



## NC Coalition on Aging Healthcare Equity Workgroup – Rural workgroup

### Improving access to direct care for older adults in rural areas

#### **Our Why** (*Background-history*)

*Statement or statement bullets on what the past issues/problems were/are in the healthcare system for your workgroup*

1. Older adults living in rural areas, particularly those with disabilities, face compounded health challenges later in life due to a structural lack of access to resources, including (but not limited to) transportation, preventative health care providers, direct care providers, local familial support, government-organized social services, nutritional food, safe housing, and quality care facilities.
2. Access to quality direct care, particularly in the home, is important for improving health outcomes among older adults living in rural areas. Home health aides can help prevent the over institutionalization of older adults with disabilities and can help connect older adults with other resources, care, and services.

#### **Situation as it exists today**

1. In addition to having lower rates of successful aging, older adults in rural areas have worse health outcomes<sup>1</sup> and life expectancy<sup>2</sup> than those living in urban areas.
2. The direct care workforce shortage is more acute in rural areas than it is in urban areas.<sup>3</sup> Because of this, some people are forced to enter congregate living facilities for care when their needs could be met in the community if resources were adequate. North Carolina lags behind most other US states in its policies supporting the direct care workforce,<sup>4</sup> which negatively impacts the quality of care in homes and in facilities. North Carolina also falls below the national average for nursing home staffing, with an average of just 3.47 total nurse staff hours per resident each day in the first quarter of 2022.<sup>5</sup>

#### **Best Practices Recommendations**

1. **Recruit and retain direct care workers in rural areas.** Strengthening the direct care workforce pipeline through training programs and targeted recruitment efforts, as well as increasing compensation for direct care workers, are two proven strategies for broadly addressing the direct care workforce shortage.<sup>6</sup> Studies show that higher wages improve worker retention and quality of care.<sup>7</sup> Because physicians are likely to practice in the same area in which they were trained, Novant

Health New Hanover Regional Medical Center and UNC School of Medicine Wilmington have established a new rural family medicine residency program in North Carolina.<sup>8</sup> UNC-W has had success training nursing students and placing them in rural hospitals. Lessons learned from the implementation of these programs could be applied to the training and retention of direct care workers in rural areas across the state. Some rural hospitals in North Carolina currently offer sign-on bonuses of nursing staff, but additional retention bonuses could be improved.

2. **Allow rural older adults to stay in their homes and communities.** Most older adults express a desire to age in place.<sup>9</sup> A lack of access to home health aides can act as a barrier to aging in place. Older adults with disabilities who may need support with relatively minor tasks may need to move away from their communities to poorly staffed nursing home, which can have significant consequences for health and wellbeing.
3. **Compensate and support informal family caregivers in rural areas.** Many families would prefer to care for aging relatives in their homes, but work obligations, childcare responsibilities, financial pressures, and lack of access to support programs act as challenges to informal in-home caregiving.<sup>10-14</sup> Tax credits, grants allocating resources to family caregivers, such as the [National Family Caregiver Support Program](#), and other legislation can offer monetary support to informal family caregivers and can strengthen caregivers' access to resources. Programs that help family members become paid caregivers for veterans or disabled older adults, such as [Veteran-Directed Care](#), [VA Aid and Attendance or Household benefits](#), and the [Medicaid Self-Directed Care program](#), should be promoted in rural areas through culturally-specific outreach efforts.

### **Call to Action**

*Policy Recommendations & Action Items (no more than 5 if possible)*

1. **As part of our existing advocacy work on strengthening the direct care workforce, NC COA should include specific provisions to improve access to direct care in rural areas, including provisions to:**
  - a. Strengthen the recruitment and retention of direct care workers in rural areas, through means such as:
    - i. Recruiting and training people who already live in rural areas (ex. family members of farm and poultry workers) to direct care occupations
    - ii. Recruiting healthcare workers who may have left the workforce to care for family
    - iii. Establishing culturally-specific recruitment and training programs for recent immigrants in rural areas
    - iv. Implementing a base wage of \$16 an hour for home care workers and tying wage increases to facility-pay to ensure parity
  - b. Support and promote existing resources that help rural older adults connect with and pay for direct care
2. **NC COA could partner with other direct care workforce advocacy initiatives, such as the NCIOM Workforce for Health Taskforce, to encourage them to target the needs of rural older adults.**

3. **NC COA could consider collaborating with the NCDHHS Division of Aging and Adult Services (DAAS) and Office of Rural Health (ORH) to coordinate efforts targeting older adults in rural areas.** For example, DAAS funds in-home care through several programs and funding pools that have provisions to target the needs of older adults in rural areas, including The Home and Community Care Block Grant, [Home care independence](#), and [The State/County Special Assistance In-Home Program for Adults \(SA/IH\)](#). ORH provides [grants and technical assistance to support programs that increase access to care in rural areas](#), but these programs could be better tailored to meet the needs of older adults. As possibilities, the ORH [Provider Recruitment and Placement Program](#) could be extended to offer resources for recruiting and retaining direct care workers, and the ORH [Community Health Program](#) could be extended to provide grants that would help rural residents receiving Medicare or Medicaid benefits access in-home care, in addition to existing grant provisions that help residents access preventative and primary care.
4. **NC COA should continue to promote increased support for family caregivers as part of its legislative priorities, with a focus on partnering with organizations that provide support for immigrant and BIPOC family caregivers.**

### **Future Policy Recommendations**

*Identification of needs or recommendations for potential consideration in the future*

1. Conduct an evaluation of how existing programs and resources for older adults are used in rural areas in North Carolina
2. Adapt the National Rural Health Association federal policy recommendations to improve the lives of rural older adults<sup>15</sup> to state-level recommendations that could be implemented in North Carolina

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