



Presentation to House Health and Human Services Committee
January 18, 2022

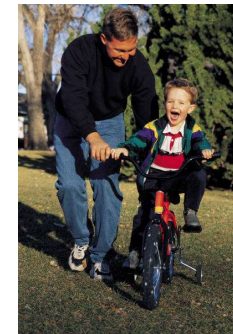


What is Public Health?

- ❖ 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.

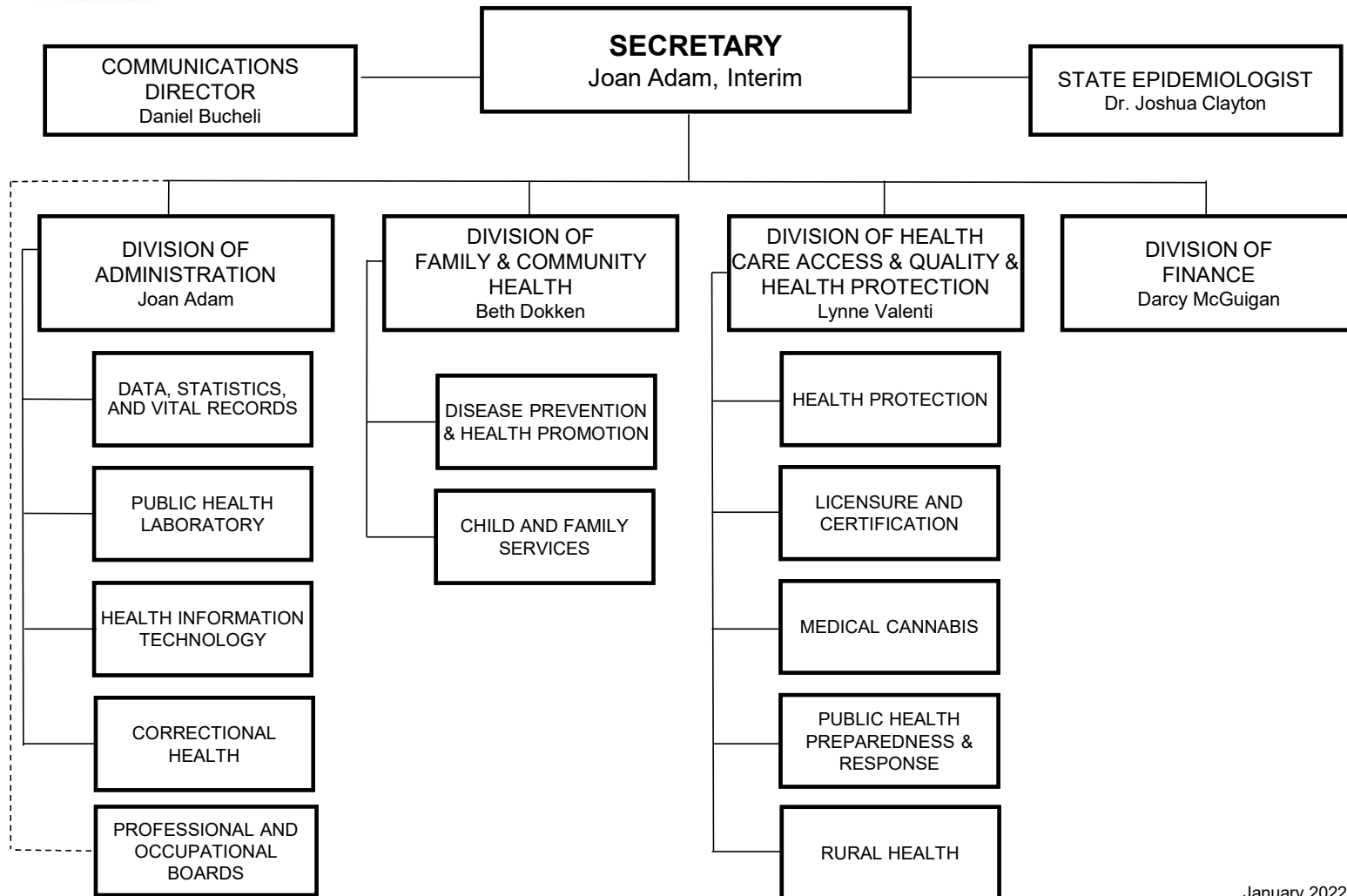


Protecting Public Health





SOUTH DAKOTA DEPARTMENT OF HEALTH





STRATEGIC PLAN

2020 – 2025

- ▶  **GOAL 1** _____
Enhance the accessibility, quality, and effective use of health resources.
- ▶  **GOAL 2** _____
Provide services to improve public health.
- ▶  **GOAL 3** _____
Plan, prepare, and respond to public health threats.
- ▶  **GOAL 4** _____
Maximize partnerships to address underlying factors that determine overall health.
- ▶  **GOAL 5** _____
Strengthen and support a qualified workforce.



STRATEGICPLAN

2020 – 2025

2020-2025 Department of Health Strategic Plan

<http://doh.sd.gov/strategicplan/>

GOAC Approved Performance Measures

<https://mylrc.sdlegislature.gov/api/Documents/220779.pdf>

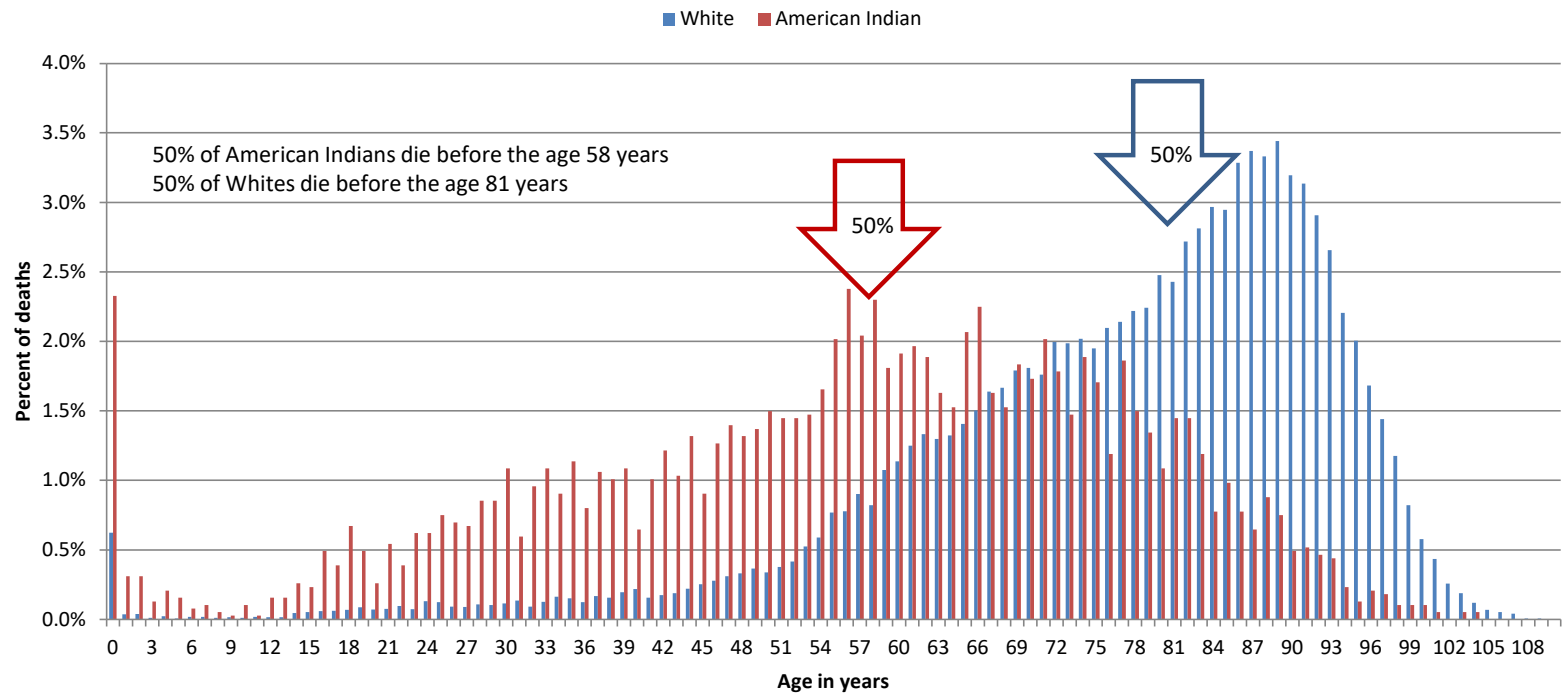
10 Leading causes of death by age group, South Dakota, 2016-2020

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 384	Total 86	Total 120	Total 535	Total 830	Total 1,136	Total 2,047	Total 4,885	Total 7,360	Total 9,566	Total 14,981	Total 41,930
1	Congenital abnormalities 97	Unintentional injuries 40	Unintentional injuries 49	Unintentional injuries 234	Unintentional injuries 279	Unintentional injuries 255	Cancer 401	Cancer 1,495	Cancer 2,308	Cancer 2,311	Heart disease 3,739	Heart disease 8,896
2	Short gestation and low birth weight 50	Homicide 8	Suicide 26	Suicide 182	Suicide 177	Suicide 134	Heart disease 384	Heart disease 1,010	Heart disease 1,576	Heart disease 1,990	Cancer 1,800	Cancer 8,504
3	Unintentional injuries 46	Congenital abnormalities 6	Cancer 10	Homicide 32	Liver disease 77	Heart disease 133	Unintentional injuries 238	Unintentional injuries 314	Chronic lower respiratory diseases 533	Chronic lower respiratory diseases 772	Alzheimer's disease 1,660	Unintentional injuries 2,573
4	Unknown causes 32	Cancer 4	Congenital abnormalities 8	Heart disease 13	Homicide 51	Cancer 124	Liver disease 225	Liver disease 247	Diabetes 289	Alzheimer's disease 543	Stroke 1,011	Chronic lower respiratory diseases 2,380
5	SIDS 23	Viral infection 4	Homicide 6	Cancer 12	Heart disease 47	Liver disease 118	Suicide 131	Diabetes 218	COVID-19 276	Stroke 493	Chronic lower respiratory diseases 803	Alzheimer's disease 2,314
6	Maternal complications of pregnancy 15	Unknown causes 3	External injury of undetermined intent 3	Cerebral palsy 5	Cancer 36	Diabetes 55	Diabetes 97	Chronic lower respiratory diseases 217	Stroke 275	COVID-19 379	COVID-19 636	Stroke 2,016
7	Placenta, cord, and membrane complications 11	Influenza & Pneumonia 3	Stroke 2	Pregnancy & childbirth 5	Diabetes 17	Homicide 45	COVID-19 50	Stroke 152	Unintentional injuries 247	Diabetes 358	Unintentional injuries 562	COVID-19 1,497
8	Cardiovascular disorders 10	Condition originating in perinatal period 2	Paralytic ileus and intestinal obstruction 2	Congenital abnormalities 4	Chronic alcohol abuse 14	Stroke 24	Stroke 46	COVID-19 132	Liver disease 142	Unintentional injuries 309	Influenza & pneumonia 545	Diabetes 1,383
9	Respiratory distress 10	Neoplasm of unknown behavior 2	Chronic lower respiratory diseases 2	External injury of undetermined intent 4	Influenza & pneumonia 12	Septicemia 22	Chronic lower respiratory diseases 44	Suicide 114	Influenza & Pneumonia 111	Influenza & pneumonia 200	Dementia (Unspecified Type) 434	Influenza & pneumonia 989
10	Circulatory diseases 10				Epilepsy 10	Chronic alcohol abuse 21	Septicemia 34	Influenza & Pneumonia 67	Septicemia 106	Parkinson's disease 192	Diabetes 349	Suicide 891
	All other 80	All other 14	All other 12	All other 44	All other 110	All other 205	All other 397	All other 919	All other 1,497	All other 2,019	All other 3,442	All other 10,487

Top 5 causes of death are highlighted.

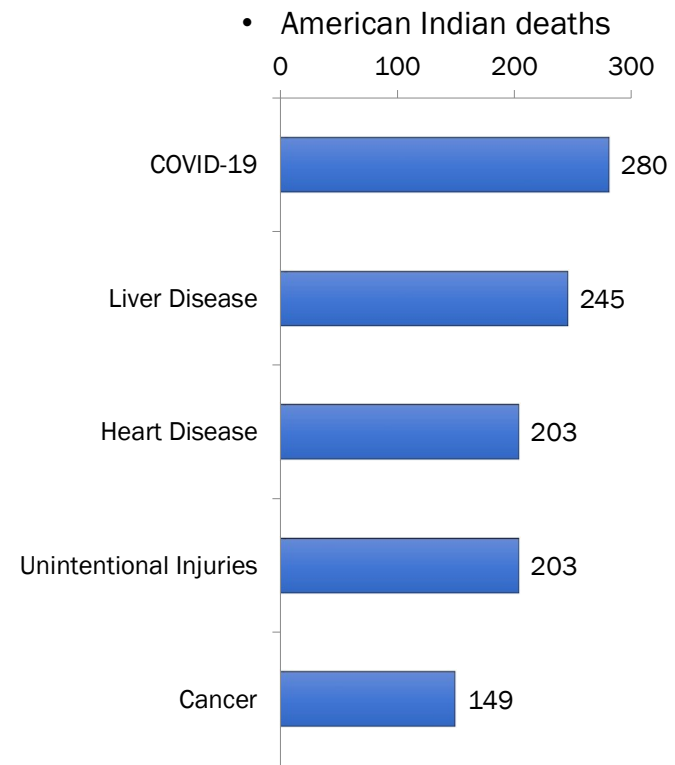
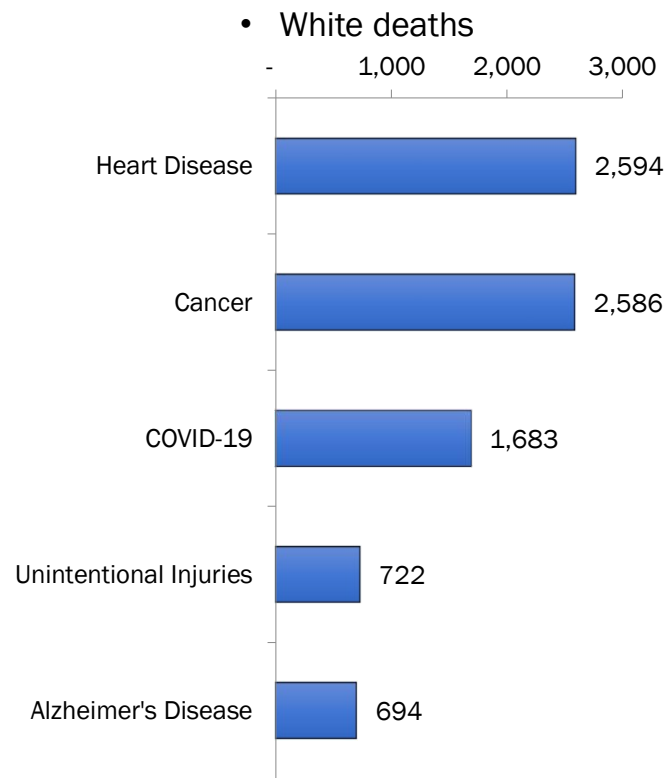
Source: Office of Health Statistics, SD Dept. of Health

American Indian and White mortality distribution by age at death, South Dakota 2016-2020



Source: Office of Health Statistics, South Dakota Department of Health

Top 5 leading causes of death in South Dakota Since First COVID-19 Death on March 9, 2020 Through October 31, 2021



Office of Health Statistics, SD Dept. of Health

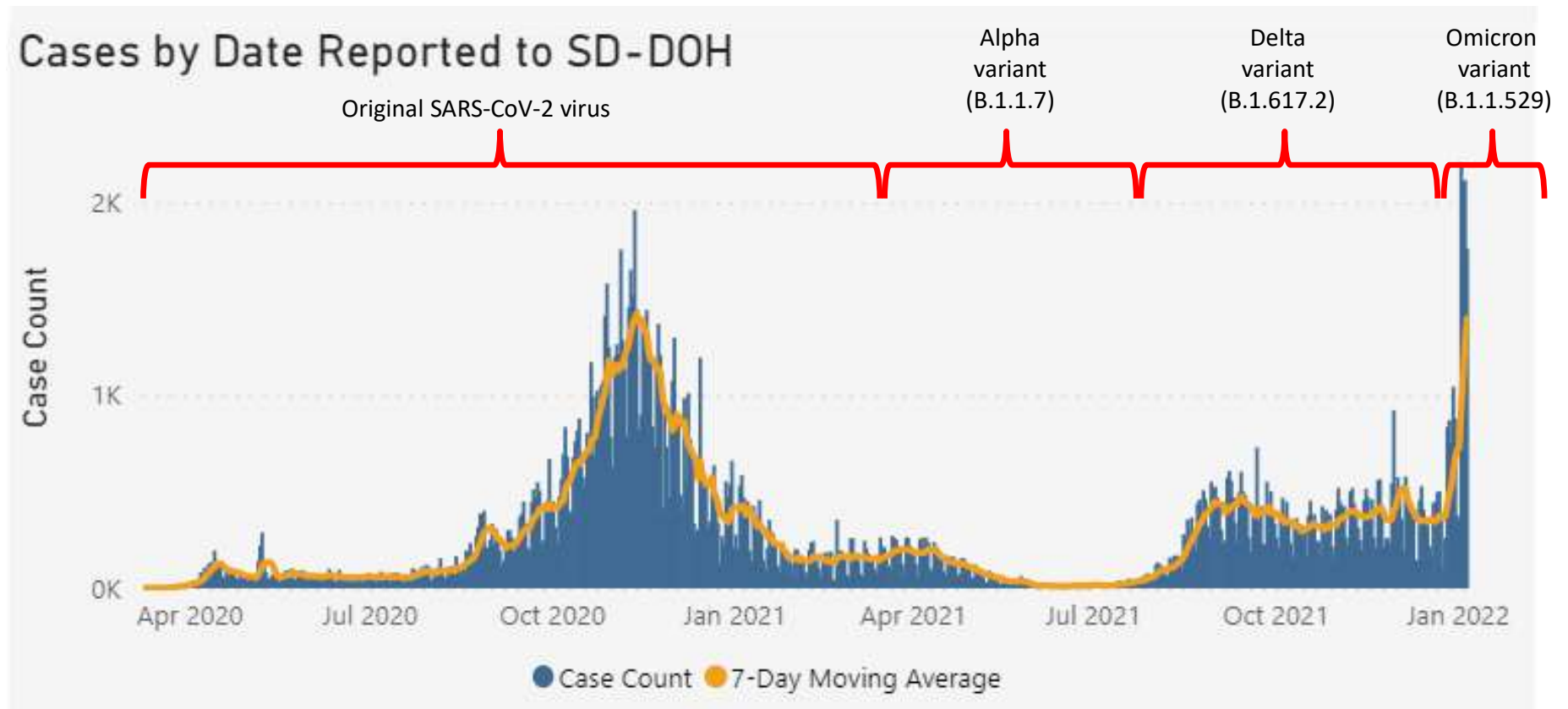
(All 2021 data are provisional, subject to change, and reflect death records filed with the South Dakota Department of Health as of 12/19/2021)

**South Dakota Resident Leading Causes of Death by Year of Death,
2011-2021
January-October**

Cause of Death	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Deaths	6,006	6,060	5,891	6,159	6,455	6,438	6,643	6,639	6,853	7,378	7,398
Cancer	1,351	1,363	1,321	1,375	1,371	1,411	1,446	1,365	1,438	1,465	1,433
Heart disease	1,326	1,384	1,348	1,370	1,437	1,416	1,422	1,522	1,512	1,515	1,389
COVID-19	0	0	0	0	0	0	0	0	0	496	527
Unintentional injuries	348	346	355	392	386	420	439	370	399	462	499
Chronic lower respiratory diseases	419	388	359	357	427	357	430	405	433	352	386
Alzheimer's disease	340	381	346	373	351	359	359	365	403	396	321
Stroke	372	336	338	353	306	346	326	330	324	356	321
Chronic liver disease and cirrhosis	77	92	104	100	114	120	128	150	130	188	262
Diabetes	221	187	192	182	241	205	197	203	243	268	235
Suicide	108	113	121	124	144	130	162	139	167	153	162
Influenza and pneumonia	152	154	156	153	186	156	189	210	163	113	91
Cause of death not yet determined	0	0	0	0	0	0	0	0	0	0	44
All other causes	1,292	1,316	1,251	1,380	1,492	1,518	1,545	1,580	1,641	1,614	1,728

Note: 2021 data are provisional and subject to change.
Source: South Dakota Department of Health, Office of Health Statistics

COVID-19 Case Epidemiologic Curve



Hospital Capacity Dashboard

- ❖ Number of currently hospitalized COVID-19 cases: 315
- ❖ COVID-19 cases are increasing
- ❖ Omicron variant has lower severity of illness
- ❖ Higher number of cases could still impact hospitals
- ❖ Important to monitor bed capacity

Staffed Hospital Bed Capacity



COVID-19 Occupied Hospital Beds

11.5%

Non-COVID-19 Occupied Hospital Beds

52.0%

Available Hospital Beds

36.5%

Staffed Adult ICU Bed Capacity



COVID-19 Occupied Adult ICU Beds

28.0%

Non-COVID-19 Occupied Adult ICU Beds

39.8%

Available Adult ICU Beds

32.2%

Staffed Adult + Pediatric ICU Bed Capacity



COVID-19 and Non-COVID-19 Occupied Adult + Pediatric ICU Beds

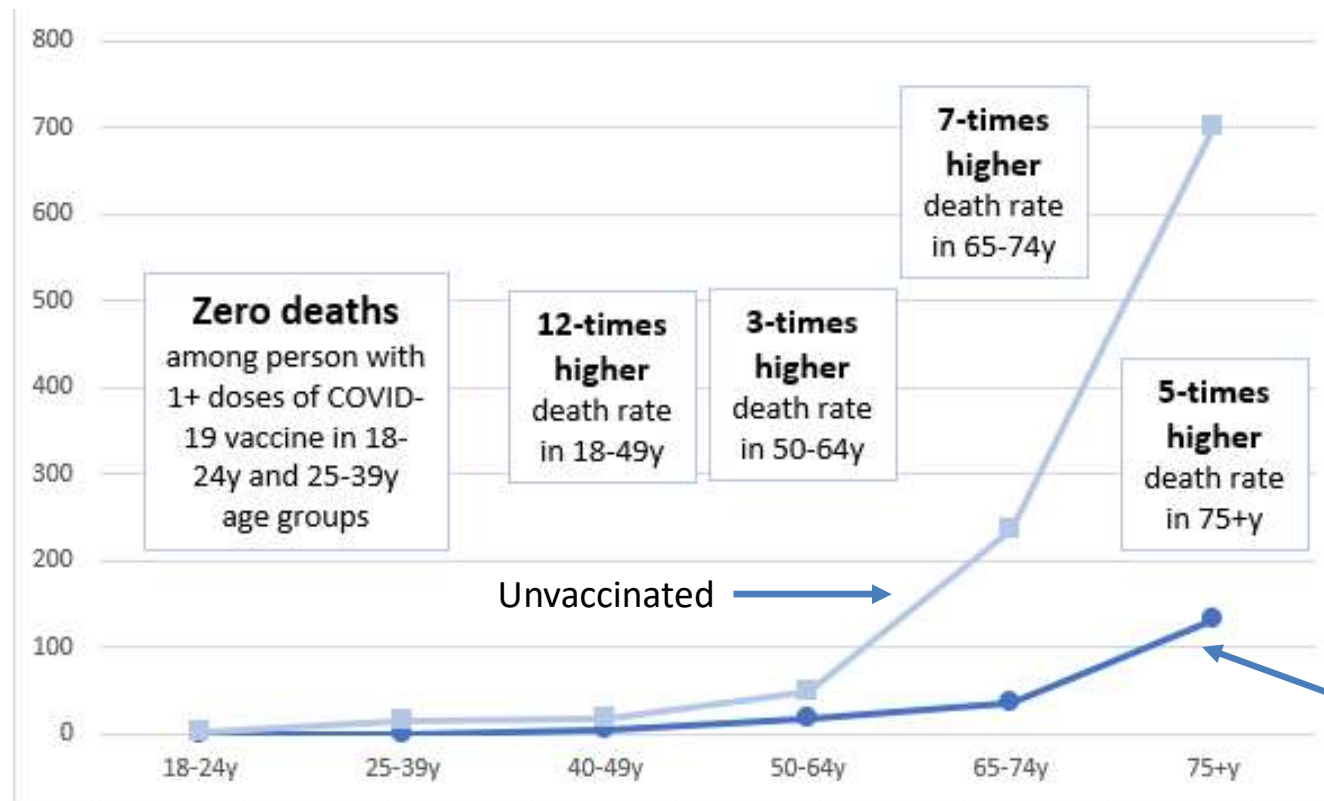
60.5%

Pediatric COVID-19 ICU beds are not reported in HHS TeleTracking.

Available Adult + Pediatric ICU Beds

39.5%

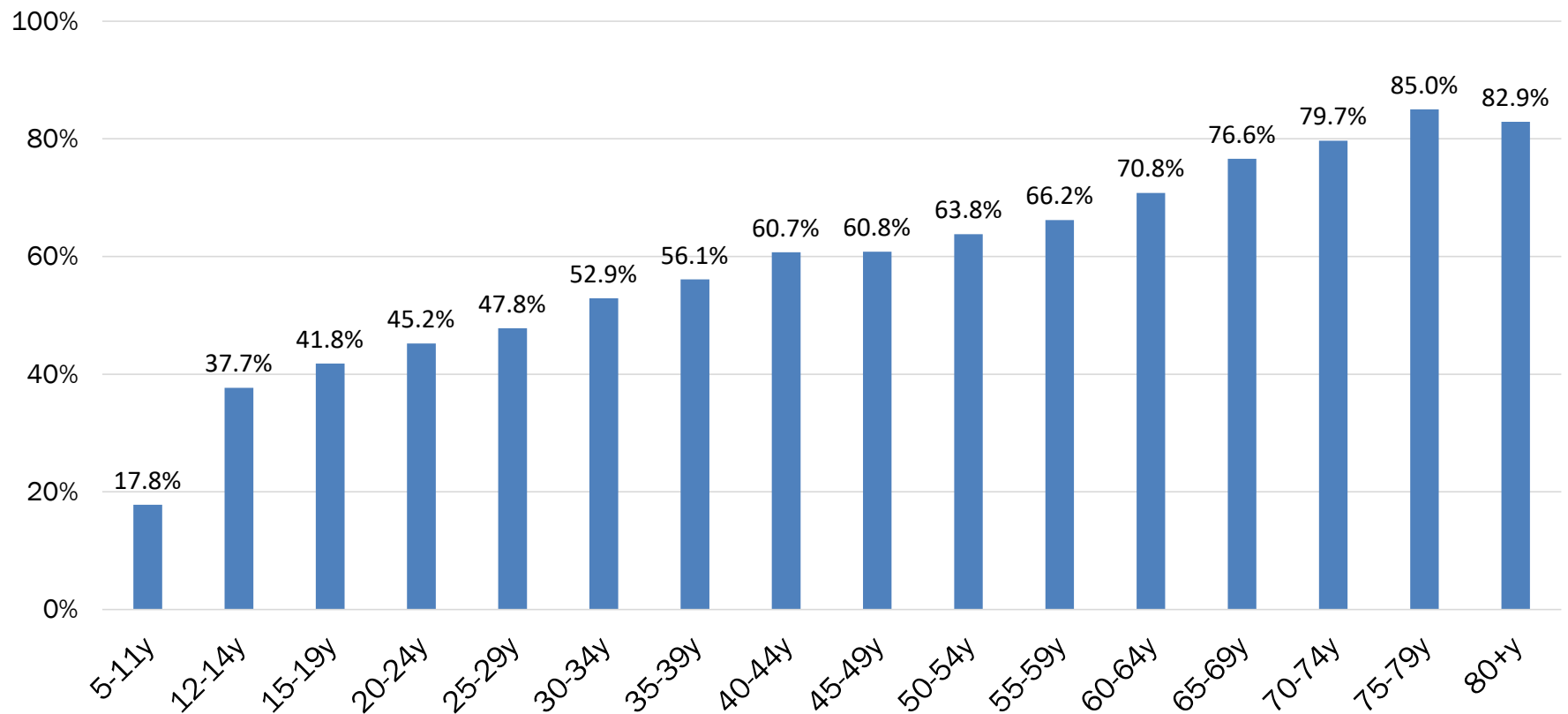
Mortality Due to COVID-19



*Unvaccinated South Dakotans had higher COVID-19 death rates compare to those who received 1+ doses of COVID-19 vaccine.
June 1-December 31, 2021*

COVID-19 Vaccination

% COVID-19 Vaccine Coverage by Age Group



South Dakota Medical Cannabis Program



- ❖ Other states have developed their medical cannabis programs in 24 months on average. The DOH did it in under 12 months.
- ❖ Over the past year, the DOH made an effort to be inclusive of the public, the industry, and stakeholders to put together a responsible program that represent the best interest of medical cannabis patients and the state.
- ❖ The administrative rules governing the Medical Cannabis program to allow patients to access medical cannabis became effective October 5, 2021 and the first patient cards were issued on November 18, 2021.
- ❖ Seed to sale tracking system to track cannabis plants and products from cultivation to dispensary to authorized medical cannabis consumer should be available for use by July 1, 2022.
- ❖ Cannabis grown in registered establishments not likely to be available before summer/early fall 2022.

Medical Cannabis Website



- ❖ MedCannabis.SD.gov website went live on June 17, 2021
- ❖ Serves as the portal for applications
 - Patient registry cards (resident and non-resident)
 - Physician certification
 - Establishment applications
- ❖ Website is updated regularly with the latest news and information on the Medical Cannabis Program
 - Served as central point of information during rules promulgation process (draft, proposed, and revised rule drafts) and link to provide comments
 - Recordings of tele-townhalls, Zoom sessions, presentations to stakeholder groups and legislative committees, administrative rules public hearing, etc.
 - FAQs
 - Petition process to recognize debilitating medical condition (*coming*)
- ❖ 95,886 page views / 41,744 unique users

Medical Cannabis Applications (as of 01-10-2022)



❖ Physician Accounts

- Total account applications – 111
- Pending – 1
- Approved – 77
- Denied – 33

❖ Patient Card Applications

- Total apps – 136
- Pending – 24
- Approved – 112
- Denied – 0

❖ Establishments Applications (no establishments have been approved yet)

- Cultivation Only – 9
- Cultivation, Dispensary, and Manufacturing – 4
- Cultivation and Dispensary – 5
- Cultivation and Manufacturing – 6
- Dispensary Only – 99
- Manufacturing – 1

Suicide in South Dakota

- ❖ Suicide was the 10th leading cause of death in SD, but is the 2nd leading cause among ages 15 to 34 (2020)
- ❖ SD has the 8th highest suicide rate in the United States in 2019 (crude rate)
 - SD = 20.6 per 100,000 population
 - US = 14.5 per 100,000 population
- ❖ 79% of suicides were male and 21% were female (2011–2020)
- ❖ The SD Native American suicide rate is 2.5 times higher than the SD White suicide rate for 2011-2020
- ❖ 23.1% of SD high school students considered suicide (2019, YRBS)
- ❖ 12.3% of SD high school students attempted suicide (2019, YRBS)
- ❖ <https://sdsuicideprevention.org/data>

SOUTH DAKOTA SUICIDE PREVENTION PLAN

2022 PRIORITY STRATEGIES

1 DATA	2 EDUCATION & TRAINING	3 COMMUNICATIONS	4 COMMUNITY ENGAGEMENT
<ul style="list-style-type: none"> + Partner with SDSU Extension and other entities on research related to suicide within farmers and ranchers. + Through Zero Suicide efforts, collect and share data to assist with future crisis. 	<ul style="list-style-type: none"> + Encourage the inclusion of mental health education within primary, secondary, and postsecondary institutions. + Provide harm reduction and means safety training and educational resources. + Host a "Bright Spot" event to highlight success stories. 	<ul style="list-style-type: none"> + Develop a resource packet to assist with response efforts. + Promote the survivor grief book within funeral homes, faith-based organizations, and other entities. 	<ul style="list-style-type: none"> + Partner with economic-related programs within the community (unemployment, housing, etc.) to provide suicide resources within their programming. + Provide crisis model policies that may be adopted by local primary, secondary, and postsecondary schools, worksites, and other entities. (focus on postsecondary and worksites)



Text4Hope

- ❖ The Helpline Center's Text4Hope program provides crisis texting support for all high school students in South Dakota.
 - Since texting is the preferred means of communication for adolescents, offering a crisis texting program allows students to share their concerns privately.
 - Individuals can connect with professionally trained staff to receive support and resources.
 - Students can text "icare" to 898211 to reach Helpline Center staff.
- ❖ The Helpline Center provides promotional materials (posters, referral cards) at no charge upon request for each high school to use with students. Helpline Center staff also provide short presentations to students to educate them about the texting program and suicide prevention.
- ❖ Programmatic costs for Text4Hope
 - Sanford Health – \$35,000/year (funding will end in May 2022)
 - Department of Health – \$14,800/year
 - Department of Social Services – \$2,000/year

South Dakota Opioid Abuse Strategic Plan

Evidence-based strategies and the South Dakota Prescription Opioid Abuse Advisory Committee informed this strategic plan. View the entire Strategic Plan document and more information at doh.sd.gov/news/opioid.aspx



AvoidOpioidSD.com

GOALS			
PREVENTION AND EARLY IDENTIFICATION	TREATMENT AND RECOVERY	REDUCING ILLICIT SUPPLY	RESPONSE TO OPIOID MISUSE AND ABUSE
STRATEGIES			
<ol style="list-style-type: none"> 1. Promote and provide professional education and training on evidence-based practices for opioid misuse prevention and early intervention. 2. Support continued practice improvement through tools that help providers and health systems implement evidence-based care for opioid use disorder such as prescription drug monitoring program utilization. 3. Continue to raise awareness around resources and information available through community-based prevention and media strategies that address the risks associated with opioid misuse or abuse. 4. Enhance supports for alternative pain management strategies through expanded partnerships and awareness efforts. 	<ol style="list-style-type: none"> 5. Support awareness of and access to Medication-Assisted Treatment (MAT) and recovery supports through continued training and education, enhanced referral systems, linkages to care, connection to resources, and treatment cost assistance. 6. Improve treatment engagement and retention through care coordination and follow-up services, peer and family support services, recovery housing, case management, and other recovery support services. 	<ol style="list-style-type: none"> 7. Increase access to safe medication storage and disposal through drug take-back programs and at-home medication storage and disposal options. 	<ol style="list-style-type: none"> 8. Enhance overdose education and naloxone distribution across South Dakota through expanded training and continued, coordinated distribution.

October 2021

Report on Prescription Drug Monitoring Program (PDMP) (SDCL 34-20E-21)

- ❖ March 2022 marks the program's 10-year anniversary

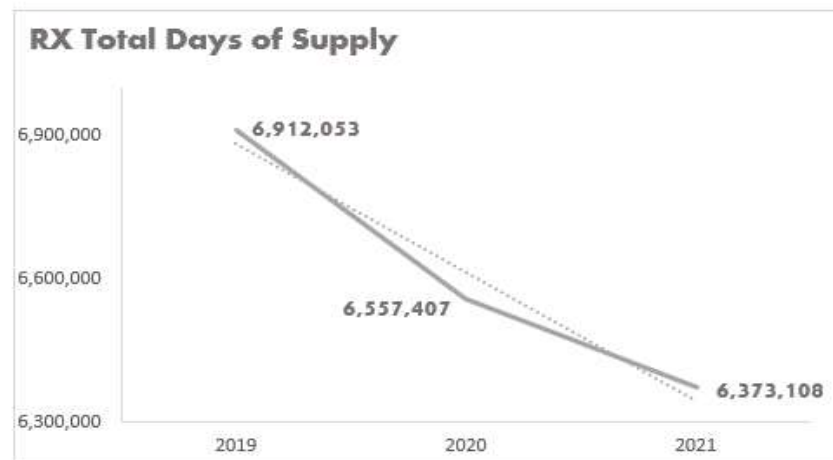
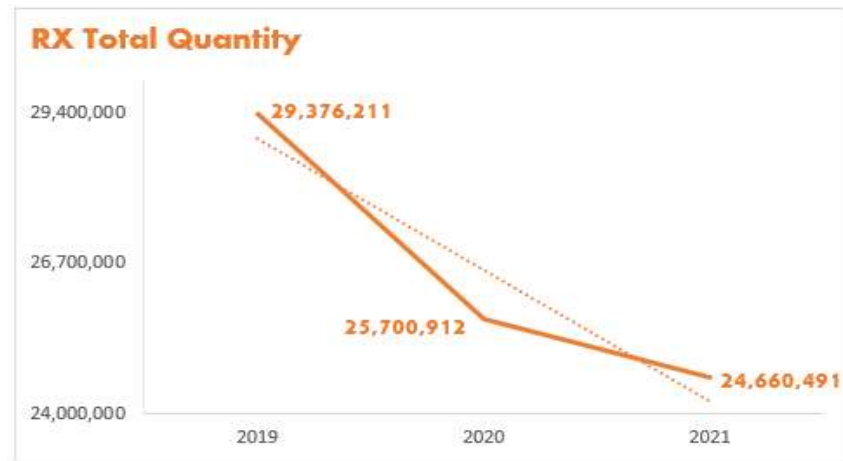
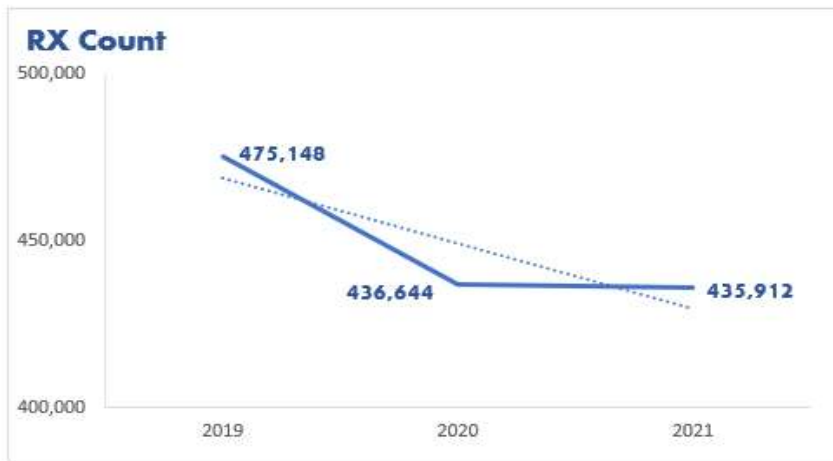
- ❖ Program Goals
 - Improve patient care, ensuring citizens maintain access to appropriate pharmaceutical therapy
 - Identify patients on the path of misuse and abuse to facilitate earlier intervention and treatment
 - Deter diversion of controlled prescription drugs

- ❖ PDMP Funding
 - Federal grants and Board of Pharmacy – program inception to current
 - Look for sustainable funding beyond federal grants – more to come in 2023

Integration Drives Utilization

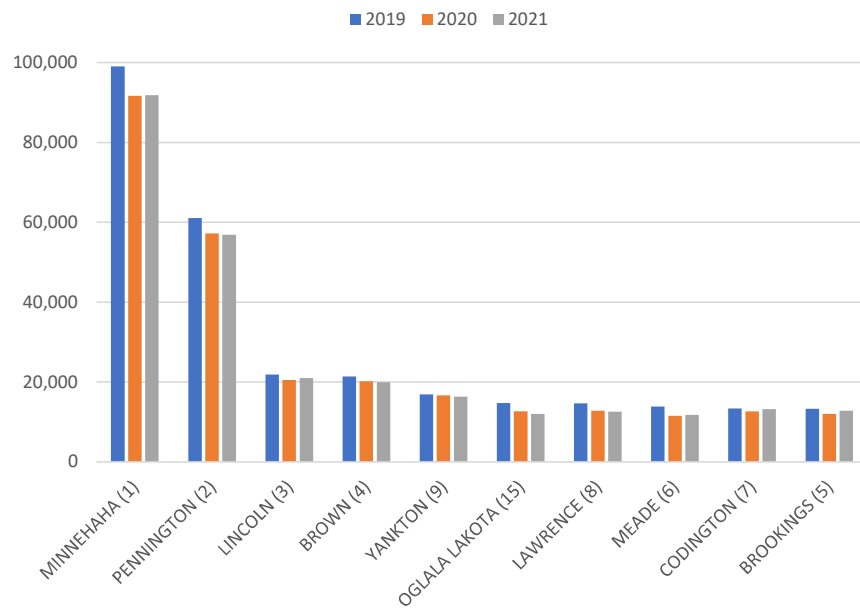
- Dr. Andrew Burchett, DO, Chief Medical Information Officer for Avera Health System, states,
“Prescription drug monitoring programs (PDMPs) are one of the most promising tools available to address prescription drug misuse, abuse and diversion. Historically, access to these databases required a provider to leave the electronic medical record (EMR) workflow adding many steps to the process and ultimately discouraged the use of this critical data set. With deep integration of the PDMP link in multiple areas of the EMR, providers can easily access patients’ controlled substance prescribing data from a number of contiguous states. Queries that took a few minutes to complete now take a few seconds. At Avera, the integration has substantially increased our access of PDMPs and demonstrates our commitment to the health and well-being of the communities and patients we serve. With each access, a provider makes a more informed decision regarding a prescription for a controlled substance validating the effectiveness of the PDMP in making a positive impact on the overutilization of controlled substances in our society.”

OPIOID PRESCRIPTIONS – SD Patients

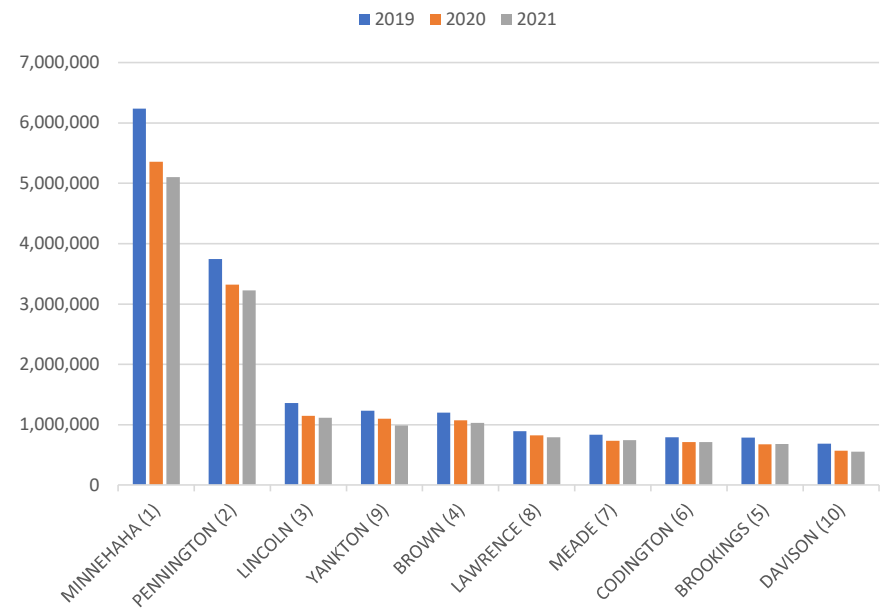


OPIOID PRESCRIPTIONS – SD Patients

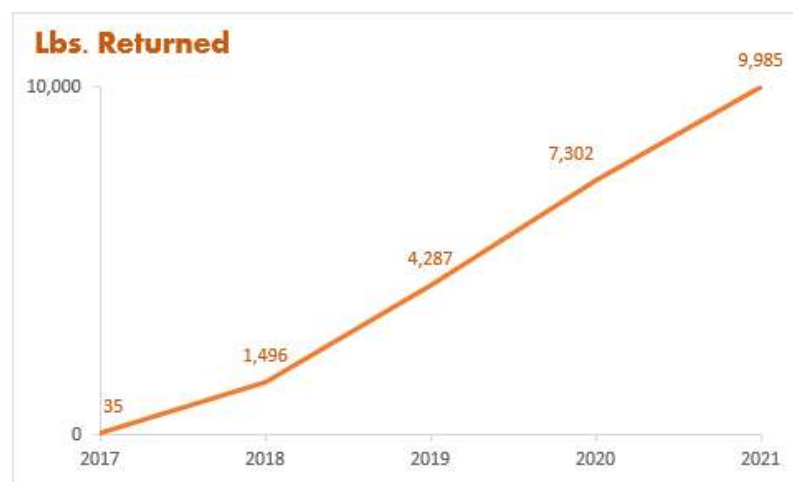
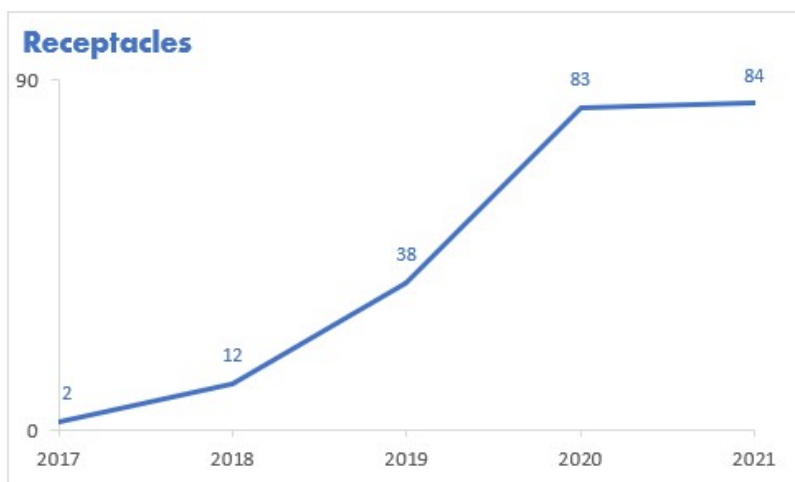
Top Patient Counties by RX Count



Top Patient Counties by RX Total Quantity Dispensed



PharmaDrop Drug Take-Back Program



Report on the Need for Additional Nursing Facility Beds or Nursing Facilities

(SDCL 34-12-35.11)

<https://doh.sd.gov/providers/licensure/>



2022 DOH Legislation

- ❖ **SB 58– An Act to authorize the Department of Health to construct a state public health laboratory.**
Appropriates \$69,615,000 in federal fund authority to the DOH to contract for the construction, completion, furnishing, and equipping of a new State Public Health Laboratory and for the renovation of the existing laboratory facility.
- ❖ **HB 1027– An Act to place certain substances on the controlled substances schedule and to declare an emergency.**
Updates South Dakota’s controlled substance statute to be consistent with federal DEA scheduling actions that have occurred since the last legislative session.
- ❖ **HB 1030– An Act to make an appropriation to reimburse certain health care professionals who have complied with the requirements for certain health care recruitment assistance programs and to declare an emergency.**
Appropriates \$740,265 to the DOH to reimburse three physicians, five physician assistants, and four nurse practitioners who have complied with the requirements of the Recruitment Assistance Program and \$287,839 to the DOH to reimburse eligible health care professionals who have complied with the terms of the Rural Health Care Facility Recruitment Assistance Program.



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