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Vision: Healthy people, Healthy communities, Healthy South Dakota

Mission: Improve quality of life of all South Dakotans through prevention and control of heart disease and stroke

Goals

I. IMPROVE DATA COLLECTION

Drive policy and population outcomes through improved data collection and analysis for heart disease and stroke.

II. PRIORITY POPULATIONS

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

III. CONTINUUM OF CARE

Coordinate and improve continuum of care for heart disease and stroke.

IV. PREVENTION & MANAGEMENT

Enhance prevention and management of heart disease and stroke.

Objectives

1. Identify and track data to support at least one heart disease and stroke policy change or recommendation by 2021.¹
In Process*
2. Increase input into at least 4 data collection tools by organizations and/or individuals by 10% by 2021.²
In Process*

*Integrated across other goal areas

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 by 2021.³
Progress: 241.4 per 100,000 (2017)
2. Decrease the age-adjusted death rate due to stroke in the American Indian population from 48.5 per 100,000 to 46 per 100,000 by 2021.³
Progress: 48.2 per 100,000 (2017)

1. Decrease emergency response times by decreasing average ambulance chute times from 5.23 minutes in 2018 to 4.25 minutes by 2021.⁴
Progress: 5.23 mins (2018)
2. Increase the number of EMTs in South Dakota from 3,281 EMTs in 2016 to 3,850 EMTs by 2021.⁴
Progress: 3,301 EMTs (2018)
3. Identify and designate 5 cardiac ready communities by 2021.
Progress: 1 community pursuing designation (2019)

1. Decrease prevalence of heart attack from 4.7% (2015) to 4.45% (5% decrease) by 2021.⁵
Progress: 4.9% (2017)
2. Decrease prevalence of stroke from 2.6% (2015) to 2.47% (5% decrease) by 2021.⁵
Progress: 2.7% (2017)

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.

- 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.

- 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.