NCIOM

CHAPTER 5

Workforce to Meet the Needs of Older Adults

As reiterated throughout this report, the aging population in North Carolina is growing, and the experiences and needs of this population are varied. Older adults express a desire to age in their communities as opposed to long-term care settings. Some of these adults may live with family caregivers while others may live alone. Meeting the needs of the growing older adult population will require an assurance that there is adequate staffing of health care facilities, aging and adult services agencies, and other community-based organizations with a workforce that is prepared to serve a diverse aging population.

AGING SERVICES WORKFORCE

The U.S. Department of Health and Human Services estimates that about 70% of people aged 65 years and older will need some form of long-term services and supports (LTSS).[1] In fact, the United States will need 2.5 million LTSS workers (counselors, social workers, community and social service workers, home health aides, personal care aides, and more) by 2030 to meet the needs of the aging population.[2] However, more workers are leaving these positions than filling them.[3] A survey of the LTSS workforce found that workforce shortages led to increased workloads, low staff morale, and increased turnover.[4] Respondents suggested benefits like tuition reimbursement/payment and competitive wages to increase retention.[4]

COMMUNITY-BASED WORKFORCE

As more older adults age in place, they will spend more of their lives in their homes and communities as opposed to long-term care facilities with more centralized care. While many adults can live independently, the health and life changes that accompany the aging process necessitate reasonable accommodations and thoughtful action by community-based workers as they fulfill their everyday responsibilities. For instance, first responders may benefit from knowledge on falls prevention and response. Additionally, transportation workers may benefit from understanding mobility issues among older adults.

COMMUNITY HEALTH WORKERS

The American Public Health Association defines a community health worker (CHW) as a "frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served."[5] CHWs often serve as liaisons between community health and social services and individuals who may need those services. They may offer interpretation and translation services, provide culturally appropriate health education, help people access care, give informal counseling on health behaviors, provide social support, and provide direct services like first aid or certain health screenings (e.g., blood pressure, blood sugar, etc.).[6]

FAMILY CAREGIVERS

Many older adults rely on informal caregiving from family, friends, or neighbors. Family caregivers can provide emotional support and assistance with daily tasks for the older adults in their lives.[7] They may also provide medical care in the home and help with health navigation, information-seeking and finding, and decision-making in health care settings.[7] A 2023 AARP report estimates that there are 1.28 million caregivers in North Carolina who provide over 1 billion hours of care per year.[A,8] More than half of family caregivers are children or children-in-law, and about 12% are domestic partners or spouses.[9]

This chapter presents four recommendations and related strategies to address workforce needs for the older adult population:

Recommendation 9 - Ensure an Adequate Aging Network Workforce for the Future

Strategy 26 - Understand Current Aging Network Workforce Characteristics and Future Workforce Needs

Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce

Recommendation 10 - Ensure a Strong Community Workforce to Serve Older Adults

Strategy 28 - Increase Knowledge and Awareness for Serving Older Adults in the Community

Recommendation 11 - Improve Ability of Community Health Workers to Address the Needs of Older Adults

Strategy 29 - Increase Awareness of, and Sustainable Payment for, Community Health Workers

Recommendation 12 - Support Family Caregivers

Strategy 30 - Increase Access to Employment and Well-Being Support for Family Caregivers

A AARP's report defines a family caregiver as "Any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition."

RECOMMENDATION 9

Ensure an Adequate Aging Network Workforce for the Future

In the 2022 National Poll on Healthy Aging, 88% of respondents (Americans aged 50-80) reported that they felt it is "important to remain in their homes for as long as possible."[10] This requires a robust, trained workforce in the community and, if needed, in older adults' homes. As North Carolinians age in place, it is imperative to have a robust aging network workforce that is prepared to address the needs of older adults. Government support, strategic partnerships, and ongoing collaboration and education can support the current and future workforce in this endeavor.

As North Carolina seeks to ensure an adequate aging services workforce for the future, it is important that aging and adult services organizations understand the characteristics and needs of the current workforce. A comprehensive evaluation may include state and geographical variations of roles housed in aging network organizations, the types of positions needed in these organizations, typical salaries offered, salaries needed to attract workers, and general workforce capacity. Additionally, it should seek to describe the demographic makeup of the workforce, with particular attention to gender, age, race, and ethnicity. The evaluation should also consider the workforce's training needs, including use of and access to technologies.

This evaluation can provide guidance for aging service organization succession plans and collaborative capacity-building opportunities with universities, community colleges, and other partners to train and support future members of the workforce. Retired health care, social services, and aging service professionals may also provide valuable insight on these issues.

STRATEGY 26

Understand Current Aging Network Workforce Characteristics and Future Workforce Needs

The Department of Labor should partner with the North Carolina Division of Aging and Adult Services and North Carolina Workforce Development Boards, as well as other health care and aging network partners, to evaluate the characteristics of the aging network workforce in North Carolina and projected workforce needs in the coming years. This evaluation should examine variations in workforce capacity and salaries across the state, demographics of the workforce (e.g., age, race, and ethnicity), and use of and access to technology.

Desired Result – There will be an understanding of the diversity of the current aging services workforce and geographic gaps in capacity and salary. This will help inform efforts to increase workforce capacity to meet the needs of the growing older adult population.

Why does the task force recommend this strategy? – North Carolina's older adult population continues to increase. In the next two decades, the state's older adult population is projected to increase by an estimated 1 million individuals, or 61%.[11] As this demographic shift occurs, there will be an increased need in the community for a workforce to serve this population. The current workforce that cares for older adults – both through direct care services and through program provision and administration – is also aging and retiring, leaving fewer workers to serve this older population.[12] North Carolina needs current information about the aging network workforce, including demographics and salaries, to plan for the future workforce. A workforce with a diversity of backgrounds and skills such as competency with technology and accessibility-related skills like language interpretation and sign language will best serve older adults in our state.

The direct care workforce, which includes personal care aides, home health aides, and nursing assistants, should also be an area of focus to identify current gaps and future needs. This workforce is addressed in **Strategy 27 – Respond to Current and Future Needs for Aging Services Workforce**.

Context – The aging services network is made up of those organizations that carry out the work of the Older Americans Act – including local senior centers, Area Agencies on Aging, and state and local departments and councils on aging. These organizations plan and provide programs and services, or administer funds to support programs and services, that help to meet the social, transportation, housing, nutrition, and other needs of many older adults.

Partners

The North Carolina Workforce Development Boards are groups of community leaders appointed by local elected officials that oversee workforce programs in their area. In North Carolina, there are 22 local boards, each with representation from members of the local business community, economic development agencies, community-based organizations, education, and more. They also oversee local NCWorks Career Centers to deliver workforce solutions and assist those in search of a job in finding one. The North Carolina Coalition on Aging (NCCOA) launched a similar initiative in 2020 related to the state's direct care workforce – the Essential Jobs, Essential Care project. Together with a national advocacy organization, the NCCOA focused on three policy areas; improving pay, enacting workforce innovations, and strengthening data collection.[13] The Essential Jobs, Essential Care initiative paved the way for recognizing the importance of building and transforming North Carolina's direct care workforce, including a wage increase for director care workers in home and community-based services for fiscal years 2021 through 2023.[14]

How would this impact the health of older adults?

An adequate and diverse aging network workforce will help older adults have timely and accessible links to programs and services that help reduce falls, improve mobility, promote proper nutrition, and provide social connections.

STRATEGY 27

Respond to Current and Future Needs for Aging Services and Aging Network Workforce

a. The North Carolina Center on the Workforce for Health should include a focus on health care sectors and disciplines that care for older adults.

b. The Division of Aging and Adult Services and Area Agencies on Aging should partner to:

i. Develop resources for succession planning for aging network providers. Partners should include representatives from Area Agencies on Aging, senior centers, and other aging network providers.

ii. Identify opportunities for partnerships between universities/community colleges and local aging and adult services to connect with the future workforce, share intergenerational activities, and link to capacity-building opportunities. Partners should include the Food and Nutrition Services Employment and Training Program; rehab training programs including PT, OT, SLP, and others; and the UNC System and NC Community College System, among others.

iii. In partnership with NC AHEC, identify opportunities for incorporating retired health care professionals into the aging services workforce for employment.

Desired Result – A strong workforce will be able to meet both the health care and service needs of older adults and family caregivers in North Carolina.

Why does the task force recommend this strategy? – As the population in North Carolina continues to age, the aging services workforce needed to keep this population healthy and safe while living in the community will grow, similar to the need for the aging network workforce described in Strategy 26. State-level actions will be required to respond to these increased workforce needs.

Context – The direct care workforce includes personal care aides, home health aides, and nursing assistants who provide care in both home and institutional settings. There are currently more than 120,000 direct care workers for older adults in North Carolina.[15] In aging service provider organizations, it is common for 20% of available positions to be open with no applications.[16] By 2028, North Carolina is expected to need at least 20,000 additional direct care workers.[17] There will also be an estimated 186,000 openings to fill.[18] Despite their essential roles in health care, direct care workers' wages decreased between 2009 and 2019 after adjusting for inflation.[18] One barrier to higher salaries is low reimbursement rates from public funding for programs that employ direct care workers. This is a complex challenge, as increased reimbursement without overall increases in available funds would likely mean fewer people receive services.

Center on the Workforce for Health

The North Carolina Center on the Workforce for Health is being created as a statewide center focused on collaborative and comprehensive development of North Carolina's workforce for health. The Center is being developed as a collaboration between the North Carolina Area Health Education Centers (NC AHEC), the Cecil G. Sheps Center for Health Services Research Health Workforce Research Center (Sheps), and the North Carolina Institute of Medicine (NCIOM). It will provide a forum for health employers, workers, policymakers, and others to identify potential solutions for success and monitor progress toward addressing workforce challenges. Planned areas of focus are direct care, behavioral health, and nursing. Currently, the Center does not have a specific emphasis on aging services providers.

Caregiving Workforce Strategic Leadership Council

In March of 2023, the North Carolina Department of Health and Human Services and the North Carolina Department of Commerce convened the Caregiving Workforce Strategic Leadership Council. This council aims to address the workforce shortage in part by increasing the number of caregivers and developing an action plan based on data and expert input in areas such as the direct care workforce and nursing.[19] A final report outlining the council's recommendations will be published in late 2023.

Building the Future Workforce

Programs such as the Food and Nutrition Services Employment and Training Program provide skills-based training for individuals aged 16 and older who are able to work at least 20 hours per week. Partnering with older adult services can provide intergenerational relationships between younger and older adults and introduce them to possible careers in the aging network.

Similarly, partnerships between aging network providers, universities, and community colleges may help to fill current gaps in workforce needs through internships and workforce training programs and also inspire more students to enter the field of aging. One example of this is CareYaYa, which partners with college students to offer an "Uber for caregiving," with the ability to hire help for things like companionship, technology, housekeeping, grooming, meals, and pet care for $15 to $25 per hour.[20] The students also benefit from exposure to the adult care sector and gain relevant experience for future careers in health care.

Incorporating Retired Health Care Professionals

Rather than fully retiring, some health care professionals, such as nurses, prefer to reduce their hours or take on less physical labor. Late-career or retired health professionals can be a valuable source for mentoring students and new graduates interested in older-adult care. NC AHEC has programs in place to support these roles, such as encouraging retired nurses to serve as preceptors, mentors, or volunteers, and can grow them with a focus on aging.

How would this impact the health of older adults?

An adequate and diverse aging services and aging network workforce will help older adults remain safe in their homes and have access to needed services.

RECOMMENDATION 10

Ensure a Strong Community Workforce to Serve Older Adults

STRATEGY 28

Increase Knowledge and Awareness for Serving Older Adults in the Community

Desired Result – Professionals serving older adults in the community will have a better understanding of this population's unique strengths and needs and be able to adapt services to meet these needs.

Why does the task force recommend this strategy? – Older adults are sometimes stereotyped as suffering from poor health, loneliness, and cognitive incompetency.[21] These negative stereotypes can affect behavior and judgments toward older adults, which can in turn result in inequitable treatment.[22] On the other hand, there are unique experiences and challenges that older adults may have that can inform how services can be tailored to this population. Educating members of the community, especially those who serve older adults regularly, about ageism and the strengths and needs of older adults will help to address this issue.

Context – There are many professional fields outside of health care involved in meeting the needs of older adults. For example, older adults have different mobility needs and accessible transportation services are critical to helping them live independently within their communities. Transportation workers help fill gaps in community transportation options through resources like door-to-door services, volunteer driver programs, and public transit.[23]

The behavioral and medical issues associated with dementia-related diseases can bring older adults into contact with first responders.[24] However, first responders are not often trained to recognize or handle the complexities associated with the care of people with dementia.[25] Police officers who were trained on dementia were found to better recognize dementia-related behaviors, increasing the safety of the older adult in interactions with law enforcement. EMS providers are also infrequently trained in screening for cognitive impairments, even though older adults with dementia are more likely to visit an emergency room or be hospitalized.[24] Increasing awareness can also lead to successful partnerships to address issues like falls prevention.[26]

These are just a few examples of the variety of professionals in the community who could benefit from education or training related to serving older adults.

How would this impact the health of older adults?

Community services providers who are more educated about the strengths and needs of older adults can better accommodate those needs, helping to reduce falls, improve mobility, and identify when someone may need more assistance related to nutrition and social connections, and where and how to make referrals when needed.

William and his wife Rosalee live in a small town. Rosalee has been experiencing signs of dementia for the past few years and her symptoms have worsened recently. William is her caregiver and loves to take her with him to run errands, go for walks, and have dates to spend quality time together. Their community committed to becoming dementia friendly after William advocated for Rosalee and shared some of their experiences. This has meant that many local businesses, first responders, and public service employees have been trained on best practices for serving people living with dementia and their caregivers. William has seen how this training has led to improved signage in shops and restaurants, and changes to lighting, flooring, and seating in some public spaces. These changes have helped Rosalee adapt better to some of her new symptoms and help William support her during their outings.

**This is a composite story inspired by the toolkit from the Wisconsin Healthy Brain Initiative titled "A Toolkit for Building Dementia-Friendly Communities.*

RECOMMENDATION 11

Improve Ability of Community Health Workers to Address the Needs of Older Adults

STRATEGY 29

Increase Awareness of, and Sustainable Payment for, Community Health Workers

The North Carolina Community Health Workers Association, North Carolina Association on Aging, North Carolina Coalition on Aging, and relevant partners should collaborate to increase the opportunity for community health workers (CHWs) to be a resource in identifying and addressing needs of older adults and family caregivers in communities by:

a. Identifying opportunities to increase the number of CHWs serving North Carolina's communities and increase awareness of the role CHWs can have within a health care team and in connection with local aging services providers.

b. Developing sustainable payment models for CHW services, such as a regional/hub model that would provide funding directly to community-based organizations that employ CHWs.

c. Creating a learning collaborative and/or opportunities for community-based organizations that deploy CHWs to learn from others about partnerships formed to pay for CHW services. Also, grow educational opportunities and tools to help CHWs be successful in addressing the needs of older adults and family caregivers.

Desired Result – Older adults and family caregivers will be connected to resources, services, and programs to meet their needs and support aging in place.

Why does the task force recommend this strategy? – Community health workers (CHWs) are in a prime role to help identify the needs of older adults living in the community and link them to local and online community resources. These team members of a community-based organization, social service, or health care provider practice can be the first to screen individuals for a variety of issues like social isolation, falls risk, fitness to drive, and nutritional needs. CHWs are members of the communities they serve and understand the cultural needs and nuances of community members. This positions them in a place of trust that can open opportunities to see how people live at home and hear their personal stories.

CHWs can only serve in this role effectively if they have the training required to understand the specific needs of older adults, the screening tools to identify needs, and connections to possible resources. This training, and the inclusion of CHWs on the staff of community-based organizations, social services, and health care teams, can only be sustained through reliable funding models.

Context – The North Carolina Community Health Workers Association advocates for the state's community health workers, who serve as liaisons between medical and social services in the community. Through a range of activities including outreach, education, social support, and advocacy, CHWs build health knowledge and self-sufficiency for community members. Among many positive outcomes, CHW interventions have been shown to help reduce health care costs, reduce unnecessary health service use,[27] and fill in gaps left where family and other social supports are not able to meet the needs of older adults.[28]

Certified CHWs in North Carolina are educated using a standardized core competency training available through ten community colleges across the state as of Fall 2023. NC AHEC's CHW program provides continuing education credits through training and professional development resources. These continuing education classes do not currently include specialized training on topics related to older adults.

CHWs and Older Adults

CHWs can address the needs of community-dwelling older adults. One example of this is the Indiana Geriatrics Education and Training Center, which hired CHWs and provided training on aging issues and screenings.[28,29] During the height of the COVID-19 pandemic, these CHWs were able to provide emotional support and resources to older adults that was typically provided by family members – addressing the needs of a vulnerable population during a precarious time and lessening the care burden of their loved ones.[28] This example illustrates the adaptability and critical role CHWs can play during a health crisis. Further, a systematic review of CHW interventions for older adults with complex health needs found that CHWs may benefit the health and well-being of older adults, especially in measures of mood and function.[30]

In a small rural community, an older adult woman living with hypertension was experiencing social isolation. Her husband had passed away a few months ago and she was still processing grief. She stopped taking her medicine and missed appointments with her physician. Her home blood pressure monitor readings were elevated. A CHW from within the woman's faith community visited with her every week and provided social support. They talked and played board games. They took some walks, listened to music and danced a little in the living room. The CHW encouraged the woman to see her physician and offered to go with her. After several weeks, the woman agreed to reschedule her appointment with her physician and the CHW accompanied her. The older woman started taking her hypertension medication again and continued her walks without the CHW. Although there are still some tough days, the woman voiced that she was "so grateful for the compassion and empathy" of the CHW. She shared with the CHW that her blood pressure was back to normal again and that she is feeling more "like herself." As for the CHW, she continues to check in and visit with the woman every month, championing the health of not just this woman, but all those within her community.

**This is the true story shared by a community health worker in North Carolina.*

Payment for CHWs

Collaboration is needed to address barriers to establishing and maintaining a CHW workforce, particularly within existing health systems and community based organizations. Some health care professionals do not understand the role, value, and impact of CHWs.[31] Even when health systems validate the importance of CHWs, there may be barriers to the creation of payment and reimbursement mechanisms.[31,32] Community-based organizations are driven by short-term grants that support payment to CHWs. This issue is of particular importance given the relative low wages of community health work.[33,34] The low wages of CHWs, despite their invaluable contributions, underscore the need for a reevaluation of compensation structures. Average pay for CHWs in North Carolina is $18.19 per hour, which is 10% below the national average.[35]

During the COVID-19 pandemic, the North Carolina Department of Health and Human Services received $56.6 million from the Centers for Disease Control and Prevention (CDC) to support CHWs.[36] This funding helped to hire and train around 600 CHWs. An additional grant of $9 million from the CDC to expand the CHW program is expected to be depleted by the end of 2023.[36]

The integration of CHWs into Medicaid payment structures and managed care systems is a promising development. NC Medicaid is also developing strategies for payment in the state's managed care system, including:

- "Deploying CHWs to reach specific communities and target populations—namely, Medicaid members not engaged in health care or members underutilizing Medicaid services, as well as maternal and pediatric members;
- Providing health plans with flexibility to use CHW services to improve health outcomes for select target populations; and
- Testing a model that considers employment and contracting of CHWs at a ratio of CHWs to health plan members."[37]

Outside of Medicaid, the work of CHWs is often supported through grants – a strategy that can be difficult to sustain in the long term.

How would this impact the health of older adults?

CHWs can help to identify home and community conditions that are necessary for optimum health and well-being for older adults. With proper training, they can observe home environments and perform assessments that can identify falls risks and needs related to mobility, nutrition, and social connections, and refer people to services or health care providers to meet their needs.

RECOMMENDATION 12

Support Family Caregivers

STRATEGY 30

Increase Access to Employment and Well-Being Support for Family Caregivers

a. The North Carolina General Assembly can support older adult employees and caregivers of older adults, people with disabilities, and children by:

- **i.** Implementing family and medical leave for all state employees.
- **ii.** Adopting policies like Family Medical Leave Insurance and requirements that employers allow employees to earn a minimum number of paid sick or personal leave days and allow them to request flexible work without penalty.
- **iii.** Exploring policies that support business owners who want to adopt family-friendly workplace policies.
- **iv.** Exploring policies to support counseling and support services for family caregivers.

b. The North Carolina Division of Aging and Adult Services and Area Agencies on Aging identify opportunities to strengthen support of local outreach efforts for family caregivers to facilitate good nutrition, falls prevention, access to essential transportation, safe housing, and social connectedness.

Desired Result – Family caregivers will have reduced stress and more flexible employment that will allow them to care for older adult family members living at home.

Why does the task force recommend this strategy? – Family caregiving's essential role in the health and well-being of older adults provides opportunities for legislative and employer support. As our state population continues to age, it is imperative that policymakers respond to the needs of family and other informal caregivers. If these caregivers are supported, they may be better equipped to identify and seek out solutions for aging-related issues with their loved ones.

Context – There are an estimated 1.28 million family caregivers in North Carolina who provide over 1 billion hours of care per year.[B,8] Family caregiving is uncompensated and often poses physical, emotional, and financial challenges. Nationally, around 30% of caregivers are in the "sandwich" generation – those who are raising children or grandchildren as they support an aging family member.[8]

Overall, caregivers are more likely to report psychological distress and symptoms of depression compared to non-caregivers, with growing emotional consequences as caregiving demands increase.[38–40] Additionally, caregivers may need to reduce their work hours or leave their careers entirely. Since women are more likely than men to fill more intensive caregiving duties, this time away from paid work exacerbates the gender pay gap.[41,42] For these reasons, a wholistic approach to addressing the physical and practical needs of family caregivers is needed, including attention to emotional well-being. Providing access to counseling and support services can assist caregivers in coping with the emotional challenges of providing care.

Caregiving Among Diverse Populations

The caregiving experience is variable based on resource availability, social support, and perceptions and expectations about caregiving for older adults. In addition, the experiences and cultural beliefs of different racial and ethnic groups impact use of long-term services and supports.[8] On average:

- More Black/African American and Hispanic/Latino caregivers are "involved in high-intensity care, which is marked by tending to someone with greater care needs" and "are more likely than other caregivers to report feeling a sense of purpose in caregiving, even when that care is intense (AARP and National Alliance for Caregiving 2020)."
- Black/African American caregivers "often provide care alone with no other help."
- Hispanic/Latino caregivers "tend to be younger and more often have children under age 18 still at home."
- American Indian and Alaska Native family caregivers "report a sense of reward and satisfaction from caregiving that is attributed to cultural attitudes toward older persons and collective care, even despite experiencing some stress as well."[8]

LGBTQ family caregivers, who represent around 9% of all caregivers, are also uniquely affected by caregiving responsibilities. Legal authority can present barriers to these caregivers when providing care to chosen (rather than genetic or legal) family or to a partner with whom the relationship has not been legalized.

Caregiving and Employment Considerations

Most family caregivers work either full-time or part-time, with a majority (54%) working in hourly wage positions.[8] Employment presents unique challenges to family caregivers who must balance their caregiving and work responsibilities. One survey found that around 20% of working caregivers had to leave their job to maintain their caregiving responsibilities, while 40% reduced their hours to part-time.[43] This is likely because paid sick and paid family leave are uncommon in the workforce. In North Carolina, about 78% of workers (4 million) do not have access to paid family leave through their employer.[44]

B AARP's report defines a family caregiver as "Any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition."

Paid Leave

Paid family and medical leave refers to the ability to take a leave of absence for a "worker's own serious, longer-term health condition, to care for a family member with a serious health condition, or to care for or bond with a new child, and for reasons related to a family's member's military service."[45] Nationally, only 23% of workers had access to paid family leave in 2021.[45] Access to paid family leave varies by income, with only 6% of those with the lowest incomes having paid family leave compared to 43% of those with the highest incomes.[46] Nine states and the District of Columbia have enacted paid family and medical leave laws.[C]

State employees in North Carolina are now eligible for up to eight weeks of parental leave that may be used for the care of a newborn or adopted child, but not for other family members.[47]

How would this impact the health of older adults?

Family caregivers who have adequate employment options that include in-person, hybrid, and online opportunities and well-being supports will be able to provide care for older adults to help them continue to live at home. This care can help to reduce the risk of falls, enhance mobility, ensure adequate nutrition, and provide social connections.

Sarah is a mother and grandmother and has the joy of living with her daughter, Amy, and Amy's family. Sarah helps around the house as much as she can by making sure her grandchildren complete their homework and cooking occasional meals. She has a few health conditions that require regular visits to doctors and specialists, which Amy helps her coordinate and attends with her. Sarah used to be worried that this would interfere with Amy's work schedule, but Amy's employer has provided flexibility to allow for family caregiving needs. This flexibility has meant that the family can to continue to support each other in a variety of ways while not adding additional stress to their lives. Sarah is secure in knowing that she can continue aging in place with her family since Amy has found a balance between her professional and caregiving roles.

**This is a composite story that represents the experiences of caregivers and multi-generational families.*

C States that have enacted paid family and medical leave laws, as of 2021, are California, Colorado, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington.

ADDITIONAL RESOURCES:

Strategy 27 - Respond to Current and Future Needs for Aging Services and Aging Network Workforce

- NC Center on the Workforce for Health
- Food and Nutrition Services Employment and Training Program

Strategy 28 – Increase Knowledge and Awareness for Serving Older Adults in the Community

- National Aging and Disability Transportation Center
- State Aging Plan 2023-2027
- AARP North Carolina
- Strengthening Falls Prevention Efforts with the Help of First Responders

Strategy 29 – Increase Awareness of, and Sustainable Payment for, Community Health Workers

- North Carolina Community Health Worker Association
- NCDHHS - Office of Rural Health – Community Health Workers Section
- North Carolina Area Health Education Centers (NC AHEC) Community Health Worker Program
- NC Medicaid's Community Health Worker Strategy Guidance Paper

1. Joint Center for Housing Studies. Projections and Implications for Housing a Growing Population: Older Households 2015-2035. Accessed September 12, 2023. https://jchs.harvard.edu/research-areas/reports/projections-and-implications-housing-growing-population-older-households
2. Spetz J, Trupin L, Bates T, Coffman JM. Future Demand For Long-Term Care Workers Will Be Influenced By Demographic And Utilization Changes. *Health Aff (Millwood)*. 2015;34(6):936-945. doi:10.1377/HLTHAFF.2015.0005
3. UCSF Health Workforce Research Center on Long-Term Care. Entry and Exit of Workers in Long-Term Care. Accessed September 12, 2023. https://healthworkforce.ucsf.edu/publication/entry-and-exit-workers-long-term-care
4. Bryant N, Senior MA, Associate R. HELPING LEADINGAGE MEMBERS ADDRESS WORKFORCE CHALLENGES: A National Workforce Crisis Report Author. Accessed September 12, 2023. www.LeadingAge.org/Center-applied-research
5. American Public Health Association. Community Health Workers. Accessed September 12, 2023. https://www.apha.org/apha-communities/member-sections/community-health-workers
6. United States Department of Health and Human Services. Community Health Worker National Workforce Study. Published online 2007. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/community-health-workforce.pdf.
7. Schulz R, Eden J. Families Caring for an Aging America. *Families Caring for an Aging America*. Published online December 8, 2016:1-345. doi:10.17226/23606
8. Reinhard SC, Caldera S, Houser A, Choula RB. Valuing the Invaluable: 2023 Update - Strengthening Supports for Family Caregivers. Published online 2021.
9. AARP. Caregiving in the United States 2020. Accessed September 12, 2023. https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html
10. National Poll on Healthy Aging. Older Adults' Preparedness to Age in Place. Accessed September 12, 2023. https://www.healthyagingpoll.org/reports-more/report/older-adults-preparedness-age-place
11. North Carolina Department of Health and Human Services. North Carolina's Senior Community Service Employment Program 2020-2023 State Plan.
12. NCIOM. Sustaining the Care Workforce for Older Adults – NCIOM Annual Meeting. Accessed September 12, 2023. https://nciom.org/sustaining-the-care-workforce-for-older-adults-nciom-annual-meeting/
13. North Carolina Coalition on Aging. Essential Jobs, Essential Care. Accessed September 12, 2023. https://nccoalitiononaging.org/essential-jobs-essential-care/
14. PHI. Building the Direct Care Workforce Movement: The Essential Jobs, Essential Care Multi-State Initiative. Accessed September 12, 2023. https://www.phinational.org/resource/building-the-direct-care-workforce-movement-the-essential-jobs-essential-care-multi-state-initiative/
15. North Carolina Coalition on Aging. Essential Jobs, Essential Care. Accessed September 12, 2023. https://nccoalitiononaging.org/essential-jobs-essential-care/
16. LeadingAge. It's Getting "Scary" in Aging Services: Members Report in Workforce Snap Poll. Accessed September 12, 2023. https://leadingage.org/its-getting-scary-in-aging-services-members-report-in-workforce-snap-poll/
17. Richard D, Sandoe E, Lea S. How North Carolina Can Best Respond to Long-Term Services and Supports Needs. *N C Med J*. 2022;83(6):429-430. doi:10.18043/NCM.83.6.429
18. PHI. Now is the Time to Lift Up North Carolina's Direct Care Workers. Accessed September 12, 2023. https://www.phinational.org/now-is-the-time-to-lift-up-north-carolinas-direct-care-workers/
19. North Carolina Department of Health and Human Services. North Carolina Launches Caregiving Workforce Strategic Leadership Council. Accessed September 12, 2023. https://www.ncdhhs.gov/news/press-releases/2023/03/07/north-carolina-launches-caregiving-workforce-strategic-leadership-council
20. Schuster L. CareYaya seeks to offer convenient, affordable home care services in Cape Fear area. WECT. Accessed September 13, 2023. https://www.wect.com/2023/02/10/careyaya-seeks-offer-convenient-affordable-home-care-services-cape-fear-area/
21. Reissmann M, Geithner L, Storms A, Woopen C. Stereotypes about very old people and perceived societal appreciation in very old age. *Z Gerontol Geriatr*. 2021;54(Suppl 2):93. doi:10.1007/S00391-021-01971-Y
22. Salway SM, Payne N, Rimmer M, et al. Identifying inequitable healthcare in older people: systematic review of current research practice. *Int J Equity Health*. 2017;16(1). doi:10.1186/S12939-017-0605-Z
23. Administration for Community Living. Choices for Mobility Independence Transportation Options for Older Adults. Accessed September 12, 2023. www.eldercare.gov
24. Long E, Hughes S, Gordon K, et al. Working Together: How Community Organizations and First Responders Can Better Serve People Living with Dementia Working Together: How Community Organizations and First Responders Can Better Serve People Living with Dementia Prepared for. Published online 2018.
25. Willing L. How fire, EMS departments can better serve the elderly. EMS1. Accessed September 12, 2023. https://www.ems1.com/geriatric/articles/how-fire-ems-departments-can-better-serve-the-elderly-VuodRBbYUC31etk2/
26. National Council on Aging. Strengthening Falls Prevention Efforts with the Help of First Responders. Accessed September 13, 2023. https://www.ncoa.org/article/strengthening-falls-prevention-efforts-with-the-help-of-first-responders
27. Jack HE, Arabadjis SD, Sun L, Sullivan EE, Phillips RS. Impact of Community Health Workers on Use of Healthcare Services in the United States: A Systematic Review. *J Gen Intern Med*. 2017;32(3):325-344. doi:10.1007/S11606-016-3922-9/TABLES/6

28. Hodges M, Butler D, Spaulding A, Litzelman DK. The Role of Community Health Workers in the Health and Well-Being of Vulnerable Older Adults during the COVID Pandemic. *Int J Environ Res Public Health*. 2023;20(4). doi:10.3390/IJERPH20042766
29. IHI - Institute for Healthcare Improvement. What Is an Age-Friendly Health System? Accessed September 13, 2023. https://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
30. Kennedy MA, Hatchell KE, DiMilia PR, et al. Community health worker interventions for older adults with complex health needs: A systematic review. *J Am Geriatr Soc*. 2021;69(6):1670-1682. doi:10.1111/JGS.17078
31. Rodriguez NM, Ruiz Y, Meredith AH, et al. Indiana community health workers: challenges and opportunities for workforce development. *BMC Health Serv Res*. 2022;22(1). doi:10.1186/S12913-022-07469-6
32. Centers for Disease Control and Prevention. Policy Options for Facilitating the Use of Community Health Workers in Health Delivery Systems. https://www.cdc.gov/dhdsp/pubs/docs/CHW_Policy_Brief_508.pdf.
33. Smithwick J, Nance J, Covington-Kolb S, Rodriguez A, Young M. "Community health workers bring value and deserve to be valued too:" Key considerations in improving CHW career advancement opportunities. *Front Public Health*. 2023;11. doi:10.3389/FPUBH.2023.1036481
34. Community Health Impact Coalition. Pay CHWs. Accessed September 1, 2023. https://joinchic.org/resources/pay-chws/
35. Indeed.com. Community health worker salary in North Carolina. Accessed September 13, 2023. https://www.indeed.com/career/community-health-worker/salaries/NC
36. Lewis I. During the pandemic, community health workers provided a bridge to care for marginalized populations. Now what? NC Health News. Accessed September 13, 2023. https://www.northcarolinahealthnews.org/2023/08/10/community-health-care-workers-lobby-sustainble-funding/
37. NC Medicaid. Community Health Worker Strategy Guidance Paper. Accessed September 13, 2023. https://medicaid.ncdhhs.gov/blog/2023/02/17/nc-medicaids-community-health-worker-strategy-guidance-paper
38. Wolff JL, Spillman BC, Freedman VA, Kasper JD. A National Profile of Family and Unpaid Caregivers Who Assist Older Adults With Health Care Activities. *JAMA Intern Med*. 2016;176(3):372-379. doi:10.1001/JAMAINTERNMED.2015.7664
39. Cuijpers P. Depressive disorders in caregivers of dementia patients: a systematic review. *Aging Ment Health*. 2005;9(4):325-330. doi:10.1080/13607860500090078
40. Schulz R, O'Brien AT, Bookwala J, Fleissner K. Psychiatric and physical morbidity effects of dementia caregiving: prevalence, correlates, and causes. *Gerontologist*. 1995;35(6):771-791. doi:10.1093/GERONT/35.6.771
41. The Center for Workforce Inclusion. The Caregiving Crisis. Accessed September 13, 2023. https://www.centerforworkforceinclusion.org/the-caregiving-crisis/
42. Butrica B, Karamcheva NS. The Impact of Informal Caregiving on Older Adults' Labor Supply and Economic Resources. Published online 2018.
43. Rosalynn Carter Institute. Working While Caring. Accessed September 13, 2023. https://rosalynncarter.org/working-while-caring/
44. KFF. Paid Leave Means A Stronger North Carolina. Published online February 2023.
45. Paid Leave in the U.S. Accessed September 13, 2023. https://www.kff.org/womens-health-policy/fact-sheet/paid-leave-in-u-s/
46. United States Bureau of Labor Statistics. A look at paid family leave by wage category in 2021. The Economics Daily: Accessed September 13, 2023. https://www.bls.gov/opub/ted/2022/a-look-at-paid-family-leave-by-wage-category-in-2021.htm
47. North Carolina Office of Human Resources. Paid Parental Leave Policy. Accessed September 13, 2023. https://oshr.nc.gov/policies/paid-parental-leave-policy