## 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.