

A Contrast Review of Community Health Worker Training Programs and Standardized Education

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ABSTRACT

Community Health Workers (CHWs) are trusted individuals who bridge communication gaps between community members and healthcare providers. CHWs perform a myriad of services within their scope of practice to promote the health and wellness of the communities they serve, including health education and outreach efforts. This study examines CHW programs and criteria from three higher education institutions in three states; Ohio, Indiana, and West Virginia, and provides contrasting information on program standards, populations served, and workforce development. Two of the institutions are in the Appalachian region. Community health work is tailored to each community's unique challenges and opportunities. By reviewing the training programs in these locations through a critical lens, this study aims to identify the successes and opportunities to improve program criteria and how they are developed and deployed to impact CHW capacities. Moreover, specific challenges and disparities are revealed.

The value is that by offering insight of CHW programs, the goal to advance public health becomes more attainable. Consequently, as researchers we have a responsibility to understand the current landscape and identify opportunities for CHWs to expand their role in achieving health equity. Throughout the review, strengths and opportunities for improvement are identified in all three programs. Addressing the identified vulnerabilities paired with the establishment of standardized criteria will fortify each program's resilience and contribute to the overall advancement and standardization of CHW training initiatives on a broader, and possibly global scale.

Keywords: Appalachia, Community Health Workers, Higher Education, Training, Workforce Development

Community Health Worker Training Programs

Community health workers (CHWs) are pivotal in public health because they reduce communication gaps and barriers in healthcare and promote overall health in communities [1]. These frontline health workers are the impetus for connecting individuals to resources that impact health outcomes. This review explores three training programs for individuals seeking to become community health workers and discusses the distinctive approaches employed in three institutions across three states that provide CHW training.

Community health work is tailored to each community's unique challenges and opportunities. By reviewing the training programs

in these locations through a critical lens, this study aims to identify the successes and opportunities to improve program criteria and how they are developed and deployed to impact CHW capacities. Moreover, specific challenges and disparities are revealed. Consequently, as researchers we have a responsibility to understand the current health landscape and identify opportunities for CHWs to expand their role in achieving health equity. This journey of exploration and discovery will illuminate the diverse pathways taken by three institutions and their efforts to empower and equip community health workers for success.

There are twenty-five states that have a formal CHW training program, or a state recognized CHW association or organization [2]. Two of the states and institutions of higher education in this study fall into this category, the third has no standardized training requirements though they are forming a workforce consortium

rather than a CHW association. To preserve anonymity of the individuals and the institutions of higher learning, only titles are indicated in the personal communication citations.

Additionally, there are ten states that are guided by a legislative body that have established a formal advisory board or group to make training and certification recommendations [3]. Ohio is the only state in this review that falls into this category.



Figure 1: Map of Three States in Contrast Review

Note: Figure adapted from [4].

Community Health Worker Program #1

The first program discussed is offered by a university that is in the Appalachian region in Ohio, a mid-western state. The program is non-academic and approved as a certified CHW training site by the Ohio Board of Nursing (OBN) [5]. Participants are eligible to apply for certification through the OBN after successfully completing the required training program.

The program was developed in 2015 after the Medicaid Technical Assistance & Policy Program (MedTAPP) released grant funding to higher education institutions in Ohio to develop a CHW program and was certified as an approved training site in 2017 by the OBN (CHW Program Director, personal communication, January 29, 2024). From the program's inception through December 2023, there have been 302 participants who have enrolled in the program and 138 have been certified through the OBN. Additionally, 73 participants are either currently in training or are completing their clinical hours, and 80 participants who are already employed are enrolled in an apprenticeship program.

Training Requirements

Participants are required to complete 100 hours of comprehensive classroom instruction through a hybrid of synchronous remote sessions, in-person sessions, and asynchronous learning activities including readings from a textbook and completing assessments remotely through a learning management system [6]. After successful completion of the classroom portion, participants are required to complete 130 hours of fieldwork/clinical experience under the supervision of a healthcare professional such as a licensed social worker or nurse. Participants must then document their hours worked and complete twelve separate logs describing activities completed during the practicum to be eligible for OBN certification. Other requirements include achieving legal adult age (18) and successful completion of high school (diploma) or the general education diploma equivalency (GED) prior to certification. Applicants must also be fingerprinted and pass a federal criminal background check and pay the application fee.

The number of required hours for classroom, practicum, and the application for certification process is standard for all approved training sites in Ohio. There are currently fourteen approved CHW training programs throughout the state [5]. Ohio Administrative Code (OAC) also recognizes certification from other states, or a government certification that indicates the person may practice as a CHW [7]. Qualified individuals in Ohio may submit documentation with their application to the OBN for certification.

Certification is valid for two years with renewal on March 31st of each odd numbered year. For the first renewal period, no continuing education is required. For each subsequent renewal, 15 hours of continuing education including one hour of Category A (pertaining to Ohio law and rules), and one hour of ethics pertaining to establishing and maintaining professional boundaries must be completed [8]. Disciplines for the remaining hours may include but are not limited to nursing or social work disciplines that aim to improve skills and/or knowledge to promote professional development and improve the quality of healthcare.

The program at this university in Ohio is currently supported through federal, state, and organizational grants and funding, and includes stipends for qualified participants and the agencies that serve as clinical training sites (CHW Program Director, personal communication, January 29, 2024). Additionally, participants are equipped with a vitals kit which includes a stethoscope, a blood pressure cuff, and a textbook.

Curriculum

There are twelve identified topics and multiple sub-topics required by the OBN and the Ohio Administrative Code [9]. A few specifics include medical terminology, basic anatomy, basic life support (BLS), health education related to pregnancy, infants, and young children, the aging process, and community outreach.

Health literacy is introduced when discussing community outreach in the sense of meeting clients where they are, and what influences their behavior change. In the most basic terms, personal HL refers to an individual's ability to find, understand, and use information to make informed decisions about their health [10,11]. Health literacy is also integrated into student presentations near the end of the classroom training when they present a chosen disease or condition to their peers. This assignment promotes the relationship between students and their future clients by creating access to find, understand, and apply information to improve their health.

Each training module includes an assessment to measure learning in which students must pass with a score of 80% or higher. Each assignment offers multiple attempts so that the participant has the opportunity to review the module content, improve performance, and pass the assessment.

The CHW program curriculum is updated after every session, as the program runs in parallel with academic semesters (CHW Program Director, personal communication, January 29, 2024). Incorporating participant evaluations is paramount in addition to the standards and competencies from OBN, and adjustments in content are ongoing to provide a curriculum rich in relevant material. Updates include cultural and special health populations,

technical aspects of healthcare, and innovative components that afford a more comprehensive approach to community health. By integrating cultural education and special health topics, the experience is intended to offer further development of skills and knowledge for those learning to navigate the complexities of healthcare needs when serving diverse communities.

Recruitment

A formal application process has been developed to assess the needs of future cohorts as the program continues to grow (CHW Program Director, personal communication, January 29, 2024). Because the program has expanded to all regional campuses, each campus recruits through press releases and agency and community partners. Most applicants are already interested in the training, and others are directed to the program through the department website within the University and by word of mouth. As a result of the quality of the program, organizations have contracted directly with the University to train their own trainers to prepare new hire CHWs for certification.

In further discussion of the impact of the program, high schools within the region have recognized the value of certifications and are working with the University to develop a pilot program to deliver the training to high school seniors (CHW Program Director, personal communication, January 29, 2024). Although 18 is the required age for certification, students can participate in the training and practicum hours and apply for certification after their 18th birthday.

Additionally, an estimated 500 CHWs are employed by Pathways HUB contracts, where employers pay for the training and certification [12]. There are 12 certified HUBs in Ohio. The Ohio Community Health Worker Association (OCHWA) also exists, and potential trainees are often directed to this program through their website, or through the OBN website.

Identified Barriers

The certification process for CHWs in Ohio has direct oversight by the OBN, to ensure that individuals meet the necessary qualifications and standards to effectively serve their communities. However, a potential source of confusion arises from the requirements of nursing continuing education. CHWs perform a multitude of community-based tasks that are often associated with social workers. Without clearly defined criteria for CHWs, necessary education requirements are ambiguous as the scope of practice for each profession is vastly different. Additional activities that do and do not meet continuing education requirements are identified in the Ohio Laws & Administrative Rules [13]. For example, integrating other interprofessional continuing education activities may further blur lines in scopes of practice when considering the unique skill sets involved. As a result, this could lead to inaccuracies in assessing CHW proficiencies and competence, which impacts the overall quality of healthcare services a CHW provides.

Populations Served

The program has extended its reach throughout the region and the state, achieving higher inclusivity. Participants from varying backgrounds offer meaningful contributions to their communities (CHW Program Director, personal communication, January 29,

2024). The program's initial launch was in a community where many participants were relatively educated, primarily White, and included a few individuals from nearby recovery programs. Expanding throughout Southeast and Central Ohio provided a shift in demographics as members from Hispanic, Black, and Somali immigrant communities were represented. Rich dialog and co-learning occur with the diverse participant age range, and inclusive and diverse perspectives are visible as the program continues to evolve.

Pathways

Community health worker training is designed to provide education on essential skills and knowledge in public health (e.g., patient advocacy, health education, vital signs, etc.). This program serves as a first step for participants to acquire fundamental knowledge and to build pathways for future certifications while inspiring them to set achievable career goals. The program has been instrumental in participants seeking certifications including application assistants and insurance navigators, which enables them to facilitate health insurance applications for individuals in need (CHW Program Director, personal communication, January 29, 2024). Others have opted to enroll in higher education, pursuing careers as social workers or nurses, and seek specialized training such as Mental Health First Aid. The program provided a safe and supportive environment to build confidence as well as exploring further education. The training has proven to be a catalyst for personal and professional growth and development through a solid foundation of skills and knowledge.

Challenges

The challenging reality of this program is that it relies on support and buy-in from organizational leadership. The absence of the traditional business model requires the program director to advocate for the program strategically and constantly through external funding and emphasize its value to communities and the University. The director believes that despite the absence of immediate financial returns, the program will yield dividends in the long run and provide visibility for the University as it provides valuable pathways for individuals in the region and aligns with the broader mission of the University and the community it serves (CHW Program Director, personal communication, January 29, 2024).

The program faces an additional challenge in teaching capacity. Developing and sustaining any robust program requires substantial collaborative effort. This program relies on faculty members with diverse backgrounds as well as community members, guest lecturers, and other specialists in healthcare fields. The current structure utilizes part-time contributors and is impacted by their availability. The reality is that the continued success of the program is determined by a few individuals who are committed to community service and to the future growth and development of CHWs. Herein lies an opportunity to dedicate full-time personnel to enhance content and delivery that is efficient and effective. However, this circles back to sustainability in that personnel permanently dedicated or assigned to the program is unlikely when the program is funded by external resources and the continued availability is unknown from year to year.

Moving Forward

The need for community health work in this region is evident, and a successful program must be able to sustain itself independently of its creator. With a significant presence in Appalachian Ohio, stakeholders now have the opportunity to further workforce development.

The creation of the Community Health Worker Center of Excellence is imminent and opens avenues for supporting CHWs in Appalachia and beyond. A core objective of the Center is disseminating awareness of the roles and certification requirements of CHWs in Ohio. This also provides the opportunity to expand Medicaid reimbursement for CHW services through further research and legislation.

The University is one of many stakeholders who recognize the impact of CHWs in the region and supports the Community Health Worker Center of Excellence, and this program in particular. The value of lived experiences and advocacy for equitable compensation are paramount to the recruitment and remuneration processes. A future aspiration is to develop a career ladder for CHWs, solidifying the program's commitment to professional growth and development of this essential healthcare role (CHW Program Director, personal communication, January 29, 2024).

Community Health Worker Program #2

The next program discussed is offered by a university that is in a mid-western state. The program is non-academic and approved for CHW training through the Indiana Community Health Worker Association (INCHWA).

Established in 2022 under the vision of INCHWA, this program is funded by the U.S. Department of Health Resources and Service Administration (HRSA) and may include stipends for individuals [14]. The curriculum for initial certification is delivered through a combination of virtual synchronous and asynchronous sessions. As of December 2023, there have been seventy-seven individuals who have successfully completed the initial certification training, with an additional eighty-five individuals on a waitlist (Clinical Associate Professor, personal communication, December 6, 2023). Advanced training becomes available upon the completion of the initial certification, with nineteen participants having completed it as of December 2023.

Training Requirements

This program mandates participants to fulfill 140 hours of training distributed across a seven-week period at a rate of 20 hours per week (Clinical Associate Professor, personal communication, December 6, 2023). Notably, the University does not directly administer the training; instead, it is outsourced to an accredited agency recognized by INCHWA as a certified CHW training organization. Currently, four (4) organizations are acknowledged as training vendors for this curriculum in Indiana [15,16].

Though certification is not mandatory for CHWs in Indiana, it is recommended that they demonstrate core competency proficiencies [15]. Additionally, services provided by CHWs may be reimbursed by Medicaid if they fall within the parameters of the Indiana Health Coverage Programs. Continuing education, though not required for certification maintenance,

is recommended. INCHWA facilitates continuing education opportunities through two membership levels.

It is also noted that CHW certification is possible through INCHWA's experience track [15]. If a participant has completed training by an organization not recognized by INCHWA in Indiana, and they have worked or volunteered for at least one-thousand hours within the last year, they can provide documentation and pay a fee to become certified through INCHWA. As mentioned above, CHW certification in this state does not expire, and although continuing education is encouraged, it is not required.

There are three levels of training offered through this university; initial certification, advanced training, and an apprenticeship which is under development. Participants must have a high school diploma or the General Education Diploma (GED) to participate (Clinical Associate Professor, personal communication, December 6, 2023).

Curriculum

The initial certification encompasses ten pivotal topics that are crucial for comprehensive Community Health Worker proficiency. These topics include communication skills, engagement skills, motivational interviewing, cultural understanding, prevention, chronic illness, behavioral health, home visiting, outreach, and advocacy [14]. For effective learning, participants receive a comprehensive textbook and engage in assessments throughout the program with minimum passing scores on each assessment. Participants must also successfully complete the final exam with a passing score of 85%. It is noted that basic life support and medical terminology are not included in this curriculum.

Health literacy is strategically woven into discussions on communication, outreach, and advocacy, recognizing its integral role in empowering CHWs to effectively engage with diverse populations. The curriculum undergoes periodic revisions aligning with the recertification process every three years under the auspices of INCHWA (Clinical Associate Professor, personal communication, December 6, 2023).

Advanced training builds upon the foundational knowledge acquired during initial certification and delves into broader public health essentials. The content of this advanced curriculum includes the 10 Essentials of Public Health [17], in addition to telehealth, information security, infectious disease, vaccine hesitancy, and emergency preparedness (Clinical Associate Professor, personal communication, December 6, 2023). Similar to the initial certification, basic life support and medical terminology are not covered in the advanced training curricula.

The program is committed to staying current with emerging trends and best practices, ensuring that CHWs receive up-to-date and relevant information. This dedication to continuous improvement aligns with the dynamic nature of healthcare, positioning CHWs to address evolving health needs effectively in their communities.

Recruitment

Potential CHW candidates are identified and engaged in the recruitment process through strategic channels including

INCHWA, the University's Department of Public Health, community partnerships, and collaborations with local pharmacies. Recruitment efforts align with the demand for CHWs to ensure a responsive and dynamic approach (Clinical Associate Professor, personal communication, December 6, 2023). Emphasis is placed on fostering partnerships with various community entities to establish a comprehensive network that not only identifies prospective trainees but also integrates their training within the fabric of community needs.

Cohorts are thoughtfully prioritized based on the prevailing demand and the requirements of community partners (Clinical Associate Professor, personal communication, December 6, 2023). This strategic approach ensures that the training programs are tailored to address specific needs within the community, fostering a symbiotic relationship between the University, respective CHW trainees, and the diverse array of partners involved. Currently high school students are not a target population as the community demand is a priority (Clinical Associate Professor, personal communication, December 6, 2023).

Through intentional recruitment strategies and cohorts that are partner-based, the University strives to create a robust and responsive environment that not only meets the demand for CHWs but also aligns with the evolving landscape of community health. This collaborative and demand-driven approach underline the commitment to producing highly skilled and community-oriented CHWs who can effectively contribute to the well-being of the populations they serve.

Identified Barriers

For as many opportunities that exist for this program, there are also identified barriers. With only four recognized INCHWA training programs, cohorts are limited and prioritized by public demand. Access to information about CHW training programs, application processes, and the potential benefits of becoming a CHW can be limited, particularly in certain regions or communities. There may be missed opportunities for interested individuals with reduced outreach and information dissemination efforts. Effective outreach is essential for ensuring that valuable information reaches a broader audience, fostering inclusion and maximizing the initiative's reach and effectiveness.

Trainees need support systems that include mentorship and professional development opportunities. When these components are present, the successful integration of CHWs into the workforce is maintained. A lack of support can affect retention rates and the overall effectiveness of CHWs in their roles. Moreover, financial and logistical constraints are likely existing barriers for many people entering the workforce.

Understanding and addressing these barriers requires collaboration between educational institutions, healthcare organizations, community leaders, and policymakers. By effectively identifying and addressing challenges that communities face, Indiana can promote a more robust and diverse CHW workforce that can provide the healthcare needs of its communities.

Populations Served

CHWs in Indiana serve diverse populations across the state. Specific communities identified by this program are immigrant populations, specifically Burmese; rural communities, and the aging population (Clinical Associate Professor, personal communication, December 6, 2023). CHWs are funded through the state's Medicaid, Area Agencies on Aging, and YMCA grants. While funding is limited to reimburse services, it is also limited for training. It is important to note that CHWs' roles are versatile. The specific focus and target populations may vary based on the goals of the CHW program and the healthcare needs of the communities they serve in Indiana.

Pathways

The University recognizes the unique skillset and role that CHWs play in their communities (Clinical Associate Professor, personal communication, December 6, 2023). Identified pathways include healthcare navigator, outreach specialist, health communications specialist, and chronic disease health educator. Community Health Workers often follow diverse pathways to enter and advance in their roles and can vary based on individual educational backgrounds, training programs, and the requirements of different employers.

Challenges

The primary obstacle encountered by this training program revolves around the formidable challenge of meeting demand. The heightened demand presents a multifaceted dilemma, necessitating a comprehensive and strategic approach to ensure the continued effectiveness and accessibility of training initiatives. The program's popularity supports the relevance and pressing need for skilled workers in the field (Clinical Associate Professor, personal communication, December 6, 2023). While the demand is encouraging, meticulous planning and resource allocation are required to accommodate a growing number of participants without compromising the quality of education in the training provided.

Another growing pain is prioritizing cohorts within communities (Clinical Associate Professor, personal communication, December 6, 2023). Balancing the demand across different demographics and ensuring equitable access to training resources is imperative. Moreover, the University does not have staff dedicated to teaching this program or becoming a recognized training facility. Although involved in the initial development, limitations warrant that training is outsourced and therefore, involvement is limited.

By adopting a forward-thinking mindset, implementing adaptive strategies, and leveraging collaborative networks, the goal is to transform the challenge into an opportunity for growth, innovation and an enduring impact on the communities served.

Moving Forward

A specific vision for this program could not be obtained. However, it is suggested that for creating sustainability, outlining a strategic and forward-thinking plan that includes diversifying funding sources, establishing additional partnerships and collaborations, and demonstrating the impact and successes are imperative.

Additionally, exploring ways to integrate the program into existing communities, healthcare, or the education system would increase the likelihood of the program becoming sustainable. Expanding recognized training programs across the state would increase availability to rural communities and those in remote locations. Advocating for policies that support the goals and objectives of the program by engaging with policy makers to advocate for sustainable practices within the broader healthcare or community development context can provide long-term benefits.

Community Health Worker Program #3

The third program identified is offered by a medical school in West Virginia, which is considered a mid-Atlantic state, and the only state that is fully within the Appalachian Region [18]. The program is non-academic, and although participants receive a certificate of completion, no regulating body exists within the state to standardize curriculum. Originally developed in 2011 by two faculty members of this medical school (Director of Education and Research, personal correspondence, January 22, 2024), CHWs are trained as Community Health Education Resource Persons (CHERP). The program offers three levels of training, and all courses and materials are offered in an online format that are self-paced, and in some cases may be available in-person at several locations in the region.

Program development was initially funded from a foundation grant and is currently supported by a National Institute of Health (NIH) grant (Director of Education and Research, personal communication, January 22, 2024). As of January 2024, 270 participants completed the first level of training, and 100 participants completed level 2. It is noted that those who completed the second level of training were either employed and able to afford the cost, or the employer paid the fee for the participant (Director of Education and Research, personal communication, January 22, 2024).

Training Requirements

The first level of training includes 15-20 hours of curriculum through asynchronous learning activities focusing on wellness. The course is at no cost to the user unless they desire a certificate of completion, which entails a \$55 fee (Director of Education and Research, personal communication, January 22, 2024). In order to participate, individuals must be eighteen or older in age and have earned a high school diploma or the general education diploma (GED). Applicants are not required to complete a criminal background check or have any prior training other than to have basic computer skills. The second level of training encompasses health promotion and becomes available after the first level is completed. The fee is \$75. The third level is currently in the pilot stage with a fee of \$110.

Curriculum

The initial phase of this training program (level 1) was formally evaluated and reported [19]. When initially developed, courses were delivered in person where students met one time per week for three hours over five weeks with the final exam offered in the sixth week, or in a condensed version where students met all day for two days, and the exam was offered on the third day. The COVID-19 pandemic necessitated the move to an online platform that is currently utilized for nearly all training.

The first level consists of wellness perspectives including disease continuum, communications, and ethics to provide a foundation for future courses and teach participants how to communicate effectively (Director of Education and Research, personal communication, January 22, 2024). There are eight training modules and three case studies which include assessments and a final exam. Participants must pass with a score of 80% or higher, and the option exists to retake the exam if the participant does not pass on the first attempt.

The second level includes nine units covering topics such as community-based research, telehealth, advocacy and capacity building, preventive health, and safety and emergency preparedness (Director of Education and Research, personal communication, January 22, 2024). This course is also self-paced and takes 30-40 hours to complete.

The third level consists of eighteen units and contains information on chronic disease management such as diabetes and cancer, and social determinants of health (Director of Education and Research, personal communication, January 22, 2024). Health literacy is discussed through a cultural lens throughout the offerings as there are many diverse cultures within the rural areas of the state with varying measures of formal education. West Virginia is one of the poorest health ranked states in the United States [19]. At the time of the interview, the program curriculum was under revision to meet recommendations from the National Association of Community Health Workers (NACHWA) (Director of Education and Research, personal communication, January 22, 2024).

It should be noted that although West Virginia has no formal standardized curriculum or CHW association, partners and stakeholders were in the process of developing a consortium for workforce development at the time of this study (Director of Education and Research, personal communication, January 22, 2024).

Recruitment

This program recruits through collaborative events with local organizations and through community health fairs. Local connections and engaging community partners are in the forefront to identify and attract individuals who align with program goals (Director of Education and Research, personal communication January 22, 2024).

Extending the reach to high school seniors is under advisement (Director of Education and Research, personal communication, January 22, 2024). The aim is to identify prospective participants early in their educational journey and provide career options upon graduation. The initiative is a forward-thinking approach to eventual talent acquisition while maintaining the high standards and values that define the program. In this approach, individuals are prepared to contribute meaningfully to the community and have options to enter the workforce.

Identified Barriers

Examining the Community Health Worker Program (CHERP) revealed several barriers. Geographic disparities, such as topographical diversity in mountainous areas and a dispersed population poses challenges in providing standardized and accessible CHW training programs. Rural and remote

communities often lack access to educational resources, hindering the equitable distribution of training opportunities.

Limited funding and resources offer insufficient financial support for CHW training programs, which preclude the implementation of comprehensive curricula and ongoing professional development or continuing education (Director of Education and Research, personal communication, January 22, 2024). The rapid integration of technology in healthcare necessitates digital literacy skills for CHWs. Additionally, there are disparities in access to technology, particularly in rural areas where digital or technological infrastructure may be underdeveloped, inaccessible, or non-existent. Adequate funding is essential to ensure the quality and sustainability of CHW training initiatives. Without adequate funding, these initiatives may face challenges such as limited accessibility, reduced training quality, and difficulty in retaining skilled CHWs, ultimately impacting the overall effectiveness of community health services.

Another associated barrier is the reimbursement structure. Medicaid in West Virginia only reimburses CHW services if they are employed by a managed care organization (MCO) (Director of Education and Research, personal communication, January 22, 2024). Not all Medicaid providers are part of an MCO, and funding is limited to cover expenses that are not reimbursed. Many local providers and clinics in rural communities fall into this category.

To address these barriers, a collaborative effort should be taken by stakeholders, policymakers, and education at all levels to further develop the CHW workforce. Having intimate knowledge of communities and mitigating these and other barriers not identified in this review, there are opportunities to develop a more robust and inclusive CHW training infrastructure that impacts the future health and well-being of the West Virginian population.

Populations Served

The population of West Virginia consists primarily of rural communities. In as such, the demographics consist of an aging population, as well as Black communities and a growing number of immigrants (Director of Education and Research, personal communication, January 22, 2024). A considerable amount of the population is low income and underserved. Individuals who complete the program often provide outreach to clients without health insurance, helping them to understand healthcare options, community resources, and preventative care.

Pathways

The CHERP program opens doors for many residents in West Virginia. Developed by a medical school, the opportunity exists for participants to further their education in healthcare as licensed professionals and paraprofessionals. Several have forged on to become registered nurses or social workers (Director of Education and Research, personal communication, January 22, 2024). Although no formal metrics exist on additional formal education, participants stay connected with CHERP program personnel to update them with their educational progress.

Challenges

A significant challenge that the program faces is that the general public and healthcare professionals have little awareness of the

role and significance of CHWs and may not know they exist (Director of Education and Research, personal communication, January 22, 2024), which further delays integration of CHWs into healthcare systems. Additionally, it is not uncommon for CHWs to experience job burnout.

A second significant challenge is the absence of a standardized training curriculum in West Virginia (Director of Education and Research, personal communication, January 22, 2024). Standardization would afford quality and consistency of training programs and lay the foundation for legislation to address skill gaps and promoting workforce development.

Moving Forward

Establishing standardized curriculum and certification are at the forefront, along with the overall sustainability of the program. Both are linked to professional development and are fundamental for migration into the state's healthcare system. Standardization affords a baseline of competencies for CHWs and identifies the skills and knowledge needed to serve communities with diverse needs. Furthermore, it brings credibility to the profession in the healthcare industry.

Sustainability is more than availability of resources and funding. For a program to be sustainable, strategic planning and innovation are an ongoing process. Actions include developing partnerships with healthcare organizations, community leaders, policymakers, and legislators. Partnerships have a significant impact when building a resilient and adaptive workforce.

Discussion

The primary goal of this project was to examine and contrast between the three CHW programs developed by three universities across three states to identify any existence of standardized curriculum and the certification criterion (see Table 1).

Table 1: Comparison of Criteria by State

Criteria	Ohio Program #1	Indiana Program #2	West Virginia Program #3
Standardized Curriculum	ü	ü	
Required Clinical/Field Hours	ü		
Recognized Certification	ü	ü	
State CHW Association	ü	ü	
Required Continuing Education	ü		
Sustainable Funding			
Recognized Training Program(s) by a Governing Agency	ü	ü	

Age Requirement (18)	ü	ü	ü
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Program #1

Located in Ohio, is a comprehensive training program that includes classroom and field/practicum hours for certification. Additional levels of training are not needed to achieve competencies of skill and/or knowledge to obtain certification. In Ohio, curriculum and requirements are under the auspices of the OBN and are enforced by the Ohio Administrative Code. The specific program under review not only met, but exceeded the requirements outlined by the OBN, and little to no financial burden is realized by the participant. Certifications are renewed every two years on odd numbered years and expire on March 31st.

Program #2

Located in Indiana is delivered by one of four recognized training organizations in the state. While standardized curriculum, recognized certification, and a CHW association exists in Indiana, completion of clinical/practicum hours are not required for certification. There are three levels of training, with the first being the only one required for certification. The second level provides context on broader public health essentials. The third level for apprenticeship is under development. Once certification is achieved, continuing education is not required, and certification does not expire.

Finally, West Virginia’s program (#3) was developed and delivered by a medical school. Standardized curriculum and certification authority do not exist in this state. There are three levels of training available, with the third being offered as a pilot program. Although this program has the longest standing, it is also the least developed. A consortium for workforce development is in its infancy.

While each program demonstrated strengths in their respective regions, all programs had vulnerabilities related to financial and longitudinal sustainability. For example, each program identified depends on external or grant funding for operational program and resource needs. The programs reviewed have established partnerships and buy-in from stakeholders and community members, though none are at a point where they are self-sufficient.

Limitations

The programs identified in this contrast review are supported by public universities in their respective states. Only one program in each state was studied in order to contrast and provide an overview of both the standards and limitations of the specified program and state. Future research should include multiple programs in each state, and/or additional states for program analysis.

Conclusion

Public health benefits from CHWs. They work to reduce communication gaps, barriers in healthcare, and promote overall health in communities. Participants who complete the CHW training programs gain skills and knowledge in health promotion, disease prevention, and community outreach.

Many CHWs integrate into primary care settings, collaborating with healthcare professionals to bridge patient education and advocacy gaps. Some opt for roles in community-based organizations, where they play a crucial part in designing and implementing health programs for specific populations. Other opportunities for CHWs exist in public health departments, contributing to the development and execution of community health strategies.

Additionally, CHWs have roles in social services and addressing social determinants of health. As a workforce development initiative, the diverse skill set acquired through CHW training opens doors to professional pathways in healthcare, allowing individuals to contribute substantially to improving overall community well-being.

Throughout the review, strengths and opportunities for improvement have been identified in all three programs. While these programs strive to meet the needs in their communities, we must recognize the importance of strategic planning and innovation as essential elements for the continued success and vitality of each program. Addressing the identified vulnerabilities, paired with the establishment of standardized criteria, will fortify each program's resilience, and contribute to the overall advancement and standardization of CHW training initiatives on a broader scale.

Finally, as time changes, what we know about health changes. We should require continuing education for CHWs to stay up to date on skills, knowledge, and scope of practice. While continuing education is required in Ohio and is standardized, curriculum and certification requirements are not standardized in other states. This review revealed limited HL education in the curriculum. A recommendation is that there should be a standardization of curriculum and training across all fifty states, and policies should require continuing education units and make them accessible so that they are not a financial burden.

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