



South Dakota Department of Health

Presentation to Legislative Planning
Committee

October 22, 2015

What is Public Health?

- Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.
- Public health:
 - ❖ Prevents epidemics and the spread of disease;
 - ❖ Protects against environmental hazards;
 - ❖ Prevents injuries;
 - ❖ Promotes and encourages healthy behaviors;
 - ❖ Responds to disasters and assists communities in recovery; and
 - ❖ Assures the quality and accessibility of health services.
- Public health is a system of entities and individuals working together to protect the health of entire populations – whether it's as small as a local neighborhood, or as big as the entire state.
- Public health includes federal health agencies, state health departments, local health departments, tribal health/tribal government, healthcare institutions/providers, schools/universities, philanthropy, civic groups, faith-based institutions, community organizations/coalitions, emergency responders, elected officials, and other state agencies.



Protecting Public Health





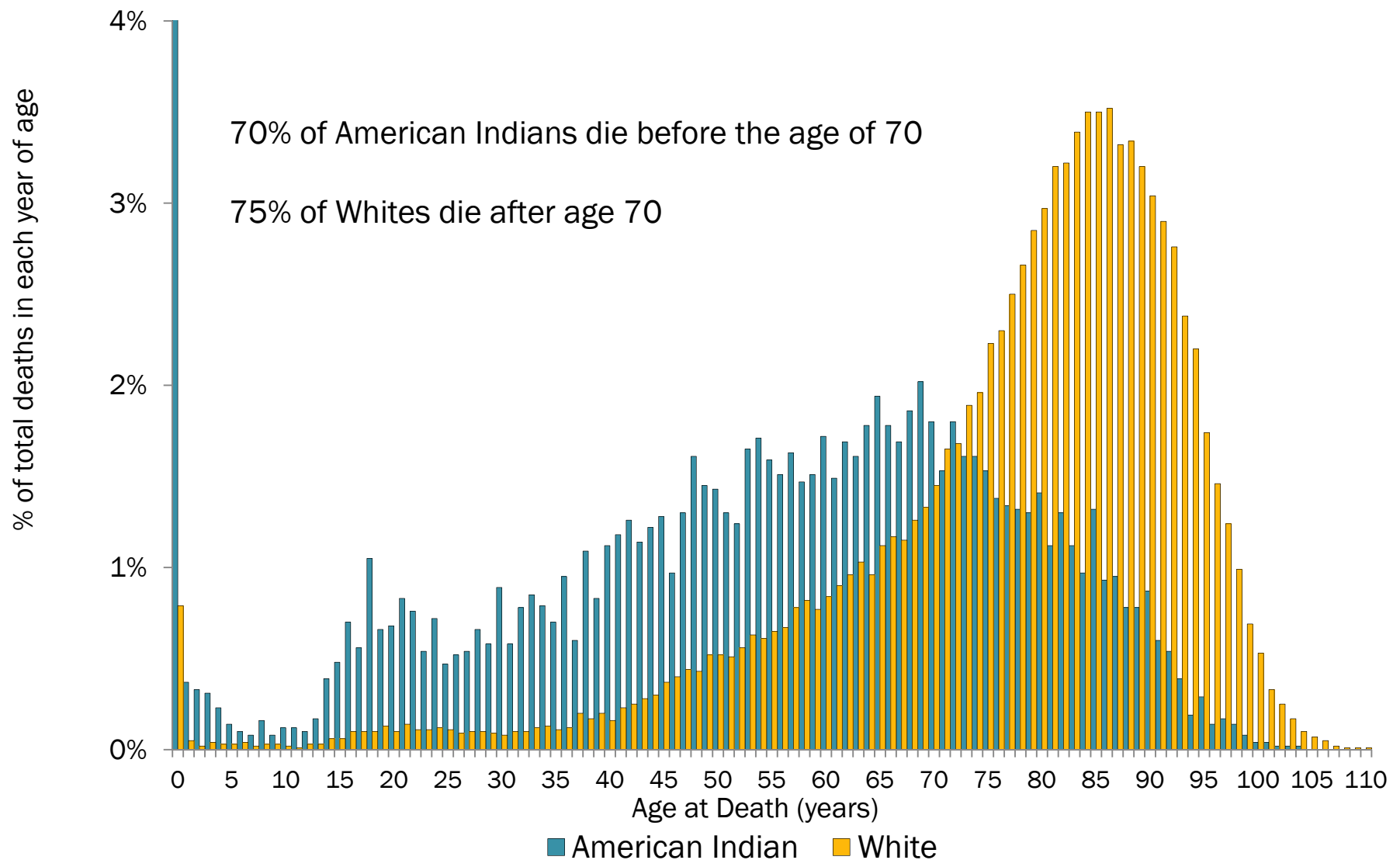
Key Health Indicators

10 Leading causes of death by age group, South Dakota, 2005-2010

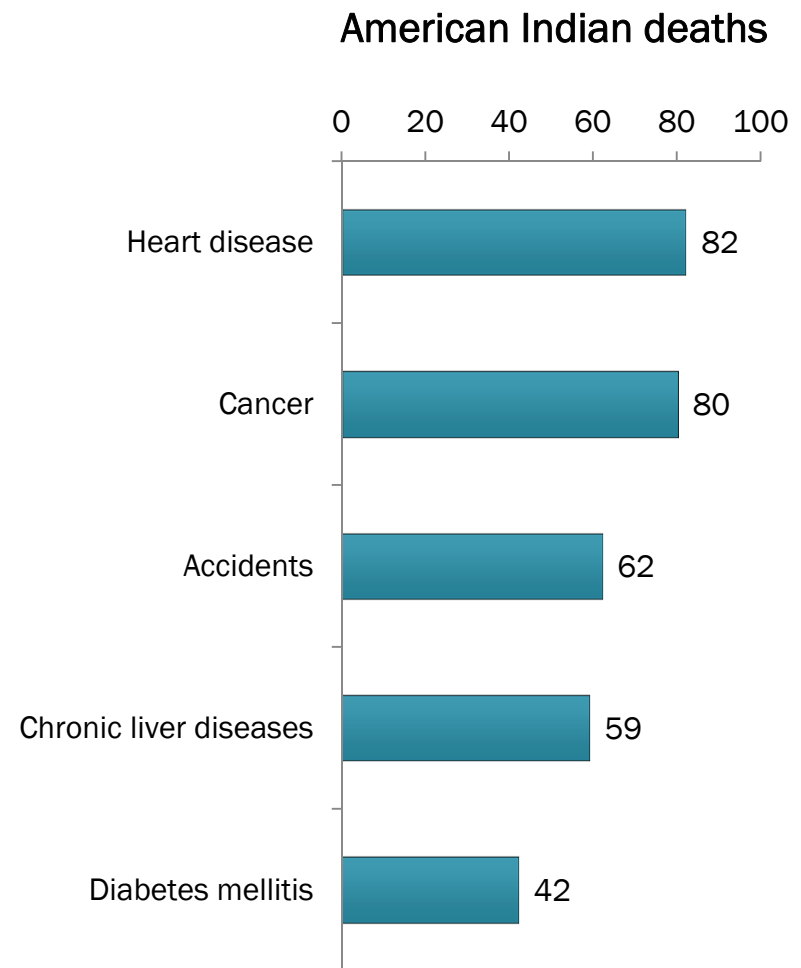
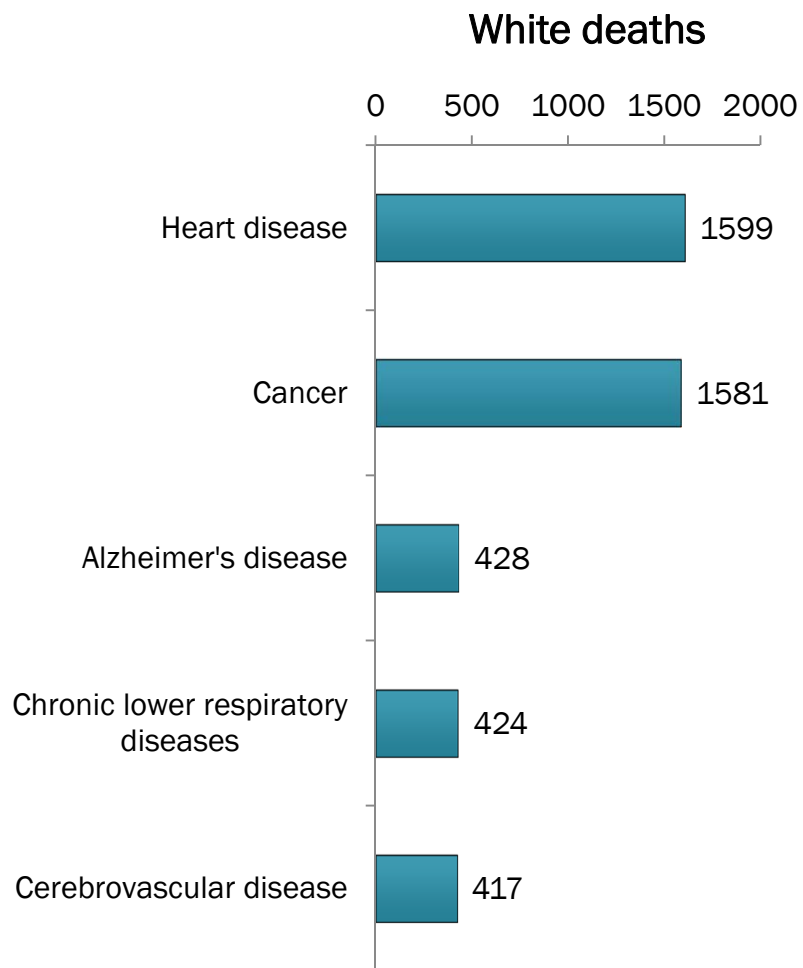
Rank	Age Groups											Total
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
	Total 506	Total 85	Total 130	Total 629	Total 633	Total 1,027	Total 2,411	Total 4,174	Total 5,951	Total 11,139	Total 15,283	Total 41,968
1	Congenital abnormalities 136	Accidents 28	Accidents 58	Accidents 307	Accidents 228	Accidents 237	Cancer 690	Cancer 1,537	Cancer 2,201	Cancer 2,890	Heart disease 4,687	Heart disease 10,196
2	SIDS 59	Assault 8	Suicide 20	Suicide 182	Suicide 116	Cancer 161	Heart disease 441	Heart disease 901	Heart disease 1,249	Heart disease 2,720	Cancer 1,927	Cancer 9,495
3	Short gestation, low birth weight 59	Congenital abnormalities 6	Cancer 12	Homicide 29	Cancer 51	Heart disease 133	Accidents 275	Accidents 221	Chronic lower respiratory diseases 562	Chronic lower respiratory diseases 985	Alzheimer's disease 1,496	Chronic lower respiratory diseases 2,650
4	Accidents 35	Cancer 6	Congenital abnormalities 7	Cancer 20	Heart disease 44	Suicide 110	Liver disease 154	Chronic lower respiratory diseases 216	Diabetes 267	Stroke 777	Stroke 1,318	Stroke 2,575
5	Placenta cord membranes 21	Unknown causes 4	Influenza & pneumonia 7	Heart disease 11	Homicide 26	Liver disease 67	Suicide 135	Diabetes 180	Stroke 233	Alzheimer's disease 573	Chronic lower respiratory diseases 821	Accidents 2,307
6	Unknown Causes 19	Heart disease 4	Cerebral palsy 3	Congenital abnormalities 8	Liver disease 19	Undetermined intent 25	Diabetes 83	Stroke 142	Accidents 168	Diabetes 395	Influenza & pneumonia 656	Alzheimer's disease 2,168
7	Cardiovascular disorders 19	Hemophagocytic lymphohistiocytosis 3	Heart disease 3	Diabetes 5	Undetermined intent 15	Homicide 23	Stroke 74	Liver disease 128	Liver disease 87	Accidents 307	Accidents 443	Diabetes 1,403
8	Abnormal lab findings 18	Meningococcal Infection 3	Septicemia 2	Cerebral palsy 4	Unknown causes 13	Diabetes 22	Chronic lower respiratory diseases 50	Suicide 82	Influenza & pneumonia 85	Influenza & pneumonia 236	Diabetes 440	Influenza & pneumonia 1,091
9	Atelectasis 18	Lung disorders 2	Stroke 1	Epilepsy 4	Diabetes 11	Influenza & pneumonia 20	Alcohol use 39	Septicemia 49	Alzheimer's 85	Parkinson's disease 179	Unspecified dementia 319	Suicide 738
10	Maternal complications 16	Cerebral palsy 2		Stroke 4	Congenital abnormalities 10	Stroke 17	Influenza & pneumonia 33	Influenza & pneumonia 42	Kidney disease 53	Kidney disease 127	Hypertension 260	Liver disease 522
	All other 106	All other 19	All other 17	All other 55	All other 98	All other 214	All other 440	All other 677	All other 966	All other 1950	All other 2916	All other 8823

Top 5 causes of death are highlighted.

American Indian and White mortality distribution by age at death, South Dakota 2000-2010



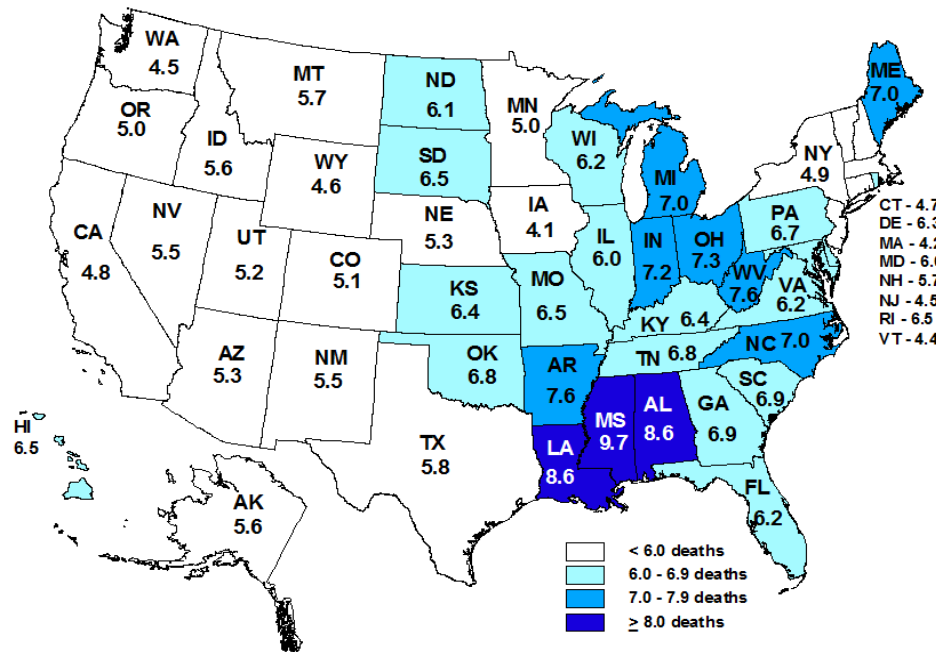
Top 5 leading causes of death in South Dakota 2014



Infant Mortality Rates, United States, 2013

IOWA 4.1
 MASSACHUSETTS 4.2
 VERMONT 4.4
 NEW JERSEY 4.5
 WASHINGTON 4.5
 WYOMING 4.6
 CONNECTICUT 4.7
 CALIFORNIA 4.8
 NEW YORK 4.9
 OREGON 5.0
 MINNESOTA 5.0
 COLORADO 5.1
 UTAH 5.2
 ARIZONA 5.3
 NEBRASKA 5.3
 NEVADA 5.5
 NEW MEXICO 5.5
 ALASKA 5.6
 IDAHO 5.6
 NEW HAMPSHIRE 5.7
 MONTANA 5.7
 TEXAS 5.8
 ILLINOIS 6.0
 NORTH DAKOTA 6.1
 FLORIDA 6.2

Infant Mortality, United States, 2013



VIRGINIA 6.2
 WISCONSIN 6.2
 DELAWARE 6.3
 KENTUCKY 6.4
 KANSAS 6.4
 RHODE ISLAND 6.5
 MISSOURI 6.5
 HAWAII 6.5
SOUTH DAKOTA 6.5
 MARYLAND 6.6
 PENNSYLVANIA 6.7
 TENNESSEE 6.8
 OKLAHOMA 6.8
 SOUTH CAROLINA 6.9
 GEORGIA 6.9
 NORTH CAROLINA 7.0
 MAINE 7.0
 MICHIGAN 7.0
 INDIANA 7.2
 OHIO 7.3
 WEST VIRGINIA 7.6
 ARKANSAS 7.6
 ALABAMA 8.6
 LOUISIANA 8.6
 MISSISSIPPI 9.7

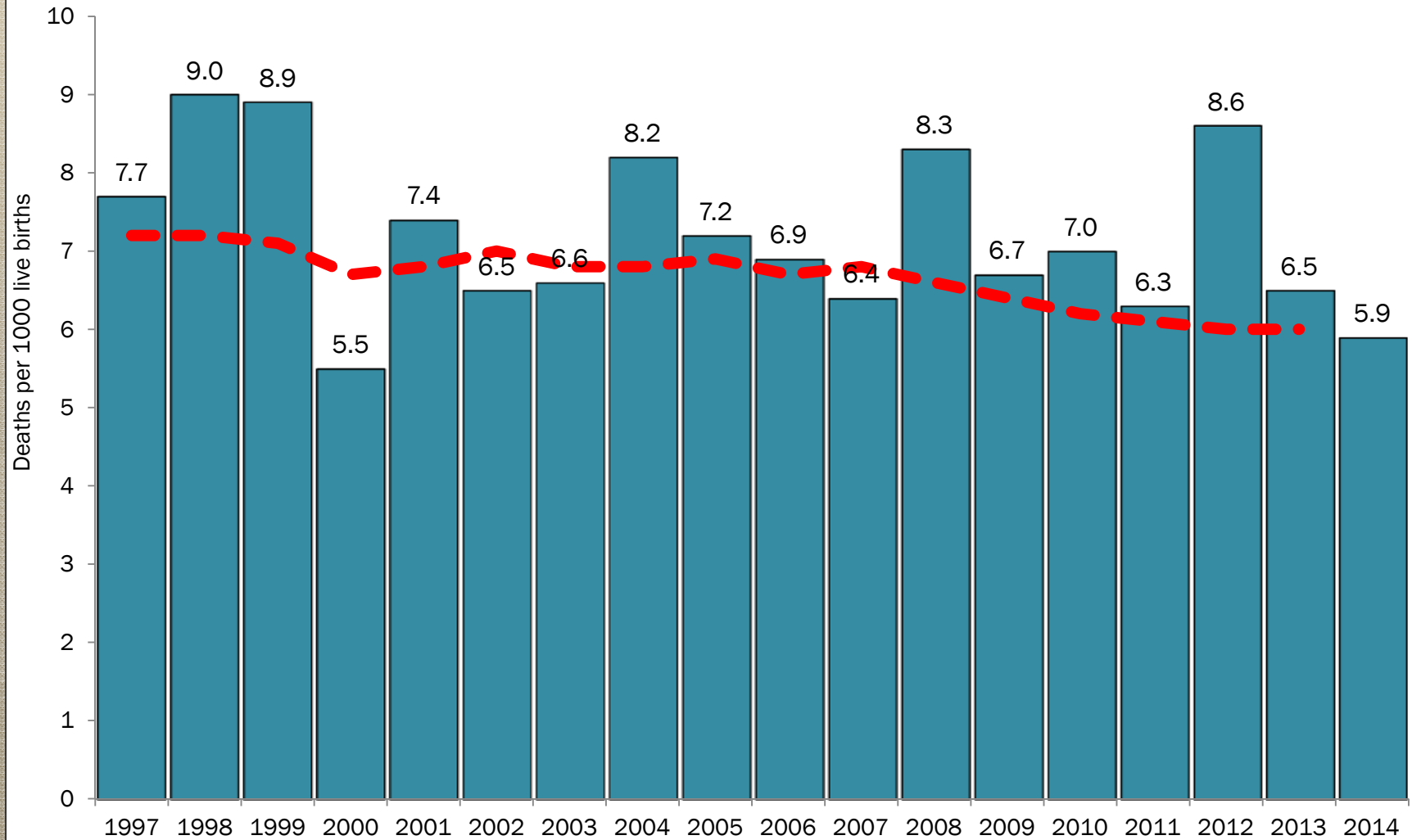
US 2013 infant mortality rate: 6.0

http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_02.pdf

Ref: NCHS, NVSS, NVSR

Infant Mortality, South Dakota, 2004 – 2014

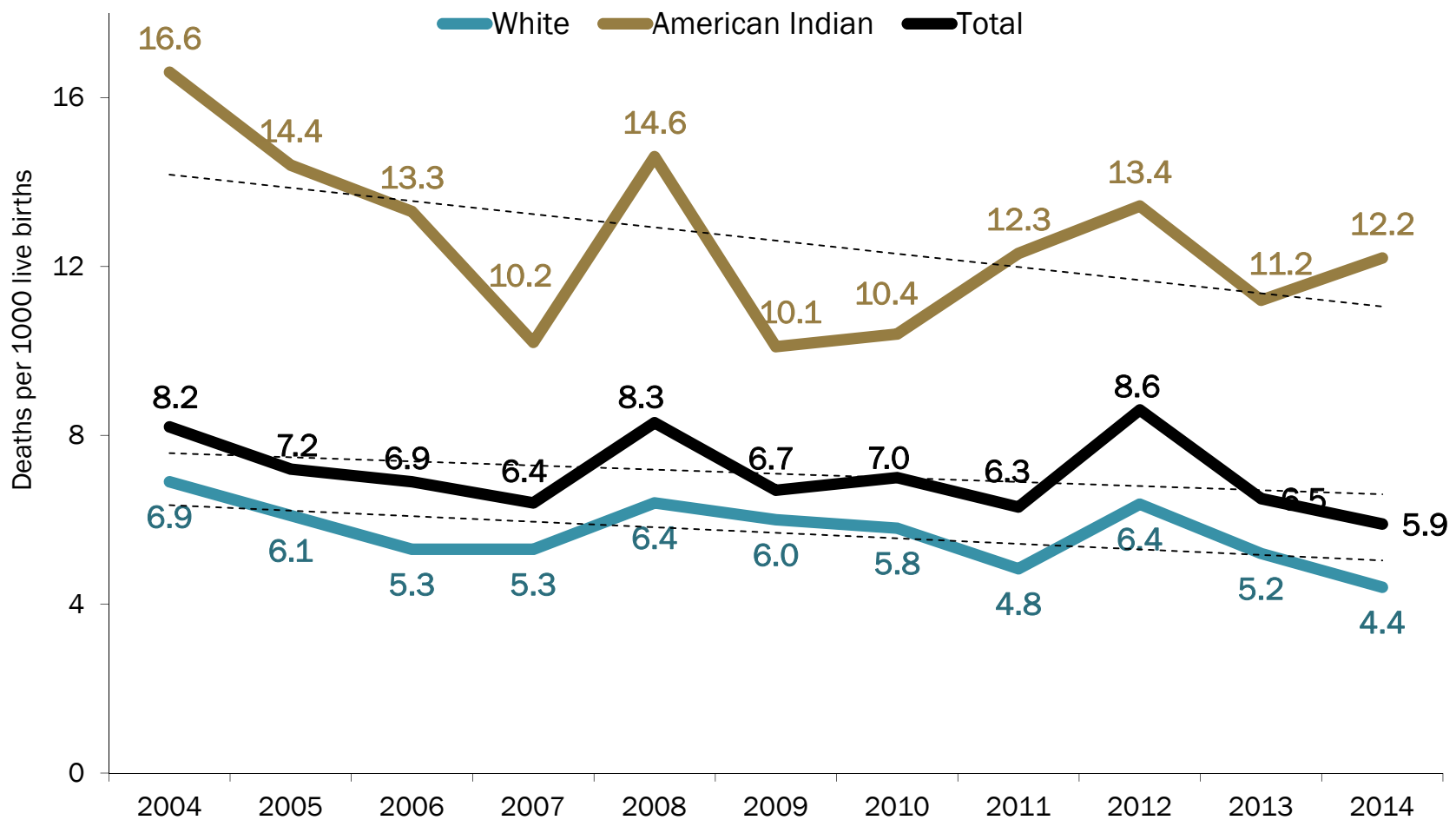
(Infant deaths per 1,000 live births)



SD-DOH SDVSR (single race formula)

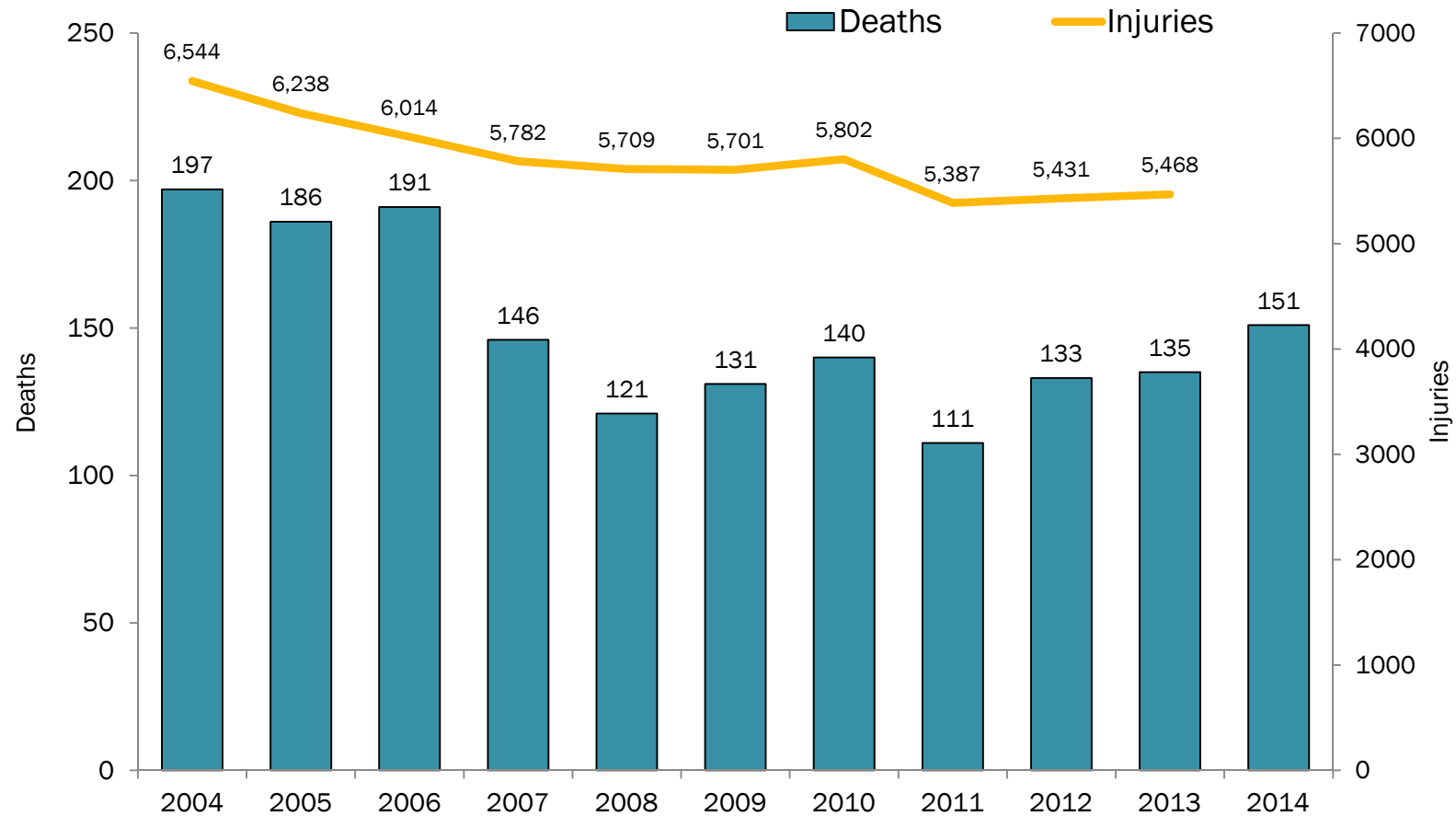
Infant Mortality Disparity, South Dakota, 2004-2014

(Infant deaths per 1,000 live births)

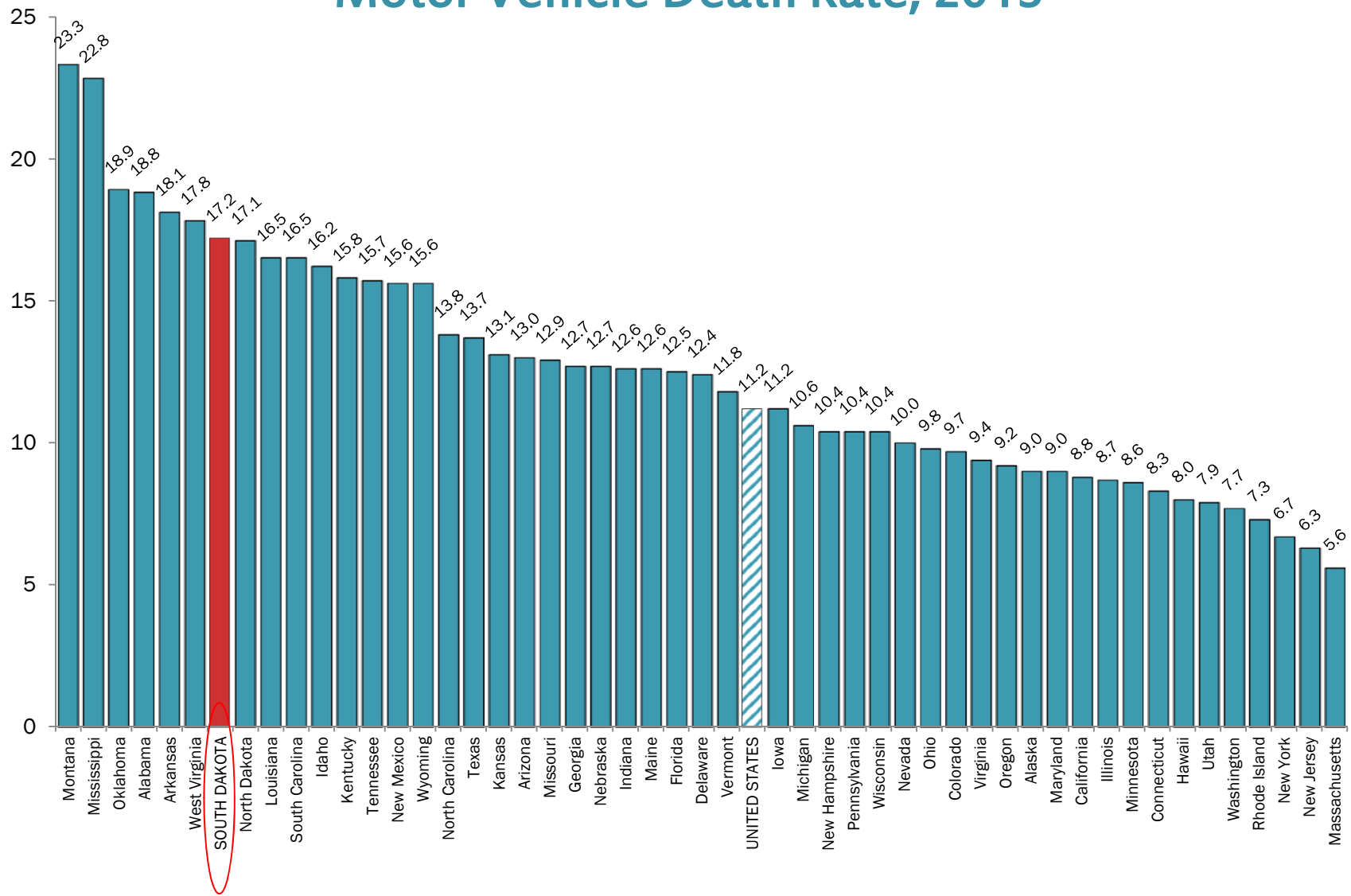


SD-DOH SDVSR (single race formula)

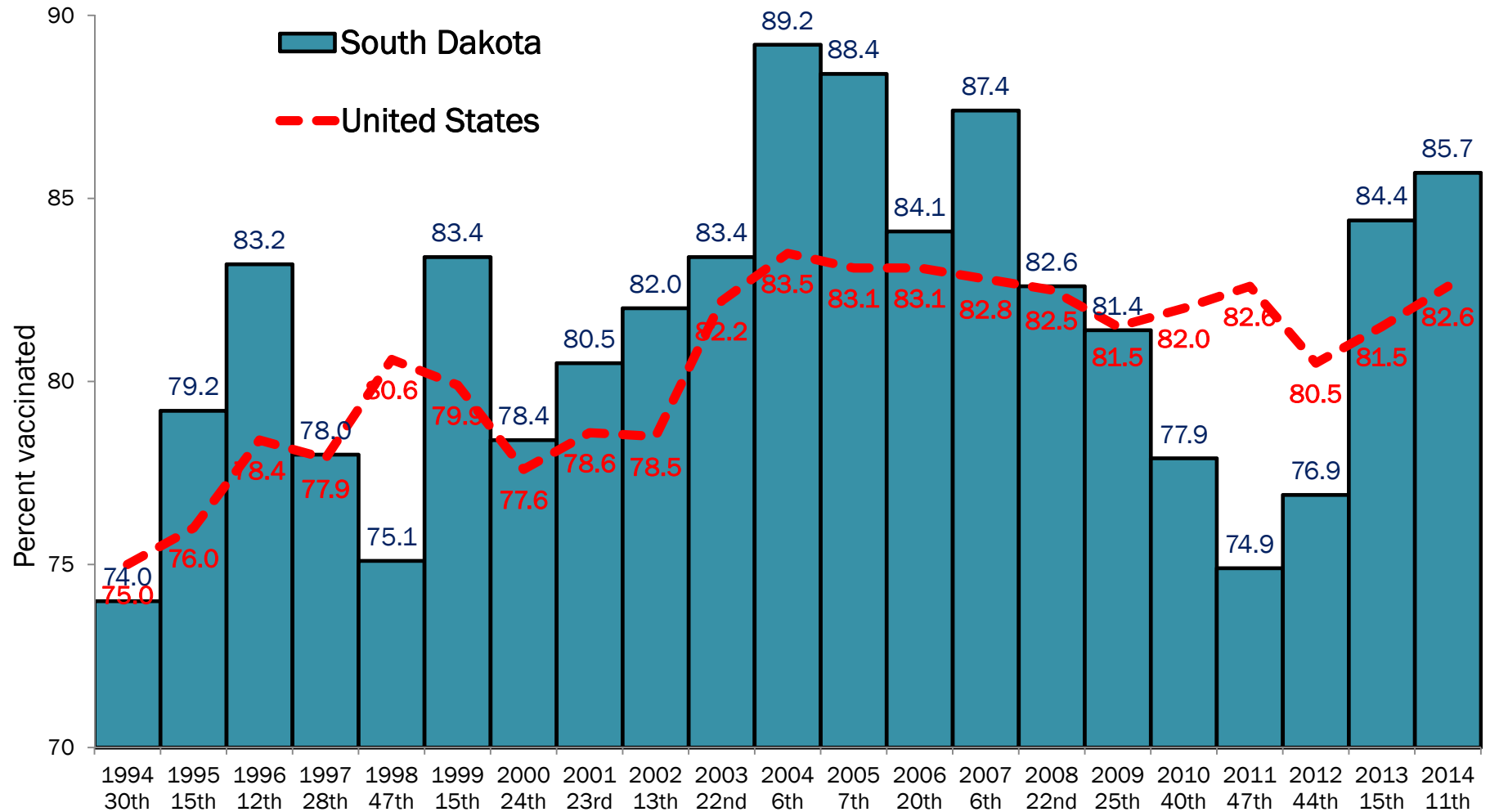
South Dakota Motor Vehicle Accident Deaths and Injuries



Motor Vehicle Death Rate, 2013



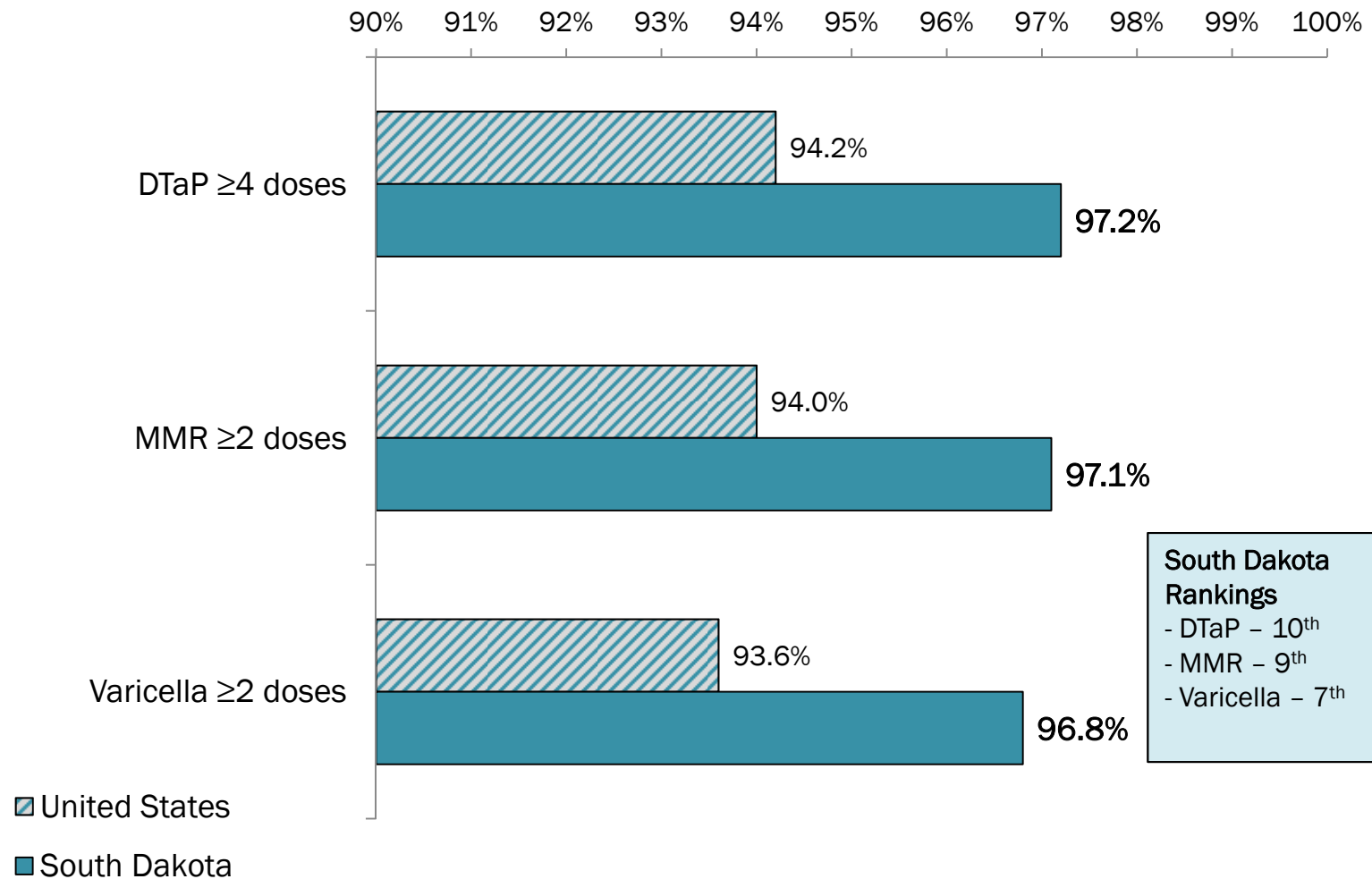
Vaccination Rates* for Children 19-35 months, South Dakota and United States, 1994-2014



Year and South Dakota's national ranking

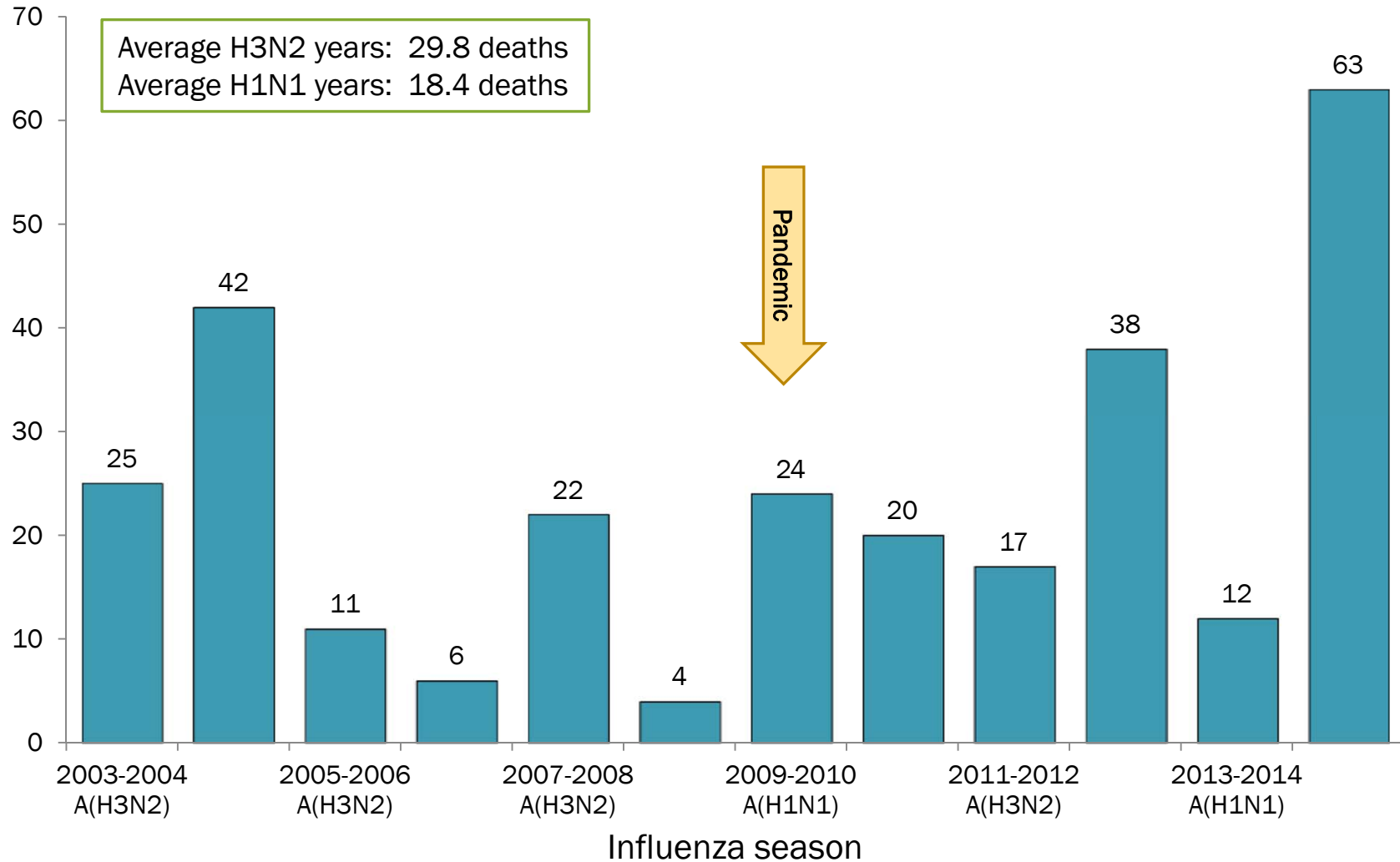
*4:3:1 ≥4 doses of DTaP, ≥3 doses of polio and ≥1 doses of MMR vaccine

Vaccination Coverage Rates for Kindergarten Students, South Dakota and United States, 2014-15 School Year

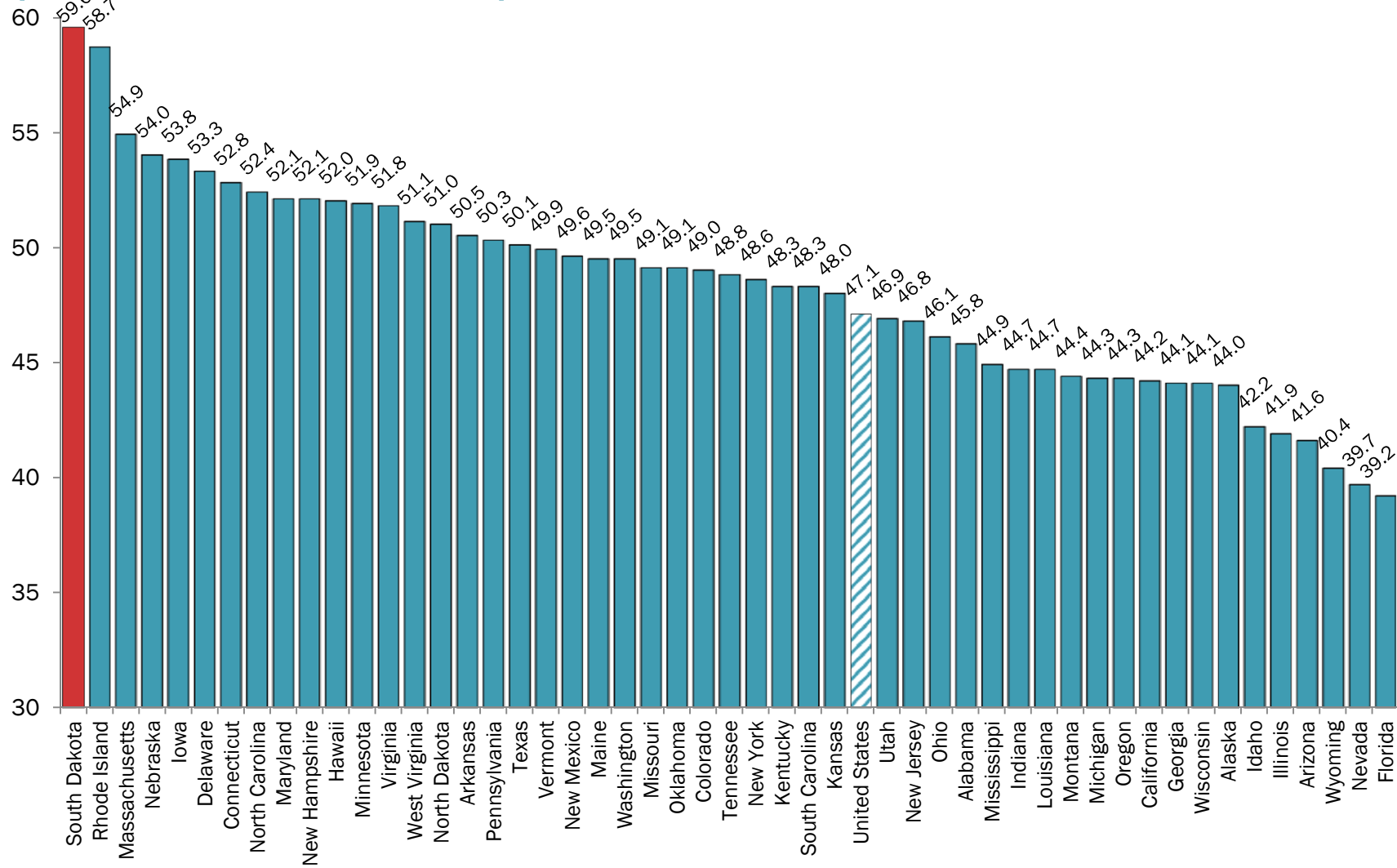


CDC. Vaccination Coverage Among Children in Kindergarten – United States, 2014–15 School Year; MMWR August 18, 2015. 64(33);897-904.

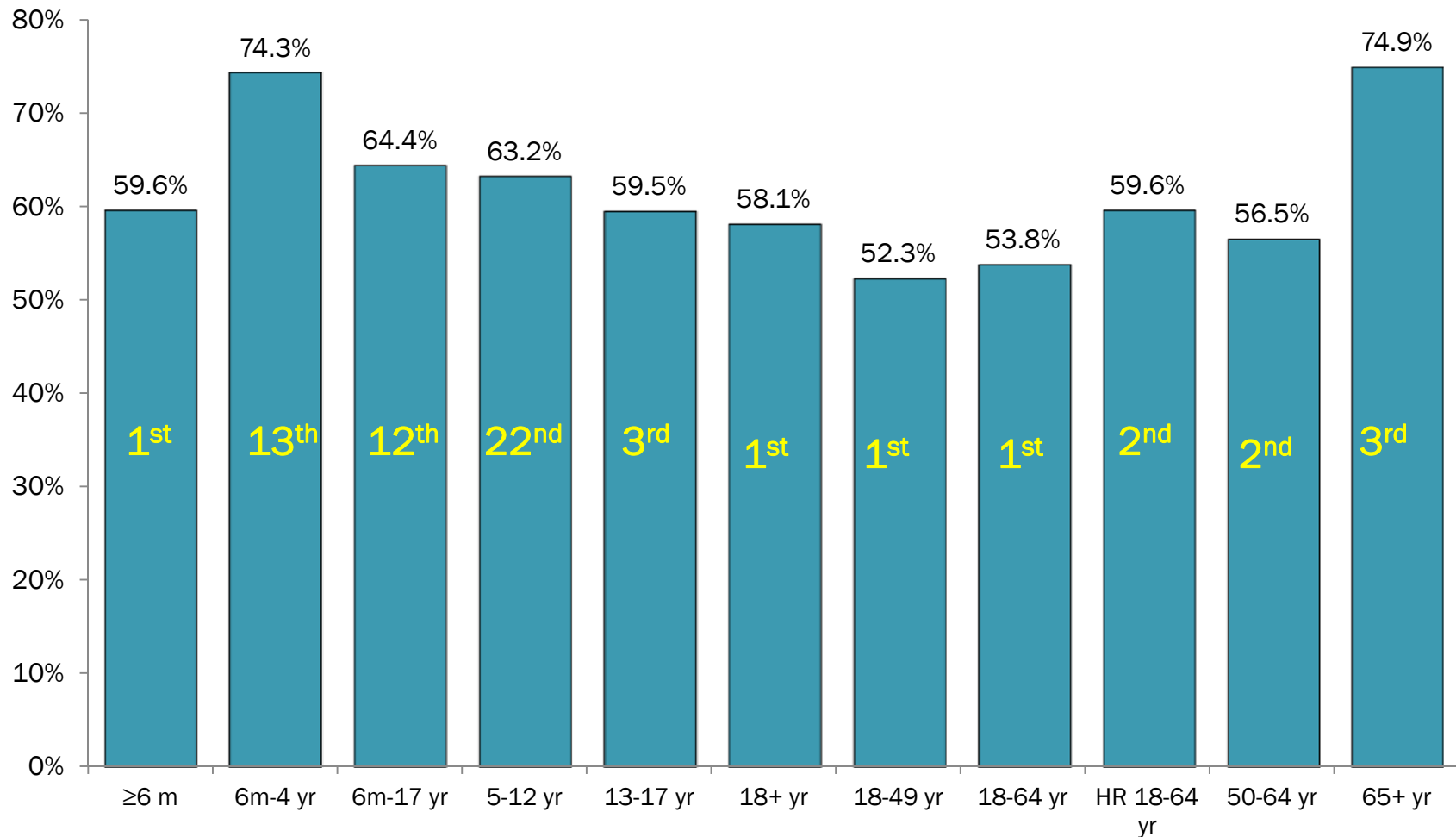
Influenza deaths, South Dakota 2003-2015



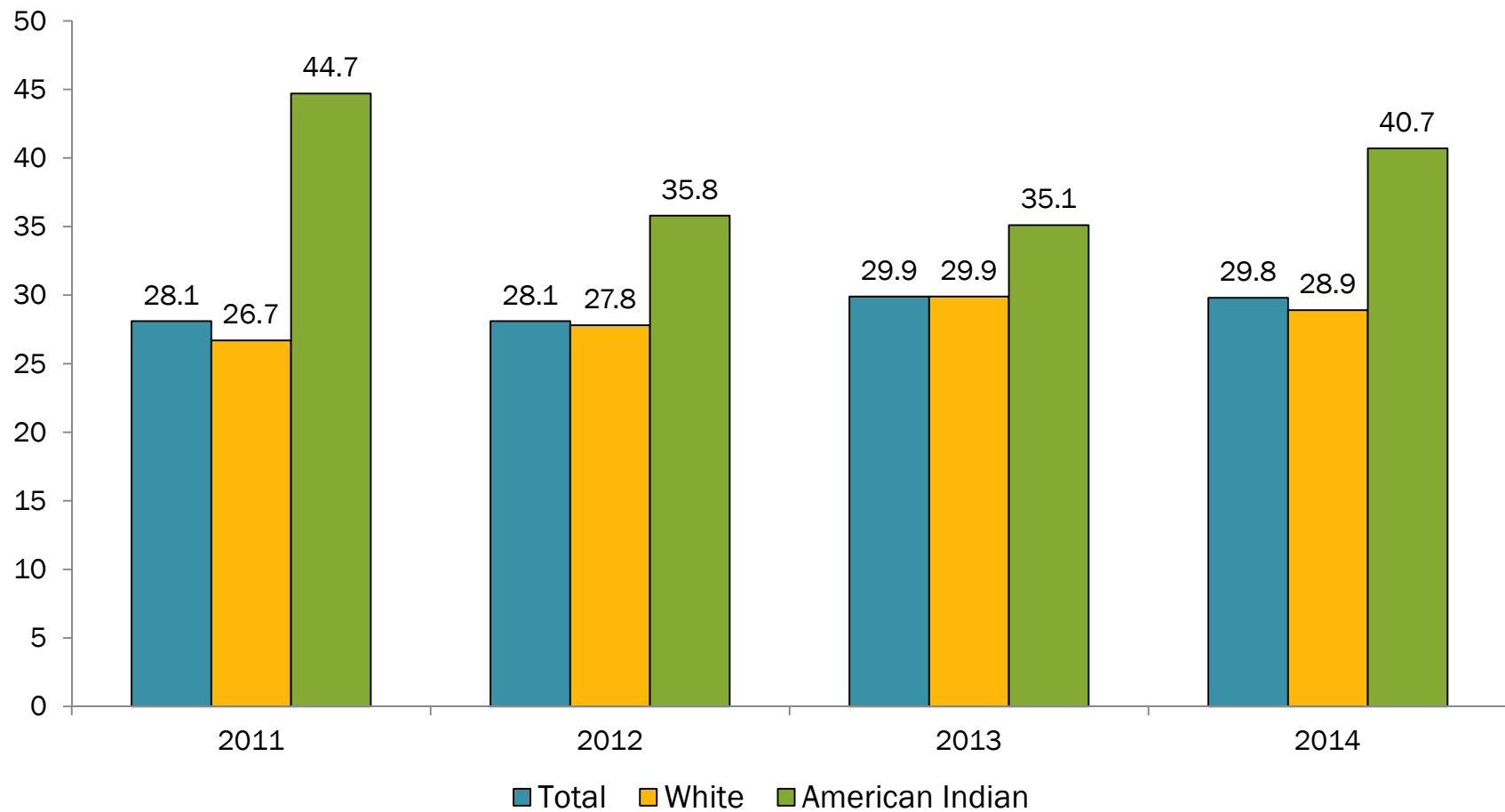
State Influenza vaccination percent coverage for 2014–2015 season (NIS and BRFSS estimates)



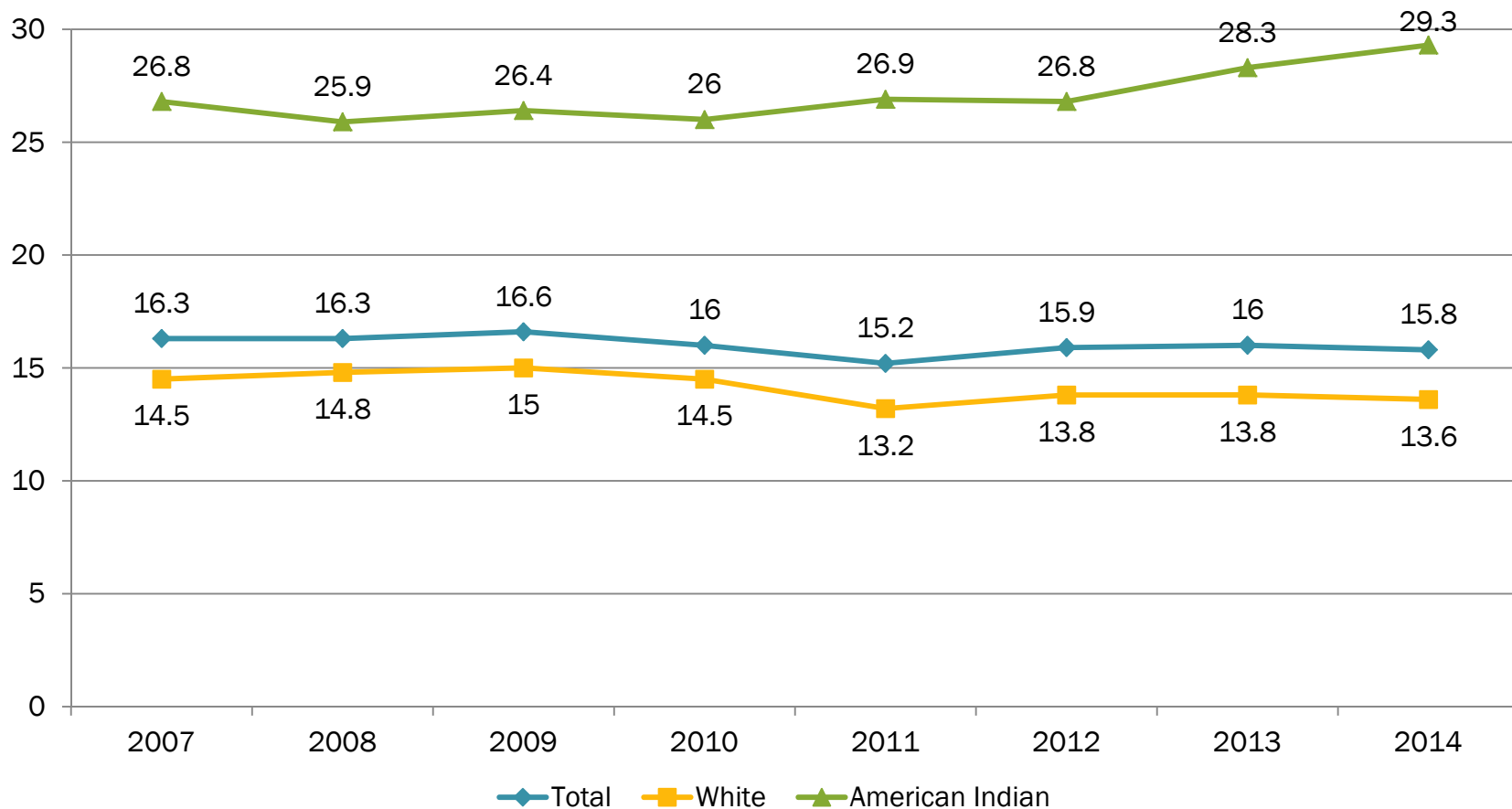
South Dakota rates and rank among states by age group, (NIS/BRFSS influenza vaccination), 2014-2015



Obesity Among South Dakota Adults by Race

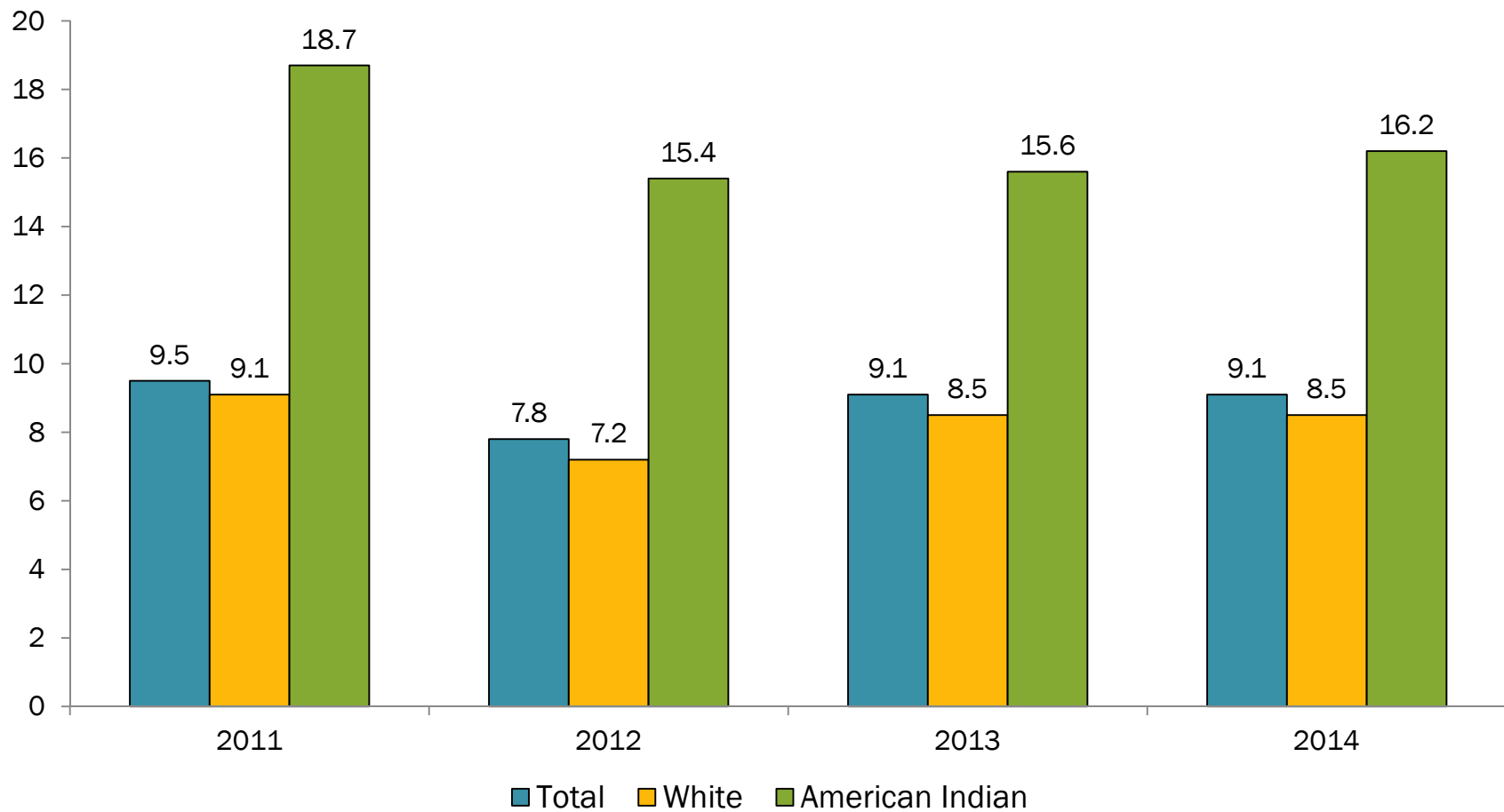


Obesity Prevalence Among School Age Children in South Dakota, 2007-2014

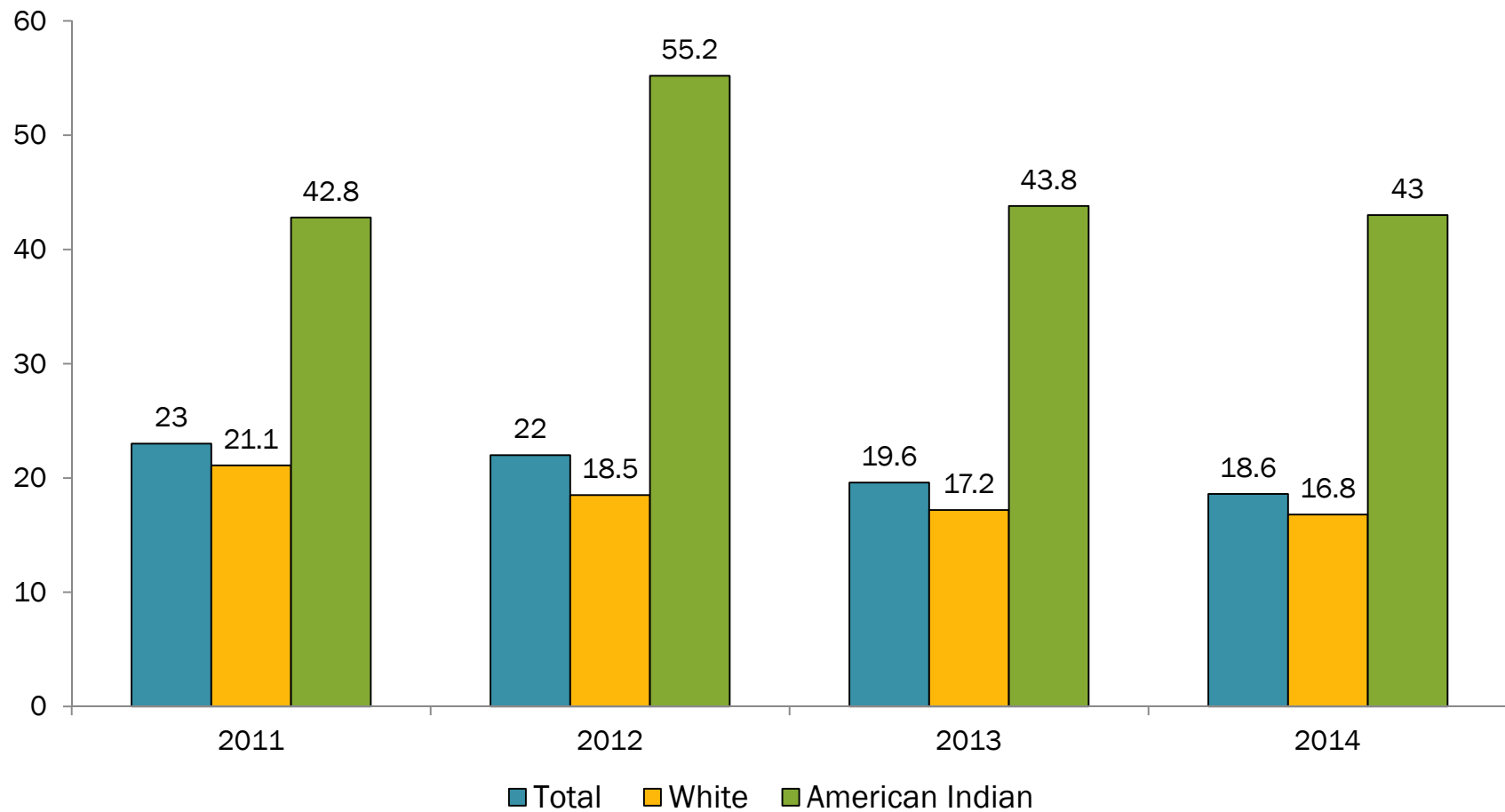


SD-DOH School Height-Weight Report

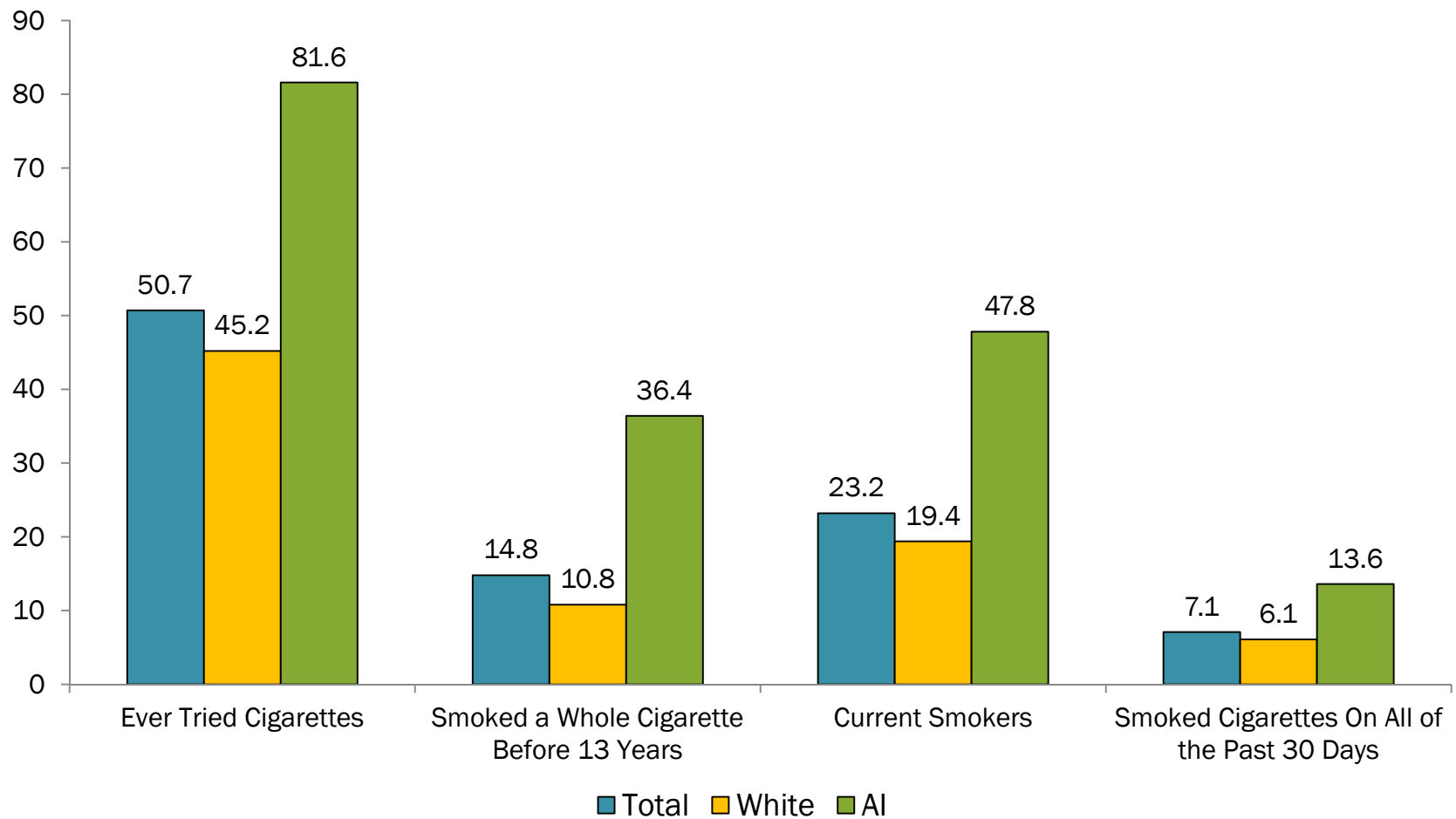
Diabetes Prevalence Among Adults



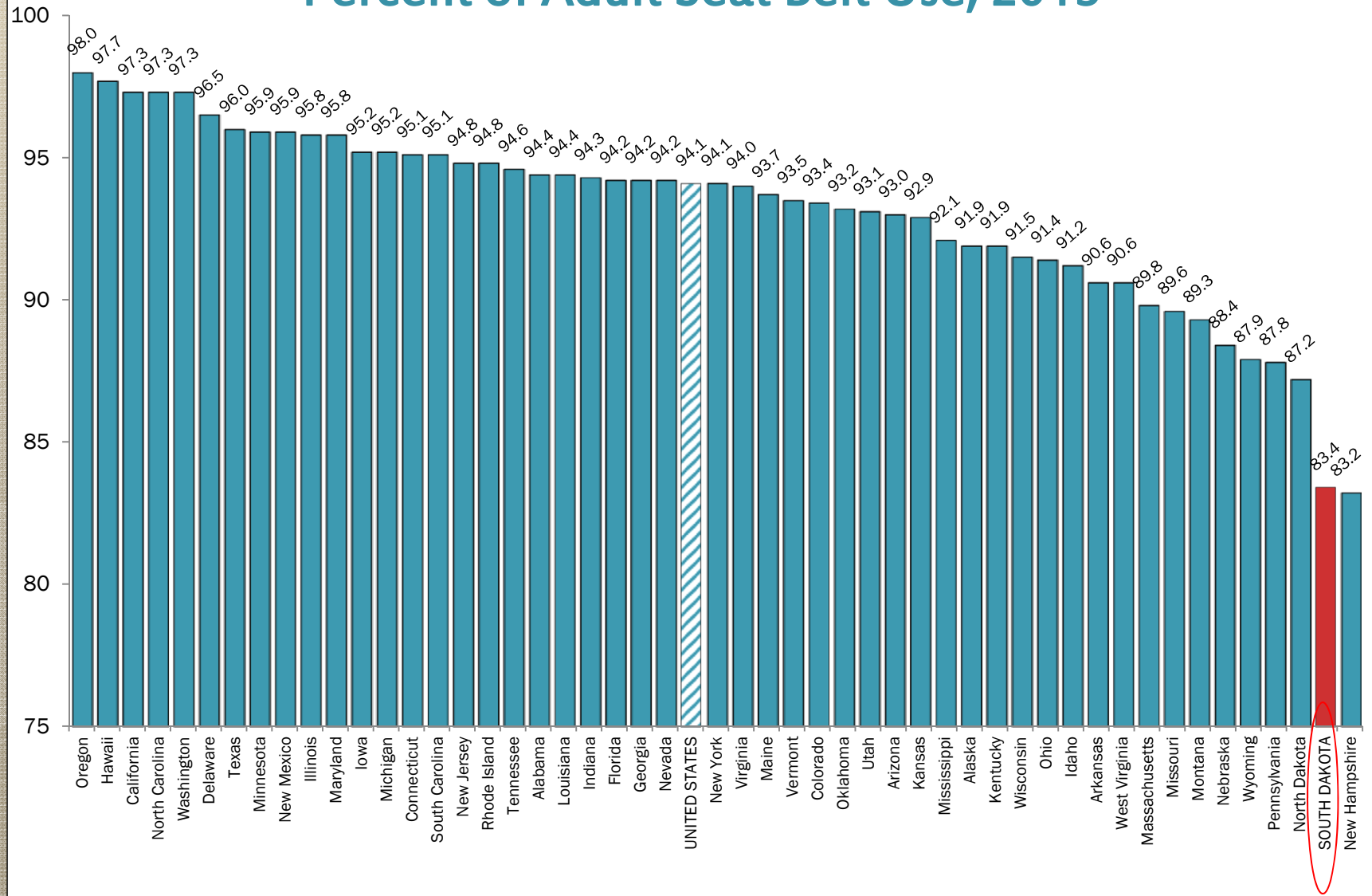
Adult Smoking Prevalence



Youth Cigarette Use, 2005-2013



Percent of Adult Seat Belt Use, 2013





Department of Health Strategic Plan

Strategic Planning

- Strategic plan will provide a road map for the future of the DOH and help us work together as a department to achieve outcomes meaningful to our customers.
 - ❖ Not designed to be a compilation of all the programs and services in the DOH
 - ❖ Designed to help us identify new things we want to accomplish as well as reflect key strategic initiatives we are doing today and will continue into the future
- DOH strategic planning process
 - ❖ Workgroup included both central and field office staff and both administrators and program staff
 - ❖ Internal SWOT – sent to DOH employees to get input regarding strengths, weakness, opportunities and threats of the Department
 - ❖ External SWOT – sent to partners (healthcare providers, health organizations/associations, legislators, IHS/tribal representatives, medical/nursing schools, philanthropic foundations, other state agencies) to get input regarding the strengths, weaknesses, opportunities, and threats of South Dakota's public health system
 - ❖ Currently working to finalize key performance indicators, assigning staff ownership of strategies, and finalizing strategic plan design
- Roll out of final strategic plan to DOH employees in December and partners/public by January 1st

South Dakota Department of Health

Vision

Healthy People – Healthy Communities – Healthy South Dakota

Mission

To promote, protect, and improve the health of every South Dakotan

Guiding Principles

Serve with integrity and respect

Eliminate health disparities

Demonstrate leadership and accountability

Focus on prevention and outcomes

Leverage partnerships

Promote innovation

Goal 1 – Improve the quality, accessibility, and effective use of health care

- Promote the right care at the right time in the right setting
- Sustain healthcare services across South Dakota
- Provide effective oversight and assistance to assure quality healthcare facilities, professionals, and services

Strategy Areas:

- ❖ Maximize use of electronic technology (i.e., EHRs)
- ❖ Build/sustain healthcare workforce
- ❖ Assist healthcare facilities meet established standards of care
- ❖ Improve appropriate antibiotic use

Goal 1 – Key Performance Indicators

- Increase the percent of South Dakota nursing facilities that participate in resident-directed or person-centered care from 85% in 2015 to 100% by 2020 (*OLC surveys*)
- Reduce the use of antipsychotic medications in long-stay nursing home residents from 18.1% in 2015 to 15% by 2020 (*OLC surveys*)
- Increase the percent of South Dakota adults who have visited a doctor for a routine check-up within the past 2 years from 80.1% in 2014 to 90% by 2020 (*BRFSS*)
- Increase the number of SD Health Link members receiving relevant clinical event notifications (i.e., ER visits, inpatient admits/discharges) from 0 in 2015 to 500 by 2020 (*SD Health Link*)
- Increase the percent of emergency inmate care provided within the correctional health setting via eEmergency from 41% in 2015 to 46% by 2020 (*Correctional Health*)
- Increase the percentage of ambulance services submitting completed trip reports from 15% in 2015 to 50% by 2020 (*Office of Rural Health*)
- Increase the percentage of Recruitment Assistance Program primary care physician participants remaining at the practice site upon completion of commitment from 56% in 2014 to 61% by 2020 (*Office of Rural Health*)

Goal 2 – Support life-long health for all South Dakotans

- Reduce infant mortality and improve the health of infants, children and adolescents
- Increase prevention activities to reduce injuries
- Prevent and reduce the burden of chronic disease

Strategy Areas:

- ❖ Promotion of safe sleep, tobacco cessation, and prenatal care
- ❖ Enhance partnerships to address injury prevention and motor vehicle safety
- ❖ Increase awareness/use of preventive screenings

Goal 2 – Key Performance Indicators

- Reduce the 5-year average infant mortality rate from 6.9 per 1,000 births in 2014 to 6.0 by 2020 (*Vital Statistics*)
- Increase the proportion of mothers who breastfeed their baby at least 6 months from 45.6% in 2014 to 60.6% by 2020 (*National Immunization Survey*)
- Reduce the percentage of school-aged children and adolescents who are obese from 16.0% in 2014-2015 to 14% by 2020 (*School Height-Weight Survey*)
- Decrease South Dakota's child and teen accidental death 5-year average rate from 14.5 in 2010-2014 to 14.1 by 2020 (*Vital Statistics*)
- Reduce the percentage of adults who currently smoke from 18.6% in 2014 to 14.5% by 2020 (*BRFSS*)
- Increase the percentage of adults who meet the recommended physical activity aerobic guidelines from 53.7% in 2013 to 59% by 2020 (*BRFSS*)
- Increase the percentage of adults age 50-70 who are up-to-date with recommended colorectal cancer screening from 66.7% in 2014 to 80% by 2020 (*BRFSS*)

Goal 3 – Prepare for, respond to, and prevent public health threats

- Prevent and control infectious disease
- Build and maintain State Public Health Laboratory (SPHL) capacity and ensure a culture of biosafety
- Identify the top hazardous environmental conditions in South Dakota that negatively impact human health
- Strengthen South Dakota's response to current and emerging public health threats
- Prevent injury and illness through effective education and regulation

Strategy Areas:

- ❖ Age-appropriate immunizations
- ❖ Updated SPHL testing methods/equipment
- ❖ Public health preparedness efforts

Goal 3 – Key Performance Indicators

- Increase the rate of electronic disease reporting from 74% in 2015 to 90% by 2020 (*Office of Disease Prevention*)
- Increase the percent of children aged 19-35 months who receive recommended vaccinations from 76.3% in 2014 to 80% by 2020 (*National Immunization Survey*)
- Build syndromic surveillance by increasing the number of interfaces with partner sites from 2 in 2015 to 5 by 2020 (*Office of Disease Prevention*)

Goal 4 – Develop and strengthen strategic partnerships to improve public health

- Reduce completed and attempted suicides through statewide and local efforts
- Reduce the health impact of substance abuse and mental health disorders
- Reduce health disparities of at-risk populations through innovative and collaborative efforts

Strategy Areas:

- ❖ Epidemiological support to local suicide prevention efforts
- ❖ Cause of death data quality study
- ❖ Assist at-risk individuals access state/local services

Goal 4 – Key Performance Indicators

- Reduce suicide rate for South Dakota from 17.1 per 100,000 in 2014 to 12.6 per 100,000 by 2020 (*Vital Records*)
- Reduce suicide attempts by adolescents from 8.9% in 2013 to 8.0% by 2020 (*YRBS*)
- Reduce the number of South Dakotans who die as a result of drug-induced deaths from 9.0 in 2014 to 6.3 by 2020 (*Vital Statistics*)
- Reduce the number of South Dakotans who die as a result of alcohol-induced deaths from 17.6 in 2014 to 8.0 by 2020 (*Vital Statistics*)
- Increase the percent of Native Americans who report good to excellent health status from 77% in 2012-2014 to 87% by 2020 (*BRFSS*)
- Reduce the percent of low-income South Dakotans who currently smoke from 32.7% in 2014 to 31.5% by 2020 (*BRFSS*)

Goal 5 – Maximize the effectiveness and strengthen the infrastructure of the Department of Health

- Increase effective communication
- Promote a culture of organizational excellence
- Leverage resources to accomplish the Department of Health's mission

Strategy Areas:

- ❖ Opportunities for employee input/feedback
- ❖ Enhanced website, list serv and webinar capability/use
- ❖ Orientation/knowledge transfer plans
- ❖ Cultural competency training for employees

Goal 5 – Key Performance Indicators

- Increase the percent of DOH employees who access a central source for internal communication and information 100% of new employees will receive department-wide orientation within 6-months of employment by 2020
- 100% of positions will have a legacy document in place by 2020
- 100% of DOH employees will have the opportunity to participate in an employee engagement survey by 2020



Primary Care Task Force Oversight Committee

Primary Care Task Force Oversight Committee

- Established in 2013 to monitor implementation of the recommendations of the Primary Care Task Force
 - ❖ Primary Care Task Force was appointed in 2012 to consider and make recommendations to ensure accessibility to primary care for all South Dakotans, particularly in rural areas of the state
 - ❖ Developed recommendations around five specific areas: (1) capacity of healthcare educational programs; (2) quality rural health experiences; (3) recruitment and retention; (4) innovative primary care models; and (5) accountability and oversight.
- Oversight Committee members include:
 - ❖ Kim Malsam-Rysdon, Secretary of Health/Governor's Office, Chair
 - ❖ Rob Allison, MD, SD State Medical Association
 - ❖ Senator Corey Brown, District 23
 - ❖ Sandy Diegel, Vucurevich Foundation, Rapid City
 - ❖ Mary Nettleman, MD, Dean, USD Sanford School of Medicine
 - ❖ Senator Billie Sutton, District 21
 - ❖ Gale Walker, Avera St. Benedict Health Center
 - ❖ Mike Rush, Ed.D., Executive Director, SD Board of Regents

Accomplishment Highlights

Capacity of Healthcare Educational Programs

- \$2.2 million for expansion of the School of Medicine class size by 15 students per year (60 total).
- Physician assistant program capacity expanded from 20 students (10 resident/ 10 non-resident) to 25 students (20 resident/5 non-resident students)
- \$715,440 to support payments to South Dakota providers serving as preceptors to PA and NP students. Preceptors serve as mentors for medical, PA, and NP students and give personal instruction, training, and supervision to the student.
- Oversight Committee has been working with directors of the Sioux Falls and Rapid City family medicine residency programs to assess the feasibility of a potential rural residency program in South Dakota

Quality Rural Health Experiences

- Funding for Frontier and Rural Medicine (FARM) Program included in SSOM expansions. FARM is a rural training track program which provides six 3rd year medical students with a 9-month clinical training in a rural community. Current communities include Milbank, Mobridge, Parkston, Platte, and Winner. First class started in July 2014. FARM expanded to 8 medical students and 2 more sites by 2017.
- Provide funding for Rural Experiences for Health Professions Students (REHPS) program for 24 students in 12 rural or frontier communities. REHPS provides first and second year medical, PA, NP, and pharmacy students with experience in a rural setting with the ultimate goal of increasing the number of medical professionals who practice in rural and frontier communities in South Dakota. In FY16, REHPS was expanded from 24 to 30 students and included clinical psychology, masters of social work and medical laboratory students.

Accomplishment Highlights

Recruitment and Retention

- Recruitment Assistance Program and Rural Healthcare Facility Recruitment Assistance Program are the cornerstones of recruitment efforts in South Dakota and are designed to help small, rural communities (under 10,000 population)
- Established a medical resident license which will provide additional in-state practice opportunities for medical residents during their training and allow SD communities to develop relationships with residents as part of the recruiting process.

Innovative Primary Care Models

- Removed a potential barrier to use of telemedicine by endorsing legislation to provide for South Dakota's participation in the Interstate Medical Licensure Compact to provide for expedited licensure for eligible physicians.

Accountability and Oversight

- Oversight Committee meets 3 times per year
- Annual report tracks progress on recommendations and metrics
- <http://doh.sd.gov/PrimaryCare/>



Medicaid Expansion in South Dakota

Medicaid Expansion in South Dakota

March 2015 – Concept Paper

- Asked federal government to reconsider how it funds Medicaid services for IHS eligibles that are provided outside of IHS
- State would work to provide better access to health care to IHS eligible
 - ❖ Examples – more use of telehealth, provide specialty clinics in IHS, provide new services to decrease high cost expenses
- If enough funds could be freed up, repurpose existing general funds in Medicaid to pay state costs of Medicaid expansion

Medicaid Expansion in South Dakota

October 2015

- SD Health Care Solutions Coalition formed
 - ❖ Stakeholders including tribes, health care systems, Governor's Office, DSS
 - ❖ Senate and House members
 - ❖ Will meet 6 times between October 7th and December 16th
 - ❖ Use subcommittees for specific strategies
- Goals
 - ❖ Develop increased access to 100% FMAP funded care
 - ❖ Improve health outcomes for Native Americans
- Will not discuss expansion unless existing funds can be repurposed to cover costs to state

DOH Contacts

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