Strategic PLAN
2015-2020

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
Goals, Objectives, Strategies, and Performance Indicators

**GOAL 1**
Improve the quality, accessibility, and effective use of healthcare

**A. Promote the right care at the right time in the right setting**
- Improve quality of care through increased use of electronic data (Kevin DeWald)
- Identify barriers to accessing preventive health for 18-34 year old males (Greta Thorpe)
- Improve appropriate antibiotic use in nursing facilities (Kipp Stahl)
- Develop framework to accommodate community-based long term care services and supports (Chris Qualm)

**B. Sustain healthcare services across South Dakota**
- Build and sustain South Dakota’s healthcare workforce (Andy Klitzke)
- Support innovative ways to deliver healthcare to individuals as close to home as possible (Andy Klitzke)

**C. Provide effective oversight and assistance to assure quality healthcare facilities, professionals, and services**
- Assist healthcare organizations meet established standards for quality of care (Chris Qualm)
- Assure information regarding quality of healthcare facilities, providers, and services is easily available to the public (Tom Martinec/Susan Sporrer)

**Key Performance Indicators**

1. 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 Survey Data)
2. Reduce the use of antipsychotic medications in long-stay nursing facility residents from 18.1% in 2015 to 15% by 2020 (OLC Survey Data)
3. 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 84% by 2020 (BRFSS)
4. Reduce the use of antibiotics in nursing facility residents from 25% in the first half of 2017 to 20% by the end of 2018 (Long Term Care Antibiotic Use Pilot Project Data (~50 facilities))
5. Decrease avoidable readmissions through use of SD Health Link Clinical Event Notifications and Point of Care Exchange by 15% by 2020 (SD Health Link)
6. Increase the number of inmates with emergency healthcare needs treated within the facility from 57% in 2015 to 60% by 2020 (Correctional Health)
7. Increase the number of emergency medical personnel in South Dakota from 3,281 in 2016 to 3,850 by 2020 (Office of Rural Health)
8. Increase the percentage of Recruitment Assistance Program participants who are either still in their rural practice site or remained there for at least five years from 80% in 2018 to 85% by 2020 (Office of Rural Health)

**GOAL 2**
Support life-long health for South Dakotans

**A. Reduce infant mortality and improve the health of infants, children, and adolescents**
- Collaborate with community partners to improve data collection and infant death review process in order to support focused interventions (Jill Munger)
- Reduce infant mortality through the promotion of safe sleep, tobacco cessation, and early and adequate prenatal care (Peggy Seurer)
- Implement strategies to increase yearly adolescent preventive medical visits (Linda Ahrendt)

**B. Increase prevention activities to reduce injuries**
- Use current injury and motor vehicle accident data sets of fatal injuries in the state to support focused interventions (Marty Link)
- Identify data sources to determine rates and causes of preventable non-fatal injuries (Amanda Nelson)

**C. Prevent and reduce the burden of chronic disease**
- Implement strategies to increase recommended, evidence-based preventive screenings (Karen Cudmore)
- Provide support to communities to adopt policies that enhance healthy nutrition and physical activity environments (Larissa Skjonsberg)
• Increase outreach related to the dangers of tobacco use, promote quitting, and change attitudes and beliefs related to tobacco use (Jacob Parsons)
• Increase provider referrals to evidence-based education and lifestyle change programs (Kiley Hump)

**Key Performance Indicators**

1. Reduce the 5-year infant mortality rate from 6.9 per 1,000 births in 2010-2014 to 6.0 by 2020 (Vital Records data)
2. 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)
3. Reduce the percentage of school-age children and adolescents who are obese from 16.0% in 2014-2015 to 14% by 2020 (SD School Height and Weight Data Report)
4. Decrease South Dakota's child and teen accidental death 5-year rate from 14.5 per 100,000 1-19 year olds in 2010-2014 to 13.0 by 2020 (Vital Records data)
5. Reduce the percentage of adults who currently smoke from 18.6% in 2014 to 14.5% by 2020 (BRFSS)
6. Increase the percentage of adults who meet the recommended physical activity aerobic guidelines from 53.7% in 2013 to 59% by 2020 (BRFSS)
7. Increase the percentage of adults age 50-75 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

A. Prevent and control infectious disease
   - Enhance timeliness and effectiveness of the integrated disease surveillance system (Nick Hill)
   - Improve South Dakota’s age-appropriate immunization rate (Tim Heath)

B. Build and maintain State Public Health Laboratory (SPHL) capacity and ensure a culture of biosafety
   - Strengthen the SPHL capacity through employee education, training, testing methods, updated equipment, and enhancement of the Laboratory Information Management System (LIMS) (Tim Southern)
   - Ensure a culture of biosafety in the SPHL and in clinical laboratories using biosafety assessment tools (Whitney Lutkemeier)

C. Identify the top hazardous environmental conditions in South Dakota that negatively impact human health
   - Assess the need, inventory existing programs, and identify high impact unmet needs (Josh Clayton)
   - Identify the best mechanism to address high impact gaps (Tom Martinec)

D. Strengthen South Dakota’s response to current and emerging public health threats
   - Continue development of syndromic surveillance system (Nick Hill)
   - Enhance self-sustaining regional healthcare preparedness partnerships (Alexandra Little)
   - Enhance and maintain the state public health and medical strategic stockpile (Chuck Kevghas)
   - Ensure proficiency in laboratory testing methods for detection and identification of emerging and reemerging pathogens (Laurie Gregg)

E. Prevent injury and illness through effective education and regulation
   - Increase efficiency by the use of electronic inspection systems (Bill Chalcraft)
   - Advance quality by use of more timely and effective training (John Osburn)
   - Improve communications with regulated industry (Bill Chalcraft)

**Key Performance Indicators**

1. Increase the rate of electronic disease reporting from 74% in 2015 to 90% by 2020 (Office of Disease Prevention Services)
2. 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)
3. Increase the percent of adolescents age 13-17 who receive Tdap (tetanus, diphtheria, pertussis) vaccination from 72.4% in 2015 to 85% by 2020 (National Immunization Survey)
4. Increase the percent of adolescents age 13-17 who receive meningococcal vaccination from 55.5% in 2015 to 85% by 2020 (National Immunization Survey)
5. Reduce gonorrhea rates in persons aged 15-44 from 368.2 per 100,000 in 2016 to 349.8 per 100,000 by 2020 (Office of Disease Prevention Services)
6. Build syndromic surveillance by increasing the number of data-submitting sites from 305 in 2017 to 330 by 2020
GOAL 4  
Develop and strengthen strategic partnerships to improve public health

A. Reduce completed and attempted suicides through statewide and local efforts
   - Provide specific epidemiological support to local communities engaged in the state’s suicide prevention efforts (Amanda Nelson)
   - Promote use and awareness of the Health Information Exchange by healthcare providers to obtain relevant patient information, including self-injury (Kevin DeWald)

B. Reduce the health impact of substance abuse and mental health disorders
   - Improve data used for surveillance of key substance abuse and mental health data (Mark Gildemaster)
   - Educate the public on the dangers of prescriptions drugs, educate prescribers on safe prescribing practices and increase utilization of the Prescription Drug Monitoring Program (Kiley Hump)

C. Reduce health disparities of at-risk populations through innovative and collaborative efforts
   - Assist at-risk individuals to access state and local services (Peggy Seurer)
   - Support tribal efforts to provide public health services to their members (Colleen Winter)

Key Performance Indicators
1. Reduce the suicide crude death rate for South Dakota from 17.8 per 100,000 in 2012-2016 to 16.0 per 100,000 by 2016-2020 (Vital Records data)
2. Reduce suicide attempts with severe injury resulting in hospitalization among youth 13-19 years of age from 311.9 per 100,000 during 2011-2015 to 265.1 per 100,000 by 2016-2020 (SDAHO hospital discharge data)
3. Increase the number of Prescription Drug Monitoring Program prescriber queries from 98,467 in 2017 to 150,000 by 2020 (PDMP data)
4. Reduce the drug-induced age-adjusted death rate for South Dakota from 9.0 per 100,000 in 2012-2016 to 7.2 per 100,000 by 2016-2020 (Vital Records data)
5. Reduce the alcohol-induced age-adjusted death rate for South Dakota from 16.4 per 100,000 in 2012-2016 to 14.8 per 100,000 by 2016-2020 (Vital Records data)
6. Increase the percent of Native Americans who report good to excellent health status from 77% in 2012-2014 to 87% by 2018-2020 (BRFSS)
7. Reduce the percent of low-income South Dakotans who currently smoke from 32.7% in 2013-2014 to 31.5% by 2020 (BRFSS)

GOAL 5  
Maximize the effectiveness and strengthen infrastructure of the Department of Health

A. Increase effective communication
   - Provide opportunities for DOH employee input and feedback (Joan Adam)
   - Enhance DOH intranet to be a central hub for department information (Jennifer Baker)
   - Enhance website, list serv, and webinar capability and use (Derrick Haskins)

B. Promote a culture of organizational excellence
   - Complete State Health Assessment to identify public health resources and gaps (Josh Clayton)
   - Establish an orientation and knowledge transfer plan for employees (Colleen Winter)
   - Enhance employee recognition initiatives (Kim Malsam-Rysdon)
   - Provide cultural competency training and resources for employees (Colleen Winter)

C. Leverage resources to accomplish the Department of Health’s mission
   - Promote cross-division collaboration (Derrick Haskins)
   - Adopt business model approach to sustaining public health programs (Kari Williams)
Key Performance Indicators

1. Increase the number of DOH employees who access a central source for internal communication and information from 189 in 2015 to 300 in 2020 (DOH Intranet Average Monthly User Data)
2. Assess effectiveness of at least 3 DOH listservs/newsletters utilizing analytics platforms by 2020 (DOH Communications)
3. 100% of new employees will receive department-wide orientation within 6 months of employment by 2020 (Bureau of Human Resources)
4. Increase the number of legacy documents for designated DOH positions from 0% in 2015 to 100% by 2020 (Bureau of Human Resources)
5. Increase the percent of DOH employees who participate in an employee engagement survey from 76% in 2016 to 80% by 2020 (Bureau of Human Resources)