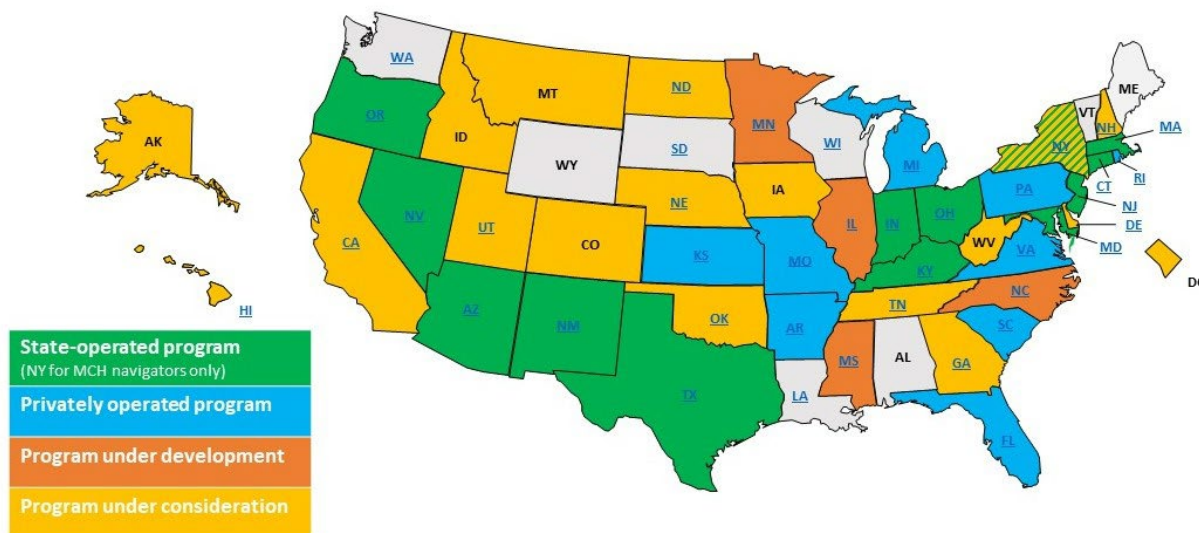


State Approaches to Community Health Worker Certification

A growing number of states are developing or considering a certification program for community health workers (CHWs). Such certification could serve as a powerful tool to define a clear scope of practice and competencies within the CHW workforce, create a more simplified path to recruitment, and create a shared vision for integrating CHWs into healthcare teams. A certification program may also chart a path to a more defined and stable career ladder for CHWs.

At its core, certification is a declaration by an issuing authority that a CHW has met a standard set of qualifications (e.g., skills, education, or training). Each state that has developed a CHW certification program, however, has taken its own approach to setting requirements for certification and determining how to administer the program.

A [community health worker](#) (CHW) is a frontline public health professional that shares life experience, trust, compassion, cultural, and value alignment with the communities they serve. CHWs can work in a [variety of settings and health issue areas](#), including disease control and prevention, maternal and infant health, oral health, and addressing [social determinants of health](#) and racial and ethnic disparities.



Authorizing and administrative bodies vary between states. For most states offering certification, the health department (or an equivalent) is the credentialing authority or administrative home. However, associations, certification boards, or other state agencies can perform those functions. Currently, 13 states operate certification programs (AZ, CT, IN, KY, MA, MD, NJ, NM, NV, NY, OH, OR, and TX), four states' programs are privately run by independent credentialing boards (FL, MO, PA, VA), and four states run their program through CHW association or CHW association-led committee (AR, KS, MI, SC).

Certification is not the only path to support CHWs. Some states, such as [Wisconsin](#), in consultation with CHWs in their respective jurisdictions, have chosen not to create a certification program and invested in [developing robust training programs](#) that build core competencies among the CHW workforce.

Certification can be voluntary or mandatory. States may choose to [offer or require a CHW certification](#). Typically, states have not required certification to practice as a CHW, since this would essentially serve as licensure. Other states require certification for CHWs to be [reimbursed for services](#) or to operate in certain settings. Certification does not necessarily regulate the CHW practice, nor does it in most cases exclude non-certified CHWs from practicing within their communities.

CHW certification programs are typically rooted in a core set of competencies. A consistent theme across certification programs is eleven competencies outlined in the [Core Consensus \(C3\) Project](#)—the closest approach to a national benchmark. Some states have outlined their own competencies [in statute](#), but they often closely mirror the standards set forth in C3.

Certification does not necessarily equal training completion. Certification is not the same as “certificates of completion” often associated with higher education-based programs (unless specifically outlined within state statute, such as [Minnesota’s program](#)). In addition to any specified training or educational requirements for CHWs seeking certification, they must also typically demonstrate work experience, have recommendations, or meet other requirements set forth by their state.

Determining Whether and How to Pursue Certification

While some states choose to write their CHW certification requirements into statute via the [legislature](#), other states have taken a more [collaborative approach](#) by creating advisory committees to research and recommend CHW certification policies. In the latter model, a variety of stakeholders ranging from public health officials to current CHWs already working in their communities come together to assess necessary competencies, education and background requirements, and other elements of a certification program. And, although not required, states may choose to formalize their recommendations through [rules and regulations](#) or legislative action.

Whichever pathway a state takes, the public health community has widely endorsed working directly with CHWs and associations to ensure certification policies are responsive to the needs of the workforce. For example, the American Public Health Association (APHA) has highlighted [certain action steps](#) for health departments, such as composing any advisory workgroups so at least half of its membership comprises self-identified CHWs.

Conclusion

When assessing which policies are most impactful for strengthening and developing the CHW workforce in their communities, states should work in partnership with CHWs. One popular avenue to achieve this goal is certification. States continue make meaningful inroads in developing certification programs that match the needs of public health, the communities they serve, and the CHWs providing services. As the landscape of CHW certification continues to change, ASTHO will update our Certification Map.

The development of this product is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services under grant number 2 UD30A22890-10-00. Information, content, and conclusions will be those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government. This document builds upon research completed by Carl Rush, Geoffrey Wilkinson, and Theresa Mason.