



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.