



SOUTH DAKOTA
**CARDIOVASCULAR
COLLABORATIVE**

**New Member
Orientation Guide**



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WELCOME

Chrissy Meyer, MBA

Cardiovascular Collaborative Chair
Regional Senior Director, Communications
American Heart Association

“Heart disease touches us all. As the #1 killer of South Dakotans, each of us has our own story about the ways that friends, family members, or even our own lives have been impacted. That’s what makes the work of the Cardiovascular Collaborative so important.

We’re working hard to create longer, healthier lives for all South Dakotans. Whether you live in one of our urban areas or in a rural community, whether you’re young or older, everyone, everywhere deserves the best opportunity to live their healthiest life. Our challenge is a big one. We have a lot of factors working against us, including tobacco use, rising obesity rates, shrinking physical activity, and unhealthy eating patterns. It will take more than educating individuals about the power they have to change their heart-health outcomes. It will take all of us, working together, to make changes to policies, systems and environments that contribute to the social determinants that control health outcomes. Together we are working to make a difference, and I am so happy to welcome you to the Cardiovascular Collaborative. Thank you for lending your time, talents and expertise to this important work.”

Brianne Holbeck, MSN, RN

Heart Disease and Stroke Program Coordinator
Chronic Disease & Health Promotion,
South Dakota Department of Health

I came into this role with the Department of Health in April 2023. The Cardiovascular Collaborative was one of the first initiatives I was introduced to. I was quickly impressed by the teamwork and dedication of members of this group to create healthier lives by preventing chronic disease and better the treatment of those living with chronic disease.

The Cardiovascular Collaborative relies on diverse partnerships to implement innovative ways to provide healthcare to South Dakota Residents and is doing just that. Many accomplishments have been born out of the Cardiovascular Collaborative including the Cardiovascular Data Survey, Social Media Toolkits, and Cardiac Ready Communities to name a few. It is very exciting to think of the endless opportunities our collaboration can get us.

Cardiovascular Collaborative Leadership Team

Holly Arends

Beth Davis

John Harper

Becky Heisinger

Brianne Holbeck

Victoria Johnston

Marty Link

Chrissy Meyer

Josh Ohrtman

Laura Streich

Larissa Skjonsberg

INTRODUCTION

Purpose of the South Dakota Cardiovascular Collaborative

Preventing cardiovascular diseases and improving the health of everyone living in South Dakota requires *collaboration, responsibility, and shared-accountability* across various sectors - this is the driving force behind the South Dakota Cardiovascular Collaborative.

The South Dakota Cardiovascular Collaborative (the Collaborative) works to improve the quality of life for all South Dakotans through the prevention and control of cardiovascular disease and its associated risk factors. Founded in 2017, medical and public health representatives from across the state came together to combine resources, tools, and expertise to create momentum for moving the needle forward on this complex healthcare challenge. For the South Dakota Department of Health, the Collaborative acts as a resource and champion of heart and stroke issues including: advancing health equity, optimizing health, improving responses to cardiovascular incidents, and supporting cardiovascular disease management. By joining efforts, the Collaborative members are able to consider the bigger picture for heart and stroke prevention, treatment, and control across South Dakota.

The four goals of the South Dakota Cardiovascular Collaborative Strategic Plan are:



Mission, Vision, and Core Values

Mission: To improve quality of life for all through prevention and management of cardiovascular disease and associated risk factors

Vision: Healthy people, healthy communities, healthy South Dakota

Core Values: To emphasize health equity, engage partners and communities, collaborate across sectors and chronic disease programs, endorse holistic health promotion, and use evidence-based strategies

Did You Know?

South Dakota Heart Disease and Stroke Statistics



Heart disease was the **leading cause** of death in both the United States and in South Dakota in 2022^(1,2)

33% of South Dakota adults are aware they have high blood pressure; however only **77%** take medicine to control it.⁽³⁾



Stroke is the **5th** leading cause of death in the U.S.⁽¹⁾ &



37% of South Dakota adults have high cholesterol⁽³⁾



1 in 5

of those who die from cardiovascular disease (CVD) in South Dakota are less than 70 years old⁽²⁾

7th leading cause of death in South Dakota⁽²⁾



Heart disease and stroke alone cost the nation's healthcare system **\$216 billion** and **\$147 billion** in lost productivity per year⁽⁴⁾



Need educational materials to share in your community?

Visit: <https://apps.sd.gov/ph18publications/secure/puborder.aspx>

(1) Ahmad FB, Cisewski JA, Xu J, Anderson RN. Provisional Mortality Data – United States, 2022. MMWR Morb Mortal Wkly Rep 2023;72: 488–492.

(2) South Dakota Department of Health. (2020). Vital Statistics: Mortality.

(3) The Behavioral Risk Factor Surveillance System, South Dakota Department of Health, 2019-2021.

(4) Centers for Medicare & Medicaid Services. (2021). National Health Expenditure Data: Historical.

Health Disparities

Factors that contribute to health disparities in SD's rural communities include:



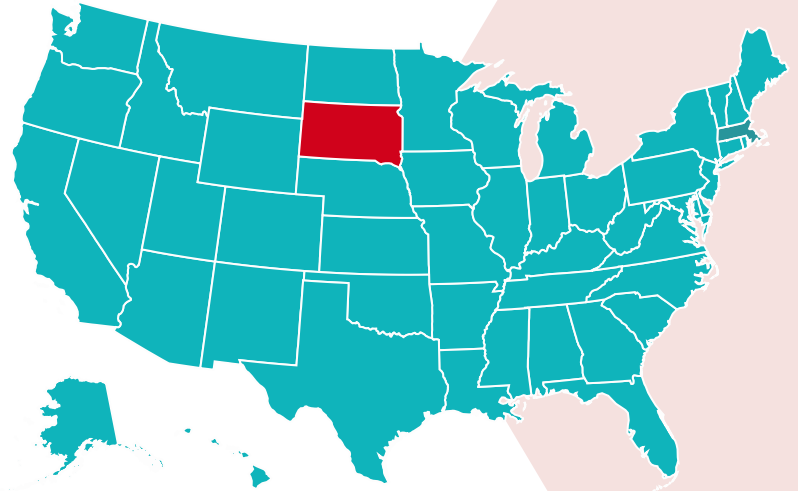
Poverty



Low access to healthcare



Low access to goods and services



13% of South Dakotans live in poverty; however, poverty levels for counties in or near American Indian (AI) reservations are significantly higher⁽¹⁾

The 10 poorest counties are either part of or adjacent to one of nine AI reservations, with poverty levels from **24.9% - 56.7%**⁽¹⁾

Access to Care

Almost **1/4** of the state's adults do not have a consistent source of primary care and **10%** of the population is uninsured^(2,3)



The majority of SD counties are considered **medically underserved** areas and have larger proportions of older residents who require ongoing access to health care⁽⁴⁾

2/3 of the state is designated by the federal government as a Health Professional Shortage Area⁽⁴⁾



78% of SD's hospitals are critical access hospitals (CAHs)⁽⁵⁾

(1) Spotlight on Poverty and Opportunity: South Dakota, 2021

(2) American Community Survey, 2013-2017

(3) American Community Survey, 2010-2019

(4) South Dakota Department of Health, Office of Rural Health, 2022

(5) South Dakota Department of Health Provider List. Accessed August 19th 2022 from <https://doh.sd.gov/statistics/surveillance/>

WHO WE ARE

Cardiovascular Collaborative Members

The South Dakota Cardiovascular Collaborative (the Collaborative) is a broad coalition that includes representatives from diverse sectors including healthcare; state, local and tribal agencies; non-profits; and volunteers. Members have expertise across a variety of areas, which allows the Collaborative to address diverse and complex issues affecting heart disease and stroke outcomes throughout the state.

Bringing together members from unique backgrounds increases our ability to accomplish the goals set forth in the strategic plan. For the full list of South Dakota Cardiovascular Collaborative members and their areas of expertise, please contact Brianne Holbeck.

.....

Below is a snapshot of the ever-growing list of organizations that our members represent!

- | | |
|---|--|
| AARP South Dakota | Madison Regional Health |
| Accocare | Medicine Shoppe |
| Aledade | Midcontinent Communications |
| American Heart Association | Mitchell Rec Center |
| Amgen | Monument Health |
| Avel eCare-Telemedicine/Health | Novonordisk |
| Avera Health | Philips |
| Avera@Home | Prairie Lakes Healthcare |
| Avera Health Plans / Dakotacare | Rapid City Police Department |
| Black Hills Special Services Cooperative | Regional Health Residency Clinic |
| Community Healthcare Association of the Dakotas | Rural Health Care, Inc |
| Community Health Center of the Black Hills | Sage Project Consultants |
| Coteau des Prairies | Sanford Health |
| Dakota Vascular | South Dakota Department of Health |
| Delta Dental of South Dakota Foundation | South Dakota Department of Social Services |
| Faulkton Area Medical Center | SD Association of Healthcare Organizations |
| Great Plains Quality Innovation Network | SD Foundation for Medical Care |
| Great Plains Tribal Leaders Health Board | SD State Medical Association |
| Health Tech Solutions | Sioux Falls Health Department |
| HealthLink | Sisseton-Wahpeton Oyate |
| Hometown Clinic | South Dakota State University |
| Huron Clinic | Spearfish Ambulance Service |
| Indian Health Service | University of Sioux Falls |
| Lake Area Technical College | Urban Indian Health |
| Landmann-Jungmann Memorial Hospital | |
| Lewis Family Drug | |

Cardiovascular Collaborative Organizational Structure

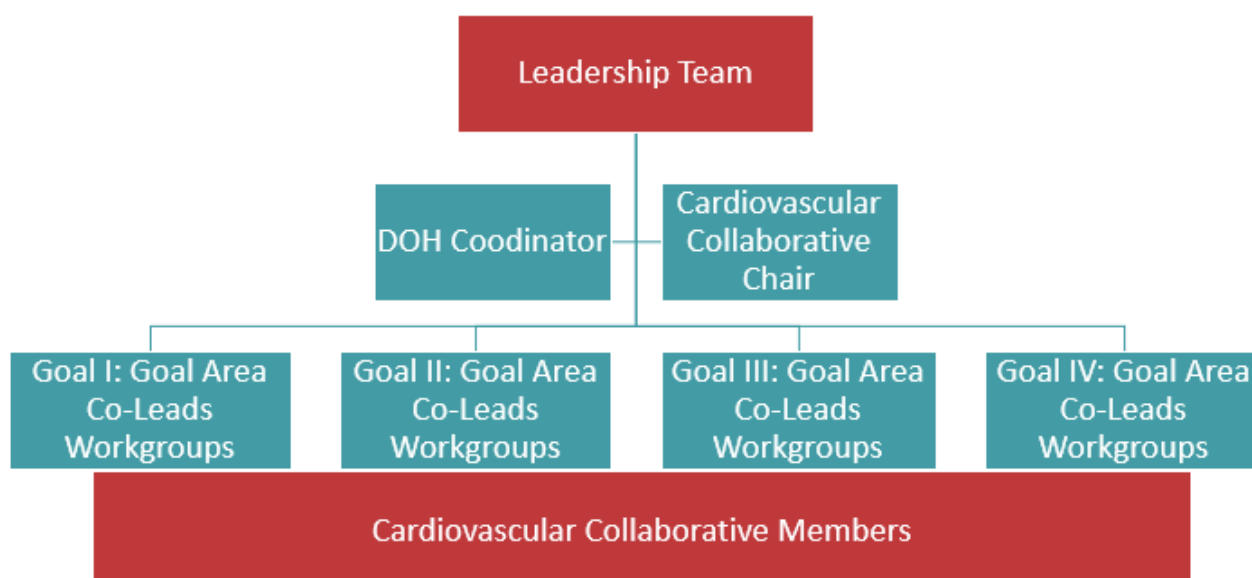
The Collaborative is guided by the **Leadership Team**, which is made up of strategic leaders who provide oversight of the Collaborative and its statewide priorities. Leadership Team members provide feedback and expert advice to enable strategic thinking and decision making.

The **Cardiovascular Collaborative Chair** and the **DOH Coordinator** work in partnership to provide strategic guidance and oversight to accomplish the goals of the statewide strategic plan.

- The **Chair** strives to maximize member engagement and ensures the sustainability of the Collaborative through strategic outreach to community partners and through proactive communications about the Collaborative and its measurable impacts on heart disease and stroke across the state.
- The **DOH Coordinator** provides oversight for the ongoing operations of the Collaborative, including bimonthly newsletters and regular meetings. They ensure that the Collaborative is working toward accomplishing the goals set forth in the strategic plan.
- The **Goal Area Groups** align with the four goal areas in the strategic plan and are responsible for implementing the action steps necessary to accomplish the priority strategies. Each Goal Area Group is formed around a priority strategy, and group membership changes based on members' interests, skills, and expertise as the priority strategy changes.

Each Goal Area Group has two **Goal Area Co-Leads** who ensure that the group meets regularly and is making progress on the actionable steps to achieve the priority strategy. Goal Area Leads serve on the Leadership Team and provide updates on group progress. Goal Area Leads also leverage resources, including the Collaborative leadership, to help their group overcome any challenges related to accomplishing the priority strategy.

The heart of the Collaborative is its **Members**. The Collaborative consists of professionals, representing broad and diverse organizations and facilities, who collectively want to improve quality of life for all South Dakotans through the prevention and control of cardiovascular disease and associated risk factors. Members share progress made by the Collaborative with their organizations, and likewise share the ideas or concerns of their organization with the Collaborative." A detailed description of expectations for General Members is in the Appendix.



HOW YOU CAN GET INVOLVED

Being a member of the Collaborative provides you with the opportunity to network and work alongside diverse and like-minded individuals with the shared goal of improving the quality of life and health of South Dakotans in your community and across the state.

Members of the Collaborative are committed to fulfilling the goals and objectives identified in the South Dakota Cardiovascular Collaborative Strategic Plan. Members are invited to participate in bi-annual meetings, actively engage in goal area meetings, contribute content to quarterly newsletters, and are encouraged to share the work of the Collaborative with their facilities and communities.

Ways to Get Involved:



Tell people in your network about the Collaborative



Read and share the bimonthly newsletter, "Heart of the Matter"



Suggest content to include in bimonthly newsletter – events, resources, or a story to highlight your facility or work being done in your community



Attend learning events (webinars) sponsored by the Collaborative



Attend all-member meetings



Share with the Chair or DOH Coordinator what your facility is doing related to heart disease and stroke and discuss how it relates to the state strategic plan



Share information about the Collaborative with your organization, and share your organization's ideas or concerns with the Collaborative



Join a goal area group to work toward achieving the goals set forth in the state strategic plan



MEETING SCHEDULE

ALL MEMBER MEETINGS

Meetings are an opportunity for the Collaborative members to connect, share, and hear what's happening in communities across South Dakota; learn new skills or information; and shape the priorities in the strategic plan for the next year. Watch for the bimonthly newsletters and other emails announcing dates of these meetings!

- Virtual Meeting: Fall 2023
- In-person Meeting: Spring 2024

GOAL AREA GROUP MEETINGS

Each Goal Area Group meets every one-two months to work on actionable steps that will result in accomplishing the strategies in the strategic plan. For example, groups may work toward mobilizing a community around a particular initiative or work with a consultant to develop a resource guide. This is a great way to get involved and make a positive impact in the state!

Contact Brianne.Holbeck@state.sd.us to get involved in a Goal Area Group. The Goal Area Lead for the group will then connect with you, get you up to speed on what the group is working on, and invite you to join the meetings.

LEADERSHIP TEAM MEETINGS

These quarterly meetings are for Leadership Team members to get updates from Goal Area Leads on group progress and to provide strategic guidance on the direction of the strategic plan.

- Spring
- Summer
- Fall
- Winter

Bimonthly Newsletters

The Collaborative sends bimonthly e-newsletters highlighting the great work being done by the Collaborative, as well as heart disease and stroke resources, events, and stories in South Dakota. The newsletters serve as a platform for meeting recaps, event announcements, helpful resources and keeping members up to date on what is going on within the community.

Check out archived newsletters and sign up to receive the newsletter on the SD Cardiovascular Collaborative website (you will automatically be added to the newsletter list when you become a member):

<https://doh.sd.gov/diseases/chronic/heartdisease/state-plan.aspx>

Check out some snapshots of our previous newsletter content below, and feel free to forward these newsletters on to people in your network to share resources, stories, and more!



Heart Disease and Stroke Resources

From CDC Division for Heart Disease and Stroke Prevention: New Local Trends in Heart Disease and Stroke Mortality Dashboard

CDC's Division for Heart Disease and Stroke Prevention (DHDSP) is helping state, territorial, local, and Tribal health departments improve health outcomes by monitoring cardiovascular disease (CVD) related mortality rates in their communities.

Membership Spotlight - John Harper

The Cardiovascular Collaborative is a team of dynamic professionals working to progress the heart health of South Dakota. Knowing that you all do amazing work, we are choosing to begin highlighting different members of the Collaborative. Today, we are highlighting John Harper!



Stay in the Know

FUNDING OPPORTUNITIES

Health Improvement Innovation Request for Applications:

This funding opportunity is intended to support strategies that have a deliberate focus on health improvement and include supportive activities to address barriers or unintended outcomes underserved populations may face.

Successful applicants will be awarded up to \$25,000, with a minimum of \$5,000. **Applications will be accepted and awarded on a rolling basis.** All funds must be expended by May 31, 2023.

For more information, please click the link below, and for questions you can contact Julie Nelson, jnelson@bhssc.org

Talking Points About the Collaborative



- Mission, Vision, Objectives
- Who is involved and basic governance
- Why it was formed
- Current make-up of the Collaborative (number of members, types of organizations participating)



- Goal areas and type of work being done
- Key achievements
- The spirit of the coalition (good feelings and relationships among all involved)



- Strategic plan
- Action plans
- Who is in the community
- Buy-in and support from leadership



"We are dedicated to improving the quality of life of all South Dakotans through prevention and control of heart disease, stroke, and associated risk factors."

"At my facility, a best practice for heart disease prevention is..."



"Our goal areas focus on advancing health equity, preventing chronic disease, responding to acute cardiovascular incidents, and supporting cardiovascular disease management."



Where We've Been

The South Dakota Department of Health (SD DOH) first convened partners in 2016 to create the Collaborative's 2017-2021 strategic plan. Guided by this plan, the Collaborative created new resources and tools, conducted surveys to gather key data, developed trainings on relevant topics, and worked to raise awareness about heart disease and stroke.

Some key initiatives and accomplishments include:



Conducting a **Cardiovascular Data Survey** to assess cardiovascular data collection and quality improvement processes among 150 representatives of health facilities across the state. Survey results indicated a need to enhance knowledge about data collection and implementation, quality improvement, and team-based care.



Developing a **South Dakota Team-Based Care Toolkit and Webinar Series** to promote team-based, patient-centered care in South Dakota.



Creating a **South Dakota Community Health Worker (CHW) Planning and Assessment Toolkit**, a self-guided toolkit that provides background knowledge and recommendations on how to hire and effectively utilize CHWs.



Conducting a **SD Community Leader EMS Survey**, which found that South Dakota's rural EMS network faces significant obstacles. It is now being used as a tool to communicate about EMS needs in the state.



Promoting the **Cardiac Ready Communities (CRC) Program**, which improves the chances of survival and recovery for cardiac event victims. Kimball was designated the state's first CRC in 2021.



Developing a **South Dakota Quality Improvement (QI) Toolkit and Webinar Series** to promote quality improvement processes as a way of improving clinical quality.



Creating a **Media Toolkit** so partners can share multi-media tools that increase awareness around cardiovascular disease.

OUR STRATEGIC PLAN

The 2017-2021 South Dakota Cardiovascular Collaborative Strategic Plan used the CDC's framework and best practices to address cardiovascular disease in South Dakota. These efforts are described in detail in [The South Dakota Cardiovascular Collaborative: Progress Report 2017-2022](#).

In 2021, the Collaborative gathered once again to plan for the next five years. The SD DOH convened 38 partners to lay the groundwork for the 2022-2026 Strategic Plan. This collaborative process consisted of:



Key informant interviews



Virtual strategic planning workshop



Data and document review



Plan refinement and prioritization

The 2022-2026 strategic plan goals, objectives, and strategies are described on the following pages. This plan serves as a roadmap for South Dakota to improve quality of life for all through prevention and management of cardiovascular disease and associated risk factors. You can view the plan in the Appendix, or online:

<https://doh.sd.gov/diseases/chronic/heartdisease/state-plan.aspx>

For More Information

The **South Dakota Cardiovascular Collaborative Progress Report 2017-2021** highlights the progress, accomplishments, and lessons learned through implementation of the 2017-2021 strategic plan:

https://doh.sd.gov/documents/diseases/chronic/CC_ProgressReport_2017-2021.pdf

The **2022-2026 South Dakota Cardiovascular Collaborative Strategic Plan** provides an overview of state-specific data, best practices in cardiovascular disease prevention and control, and the strategic planning process:

https://doh.sd.gov/documents/diseases/chronic/2022-2026_SDCardiovascularCollaborative_StrategicPlan.pdf

Educational materials about cardiovascular disease and its associated risk factors are available to share with your community:

<https://apps.sd.gov/ph18publications/secure/puborder.aspx>

GOAL AREAS

Cardiovascular Collaborative 2022-2026 Strategic Plan



Advance health equity in prevention, treatment, and management of cardiovascular disease

Goal Area Leads: Laura Streich and Becky Heisinger

Objectives

- Maintain or decrease the age-adjusted mortality rate from heart disease among Native Americans at 258.3 per 100,000
- Decrease the percentage of adults with an income of less than \$25,000 who have ever been diagnosed with heart attack from 7.2% to 7.0%
- Increase the percentage of adults with an income of less than \$25,000 who report having a healthcare provider from 68.2% to 75%
- Maintain or decrease the percentage of adults living in rural areas diagnosed with a heart attack at 5.3%
- Increase the percentage of patients who reported that their doctor always explained things in a way they could understand from 82% to 88%

Strategies

- A. Collaborate with communities and priority populations to identify and address needs related to cardiovascular health
- B. Promote equitable access to prevention, treatment, and management programs and resources
- C. Enhance partners' organizational capacity to promote health equity across sectors



Optimize health through prevention of chronic diseases

Goal Area Leads: Beth Davis and Larissa Skjonsberg

Objectives

- Maintain or increase the percentage of adults classified as having a normal weight by BMI at 29.1%
- Increase the percentage of adults who report being physically active within the last month from 77.6% to 80.0%
- Decrease the percentage of adults who currently use commercial tobacco from 26% to 23%
- Increase the percentage of adults who report visiting their doctor for a routine checkup within the last year from 76.2% to 78%

Strategies

- A. Promote increased physical activity across the lifespan
- B. Promote healthy food and beverage consumption
- C. Promote commercial tobacco cessation
- D. Encourage annual preventive care visits and screenings
- E. Support healthcare professionals in counseling patients about risk factors and making referrals to prevention programs
- F. Support implementation of K-12 holistic health education programs

GOAL AREAS

Cardiovascular Collaborative 2022-2026 Strategic Plan



Improve response to acute cardiovascular incidents

Goal Area Leads: Chrissy Meyer and John Harper

Objectives

- Decrease ambulance chute times from 3.9 minutes to 3.25 minutes
- Increase the number of Cardiac Ready Communities from 1 to 5
- Increase the number of EMTs from 3,132 to 3,850
- Decrease the age-adjusted mortality rate due to stroke from 35.4 per 100,000 to 32.0 per 100,000
- Decrease the age-adjusted mortality rate due to heart disease from 155.1 per 100,000 to 153 per 100,000

Strategies

- A. Strengthen the active EMS workforce
- B. Promote adoption of the Cardiac Ready Community program
- C. Promote continuity and collaboration of care at each point of the chain of survival
- D. Bolster review and utilization of cardiovascular data
- E. Promote utilization of the latest cardiac and stroke guidelines



Support cardiovascular disease management

Goal Area Leads: Josh Ohrtman and Victoria Johnston

Objectives

- Increase the number of participants who complete Better Choices, Better Health SD from 460 to 741
- Increase the percentage of adults with high blood pressure who regularly check their blood pressure from 63% to 65%
- Maintain or decrease the percentage of adults who have ever been diagnosed with a heart attack at 4.2%
- Maintain or decrease the percentage of adults who have ever been diagnosed with stroke at 2.6%

Strategies

- A. Support referral of adults with cardiovascular disease to management programs and resources
- B. Promote utilization and support pharmacist-provided services, including medication therapy management
- C. Support expansion of the CHW profession
- D. Maximize community-clinical linkages

WHAT'S NEXT

Thank you for your commitment to the prevention and control of heart disease and stroke! We are looking forward to working with you to improve the quality of life for all South Dakotans.

Sign up for a Goal Area

Contact Brienne Holbeck at Brienne.Holbeck@state.sd.us to get involved in a Goal Area Group. The Goal Area Co-Leads for the group will connect with you, get you acclimated with the group's progress, and invite you to join the meetings.

Newsletter

Verify your contact information is correct with Brienne Holbeck to ensure you will receive the bimonthly newsletter. **TIP:** Be sure to check your junk mail folder, as these emails are sometimes caught by spam filters.

Add Brienne.Holbeck@state.sd.us to your list of safe senders so the newsletter is more likely to arrive in your inbox.

Have Questions? Please Don't Hesitate to Reach Out.



<https://doh.sd.gov/CardioCollaborative/>



(605) 367 - 7207



Brienne.Holbeck@state.sd.us



@SDHealthyLife

Interested in inviting someone within your network to join the Collaborative?
Please email Brienne Holbeck for more information.



Member Checklist

Are You Ready to Be an Engaged Member of the Collaborative?

As a member of the South Dakota Cardiovascular Collaborative (the Collaborative), use the following check-list for periodic self-reflections to ensure you remain a high functioning member of the Collaborative.

-

- I make decisions that serve the best interests of the state of South Dakota rather than any one organization.
- I am committed to integrating strategic priorities of the Collaborative within my organization, where appropriate.
- I share progress of the Collaborative with my organization and share the concerns/ideas of my organization with the Collaborative.
- I candidly share interests/concerns and ensure others are invited to do the same.
- I prepare for and actively participate in meetings on a regular basis.
- I listen to, respect, and work to understand the views of other Collaborative members.
- I will participate in activities to fulfill the strategic plan, in addition to the annual meeting.
- I am willing to represent the Collaborative at key meetings and events.
- I am an ambassador of the Collaborative and will promote its mission and vision whenever and wherever possible.

APPENDIX



SOUTH DAKOTA
**CARDIOVASCULAR
COLLABORATIVE**



South Dakota Cardiovascular Collaborative Strategic Plan, 2022-2026

VISION: Healthy people, healthy communities, healthy South Dakota
MISSION: To improve quality of life for all through prevention and management of cardiovascular disease and associated risk factors

PRIORITY POPULATIONS: Native Americans, people living in rural areas, people with lower incomes

Goals Focus On	II. Optimize health through prevention of chronic diseases					III. Improve response to acute cardiovascular incidents					IV. Support cardiovascular disease management									
Objectives	I. Advance health equity in prevention, treatment, and management of cardiovascular disease 1. Maintain or decrease the age-adjusted mortality rate from heart disease among Native Americans at 258.3 per 100,000. <i>Update: 270.1 per 100,000 (2021)</i> 2. Decrease the percentage of adults with an income of less than \$25,000 who have ever been diagnosed with heart attack from 7.2% to 7.0%. <i>Update: 7.9% (2021)</i> 2. Increase the percentage of adults with an income of less than \$25,000 who report having a health care provider from 68.2% to 75%. <i>Update: 71.6% (2021)</i> 4. Maintain or decrease the percentage of adults living in rural areas diagnosed with a heart attack at 5.3%. <i>Update: 4.5% (2021)</i> 5. Increase the percentage of patients who reported that their doctor always explained things in a way they could understand from 82% to 88%. <i>Update: 81% (2021)</i>					1. Maintain or increase the percentage of adults classified as having a normal weight by BMI at 29.1%. <i>Update: 26.6% (2021)</i> 2. Increase the percentage of adults who report being physically active within the last month from 77.6% to 80.0%. <i>Update: 76.8% (2021)</i> 4. Decrease the percentage of adults who currently use commercial tobacco from 26% to 23%. <i>Update: 27.0% (2021)</i> 5. Increase the percentage of adults who report visiting their doctor for a routine checkup within the last year from 76.2% to 78%. <i>Update: 75.8% (2021)</i>					1. Decrease ambulance chute times from 3.9 minutes to 3.25 minutes. <i>Update: 2.7 (2022)</i> 2. Increase the number of Cardiac Ready Communities from 1 to 5. <i>Update: 1 (2022)</i> 3. Increase the number of EMTs from 3,132 to 3,850. <i>Update: 3,281 (2021)</i> 4. Decrease the age-adjusted mortality rate due to stroke from 35.4 per 100,000 to 32.0 per 100,000. <i>Update: 35.4 per 100,000 (2021)</i> 5. Decrease the age-adjusted mortality rate due to heart disease from 155.1 per 100,000 to 153 per 100,000. <i>Update: 152.6 per 100,000 (2021)</i>					1. Increase the number of participants who complete Better Choices, Better Health SD from 460 to 741. <i>Update: 681 (2022)</i> 2. Increase the percentage of adults with high blood pressure who regularly check their blood pressure from 63% to 65%. <i>Update: 57% (2021)</i> 3. Maintain or decrease the percentage of adults who have ever been diagnosed with a heart attack at 4.2%. <i>Update: 4.3% (2021)</i> 4. Maintain or decrease the percentage of adults who have ever been diagnosed with stroke at 2.6%. <i>Update: 2.8% (2021)</i>				
Work On Strategies	A. Collaborate with communities and priority populations to identify and address needs related to cardiovascular health B. Promote equitable access to prevention, treatment, and management programs and resources C. Enhance partners' organizational capacity to promote health equity across sectors					A. Promote increased physical activity across the lifespan B. Promote healthy food and beverage consumption C. Promote commercial tobacco cessation D. Encourage annual preventive care visits and screenings E. Support healthcare professionals in counseling patients about risk factors and making referrals to prevention programs F. Support implementation of K-12 holistic health education programs					A. Strengthen the active EMS workforce B. Promote adoption of the Cardiac Ready Community program C. Promote continuity and collaboration of care at each point of the chain of survival D. Bolster review and utilization of cardiovascular data E. Promote utilization of the latest cardiac and stroke guidelines					A. Support referral of adults with cardiovascular disease to management programs and resources B. Promote utilization and support pharmacist-provided services, including medication therapy management C. Support expansion of the CHW profession D. Maximize community-clinical linkages				

CORE PRINCIPLES: Emphasize health equity | Engage partners and communities | Collaborate across sectors and chronic disease programs | Endorse holistic health promotion | Use evidenced-based strategies



GENERAL MEMBER POSITION DESCRIPTION

The role of Cardiovascular Collaborative members is to contribute to the planning and implementation of the South Dakota statewide strategic plan. This is done by informing decisions that address the needs of the state by sharing the perspective of their own organizations, practices, and networks. Collaborative members work to integrate the strategies of the strategic plan into their organization's efforts, where appropriate. Members also serve as ambassadors for the Cardiovascular Collaborative and proactively communicate about the Collaborative and its priorities.

Collaborative members are also encouraged to participate in Goal Area Groups, which are formed around priority strategies in the state strategic plan. Led by the Goal Area Lead(s), each Goal Area Group is charged with implementing the action steps necessary to accomplish the priority strategy. Cardiovascular Collaborative members select the Goal Area Group(s) in which they will participate based on their interests, skills, or experience related to the priority strategy. Members can serve in more than one Goal Area Group if they choose.

RESPONSIBILITIES:

- Participate in identifying, selecting, and promoting innovative activities to fulfill the strategic plan
- Participate in bi-annual in-person and virtual all-member meetings
- Carry out duties as collaboratively determined and follow through on tasks/commitments in a timely manner
- Attend assigned Goal Area Group meetings when scheduled
- Remain engaged and maintain a good record of meeting attendance
- Read minutes, reports, and other materials in advance of meetings to remain knowledgeable about the progress of the Goal Area Group
- Promote the work, mission, and vision of the Collaborative in their organization and the community whenever possible
- Engage in Cardiovascular Collaborative-supported events, such as educational webinars
- Suggest content for quarterly newsletter (e.g., events, resources, community spotlight stories, etc.)
- Assist with recommending and recruiting new members
- Commit to integrate the priorities of the statewide strategic plan within their organization, where appropriate
- Stay informed about research/data, policies, and news relevant to the prevention and management of heart disease and stroke

QUALIFICATIONS

- Commitment to improving the health of South Dakotans
- Comfortability working with diverse groups of medical and public health professionals
- Knowledge of the South Dakota area and its people
- Enthusiasm and resourcefulness for improving cardiovascular health
- Expertise in the strategic goal area on which they serve or represent a priority audience or stakeholder
- Accountability to design and deliver on specific tasks or products
- Willingness to champion the goals and activities in the state strategic plan

SUPPORT PROVIDED

- Opportunities to broaden your knowledge, gain new experiences and skills, increase communication skills, and work with other community professionals
- Meetings with and input from Cardiovascular Collaborative Chair, DOH Coordinator, and/or Goal Area Lead(s)
- Product development support, as needed
- Marketing, communications, and group meeting support and facilitation
- Report templates and formats
- Access to speakers and recorded presentations
- Marketing and communication resources and training, as appropriate