

Community Health Worker Voluntary Certification Evaluation
Annual Report
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A collaboration of:

The Arizona Community Health Worker Association
The Arizona Prevention Research Center
Arizona Department of Health Services

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BACKGROUND

Community health workers (CHWs) are trusted community members who represent individual and communal needs in efforts to address health disparities in communities that are deprived equitable access to opportunity for social and economic reasons. CHWs are known as community health representatives (CHRs) in tribal communities and *promotoras de salud* in U.S.-Mexico border communities, as well as under an array of titles associated with specific job classifications in community-based agencies, clinics, local health departments and hospitals, among other sites. In November of 2019, the Arizona legislature passed legislation requiring the Arizona Department of Health Services (ADHS) to initiate a voluntary certification (VC) process for CHWs in Arizona. Championed by CHWs across Arizona under the leadership of the Arizona Community Health Worker Association (AzCHOW), the objectives of the legislation are:

- 1) To recognize the importance of the profession within the health system and to enhance credibility with other health professions,
- 2) To ensure the integrity of the workforce by creating a mechanism to standardize core competencies and scope of practice in Arizona, and
- 3) To create an avenue to pursue sustainability of the CHW workforce through reimbursement with public/private funding agencies.

Representatives from the Arizona Advisory Council on Indian Health Care and the InterTribal Council of Arizona ensured reciprocity with Tribal policies, and AzCHOW advocated for the involvement of CHWs in the rules of implementation through the enactment of an advisory body. Nine members, including five CHWs, made recommendations to ADHS regarding certification requirements. The COVID-19 pandemic hampered the public engagement process and CHW voluntary certification was delayed until ADHS officially opened registration on November 9th, 2022. In April of 2023, and in consultation with AzCHOW and other stakeholders, the Arizona Health Care Cost Containment System (AHCCCS/Medicaid) created a reimbursement pathway for certified CHWs using broad parameters for covered services that were inclusive of addressing the social determinants of health.

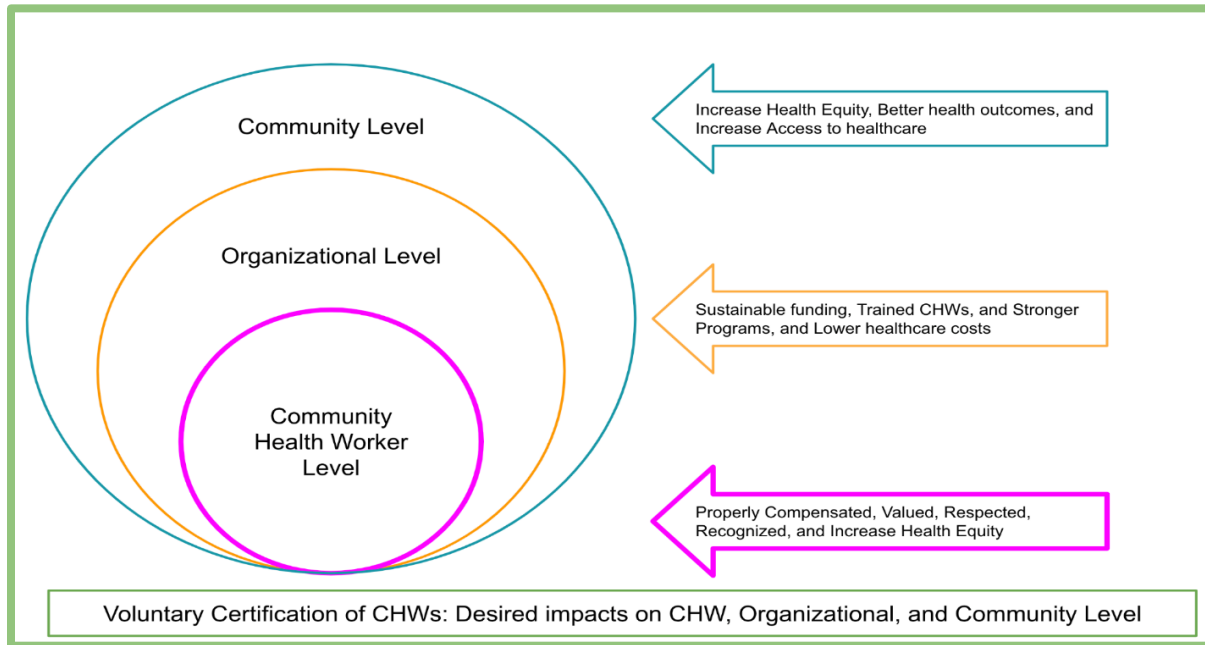
EVALUATION APPROACH

Cognizant of the potential impact of certification on CHW job opportunities, advancement and compensation, while mindful of unintended consequences, AzCHOW and the University of Arizona Prevention Research Center (AzPRC) convened the CHW Voluntary Certification (VC) Evaluation Committee and collaboratively developed an evaluation plan ([link](#)) to oversee its realization. Officially a body under the Arizona CHW Workforce Coalition ([link](#)), this open committee meets biweekly to guide an iterative and participatory evaluation process that is responsive to the shifting environment of policy implementation. CHW committee members are central to ensuring that evaluation activities reflect the priorities of the diverse workforce. The committee includes CHWs; CHW supervisors and allies; representatives from AzCHOW, ADHS and the AzPRC; and other CHW Workforce Coalition members. Representatives from AHCCCS intermittently attend the meetings to provide updates, clarification and receive feedback.

EVALUATION OBJECTIVE

Monitor the policy implementation and impact on:

- 1) the CHW workforce,
- 2) organizations who employ CHWs or support volunteer CHWs, and
- 3) the communities served by CHWs.



EVALUATION METHODS

Committee members employ qualitative and quantitative data methods, and the evaluation plan includes both primary data collection and secondary data analysis. Figure 1 displays the three levels of CHW VC impact, the first being on the CHW workforce, the second on organizations employing or hosting CHWs and the third on health and wellbeing of communities served by CHWs. Table 1 outlines the specific measures, indicators and data source. In this first year of evaluation, the committee closely monitored the policy implementation process, along with a focus on short term outcomes for the CHW workforce. Consistent with the participatory approach, committee members developed and modified evaluation strategies based on evaluation results and issues that emerged throughout the first year of CHW voluntary certification implementation.

Primary sources

- CHW Post Certification Questionnaire: Within one month of certification completion, CHWs receive an email link to a RedCAP survey with an invitation from AzCHOW and the committee to fill out the survey. CHWs who do not respond receive two follow up emails:
 - We want to understand your experience with voluntary certification through ADHS so that we can improve the certification experience, encourage others to obtain voluntary certification, and fix any problems with the process.

- Survey for CHWs who do not become certified: The evaluation committee sent out the survey using a universal link to a RedCAP database. Respondents were screened to determine 1) if they identified as CHWs and 2) if they had not applied for certification
 - Hello, the Arizona Community Health Worker Association (AzCHOW) would like to support CHWs in making their decision whether to become certified. We would appreciate hearing from you through this short survey!
- AzCHOW Annual Meeting Reflection Activity: CHWs across the state congregate for professional training at AzCHOW events. The CHW VC Evaluation committee uses these events to gain direct feedback from CHWs about the state of their profession. At the 2023 Roots conference in June, the committee facilitated an activity that asked the question:
 - When you think of a CHW, what comes to mind? Use the flipchart paper and supplies to write and/or draw any qualities, roles, competencies and abilities of a CHW.
- Provider interview: The committee used snowball sampling to interview providers who currently employ CHWs to identify current knowledge and intentions with respect to supporting their CHW workforce and CHW reimbursement. The committee created an infographic summarizing the certification process to facilitate the interview (link).

Secondary sources

- ADHS registry: CHW certification is tracked internally by the licensing department and shared internally with the ADHS Health Disparities Manager as well as on the licensing website: <https://www.azdhs.gov/licensing/index.php#databases>
- Arizona Health Care Cost Containment System CHW Frequently Asked Questions: The website outlines policies regarding CHW reimbursement: https://www.azahcccs.gov/PlansProviders/Downloads/CHW/CHW_CHRFAQs.pdf
- Centers for Medicare & Medicaid Services Physician Fee Schedule Frequently Asked Questions: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>
- Arizona Health Care Cost Containment System claims data: The evaluation committee seeks to access the number and type of provider filing claims for CHW services, as well as a description of those services and the medical conditions addressed in the claim.
- O*Net Online: This source contains wages and occupational information for job categories defined by the U.S. Department of Labor. The source pulls “standardized and occupation-specific descriptors” and “is continually updated by surveying a broad range of workers from each occupation.” Occupational data is collected from a national random sample of incumbents, the majority of which is collected using questionnaires completed by either job incumbents or occupational experts. <https://www.onetonline.org/link/summary/21-1094.00>

Table 1. Policy Implementation Process		
Measure	Indicators	Data source(s)
1. CHWs are informed about certification 2. CHWs believe it benefits the profession.	<ul style="list-style-type: none"> • Reflections on CHW certification • Reasons CHWs choose to become or not become certified • CHW opinions on certification 	-CHW Post Certification Questionnaire -Survey for CHWs who do not become certified -CHW reflections
3. The certification process is accessible, affordable and is easy to navigate	<ul style="list-style-type: none"> • CHW satisfaction with VC process • Facilitators for getting certified (TA, fees waived) • Barriers to the application process • Reasons CHW do not become certified or do not complete the application process 	-CHW Post Certification Questionnaire -Survey for CHWs who do not become certified
4. Organizations are knowledgeable and supportive of CHWs certification	<ul style="list-style-type: none"> • Organizations pay fees, help with forms, provide work time for the application, etc. 	Provider interviews CHW Follow Up Survey
Policy Outcomes		
Measure	Indicators	Data source(s)
5. Eligible CHWs across Arizona are pursuing and obtaining CHW certification)	<ul style="list-style-type: none"> • Number of CHWs certified • Numbers of CHW certified by location, demographics, populations served, and organization type • CHWs certification pathway (experience, approved training, certificate program) 	ADHS Registry CHW Follow Up Survey
6. Increased standardization and integrity of the CHW profession.	<ul style="list-style-type: none"> • Understanding of core competencies • Ability to communicate role of CHWs • Increased sense of belonging to the field 	-CHW Integration Questionnaire -CHW reflections
7. Increased provider recognition of CHW profession	<ul style="list-style-type: none"> • Provider organizations support CHW certification. 	AHCCCS FAQs CMS FAQs
8. CHWs have increased sustainable funding streams.	<ul style="list-style-type: none"> • Medicaid/Medicare reimburse for CHW services 	AHCCCS claims data.
9. CHWs are properly compensated.	<ul style="list-style-type: none"> • Increase in average CHW hourly wages. 	O*Net Online database

EVALUATION RESULTS

CHW OUTCOMES

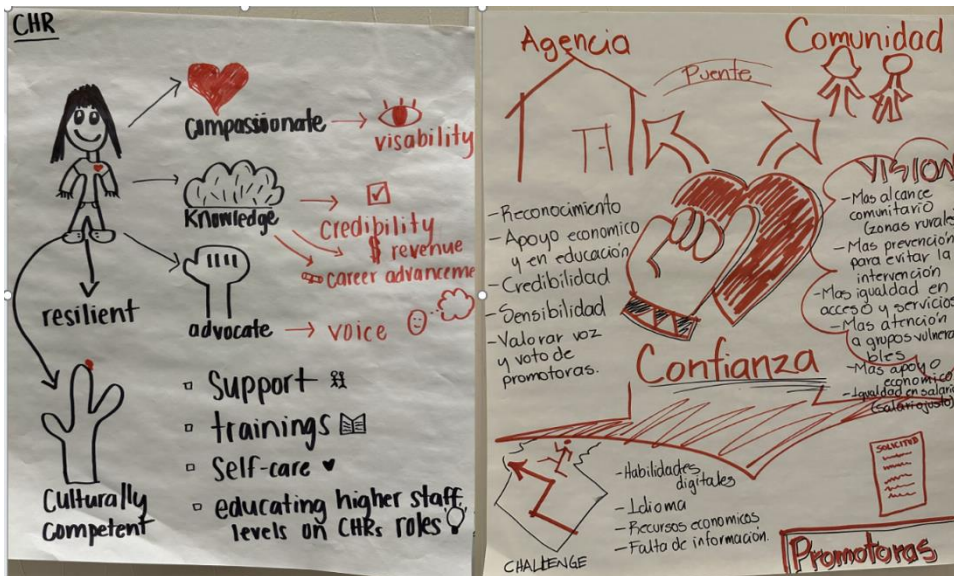
Measure 1: CHWs are informed about certification.

Measure 2: CHWs believe certification benefits the profession.

Measure 3: The certification process is accessible, affordable and is easy to navigate.

CHW Annual Meeting Reflection:

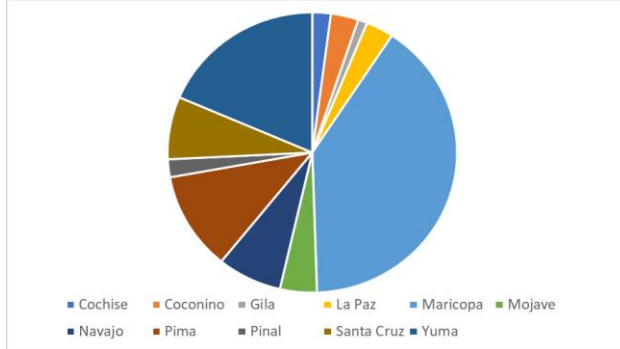
- CHWs are creative and passionate connectors. They are full of heart, knowledge and resources. They center their community in all their work.
- Voluntary certification is an opportunity for recognition, support, greater connections, career opportunities.
- CHWs need more information, pathways to financial sustainability, and training opportunities.



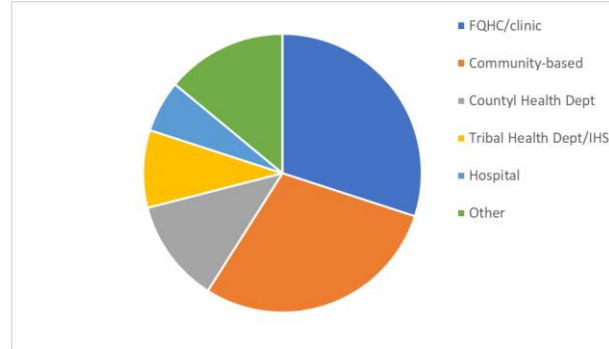
CHW Certification Post Questionnaire: 135 CHWs filled out some portion of the survey.

CHWs from 11 out of 15 counties in Arizona responded to the post-certification survey, with the most responses coming from the two most populated counties, Maricopa and Pima counties. Most of the respondents work in FQHCs or clinics or community-based organizations.

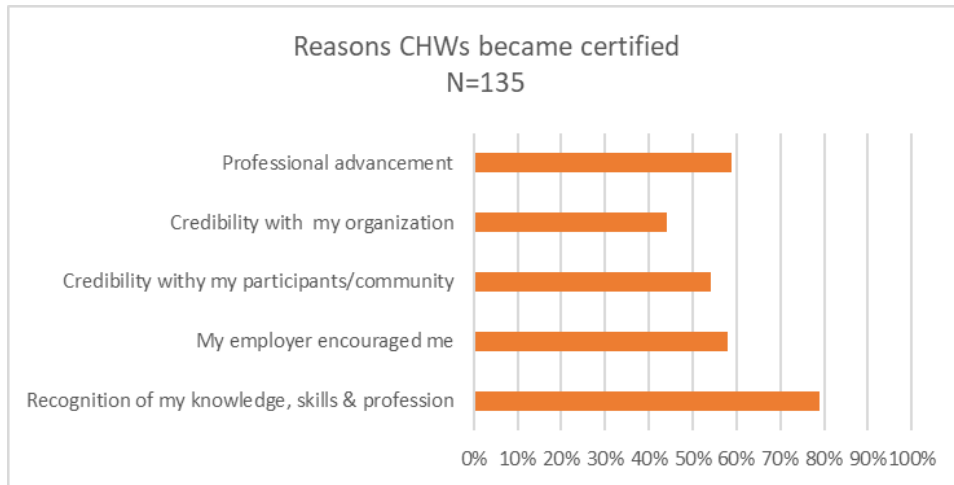
Counties represented:



Type of organization CHWs currently work in:



- The majority of CHWs became certified in order to receive recognition for their profession. Desire for professional advancement and employer encouragement were also key motivators.



CHWs described the feeling of being certified as:

- ◆ “It’s an accomplishment that deserves recognition, it’s a symbol of hard work dedication for you community”
- ◆ “Being a Promotora is great, but being a certified Promotora is even greater.”
- ◆ “Que apliquen todas las personas que hacen esta bonita labor para que se reconozca el trabajo a nivel estatal.”
- ◆ “This will give you the credibility they needed to learn and be blown away about the fantastic work we do as a workforce, and as individuals in our own communities”

Barriers in the CHW certification process:

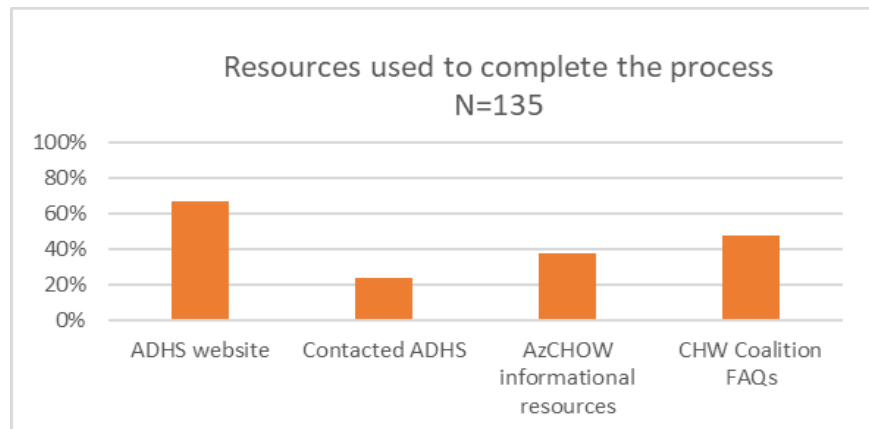
Twenty (20) CHWs who received certification nonetheless encountered barriers in completing the process. These are categorized in the following ways:

- Difficulty with the website
 - navigating the certification pathway
 - clarity/clear wording regarding required documentation
 - repeated submission of forms.
 - options for documentation that were not accepted (birth certificate vs. driver’s license)
- Documenting work hours/approved training completion.
 - training program not accepted.
 - acceptable documentation of hours
 - gathering documentation.
- Application denied multiple times

In the words of applicants:

- ◆ “The website was incredibly difficult to navigate, looking for where to start the application was confusing since the title was not clearly apparent, many links that seemed to be the entry to the portal just opened to different PDF forms. I am a university graduate and fluent in English and I can only imagine how confusing the website must have been to other CHW's”
- ◆ “The staff at AZDHS was super helpful and patient, in walking me through the process.”

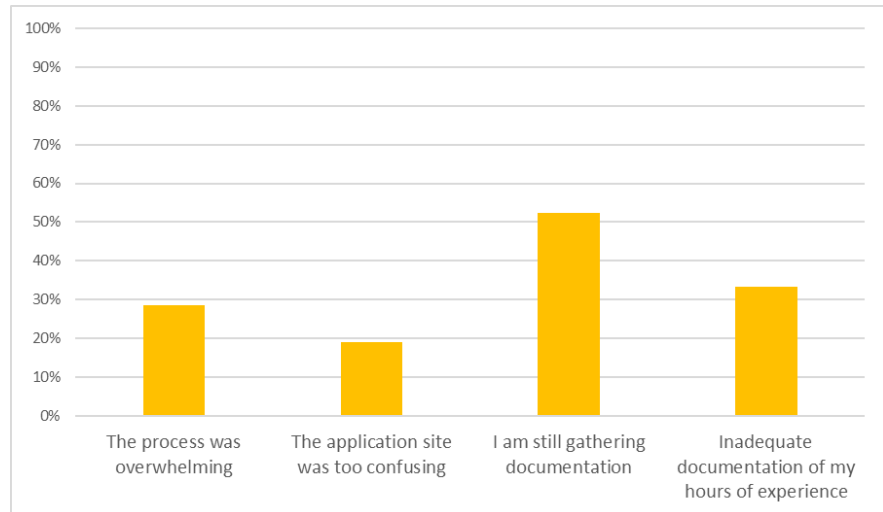
CHWs accessed resources generated by ADHS, AzCHOW and the CHW workforce coalition to learn about and apply for certification.



Survey for CHWs who do not pursue certification

Ninety (90) CHWs initiated the survey, among these sixty-one had not initiated or completed the CHW voluntary certification process.

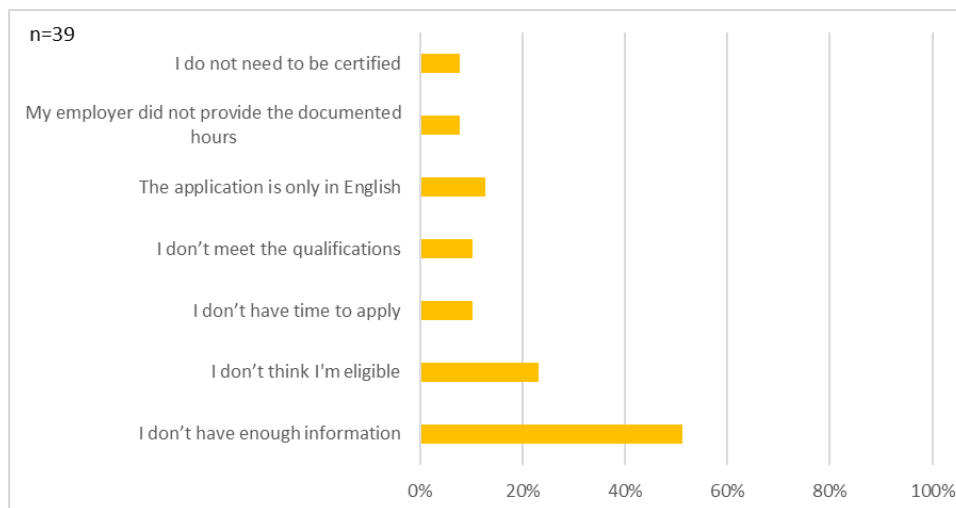
Twenty-two (22) of the respondents initiated the application but did not finish. While most were still gathering documentation, 30% found the process overwhelming (30%) or the website too confusing (19%). One-third (33%) could not obtain the required documentation from their employer.



CHWs who did not complete the process described the barriers this way:

- “I have been a CHW for 17 years. I have to hunt down my GED over 30 years ago. “
- “Hay muchas barreras que me impiden poder completar esta registracion. Yo tengo mucho interés en realizarlo, pero es imposible contar con todos los requisitos que pusieron. “ [“there are a lot of barriers that keep me from completing this application. I am very interested in doing it but it’s impossible to comply with all of the requirements they made”]

Among the 30 CHWs who had not yet applied for certification, the most common reason was lack of information. Eligibility, application language, and employer support were also barriers.



Resources that would help CHWs consider voluntary certification:

- No requirement for a high school diploma
- Paying for the application.
- Informational brochure or infographic, easy step by step process with pictures
- Core competency training.
- Community based outreach and enrollment provided by CHWs.
- Help with the application
- Know more about the process.

Measure 4. Organizations are knowledgeable and supportive of CHWs certification

CHW Post Certification Questionnaire

- Among the 130 who responded to the survey, almost 60% cited organizational encouragement as a motivating factor.
- All four of the organizations provided staff time and human resource support for their CHW staff to apply for certification.

Provider interviews

Providers were identified through evaluation committee contacts and respondents included CHW supervisors as well as those responsible for billing. To date, the committee has spoken to staff from five providers, three federally qualified health centers, one health service delivery system and one behavioral health provider network.

- Four of the providers currently employ CHWs; the fifth provider has staff they believe fall into the CHW scope of practice.
- All four providers with CHW staff provided staff time and human resources support to their certification application. All the CHWs received the ADHS \$1 fee waiver. It was not clear if the providers would provide financial support for certification in the future.
- AHCCCS intentionally provided a broad definition of CHW services under the Medicaid patient education reimbursement codes that allowed CHWs to provide social determinant services. None of the five providers understood the broad application of these codes. One provider felt that the lack of definition about the type of service was only related to the APM/PPS rate.
- CHWs can be key for behavioral health providers that are expanding to integrated care, particularly in chronic disease management. These providers would benefit from information about what is covered, and how to integrate CHWs and the certification process.
- Because FQHCs are paid a PPS/APM rate, services provided by a CHW do not meet the definition of a face-to-face encounter with a licensed AHCCCS provider but are considered “incident to” those services and covered under the PPS rate.
 - One FQHC was seeking a different certification for CHWs (behavioral health technician) that might allow for direct reimbursement. Another center had billed for services and was denied.

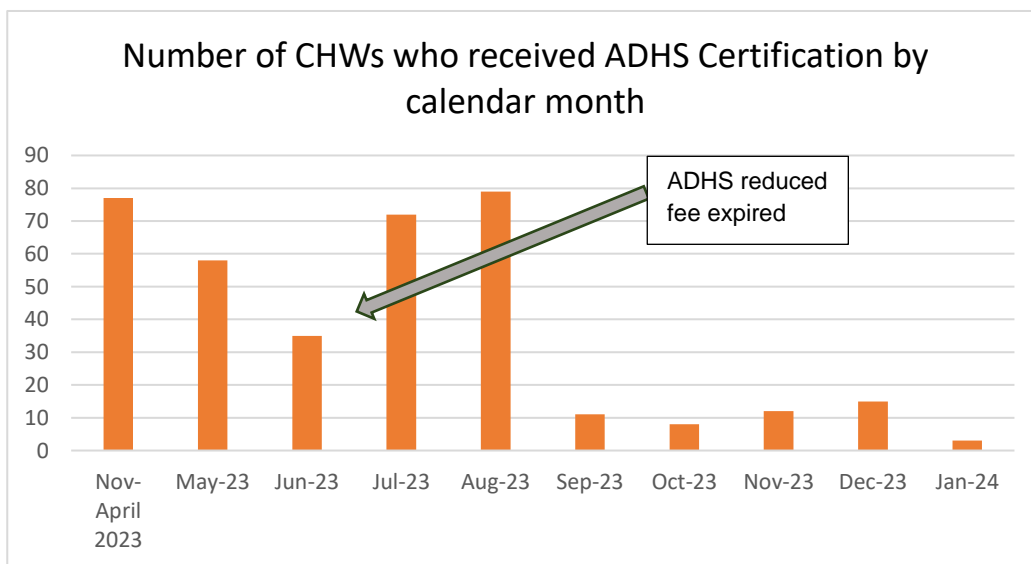
- None of the FQHCs were considering renegotiating their APM/PPS rate to include CHWs because they were already included in their rate. It is difficult to balance CHW costs with the current rate. FQHCs juggle with keeping their costs down, yet getting their rate cut because of it. Additional reimbursement, for example under the BHT rate, while low, would still offset costs
- It was not clear to the FQHCs that certification was required for CHW services to be included in the APM/PPS rate.
- One provider expressed concern that billing for CHWs would narrow their scope of practice to certain tasks and time increments. They preferred to focus on value-based care rather than provider referral.
- One provider recommended working with health care plans to pursue reimbursement, however another plan had already denied a claim based on CHW activity.
- One provider recommended a focus on whole person health as a health outcome, including the social determinants of health.

POLICY OUTCOMES

Measure 5. Eligible CHWs across Arizona are pursuing and obtaining CHW certification

ADHS Registry: As of December 1, 2023, 342 CHWs have been certified in Arizona.

- Of these, 99 applicants (29%) were able to qualify for the \$0 fee waiver, 213 (62%) qualified for the \$1 income-based reduced fee, and 30 (9%) paid the full \$300 fee that includes the \$200 certification and \$100 application fee.
- The drop in certifications in September demonstrate a lag time between an application in June, when the fee waiver was still offered, and receiving certification in September. CHWs were strongly encouraged to apply for certification before June 30, 2023.



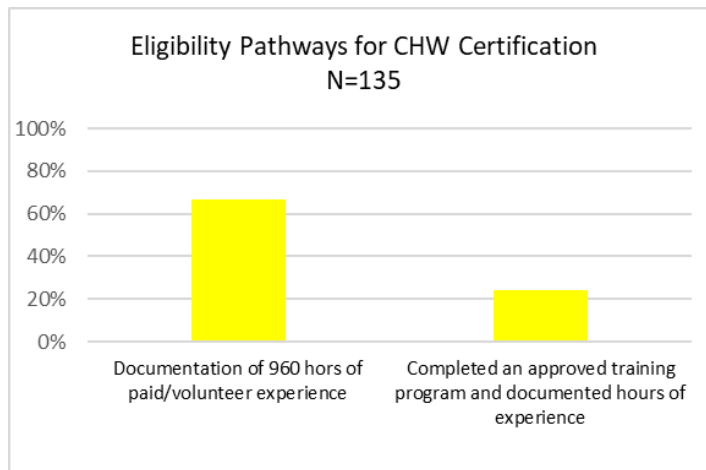
- The drop in certifications in September demonstrates a lag time between an application in June, when the fee waiver was still offered, and receiving certification in September.

CHW follow up survey

Of the 148 CHWs who responded to the question regarding how they paid for certification, 34% received an ADHS fee waiver or reduced income fee.

- Prior to the end of August, 36% received a waiver, versus only 19% of respondents from September through January.
- Among CHW survey respondents, employers paid 22% of the fees prior to the end of August, versus 64% of fees between September and January.

CHW Post Certification Questionnaire: Two-thirds were responding CHWs were eligible based on the requisite 960 hours experience, while the other third documented the completion of an ADHS approved training program along with the required hours of experience.



- Of the 93 respondents to the question regarding the fee, 51 (55%) agreed that the \$300 certification and application fee would be a financial burden.

Measure 6. Increased standardization and integrity of the CHW profession.

CHW Integration Survey – The evaluation committee drafted and piloted a CHW survey regarding their application of core competences and their experiences with integration within their organization and across networks.

Measure 7. Increased provider recognition of CHW profession

AHCCCS CHW Frequently Asked Questions: Update October 2023, recognizes CHWs as a non-physician public health worker with experienced-based knowledge as well as competency-based training.

Measure 8. CHWs have increased sustainable funding streams

AHCCCS CHW Frequently Asked Questions: AHCCCS officially began reimbursing CHW services on April 1st. Based on conversations with AHCCCS, to date, three organizations have billed CHWs services for one unit of 98960 (Education and training for patient self-management). Thus far billing is limited, with under 20 claims to additional evaluation of barriers and identifying strategies to promote the service are warranted.

CMS Medicare Physician Fee Schedule Final Rule FAQs: Includes CHW services under the heading: *Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health Risk Assessment when done in conjunction with E/M or behavioral health visits, or the Annual Wellness Visit, and Principal Illness Navigation Services* as “the services described by the finalized codes are the first that are specifically designed to describe services involving community health workers, care navigators, and peer support specialists.”

Measure 9. CHWs are properly compensated

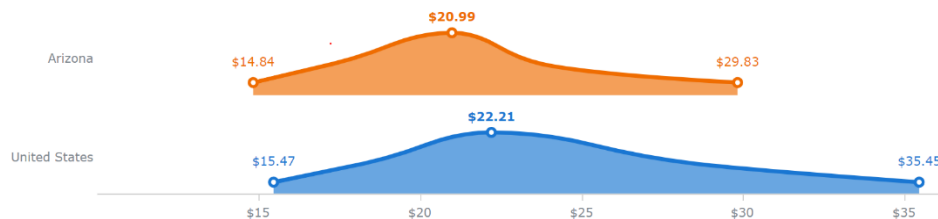
O’NET Online Database:

Annual salaries increased by approximately \$5,000 over a two-year period in Arizona compared to no increase nationally.

CHW Annual Salary		
	2021	2023
Arizona	\$38,604	\$43,660
United States	\$46,144	\$46,190

In Arizona in 2023:

- Workers on average earn 10% of workers earn **\$30,860 or less**.
- 10% of workers earn **\$62,040 or more**
- Hourly wage:



Despite the overall trend upwards in Arizona compared to nationally, attributing salary increases directly to certification is difficult, however.

O’Net data from 2023, shows the comparison of Arizona to other states with certification, as well as with Medicaid reimbursement.

Average Annual Salary by State, 2023		
States with CHW Certification and/or Medicaid Reimbursement		
Arizona	\$43,660	certification-2022; reimbursement-2023
South Dakota	\$34,320	certification-2022; reimbursement-2022
Indiana	\$40,740	certification-2013; reimbursement-2022
Nevada	\$50,110	certification-2014; reimbursement-2022
States without Medicaid Reimbursement		
Texas	\$39,520	certification-1999
Minnesota	\$45,930	certification-2006
New Mexico	\$62,200	certification-2015

It is difficult to discern the impact of CHW certification and/or reimbursement on salaries in the state-by-state comparison. No clear trends emerge from the cross-state snapshot of CHW salaries. High salaries in New Mexico in 2023, appear to be driven by the salaries in Albuquerque and may reflect a misapplied job title. When compared with 2022, the average salary for CHWs in New Mexico is \$46,190.

Training requirements for certification and fees differ across states. In all states except Texas, CHW certification is voluntary. In the four states with Medicaid reimbursement, CHW voluntary certification is required for reimbursement. In South Dakota, the CHW/CHR registry is maintained by the CHW Collaborative of South Dakota and was developed recently (2022) to support Medicaid reimbursement of services. In Texas, New Mexico and Minnesota Managed Care Organizations are encouraged to support certified CHW services, although CHW services are not directly reimbursable.

Conclusion and Next Steps

The CHW VC Evaluation Committee has played an instrumental role in identifying and monitoring the desired outcomes of the CHW certification. Evaluation data about how CHWs feel about certification and their experience in applying for certification helped ADHS to improve the application process and remove barriers to CHW certification. The evaluation committee also identified questions and concerns among providers regarding Medicaid/AHCCCS reimbursement, which resulted in updates and clarifications to the AHCCCS CHW FAQ page.

- CHWs continue to support certification, stressing that licensure recognizes their unique skills and contributions to community health.
- The ADHS fee waiver, employer support and additional grants were key in facilitating certification for the first 300 certified CHWs. The \$300 fee for certification and additional \$200 renewal fee will be a financial burden for CHWs moving forward. The CHW voluntary certification fee impact survey will be crucial advocating with ADHS for lowering the certification fee to match comparable professions. The certification fee for midwives in Arizona, for example, is \$50 and the fee for a licensed nurse's aide is \$50. It is unclear why CHWs are being burdened with a higher fee.
- This first year of evaluation focused on the impact of CHW certification on individual CHWs. In the coming year, it will be important to consider changes happening in organizations that supported CHWs. While the committee has spoken to some providers, continuing to reach out to assess the barriers to reimbursement is essential. Further, it will be important to assess if organizations will pay for CHW certification going forward, or if they will require that the CHWs they hire be certified.
- Two of the five provider organizations interviews mentioned that they were considering other certifications, such as behavioral health technicians that would allow them to reimburse for CHW activities. A cost comparison of the reimbursement rate of other licensures may be informative to advocacy efforts, as well as an examination of how licensure might impact CHW activities.
- The evaluation committee also recommends continued exploration of the impact of certification on those who are certified as well as on those who cannot or do not choose to be certified. Pertinent questions include whether they have more employment opportunities, experience higher compensation, are provided more training opportunities to fulfill the required continuing education requirements, and feel better recognized for their contributions in their organizations. Additionally, it is important to explore the impact of certification on workforce integrity to ensure that certification training requirements are not undermining CHW work and lived experience. We recommend qualitative approaches to explore ways in which voluntary certification might contribute to disparities within the workforce.