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# **The Value of Partnering with the Home Care Workforce to Care for an Aging Community**

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This issue brief is intended for health center staff to consider the vital role of home care workers as part of the multidisciplinary team needed to meet the needs of community-dwelling older adults. **Please visit [ece.hsdm.harvard.edu](http://ece.hsdm.harvard.edu) for more information about the National Center for Equitable Care for Elders.**



**NATIONAL CENTER  
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## Introduction and Overview

*Health centers and the home care workforce offer two distinct healthcare delivery models guided by social determinants of health that both serve older patient populations. In this issue brief, home care will refer to the work of organizations external to health centers that employ home health and personal care aides for older adults in their homes.*

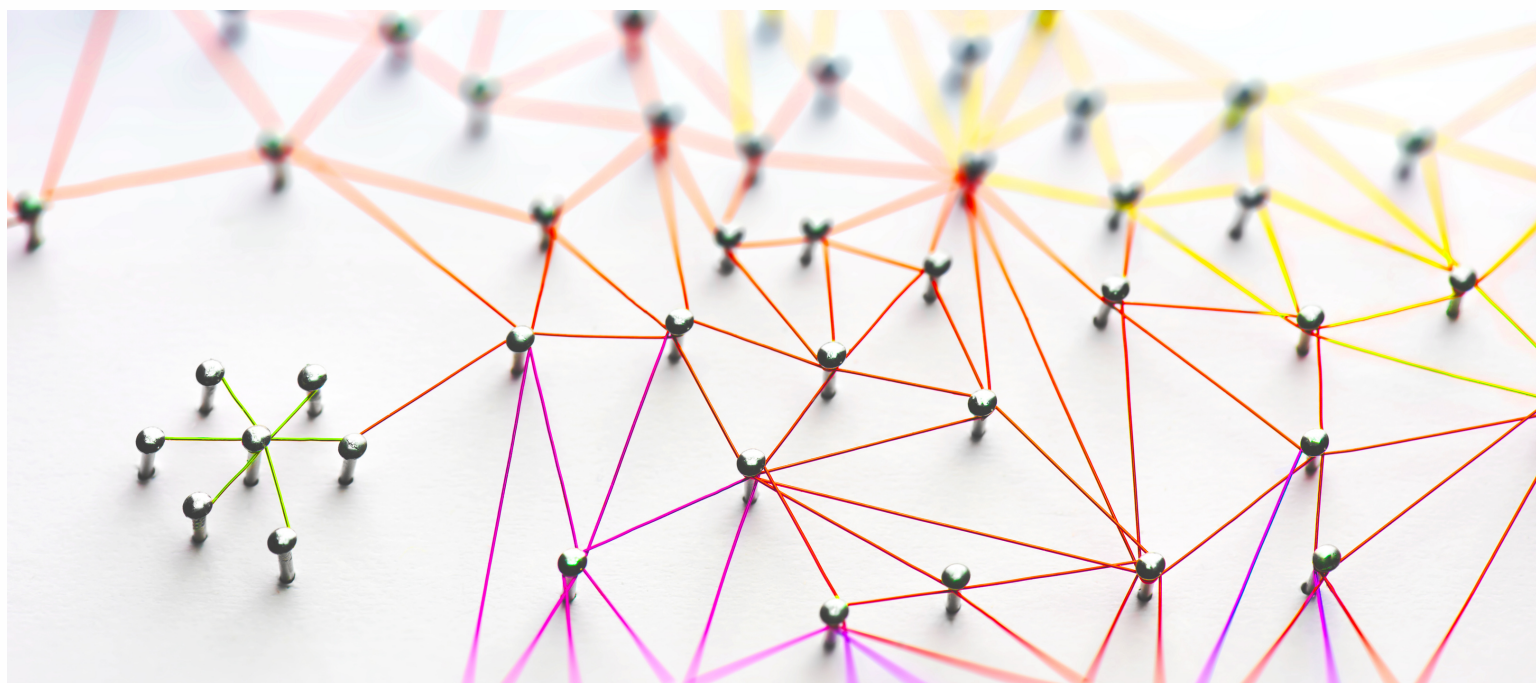
Older adults are the fastest-growing population served by health centers, with a 64% increase in patients over age 65 between 2014 and 2019.<sup>1</sup> This shift toward an older patient demographic is in the context of an aging population in the United States, where 1 in 5 residents will be 65 or older by 2030.<sup>2</sup> Along with an aging population, the long-term care industry, defined broadly as services that meet health or personal care needs, is also projected to grow by as much as 46% by 2029.<sup>3,4</sup> The demand for highly trained direct care workers is increasing across all healthcare sectors, including hospitals, nursing homes, and residential care settings, as the workforce has been increasingly recognized as essential to the health care of older adults.

Structured to fill gaps in U.S. healthcare delivery, health centers are strongly positioned to respond to increasing home care needs for older patients. These clinics supply essential healthcare for older adults in medically underserved rural and urban communities and serve more dual-eligible—Medicare and Medicaid covered — patients than all other outpatient primary care providers.<sup>5</sup>



Health centers and home care workers are natural partners in the care of older adults. Both have emerged in response to unmet community care needs, and they are both structured to make adaptations for individuals based on identified sources of health-related social and financial stressors. They often work against a backdrop of complex and often siloed care systems and multiple federal agencies, underscoring their critical role in working together to assist patients and their families in navigating the health care landscape. Establishing interdisciplinary care models that incorporate home care workers in health center policy and protocol is a starting point for building a quality partnership.

Programs of All-Inclusive Care for the Elderly (PACE)<sup>6</sup> offer an example of this comprehensive care approach as the potential foundation for strengthening connections between health centers and the home care workforce. PACE is an all-inclusive, community-based care model that serves nursing home-eligible older adults through state Medicaid programs.<sup>7</sup> PACE relies heavily on combinations of unpaid family caregiving and professional home care workers to deliver daily frontline care to frail elders. As more health centers expand to include PACE services, the need to build care partnerships with home care workers will be critical to programmatic success.





## Conclusion and Call to Action

Integrating home care workers into health center patient care strategy can help to improve the health of older adults with complex care needs. Through the improvement of health outcomes, the older adult population is better equipped to age safely within their homes and communities of choice.<sup>8</sup> Initial action steps to partner with home care agencies in this effort can include:

- Fostering the shared missions of health centers and home care workers to support functional wellness and interdisciplinary approaches to care.
- Improving communication through information sharing and defining roles to decrease care fragmentation and bridge gaps in knowledge.
- Coordinating with home care agencies to improve early referrals and address barriers to effective management of complex health conditions.

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Visit [phinational.org/](https://phinational.org/) to learn more about the **home care workforce**.



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