## 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

#### 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
2. Decrease the percentage of adults with an income of less than $25,000 who have ever been diagnosed with heart attack from 6.8% to 5.6%
3. 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%
4. Maintain or decrease the percentage of adults living in rural areas diagnosed with a heart attack at 5.3%
5. Increase the percentage of patients who reported that their doctor always explained things in a way they could understand from 82% to 88%

#### II. Optimize health through prevention of chronic diseases

1. Maintain or increase the percentage of adults classified as having a normal weight by BMI at 29.8%
2. Increase the percentage of adults who meet physical activity guidelines of 150 minutes or more per week from 45.8% to 54.5%
3. Decrease the percentage of adults who currently use commercial tobacco from 26% to 23%
4. Increase the percentage of adults who report visiting their doctor for a routine checkup within the last year from 76.2% to 78%

#### III. Improve response to acute cardiovascular incidents

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

#### IV. Support cardiovascular disease management

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

### Strategies

#### A. Collaborate with communities and priority populations to identify and address needs related to cardiovascular health

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

#### B. Promote equitable access to prevention, treatment, and management programs and resources

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

#### C. Enhance partners’ organizational capacity to promote health equity across sectors

- Support referral of adults with cardiovascular disease to management programs and resources
- Support utilization and support pharmacist-provided services, including medication therapy management
- Support expansion of the CHW profession
- 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