



Southeast Iowa Regional

MEDICAL CENTER

Health Equity Action Plan

2024



Des Moines County (DMC) Demographics Data

Des Moines County, Iowa is Micropolitan ⁱ. In Des Moines County, 27% of the population lives in a low population density area ⁱ.

	County	Iowa
Population **	38,293	3,200,517
% Below 18 Years of Age **	22.2%	22.6%
% 65 and Older **	21.6%	18.3%
% Non-Hispanic Black **	6.2%	4.2%
% American Indian or Alaska Native **	0.4%	0.6%
% Asian **	1.3%	2.8%
% Native Hawaiian or Other Pacific Islander **	0.1%	0.2%
% Hispanic **	4.0%	6.9%
% Non-Hispanic White **	85.3%	83.7%
% Not Proficient in English **	0%	2%
% Female **	50.7%	49.8%
% Rural **	27.0%	36.8%

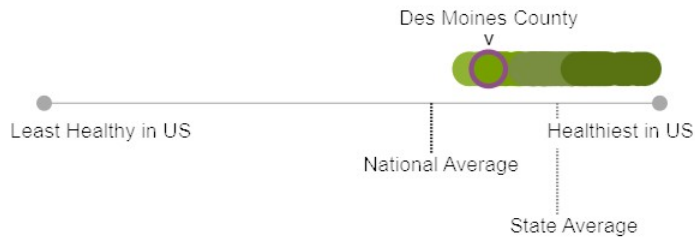
** Use caution if comparing these data with prior years



DMC Health Rankings



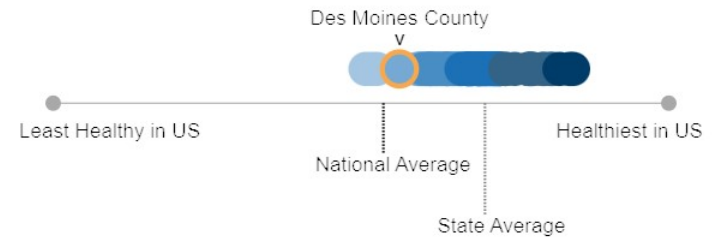
Des Moines County Health Outcomes - 2024



Des Moines County is faring worse than the average county in Iowa for Health Outcomes, and better than the average county in the nation.





Des Moines County Health Factors - 2024



Des Moines County is faring worse than the average county in Iowa for Health Factors, and about the same as the average county in the nation.



Lee County Demographics Data

Lee County, Iowa is Micropolitan . In Lee County, 40.9% of the population lives in a low population density area .

	County	Iowa
Population **	32,840	3,200,517
% Below 18 Years of Age **	21.1%	22.6%
% 65 and Older **	22.1%	18.3%
% Non-Hispanic Black **	2.8%	4.2%
% American Indian or Alaska Native **	0.4%	0.6%
% Asian **	0.7%	2.8%
% Native Hawaiian or Other Pacific Islander **	0.1%	0.2%
% Hispanic **	3.8%	6.9%
% Non-Hispanic White **	90.3%	83.7%
% Not Proficient in English **	0%	2%
% Female **	49.6%	49.8%
% Rural **	40.9%	36.8%

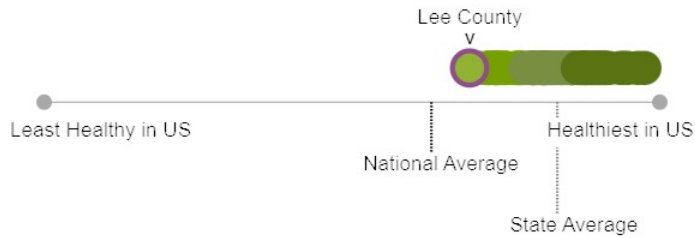
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Lee County Health Rankings



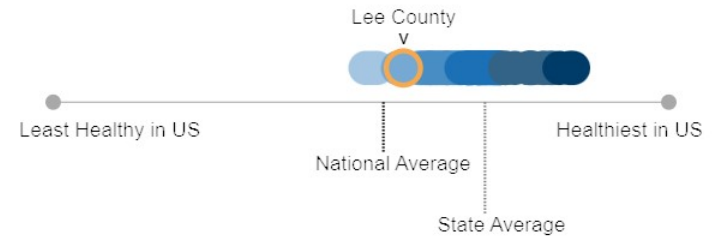
Lee County Health Outcomes - 2024



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



Lee County Health Factors - 2024



Lee County is faring worse than the average county in Iowa for Health Factors, and about the same as the average county in the nation.



Defining Goals

What areas do we want to focus on for improvement?

- Sepsis Mortality
- Readmissions
- Maternal and Child Health

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 and Readmissions rates.
 - Reestablish Readmission Workgroup
 - Identify patient risk factors for early intervention and impact.
 - Identify staff training needs.



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
 - Readmission Workgroup
 - Community Workgroup
 - Maternal Collation



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
- Count of readmission workgroups scheduled

