SOUTH DAKOTA CARDIOVASCULAR COLLABORATIVE

Orientation Guide
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There has been a shift in the way care is delivered since experiencing the COVID-19 pandemic and providers are implementing new and innovative ways to reach their patients through telemedicine and other nontraditional office visits. Public health workers have had to modify priorities and efforts to better align with the ongoing changes and needs of their partners and communities, and many of our original allies have moved on to other areas of focus or priority. However, one thing that has not changed is the continued threat posed to South Dakotans from cardiovascular disease. Cardiovascular disease remains one of the leading causes of death across the globe and within South Dakota. Remaining true to the intent of our strategic plan, while adapting to the current healthcare environment remains as important as ever. Please join me in making our residents’ health a priority by working together to improve the quality of life of all South Dakotans through prevention and control of heart disease and stroke.”
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 heart disease and stroke. 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: research, quality and availability of care, health promotion, and disease prevention. By joining efforts, the Collaborative members are able to consider the bigger picture for heart and stroke prevention and control across South Dakota.

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

**Goal I:** Drive policy and population outcomes through improved data collection and analysis for heart disease and stroke.

**Goal II:** Address prevention and treatment needs of priority populations in South Dakota for heart disease and stroke.

**Goal III:** Coordinate and improve continuum of care for heart disease and stroke.

**Goal IV:** Enhance prevention and management of heart disease and stroke.
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 2020.

31% of South Dakota adults are aware they have high blood pressure; however only 54% have their blood pressure under control.

Stroke is the 5th leading cause of death in the U.S (2019) and 7th leading cause of death in South Dakota (2020).

30% of South Dakota adults have high cholesterol (2019).

1 in 5 of those who die from cardiovascular disease (CVD) in South Dakota are less than 65 years old.

CVD costs South Dakota $981 million, with approximately 1/3 of that cost being from high blood pressure.

Need educational materials to share in your community? Visit: https://apps.sd.gov/ph18publications/secure/puborder.aspx
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

(2021 Spotlight on Poverty and Opportunity: South Dakota)

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

Access to Care

Almost 1/4 of the state's adults do not have a consistent source of primary care and 9.5% of the population is uninsured


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

(Health Resources & Services Administration, 2018)

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

(Health Resources & Services Administration, 2018)

80% of SD’s hospitals are critical access hospitals (CAHs)
Cardiovascular Collaborative Members

The South Dakota Cardiovascular Collaborative is a broad coalition that includes representatives from diverse sectors including healthcare; state, local and tribal agencies; non-profits; and volunteers.

Bringing together members from unique backgrounds increases our ability to accomplish the goals set forth in the strategic plan.

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

Accocare ACO
American Heart Association
Amgen
Avera Health
Avera Health Plans/Dakotacare
Avera Heart Hospital
Avera Sacred Heart Hospital
Avera St. Benedict Health Center
Community Health Center of the Black Hills
Community Healthcare Association of the Dakotas
Coteau des Prairies
Faulkton Area Medical Center
Good Samaritan Society
Great Plains Tribal Leaders Health Board
Great Plains Quality Innovation Network / South Dakota Foundation for Medical Care
Huron Clinic Foundation Ltd.
Indian Health Service
Landmann-Jungmann Memorial Hospital
Lake Area Technical Institute
Lewis Family Drug
Medicine Shoppe
Mitchell Rec Center
Monument Health
Monument Health Rapid City Hospital
Monument Health Rapid City Hospital - Family Medicine Residency Clinic
PatientCare EMS
Prairie Lakes Healthcare
Quality Consulting
Sage Project Consultants
Sanford Clinic Brookings
Sanford Health
SD Association of Healthcare Organizations
SD Department of Health
SD Department of Social Services
SD EMS Association
SD State Medical Association
SD Urban Indian Health
SDSU Extension
Sioux Falls Health Department
Sioux Falls VA Health Care System
South Dakota Health Link
South Dakota State University
Spearfish Ambulance Service
University of Sioux Falls
Areas of Expertise

Members of the South Dakota Cardiovascular Collaborative (the Collaborative) 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. Members of the Collaborative are able to network with diverse and like-minded individuals and connect with and learn from one another to elevate their practice.

For the full list of South Dakota Cardiovascular Collaborative members and their areas of expertise, please see the Appendix.

Cardiovascular Collaborative Organizational Structure

The Collaborative is comprised of the roles listed below. Detailed descriptions of each position can be found in the Appendix.

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 oversite 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 oversite for the ongoing operations of the Collaborative, including quarterly newsletters and regular meetings, and ensures 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 heart disease and stroke. Members share progress made by the Collaborative with their organizations, and likewise share the ideas or concerns of their organization with the Collaborative.
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 quarterly newsletter, "Heart of the Matter"
- Suggest content to include in quarterly 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 quarterly newsletters and other emails announcing dates of these meetings!

• In-Person Meeting (Spring)
• Virtual Meeting (Fall)

GOAL AREA GROUP MEETINGS (QUARTERLY)

Each Goal Area Group meets quarterly (approximately) 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 Rachel.Sehr@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 (QUARTERLY)

These 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
Quarterly Newsletters

The Collaborative sends quarterly 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):


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!

World Stroke Day is October 29th

World Stroke Day on October 29th is fast approaching! The American Stroke Association’s campaign, “I WILL prevent stroke” builds on the World Stroke Organization’s focus and theme and aims to improve health and wellbeing in our communities, educate target groups about how to prevent a stroke (or a recurrent stroke, in the case of stroke survivors), and elevate awareness of F.A.S.T. We wanted to remind you of the following stroke resources for your use locally:

- USE + DISTRIBUTE our prevention activation toolkit
- WATCH + SHARE our short stroke prevention video
- USE the What to Do Instead of Having Another Stroke checklist to help patients and health professionals work together to develop a prevention plan.
- ENSURE your community knows and shares the F.A.S.T. warning signs. Stroke is an emergency, share this Treat Stroke F.A.S.T. video with your followers.
- RESONATE with those in the Latinx community. Our stroke prevention video is available in Spanish and the Treat Stroke F.A.S.T. video is also available in Spanish. You can find all of our Spanish resources at stroke.org/ES.
- LEARN more at stroke.org/WorldStrokeDay

The South Dakota Prevention Framework

Multiple state agencies in South Dakota collaborated in order to create the South Dakota Prevention Framework, which works to establish a common language and process in prevention programming. Click the button below for additional guidance on how you can start using the framework.

Guest Column: May is National Stroke Awareness Month

Learn the signs of stroke.


cdc.gov/stroke

Stroke is a devastating neurological event that occurs when something inhibits the flow of blood to the brain, causing brain cells to die within minutes due to the lack of oxygen being carried by the blood. There are two types of strokes, an ischemic stroke, which is caused by a blood clot or another particle like plaque in the blood that blocks a vessel(s) to the brain, and a hemorrhagic stroke which is the result of a blood vessel rupture and bleeding in the brain. About 87% of all strokes are an ischemic stroke.
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 and stroke."

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

"Our goal areas focus on improving data collection, priority populations, continuum of care, and prevention and management."
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.
How the Strategic Plan was Formed

With limited public health infrastructure, the South Dakota Department of Health (SD DOH) values collaboration with community-based partners to improve health outcomes of South Dakotans. In early 2016, the SD DOH convened partners and key community-based stakeholders to lay the groundwork to create a 5-year statewide strategic plan. This process consisted of:

- Key Informant Interviews
- Stakeholder Surveys
- In-Person Planning Meeting
- Monthly Meetings with Collaborative Leadership Team
- Strategy Prioritization

See the South Dakota Cardiovascular Collaborative Strategic Plan document on the South Dakota Cardiovascular Collaborative's website for a detailed review of the collaborative planning process: https://doh.sd.gov/diseases/chronic/heartdisease/state-plan.aspx

Fulfilling the 2017 - 2021 Strategic Plan

Since the launch of the strategic plan in 2017, members of the Collaborative have been working to meet the plan's goals, including creating several new resources, raising awareness about heart disease and stroke, and accomplishing a number of other items within the four goal areas. Please see page 18 with more information highlighting key accomplishments.

The following section demonstrates each goal with its corresponding objectives and strategies. While each strategy aligns with objectives within that goal area, many of the strategies transcend goal areas. Therefore, performing some of the activities can address objectives in more than one goal area.
GOAL AREAS

1. **Goal I: Improve Data Collection**

   **Goal Area Lead:** Kevin Atkins

   **Goal I:** Drive policy and population outcomes through improved data collection and analysis for heart disease and stroke.

   **Objective 1:** Identify and track data to support at least one heart disease and stroke policy change or recommendation by 2021.

   **Objective 2:** Increase input into at least 4 data collection tools by organizations and/or individuals by 10% by 2021.

   **Strategies**
   - A. Identify and promote tracking of a common set of minimum cardiovascular health data for use for both prevention and improvement of post-cardic event outcomes.

2. **Goal II: Priority Population**

   **Goal Area Leads:** Larissa Skjonsberg and Ben Tiensvold

   **Goal 2:** Address prevention and treatment needs of priority populations in South Dakota for heart disease and stroke.

   **Objective 1:** Decrease the age-adjusted death rate due to heart disease in the American Indian population from 212.5 per 100,000 (2015) to 202.0 per 100,000 by 2021.

   **Objective 2:** Decrease the age-adjusted death rate due to stroke in the American Indian population from 48.5 per 100,000 (2015) to 46 per 100,000 by 2021.

   **Strategies**
   - A. Promote the different models of team-based, patient-centered care (health cooperative clinic, health homes, PCMH).
   - B. Maximize community-clinical linkages (e.g. CHW, different sectors).
   - C. Support policies that increase access to heart disease and stroke care for priority populations.
   - D. Improve collaboration with tribal communities.
3 Goal III: Continuum of Care

**Goal Area Leads: Mark East and Liz Marso**

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<th>Goal 3: Coordinate and improve continuum of care for heart disease and stroke.</th>
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<td><strong>Objective 1</strong></td>
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<td><strong>Objective 2</strong></td>
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<td><strong>Objective 3</strong></td>
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**Strategies**

A. Utilize results of needs assessment to address infrastructure and sustainability of EMS.
B. Ensure utilization and sustainability of community-based resources and programs such as Mission, Lifeline, LUCAS, and pit-crew CPR for EMS services.
C. Identify and expand mobile integrated health programs.
D. Promote the cardiac ready community program to South Dakota communities ensuring at minimum 5 are enrolled in the program.

4 Goal IV: Prevention & Management

**Goal Area Leads: Rachel Sehr and Mary Michaels**

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<th>Goal 4: Enhance prevention and management of heart disease and stroke.</th>
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<td><strong>Objective 1</strong></td>
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<td><strong>Objective 2</strong></td>
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**Strategies**

A. Encourage the implementation of quality improvement processes in health systems.
B. Promote awareness, detection and management of high blood pressure (clinical innovations, team-based care, and self-monitoring of blood pressure).
C. Support the expansion of prevention and lifestyle interventions in communities and for all ages across the lifespan.
WHAT WE'VE DONE

This section highlights some key activities and accomplishments of the Collaborative that benefit its members and the greater South Dakota health care community.

CARDIOVASCULAR DATA SURVEY:
GOAL 1

The Cardiovascular Data Survey was a combined effort of Goal Area Groups 1 and 4. The purpose of this survey was to gather information on the data collection and quality improvement processes in place at facilities throughout South Dakota, specifically related to hypertension, heart failure, cardiac arrest, stroke, STEMI times, cholesterol, and diabetes. The survey was sent to over 150 individuals that represent smaller systems and facilities across the state, including critical access hospitals and rural health clinics.

Findings Related to Team-Based Care:
- The majority of survey respondents are currently not utilizing any formal form of team-based care within their facilities.
- Barriers around team-based care include lack of appropriate staffing and lack of knowledge around team-based care models.

Findings Related to Quality Improvement:
- Data practices, protocol utilization, and staffing around quality improvement vary greatly amongst facilities and between different disease states.
- Assistive partner organizations (e.g., QIN, SDAHO) and other available resources are underutilized.
- Barriers around quality improvement include lack of appropriate staffing, lack of provider or staff buy-in, and other priority projects taking precedence.
- Training/education and example policies and protocols were identified as being most helpful, aside from funding.

The survey revealed that there is a need for assistance with data collection, quality improvement, and team-based care implementation within South Dakota. These results helped inform the priorities in the strategic plan and guided some of the initiatives, specifically around quality improvement (Goal 4) and team-based care (Goal 2).
The South Dakota Team-Based Care Toolkit was developed to promote team-based, patient-centered care in South Dakota. The Cardiovascular Data Survey showed that team-based care is still a relatively new and underutilized concept in South Dakota and pointed to three areas where more clarity was needed:

- What is considered team-based care?
- What models of team-based care are available?
- How can team-based care be incorporated into South Dakota’s rural healthcare environment?

This toolkit was created with the needs and realities of South Dakota in mind. It features information on team-based care in general, different models of team-based care, and several actionable tools and resources to help facilities implement team-based care. The toolkit also highlights different forms of team-based care in action in a variety of facilities across the state.

The Team-Based Care Toolkit is intended for:

- Hospital administrators
- Quality improvement professionals
- Public health professionals
- Anyone with a vested interest in team-based care

The toolkit is easy to read and navigate and can be found here on the South Dakota Department of Health’s website: [https://doh.sd.gov/diseases/chronic/heartdisease/TeamBasedCareGuide/](https://doh.sd.gov/diseases/chronic/heartdisease/TeamBasedCareGuide/)

The team-based care webinar series was developed to bring team-based care to life. The topics:

- Introducing the South Dakota Team-Based Care Toolkit
- Types of Team-Based Care
- Patient and Provider Perspectives on Team-Based Care
- Realities of Team-Based Care in Rural South Dakota

View the recordings of these 30-60 minute webinars on the South Dakota Department of Health’s website: [https://doh.sd.gov/diseases/chronic/heartdisease/TeamBasedCareGuide/Webinars.aspx](https://doh.sd.gov/diseases/chronic/heartdisease/TeamBasedCareGuide/Webinars.aspx)

This toolkit and webinar series were created through a partnership of the South Dakota Department of Health and the South Dakota Cardiovascular Collaborative.
COMMUNITY HEALTH WORKER TOOLKIT & WEBINAR SERIES: GOAL 2

The South Dakota Community Health Worker Planning and Assessment Toolkit was developed to promote the expansion and utilization of Community Health Workers (CHW) in South Dakota. CHWs have been shown to effectively improve health outcomes for the communities and populations they serve. It is the goal of the toolkit to ensure organizations across South Dakota have the necessary information to hire CHWs in order to have positive outcomes for their patients and communities.

The toolkit is ideal for managers and key decision makers advocating for, or implementing, a CHW program at their organization. While the focus of the toolkit is on healthcare and social service settings, it can also be applicable to community settings as they relate and interface with healthcare settings.

The South Dakota Community Health Worker Planning and Assessment Toolkit highlights include:

- Best practices and evidence-based strategies for hiring CHWs
- Case studies, resources, and references
- Funding considerations
- Talking points for engaging stakeholders
- Program implementation considerations
- Sample job description, interview guide, and hiring tips
- Evaluation plan frameworks

The toolkit can be navigated as a self-paced guide or as a continuing education course and can be found on the Community Health Worker Collaborative of South Dakota website: https://chwsd.org/chw-toolkits/

The Community Health Worker 4-part webinar series was developed to further assist with the awareness and promotion of CHWs in South Dakota. The topics:

1. Introduction to CHW
2. Leveraging CHWs in South Dakota to Improve Program Outcomes
3. A Blueprint for Success: Community Health Worker Services in South Dakota Medicaid
4. Understanding South Dakota CHW Training Programs & Scope of Work

View the recordings of these 30-60 minute webinars on the Community Health Worker Collaborative of South Dakota’s website: https://chwsd.org/webinars/

This toolkit and webinar series were created through a partnership of the South Dakota Department of Health, the South Dakota Cardiovascular Collaborative, and the Community Health Worker Collaborative of South Dakota.
The Community Health Worker (CHW) Resource Guide was developed to promote the uptake of the community health worker model in local organizations and facilities. The CHW Resource Guide supports the South Dakota Medicaid State Plan for the reimbursement of CHW services.

The CHW Resource Guide provides an overview of the community health worker model, highlights the benefits of supporting community health workers in facilities and organizations, and highlights the CHW reimbursement plan.


The CHW Resource Guide was created through a partnership of the South Dakota Department of Health and the South Dakota Cardiovascular Collaborative.

In time sensitive emergencies such as a cardiac arrest, every second that passes without immediate intervention such as cardiopulmonary resuscitation (CPR) and/or the placement of an automated external defibrillator (AED) can mean the difference between life and death.

In rural communities, the cardiac arrest survival rate is lower than in urban areas. In South Dakota, ambulance response can range from a few seconds to well over 30 minutes in the most remote parts of the state, which often prevents even the best emergency service systems from arriving in time to help cardiac arrest patients. Having a bystander who witnessed the cardiac event take action is an important factor that affects survival rate.

The focus of the Cardiac Ready Communities (CRC) Program is to educate, equip, and empower local community members to be better prepared and more confident in helping a patient experiencing a cardiac event prior to the ambulance arriving. The CRC Program promotes the American Heart Association Chain of Survival, which can improve the chances of survival and recovery for victims of cardiac events.
The CRC Program operates on the principle that better outcomes from a cardiac event are possible when every community member knows CPR and community resources (such as AEDs) are available to assist in resuscitative efforts before ambulance services arrive.

Learn more about Cardiac Ready Communities here on the South Dakota Department of Health's website: https://doh.sd.gov/diseases/chronic/heartdisease/cardiacreadycommunities.aspx

The CRC Program runs through a partnership of the SD Department of Health and the South Dakota Cardiovascular Collaborative.

THE SOUTH DAKOTA COMMUNITY LEADER EMS SURVEY - EXECUTIVE REPORT SUMMARY: GOAL 3

The Cardiac Ready Community Program works together to create a System-of-Care where community members, city officials, business owners, dispatchers, Emergency Medical Services (EMS), police, fire, and hospital staff all work together.

EMS is not only an important factor of a Cardiac Ready Community Team, but also an essential public service in rural South Dakota and a vital part of the rural healthcare system.

The South Dakota Community Leader EMS Survey: Executive Report Summary was developed to synthesize the 2018 SD Community Leader EMS Survey. The survey found that while rural EMS has become an expected and accepted key community service, the informal network of rural ambulance and first response services that make up rural EMS faces significant obstacles.

The Report Summary can be used as a communication tool to help communities and community leaders better understand rural EMS, its distinct challenges, and how best to ensure a sustainable future.

Access the Report Summary and additional EMS assessment resources at https://doh.sd.gov/diseases/chronic/heartdisease/cardiacreadycommunities.aspx
QUALITY IMPROVEMENT TOOLKIT AND WEBINAR SERIES: GOAL 4

The South Dakota Quality Improvement Toolkit was developed to inform and promote quality improvement processes as a way of improving clinical quality.

This toolkit describes a general quality improvement approach that is easily adaptable to any quality improvement (QI) effort in any type of organization. The toolkit provides key resources that explain what QI is and information and tools to assist facilities with implementing QI strategies.

While many of the examples within the guide are related to cardiovascular disease, the quality improvement process can be applied to any process or condition where improvements are needed.

The QI webinar series topics are:

- The Value Case for Initiating Quality Improvement
- Telling the Quality Improvement Story
- Implementing Quality Improvement in Rural Areas
- Introducing the Quality Improvement Toolkit

The Quality Improvement Toolkit and webinar series can be found here on the South Dakota Department of Health’s website: [https://doh.sd.gov/diseases/chronic/heartdisease/qitoolkit.aspx](https://doh.sd.gov/diseases/chronic/heartdisease/qitoolkit.aspx)

This resource guide and webinar series were created through a partnership of the South Dakota Department of Health and the South Dakota Cardiovascular Collaborative.
CARDIOVASCULAR COLLABORATIVE MEDIA TOOLKIT: GOAL 4

The South Dakota Cardiovascular Collaborative developed and disseminated several multi-media tools to be used across the state of South Dakota to increase awareness around prevention and management of heart disease, stroke and diabetes. The campaign focuses on the American Heart Association’s Life's Simple Seven (smoking status, physical activity, weight, diet, blood glucose, cholesterol, and blood pressure), risk factors that can be improved through lifestyle changes to promote ideal cardiovascular health.

The media toolkit also includes social media guides with hashtags for use when discussing the Collaborative: #SDCardioCollab #HeartHealthy #FeedYourDNA

Use of these materials creates a united message for SD’s residents regardless of their preferred healthcare system.

Learn more about the awareness campaign here on the South Dakota Cardiovascular Collaborative’s website: https://doh.sd.gov/diseases/chronic/heartdisease/state-plan.aspx

The awareness campaign was created through a partnership of the SD Department of Health and the South Dakota Cardiovascular Collaborative.
COMMUNICATIONS INVENTORY: GOAL 2 AND GOAL 4

The South Dakota Cardiovascular Collaborative Goal Area 2 and 4 combined efforts with workgroups in the state to create a communications inventory of existing messaging around chronic disease, risk factors, and prevention. The communications inventory serves as a one stop shop for organizations to readily access infographics, flyers, social media, and resources that they can post and share with partners to keep healthy living at the forefront in South Dakota.

The communications inventory includes messaging on the following topics:

- American Indian
- Blood Pressure
- Cholesterol
- COVID & Flu
- Comorbidities
- CPR & 9-1-1
- Heart Attack & Disease
- Mental Health & Stress
- Nutrition
- Physical Activity
- Referral Programs
- Social Media
- Spanish
- Stroke
- Tobacco

The PDF version of the communications inventory can be accessed on the South Dakota Cardiovascular Collaborative’s website: https://doh.sd.gov/diseases/chronic/heartdisease/state-plan.aspx

The Excel version of the communications inventory can be accessed on the South Dakota Cardiovascular Collaborative’s shared google drive. To be added to the drive, email Rachel Sehr at Rachel.Sehr@state.sd.us.
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 Rachel Sehr at Rachel.Sehr@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 Rachel Sehr to ensure you will receive the quarterly newsletter. TIP: Be sure to check your junk mail folder, as these emails are sometimes caught by spam filters. Add Rachel.Sehr@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.**

[Link to website](https://doh.sd.gov/CardioCollaborative/)

[Email Rachel Sehr](Rachel.Sehr@state.sd.us)

[Call](605) 367 - 5356

[Follow on Twitter](@SDHealthyLife)

Interested in inviting someone within your network to join the Collaborative? Please email Rachel Sehr for more information.
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LAST UPDATED JANUARY 2021
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C: Communications
CC: Clinical care
CHW: Community health workers
D: Data analysis, collection, or management
EMS: Emergency medical services
G: Grant development or management
GF: Group facilitation
H: Health or patient education
PD: Policy development
PE: Program evaluation
PM: Personnel management
PP: Prevention programs
PR: Priority populations
QI: Quality improvement
TH: Tele-health
TBC: Team-based care
VF: Virtual facilitation

Organization Abbreviations:

AccoCare: Accountable Care Organization
AHA: American Heart Association
Avera: Avera Health
Avera HP/D: Avera Health Plans/Dakotacare
Avera Heart: Avera Heart Hospital
Sacred Heart: Avera Sacred Heart Hospital
St. Benedict: Avera St. Benedict Health Center
BHSSC: Black Hills Special Services Cooperative
CAHIT: DSU Center for the Advancement of Health Information Technology
CHCBH: Community Health Center of the Black Hills
CHAD: Community Healthcare Association of the Dakotas
CPHCS: Coteau des Prairies Health Care System
CSF: City of Sioux Falls
DSS: Department of Social Services
GPTLHB: Great Plains Tribal Leaders Health Board
QIN/SDFMC: Great Plains Quality Innovation Network/South Dakota Foundation for Medical Care
HW: Heathology Works, LLC
Huron Clinic: Huron Clinic Foundation, Ltd.
IHS: Indian Health Service
LATC: Lake Area Technical College
LJ Mem: Landmann-Jungmann Memorial Hospital
Lewis: Lewis Family Drug
MRC: Mitchell Recreation Center
MS: Medicine Shoppe
Monument: Monument Health
PC EMS: PatientCare EMS
PLH: Prairie Lakes Healthcare
Sanford: Sanford Health
SC: Sanford Clinic Brookings
SD CPESN: South Dakota Community Pharmacy Enhanced Service Network
SDAHO: SD Association of Healthcare Organizations
SDDOH: SD Department of Health
SDEMSA: SD EMS Association
SDFMC: SD Foundation for Medical Care
SDSMA: SD State Medical Association
SFH: Sioux Falls Health Department
SFVAMC: Sioux Falls VA Health Care System
SPC: Sage Project Consultants
SWST: Sisseton-Wahpeton Sioux Tribe
SWO: Sisseton-Wahpeton Oyate
Health Link: South Dakota Health Link
SDSU: South Dakota State University
SDE: SDSU Extension
SAS: Spearfish Ambulance Service
USF: University of Sioux Falls
UIH: SD Urban Indian Health
# South Dakota Heart Disease and Stroke

**Vision:** Healthy people, healthy communities, healthy South Dakota  
**Mission:** To improve quality of life of all South Dakotans through prevention and control of heart disease and stroke

## Goals

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<th>I. IMPROVE DATA COLLECTION</th>
<th>II. PRIORITY POPULATIONS</th>
<th>III. CONTINUUM OF CARE</th>
<th>IV. PREVENTION &amp; MANAGEMENT</th>
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## Objectives

**1. Identify and track data to support at least one heart disease and stroke policy change or recommendation by 2021:**

- **In Process**

**2. Increase input into at least 4 data collection tools by organizations and/or individuals by 10% by 2021.**

- **In Process**

### 1. Decrease the age-adjusted death rate due to heart disease in the American Indian population from 212.5 per 100,000 (2015) to 202.0 per 100,000 by 2021.

- **Progress: 290.9 per 100,000 (2018)**

### 2. Decrease the age-adjusted death rate due to stroke in the American Indian population from 48.5 per 100,000 (2015) to 46 per 100,000 by 2021.

- **Progress: 38.6 per 100,000 (2018)**

### 1. Decrease emergency response times by decreasing average ambulance chuter times from 5.23 minutes (2018) to 3.25 minutes by 2021.

- **Progress: 2.9 minutes (2019)**

### 2. Increase the number of EMTs in South Dakota from 3,281 EMTs (2016) to 3,050 EMTs by 2021.

- **Progress: 3,328 EMTs (2019)**

### 3. Identify and designate 5 cardiac ready communities by 2021.

- **Progress: 2 communities pursuing designation (2020)**

### 1. Decrease prevalence of heart attack from 4.7% (2015) to 4.45% by 2021.

- **Progress: 5.1% (2018)**

### 2. Decrease prevalence of stroke from 2.6% (2015) to 2.47% by 2021.

- **Progress: 2.7% (2018)**

## Strategies

**A. Identify and promote tracking of a common set of minimum cardiovascular health data for use for both prevention and improvement of post-cardiac event outcomes.**

**B. Maximize community-clinical linkages (e.g. CHW, different sectors).**

**C. Support policies that increase access to heart disease and stroke care for priority populations.**

**D. Improve collaboration with tribal communities.**

**A. Utilize results of needs assessment to address infrastructure and sustainability of EMS.**

**B. Ensure utilization and sustainability of community-based resources and programs such as Mission: Lifeline, LUCAS, and pit-crew CPR for EMS services.**

**C. Identify and expand mobile integrated health programs.**

**D. Promote the cardiac ready community program to South Dakota communities ensuring at minimum 5 are enrolled in the program.**

**A. Encourage the implementation of quality improvement processes in health systems.**

**B. Promote awareness, detection and management of high blood pressure (clinical innovations, team-based care, and self-monitoring of blood pressure).**

**C. Support the expansion of prevention and lifestyle interventions in communities and for all ages across the lifespan.**

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**Sources:** (1) Vital statistics (2) ORH EMT database (Note: Baseline chuter times data is from 2018 due to changes in data measurement) (3) BRFSS 2018

Last Updated: November 2020
POSITION DESCRIPTION: GOAL AREA GROUP MEMBER

The South Dakota Cardiovascular Collaborative is a coalition of state and local partners with the mission to improve the quality of life for all South Dakotans through the prevention and control of heart disease and stroke. Operating under the South Dakota Cardiovascular Collaborative Strategic Plan 2017 – 2021, members work collaboratively on an actionable plan to secure long-term infrastructure support for cardiovascular care in South Dakota.

Goal Area Group Members participate in Goal Area Groups which are formed around priority strategies in the state strategic plan. Led by the Goal Area Lead, each Goal Area Group is charged with implementing the action steps necessary to accomplish the priority strategy. Goal Area Group Members work on specific, time-limited tasks and the term of commitment is determined by the Goal Area Lead based on the work at hand. Group membership often changes or shifts based on the priority strategy. Goal Area Group Members are selected based on their interest, skills, or experience related to the priority strategy and can serve in more than one Goal Area Group if they so choose.

RESPONSIBILITIES:
- Carry out duties as collaboratively determined and follow through on tasks/commitments in a timely manner
- Attend monthly Goal Area Group meetings
- Remain actively engaged and maintain a good record of meeting attendance
- Read minutes, reports, and other materials in advance of meetings to remain knowledgeable about progress of the Goal Area Group
- Promote the work of the Cardiovascular Collaborative in the community whenever there is a chance to do so
- Stay informed about research/data, policies, and news relevant to the work in the specific Goal Area

QUALIFICATIONS
- 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
- Comfortability working with diverse groups of medical and public health professionals
- Possess one or more of the following skills: Content development, Product development, Design thinking, Communication, Marketing, Measurement, Event management, or other skills as reflected in the focus of the deliverable

SUPPORT PROVIDED
- Product development support, as needed
- Marketing and communications support
- Support for group meetings
- Report templates and formats
- Meetings with Goal Area Lead
- Input from Cardiovascular Collaborative Leadership Team

Please sign and date below indicating you have read this document and understand your role as a Goal Area Group Member.

Signature

Date
POSITION DESCRIPTION: GENERAL MEMBER

The South Dakota Cardiovascular Collaborative is a coalition of state and local partners with the mission to improve the quality of life for all South Dakotans through the prevention and control of heart disease and stroke. Operating under the South Dakota Cardiovascular Collaborative Strategic Plan 2017 – 2021, members work collaboratively on an actionable plan to secure long-term infrastructure support for cardiovascular care in South Dakota.

The role of Cardiovascular Collaborative members is to contribute to the planning and implementation of the South Dakota statewide strategic plan by informing decisions that address the needs of the state as a whole, rather than the needs of one organization. Collaborative members share the perspective of their own organization, its practices, and its network to better inform the statewide strategic plan. Collaborative members work to proactively integrate the strategies of the strategic plan into their organization’s specific plans, where appropriate. Collaborative members serve as ambassadors for the Cardiovascular Collaborative and proactively communicate about the Collaborative and its priorities.

RESPONSIBILITIES:
- Participate in identifying, selecting, and promoting innovative activities to fulfill the strategic plan
- Actively participate in bi-annual in-person and virtual all-member meetings
- 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
- Knowledge of the South Dakota area and its people
- Enthusiasm and resourcefulness for improving cardiovascular health

SUPPORT PROVIDED
- Opportunities to broaden your knowledge, gain new experiences and skills, increase communication skills, and work with other community professionals
- Meetings with Cardiovascular Collaborative Chair and SD DOH Coalition Coordinator
- Access to speakers and recorded presentations
- Marketing and communication resources and training, as appropriate

Please sign and date below indicating you have read this document and understand your role as a Member of the Cardiovascular Collaborative.

Signature

Date