



Community Health Worker Program
2023 Profile (Data from State Fiscal Year 2021-2023 and current as of 6/30/2023 unless otherwise noted)

**Program
Facts**

11
Vendors responded to the
CHW Quarterly Employer
Survey

472
CHWs were trained to
support COVID-19
response

753
COVID-19 immunization
deployment plans were
supported by CHWs

93
Sites were funded by the
CHG and Operations
program

114
CHWs employed at CHG
grant sites

64
Regional meetings

**Success
Criteria**

244,533
Individuals reached
through messaging and
education

11,482
Patient referrals to
health and social services

5,540
Resolved referrals for
health and social services

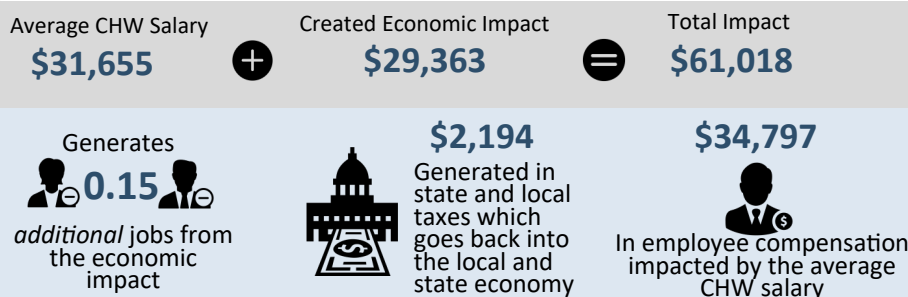
Overview: In 2014, the NCDHHS began reaching out to communities across NC about the impactful work of Community Health Workers (CHWs). In 2018, NCDHHS published the report [Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability](#) and the Office of Rural Health (ORH) hired the first Community Health Worker Statewide Coordinator. In August 2020, the NCDHHS ORH launched the CHW COVID-19 response program and partnered with eight vendors, beginning with 52 counties, and expanding statewide to serve 100 counties to recruit, train, and manage CHWs in areas with high COVID-19 related needs. During COVID-19, communities faced vaccine hesitancy, misinformation, and low awareness. In. COVID-19 response program partnered with eight vendors statewide serving 100 counties to recruit, train, and manage CHWs in areas with high COVID-19 related needs. During COVID-19 communities faced vaccine hesitancy, misinformation, and low awareness. In December 2022, contracts between ORH and vendors deploying CHWs ended when leveraged federal COVID-19 response funding ended. In July 2022, NC DHHS issued guidance from Medicaid and Community Health Workers. In 2023, the program shifted to CHWs addressing whole-person care and the social drivers of health. In January 2023, the NCDHHS Office of Rural Health took a regional approach, with a focus on maintaining relationships with Community Based Organizations that hired CHWs during the COVID-19 program, as well as forging new relationships across the state’s 6 Medicaid regions. Although organizations were no longer required to submit data to The Office of Rural Health, 11 unique CHW Employers shared data on # of CHWs hired, trainings offered to CHWs, and # of vaccine deployment plans support by CHWs. In SFY23, through the CDC’s CCR 2109 CHW grant, the Office of Rural Health contracted with the North Carolina Community Health Center Association (NCCHCA) to hire four CHWs across four different Federally Qualified Health Centers (FQHCs) to improve access to primary health care and social services in underserved areas and populations.

Community Health Worker Overview and Responsibilities: Community Health Workers are frontline public health workers who are trusted members of the community trained to support disadvantaged individuals. CHWs play a crucial role in promoting community health and addressing health disparities and are responsible for connecting North Carolinians to medical and social support resources. CHWs are responsible for connecting North Carolinians to medical and social support resources including: social drivers of health such as transportation, food, housing, and preventative care as well as access to primary care, and care coordination.

Regional Approach: ORH Regional Coordinators also participated in the Health Equity Action and Learning (HEAL) Collaborative in partnership with the North Carolina Area Health Education Centers (NC AHEC), the NC Community Health Worker Association (NCCHWA), and CommUnity Healing through Activism and Strategic Mobilization (CHASM). The HEAL collaborative is a project that involves Community Based Organizations (CBOs), CHWs, System Allies, as well as Regional leads in tackling public health problems specific to each Medicaid Region. Regional Team members worked with their region’s CHW Leaders and System Allies to provide support, test, and promote community-centered and community-based solutions to advance racial, economic, and health equity. Examples of projects’ focus include; diabetes preventions, mental health, homelessness, adults with intellectual/developmental disabilities, and racism. Regional Coordinators attended or convened 64 regional meetings (such as Healthier Together – Health Equity Action Network, the western NC CHW coalition, HEAL Collaborative and ORH SAT Teams.)

Return On Investment and Economic Impact

Source: IMPLAN



Each grant dollar has a total economic impact of

\$1.93



***This economic impact is based off of the average salary of one CHW across 6 participating orgs. Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.**



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Community Health Worker Standard Core Competency Training



Community Colleges offered SCCT
32

SCCT courses offered

675

Students enrolled in SCCT



423

CHWs certified through SCCT

36

CHWs certified through Legacy Track

9

CHWs certified through Advanced Levels



Communication

Be an effective listener to learn about client's experiences and needs; Communicate effectively during conflict or stressful situations; Be well versed in group communication skills to provide health education and community advocacy to groups served.



Interpersonal

Work with diverse groups of people and develop relationships with clients, community members, supervisors, nurses, social workers, and policy makers to improve the lives of their communities and meet the needs of others.



Service

Coordinate the care of their clients; Create plans to follow for improving health for their client or community that will require the coordination of services.



Capacity Building

Support their clients and communities through building new skills and promoting confidence in their own health, such as building upon communication skills, reducing of risk behaviors, community organization, and advocacy skills.



Advocacy

Advocate for their clients and communities among agencies, service providers, and support changes to public policies; Speak up to create change that would improve the health and well being of their clients and communities.



Education

Educate their clients and communities on how to prevent and manage health conditions, provide support in developing healthy behaviors, and advocate for social change.



Outreach

Provide outreach to individuals and communities about services that are available and encourage enrollment of those services.



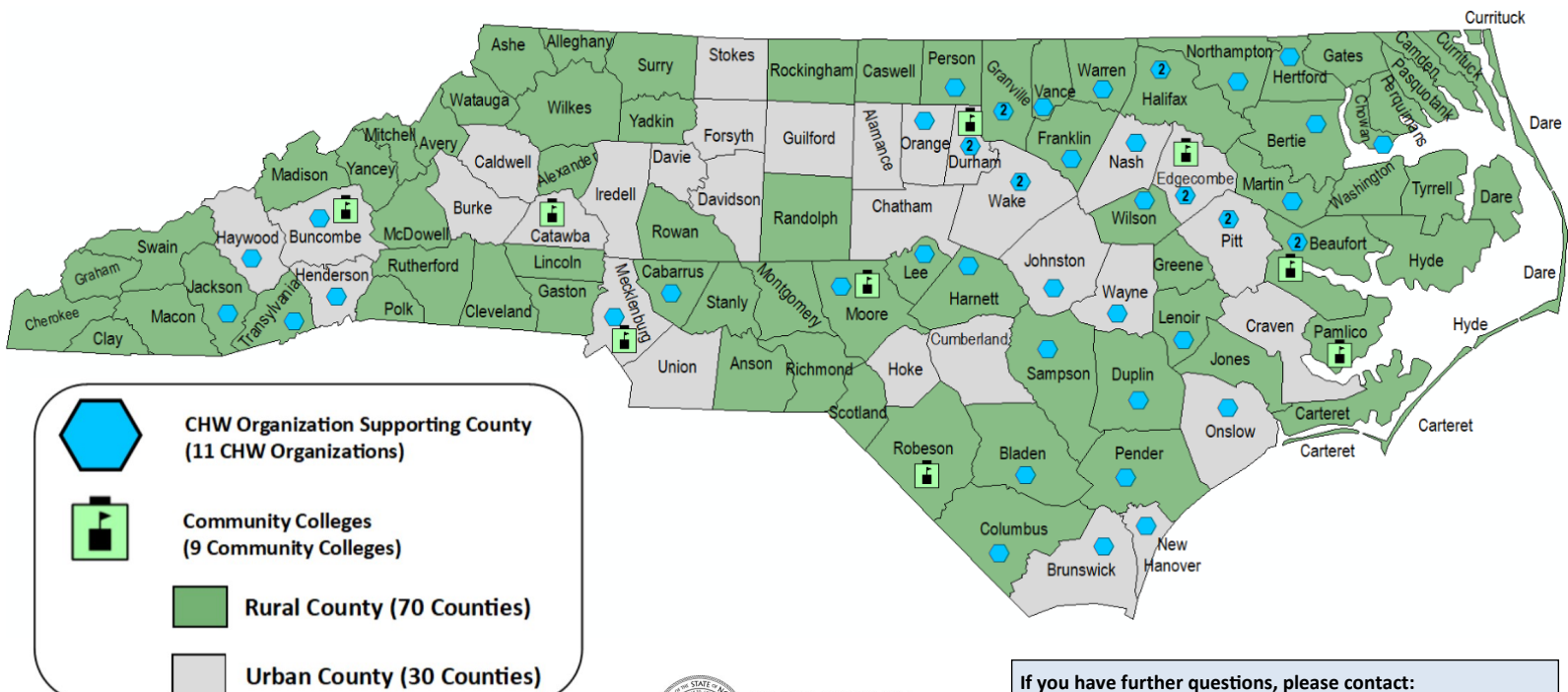
Knowledge

Know and recognize social determinants of health and health topics that impact their clients and communities, to be able to give support and provide information on these topics.



Personal

Have personal skills to be more effective in promoting and advocating for their clients and communities.



*Numbers inside of symbols indicated number of organizations, based on symbol



If you have further questions, please contact:
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