THE SOUTH DAKOTA CARDIOVASCULAR COLLABORATIVE:
PROGRESS REPORT 2017-2021
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Executive Summary

The South Dakota Cardiovascular Collaborative, a collective effort of state and local partners, aimed to improve the quality of life for all South Dakotans through the prevention and control of heart disease and stroke over the last five years. The initiative worked across sectors with representatives from the South Dakota Department of Health (SD DOH) and many other organizations to advance a set of goals to reduce the burden of heart disease and stroke in the state.

This report highlights the formation and function of the Cardiovascular Collaborative, examines the progress made on the five-year strategic plan, reviews key goal area accomplishments, and finally describes a few lessons learned over this period and the ways the Collaborative is looking ahead.

EFFECTS OF THE COVID-19 PANDEMIC

Towards the end of this five-year period, the COVID-19 pandemic shifted public health priorities, and placed capacity limitations on members of the Collaborative. Overall, tasks within the scope of work occurred as planned, but in some cases were adapted to fit emerging priorities and needs identified by Collaborative members.
Formation of the 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 Collaborative).

The Collaborative is a group of medical and public health representatives from across the state who came together in 2017 to combine resources, tools, and expertise to create momentum for moving the needle forward to prevent and control heart disease and stroke. Since its launch, the Collaborative has grown from about a dozen individuals to approximately 80, with over 40 organizations represented across the state. Working alongside these various partners, organizations, and health systems, the Collaborative aligned efforts across the state to prevent heart disease and stroke using a five-year state strategic plan.

Together, the Collaborative is working hard to create longer, healthier lives for all South Dakota residents.
Function of the Collaborative

Leadership Team

The Collaborative is guided by a Leadership Team which is made up of strategic leaders such as the Department of Health Coordinator, Cardiovascular Collaborative Chair, and Goal Area Leads. Leadership Team members provide oversight of the Collaborative and its statewide priorities, as well as feedback and expert advice that enables strategic thinking and decision making.

Collaborative Members

The Collaborative consists of a broad coalition of professionals working in diverse sectors including healthcare; state, local, and tribal agencies; and non-profits. Having members with expertise across various areas allows the Collaborative to address complex issues affecting heart disease and stroke outcomes throughout the state and increases its ability to accomplish the goals outlined in the strategic plan. During the past five years, the number of Collaborative members has increased considerably. The Collaborative started with just 13 members in 2016. In 2018, there were 30 different organizations represented by members, and the Collaborative jumped to 39 organizations represented in 2019. As of November 2021, there were 79 members in the Collaborative.

Goal Area Groups

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 one to two Goal Area Leads who ensure that the group meets regularly and is making progress on the actionable steps to achieve the priority strategy.

The four goals of the 2017-2021 Strategic Plan included:

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.
Collaborative Highlights

Quarterly Newsletters

The Collaborative sends quarterly e-newsletters highlighting the great work being done by members and partners, as well as heart disease and stroke resources, events, and success 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. Collaborative members are also able to submit their own content as guest columnists highlighting their current work or areas of expertise. Newsletters are archived at https://doh.sd.gov/diseases/chronic/heartdisease/state-plan.aspx.

Mid-Year & Annual Meetings

Meetings are an opportunity for the Collaborative members to connect, share, and hear updates on programming across South Dakota; learn new skills or information; and shape the priorities in the strategic plan for the next year. Typically, the mid-year meeting occurs in the fall with the annual meeting following in the spring. Past meeting topics include:

- Sioux Falls Live Well Hypertension Initiative: The Big Squeeze (Mid-Year Meeting, 2017)
- Spark, Ignite, Excite – Spotlight on Team-based Care (Annual Meeting, 2018)
- Community HealthCare Association of the Dakotas (CHAD) Quality Improvement: ECQIP (Mid-Year Meeting, 2018)
- Prevention Superpower - Guiding At-Risk Patients: Navigating the Healthcare System, Community, and Life at Sanford (Annual Meeting, 2019)
- Pharmacy Landscape Analysis: SDSU (Mid-Year Meeting, 2019)
- Moving Forward Strong & Together: Lessons Learned from the Impacts of COVID-19 (Annual Meeting Session 1, 2020)
- State of Cardiovascular Health in South Dakota: Data Driven Missions (Annual Meeting Session 2, 2020)
- Optimizing Health and Well-being for Healthcare Professionals (Mid-Year Meeting, 2020)

Recruitment and Marketing

The heart of the Collaborative is its members, which is why recruitment is an on-going process requiring attention and resources. The New Member Orientation Guide was developed to introduce potential recruits and new members to the Collaborative, as well as share ways to get involved. In 2021, a recruitment video was released as a resource that current members could share among their networks to encourage others to join them in moving the needle on heart disease and stroke in South Dakota.
Collaborative Highlights

Member Engagement Survey

To elicit feedback from Collaborative members, a member engagement survey, "Speak from the Heart," was administered in summer 2020. The survey had three goals:

1. Learn about the experience of Cardiovascular Collaborative members related to various areas of the strategic plan
2. Better understand the diversity of Cardiovascular Collaborative members
3. Inform future networking, collaboration, and learning opportunities to members

Of the 74 members who received the survey, 46 responded (62% response rate), with a total of 29 different member organizations represented. The most common areas of experience Collaborative members wished to know more about included Community Health Workers (CHW) and health/patient education.

With regards to member engagement and promoting the Collaborative, members reported the following:

- 89% believed they were making an impact on their community through engagement with the Cardiovascular Collaborative
- 98% were committed to integrating the strategic priorities of the Collaborative within their organization
- 44% have shared Cardiovascular Collaborative information in a professional setting (i.e., workplace)
- 11% have shared information with community members (i.e., community center)

When asked what they found most valuable about their engagement with the Cardiovascular Collaborative, members mentioned: networking and collaboration, shared resources, the capacity to make a greater impact, and the ability to stay up to date on heart disease and stroke happenings in South Dakota.

"I continue to be impressed with the professionalism and dedication demonstrated by the South Dakota Cardiovascular Collaborative team members."
- member quote

"Thank you for the opportunity to work with the Collaborative. We have made great strides and I know more exciting things are still to come."
- member quote
2017-2021 STRATEGIC PLAN

The work of the Collaborative is guided by a five-year statewide strategic plan. 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 to lay the groundwork for this strategic plan. This process consisted of key informant interviews, partner surveys, an in-person planning meeting, monthly meetings with the Collaborative Leadership Team, and strategy prioritization activities. The strategic plan was finalized in 2017, and members of the Collaborative have been working on the plan’s four goals since then, adjusting plan objectives and strategies as needed to reflect current realities. Goal Area Groups reviewed the plan at least annually to select priority strategies on which to focus efforts, implementing strategies by developing partnerships, promoting new practices, and creating resources and tools.

Goal I: Improve Data Collection

Strategies
The primary strategy of Goal I was to identify how to track a common set of minimum cardiovascular health data for use in prevention and improvement of post-cardiac event outcomes.

The Goal Area I Group launched a Cardiovascular Data Survey to assess cardiovascular data collection and quality improvement processes among 150 individuals representing health facilities across the state. While it proved to be a significant challenge to determine how to track cardiovascular health data across healthcare systems, the survey revealed other useful information. The results indicated a need to enhance knowledge about and implementation of data collection, quality improvement, and team-based care efforts. This information informed the work of the other Goal Area Groups.

In 2020, the Goal Area I workgroup was dispersed to support the other Goal Area Groups.
2017-2021 STRATEGIC PLAN

Goal II: Priority Populations

Strategies
To address prevention and treatment needs of priority populations in South Dakota, Goal II priority strategies focused on promoting team-based care models and maximizing community-clinical linkages.

The Goal Area II Group first focused on developing a South Dakota Team-Based Care Toolkit and Webinar Series to promote team-based, patient-centered care in South Dakota. These learning products feature 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.

Later, to support community-clinical linkages through use of Community Health Workers, the Collaborative partnered with the Community Health Worker Collaborative of SD to create the South Dakota Community Health Worker Planning and Assessment Toolkit. The self-guided toolkit provides background knowledge and recommendations for healthcare systems and providers on how to hire and effectively utilize a CHW in their practice.

Objectives
American Indians are South Dakota's largest minority group and were identified as a priority population. Heart disease and stroke are two of the leading causes of death among American Indians in South Dakota. In 2019, heart disease was the leading cause of death among American Indians, accounting for 14.2% of deaths, and stroke was the eighth leading cause of death, comprising 3.1% of deaths. Goal II objectives tracked the age-adjusted death rate for heart disease and stroke for this priority population.

- II.1. Decrease the age-adjusted death rate due to heart disease in the American Indian population from 212.5 per 100,000 to 202.0 per 100,000.
- II.2. Decrease the age-adjusted death rate due to stroke in the American Indian population from 48.5 per 100,000 in 2015 to 46 per 100,000.
Heart disease deaths among American Indians fluctuated significantly over the past several years, and are currently slightly above the objective target. Stroke deaths among American Indians continued to decline and the target was met.

**Goal III: Continuum of Care**

**Strategies**

To improve the continuum of care for heart disease and stroke patients, Goal III priority strategies aimed to assess Emergency Medical Services (EMS) infrastructure needs and promote the Cardiac Ready Community Program.

The Goal Area III Group was involved in the 2018 **SD Community Leader EMS Survey**, which found that while rural EMS has become an expected key community service, the informal rural EMS network faces significant obstacles. The Report Summary is being 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.

The **Cardiac Ready Communities (CRC) Program** strengthens the ability of communities to respond to cardiac events prior to the ambulance arriving. The program promotes the American Heart Association Chain of Survival, which can improve the chances of survival and recovery for victims of cardiac events. Kimball, SD was designated SD’s first CRC in 2021, and one other community is currently working toward designation.
2017-2021 STRATEGIC PLAN

Objectives
Emergency response was a primary focus for the 2017-2021 strategic plan. Goal III objectives centered around measuring EMS response times, development of the EMT workforce, and attaining CRC designation.

- III.1. Decrease emergency response times by decreasing average ambulance chute times from 5.3 minutes in 2018 to 3.25 minutes.
- III.2. Increase the number of EMTs in SD from 3,281 in 2016 to 3,850.
- III.3. Identify and designate 5 Cardiac Ready Communities.

Goal IV: Prevention & Management

Strategies
To prevent and manage heart disease and stroke, Goal IV priority strategies were to encourage use of quality improvement processes in health systems and support prevention and lifestyle interventions.
2017-2021 STRATEGIC PLAN

The Goal Area IV Group developed the South Dakota Quality (QI) Improvement Toolkit and Webinar Series to promote quality improvement processes as a way of improving clinical quality. This toolkit describes a general QI approach that is easily adaptable to any organization. The toolkit provides key resources that explain what QI is and information and tools to assist facilities with implementing QI strategies. The four-part webinar series covered topics, such as implementing QI in rural areas and telling the QI story.

A Media Toolkit was also created to increase awareness around the prevention and management of heart disease, stroke, and diabetes. The toolkit shares several multi-media tools to be used across the state. The campaign focuses on the American Heart Associations'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.

2017-2021 Objectives
Cardiovascular disease is a major cause of concern for the health of individuals and South Dakota as a whole. Goal IV objectives measured the overall prevalence of heart attack and stroke:

- IV.1. Decrease prevalence of heart attack from 4.7% in 2015 to 4.45%.
- IV.2. Decrease prevalence of stroke from 2.6% in 2015 to 2.47%.

Rates of heart attack and stroke prevalence remain steady and slightly above target.
Cross-Cutting Efforts

Goal Area Groups II and IV combined efforts with workgroups across 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 inventory is organized by category and includes a description of the item with a link to obtain that item online.

Since its launch in 2017, the Collaborative has produced a total of 12 webinars, 4 toolkits, and 3 resource guides/reports.

5 Years Later... How the Collaborative Stood Out

- Adapted Well to Barriers
- Cloud-Based, Accessible Resources
- Strong Leadership
- Fine Tuned Goals Over Time
- Adapted Strategies to the Changing Environment
- Educative & Informative Meetings
- Committed Membership
- New Member Orientation Guide
- Informative & Engaging Quarterly Newsletters
- Broad Scope of Work, Interdisciplinary Focus
Lessons Learned

The Cardiovascular Collaborative achieved much over the past five years, but not without challenges.

The COVID-19 pandemic overshadowed the Collaborative’s efforts

- Members’ work priorities shifted to address the emergency
- People did not go to their regular healthcare appointments
- Existing health disparities were exacerbated

Overall engagement of Collaborative members could have been higher

- Competing or misaligned priorities resulted in a lack of engagement with Goal Area Group work and affected the implementation of some strategies
- Did not always have the right partners in the Collaborative to work on the plan’s strategies
- Internal and external communications could be improved

Important data were not always available to the Collaborative

- Recognized a need for increasing and expanding the use of data
- No common, shared data set to track progress in key areas
Looking Ahead

These successes and challenges experienced over the past five years will help guide the Cardiovascular Collaborative in creating the 2022-2026 strategic plan. Key considerations are to:

**Emphasize health equity and addressing disparities**
- Ensure factors contributing to health disparities are addressed in the plan
- Monitor the state population and subgroups to be aware as changes emerge
- Create programs and resources that meet the needs of priority populations

**Facilitate active engagement of Collaborative members**
- Align Collaborative priorities with individual member organizations’ priorities
- Clarify roles and responsibilities to encourage participation and accountability
- Actively communicate about new initiatives and successes

**Expand the focus of the Collaborative's work**
- Broaden efforts beyond the clinical environment
- Emphasize prevention of cardiovascular disease and relevant risk factors
- Diversify Collaborative membership, actively recruiting new partners across sectors and population groups
- Adapt to the environment and find unique ways to address problems

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South Dakota’s Hispanic population was 4.2% in 2019—an increase of 66% from 2010. From 2016-2020, heart disease was the leading cause of death among the state’s Hispanic population. As South Dakota’s population continues to diversify, it will be essential to look at data differences among racial and ethnic groups.

During the COVID-19 pandemic, telehealth expanded significantly across the country. While implementation challenges remain, telehealth could address some barriers related to access to healthcare.
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