



Henry County

HEALTH CENTER

# HC Health Equity Plan

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# HC Demographics Data

Henry County, Iowa is Rural . In Henry County, 54.7% of the population lives in a low population density area .

	County	Iowa
<a href="#">Population **</a>	20,196	3,200,517
<a href="#">% Below 18 Years of Age **</a>	20.5%	22.6%
<a href="#">% 65 and Older **</a>	20.0%	18.3%
<a href="#">% Non-Hispanic Black **</a>	2.9%	4.2%
<a href="#">% American Indian or Alaska Native **</a>	0.5%	0.6%
<a href="#">% Asian **</a>	2.4%	2.8%
<a href="#">% Native Hawaiian or Other Pacific Islander **</a>	0.1%	0.2%
<a href="#">% Hispanic **</a>	5.6%	6.9%
<a href="#">% Non-Hispanic White **</a>	87.2%	83.7%
<a href="#">% Not Proficient in English **</a>	1%	2%
<a href="#">% Female **</a>	47.8%	49.8%
<a href="#">% Rural **</a>	54.7%	36.8%

\*\* Use caution if comparing these data with prior years



# Health Rankings



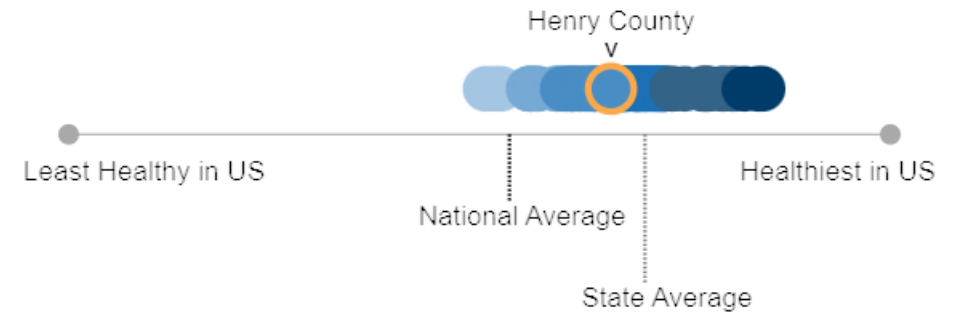
## Henry County Health Outcomes - 2024



Henry County is faring about the same as the average county in Iowa for Health Outcomes, and better than the average county in the nation.



## Henry County Health Factors - 2024



Henry County is faring worse than the average county in Iowa for Health Factors, and better than the average county in the nation.



# Defining Goals

**What areas do we want to focus on for improvement?**

- **Sepsis Mortality**
- **Readmissions**
- **Pressure Ulcers**

**What are our goals?**

- **Increase knowledge of patient population and needs.**
- **Improve patient demographic data capture.**



# Defining Goals

## Initiatives

- Establish Culture of Respect patient demographic data collection training for all applicable current staff and at onboarding of new staff.
- Cerner Healthy Equity Map- analyze current options for ethnicity demographic build and add additional selections based on community demographics, if applicable.
- Increase capture of Social Determinants of Health (SDOH) screening data for focus population.
  - Identify trends in health equity contributing to Sepsis Mortality, Readmissions and Pressure Ulcer rates.



# Planning

## Who will be affected and how?

- Registration staff- training
- Clinical staff- training
- Department/unit leaders- hardwiring SDOH workflows and importance of respectful data collection.

## Project Lead

- Quality Director
  - Community Workgroup
  - Falls and Wounds Committee
  - Sepsis Committee



# Planning

## Resources needed

- Designated staff to address positive SDOH
  - Community resource navigation
  - Cerner workflows including alerts for positive screen
- Data
  - Defined data definitions and data sources
    - a) Iowa Healthcare Collaborative REAL (Race, Ethnicity and Language) data
    - b) SDOH-1 and SDOH-2 rates
    - c) SDOH Dashboard
    - d) Vizient Benchmarking
- Training
  - REAL Data Collection Training Toolkit
  - Onboarding
  - Scripting and support materials for registration staff





# Planning

## Barriers

- Staff time
- Resource allocation
- Monitoring outcomes
- Executive buy-in
- SME

## Measurement

- SDOH completion rate by location
- Demographic data capture

