takes into account work experience in the certification requirements?**

Most states offer a grandparenting option for CHWs who have a substantial amount of work experience. Rather than completing a certification course, these states require documentation of the number of hours worked and proficiency in the states' determined CHW core competencies.

The required number of experience hours varies from state to state, ranging from 500 to 4,000 hours. However, some states including Florida and South Carolina still require that grand parented CHWs complete a competency exam to be eligible for certification.<sup>7,8,45,48,49,50,51,58,63,64,65,66</sup>

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