

Community Health Worker Voluntary Certification Evaluation
July 2025



A collaboration of:

The Arizona Community Health Worker Association
The Center for Participatory Prevention, Evaluation and Action Research
Arizona Department of Health Services

&

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EXECUTIVE SUMMARY

Evaluation findings summarized in this report examine potential contributions of voluntary certification on community health worker (CHW) job opportunities, improved compensation, and enhanced opportunities for career and educational advancement. While the number of new certifications fluctuates by quarter, **there is consistent growth in the number of voluntarily certified CHWs in Arizona**. Today, all 15 counties have at least one certified CHW. Further, 83% of those due for renewal successfully completed their certification. Certified CHWs report that certification is important in gaining recognition from their employer and their community and that it contributed to their professional growth. Efforts to promote certification by ADHS, AzCHOW and the CHW VC evaluation committee likely contributed to high rates of renewal.

The **cost of certification/renewal** has been an ongoing concern for CHWs, however the full brunt of the \$300 fee was delayed by the provision of scholarships funds from ADHS for the first year of CHW certification. While scholarships funds are still available through AzCHOW, CHWs may not be aware of this resource, as one-third of the CHWs paid the fees for certification/renewal themselves. Our report demonstrates that the fee is a discouragement for CHWs, who earn on average \$21/hour. The original recommendation from the ADHS CHW Advisory Committee was a fee of \$100. There is an argument that the certification cost should be amended to be comparable to that of midwives, who make more than twice the salary of CHWs and pay \$150 for a 2-year certification.

The issue of a **livable wage for CHWs** is exemplified in the fact that one-third of the 630 CHWs who received recertification qualified for the fee waiver as individuals with a family income below 200% of the federal poverty level. While our evaluation indicates a slight increase in CHW salaries over the past several years over the rate of inflation, it is not clear that certification is contributing to higher salaries and CHWs continue to be underpaid. The precarity of the funding environment has had a direct negative impact on the employment of CHWs with major cuts to federal agencies such as the CDC and HRSA that have provided grant funding for the CHW workforce. Protecting CHW jobs with higher salaries is an imperative moving forward.

Increased access to more granular data is needed to accurately assess the intermediate and long-term outcomes of CHW voluntary certification. Access to aggregated AHCCCS claims data would allow us to monitor the provision and location of CHW-reimbursed services that might be correlated to improvements in the quality and accessibility of health and social determinant services and ultimately in improvement in community health. Review of FQCH and other clinical data on the identification and follow up of social determinant of health needs would clarify appropriate application of the CHW roles within clinical settings.

There is a need for more information about the CHW workforce in rural areas, where low provider to population ratios, transportation and insurance status create disproportionate challenges to health care access. This report finds that both the percentage of total CHWs and certified CHWs living or working in rural areas corresponds to the percentage of Arizona's residents who live in rural areas. The 11% of certified CHWs residing in rural areas corresponds to the approximately 10.7% of Arizonans who currently live in rural areas. Only three Arizona counties are designated as mostly rural, Navajo, Apache and La Paz, and the enumeration identified 158 CHWs serving in those counties, again approximately 11% of the total number of CHWs in the enumeration. While it was not possible to evaluate average salaries for CHWs working in rural areas, O-Net data does indicate that CHWs in rural areas earn less than those in metropolitan areas. Future evaluation efforts should assess the impact of the expansion of the CHW workforce on the accessibility and quality of health services and the overall health of the Arizona community.

BACKGROUND

Community health workers (CHWs) are trusted community members who represent individual and communal needs in efforts to address health disparities. In Arizona, 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. In November, 2019, the Arizona legislature directed 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 were:

- 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.

ADHS officially opened a CHW voluntary licensing application on November 9th, 2022. In April of 2023, the Arizona Health Care Cost Containment System (AHCCCS/Medicaid) created a reimbursement pathway for certified CHWs, achieving an important milestone towards CHW sustainability. AHCCCS used broad parameters for covered services that were inclusive of CHWs helping to addressing the social determinants of health (SDOH) for their patients.

Evaluation Approach

Evaluation of CHW VC implementation is guided by the CHW VC Evaluation Committee, a body under the [Arizona CHW Workforce Coalition](#). This open committee meets biweekly to guide an iterative and participatory evaluation process that is responsive to the shifting environment of policy implementation. The committee is convened by the University of Arizona PEAR Center (Center for Participatory Evaluation and Action Research) and includes representatives from AzCHOW and ADHS, as well as other CHWs, CHW supervisors and CHW allies. CHW committee members are central to ensuring that evaluation activities reflect the priorities of the diverse workforce. In January 2023, the committee prepared the year 1 evaluation report ([link](#)), and committee members provide updates at the coalition meetings and at AzCHOW annual meetings.

Evaluation Objectives

Evaluation is focused on measuring the outcomes of three levels of CHW VC impact:

- 1) The CHW workforce (recognition, compensation, job security, career development);
- 2) Organizations employing CHWs (service quality, sustainable programs, reduced costs);
- 3) Communities served by CHWs (health care access; health outcomes, health equity).

The logic model below outlines the indicators and outcomes for each of the three levels.

Community Health Worker (CHW) Voluntary Certification Evaluation				
	Policy Implementation Indicators	Outcomes		
		Short	Intermediate	Long
CHW Level	# of CHWs certified by location, demographics, populations served, & organization type Reasons CHWs become certified Facilitators for re/certification (fee waiver, employer support) Reasons CHW do not become certified/renew CHW satisfaction with VC process Barriers to the application process (fees, process, time)	Increased CHWs with core competency training Increased credibility Increased capacity for personal and professional advocacy Increased capacity to communicate role of CHWs Increased recognition of unique CHW role/relationship with community Increased sense of belonging to the field increased training/support resources	Increased job opportunities Increased salary Increased funding streams. Increased enactment of CHW core roles. Increased integration in community and clinical settings Increased access to professional development Increased advocacy activities Increased sense of respect and value at work	CHW workforce expansion Opportunities for career and education advancement Legitimize CHW role in healthcare system Sustainable reimbursement CHWs included in decision making processes that impact their workforce and community
Organizational Level	# of CBOs that are AHCCCS providers Ways organizations support CHW VC process (pay fees, provide training, require certification) # of organizations identify sustainable financing	Increased under-standing of CHW role core competencies Job descriptions reflect core competencies	Increased flexibility and autonomy in CHW job roles Increased focus on SDOH Increased integration of CHWs into teams. Improved communication between CHWs and other providers & organizations	Increased quality of health care services Increased access to SDOH services
Community Level	# of community organizations employing CHWs. Number of CHW networks	Increased awareness of CHW services Increase in services offered by CHWs Increased utilization of CHW services	Increased cultural responsiveness of community services Improved quality of community services Increased integration of services across a continuum of clinical care and SDOH. Increased organizational focus on SDOH	Increased utilization of health and SDOH services Improved health outcomes for individuals and community members
Properly Compensated, Valued, Respected, Recognized, and Increase Health Equity				
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Properly Compensated, Valued, Respected, Recognized, and Increase Health Equity				

Evaluation Methods

Committee members employ qualitative and quantitative data methods, and the evaluation plan includes both primary data collection and secondary data analysis. 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. The purpose is to learn about CHW experience with voluntary certification in order to make recommendations on ways to improve the process.
- CHW Fee Impact Survey: In response to ongoing concerns about the cost of certification, in 2024, the committee readministered this survey to understand the impact of fees on CHW decisions to become certified.
- Survey for CHWs who renew their certification: Within one month of certification renewal, CHWs receive an email link to a RedCAP survey with an invitation from AzCHOW and the committee to fill out the survey.
- The [CHW Organizational Inventory and Enumeration](#), initially funded by ADHS and now supported by the PEAR Center, provides an estimate of CHWs in Arizona. While the estimate is an undercount of CHWs, this enumeration allows for a comparison between the number of certified CHWs and the CHW population as a whole as well as providing information about where CHWs work versus where they reside.

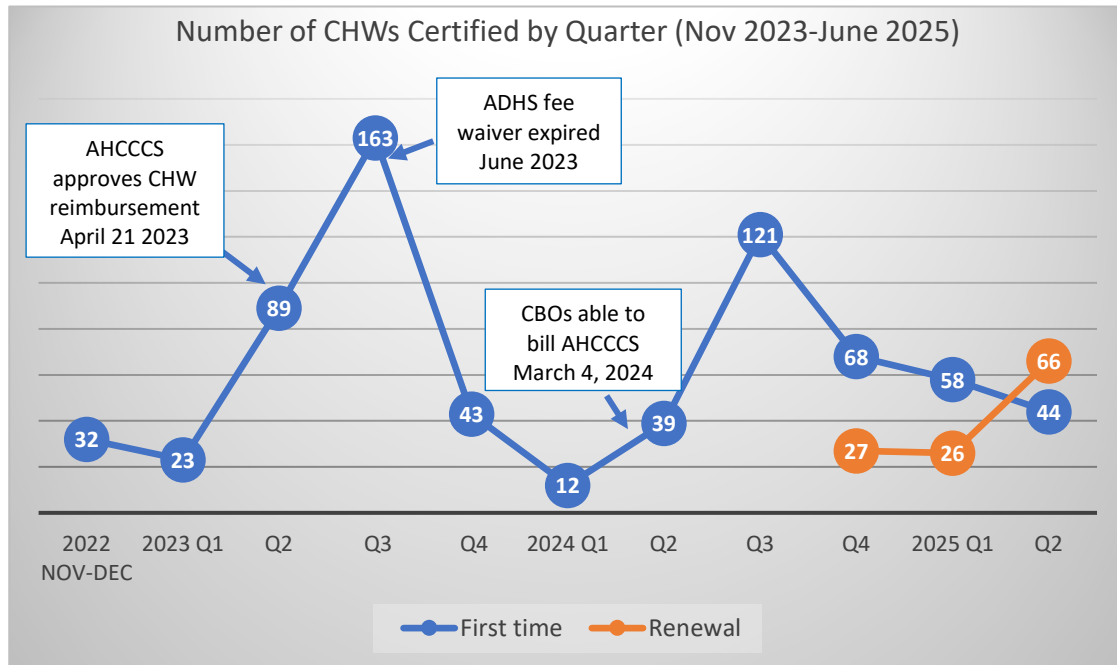
Secondary sources

- [CHW certification and demographic information](#) is tracked by the AHDS licensing department.
- AHCCCS Registered Providers: The AHCCCS website provides [a list of CBO CHW organizations](#) that are approved to bill for CHW services under designated codes.
- AHCCCS claims data: AHCCCS has aggregated information on CHW provider claims for 2024. Information the number and type of provider filing claims for CHW services, (claims vs. approval percentage) medical conditions underlying their referral to a CHW, and the type of issues addressed in the CHW interaction.
- [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.

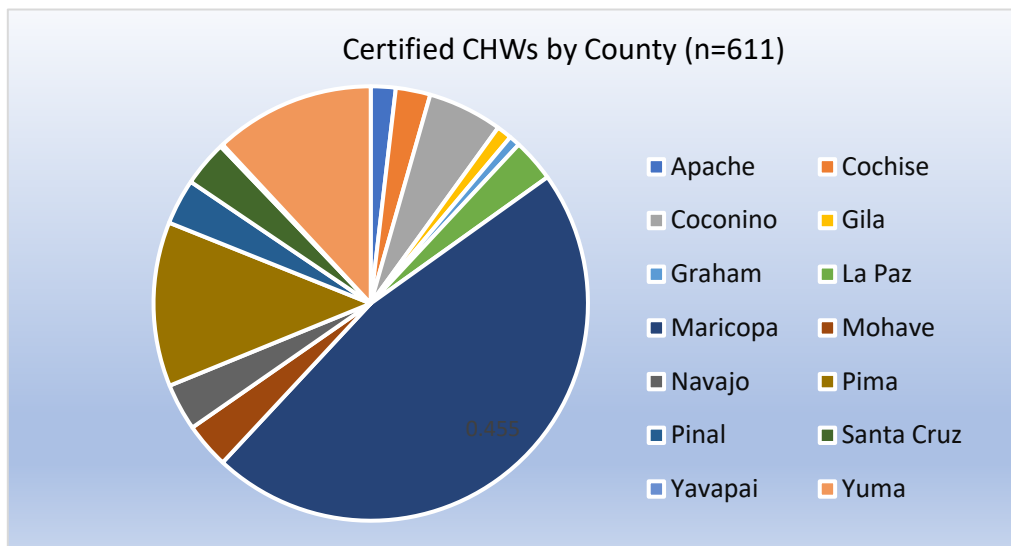
EVALUATION RESULTS

Status of Community Health Worker Voluntary Certification

As of June 2025, 630 CHWs have been certified in Arizona. Two-year renewal became due for 144 CHWs beginning in November 2024, and 83% (119 CHWs) applied for renewal within the 3-month time frame.



CHWs are certified in all but one county. Of the 611 certified CHWs who reported county of residence, over half reside in urban counties of Maricopa and Pima (56%) and 70 (~11%) live in rural or rural/suburban areas. These include CHWs living in Navajo (n=7), Apache (n=9) and LaPaz (n=19) counties and living in rural zip codes of parts in Mojave (n=19), Pima (n=3), Coconino (n=2), Graham (n=5), Gila (n=5) and Cochise (n=1) counties.



CHW Enumeration by County

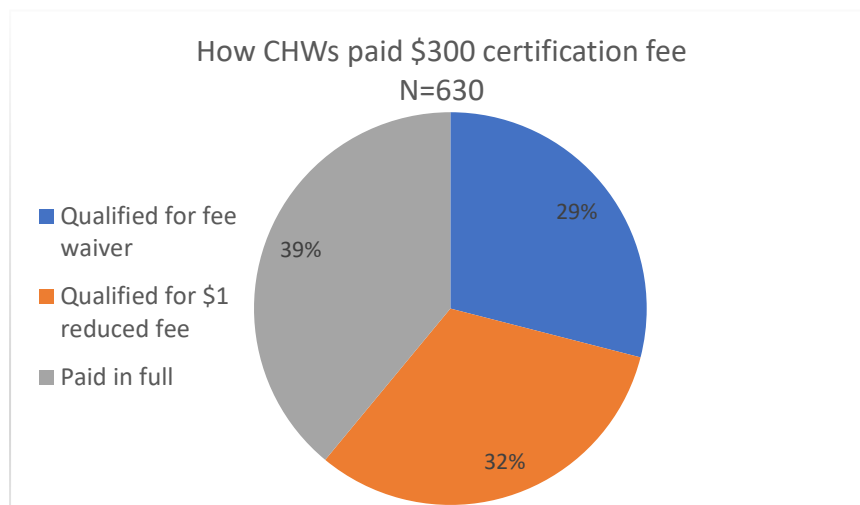
The CHW Organizational Inventory and CHW Enumeration identified **1,385 CHWs in all 15 counties and 14 of 22 tribal nations in Arizona**. Based on this estimate, approximately 45% of CHWs are currently certified by ADHS. The CHW enumeration is based on organizational affiliation, and thus estimate is a lower than the actual number of CHWs in Arizona. The ADHS licensing registry documents the number of CHWs by county of residence, while the CHW enumeration documents CHWs by place of employment.

Comparison Between Enumerated CHWs to Certified CHWs by County			
County	Enumeration estimate*	ADHS registry of Certified CHWs	Relative proportion of certified CHWs
Apache	19	11	58%
Cochise	24	15	62%
Coconino	61	33	54%
Gila	31	7	23%
Graham	0	5	
Greenlee	0	0	
La Paz	28	19	68%
Maricopa	685	278	40%
Mohave	11	19	73%
Navajo	102	21	21%
Pima	184	74	40%
Pinal	31	20	65%
Santa Cruz	49	21	43%
Yavapai	10	1	10%
Yuma	79	72	91%
*Estimate is lower than actual number			

A comparison between the enumerated CHWs and certified CHWs reveals some differences in rates of certification by county. La Paz County, for example, has the highest rate of certification with 19 of 26 (73%) CHWs certified. Only one of five (20%) enumerated CHWs in Navajo, a rural county, are currently certified.

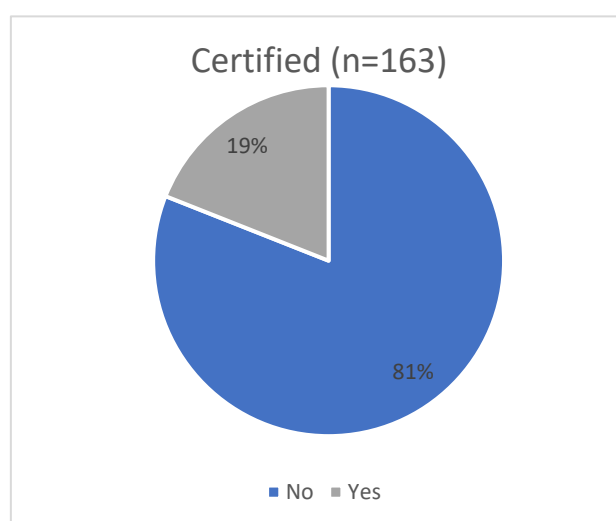
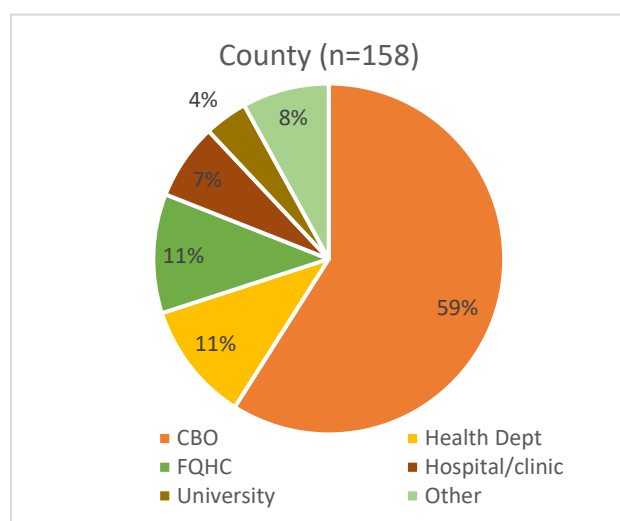
Cost of Certification

The ADHS \$300 application fee and \$200 renewal fee is three times higher than the fees recommended by the ADHS Advisory Council during the CHW Voluntary Certification rulemaking process. The cost has been an ongoing issue for CHWs who are interested in certification. While a third were able to get a scholarship to pay the certification fee, and a third qualified for a reduced fee based on their income level, an increasing proportion of CHWs are paying the full fee (~40% to date) as financial assistance becomes less available.

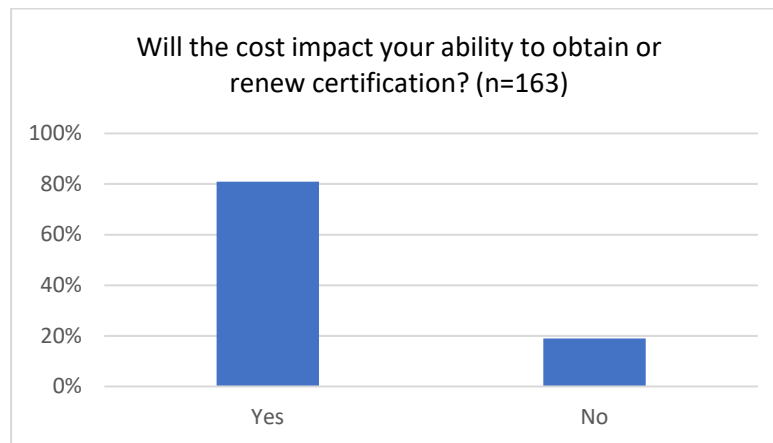


CHW Fee Impact Survey

The survey was administered through AzCHOW and other CHW networks between January and March, 2024. A total of 176 responded, although not all the surveys were complete. CHWs from 14 of Arizona's 15 counties responded to the survey with over half (54%) from Maricopa County. CHWs working in community-based organizations (CBOs) were strongly represented, making up more than half (58%) of the 158 CHWs who responded to this question. The majority of respondents (81%) were not certified.



Of the total respondents, **81% reported that the cost of certification or certification renewal would be a financial burden**. There was a small difference between the proportion of certified versus non-certified CHWs reporting a financial burden (78% and 82%, respectively).



Nearly all of those responding to the survey (86%) have a total household income that falls under the federal poverty line. By law, certification fees would be waived for these individuals.

Survey respondents who qualify for the 200% FPL designation (n=154)		
	Number	Percent
Qualifies for 200% FPL	132	86%
Does not qualify for 200% FPL	22	14%
Total	154	100%

Many CHWs expressed concern about the high cost of the certification fees compared to their low salaries. They noted that the cost of certification imposes a burden on their household budgets that they would not be able to afford.

- "Those are \$300 I could use for rent or groceries, especially now that everything is so expensive."
- "As a CHW in my organization, I live paycheck to paycheck and it would take a lot for me to organize myself to afford this extra expense."
- "I will have to renew my certification every 2 years however the \$200 is a very large amount to charge for it. So I will have to plan accordingly. I kept an EMT cert for 20 years and the renewal was a tenth of the price."
- "I would probably prioritize essential bills, i.e., rent, water, gas, and diapers, overpaying \$300. If that fee was waived then I would no doubt renew my application and proceed with CHW duties."

CHWs noted that they would delay or forego certification and renewal based on the current fee structure.

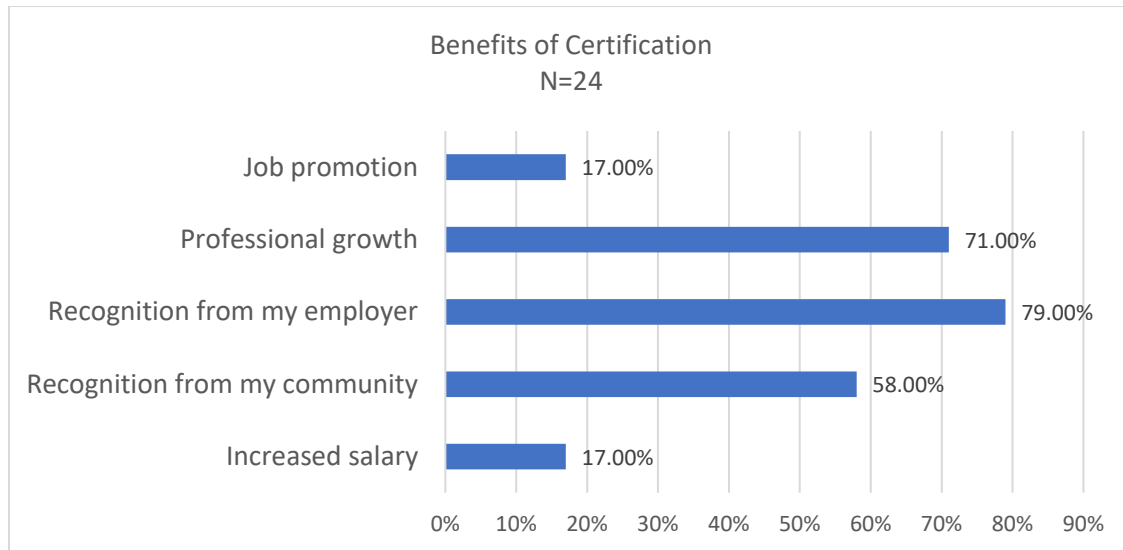
- "I would seriously consider not seeking certification because of the cost."
- "I won't be able to afford it."
- "I already saved the money for the initial cost but If at the time of renewal I don't have the money I won't be able to renew."

Several participants mentioned that they rely on employer support to cover the fee, and that they would not be able to get or maintain their certification unless their employer pays for it. Several of the participants who noted that the fee would not impact their ability to obtain or renew their certification noted that their employer has committed to paying for the fee.

- “Our funds are dependent on grants that our organization receives, so I may have to pay it myself and I don’t have the funds to pay it.”
- “I need to verify with my agency and supervisor to determine if it can be covered by my budget. If I have to pay for it out of my family budget, I am not sure if this would take priority over other professional and personal goals.”
- “I think this is expensive and If my employer is willing to pay the fee I will get certified”

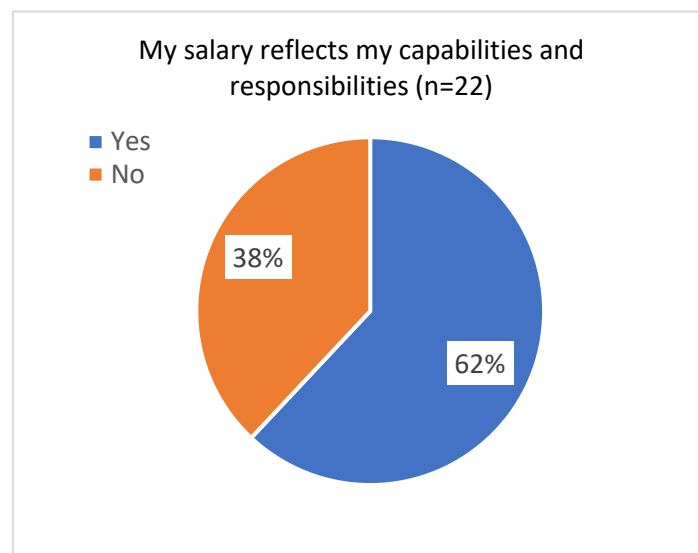
Certification Renewal

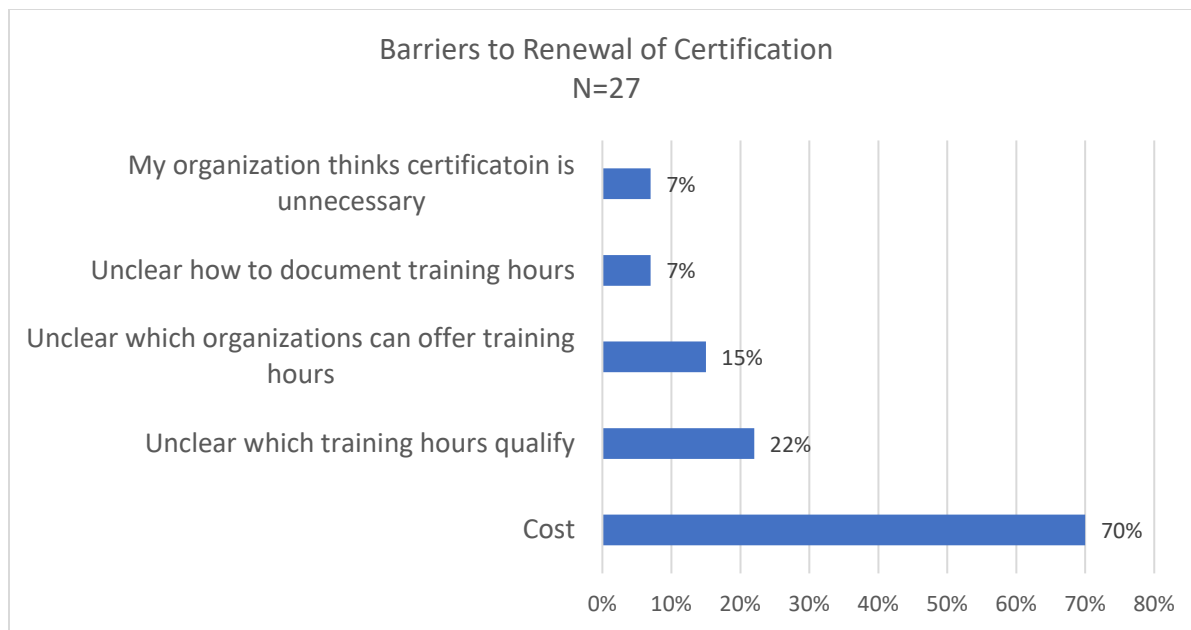
To date, 33 of 144 CHWs who have renewed their certification filled out the certification renewal survey (23%). Of those surveyed, 24 (75%) reported that they had experienced benefits of being certified. Similar to the responses of CHWs being certified for the first time, recognition from their employer (79%) and community (58%) were important, as was professional growth (71%). Job promotion and salary increase was reported by four of the 24 CHWs.



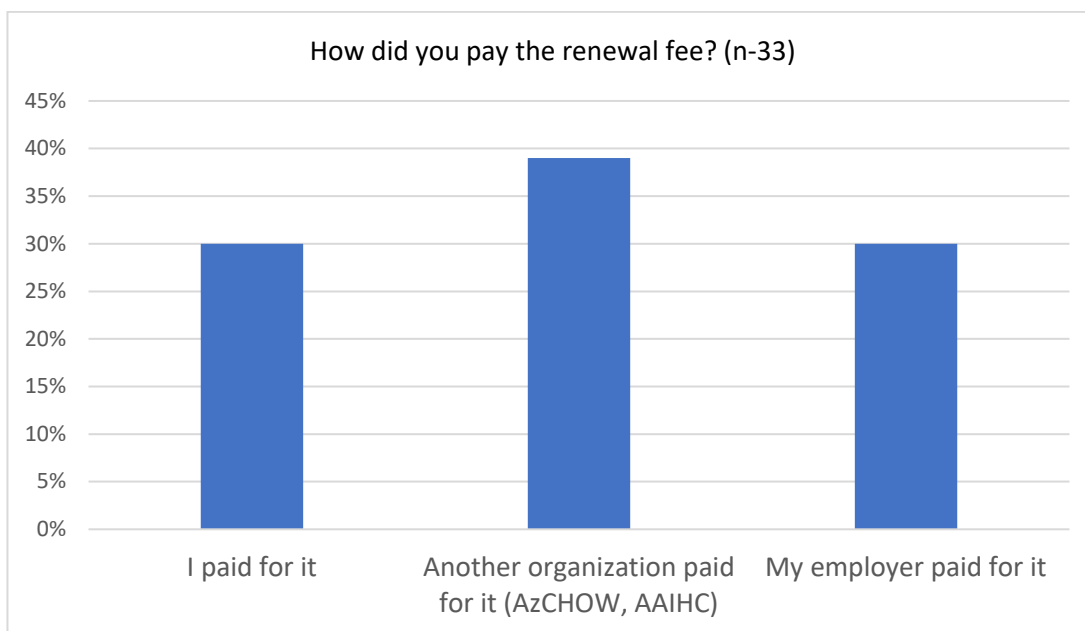
Other comments about benefits included:

- "I'm not sure if I've truly had any benefits being certified but I know it makes me feel more validated having the license."
- "Helping with the organizing of the system and workforce."

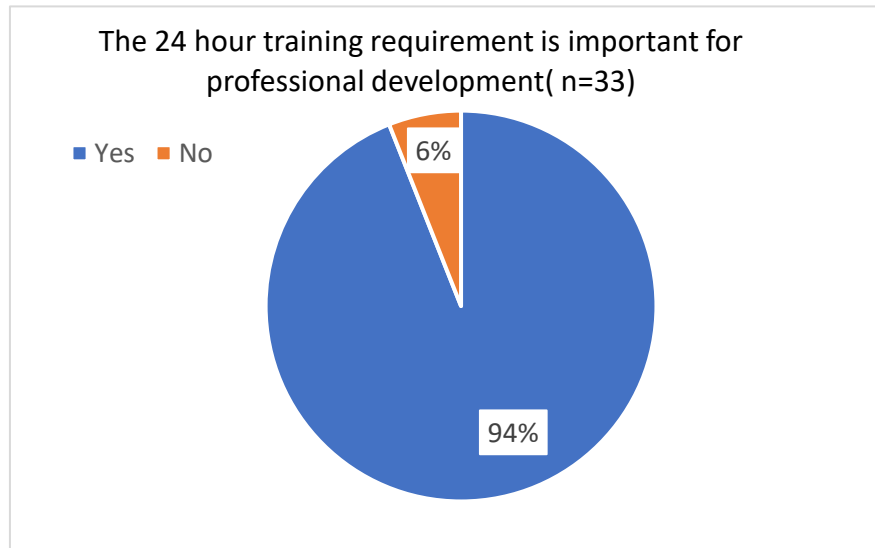




With cost being the greatest barrier to renewal of certification, employers play a key role in covering the \$200 fee. Scholarships from AzCHOW and the Advisory Council on Indian Health Care covered the cost for 13 of the 33 CHWs who responded. Ten of the 33 CHWs responding to the survey paid the fee themselves.



While the survey demonstrates some confusion about which organizations can offer training hours and how to document training hours, those who responded strongly supported the requirement for recertification.



Many of the CHWs support training requirements to help them sharpen their skills, stay current on latest information, and learn about different health topics.

- I believe it is necessary as services and resources to community change. There is always an update on how services may be rendered better.
- Like for any certification you need to relearn a topic or go through a training to relearn or enforce information that is important to the certification. I would suggest attaching CEU class certifications to be uploaded and submitted with other documents for recertification.
- I think the trainings help us to become more well-rounded in other topics we may not necessarily focus on. For example, I focus a lot on the needs of the migrant community, but due to the CE requirement, I have taken trainings on other topics such as Alzheimer's and disparities in health care between genders.
- Porque es muy importante seguir tomando talleres para llevar más información a nuestras comunidades para seguir trabajando, informándose una forma correcta a las personas.
 - Because it is very important to continue taking workshops to help us continue to share valuable information with the community, informing them in the right way

One respondent saw the professional development as uplifting to the workforce:

- I definitely think it is important to have expansive educational momentum going into the building of a profession as new and important as this! CHW's are poised to be the most versatile workforce in the lntegrated care as well as value-based care models, therefore, it is IMPERATIVE we are diverse not only in culture but also in capacity.

The one CHW who explained their lack of support for training hours was concerned about the number of hours and the difficulty in getting training during work hours.

- Es demasiada información en tan pocas horas y se quieren impartir en tiempos y días que se dificultan para quienes trabajamos.
 - It is too much information in too few hours offered on days and times that are difficult for those who work.

CHW Medicaid Reimbursement

On April 1, 2023, the Arizona Health Care Cost Containment System (AHCCCS), began allowing [registered health care providers to bill for CHW services](#). Subsequently, they created an avenue for community organizations to become AHCCCS providers and also bill for CHW services. **Twelve CHW organizations are currently registered with AHCCCS**, up from 0 CHW organization providers in January 2023. We were only able to ascertain that one CBO is successfully billing at this time.

Name	City/Town	Organization Type	Rural-serving	Currently Billing
Aim Healthcare Providers,	Gilbert	Health Care	No	
Arizona Center For The Blind and Visually Impaired	Phoenix	CBO	No	
Campeños Sin Fronteras	Somerton	CBO	Yes	
Cristina's Closet	Yuma	CBO	No	
Fsl Programs (All Thrive)	Wickenburg	CBO	Yes	
Home Assist Health	Phoenix	Home Care		
Hope Pathways LLC	Mesa	Mental Health	No	
Maes Place	Surprise	CBO	No	
Televeda	Phoenix	CBO Management	No	
Tempe Community Action Agency	Tempe	CBO	No	
Unlimited Potential	Phoenix	CBO	No	Yes
Valley of the Sun YMCA	Phoenix	Non-Profit	No	

AHCCCS Claims Data

AHCCCS provided a summary of CHW provider claims for January – December, 2024.

- Organizations filed a total of 302 CHW provider claims. Only 7% of these were from AHCCCS registered CHW organizations (e.g., community-based organizations) while the remaining claims were from AHCCCS registered health providers. Most (94%) were from Maricopa county.
- Of the approved claims, type 2 diabetes (60%) and hypertension (17%) were the most common diagnosis. Other conditions included alcohol abuse/dependence, depression / anxiety Disorder, Asthma, and a few others
- Approximately one-fourth (23%) of the CHW claims were denied. About a third of the denied claims were because they were filed by registered dietitians who are not eligible to bill for this service. Another 30% of claims were denied because the patient also had Medicare insurance (in addition to AHCCCS) and the Medicare coverage information was not provided, as required.

CHW Compensation

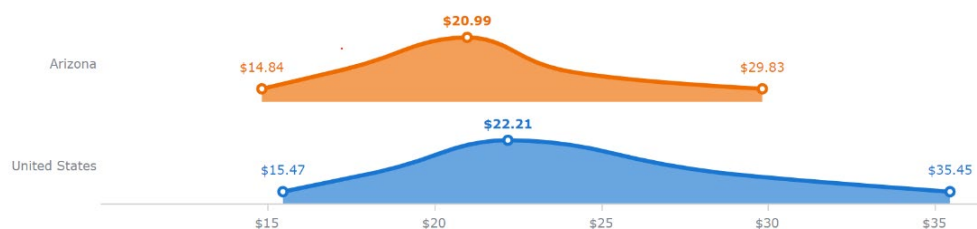
O'NET Online Database:

Annual salaries increased by approximately \$5,000 over a two-year period in Arizona and Nationally.

CHW Annual Salary			
	2021	2023	2025
Arizona	\$38,604	\$43,660	\$48,050
United States	\$46,144	\$46,190	\$51,030

In Arizona in 2023:

- 10% of CHW workers earn **\$37,570 or less**.
- 10% of CHW workers earn **\$62,040 or more**
- Hourly wage:



- Salary data in 2023 showed a trend upwards in Arizona compared to no change in salaries nationally, which may have been attributable to certification.
- In the past two years Arizona and national CHW wages increased by about \$5,000
- The salary increase is double the approximately 5% cumulative rate of inflation over the past two years, reflecting an approximate 2.5% increase in CHW salary over the rate of inflation both in Arizona and nationally.

It is difficult to discern the impact of CHW certification and/or reimbursement on CHW salaries in a state-by-state comparison using O'Net data. No clear trends emerge from the cross-state snapshot of CHW salaries.

CHW Median Salary by Region		
Location	Annual Median (50%)	Hourly Median (50%)
Arizona	\$48,050	\$23.10
Yuma, AZ	\$38,980	\$18.74
Arizona nonmetropolitan area	\$46,420	\$22.32
Flagstaff, AZ	\$50,850	\$24.45
Phoenix-Mesa-Chandler, AZ	\$48,950	\$23.54
Tucson, AZ	\$46,590	\$22.40

Regionally, CHW salaries are highest in the Flagstaff area and lowest in Yuma County. Non-metropolitan areas have salaries similar to the city of Tucson, but lower than the other major metropolitan areas of Phoenix and Flagstaff.