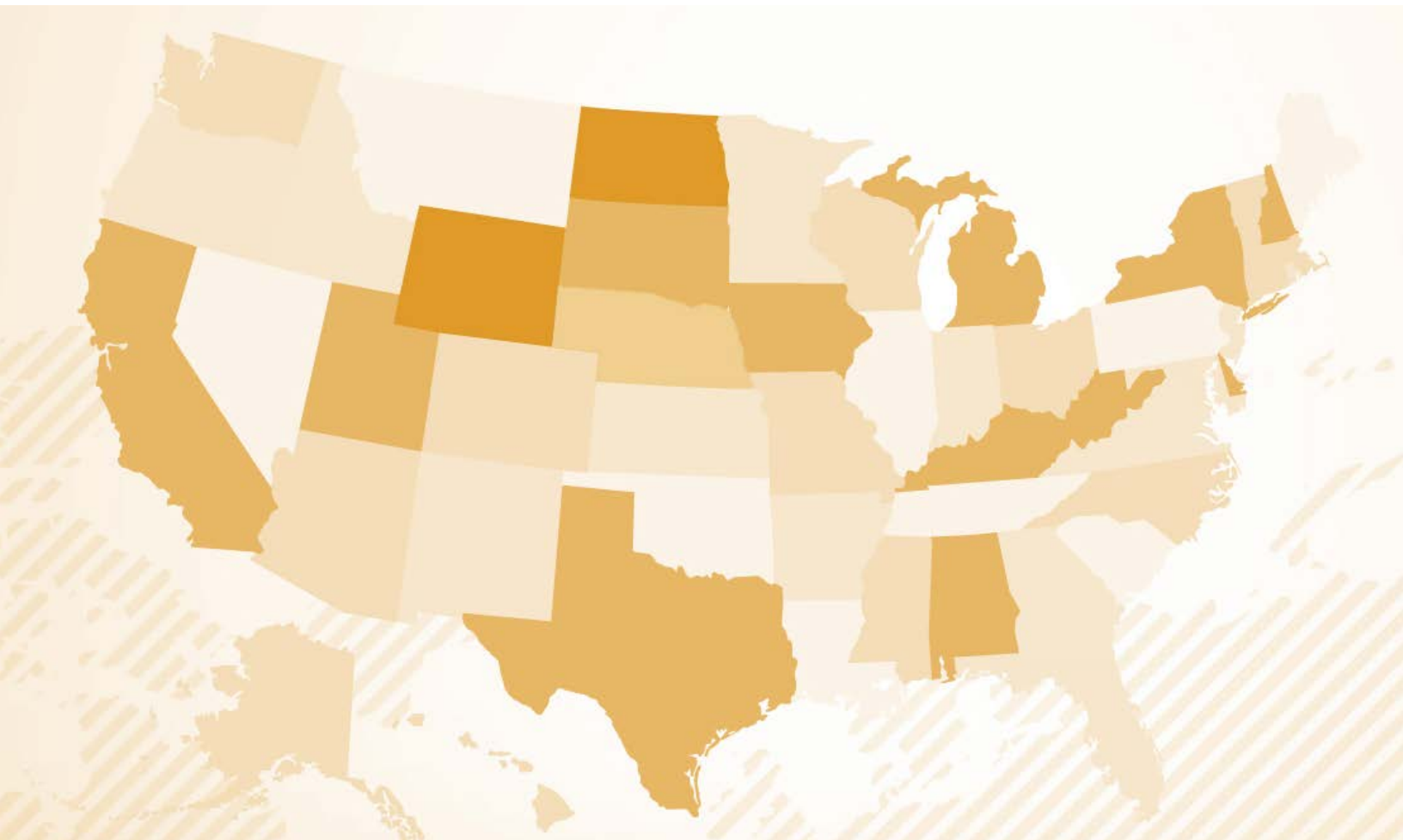




Pathways to Establishing State CHW Certification

Guide



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Community Health Worker (CHW) Certification is an endorsement from leaders in the profession that an individual meets predefined standards. It operates at a state level and can be attained by CHWs to demonstrate mastery of standards. The following resource provides general guidance for advocates seeking to establish CHW certification in a state that does not yet have CHW certification. It will highlight the two main pathways, public and private, and the five key steps involved in the certification development process. The structure is wide-ranging, and there will be needs and circumstances unique to each situation.

Public or private routes to CHW Certification

When developing certification, it is typically conducted through a **public** or **private** path. Historically, both take between 10 and 15 years from conception to implementation. The amount of legislation and state oversight is the main differences between these approaches. As shown in the following figure, there are some commonalities and differences between the paths. Notably, neither is better nor worse, and every state should decide which path is right for them.

Public	Private
<ul style="list-style-type: none">• Legislation is included throughout most of the process• Legislators and politics can add difficulty to the process• Certification is commonly overseen by government entity (e.g., health department)• A more common pathway to certification	<ul style="list-style-type: none">• Legislation can be a small part of the process but is not commonly used throughout• A lack of legislation can diminish some reputability• Certification is typically overseen by a private organization, like a CHW association• A less common pathway to certification

The 5 Key Steps for Implementing State CHW Certification

In the development of certification, **there are five common steps**. Each represents a pivotal stage in the process, where key decisions are made. Legislation is part of some steps and is common, but not always required. The structure below is intended to be general, and each state will face unique conditions along the way. Particularly, differences will appear depending on the political environment, funding, and whether a public or private path is chosen. The steps are as follows:

1. **Organize stakeholders to ensure the appropriate parties are involved in moving certification forward.** Stakeholders can include CHWs and CHW advocates. CHW advocates can come from a variety of backgrounds and settings including: scholars, health department representatives, and lawmakers. CHW employers from any sector, both community and clinical can be stakeholders. All parts of the process must include CHW perspectives.
2. **Assess the readiness and desire for certification among CHWs and employers.** In most cases, this involves distributing a needs assessment to CHWs and/or their employers. A needs assessment can be done in many ways, like surveys, interviews, or informal discussions.
3. **A proposal is drafted to create an advisory board.** The role of an advisory board is to make recommendations regarding the components and processes of certification (e.g., training, renewal, application). It can take many forms, such as a CHW association or a committee under a state health department. An advisory board should consist of a diverse group of stakeholders. CHWs should always be included; other common stakeholders consist of scholars, clinical staff, and health department representatives.
4. **A report is compiled by the advisory board containing recommendations for certification.** The final report guides all involved stakeholders and organizations for the next steps of developing certification processes. The following table provides standard areas for consideration, as well as examples from states that have certification.

Areas of considerations for certification

<i>CHW definition</i>	Create a state-specific definition of CHW roles and services. The process can be formalized in a piece of legislation or informally by stakeholder agreement. The American Public Health Association’s (APHA) definition is commonly used and seen here .
<i>Core Competencies</i>	Establish core competencies based on standard CHW responsibilities. Core competencies help develop training and certification standards. The CHW Core Consensus Project (C3 Project) has created national competencies that can be used, as seen here .
<i>Certifying Body</i>	A certifying body is an organization that oversees the certification process by approving applications for CHWs, as well as training and continuing education providers. If taking the public- path, the certifying body generally will be established through legislation and be housed in the state’s health department. By contrast, the private path will typically house the certifying body in a non-profit certification board or CHW association.
<i>Training</i>	<p>Training standards and the number of hours required in training will need development.</p> <ul style="list-style-type: none"> • Standards are an extension of the core competencies. • The number of hours required in states with certification ranges from 45 to 160 hours. • A practicum or internship may be part of state training.
<i>Experience</i>	<p>A state can offer CHWs the opportunity to demonstrate their understanding of core competencies through experience.</p> <ul style="list-style-type: none"> • The state can decide whether prior experience can substitute for training. This is often called “Grandfathering”. • In terms of documenting current experience, it is usually done out in the community where CHWs log a certain number of hours to submit to the certifying body. • Currently, states with experience requirements, call for between 500 and 3,000 hours. • States can ask for references from supervisors and/or members of the local community.
<i>Application for CHWs</i>	Establish a certification application process for CHWs. There are many areas to consider, including age and education requirements, fees, citizenship, and training and experience documentation. Accessibility must be considered. For example, if the decision is made to add a cost, it is best to consider an amount that does not create barriers for CHWs.
<i>Application for training providers</i>	The board will have to decide whether training is provided by the certifying body or external organizations. It will be necessary to establish an application process if external organizations handle training. Applications should ensure that training providers meet the state’s core competencies and standards.
<i>Renewal</i>	Renewal processes allow CHWs to reestablish their certification after a period of time. Most states require certified CHWs to renew every two to three years with 10 continuing education credits per year.
<i>Reciprocity</i>	Reciprocity is the allowance of CHWs to transfer certification between states. The advisory board should recommend whether to allow reciprocity and accept certification from other states.
<i>Voluntary vs. Mandatory</i>	Currently, certification is voluntary in most states, but each will decide whether certification will be voluntary or mandatory.
<i>Options for certification</i>	States can offer one or multiple certification paths to CHWs. These can be in the form of a standard CHW certification, a CHW instructor, or levels (CHW I, CHW II). If numerous routes are chosen, standards will need to be adjusted accordingly. For example, a CHW II may require more training hours than a CHW I.

5. Finally, stakeholders will use the recommendations provided by the advisory board to develop and implement certification processes.
 - a. In the public path, this will typically involve using recommendations to draft legislation.
 - b. In the private path, this will commonly involve using recommendations as a basis for developing processes for a private organization to oversee, like a CHW association.

For more detailed information about developing certification, reach out to other states to gain insight into their experience. CHW state certification status, certifying body, among other state-level characteristics can be seen [here](#). Additionally, state-specific examples are provided, including [Arizona](#), [Connecticut](#), and [Maine](#).

MHP Salud has over thirty years of experience implementing CHW programs and training organizations looking to start and/or strengthen their own CHW programs. For more information about MHP Salud, our services, and how we can help you, please email us at info@mhpsalud.org or visit us at mhpsalud.org.