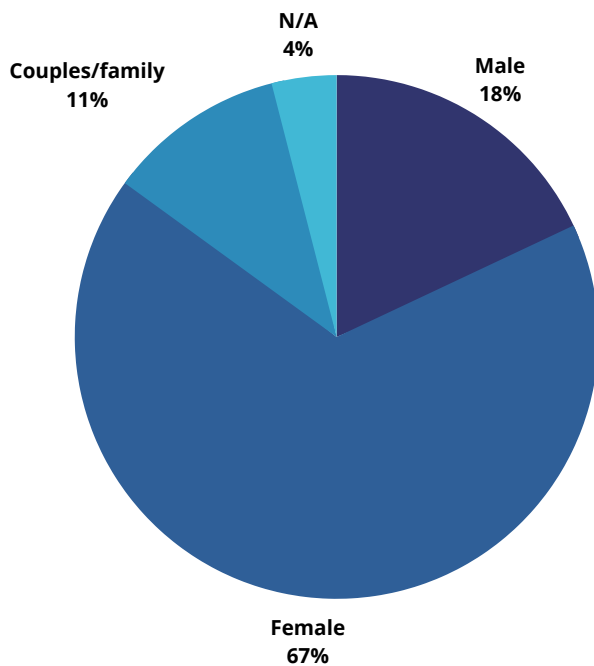


Community Health Workers: Iowa Success Stories

Over the course of the last three years, ICCC has invited Community Health Workers (CHWs) participating in the CHW Professional Skills course to share success stories - examples of situations the CHW assisted with that they felt especially good about or learned something important from. To date, 45 stories have been received. While each story is fascinating to read, they have been summarized and excerpted for brevity.

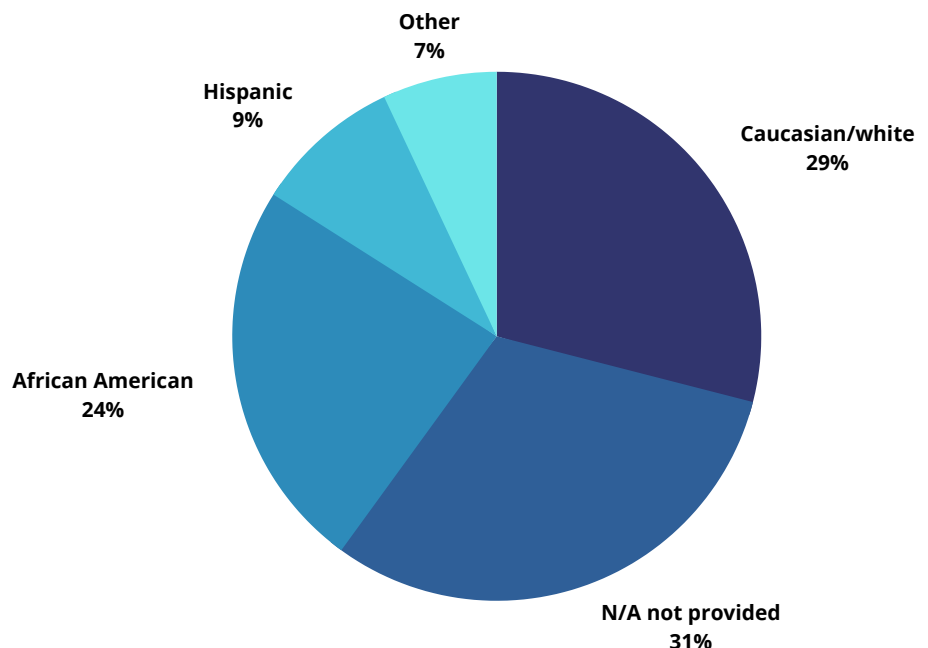
This document highlights the information collected from these examples of CHW success in Iowa.

Patient/Client Demographics



The graphics to the left and below highlight some of the demographic data reflected by the stories received. It is not reflective of all those served by CHWs, merely those that were featured in the success stories received.

It should also be noted that success stories were collected on a voluntary basis. ICCC did not require their submission – though at times it has been incited. And, while a general format was offered, stories were received in a variety of formats.



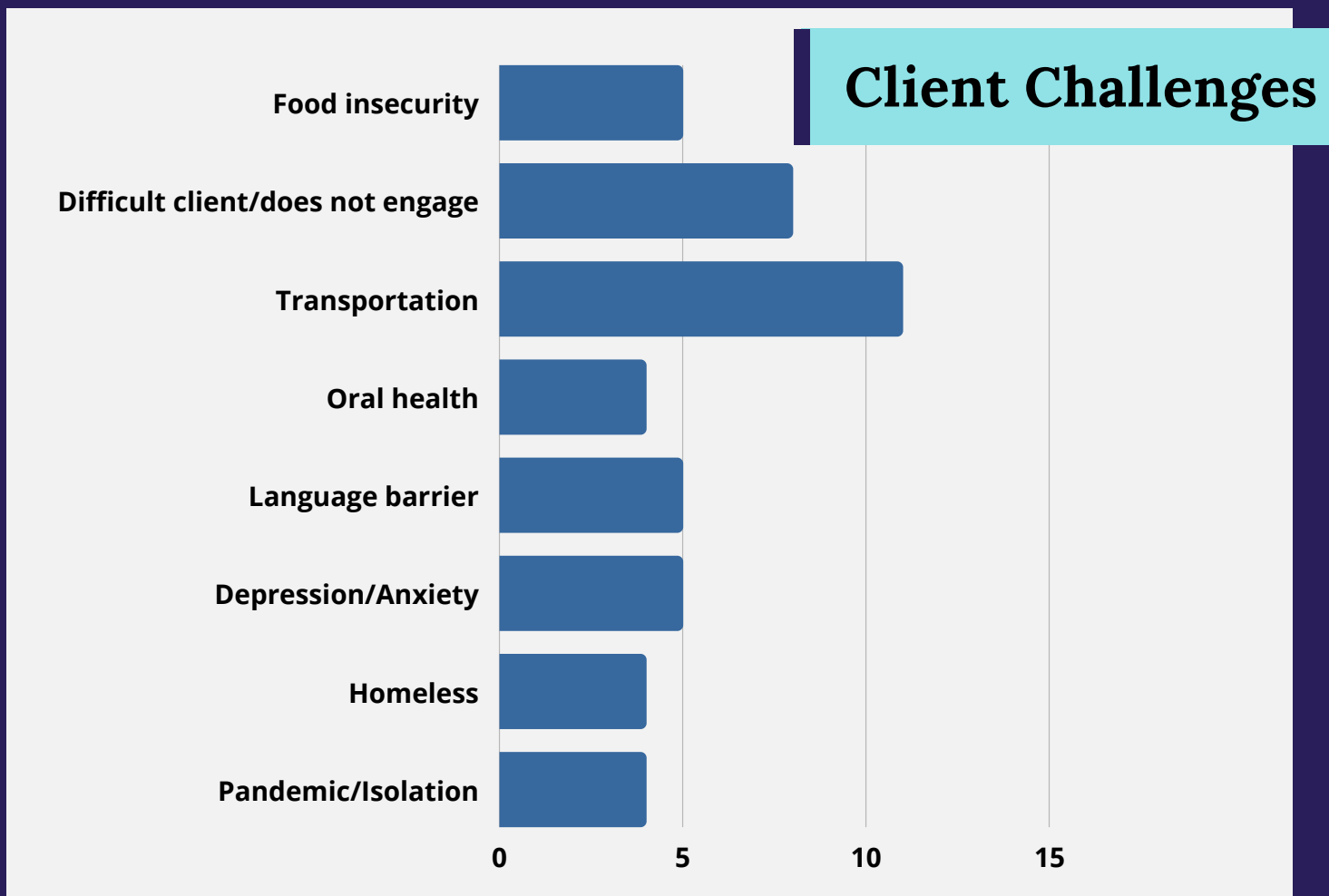
CHWs were asked to share various information, including what organizations they worked with, what the patient/client's primary challenges were, what steps were taken, outcomes, and what they learned from the experience.

As the stories were collected from current and former students from the CHW Professional Skills Training course, considerable interest lies in the lessons learned from their experiences.

"The lesson I learned is to not judge by the experience of others. Each experience is unique. I also learned that shifting the power back to the client can make things happen for everybody involved."

- CHW

The following chart outlines the barriers and challenges faced by those featured in the success stories. Most had more than one, and it was common to have one presenting issue for which the patient/client was referred to the CHW, only to have additional barriers come to light as the CHW established a trusting relationship with the patient/client.



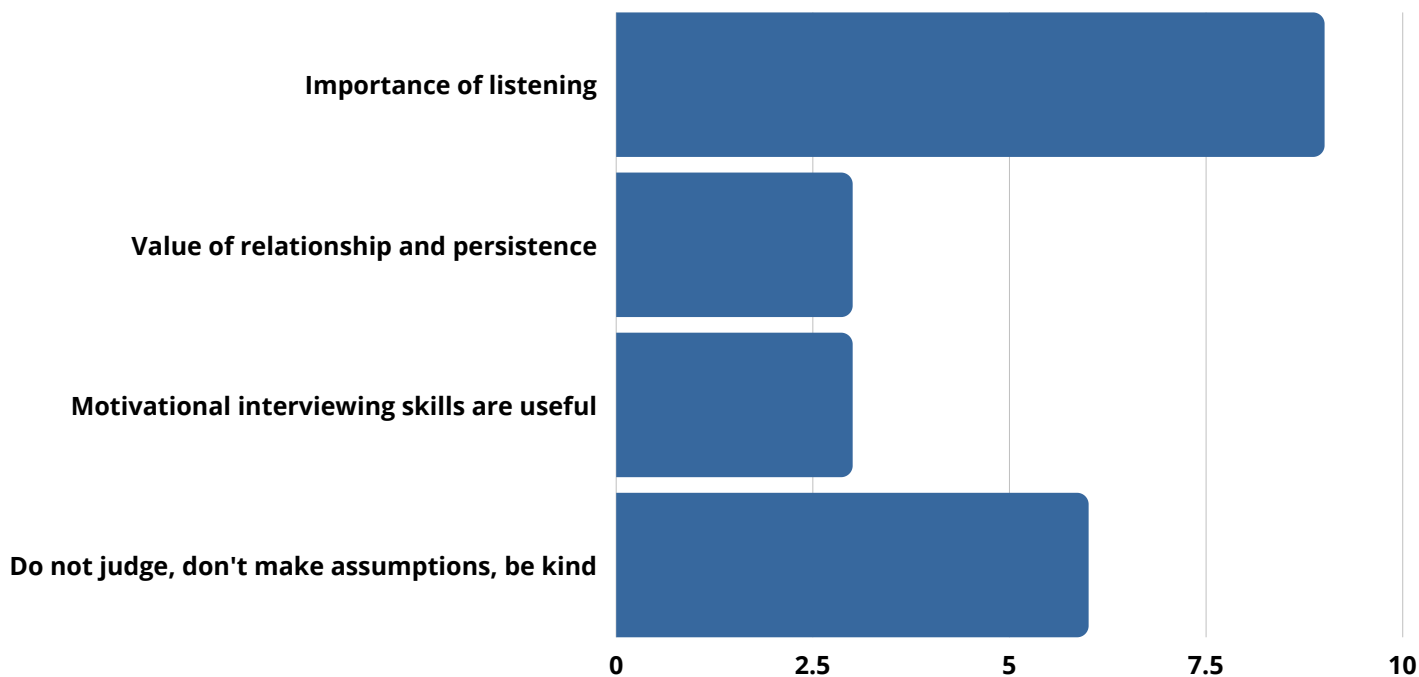
This chart reflects issues identified based on the success stories shared voluntarily by CHWs and should not be interpreted more broadly as a comprehensive list of the most common or important needs faced. A broad range of additional issues were identified - those reflected in the chart were mentioned four or more times.

“Many times, family support programs are unsure of the difference they are making since programs are short term, over the phone, or only in emergencies. It was eye opening to experience this with the family and to realize how much of an impact local organizations can have on families when there is trust, consistency and team work.”

- CHW

Lessons Learned

As noted, ICCG asked CHWs to reflect on what they learned from the experience, even if the outcome was not as initially hoped. Those lessons learned are reflected in the following graph. Responses ranged widely. The authors were able to group and combine similar responses to reflect frequency in the table below, though many additional responses were provided.



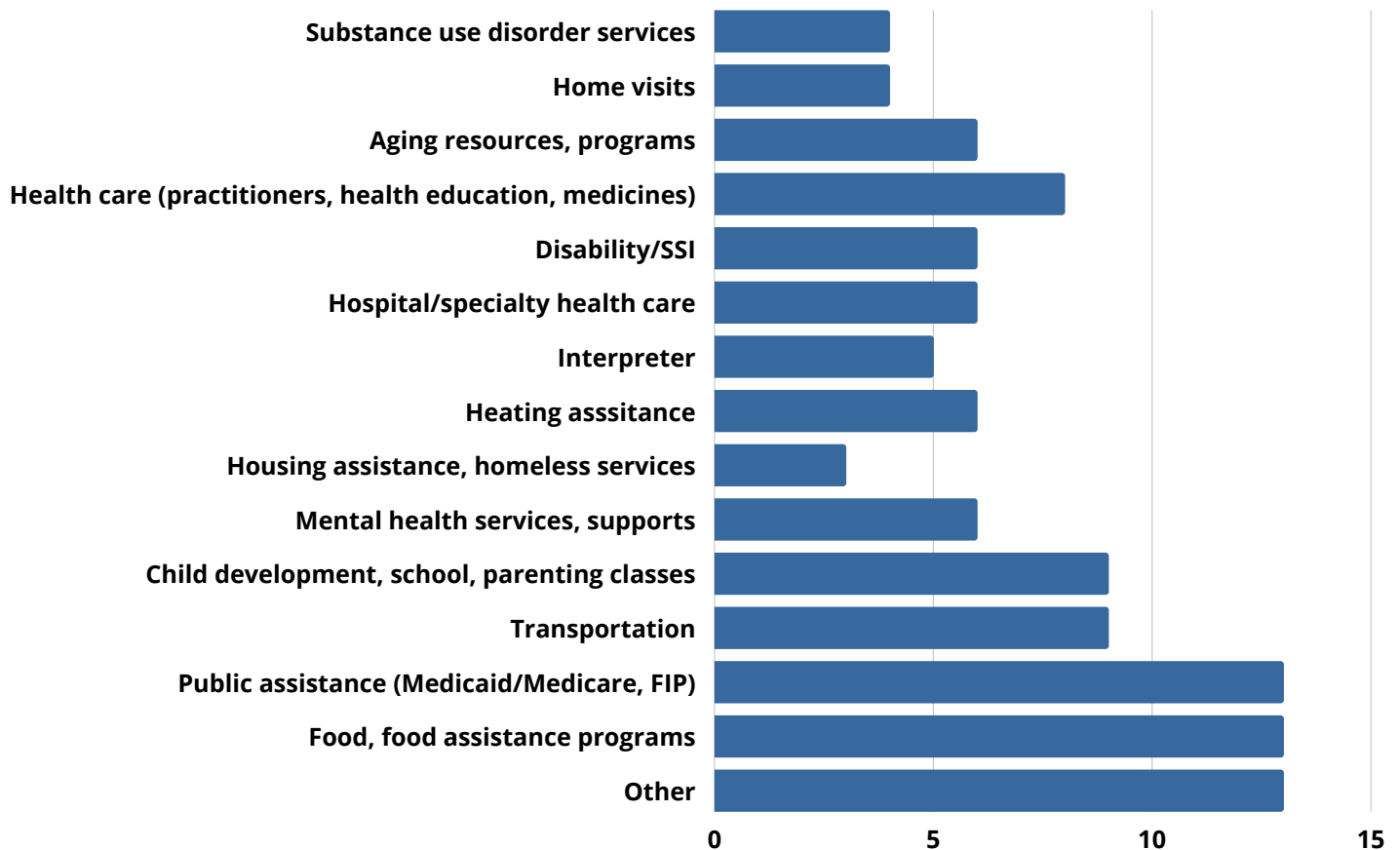
This graph reflects frequency of response, not importance, and should not be interpreted as representing perspectives of all CHWs.

Types of Services Provided/Referred

The types and range of services available vary by geographic location and the client's eligibility.

From the success stories received, the following graph outlines the most referred services. For purposes of brevity, those services referred four or more times are reflected in the table below.

In most instances, more than one service is referred or provided.



The data in this chart reflects the types of services referred in particular instances shared in the success stories and should not be interpreted more broadly as reflecting the most prevalent referrals made by all CHWs in Iowa.

“This client was released from prison and homeless. She needed assistance with employment, programs to help with sobriety (such as AA locations), and case management.

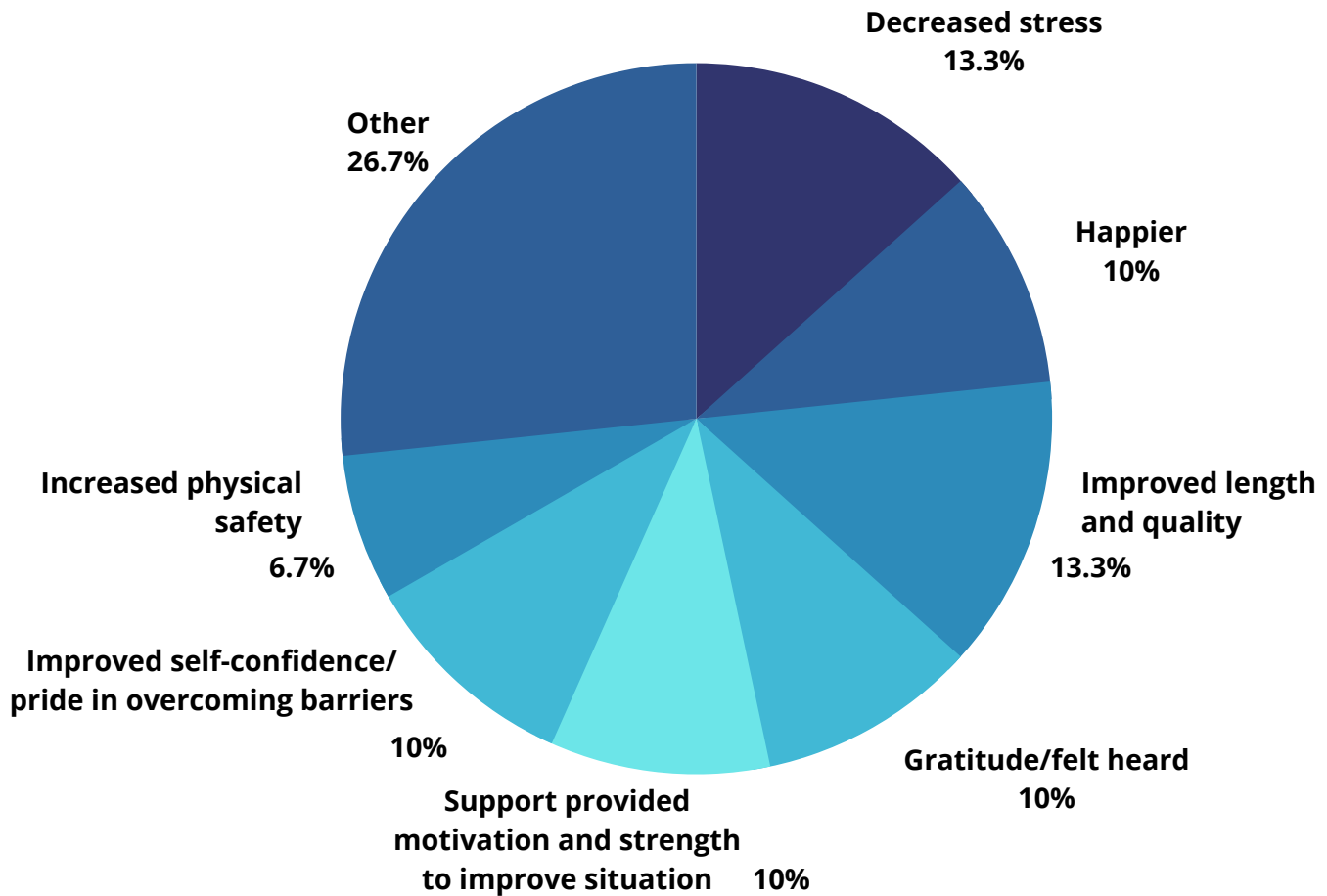
I helped by finding locations of meetings, navigate computer for Zoom meetings. I worked with her to fill out applications and develop a resume. It was a challenge to help the client understand this wasn't a sprint, but she needed to work one day at a time and keep busy with working on herself. She got the job she wanted and is also working on setting goals - both short and long term.

The impact is that she began believing in herself. Understanding the process of self-care and working on small steps. She is now looking into an apartment and on her finances. Key factors are having strong support systems in place.”

- Excerpt from a success story

Patient Outcomes

The following graph outlines the CHWs' perspectives on patient outcomes from the successful experience shared. Again, only the responses mentioned with some frequency are reflected in the table below; a range of additional outcomes were shared in the success stories provided.

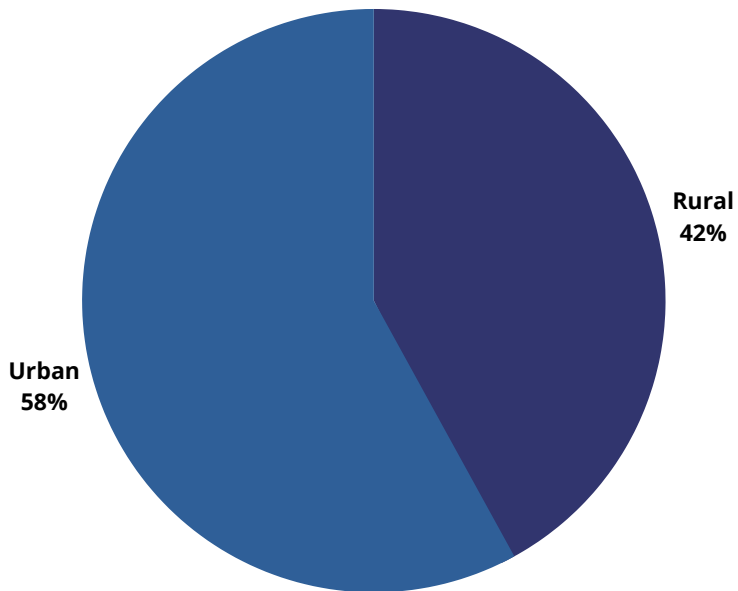


This graph reflects the frequency similar perspectives were shared by CHWs and are not necessarily based on data or other documented outcomes.

"Today, I was able to see a patient that wanted to get some questions answered about his coverage options with a disability. During the appointment he decided to open up a little bit more with me. He gave me his background story, and how him and his son left a domestic household and became homeless. He told me about his last appointment at our clinic and that his provider prescribed medications for his depression. After talking to him a bit more, he told me that he was really excited to get his mental health back on track until he tried picking up the prescription and wasn't able to afford it. After looking through his chart to find out what he may be eligible for, I saw that he was part of the Homeless Program. We took a walk down to the pharmacy and he explained his situation. Ultimately he learned his prescription could be transferred to our pharmacy and there would be no charge of the medication!!! He was trying very hard to hold back his tears, but after walking him outside he broke down. He was so grateful for all our organization has done to get him on a better track mentally, financially, and physically."

- Excerpt from a success story

Urban and Rural Successes



Available literature indicates CHWs are often utilized at higher levels in urban areas. While this may be true, there is good representation of CHWs from rural communities in ICCC's CHW Professional Skills Training program, and reflected in the success stories received, as noted in the chart to the left.



The following excerpts highlight successes and outcomes achieved in rural areas of Iowa.

“Mom has since gained knowledge on developmental milestones. Mom’s education has increased tremendously on positive discipline methods, persistence coaching, being toddler directed, and the importance of play. Mom is willing to do “what it takes” to ensure her 3-year- old will succeed and will graduate high school!

I guess this mom has had an impact on me.....be kind, not everyone comes from the same background! I hold my head proudly and am very thankful that I met this mom. She is a great person and a great mom. She works a full-time job, is not on any state aide, no child-protective involvement, only has her son (that’s where her focus is), she is not in jail (and never has been) and stopped using drugs when she found out she was pregnant! She actually moved to a different county to “escape that life” and get away from it all so that her son can have it better than she did.”

- Excerpt from a success story

“This client was pretty resistant at first. His answers to every question I asked were short and gruff. I remember I finally told him “I am here for you, and everything I am doing is to help your situation. You can choose to accept my help or not.” This was a game changer for him, and his entire attitude shifted. He cooperated with everything I asked, which was complicated as we applied for Disability and Medicaid. He always answered my calls. We were able to establish a regular monthly income and food stamps for him. He received Medicaid funding. He utilized Medicaid funded transportation. And the thing is, he got better. He didn’t meet the goal of hospice of death with dignity. Instead, he improved his life and lived many more quality years.”

- Excerpt from a success story

“DSS connected Mom with local therapy. They attended multiple appointments. During communication regarding these appointments, Mom disclosed concerns involving domestic violence and lack of care from her husband. DSS worked with other programs already involved with the family to connect Mom to the local Domestic Violence Intervention Program. Mom’s ultimate goal was to leave her husband however she was afraid of the consequences. DSS, HOPES Home Visiting program and DVIP arranged for Mom to file a no contact order when she requested it. All three programs went to the courthouse with her for the filing and the hearing. The no contact order was granted. Each program stayed in contact with the family and continued providing services while the family found alternate housing.

According to Mom, she would not have known how to initiate a no contact order nor would she have been able to get to the court house on her own.

DVIP-assisted Mom with the legal process and created a safety plan for the family. HOPES-provided transportation to the family and remained a safe face for the kids during home visits.

DSS-connected family to therapy and brought all programs together to become a team for the family.”

- Excerpt from a success story

“The tragic deaths in the extended family made it more challenging to help this family who already had a lot of stressors. Helping them reinforced for me that I need to be patient and follow the patient’s lead. It was important to focus on what she wanted help with, not what I thought she should do.

Following up with patients helps me to build rapport. It’s like a puzzle. Every time I talk to the patient, I get another “piece” and learn more about the patient’s stressors. This helps me to provide the best service possible.”

- CHW

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