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October 17th 2025

MEMORANDUM

TO: The Honorable L. Louise Lucas
Chair, Senate Finance Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Vice Chair, House Appropriations Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: Certified Community Health Worker Evaluation Report

This report is submitted in compliance with the Virginia Acts of the Assembly – Chapter 510, which states:

The Department of Health (the Department) shall evaluate the status of certified community health workers in the Commonwealth and submit a report on its findings to the Chairs of the Senate Committee on Finance and Appropriations and the House Committee on Appropriations and the Director of the Department of Planning and Budget. Such report shall include information on the number of certified community health workers employed by the Department and local health departments; the types of services provided by certified community health workers as well as performance and outcome measures for such services; the need for additional certified community health workers to meet demands for services provided by the Department and local health departments; any nonstate resources

used to fund certified community health workers; and descriptions of contracts entered into by localities to provide community health services. Such report shall be submitted by November 1, 2025.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/KB
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

CERTIFIED COMMUNITY HEALTH WORKER EVALUATION REPORT

REPORT TO THE GENERAL ASSEMBLY

2025

VIRGINIA DEPARTMENT OF HEALTH

PREFACE

The Virginia Department of Health is proud to present the Certified Community Health Worker Evaluation Report as mandated by Virginia Acts of Assembly, Chapter 510. This shall be made available to the General Assembly by November 1, 2025.

EVALUATION REPORT CONTRIBUTORS

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EXECUTIVE SUMMARY

The Virginia Department of Health (VDH) is mandated by the Virginia Acts of Assembly, Chapter 510 to evaluate the status of certified community health workers (CHWs) in the Commonwealth and submit a report on its findings to the Chairs of the Senate Committee on Finance and Appropriations and the House Committee on Appropriations and the Director of the Department of Planning and Budget. The report shall be made available on November 1, 2025. The report provides data on the number of certified/non-certified community health workers employed by the VDH, including local health departments (LHD), types of services provided by CHWs, as well as performance and outcome measures for such services. In addition, the report highlights opportunities to support future CHW workforce needs by VDH and LHD, non-state resources used to fund community health workers, and descriptions of contracts entered by localities to provide community health services.

REPORT HIGHLIGHTS

1. The Bureau of Labor statistics estimates 1,380 CHWs are employed across the state.

2. As of July 2025, 366 individuals held active CHW certifications through the Virginia Certification Board for Certified Community Health Worker. The certified population is majority Black or African American and between the ages of 40-59 with over 50% having some level of post-secondary education.

3. The VDH CHW workforce is comprised of 75 staff assigned across 27 health districts and one CHW Coordinator assigned to VDH's Community Health Services (CHS). The 75-district level CHW staff include 47 VDH classified and wage employees and 28 contract staff. The largest number of CHW work in the Central region. The Northwest region has the smallest number of CHWs.

4. The ten approved certification training providers in Virginia (between January 2024 – June 2025) trained 898 individuals nationally with 564 being Virginia residents.

5. CHW practice is aligned with the core roles outlined by the National Council on CHW Core Consensus Standards. The most frequent role for CHWs in LHDs is conducting outreach (89%), followed by resource navigation (81%), health education (78%) and care coordination/case management (74%).

6. Unite Virginia data shows that between June 2024 and June 2025 VDH CHWs served a total of 3,939 clients and managed a total of 6,383 cases. The most common needs identified through the platform include food assistance, individual & family support (Benefits Navigation), clothing & household goods, housing & shelter and mental/behavioral health services.

7. Between June 2024 – June 2025, 93 CHW positions at VDH were lost due to the ending of several federal grants.

INTRODUCTION

REPORT MANDATE

In accordance with the Virginia Acts of Assembly, Chapter 510 the Virginia Department of Health is mandated to evaluate the status of certified CHWs in the Commonwealth and submit a report on its findings, which shall be made available to the General Assembly.

WORKGROUP ACTIVITIES

A workgroup team, consisting of the VDH central office staff, representatives from LHDs, and various external partners worked collaboratively in the planning and development of this report. The group met ad hoc periodically from April to September 2025, to develop a survey design plan and timeline for data collection, identify other sources of CHW data, review/analyze data, and support report development.

REPORT OUTLINE

The report provides an overview of the Certified CHW workforce across the Commonwealth along with the Certified and non-certified CHW workforce across VDH. The report includes data on the number of CHWs trained by approved CHW training providers, data on CHW services, and the impact of services on communities. The report concludes with a description of future CHW workforce needs and the funding landscape for CHWs.

COMMUNITY HEALTH WORKER EMPLOYEE PROFILE

A community health worker (CHW) is defined by the American Public Health Association, as a "frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served." This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery[1]. The term community health worker is also used interchangeably with other titles including outreach worker, lay health promoter, family advocate, peer leader, and *promotores de salud*. The Bureau of Labor Statistics data estimates that 1,380 CHWs are employed across the state[2]. Virginia is one of at least five states that manages CHW certification through an independent credentialing organization, the Virginia Certification Board (VCB). Virginia Code § 32.1-15.1. was adopted in 2020 codifying the requirements to assume the title certified community health worker (CCHW).

According to the VCB, a CCHW is defined as a person who (i) applies his(her) unique understanding of the experience, language, and culture of the populations he(she) serves to promote healthy living and to help people take greater control over their health and lives and (ii) is trained to work in a variety of community settings, partnering in the delivery of health and human services to carry out one or more of the following roles: (a) providing culturally appropriate health education and information; (b) linking people to direct service providers, including informal counseling; (c) advocating for individual and community needs, including identification of gaps and existing strengths and actively building individual and community capacity[3].

Certification requirements consist of the following: 1) One year of full-time or 2000 hours of part-time volunteer or paid employment within the last 3 years of application date, 2) Copy of current community health worker volunteer/job description, obtained from current organization, which must be signed by both the applicant and their immediate supervisor, 3) 120 hours of supervision of qualifying work experience in the CHW domains, and 4) 60 total hours specific to seven core competency "domains" within the last three years. All 60 hours must be from a VCB

[1] American Public Health Association. (2025, September 4). Community Health Workers. American Public Health Association. https://www.apha.org/apha-communities/member-sections/community-health-workers#:~:text=A%20community%20health%20worker%20is,understanding%20of%20the%20community%20served.

[2] U.S. Bureau of Labor Statistics. (2023, May). Occupational Employment and Wages, May 2023 21-1094 Community Health Workers. https://www.bls.gov/oes/2023/may/oes211094.htm

[3] Virginia Certification Board. (2025, Sept). Certified Community Health Worker (CCHW). Virginia Certification Board. https://www.vacertboard.org/cchw

accredited CHW training provider[4]. The fee to process the initial application is $100 which is paid directly to the VCB.

CERTIFIED COMMUNITY HEALTH WORKERS IN VIRGINIA

As of July 5, 2025, 366 individuals hold active CHW certifications in Virginia through the VCB. Half of these CCHWs identify as Black or African American (50%). Twenty-five percent of CCHWs identify as Caucasian, and 17% identify as Hispanic or Latino. Eighty seven percent of CCHWs are female. Over 53% of the CCHW population is between the ages of 40 – 59. CCHWs report varying levels of educational attainment with 43% report obtaining high school diploma and/or attending some college. Fifty-two percent of CCHWs have some level of post-secondary education (Figures 1 – 3).

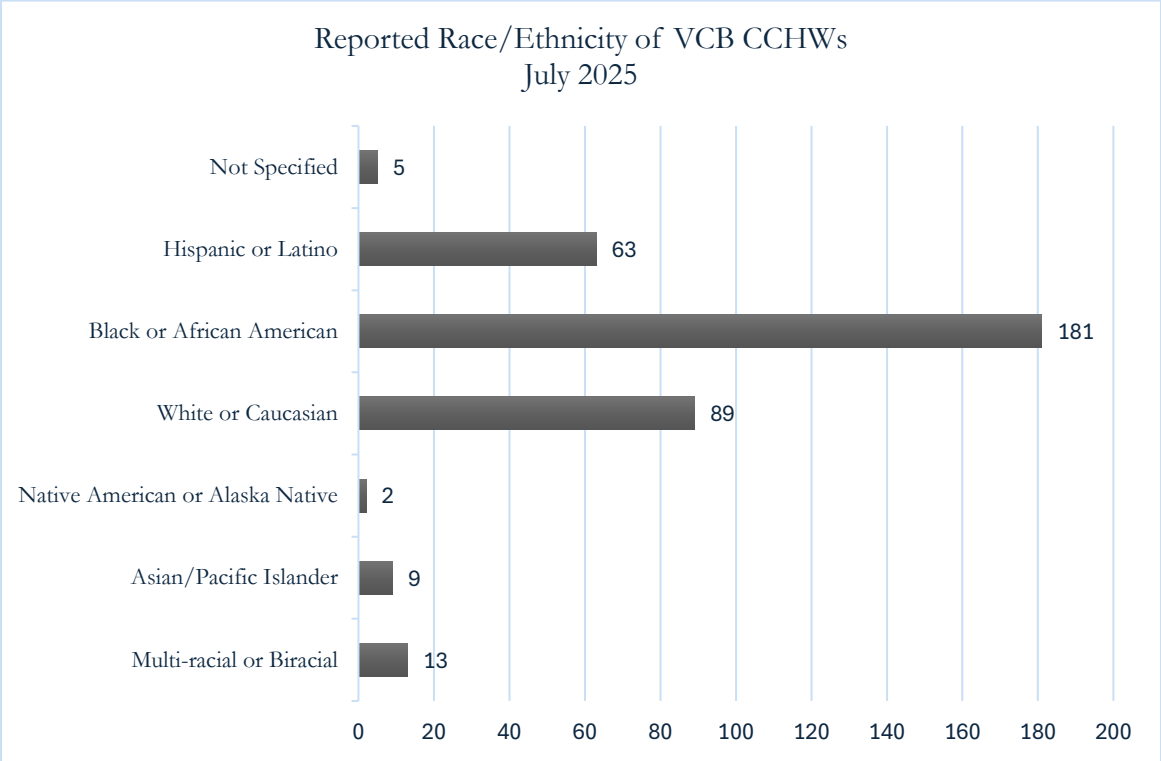

Figure 1: Reported Race/Ethnicity - Current CCHWs in Virginia, as of 2 July 2025[5]

[4] Virginia Certification Board. (2025, September). Certified Community Health Worker (CCHW). Virginia Certification Board. https://www.vacertboard.org/cchw

[5] Data provided by the Virginia Certification Board, July 2025

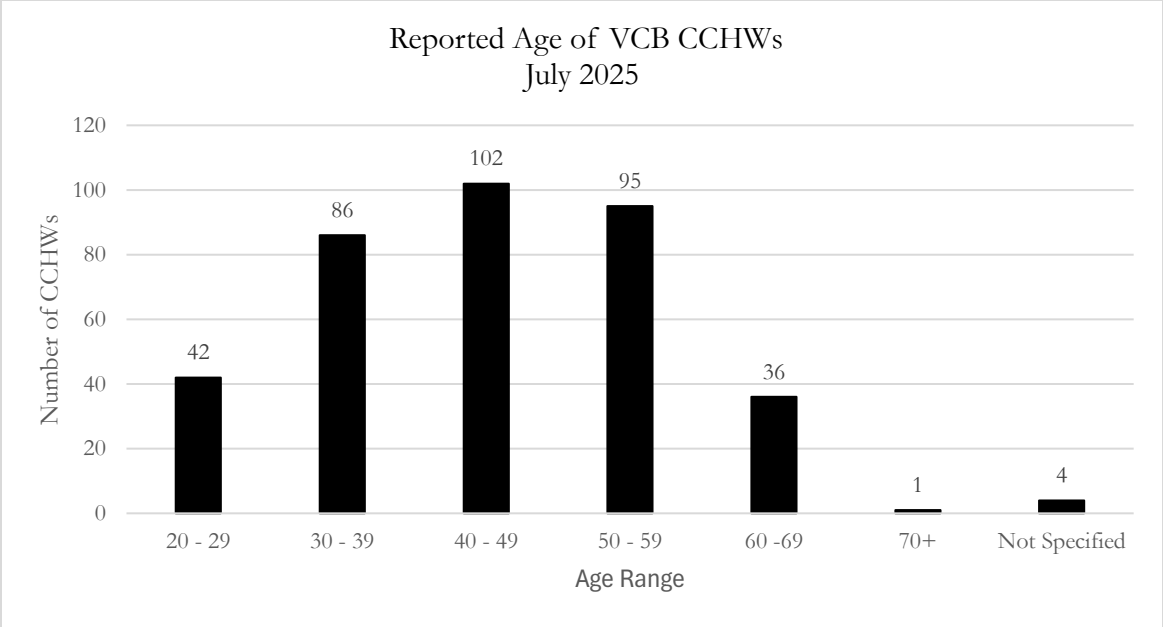

Figure 2: Reported Age – Current CCHWs, as of July 2, 2025[6]

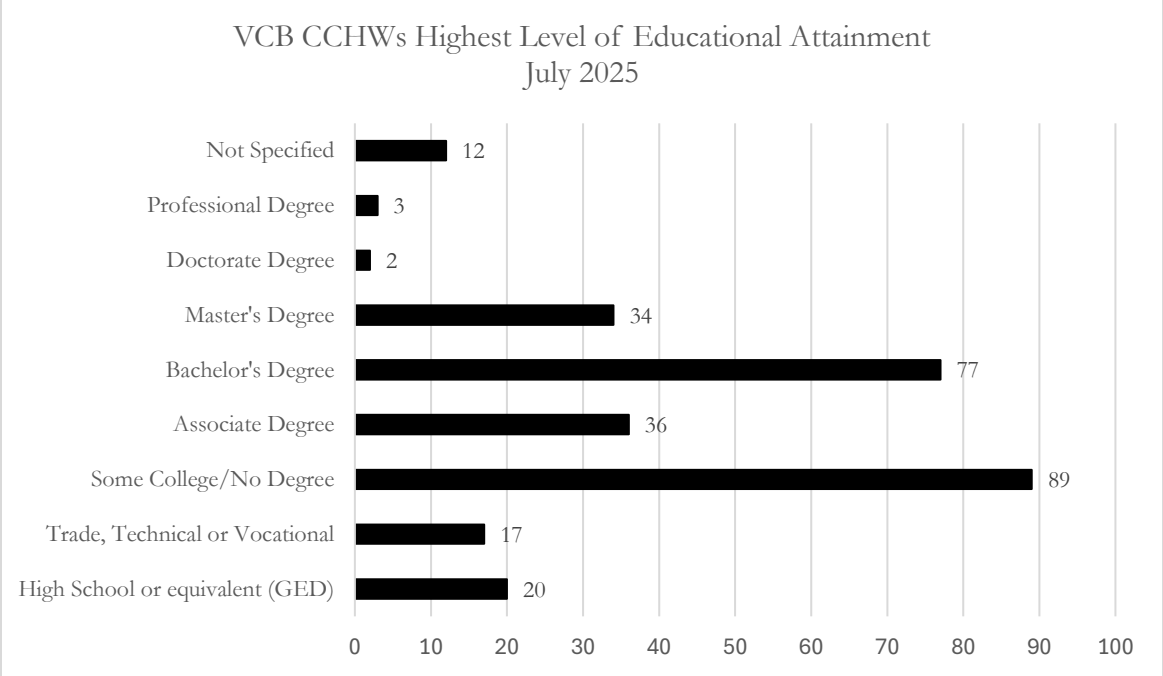

Figure 3: Reported Level of Educational Attainment – Current CCHWs, as of July 2, 2025[7]

[6] Data provided by the Virginia Certification Board, July 2025
[7] Data provided by the Virginia Certification Board, July 2025

CERTIFICATION RENEWALS

Between January 2024 and June 2025, the VCB granted 186 initial certifications and 92 certification renewals (Table 1). Initial certification is valid for two years. The fee to process the initial application is $100 which is paid directly to the VCB. Renewal requires application submission to the VCB and validation of the 30-hour education requirement including 3 hours of ethics training. The recertification fee is $75.

Certification Status	January 2024 – December 2024	January 2025 – June 2025
Initial Certification	109	77
Renewals	59	33
Expiration	42	43

Table 1: Number of initial, renewal and expired certifications January 2024 – June 2025, Virginia Certification Board[8]

Eighty-five certifications expired during this period. Individuals can still recertify a lapsed certification up to 12 months beyond the expiration date. Individuals cannot certify beyond 12 months of the expiration date. If that occurs, individuals must newly apply for the certification meeting all current requirements.

VIRGINIA DEPARTMENT OF HEALTH CHW WORKFORCE

As of July 2025, the VDH CHW workforce was comprised of 75 staff assigned across 27 health districts and one CHW assigned to VDH's Office of Community Health Services (CHS). The 75 district level CHW staff include 47 VDH classified and wage employees and 28 contract staff. The largest number of CHWs are in the Central region. The Northwest region has the least number of CHWs (Figure 4).

[8] Data provided by the Virginia Certification Board, July 2025

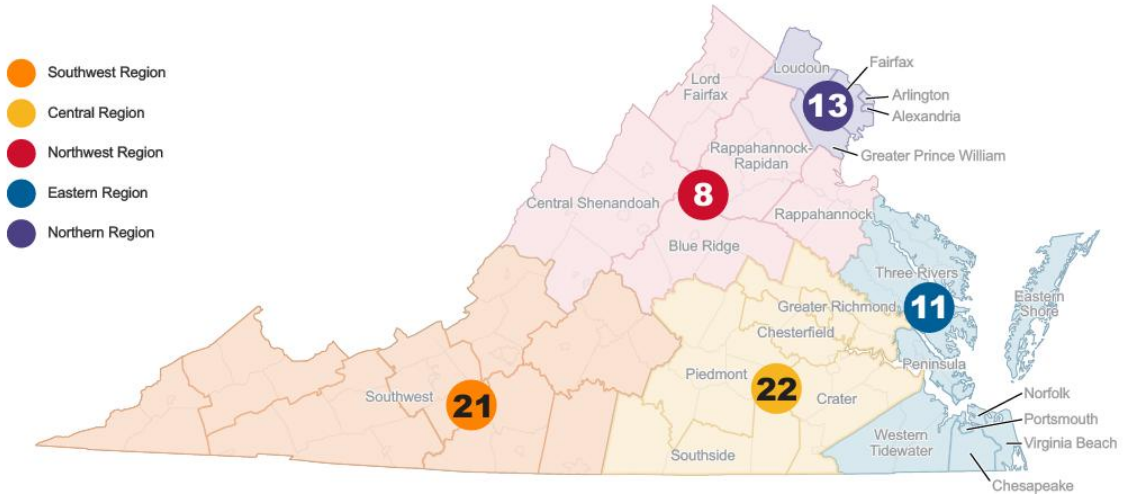

Figure 4: Distribution of Health Department CHWs by Region, July 2025[9]

Thirty-nine percent of the VDH CHW workforce are certified. The largest percentage of certified CHWs are located in the Central region (Table 2).

VDH Region	Number of Certified Community Health Workers
Central	13 (17% of VDH CHW workforce)
Eastern	4 (5% of VDH CHW workforce)
Southwest	2 (3% of VDH CHW workforce)
Northern	6 (8% of VDH CHW workforce)
Northwest	4 (5% of VDH CHW workforce)

Table 2: Number of Certified CHWs by VDH Region, July 2025[10]

APPROVED CCHW TRAINING PROVIDERS

Virginia supports voluntary certification of CHWs through the VCB. Virginia Code § 32.1-15.1 outlines the requirements to use the title "Certified Community Health Worker." Per code, any individual using the title "Certified Community Health Worker" has received training and education as a community health worker from an entity approved by a body approved by the VCB and (ii) is certified as a certified community health worker by a body approved by the Board. Currently, there are ten approved CCHW training providers in Virginia. Two approved providers (Blue Ridge Health

[9] Data collected by internal survey (VDH CHS CHW Workforce Landscape Survey) and cross-referenced with VDH Office of Human Resources data, July 2025
[10] Data collected by internal survey (VDH CHS CHW Workforce Landscape Survey), July 2025

District and Richmond City Health District) discontinued training courses as of 2025. Between January 2024 and June 2025, approved providers trained 898 individuals nationally with 564 being Virginia residents. The length of training and cost for CHW certification varied among training providers. Length of training varied from 7 - 16 weeks and the average cost was $1400 per student. Most approved training programs report providing some level of financial assistance to mitigate the cost burden on individuals interested in certification (Table 3).

Approved CCHW Training Provider	Trainings Conducted between January 2024 – June 2025	Number of Individuals completing CHW certification training January 2024 – June 2025	Cost per student	Financial Assistance Available	Length of Training	Program Delivery Method (in-person, online only, hybrid)
Virginia Community Health Worker Association	5	87	$2,250	No	7 weeks	Hybrid
James Madison University	4	114	$1,500	Yes	10 weeks	Hybrid
CHW Strength	4	76 – Virginia residents trained	$1,500	Yes	7 weeks	Online only
Blue Ridge health District (Training no longer provided in 2025)	4 (trainings discontinued in 2025)	28 – Virginia residents trained	$676.20 (tuition rate). The course was at no cost to student. Tuition rate was paid by HRSA 22-124 grant funds.	Yes	15 weeks	Both virtually and in person
Institute of Public Health Innovation	33	44 - Virginia residents trained 273 - Trained nationally	$1,500	Yes (Uncertain in Future)	120 hours (approx. 8 weeks)	Hybrid
Virginia Health Workforce Development Authority (VHWDA)	24	133 – Virginia residents trained 135 – Total Trained	$950	Yes	12 weeks	Online only
Richmond City Health Department (Training no longer provided in 2025)	4 (trainings discontinued in 2025)	82	$1,500	N/A	8 weeks	Online only

Impact Center	Unable to Obtain Data					
CE Impact/Virginia Pharmacists Association	5	0 - Virginia residents Trained	$1,500	No	16 weeks	Hybrid
MHP Salud	6	0 - Virginia residents trained 103 – Trained Nationally	$1,100	Yes	8-16 weeks	Online Only

Table 3: Approved Providers, CCHW Certification Training Statistics, January 2024 – June 2025[11]

CHW SERVICES AND METRICS

VDH COORDINATION AND SUPPORT

CHWs play a significant role in supporting the vision and strategic priorities of VDH. CHWs serve as connectors between communities, the health department, and social services. Evidence demonstrates that in health department sponsored programs, CHWs can have a multiplier effect by increasing access to preventative care and contribute to decreased disease risk and healthcare costs in communities[12]. The integration of CHW staff more broadly into state and local health departments programing has increased over recent years. VDH is committed to strengthening infrastructure to promote optimal integration of the CHW workforce.

In October 2021, the Penn Center for Community Health Workers published *Community Health Worker program standards: A roadmap for the Commonwealth of Virginia*[13]. This report outlines 14 recommended program-level CHW standards across five domains to support high quality CHW programs (Table 4). Additional recommendations from this report include testing and refinement of recommended standards to ensure CHW-employing organizations meet standards[14]. Current CHW program standards at VDH are implemented at the local health department level, with limited coordination/evaluation at VDH Central Office. To improve the coordination of CHW practice across VDH, Community Health Services invested in creating a new CHW Coordinator position. This position was successfully hired on June 25, 2025. The CHW Coordinator has direct CHW experience and holds a master's degree in public health and the credential of CCHW.

The core duties of the VDH CHW Coordinator are to train and support the CHW workforce and supervisors, and to assist with policy and standard operating procedure development. The role provides administrative support for CHW communication across VDH offices, LHDs, and external community partners. The CHW Coordinator helps develop processes for collecting and analyzing workforce data to drive performance improvement, service utilization, effective resource

[11] Data collected by approved training providers, Aug 2025
[12] Ignoffo S, Gu S, Ellyin A, Benjamins MR. A Review of Community Health Worker Integration in Health Departments. J Community Health. 2024 Apr;49(2):366-376. doi: 10.1007/s10900-023-01286-6. Epub 2023 Oct 12. PMID: 37828419; PMCID: PMC10924716.
[13] Penn Center for Community Health Workers. (2021, Oct). Community Health Work program standards: A Roadmap for the Commonwealth of Virginia. https://www.chwva.org/_files/ugd/fd36e6_91ab13cdf6aa4b1f8f155dea98cfa4b3.pdf
[14] Penn Center for Community Health Workers. (2021, Oct). Community Health Work program standards: A Roadmap for the Commonwealth of Virginia. https://www.chwva.org/_files/ugd/fd36e6_91ab13cdf6aa4b1f8f155dea98cfa4b3.pdf

management, and recruitment and retention. The CHW Coordinator will also serve as a trainer for CHW professional development activities implemented in the central office and LHDs, assess training needs, and create curricula and lesson plans. The CHW Coordinator will be the lead supporting expansion of agency alignment across the five recommended domains – Hiring and Compensation, Training and Professional Development, Supervisor and Evaluation, CHW work practice, Organizational Supports and Involvement in Decision-Making.

Penn Center for Community Health Workers Final Report Program Standard Recommendations October 2021		
Domains	**Components**	**Description**
Hiring and Compensation	CHW Selection Process	Organizations prioritize candidates who are from the same community and/or share life experience with the patients/clients they will support, and who demonstrate trust-building traits like empathy and strong listening skills.
	Compensation	Organizations conduct or obtain a market analysis of CHW salaries and share that information with CHWs and CHW supervisors
Training and professional development	Initial CHW Training	Organizations ensure that CHWs receive initial training that meets the education requirements for the Certified CHW Credential available in the Commonwealth
	CHW assessment, ongoing training, and professional development	Organizations assess CHWs on core competencies, provide ongoing training, discuss individual CHWs' career objectives, and outline a career ladder for growth within the CHW role.
	Initial supervisor training	Organizations provide training to CHW supervisors on the unique identity and role of CHWs, how to provide effective and supportive oversight of CHW work, and how to use observation, performance data and community feedback to improve CHW performance
Supervision and Evaluation	CHW supervision	Organizations prioritize supervisor candidates who have previous community health, public health, or social work experience and ensure CHWs have a single (as opposed to multiple) supervisor. They also require that CHWs meet regularly with their supervisor to review patient/client cases and receive an annual performance evaluation
	Performance Evaluation	The organization assesses CHW performance based on clearly defined benchmarks, including patient/client feedback, and shares the results of the performance assessment with CHWs

CHW work practice	CHW Role	Organizations define the scope of the CHW role, including that it's holistic, person-centered, and focused on understanding and addressing patients'/clients' health-related social needs. The materials should adopt evidence-based work practices and include defined durations, processes for identifying and addressing patients' social needs, and documenting CHW work.
	Integration with care teams	Organizations outline the scope of work and responsibilities of CHWs relative to other care team members and provide guidance on communication and coordination regarding patient care and referrals.
	CHW caseloads	Organizations specify appropriate caseload sizes, considering the CHW role, the geographic reach of CHWs, and the complexity of patient/client needs
	Emergency situations	Organizations detail how they communicate and make decisions during emergencies and provide instructions to CHWs about how to handle patient/client emergencies during and after hours
	CHW safety	Organizations have procedures to protect CHW safety, including how to track when CHWs are conducting home visits and processes for identifying and resolving concerns related to CHW safety
Organizational supports and involvement in decision-making	Professional supplies	Organizations routinely review with CHWs the equipment and supplies they need, such as a work phone, a computer with internet, a directory of local resources, and personal protective equipment during public health emergencies, and then ensure it is available
	Involvement in organizational decision-making	Organizations actively involve CHWs in decision-making processes about their role and working conditions, including compensation, training, caseloads, work practices, equipment and supplies, as well as decision-making processes related to advancing social needs and health equity within the organization.

Table 4: Recommended CHW Program Standards, Penn Center for Community Health Workers, 2021[15]

The CHW Coordinator prioritized work activities focused on workforce infrastructure and alignment of CHW practice environment across the five program standards outlined in the Penn Center for Community Health Workers report. This work was initiated through an agency level CHW program planning workgroup. The workgroup was established in January 2025 with the goal of creating guidance, tools, and processes to support the growing VDH CHW workforce and LHDs

[15] Penn Center for Community Health Workers. (2021, Oct). Community Health Work program standards: A Roadmap for the Commonwealth of Virginia.
https://www.chwva.org/_files/ugd/fd36e6_91ab13cdf6aa4b1f8f155dea98cfa4b3.pdf

implementing CHW programs. The work group included participants from VDH offices and selected LHD CHWs and population health staff from across the state. Meetings were held twice a month with an average attendance of 17 staff. Workgroup activities were focused on three areas: 1) Training/Workforce Development, 2) Supervision and Performance Evaluation, and 3) Maternal CHW Scope of Work and Program Evaluation. Formal workgroup activities concluded in May 2025. In June 2025, the CHW Coordinator was hired and took over the responsibility of driving continued CHW workforce improvements. Resources and products drafted by the workgroup are being further refined and tested. In collaboration with other VDH offices and external partners, training resources are being developed to support core skill development and training of new CHWs. A specific training plan is in development for maternal mortality CHWs which will provide additional exposure to maternal focused topics such as an overview of the Title V Maternal and Child (MCH) Services Block grant, linkage to prenatal care and other support services, identification of high risk pregnancies, providing culturally competent education on healthy pregnancy practices, postnatal care and support, childhood immunization awareness and promotion, and family planning education. Completed products are accessible to LHDs through a community of practice teams' channel that promotes learning, knowledge sharing, relationship building, innovation, and community across the CHW workforce.

Resources are also in development to support supervisors of CHWs. CHS is developing a scope of practice guidance document to further define the role of CHWs within VDH, best strategies to integrate CHWs into health departments, and how to support the professional development of CHW staff. There is also collaboration with other VDH offices to develop more streamlined processes to evaluate CHW performance and outcome measures, expanding the agency's ability to quantify CHW impact across the Commonwealth.

LOCAL HEALTH DISTRICT SERVICES AND METRICS

CHW services offered throughout LHDs across the Commonwealth are aligned with roles outlined by the National Council on CHW Core Consensus Standards (National C3 Council). The National C3 Council defines comprehensive CHW roles, skills, qualities, establishes national consensus on CHW standards and provides guidance for improving CHW practice and policy[16]. The council recommends CHW practice is conducted across a total of 10 roles and 11 skills (Table 5).

National C3 Council – CHW Core Roles and Skills	
CHW Core Role	**CHW Core Skills**
Cultural mediation among individuals, communities and Health & Social Systems	Communication Skills
Care coordination, case management and system navigation	Service coordination and Navigation Skills
Advocating for Individuals and Families	Advocacy Skills
Providing Direct Services	Interpersonal & Relationship-Building Skills
Conducting Outreach	Outreach Skills
Providing Culturally Appropriate Health Education and Information	Education and Facilitation Skills

[16] Rosenthal EL, Menking P, St. John J, Fox D, Holderby-Fox LR, Redondo F, Hirsch G, Lee L, Brownstein JN, Allen C, Haywood C, Ortiz Miller J, Ibarra J, Cole M, Huxley L, Palmer C, Masoud S, Uriarte J, Rush CH. The National Council on CHW Core Consensus (C3) Standards Reports and Website. Texas Tech University Health Sciences Center El Paso. 2014-2024.

Providing Coaching and Social Support	Professional Skills and Conduct
Building Individual and Community Capacity	Individual and Community Capacity Building Skills
Implementing Individual and Community Assessments	Individual and Community Assessment Skills
Participating in Evaluation and Research	Evaluation and Research Skills
	Knowledge Base

Table 5: National C3 Council CHW core roles, The National Council on CHW Core Consensus Standards, 2024

The National C3 Council CHW core roles are demonstrated across LHDs. The most frequent role for CHWs in districts is conducting outreach (89%), system/resource navigation (81%), health education (78%) and care coordination/case management (74%). Districts report a variety of examples of how these roles are demonstrated and tailored based on community need by key informant interviews, community health assessment (CHA), and other programmatic data collected by the health department. Reported examples include but are not limited to the following: CHWs are leveraged to combat misinformation by delivering accurate and relevant health information to clients and communities; CHWs are trusted members in the community allowing clients to feel comfortable in sharing information about symptoms, environmental, and social needs resulting in tailored linkage to services and continuity of care; CHWs support community members with navigating, accessing, obtaining, and applying for necessary Medicaid, health, and other social support programs (e.g., Supplemental Security Income, Social Security Disability Insurance, Supplemental Nutrition Assistance Program); CHWs encourage residents to engage in other community efforts and to advocate for their own health and the health of their communities through empowerment and education (Table 6).

The least frequent core role demonstrated in health departments is CHW engagement in evaluation and research. CHWs involved in this core role are most likely supporting evaluation within a department level program or participating in the evaluation activities related to Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) development.

Reported CHW Core Functions by District, July 2025												
District	**Clinic Support/ Direct Services**	**Outreach**	**Resource Navigator**	**Client Advocate**	**Health Educator**	**Community Mobilizer/ Capacity Building**	**Interpreter**	**Care Coordination/ Case Management**	**Coaching and Social Support**	**Implementing Community Assessments**	**Evaluation and Research**	**Other**
Alexandria		X	X	X	X	X	X				X	
Alleghany		X	X	X	X	X		X	X			
Arlington												
Blue Ridge	X	X	X	X	X			X	X			X
Central Shenandoah	X	X	X	X	X	X	X	X		X		
Central VA	X	X	X	X	X	X				X		
Chesapeake												
Chesterfield		X	X		X			X		X		
Chickahominy	X	X	X	X	X			X		X		
Crater		X	X		X	X		X		X	X	
Cumberland Plateau		X	X	X		X		X	X	X	X	
Eastern Shore	X	X	X	X	X		X	X	X			
Fairfax			X	X	X		X	X				
Hampton City												
Henrico		X	X	X	X		X	X				
Lenowisco		X	X	X		X		X	X	X	X	
Lord Fairfax		X		X	X							
Loudoun												
Mount Rogers	X	X	X	X		X	X	X	X			
New River	X	X		X	X			X	X			
Norfolk City												
Peninsula	X	X	X	X	X	X	X	X	X	X	X	

Piedmont		X	X	X	X		X	X	X		X	
Pittsylvania/Danville		X	X		X					X		
Portsmouth												
Prince William		X				X	X					
Rappahannock	X	X	X		X		X	X				
Rappahannock/ Rapidan												
Richmond City	X	X	X	X		X	X	X				
Roanoke City	X	X	X		X			X	X	X		
Southside		X			X							
Three Rivers	X	X	X	X	X			X	X	X		
Virginia Beach												
West Piedmont	X		X	X	X			X				
Western Tidewater												
Number and Percent of Districts Providing CHW Core Role	13 **(48%)**	24 **(89%)**	22 **(81%)**	19 **(59%)**	21 **(78%)**	11 **(41%)**	11 **(41%)**	20 **(74%)**	11 **(41%)**	11 **(41%)**	6 **(22%)**	1 **(4%)**

Table 6: CHW Core Roles Provided by District, July 2025[17]

UNITE VIRGINIA

Unite Virginia is a statewide technology-driven platform that connects health and human service providers to address individuals' social needs. It allows various organizations, such as healthcare providers, community-based services, and government agencies, to send and receive secure electronic referrals, track client journeys, and measure outcomes. Unite Virginia aims to bridge the gap between healthcare and social support by facilitating the identification and delivery of services that addresses Social Determinates of Health (SDOH) needs[18].

The Unite Virginia network is incorporated into many VDH CHW workflows as a tool to identify and document coordination and connection to health and social support services. CHWs across LHDs have been at the forefront of efforts to address social determinants of health and connect individuals and families to essential resources. Thirty-three LHDs have active Unite Virginia accounts to facilitate health and social support linkage to clients. It has become an important component within the state's health and social care network.

Data from Unite Virginia show that from June 2024 to June 2025, 20 LHDs provided services to 3,939 clients and managed a total of 6,383 cases. A client is defined as a unique individual with a profile on the Unite Virginia Platform. Cases are records of a social need being facilitated by a Unite Virginia user that are associated with a client profile. Every case must be associated with a client, and clients can have multiple cases associated with their profile. The most common requested services identified through Unite Virginia include food assistance, individual & family support (benefits navigation), clothing & household goods, housing & shelter and mental/behavioral health services.

Certain LHDs emerged as key players in the referral network. LHDs that sent out the most referrals include Hampton, Richmond & Henrico, and Rappahannock Area. Through these screenings and connections, common needs identified included clothing, household goods, and food assistance. The key community receiving partners for VDH clients include but are not limited to: Fredericksburg Regional Food Bank, YMCA of Greater Richmond, Inova Cares for Behavioral

[17] Data collected by internal survey (VDH OCHS CHW Workforce Landscape Survey), July 2025
[18] Unite Us Virginia. https://uniteus.com/networks/virginia/

Health, Feed More, and The Span Center (formerly Senior Connections). The LHDs that had the most incoming referrals during the reporting period are Richmond & Henrico, Chesterfield, and Rappahannock Area. The most referred services include food assistance and WIC-related support. Key partners sending clients to VDH include VCU, Children's Hospital of the King's Daughter, Mary Washington, YMCA of Greater Richmond, and Sentara Health.

Through Unite Virginia, CHWs can streamline case documentation, direct client engagement, and referrals to community partners—helping CHWs coordinate care and connect individuals to critical services. LHDs use the platform to not only coordinate with external partners but also coordinate services internally within VDH. Many LHDs use Unite Virginia to manage internal cases and track client needs. The Richmond & Henrico Health District and Chesterfield Health District have been especially active in internal coordination. Together, they served 1,213 clients across 2,010 internal cases. These cases achieved a 96% resolution rate, highlighting the effectiveness of CHWs in coordinating care within public health programs.

Nine LHDs use Unite Virginia to receive direct self-referrals through an online form. From June 2024 to June 2025, 793 clients were served through self-referrals. These cases had a 76% resolution rate, showing strong success in connecting clients with appropriate services. Some LHDs using this process include Central Virginia, Crater, and Central Shenandoah. CHWs also make external referrals to a wide network of community partners. During the reporting period, LHDs engaged with 180 unique community organizations. Hampton Health District was the highest sender of referrals. The top need referred to externally was food assistance.

Some additional key partnerships captured through Unite Virginia platform include the Rappahannock Area Health District partnership with the Fredericksburg Regional Food Bank. This collaboration resulted in a 91% resolution rate for food assistance cases and demonstrated how strong local partnerships can lead to quick collaboration to meet and resolve client needs at a high rate. Another notable example is the Piedmont Health District's focus on food and benefits support. They connected nearly 500 clients with a 90% resolution rate.

LHD CHW outreach and support efforts have had a measurable impact linking clients to essential services and reducing barriers to care. By leveraging technology such as a closed loop referral system, CHWs can efficiently refer clients to trusted community partners, track outcomes, and ensure that needs are identified and resolved. VDH is still in a fully executed contract providing access to Unite Virginia as a closed-loop referral management tool until June 2026.

CHW WORK SUPPORTING MATERNAL CHILD HEALTH INITIATIVES

CHWs interact with clients across the life span. Client reach includes clients that engage with the health department through services, in addition to the general community during outreach and engagement events. Maternal and Child Health (MCH) is the most frequently provided programming supported by CHWs. Nineteen districts report using CHWs to support MCH activities. Within the MCH focus area, 19 districts use CHWs to support maternal mortality initiatives, 18 districts integrate CHWs in post-partum support and mental wellness activities, and 17 districts use CHWs to promote breastfeeding and safe sleep. Nine health districts leverage CHW

skills in child health programming while 6 districts have CHWs engaged in adolescent health activities. One district reports CHW support in youth and special health care needs programming.

EMERGING MCH PROGRAM HIGHLIGHT – MOUNT ROGERS DOULA SERVICES

The Mount Rogers Health District plans to use two newly hired maternal focused CHWs as certified doulas to improve maternal and child health. The new CHWs have recently obtained Doulas of North America certification and are now involved with completing observation hours in practice. Both have started home visiting with clients, and the district has fostered collaborative relationships with Twin County Regional and Wythe County Community Hospital while actively forming additional relationships with other healthcare entities in their area.

MCH PROGRAM HIGHLIGHT – VIRGINIA RESOURCE MOTHERS PROGRAM

An example of an enduring CHW program managed by VDH is the Virginia Resource Mothers Program (VRMP). VRMP is a community-based program designed to improve maternal and child health outcomes among pregnant and parenting teens, and their families. Using adolescent health, positive youth development, and home visiting strategies, VRMP encourages and empowers teen parents to thrive. The VRMP uses trained CHWs to support teens during the pregnancy and the first year of the child's life, provide education about pregnancy and parenting, refer to community resources, and encourage constructive communication, relationships, and decision-making skills. The program provides strategies to ensure that teens can match their intentions with their actions.

Local implementation sites include five LHDs, one hospital system and one community-based organization. LHD sites include Cumberland Plateau, Lenowisco, Mount Rogers, New River and Three Rivers (Figure 5).

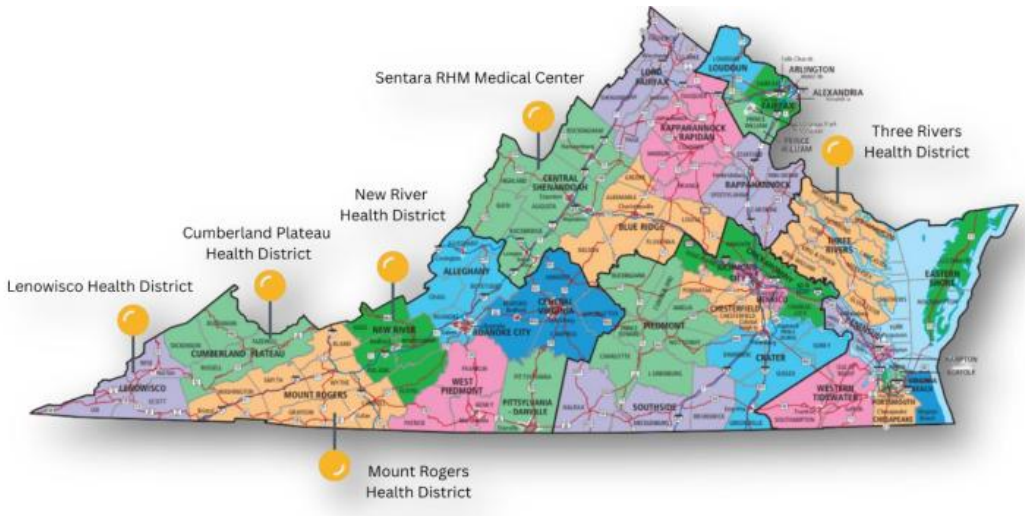

Figure 5: Map of Resource Mothers Implementation Sites, July 2025

CHW/staff distribution across the implementation sites varies. Sites have between one and three CHWs managing caseloads within their respective service area (Table 7).

Resource Mothers LHD Implementation Site	Number of Staff CHWs
Cumberland Plateau	1
Lenowisco	1
Mount Rogers	3
New River	3
Three Rivers	1

Table 7: Staffing Distribution for Resource Mother LHD Implementation Sites, July 2025

Program encounter data is collected on all clients enrolled in the program. An encounter is a face-to-face visit in the home or designated location between the CHW and the teen client. The minimum time for a weekly visit using the Growing Great Kids Prenatal to 36 months curriculum[19] is 45-120 minutes during the prenatal and early postpartum period (birth to 3 months), and 45-90 minutes after the child turns 3 months old. The minimum time for a weekly visit using the Adult Identity Mentoring for Teen Moms (AIM4TM) curriculum[20] is 60 minutes. During the prenatal period, the CHW must make weekly contact with the client by phone/text or in person, with a minimum of two face-to-face visits per month. After the client's delivery, the CHW must visit the client at least every other day during their hospital stay. When the client and baby leave the hospital, the CHW must conduct weekly face-to-face visits until the baby reaches 4 months. After 4 months, the CHW has the option to conduct face-to-face visits two times a month if the teen has developed a routine with infant care, developed a support network of people and services, and returned to school or work.

From July 1, 2024 – June 30, 2025, the program enrolled 154 new clients and 118 babies born. The CHWs completed a total of 586 prenatal encounters and 1,269 postpartum encounters across implementation sites. Substance use, breastfeeding intentions and contraceptive use were monitored during the program with declines in substance use reported during and after pregnancy. At enrollment, 58% percent of new clients expressed an interest in breastfeeding upon delivery. At delivery, 81% of those who expressed interest, initiated breastfeeding in the hospital post-delivery. Over half of postpartum clients reported actively using a contraceptive method (Table 8).

Resource Mothers Program Data, July1, 2024 – June 30, 2025	
Newly Enrolled Clients	154
Total Clients Served	288
Total Babies Born	119
Breastfeeding Plan at Enrollment	**Number of New Clients**
Yes – plan on breastfeeding	90
No – Does not plan on breastfeeding	30
Plan undecided at this time	34

[19] Great Kids. Growing Great Kids: Prenatal – 36 Months. https://www.greatkidsinc.org/our-early-child-curriculum/growing-great-kids-prenatal-to-36-months-curriculum-and-certification/

[20] Children's Hospital of Los Angeles. Adult Identity Mentoring for Teen Moms Program Overview. https://www.chla.org/aim-service-center/aim-4-teen-moms

Substance Use at Enrollment	Number of New Clients
Marijuana/THC Use at Conception	22
Marijuana/THC Use at Enrollment	3
Tobacco Smoking/Vaping at Conception	41
Tobacco Smoking/Vaping at Enrollment	23
Alcohol Consumption at Conception	13
Alcohol Consumption at Enrollment	1
Before Pregnancy Contraceptive Use	**Number of New Clients**
Client was using a contraceptive method at conception	20
Client was not using a contraceptive method at conception	134
Encounter Type	**Number of Encounters**
Prenatal Encounter	586
Postpartum Encounter	1,269
First Postpartum Encounter Since Giving Birth	128
Substance Use at Encounter	**Number of Encounters**
Marijuana/THC Before Pregnancy	11
Marijuana/THC During Pregnancy	4
Marijuana/THC After Pregnancy	4
Tobacco Smoking/Vaping Before Pregnancy	21
Tobacco Smoking/Vaping During Pregnancy	16
Tobacco Smoking/Vaping After Pregnancy	17
Alcohol Consumption Before Pregnancy	3
Alcohol Consumption During Pregnancy	0
Alcohol Consumption After Pregnancy	0
Postpartum Breastfeeding Information	**Number of Encounters**
Initiated Breastfeeding in the Hospital	97
Did Not Initiate Breastfeeding in the Hospital	31
Breastfeeding 1 Month or Less	8
Breastfeeding More Than 2 Months	9
Postpartum Contraceptive Use	**Number of Clients**
Yes – Client has a current contraceptive method	132
No – Client does not have a current contraceptive method	104

Table 8: Summary of Enrollment and Program Encounter data, July 1, 2024 – June 30, 2025[21]

Ninety-nine percent of the cases managed from July 1, 2024 to June 30, 2025 resulted in a live birth. One pregnancy resulted in an infant death. Ninety percent of babies delivered had normal birth weight and 68% carried to full term (Table 9).

Resource Mothers Program Data, July1, 2024 – June 30, 2025 **Birth Outcomes**	
	Total Babies
Male Babies	66
Female Babies	53
Birth Outcomes	
Live Birth	118

[21] Data provided by Resource Mothes Program, Aug 2025

Still Birth or Fetal Death	0
Infant or Maternal Death	1
Delivery Type	
Vaginal Delivery	95
C-Section Delivery	24
Birth Weight	
Normal Birth Weight	107
Low Birth Weight	9
Very Low Birth Weight	3
Gestational Age	
Preterm (≤ 38 weeks)	34
Full Term (39-40 weeks)	81
Late Term (≥ 41 weeks)	4

Table 9: Summary of Outcome Data Collected after Initial Postpartum visit, July 1, 2024 – June 30, 2025[22]

CARDIOVASCULAR HEALTH PROGRAM HIGHLIGHT – ROANOKE CITY/ALLEGHANY HEALTH DISTRICT

In January 2025, Roanoke City/Alleghany Health District integrated a CHW into the Roanoke Healthy Heart Learning Collaborative (LC). The LC is funded by a CDC grant that combines a blood pressure self-monitoring program, and a community led grassroots approach to improve health outcomes in neighborhoods with high rates of hypertension. The LC focuses on interventions and connections that support blood pressure control/heart disease and stroke prevention, transportation access, safe housing, mental health, food access, and nutrition education.

The LC was established in 2024 with the support of the VDH Division of Prevention and Health Promotion. When the CHW joined the LC, she forged the path in launching the Blood Pressure Self-Monitoring (BPSM) program in Roanoke. The targeted community for the Healthy Hearts initiative has a long history of being underserved and lack of access to key health resources (e.g., grocery stores, gyms/wellness centers, healthcare).

Over the last 6 months, this CHW has built and fostered relationships with the community, local organizations, and community groups that have allowed her to help grow the Roanoke Healthy Hearts initiative. Since early spring 2025, she enrolled 26 participants, conducted upwards of 105 total office hour visits, and attended 17 community events where she's promoted the Healthy Hearts initiative.

[22] Data provided by Resource Mothes Program, Aug 2025

IMPROVED ALIGNMENT WITH PENN CENTER PROGRAM STANDARD RECOMMENDATIONS

VDH is committed to further strengthening capacity to support a growing CHW workforce. Translating CHW best-practice guidelines is critical as VDH puts in place infrastructures, policies, and procedures to assure high-quality CHW services and support. This includes the adoption of a core set of CHW competencies to serve as the foundational base driving CHW practice, service delivery and improved alignment with the Penn Center program standard recommendations. Successful integration of program standard recommendations requires inter- and intra- agency coordination and collaboration.

Human resource guidance should be strengthened to support hiring managers of CHWs in the recruitment of candidates. Development of initial onboarding and ongoing professional development resources need to include processes that allow for assessment and validation of adopted core competencies. In addition, training focused on specific at-risk populations (e.g., maternal and child) also should be developed and accessible. By training CHWs on unique health risks, prevalence of certain diseases, and social determinants of health within specific subgroups, CHWs can offer more effective and targeted care. As training requirements are developed for the frontline CHW workforce, opportunities for initial and ongoing CHW supervisor training should be established. Supervisors need a clear understanding of the role of CHWs, strategies to provide effective and supportive oversight and to leverage performance data and customer feedback in continuous program improvement.

Further defining an appropriate scope of practice for the CHW workforce based on education, duties, requirements, and responsibilities is important to provide role clarity, promote integration within the health department team, and mitigate risk. Growth of the CHW workforce also requires the development of a clear path to promote career advancement. VDH leadership and human resources should assess the feasibility of establishing additional roles of expanded responsibility. Such roles (e.g., CHW Senior, CHW Supervisor) encourage continuous skill development and create leadership and career opportunities. These opportunities contribute to improved retention, reduced turnover, and preserve valuable community relationships. Senior and supervisory roles enable experienced CHWs the ability to provide programmatic oversight, grow and develop colleagues and contribute to further advancements in the CHW practice environment.

SUSTAINED FUNDING TO SUPPORT CHW WORKFORCE

In FY25, VDH received $3,200,000 in general fund appropriations to hire CHWs to support work related to improving maternal mortality. This funding supports 31 full time employees (FTEs) across 23 health districts with a focus on community engagement and service delivery to people at high risk for poor maternal outcomes.

In addition, LHDs rely heavily on federal funding from various grants to support CHW roles. Federal funding was increased with COVID era grants that have now ended. From June 2024 – June 2025, CHS CHWs have been impacted by the ending of several federal grants (Rural

Health Disparities, Health Equity Specialist, COVID 19 Vaccination, COVID-19 Cycle 3, COVID-19 Cycle 4, Immunization/Vaccines for Children Cycle 4, Epidemiology and Laboratory Capacity) resulting in 93 CHW positions discontinued as quantified by region (Figure 6).

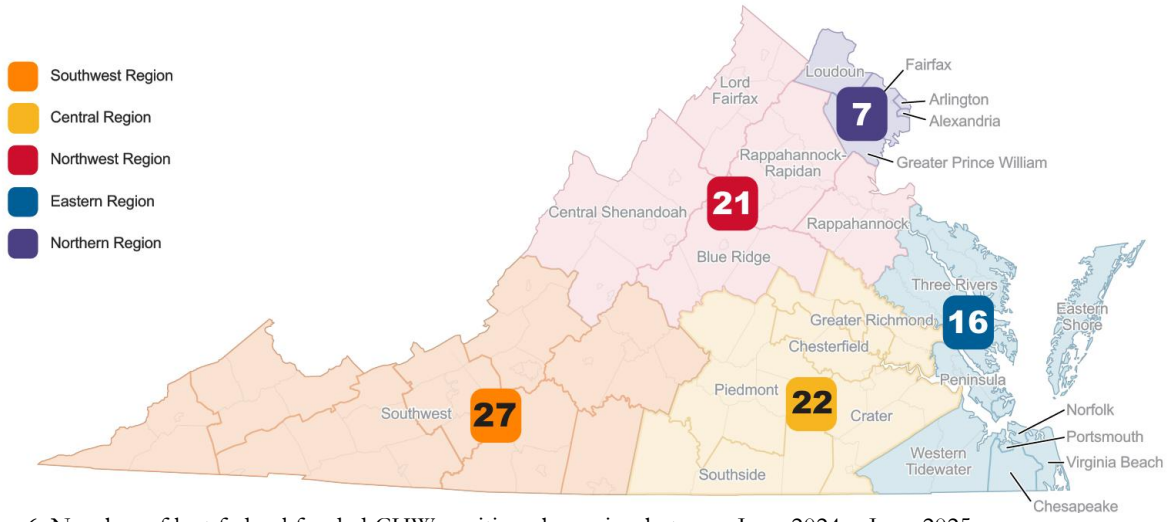

Figure 6: Number of lost federal funded CHW positions by region between June 2024 – June 2025

Additional funding is needed to fully implement CHW programming after these staffing losses. The reduction of the CHW workforce decreases the ability of LHD CHWs to improve access to care, increase client engagement, and improve linkage to social support services for underserved populations in the Commonwealth.

With the loss of federal funding, districts report the reduction in CHW workforce has resulted in postponing projects related to Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) priorities. The CHW workforce is heavily engaged in community liaison work with local coalitions and interagency councils. Without CHW presence, forged relationships are threatened due to decreased LHD representation in these spaces. The use of CHWs within mobile clinic care teams to connect with community members in the field is now limited. Many districts use CHWs to teach REVIVE! training and support naloxone distribution events. CHWs also are a critical component to LHDs providing culturally and linguistically appropriate services as many CHWs provide in-person interpretation for clients. CHWs are the main drivers to facilitate social determinants of health screening and management of social support referrals. The reduction in workforce inhibits timely linkage to social resources (e.g. housing, food access, substance use, financial needs, etc.) and follow-up within the local community.

CHWs need access to comprehensive initial training and certification training. Certification can be cost prohibitive for some CHWs. VDH should explore the feasibility of paying for certification as part of the CHW onboarding process. Transportation costs associated with CHW work should also be considered. Some LHDs have a large geographical area of responsibility and CHWs are most effective when they have the flexibility to "meet people where they are."

STANDARDIZED DATA COLLECTION PROCESSES AND STRUCTURED DATA ENTRY

Districts report using a variety of data collection methods to capture the delivery of CHW services, case and referral management activities. The majority of districts report using spreadsheets as the primary data collection tool. In addition, districts use the Unite Virginia platform, Redcap (a secure web application for building and managing online surveys and databases), Microsoft Forms or Lists, and paper. Data points collected also vary across districts as it relates to core CHW functions and activities. Commonly captured data elements across districts include, but are not limited to, number of unique client engagements with a CHW, number of CHW engagements with unique community partners, number of client referrals to external and/or internal partners, the number of community outreach events attended by CHWs, and most requested need or services identified by client.

The variation of data collection methods and types of data collected limits the ability to fully capture the scope and quantity of CHW work across the Commonwealth. It is recommended that CHS-level processes are established to standardize data collection and that electronic data systems are leveraged to enhance data management, analysis, and consistency across districts. An assessment of workforce needs should be conducted outlining reporting and CHW documentation requirements to identify the most appropriate electronic data system platform for standard CHW use. Additionally, VDH can leverage Electronic Health Record (EHR) implementation to standardize CHW data collection and documentation. Including CHW documentation in the EHR aligns with the recommended Penn Center program standards and further strengthens CHW integration across health department clinical service teams. Standardization of these processes will allow VDH to more effectively quantify and demonstrate the impact of CHWs in improving health outcomes.

NON-STATE RESOURCES TO FUND CHWS

LHDs use a combination of local, state and federal funding support to support salary and programmatic requirements of CHW staff. Some LHDs leverage a proportion of mandatory local matching funds from localities or funding provided directly from their respective city or local organizations to support CHWs salary, fringe, and programmatic costs. For example, Richmond City receives federal funding and local funding through the Family Planning Community Foundation, Family Planning Jenkins Foundation, Bon Secours Creighton Court, and city funds to support CHW programming.

In addition, a portion of the following grants are allocated to support VDH CHW staff salary, fringe, and programmatic requirements.

- American Rescue Plan Act (ARPA) – Funds available through December 2026
- Title V Maternal and Child Health (MCH) Services Block Grant – Funds available through June 2026
- Public Health Infrastructure Grant (PHIG) – Funds available through November 2027
- Paul Coverdell National Acute Stroke Program - Funds available through June 2028
- Ryan White HIV/AIDS Program Part B Grant – Grant cycle concludes March 2026

- National Breast and Cervical Cancer Early Detection Program (NBCCEDP) - Funds available through June 2027
- National Cardiovascular Health Program -Funds available through June 2028
- Innovative Cardiovascular Health Program - Funds available through September 2028
- Tuberculosis Outreach Grant – Grant Year One ends December 31, 2025; Project cycle ends December 2029

LOCALITY SPECIFIC CONTRACTS WITH LHDS FOR COMMUNITY HEALTH SERVICES

VDH enters into individual agreements with localities to provide Community Health Services, as outlined through the code of VA. There is some variation to each Local Government Agreement (LGA) based on local needs, but CHWs are a part of the care teams assuring various services. In addition, some LHDs have entered into agreements with Community Based Organizations (CBOs) to provide community health services. Two districts (Chesterfield and Richmond City) report having active agreements with CBOs. The Chesterfield Health District has agreements with Latinos in Virginia Empowerment Center, Waymakers Foundation, Powhatan Free Clinic, and the Intensive Supervision Appearance Program to provide care resource coordination, community outreach and engagement and limited health education. Richmond City Health Department has an agreement with the Richmond Redevelopment and Housing Authority and Southwood Apartments to provide residents with information on other available resources and assist in the linkage to social support services and opportunities.

CONCLUSION

Evidence continues to grow demonstrating the value of CHWs in improving public health outcomes, reducing healthcare costs, increasing access to services, and enhancing cultural competence in service delivery. CHWs expand the reach of health department care teams through the implementation of various core skills to include outreach, direct services, care coordination/case management, interpretation, health education, building community capacity, implementing community assessments, and participating in evaluation and research. While evidence supports the value of integrating CHWs in health department programming, expanding the CHW workforce across VDH is becoming more difficult. The uncertainty of federal funding to support CHWs and programming requirements is negatively impacting the ability to grow the CHW workforce and maintain and grow programming.

Evidence-based CHW programs guided by a formal set of standards for recruitment and hiring, training, supervision, team integration, and data systems are best positioned to achieve the strongest outcomes. Identified future workforce needs include sustained state funding for CHWs and programmatic needs, better alignment with the Penn Center CHW program standard recommendations, and standardized data collection processes for CHW activities.

APPENDIX A– CHAPTER 510 OF THE 2025 ACTS OF ASSEMBLY

Be it enacted by the General Assembly of Virginia:

1. § 1. The Department of Health (the Department) shall evaluate the status of certified community health workers in the Commonwealth and submit a report on its findings to the Chairs of the Senate Committee on Finance and Appropriations and the House Committee on Appropriations and the Director of the Department of Planning and Budget. Such report shall include information on the number of certified community health workers employed by the Department and local health departments; the types of services provided by certified community health workers as well as performance and outcome measures for such services; the need for additional certified community health workers to meet demands for services provided by the Department and local health departments; any nonstate resources used to fund certified community health workers; and descriptions of contracts entered into by localities to provide community health services. Such report shall be submitted by November 1, 2025.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

AIM4TM - Adult Identity Mentoring for Teen Moms

ARPA – American Rescue Plan Act

BPSM – Blood Pressure Self-Monitoring

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

CHS – Community Health Services

CHW – Community Health Worker

CCHW – Certified Community Health Worker

Doulas of North America (DONA) International – A Virginia Certification Board approved training and education provider for Community Doula State Certification.

EHR – Electronic Health Record

FTE – Full Time Employees

HHA – Healthy Heart Ambassador

HHS – Health and Human Services

ISAP - Intensive Supervision Appearance Program

LHD – Local Health Department

MCH – Maternal and Child Health

NBCCEDP – National Breast and Cervical Cancer Early Detection Program

National C3 Council – A group of experts responsible for the publishing of a nationally endorsed single, comprehensive list of recommended CHW roles and skills to foster greater cohesion, support, and understanding of the CHW workforce's potential to improve health and community systems.

PHIG – Public Health Infrastructure Grant

RAHD – Rappahannock Area Health District

SDOH – Social Determinants of Health

VCB – Virginia Certification Board

VDH – Virginia Department of Health

VRMP – Virginia Resource Mothers Program