NORTH CAROLINA COMMUNITY HEALTH WORKER INITIATIVE
LESSONS LEARNED FOR STATE CHW EFFORTS, 2020-2024

Introduction

Recognizing decades of prior community expertise and impact across the state by community health workers (CHWs), North Carolina Department of Health and Human Services (NCDHHS) began exploring opportunities for a statewide CHW Initiative in 2014. Supported by funding from the Kate B. Reynolds Charitable Trust, NCDHHS undertook a formal planning process including landscaping of other states, listening sessions, several workforce surveys, and stakeholder meetings, resulting in a 2018 report with recommendations for creating a strong CHW infrastructure in North Carolina. CHWs and the community-based organizations (CBOs) deploying them had for decades demonstrated commitment to community and impact in serving marginalized populations that was realized in this statewide effort. Alongside public health and systems allies, these CHWs and CBOs were instrumental in informing the 2018 report, outlining a roadmap for necessary CHW infrastructure including CHW roles, competencies, training standards, and certification, all based on stakeholder recommendations

Over the next seven years, the report's recommendations served as the basis for investment and activities in the CHW Initiative. Medicaid Transformation and the Medicaid 1115 waiver in North Carolina served as an additional catalyst, with a shift to "Whole Person Health" that enabled managed care and the Healthy Opportunities Pilots (HOP), providing evidence-based non-medical interventions and recognized the role of CHWs in integrated care. At the same time, NCDHHS hired a statewide CHW coordinator within the Office of Rural Health (ORH), established a CHW Advisory Committee, and supported the development and launch of a CHW Standardized Core Competency Training (SCCT) via community colleges. With this foundation, NCDHHS was positioned to make a visionary investment in CHWs to support pandemic response when COVID-19 hit North Carolina. This investment and its impact were recognized on a national scale when NCDHHS and partners applied for and received a $9 million, three-year award from the Centers for Disease Control and Prevention (CDC) to build, reinforce, and integrate a statewide CHW infrastructure to deliver on the recommendations of the 2018 report. The launch of Medicaid Prepaid Health Plans, the Advanced Medical Home model, and HOP during the pandemic provided additional opportunities for CHW engagement in advancing whole person health through Medicaid transformation.

The following document describes programming efforts and presents lessons learned from the NC CHW Initiative during the 2020-2024 period. The purpose of this resource is to support CHW Initiative partners, additional CHW programs in NC, CHW efforts across the United States, CHW evaluators, and policymakers and inform their efforts to advance community-based approaches to whole person health.

A Review of NC CHW Initiative Efforts 2020 – 2024

It is imperative to acknowledge that the investments in CHWs and infrastructure built from 2020-2024 were facilitated by the preceding six-year engagement and planning process. These efforts enabled NCDHHS investment in the COVID-19 CHW Program. Success of the COVID-19 CHW Program was then instrumental in securing funding to further build CHW Initiative infrastructure. Below we describe and break down these complementary efforts: 1) implementing pandemic CHW programming and 2) continued development of CHW Initiative infrastructure following pandemic response.

Implementing Pandemic CHW Programming

During the pandemic, NCDHHS invested in and mobilized a CHW effort to support marginalized populations in response to COVID-19 via an influx of federal funding. Between 2020 and 2022, NCDHHS leadership recognized the significant role CHWs could play to ensure communities could trust and engage with resources in the community, that complement the efforts of the state agency. DHHS was intentional in allocating over $75 million in federal pandemic relief funding to and $16.9 million in state Medicaid dollars the COVID-19 CHW Program to train, deploy, and engage CHWs across the state to facilitate social support care resource coordination, provide community-based education about and increased accessibility to the COVID-19 vaccination, and facilitate connections to care.

The COVID-19 CHW Program was complemented by a coexisting COVID-19 Support Services Programs to address short-term health-related social needs. From September 2020 through March 2021, a Support Services Program (SSP 1.0) addressed quarantine and isolation supports needed, including nutrition assistance, relief payments, transportation, medication delivery, personal protective equipment, and access to primary health care telehealth services. A second program operating August 2021 through February 2022 (SSP 2.0) focused on short-term food insecurity via the Food Bank of Central and Eastern NC. Both CHW and Support Services Programs operated via contracted vendor organizations to implement their respective activities. These programs relied on NCCARE360 (UniteUs), NC's first statewide closed-loop electronic coordinated care network financed by a public-private partnership between NCDHHS and the Foundation for Health Leadership Innovation (FHLI). CHWs within the COVID-19 CHW Program quickly became the largest user group of the social care resource coordination platform. NCDHHS resources were essential to gathering data to measure the impact of CHW efforts, including those from NCCARE360, and matching them to state epidemiological information detailing outbreaks. This information identified communities and regions that required additional attention and assistance and provided a roadmap for guiding next steps of the COVID-19 CHW Program.

Outcomes metrics from the COVID-19 CHW Program demonstrate its scale. From September 2020 through December 2022, over 500 CHWs reached more than 3.4 million people, provided health and COVID-19 education to more than 1.7 million, made 150,500 social support referrals, and facilitated vaccination for over 63,000 individuals.

Continued Development of CHW Initiative Infrastructure

While the COVID-19 CHW program was directly investing in the workforce for the emergency response, the NC CHW Initiative continued to build infrastructure for CHWs that could be sustained beyond the pandemic era. Via a 3-year CDC award (CCR-2109), NCDHHS and CHW Initiative partners began to further implement the recommendations of the 2018 CHW Initiative report. NCDHHS received the award as the government entity and Initiative partners joined as contractors and subcontractors to implement a wide scope of grant activities. Partners included the NC CHW Association (NCCHWA), NC Area Health Education Centers (NC AHEC), NC Community College System (NCCCS) including Surry Community College, NC Community Health Center Association (NCCHCA) and four Federally Qualified Health Centers (FQHCs: Charlotte Community Health Clinic, MedNorth Health Center, Piedmont Health Services, Rural Health Group), UNC Pembroke (UNCP), Community Healing though Activism and Strategic Mobilization (CHASM), and Partners In Health (PIH). Collaborators sought to build, reinforce, and integrate a statewide CHW infrastructure with public health, health, and social care systems.

CCR-2109 grant priorities included:

1) Expanding training, including of CHW SCCT to a virtual learning environment and specialty training opportunities
2) Establishing the NC CHW Association and a statewide CHW certification protocol
3) Developing tools for CHW clinical integration, including rolling out an integration assessment and toolkit, launching a CHW Integration Learning Collaborative, and piloting CHW integration models across four FQHCs
4) Evaluating for impact, continuous quality improvement, and formation of an evidence base to support long-term, sustainable investment in CHWs

Over the past three years, partners have achieved many of these goals to lay a strong foundation for the NC CHW Initiative. A non-exhaustive list of successes is described below:

- A shared set of CHW Initiative principles & values were collaboratively developed to align partners in building a cohesive CHW movement.
- The NC CHW Association was formally established in 2021 and launched with four full-time staff in 2022. As of 2024, NCCHWA has grown to five full-time staff and now includes CHWs in roles as ambassadors, Medicaid expanders, regional network leaders, and data consultants - all corresponding to the six North Carolina Medicaid regions.
- NCDHHS formalized 3 CHW Regional Coordinator roles to engage across Medicaid regions.
- SCCT was formally adopted within NCCCS and expanded from 6 to 14 community colleges with hybrid in-person/virtual options, online curriculum, and offerings in Spanish. Attaching SCCT to CHW certification opened opportunities for scholarships. Between August 2021 and April 2024, 2,478 individuals were trained in the SCCT.
- As of August 2024, 31 CHW Specialty Training modules were available via NC AHEC for CHWs in English, 20 modules in Spanish, with CHW Supervisor Training available via CHASM.
- CHW Certification and the NCCHWA credentialing council were launched in 2022, with a curriculum track (SCCT) and a legacy track that recognized prior experience as a CHW. Certification processes have further evolved to include the nation's first Advanced Levels of Certification to provide a career ladder for CHWs. As of June 2024, 1,185 CHWs have been certified.
- Four FQHCs integrated CHWs into their practices, supported by comprehensive practice support coaching and a CHW Integration and Optimization Tool, which included a CHW Integration health equity assessment tool and pilot of a technical assistance guide.
- 27 organizations participated in the Health Equity through Action and Leadership (HEAL) Collaborative. Six local cross-sector teams from various Medicaid regions focusing on community health improvement projects were supported by 12 CHW leaders and system allies.
- NC Medicaid released a draft Medicaid CHW Strategy Guidance Paper as a first step in considering integration of CHWs within Medicaid
- NCDHHS continued to support the NC CHW Initiative amongst many ambitious priorities including roll-out of Medicaid Managed Care, Medicaid expansion and leadership of subsequent implementation, identification of resource in state government across departments and with philanthropy to support the CHW Initiative and bring attention to the importance of CHWs in the health of North Carolinians.

Findings from North Carolina's Community Health Worker Initiative, 2020-24

Observations from the COVID-19 pandemic response

The COVID-19 pandemic served as an accelerator for CHW Initiative efforts. The pandemic amplified health disparities in communities and weaknesses in public health infrastructure. North Carolina, however, was a leader in emergency response, acknowledging and reacting to the barriers Historically Marginalized Populations (HMPs) faced in communication and education, social supports, healthcare, and vaccination. Based on years of prior CHW Initiative efforts, NCDHHS recognized that CHWs represented an ideal workforce to respond to the needs of HMPs during the pandemic. The unprecedented investment, communication, and collaboration contributed to the program's success and highlighted potential lessons that could be applied to future programming.

- **Federal pandemic funding allowed rapid hiring and deployment of the CHW workforce.** The $91.9 million invested in the COVID-19 CHW Program between federal pandemic and Medicaid funding was visionary, representing one of the largest investments in CHWs by a state. It also recognized the value of CHWs as essential to meet the needs of vulnerable communities. In a short time, this program reached a significant portion of the state's historically marginalized population, helping increase social support and vaccinations. As federal pandemic funding ended, the influx of funding to CHW, social care, and many public health programs also dried up, yet the success of this program bolstered NCDHHS' and partner organizations' applications for funding from additional sources. Namely, the COVID-19 CHW Program supported NCDHHS and partner organizations in receiving the three-year CDC award (CCR-2109) to build additional CHW infrastructure beyond the pandemic. While emergency response funding is not a sustainable financing mechanism, pilot investments in evidence-based programs at scale may allow demonstration of larger impact.
- **Constant communication regarding the evolving pandemic response increased connection and collaboration between government and non-government entities.** NCDHHS maintained constant communication with collaborators and contractors across organizations and geographies during the evolving pandemic response, breaking down siloes and allowing for burgeoning partnerships within the COVID-19 response. CHW program staff were integrated into NCDHHS' communications, testing, contact tracing, and vaccination workstreams (among others). Additionally, contracted CHW organizations met weekly with NCDHHS staff, allowing information to rapidly move bidirectionally between communities, CHWs, and CBOs and state government. While communication needs may be less frequent outside of the pandemic setting, bidirectional channels between state entities and community can enable community involvement in championing equitable health outcomes.
- **The temporary relaxation of governmental restrictions on funding during the public health emergency enabled funds to be deployed to the community efficiently, and in direct response to their needs.** During the COVID-19 pandemic, federal and state governments disbursed emergency funding more directly to communities while loosening many of the restrictions that are often tied to government funding. COVID-19 vaccines and tests were provided free of charge to people in communities regardless of immigration or insurance status. The state committed to cover many costs up front and handled federal reimbursements afterward. Special permissions were granted to state and federal agencies to create more flexibility in contracting policies and

procedures, allowing for more community organizations to participate in the pandemic response and thereby expanding the impact of government assistance. Although most pre-pandemic government policies and procedures have resumed, pandemic-era efforts can be examined to look for opportunities to remove restrictions at the federal and state levels to better support community-based health equity programming.

Locally led, culturally appropriate public health responses are critical to emergency response and lead to improved community health outcomes. NCDHHS recognized that CHWs are effective in part because of their unique lived experience – reflective of the communities they serve – and because of the time personally spent with clients in communities. Reinforcing this community-based model during the pandemic required intentional supports for contracted CHW vendor organizations in the COVID-19 Program.

- **CHWs employed by NCDHHS-contracted vendor organizations were most effective when they were based in the community and often employed by a CBO.** CHWs gathered information from communities and gave effective feedback on programming quickly, allowing for successful dissemination of educational materials, incremental improvements to interventions, and access to social supports. Identifying ways to ensure that community-based CHW employers can continue to participate in statewide and regional initiatives will be essential to delivering effective whole-person health to the most vulnerable communities.
- **Non-governmental organizations (NGOs) with strong administrative structures can form partnerships to strengthen the capacity of CBOs.** During the pandemic response, such alliances allowed for smaller CBOs to receive funds and do the work via subcontracting. The COVID-19 CHW program contracted directly with eight vendors and twenty organizations via subcontracts to reach all 100 counties across North Carolina. In some areas, CBOs with demonstrated administrative capacity but a smaller geographic footprint received contracts directly from the state to implement the program in their catchment area. In areas where NCDHHS contracted larger organizations, these NGOs served as the administrative hub to manage data, reporting, and funding, and subcontracted to local CBOs with strong community roots. A similar structure exists within the Healthy Opportunities Pilots, with Network Lead organizations serving as the administrative hub for a network of Human Service Organizations (HSOs) that deliver services.
- **When launching a new project or initiative, contracted community-based organizations may need upfront capital, capacity-building, and technical assistance support.** Local CBOs, found to be the most effective in reaching communities, require varied levels of upfront capital, capacity-building, and technical assistance support to implement effectively. This was accomplished within the COVID-19 CHW Program via more flexible contracting processes (as noted above) as well as training and technical assistance from the NCDHHS team and partners. When contracting with CBOs, it is essential to understand their capacity for administrative overhead and reimbursement and ensure sufficient capacity-building resources are made available to allow for equitable participation from community-based entities.

CHWs demonstrated effectiveness across a range of roles, exemplifying their adaptability and eminent value in the public health system. During the COVID-19 CHW Program, the entire workforce effectively pivoted multiple times - from educating, referring for social supports, doing outreach for immunization campaigns, to collecting data, and more. Standardized training, lived experience, and close community connection gave CHWs the foundation to work in a broad range of roles needed during the COVID-19

emergency response. The ability of CHWs to be an adaptive, cross-sector workforce during pandemic response aligns with the broad range of roles and competencies nationally defined for CHWs under the CHW Core Consensus Project. CHWs' diverse competencies, lived experience, and irreplaceable roles as trusted messengers can continue to be applied to ongoing CHW integration and health equity efforts.

- **Continuous and responsive CHW training is critical as roles and tasks evolve.** CHWs in the COVID-19 CHW Program completed the CHW SCCT, took COVID-19 CHW training, and received regular communication and training updates on evolving pandemic topics. With sessions in both English and Spanish, CHWs learned strategies to educate communities, counter misinformation, and get HMPs tested and vaccinated. Similarly, topics offered via CHW Specialty Training evolved to meet CHW, employer, and Medicaid priorities to support CHW integration beyond the pandemic.

Robust technical infrastructure, including a social care network and referral system, is necessary for large-scale and efficient delivery of social support resources. North Carolina's referral platform, NCCARE360, was developed prior to the pandemic and its launch during the COVID-19 response facilitated closed-loop referrals to meet social care needs.

- **Training, technical assistance, quality improvement, and maintenance were crucial to NCCARE360 launch.** All CHWs in the COVID-19 CHW Program received NCCARE360 training and were supported via ongoing technical assistance by UniteUs and NCDHHS' Rural Health Information Technology & Telehealth program. With strong technical support, CHWs were able to use the platform to refer community members to social supports, and soon became the largest cohort of users of NCCARE360. UniteUs and NCDHHS were also able to garner critical feedback from CHWs for quality improvement.
- **NCCARE360 trust building with community-based organizations and marginalized communities was identified as necessary to universal adoption and use of the platform.** As a government-funded endeavor, participation in vulnerable communities was inherently challenging. Community engagement efforts by CHWs during pandemic response facilitated trust building to help increase participation and identify other barriers to use, including language access and gaps in referral areas. Lessons learned from CHWs to grow and improve the platform were leveraged beyond pandemic response with the launch of the Healthy Opportunities Pilots, the statewide initiative to increase social support and whole person health for NC's Medicaid population, that also relies on NCCARE360.
- **Use of NCCARE360 requires a large and continued investment.** The platform, as well as ongoing training, was funded via blended and braided funding, which should be considered when implementing similar referral platforms in other states.

Social care network adequacy is essential to the ability to deliver on identified social needs. During the COVID-19 response, there were higher rates of social support referrals made and higher rates of outcome success when there were existing programs or organizations that could resolve the social support referrals (e.g., COVID-19 Support Services Programs). Additionally, although a referral could be made to support an identified social care need (e.g., housing), there is currently no assurance that a resource or organization would be available to address the referral. Unsurprisingly, program experience as rated by both CHWs and their clients was better when services and/or funding for services were more readily available to resolve referrals. This pattern illustrates a demand for resources and the need to more successfully deliver on social support needs with direct service delivery and payment. These findings had direct implications for the Healthy Opportunities Pilots, designed to identify and deliver on

health-related social needs and assess the HSO/resource network adequacy in the pilot regions via service mapping and HSO recruitment to fill gaps. Additional collaboration across state and local government, social support resource networks, CBOs, and CHWs may help to uncover and explain resource gaps and facilitate planning to improve social care network adequacy.

Advancing the NC CHW Initiative 2021-2024

Building and maintaining a coalition of CHW leaders, champions, and allies is essential to sustaining a long-term movement for a statewide CHW Initiative. Prior to the pandemic, CHW Initiative collaborators including NCDHHS, NC AHEC, NCCCS, UNCP, and the CHW Advisory Council had developed plans to implement the 2018 report roadmap for infrastructure sustainability. The 2021 CDC notice of funding opportunity "CHWs for COVID Response and Resilient Communities (CCR-2109)" offered the coalition a chance to fund the next phase of infrastructure building.

- **Continuous alignment around goals, activities, roles, and accountability mechanisms supports CHW Initiative effectiveness and impact**. Building on prior Initiative planning and with the COVID-19 CHW response underway, NCDHHS convened partner organizations in the Initiative to realign on priorities in preparation for the CDC award. Partners revisited a gap analysis of previously unfunded priorities and participated in a collaborative process with frequent meetings to generate consensus on priorities, identify key roles, and estimate budgets. In the following three years, the CHW Initiative held regular meetings and established working groups for critical areas of work including setting principles and values, establishing training and certification, launching pilots for CHW integration, evaluation, and advocacy (note: the advocacy coalition is external to CDC funding and state government). As priorities continue to be realized and activities are completed, additional visioning and coalition alignment will support the future success of the CHW Initiative.
- **Shared principles and values that center CHWs are necessary to developing and sustaining a CHW initiative.** A shared set of CHW Initiative principles & values were collaboratively developed to connect, align, and galvanize partners in building a cohesive CHW movement. The principles and values were created to establish guidelines that could allow for more open discussion and manage power dynamics. A key facet of their development was the inclusion of organizational staff from all levels, including leadership. One core principle set forth includes centering CHWs in all areas of the CHW Initiative to engender a CHW-led movement. This commitment requires involving CHWs in planning, implementation, and evaluation processes, leadership and decision-making. Open discussions about the challenges of implementing and adhering to the principles and values have deepened collaborator relationships and have been shared via regional and national presentations.
- **Initiative-wide program and project management is key to the success of coalition efforts.** Structuring activities across the multi-year CDC award with multiple partners required comprehensive planning and strong project management. Tools such as logic models, RACI/MOCHA tables, work plans, and evaluation plans helped to set a complex project up for success. NC partners became well-versed in Results-Based Accountability, the process of starting with desired results and moving backward towards the inputs and activities, which offered a standardized process that worked well across collaborators. With multiple activities and sub-activities across the CDC award, establishing working groups and often sub-groups was helpful to build consensus and provide feedback in a larger setting while moving work forward in a smaller one. These working groups have evolved from an initial grant focus to sustain ongoing efforts of the CHW Initiative.

Building a supportive network around local CHW leaders ensures a CHW-led initiative. Establishing a CHW Association realized the goal of CHW leadership within the NC CHW Initiative to create a professional home for CHWs in the state. The multi-year CDC award gave the Initiative the opportunity to implement the 2018 report recommendation of formalizing and launching the NCCHWA.

- **CHW Association startup funding was crucial to accomplishing CHW-led plans to build infrastructure for the CHW Initiative.** An influx of funding for general operating expenses allowed part-time, unfunded association leadership to transition into full-time roles and hire a core team to grow and sustain association efforts. Via a NCDHHS financial assistance grant, NCCHWA received up-front funding (i.e., not reimbursement-based) that allowed rapid upstaffing to focus full-time on CHW Initiative efforts including grant deliverables. As is the case with most smaller organizations, limited cash flow can be a barrier to fronting payments, so a reimbursement model rarely supports organizational stability or growth. In states where CHW associations have faced funding challenges, prioritizing CHW association funding could more rapidly advance CHW leadership and their subsequent activities in strengthening and advancing the workforce.
- **Strong collaboration among state government, the CHW association, and partners is critical to cultivating the success of the statewide CHW Initiative and ensuring a sustainable statewide impact.** In addition to prioritizing funding, NCDHHS strongly supported the NCCHWA as the professional home for the workforce in the state, ensuring CHW training and certification activities in the CDC grant were led by the CHW association. This support allowed NCCHWA to quickly grow and strengthen the workforce. The support of government and other CHW Initiative partners quickly bolstered NCCHWA's reputation as the state resource for CHWs and CHW-related activities and a national leader in CHW workforce strengthening.
- **Ensuring CHW leadership in the Initiative and cultivating a CHW-led movement often requires slowing down to equitably identify, recruit, and onboard CHWs across Initiative efforts.** In alignment with the NC CHW Initiative principles and values, NC partners committed to centering CHWs, and collaborators worked intentionally to achieve >50% CHW participation in steering committees and key decision-making meetings. NCCHWA strategically cultivated CHW leadership and voice within various aspects of Initiative efforts, contracting CHW Regional Ambassadors, Medicaid Expanders, Regional Network leads, and Data Consultants to contribute to a variety of activities. When Initiative meetings took place that did not center CHWs, either through inadequate representation or low CHW participation, partners often paused the process and revisited group structures to better plan for CHW representation and voice. Cultivating a paradigm of equity over urgency can allow for the development of an intentional and sustainable long-term strategy led by CHWs.

CHW Training and Certification

Development of a foundational CHW curriculum and expanded accessibility to trainings are imperative to developing the core competencies of CHWs across the state. Across the world, including the United States, CHW training has been rooted in the concept of "popular education," an approach that aims to build the skills people need to work collectively starting from a foundation of knowledge based on what participants already know and/or do. These principles are applied across CHW training opportunities in North Carolina. Although the NC CHW Standardized Core Competency Training was developed and piloted prior to the pandemic, during the emergency response, training was expanded across community colleges and to a virtual platform to meet the need and demand generated by the COVID-19 CHW

Program. In addition, optional CHW specialty training was created to increase CHW expertise based on additional CHW, employer, and Medicaid priorities.

- **NCCHWA ownership of the SCCT curriculum was critical to ensuring CHW-led training opportunities.** Although the SCCT curriculum operated out of the NC Community College System, ownership of the curriculum by the CHW association ensured that the workforce could drive its own training needs. As the NCCCS embedded training modules into a virtual learning platform, CHWs who built the curriculum and NCCHWA staff served as subject matter experts to support virtual adaptation. Association ownership ensures that both curriculum and instructor quality can be standardized and will support curriculum fidelity across the Community College System.
- **Engaging CHWs and CHW supervisors to inform curriculum development results in especially effective training for CHWs.** Specialty training modules in the CHW Initiative were informed by CHWs and CHW supervisors, resulting in effective specialty training delivery for CHWs. These standards included incorporating principles of popular education, ensuring faculty are CHWs or deeply knowledgeable of CHW culture and roles, and using interactive activities and interspersed knowledge checks.
- **CHWs reflect the diversity of the communities they serve, and thus may require different approaches to training and evaluation**. In CHW specialty training engaging *Promotores de Salud* in asynchronous learning modules required a different approach beyond language difference, including culturally appropriate marketing, user interfaces, and approaches to education**.** Ongoing learning is needed to ensure effective training of different populations within the CHW workforce.

CHW certification provides a formalized credential that can be used to recognize the experience and expertise of the workforce and support ongoing CHW integration. CHW certification processes have been put in place in several states for employers and other organizations to recognize CHW professional competencies and experiences. In the first two years after formalization, the NC CHW Association pioneered new training and certification processes that set a new benchmark in CHW workforce development across the nation. These pathways have helped CHW employers in the state who were looking for a way to recognize quality standards in a diverse workforce and have the potential to be utilized by government entities in future policy and legislation. CHW certification remains optional and serves to standardize the competencies of CHWs but is not meant to convey that certification is necessary for CHW employment if an individual has the necessary experience and skills.

- **Capacity to track certification and develop a CHW repository were key to launching CHW certification in the state.** Because of the early roll-out of the training curriculum, there was urgency in launching CHW certification as students were completing SCCT without the credential in place. NCCHWA launched CHW certification within a month of hiring its first full-time staff and UNCP provided the technical infrastructure to track CHW certification. As internal capacity was built, the certification process was successfully transferred to NCCHWA through close collaboration on logistics, testing of processes by partners, and refinements to the certification process.
- **Providing two tracks for CHW certification, one via SCCT and one via a "Legacy Track," recognizes core training requirements as well as extensive lived and work experience.** SCCT provides standardized training to establish core CHW competencies. Because many CHWs have been working in their field for years, NCCHWA established a "Legacy Track" for certification for CHWs who can provide documentation of their prior experience. While the majority of CHWs

have been certified via SCCT from 2022-2024, the "Legacy Track" pathway certified over 75 CHWs, including at least one working within the CCR-2109 grant. Similar CHW certification pathways exist in other states and should be considered to value the extensive experience of CHWs prior to formalization of the workforce.

- **NC's Advanced Levels of CHW Certification, the first of their kind in the US, represent an opportunity for advancement and career pathways within the CHW profession.** To provide career advancement opportunities for CHWs, NCCHWA, with the support of CHASM, developed advanced levels of certification in alignment with the socioecological model (Level I: individual/interpersonal, Level II: organizational, Level III: community, Level IV: policy). Eligibility for each track is determined by a combination of skills, training, and experience. In addition to providing opportunities for career advancement, these levels demonstrate the holistic ways CHWs contribute to enhanced health equity, efficacy in service delivery, and overall improved health systems and societal health.

CHW Integration

Collaborative structures that provide training, resources, and strategic support to CHW employers are valuable to new and existing CHW programs alike. CHW integration efforts include CHW financing and the hiring, supervision, and integration (e.g., embedding within care teams) of the CHW workforce. In the CDC grant period, CHW Initiative activities focused on creating training and tools to support CHW employers, implemented FQHC pilots with practice support coaching to integrate CHWs into workstreams, and collaborated with government and nongovernment organizations to open discussion on CHW financing and integration in the state. Nearly all collaborators within the CHW Initiative participate in CHW integration efforts via working groups, learning collaboratives, or implementation projects, with a focus on CHW employers and potential payors including CBOs, FQHCs, health systems, and health plans.

- **Engaging CHW employers across sectors and settings is key to CHW workforce growth and sustainability.** Formation of a CHW Integration Workgroup was an important first step in landscaping CHW integration programs and activities, developing recommendations, supporting CHW programming, and engaging potential CHW employers to bolster CHW integration efforts. Efforts over future years will focus on cultivating CHW leadership, stakeholder education, program modeling and evidence generation, and financing mechanisms.
- **CHW-centered learning collaboratives including cross-sector teams can enhance CHW integration efforts.** AHEC convened the Health Equity through Action and Leadership (HEAL) Collaborative, which equipped health teams/systems and CBOs with information and tools to successfully collaborate and innovate. An Initiative-wide approach to recruitment leveraged professional networks to ensure representation of CBOs, health centers, and health systems within each regional team. Several teams within the HEAL Collaborative have leveraged their collaboration to apply funding to support and sustain joint projects.
- **Clinic-based CHW pilot programs may benefit from a tailored approach to practice support coaching, training, technical assistance, and evaluation support.** The four FQHCs included in the CCR-2109 CHW integration pilot had different levels of experience with CHW programming. AHEC practice support coaches worked with each FQHC's staff separately, providing opportunities to identify gaps via their CHW Integration and Optimization Toolkit and subsequently establish coaching needs. Equitable and sustainable CHW integration is impacted by internal culture and the commitment of health care organizations to ongoing learning and growth in health equity. An organizational health equity assessment tool and resource guide developed by and centering CHWs is in the early stages of being tested at FQHCs. The National

Association of CHWs (NACHW) has expressed interest in the work as it could support CHW sustainability efforts nationally.

CHW Initiative Sustainability

Strategic Planning

Strategic planning across CHW Initiative partners is crucial to CHW Initiative sustainability. Stakeholder engagement and planning from 2014-2018 established a roadmap for implementation over the following seven years. Additional strategic planning at the start of the CDC award led by NCDHHS was key to planning and implementing efforts over the past three years (2021 – 2024). With NCCHWA leading the planning and sustainability efforts alongside Initiative partners, additional priority setting via further coalition engagement and growth could inform a future roadmap.

- **Strategic planning tools and cross-coalition organizational capacity enable the creation of sustainable, multilateral roadmaps.** NCDHHS and collaborators utilized strategic planning tools and practices such as a task card, organizing framework, logic models, timelines, and strategic alignment, with the 2018 report serving as the foundation. These tools helped align NC CHW Initiative goals with CCR-2109 grant requirements and allowed the collaborators to identify organization-specific roles and responsibilities for achieving desired project results. These tools and the program/project management infrastructure mentioned can support the long-term success of the CHW Initiative.
- **Landscaping CHW policy, programming, and impact from other states across the U.S. and within North Carolina is helpful in identifying trends and innovative models for consideration in NC.** NCDHHS contracted PIH to develop a comprehensive CHW landscape report to uplift best practices and engage in conversations with other states on future CHW efforts. While information on state approaches to CHW training, certification, and policy/legislation is already publicly available via the Association of State and Territorial Health Officials (ASTHO) and the National Academy for State Health Policy (NASHP), additional landscaping documented the variety of integration and payment models that can support CHW efforts. Because tangible, publicly available process and implementation information related to CHW programming are limited, connecting to and learning from other states and programs can help to inform work in NC and in other states.
- **State-led efforts within the Initiative must plan to be flexible and adaptable to governmental shifts that occur in priorities, processes, and funding.** Since NC CHW efforts began in 2014, many governmental shifts have occurred. Early CHW Initiative activities began in NCDHHS Division of Public Health (DPH) and later transitioned to the Office of Rural Health, with CHW projects also implemented across other NCDHHS offices. In the 10 years that have passed, NC has had four different NCDHHS Secretaries under two different governors (each of a different political party), which has led to shifts in health-related priorities. Government staff have had to remain flexible to support the changing priorities and identify ways to demonstrate how CHW initiatives align with them. Strong government partnerships and bidirectional communication with communities and organizations can help agencies sustain programming in the face of system-specific challenges, such as changes in leadership, staff turnover, and complex governmental protocols. Specific to community organizations, state partners can move toward leaner departmental operations by co-creating transition plans and budgets for implementation with community partners, including them early in planning or changes in programming. In addition, state partners can lean into their role as enablers, helping CBOs engage fully in the

contracting process and educating them in contract administration, so that they can more easily manage and apply for contracts when opportunities arise.

- **Financial sustainability of CHW Initiative efforts is essential and should be central to strategic planning.** Financing CHW activities continues to be a challenge across all CHW Initiative partners and CHW employers nationwide. In NC, the CHW Initiative has started to grow its coalition, including more employers from various sectors to identify sources for further funding and potential models for blended and braided funding. In addition, stakeholders continue to engage state Medicaid and the federal Centers for Medicare and Medicaid Services (CMS) to explore additional avenues to fund CHWs through public financing. Financing of CHW Initiative and integration efforts should include blending and braiding of funding sources across federal and state public sector opportunities (e.g., Medicaid and Medicare), direct CHW employers, healthcare payors, and foundations/philanthropy. At the organizational level, training and capacity building on the financial and contractual responsibilities of managing multiple funding sources successfully is paramount to have equitable engagement across CHW employers inclusive of hyperlocal community organizations as well as larger health systems and insurers.
- **Sustainability of NCCHWA will support sustainability of the NC CHW Initiative.** The roles of NCCHWA have grown over time. In addition to certification and partner convening, they now serve as the professional home for CHWs and CHW activities in the state. NCCHWA's growth began with funding in part by CCR-2109, and the organization is evolving to secure a full operational budget sustained by its own fundraising and resources.

Data and Evaluation

Demonstrating CHW impact and value is necessary to support ongoing and additional investment in the CHW workforce and requires robust data collection. Despite progress in documenting the outcomes of CHW interventions, CHW data across North Carolina (and the US) are largely fragmented across sectors and individual employers without a centralized mechanism for collating CHW efforts and analyzing impact at scale. This lack of standardized measures to assess CHW practice has made it difficult to conduct reliable evaluation, and impossible to aggregate data across programs and regions, impeding commitment to sustainable, long-term financing of CHW programs. In addition, while CHWs have sometimes been involved as data collectors, they have seldom been engaged as full partners in all stages of evaluation and research. Nationally recognized CHW-led evaluation efforts including the Common Indicators Project work to address these challenges through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice and CHW program implementation.

- **Aligned data systems and common metrics are crucial to demonstrating CHW program impact.** NCDHHS contracted UNCP to help streamline and house CHW data in a formal, centralized location, advised by NCCHWA-funded CHW data consultants. Building consensus among collaborators to adopt a shared framework such as the CHW Common Indicators may be another important step. Currently, CHW programs across the US often focus on metrics that align with funding requirements, which often do not align with the CHW-supported Common Indicators. Even with this alignment, data systems and reporting can still be burdensome for CHW employers, especially those that may rely on technological platforms such as medical record systems. A tailored approach to building evaluation capacity and supporting the adoption of the common indicators may be useful. CHWs and early stage CHW programs may benefit from training and technical assistance on data collection and use of data systems for program design, continuous quality improvement, and program impact.

- **Dissemination of success stories across the CHW Initiative can build further support for the CHW movement in NC.** As a lesson carried from the COVID-19 CHW Program, routinely compiling, analyzing, and sharing data/results with collaborators can demonstrate impact and support timely changes in program implementation. A "success stories" format from the COVID-19 CHW Program and Support Services Programs was leveraged in the Healthy Opportunities Pilots as a public-facing storytelling tool for impact. CDC has also compiled stories from grantees that have been part of the CCR-2109 grant to demonstrate impact for continued investment in CHW efforts.

CHW Champions and Organizational Resiliency

CHW Initiative success has relied on champions for the workforce in leadership positions across collaborating organizations, but sustainability and resiliency will require robust structures that can absorb staff turnover and ensure implementation of long-term CHW strategy. Champions, CHW allies or CHWs themselves, across public and private/nonprofit sector partners represent the best opportunity for elevating CHWs and advocating for CHW programming in each sector. North Carolina has been fortunate to have CHW champions across diverse sectors. In addition to CHW champions across NCDHHS, champions are also active in variety of clinical and community-based organizations, in non-governmental organizations, other public health entities like local health departments and FQHCs, and philanthropic entities.

- **Staff turnover may result in shifting priorities or an onboarding lag that impacts Initiative plans and timelines.** Within the CHW Initiative, many collaborators experienced staff turnover that inevitably led to delays in implementing plans, as new staff were oriented to the work and required time to build new relationships. Supporting comprehensive onboarding of new staff and revisiting plans and timelines are critical to mitigating risks introduced by staff turnover. Additionally, in settings where turnover is known to be frequent (e.g., grant-specific positions), designing scopes of work with overlapping responsibilities can allow the work to continue even if a position is temporarily vacant. On a systems level, cultivating and retaining staff that have become key champions for the workforce can have a significant positive impact on the workforce.
- **The Statewide CHW Coordinator position at NCDHHS Office of Rural Health is crucial to public sector leadership and sustainability of CHW Initiative efforts.** NCDHHS made a long-term commitment to the CHW Initiative via a coordinator position funded jointly by the Office of Rural Health and the Division of Health Benefits. Because the Statewide CHW Coordinator role is not funded on time-limited grants, the position can support a long-term vision for sustainability of the work supported by NCDHHS and is crucial in building long-term relationships with other champions, state entities, and stakeholders.

Conclusion

North Carolina's CHW Initiative, which built momentum over a multi-year timeline prior to the pandemic and accelerated following 2020, laid the groundwork for CHW infrastructure in the state over the last decade. We identified lessons from this Initiative, which not only inform future planning for the Initiative and CHW workforce in North Carolina, but also for other states and initiatives focused on community-based approaches to whole person health. These lessons may be particularly useful as CDC awardees and their corresponding jurisdictions consider sustainability planning efforts to build upon their investments in the CHW workforce over the past four years.

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