



Community Health Worker Program

2024 Profile (Data from State Fiscal Year 2021-2024)

Program Facts

10

Vendors responded to the CHW Quarterly Employer Survey

35

CHWs were trained to support COVID-19 response

90

COVID-19 immunization deployment plans were supported by CHWs

103

Sites were funded by the CHG and RHC programs

152

CHWs employed at CHG and RHC grant sites

62

Regional meetings

Success Criteria



39,764

Individuals reached through messaging and education



16,839

Patient referrals to health and social services

4,759

Resolved referrals for health and social services

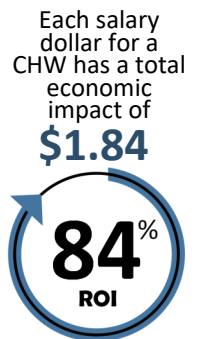
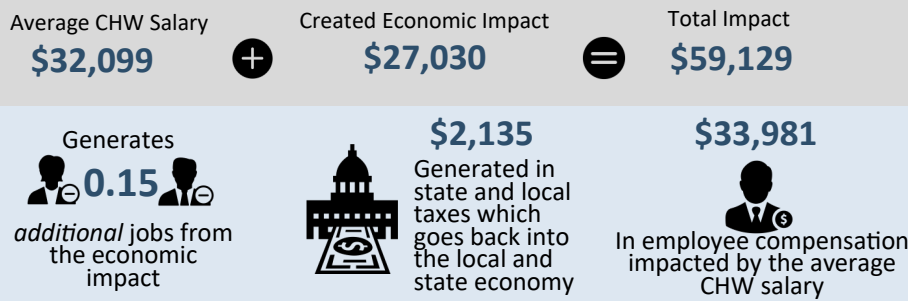
Overview: In 2014, NCDHHS began reaching out to communities across NC about the impactful work of Community Health Workers (CHWs). In 2018, NCDHHS published the report Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability and the Office of Rural Health (ORH) hired 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 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 2023, the program shifted to CHWs addressing whole-person care and the social drivers of health. ORH adopted a regional approach, with a focus on maintaining relationships with Community Based Organizations that hired CHWs during the COVID-19 pandemic, as well as forging new relationships across the state's 6 Medicaid regions. Although organizations were no longer required to submit data to ORH, ten unique CHW employers shared data on the number of CHWs hired, training offered to CHWs, and number of vaccine deployment plans supported by CHWs. Beginning in SFY23, through the CDC's CCR 2109 CHW grant, ORH contracted with the North Carolina Community Health Center Association (NCCCHA) to hire CHW Coordinators across four different Federally Qualified Health Centers (FQHCs) to integrate CHWs into care teams to improve access to primary health care and social services in underserved areas and populations. In 2024, the Centers for Medicaid and Medicare (CMS) released a new Medicare Physician Fee Schedule that included specific codes to reimburse CHWs serving the Medicare population. In partnership with the NC Division of Health Benefits (DHB), ORH is exploring reimbursement models for CHWs that serve Medicaid and Medicare beneficiaries in these settings to promote sustainability of the workforce.

Community Health Worker Overview and Responsibilities: CHWs 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. They are responsible for connecting North Carolinians to medical and social support resources 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, CHWs, System Allies, as well as regional leads in addressing public health problems specific to each Medicaid Region. Regional Team members worked with their respective 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 include diabetes prevention, mental health, homelessness, adults with intellectual/developmental disabilities, and racism. Regional Coordinators attended or convened 62 regional meetings.

Return On Investment and Economic Impact

Source: IMPLAN



\*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



11 Community Colleges offered SCCT

39 SCCT courses offered

669 Students enrolled in SCCT

332 CHWs certified through SCCT

58 CHWs certified through Legacy Track

32 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.



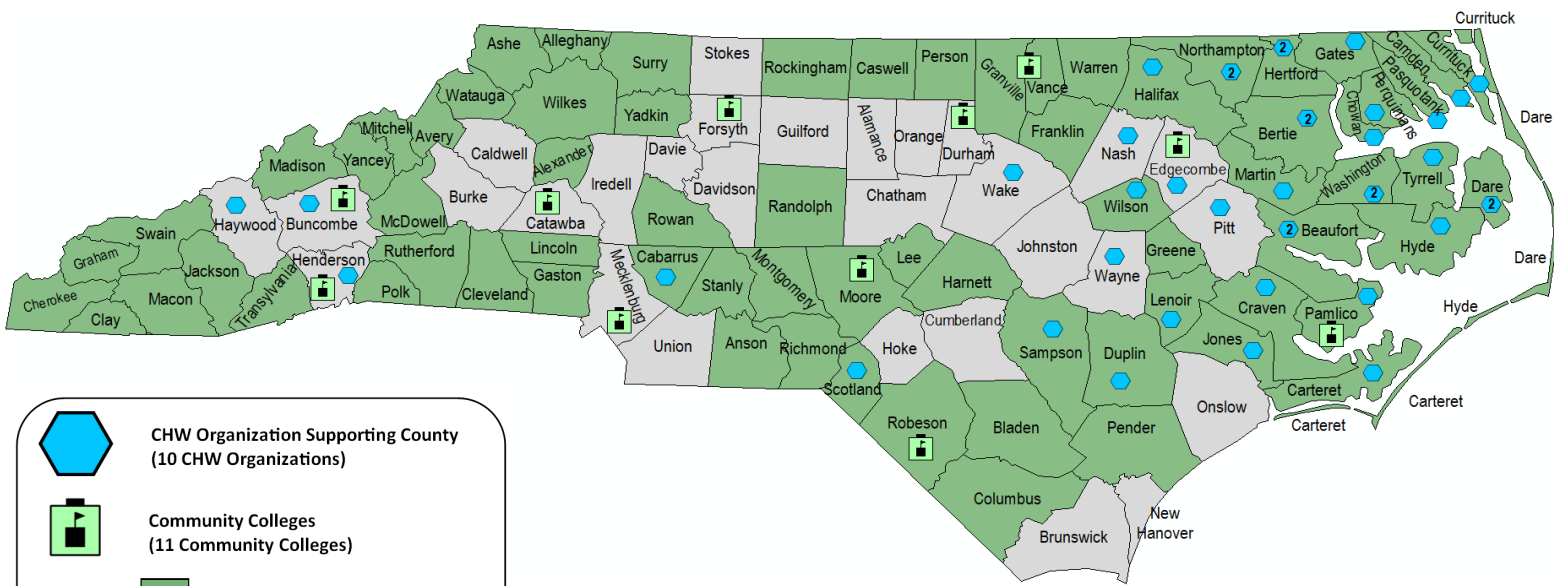
Knowledge

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.



Legend for map symbols: CHW Organization Supporting County (10 CHW Organizations), Community Colleges (11 Community Colleges), Rural County (71 Counties), Urban County (29 Counties)

If you have further questions, please contact: Gretchen Taylor, Medicaid and Evaluation Specialist, Gretchen.taylor@ncdhhs.nc.gov

\*Numbers inside of symbols indicated number of organizations supporting that county, based on symbol