

# 2025

**ANNUAL  
REPORT**



# LETTER FROM THE SECRETARY



Melissa Magstadt,  
*Secretary of Health*

“

THROUGHOUT 2025, WE CONTINUED TO ENHANCE PARTNERSHIPS AND STAYED FOCUSED ON WHAT MATTERS MOST. AS WE PREPARE FOR THE FUTURE, WE WILL CONTINUE TO LEAD WITH PURPOSE, BUILD WITH INTENTION, AND SERVE WITH COMPASSION.

”

As 2025 concludes, I am proud to share this reflection on a year marked by action, collaboration, and meaningful impact. This report is more than a summary of achievements. It represents the collective determination of public health professionals who continue to innovate, problem-solve, and serve with passion and dedication.

Over the past twelve months, the Department of Health (DOH) has pushed forward with a focus on people and outcomes. Whether through expanding maternal health access, launching new data systems, or improving emergency preparedness, we remained committed to building a stronger, healthier South Dakota.

One of the year's most impactful efforts was the **Maternal and Infant Health Task Force**, which brought together more than 60 stakeholders to shape a statewide strategic plan centered on postpartum care and safe sleep practices ([page 36](#)). Our **Women, Infants, and Children (WIC) Program** continued to lead nationally, earning multiple USDA Breastfeeding Awards of Excellence and introducing online shopping through Buche Foods. This change is especially important for families in rural and Tribal areas ([page 39](#)). **Bright Start** expanded eligibility and implemented an electronic health record system, which enhanced both care and data quality ([page 40](#)).

We saw innovation in nursing leadership with the launch of South Dakota's first **Professional Nursing Governance** structure. This nationally recognized model strengthens shared leadership across our state's public health nurses ([page 37](#)). Our **tobacco cessation program**, 2QuitSD, continued to outperform national quit rates, affirming our status as a leader in this space ([page 42](#)).

When a **measles outbreak** emerged in 2025, our Division of Disease Prevention and Control teams responded quickly. Vaccination clinics, interagency coordination, and public messaging ensured timely action to limit the spread ([page 10](#)). We also responded to three **complex tuberculosis cases**, each requiring tailored solutions ranging from digital directly observed therapy to treatment transitions for medication intolerance ([page 21](#)).

We expanded our commitment to reducing health disparities through the launch of the **American Indian Health Dashboard**, helping us better understand and address disparities in health outcomes ([page 11](#)). **Health Link** welcomed 21 new member organizations, including the Flandreau Santee Sioux Tribal Health Clinic, which became our first tribal partner to begin secure clinical data exchange through the network ([page 31](#)).

**Emergency preparedness** also took a step forward. South Dakota became the first state to train every Game, Fish, and Parks Conservation Officer in "Stop the Bleed" techniques, expanding our capacity to respond in remote settings ([page 28](#)). We hosted the state's first **Pharmaceutical Drug Shortage Summit**, bringing together partners to address critical issues in medication access ([page 25](#)).

# LETTER FROM THE SECRETARY



Left: Secretary Melissa Magstadt joins partners in Mission to celebrate the launch of South Dakota and Rosebud Sioux Tribe WIC's first-in-the-nation online shopping service.



Middle: Secretary Melissa Magstadt shares the DOH's infant and maternal health findings with attendees at the 2025 Nursing Workforce Symposium.



Right: Tricia Yoshida, Tobacco Disparities Coordinator, Secretary Melissa Magstadt, and Corryn Gabbert, Community Engagement Coordinator, show DOH support at State Tribal Relations Day at the Capitol Rotunda.

Behind these visible successes, the Department continued to strengthen the systems that make it all possible. The **South Dakota Public Health Laboratory (SDPHL)** reached major milestones in the construction of its new facility. The Environmental Chemistry team prepared for the launch of the new Laboratory Information Management System. Forensic Chemistry introduced case managers to improve turnaround times, and Medical Microbiology enhanced outbreak response capability with strong support during both measles and H5N1 detections ([page 19](#)).

The implementation of **AlertMedia** modernized emergency communication across multiple platforms. And with the **Rural Health Transformation Project** underway, we are making strategic investments in frontier communities to strengthen systems of care long into the future ([page 10](#)).

Our **Finance and Operations Division** ensured seamless support through all of this work. From managing infrastructure and hiring to navigating procurement and compliance, their behind-the-scenes excellence made our achievements possible ([page 14](#)).

Looking ahead, our new **2025-2027 Strategic Plan** provides a solid foundation built on community engagement, health equity, technology, workforce, and sustainability ([page 65](#)). With it, we are moving from momentum to long-term transformation.

The strength of South Dakota's public health system is rooted in its people. Throughout 2025, we continued to enhance partnerships and stayed focused on what matters most. As we prepare for the future, we will continue to lead with purpose, build with intention, and serve with compassion.

Thank you to the DOH employees for the trust you place in our work. It is a privilege to walk alongside each of you in this shared mission to protect and promote the health of every South Dakotan.

Melissa Magstadt  
Cabinet Secretary  
South Dakota Department of Health

# CONTENTS

<b>Letter from the Secretary .....</b>	<b>2</b>
<b>About Us .....</b>	<b>5</b>
Staff Overview .....	5
Agency Leadership .....	6
DOH Culture .....	6
Organizational Structure .....	7
What is Public Health .....	9
Internal Excellence .....	10
Tribal Partnerships and Initiatives .....	11
DOH Gives Back.....	12
Awards & Recognition .....	13
<b>Finance &amp; Operations.....</b>	<b>16</b>
<b>South Dakota Public Health Laboratory (SDPHL) .....</b>	<b>19</b>
<b>Disease Prevention &amp; Control.....</b>	<b>21</b>
<b>Healthcare Access .....</b>	<b>25</b>
Public Health Preparedness & Response.....	25
Rural Health and Emergency Services .....	26
Health Information Technology .....	31
Communications and Marketing.....	32
<b>Roadshow .....</b>	<b>34</b>
<b>Family &amp; Community Health .....</b>	<b>36</b>
Public Health Nursing Services.....	36
Lifespan Health.....	38
Family Nutrition Services.....	39
Home Visiting .....	40
Chronic Disease Prevention & Health Promotion .....	41
Injury, Violence, and Overdose Prevention.....	43
<b>Licensure &amp; Accreditation .....</b>	<b>44</b>
Licensure and Certification.....	44
Health Protection.....	49
Medical Cannabis .....	50
Infrastructure and Accreditation.....	56
Vital Records and Health Data & Reporting.....	58
Legal Services .....	64
<b>Strategic Plan Updates.....</b>	<b>65</b>



# Our Story

At the heart of our mission is a simple yet profound goal: to protect and improve the health of all South Dakotans. We are entrusted with the vital task of promoting wellness, preventing disease, and ensuring access to quality healthcare for individuals and families across our great state.

Just like a steady hand leading the way, we work closely with healthcare providers, community organizations, and governmental agencies to champion health initiatives and deliver essential services. Our reach extends into every corner of South Dakota, empowering individuals with the tools and resources they need to lead healthier lives.

Our story is also one of adaptability. From addressing emerging health threats to providing swift responses during crises, we are the backbone of public health preparedness in South Dakota. Through these challenges, our commitment to the well-being of our residents remains unwavering.

Just as different parts of nature work together in our state's landscapes, we recognize the importance of partnerships in public health. By working together with local communities, healthcare providers, and dedicated professionals, we create a strong foundation for a healthier South Dakota.

Our narrative is enriched by the lives we touch, the communities we empower, and the individuals who make healthier choices because of our efforts. We celebrate the stories of wellness triumphs, the successes of health promotion campaigns, and the impact of our educational initiatives.

As the gateway to health information in South Dakota, our website serves as a hub of valuable resources, guidance, and up-to-date health information. We are here to support you on your journey to better health, offering information on topics ranging from immunizations and family health to environmental health and disease prevention.

Our commitment to the health and well-being of South Dakotans shapes our vision for the future. We envision a state where every individual has the opportunity to lead a healthy and fulfilling life, where communities thrive through wellness, and where our shared commitment to health unites us.

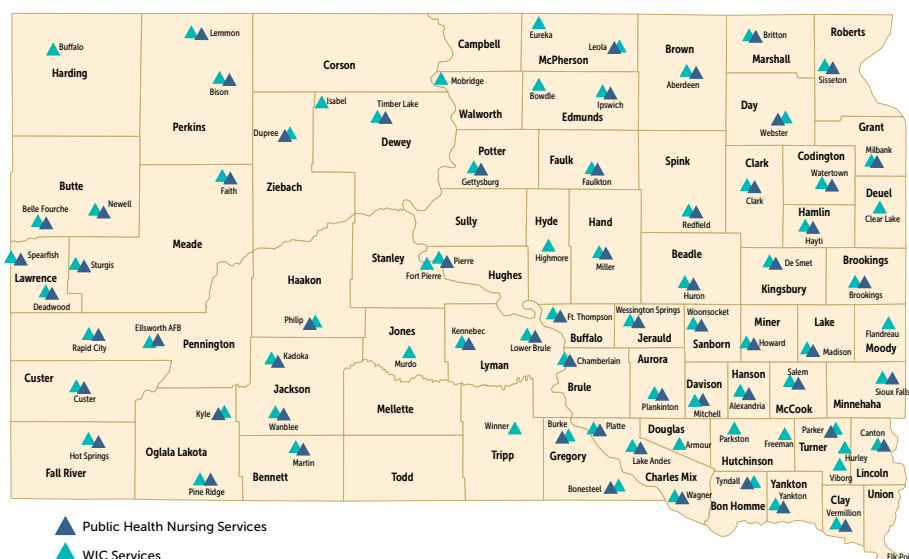
Join us on a journey toward better health, for yourself, your family, and your community. Together, we are building a healthier South Dakota—one step, one choice, and one story at a time.

# Staff Overview

382.5  
FULL-TIME  
EMPLOYEES

51  
PUBLIC HEALTH  
NURSING  
SERVICES

13  
BOARDS



## Agency Leadership



**Melissa Magstadt,**  
*Secretary of Health*



**Cassie Deffenbaugh,**  
*Division Director,  
Licensure and Accreditation*



**Emily Kiel,**  
*Division Director,  
Healthcare Access*



**Beth Dokken,**  
*Division Director,  
Family and  
Community Health*



**Darcy McGuigan,**  
*Division Director,  
Finance and Operations*



**Laurie Gregg,**  
*Acting Administrator,  
South Dakota Public  
Health Laboratory*



**Josh Clayton,**  
*State Epidemiologist*

## DOH Culture

### WORK-LIFE BALANCE

The Department of Health (DOH) values flexibility in the workplace. Part of that flexibility includes the ability to work from home. Working from home is a meaningful way to meet individual needs, wants, and desires when it comes to balancing the entire team's home and work lives. That balance is something we value while allowing most positions the opportunity to work remotely up to 3 days a week. Working from home is a privilege and is subject to review depending upon the position.

### PROFESSIONAL DEVELOPMENT

We are committed to the professional growth and development of our employees. We provide opportunities for training, continuing education, and advancement within the organization.

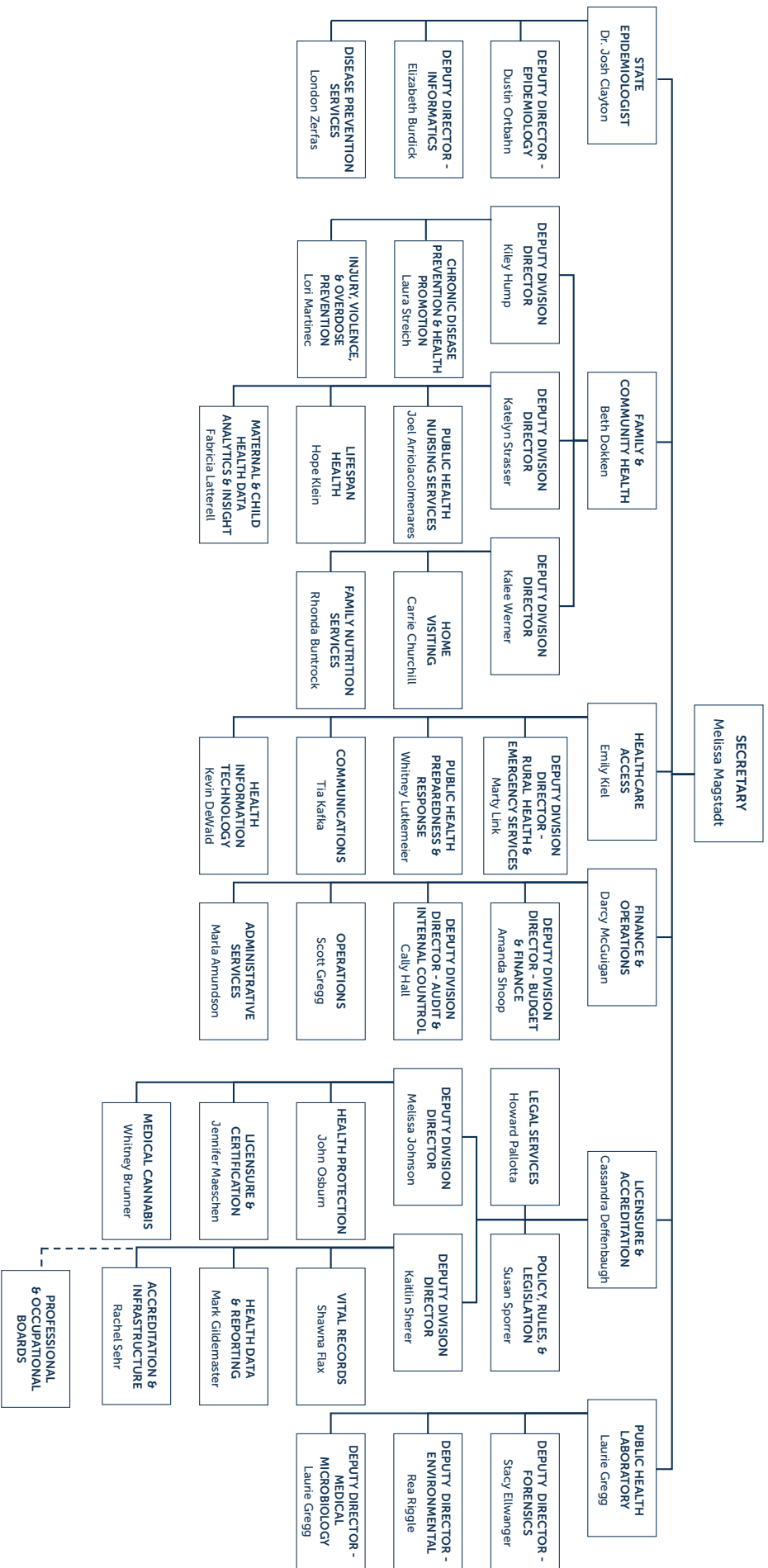
### MEANINGFUL WORK

Working at the DOH allows employees to make a meaningful difference in the lives of South Dakotans. Employees contribute to public health initiatives, disease prevention efforts, emergency preparedness, and much more.

### COLLABORATIVE ENVIRONMENT

We foster a collaborative and supportive work environment, where teamwork and idea-sharing are encouraged. You'll have the opportunity to collaborate with professionals from various disciplines and contribute to multidisciplinary projects.

# Organizational Structure



# ABOUT US

## **SOUTH DAKOTA PUBLIC HEALTH LABORATORY (SDPHL)**

The South Dakota Public Health Laboratory (SDPHL) provides Medical Microbiology, Environmental Chemistry, and Forensic Chemistry testing services to clients and partners throughout South Dakota. The mission of the SDPHL is to protect the public's health through high-quality testing services. These services include testing for infectious diseases such as foodborne pathogens, respiratory pathogens, and mosquito-borne diseases. The SDPHL also provides comprehensive water testing services to ensure South Dakota's water is safe for consumption, recreation, and agriculture. The SDPHL also provides drug and toxicology testing.

## **DISEASE PREVENTION AND CONTROL (DPC)**

The Division of Disease Prevention and Control (DPC) is responsible for infectious disease investigations, recommending control measures, and providing consultation to medical providers. DPC maintains and enhances our electronic disease surveillance system, ensures receipt of electronic data from hospitals, laboratories, and medical providers, and creates data visualizations such as maps and dashboards to make data more accessible. DPC's mission is to improve the health and well-being of South Dakotans by monitoring disease, providing education, communicating timely, and collaborating with community partners to prevent disease.

## **FINANCE AND OPERATIONS**

The Division of Finance and Operations is responsible for financial operations and administrative services for the department. The Division works efficiently to maintain proper internal controls and to ensure federal, state, and department policies and regulations are met. The Finance team is responsible for accounting services, financial reporting, cost allocation, purchasing, contracts, subrecipient monitoring, records management, and accounts payable. The Operations team supports the department with space management and administrative support.

## **HEALTHCARE ACCESS**

The purpose of the Division of Healthcare Access is to provide and enhance access to timely, high-quality healthcare services while maintaining relevance. The Division exists to expand rural emergency medical services via telehealth and other life-saving equipment, enhance recruitment and retention opportunities while proactively building a pipeline to the healthcare workforce, and effectively plan and prepare for public health threats to ensure individuals and families are well-informed. None of these can be done without using the latest information systems, technology, and communication strategies to ensure we provide excellent customer service and meet our customers where they are in their healthcare journey.

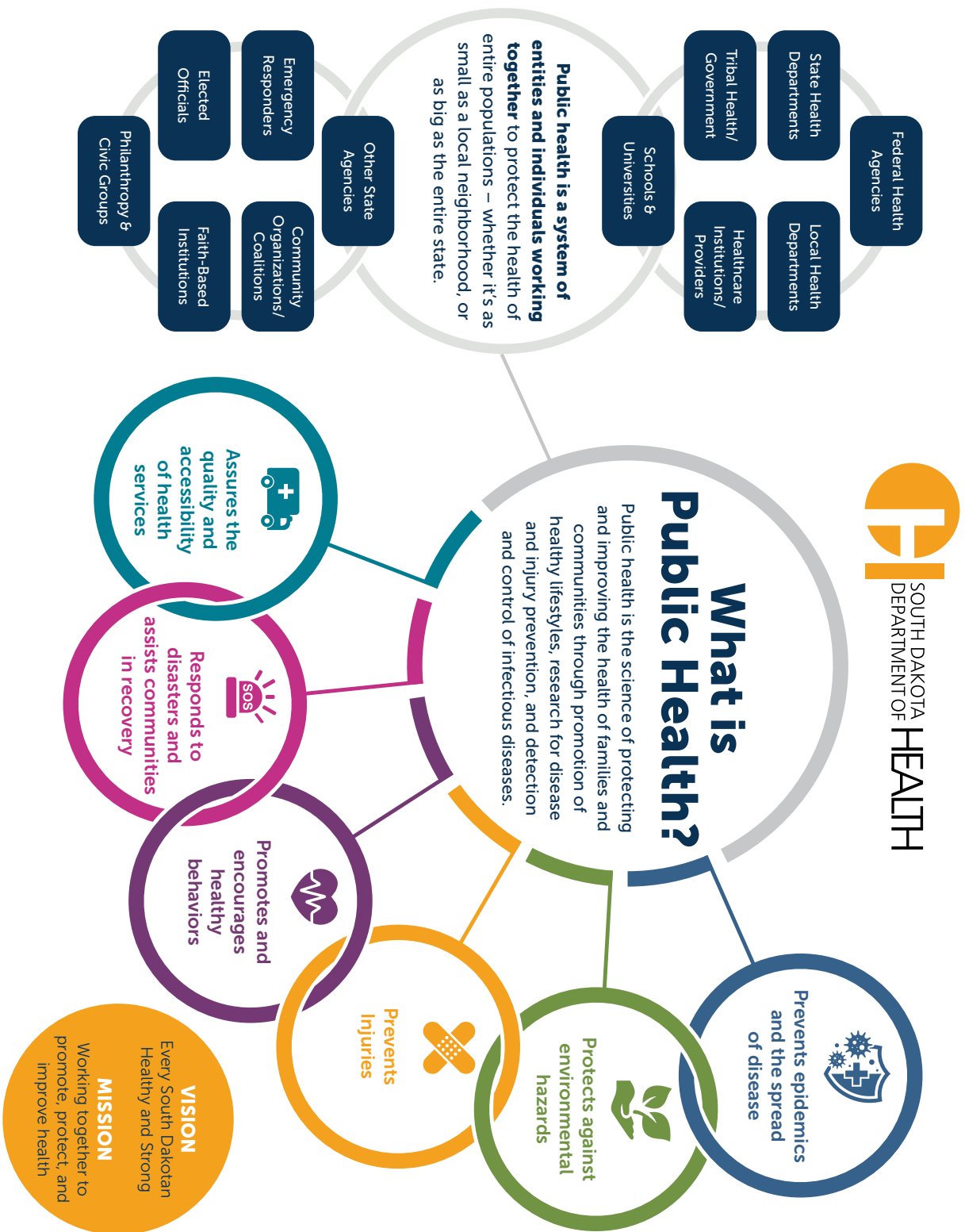
## **FAMILY AND COMMUNITY HEALTH (FCH)**

The mission statement of the Division of Family and Community Health (FCH) is to design, implement, and administer a network of health services, education, and prevention programs to aid the residents of South Dakota in developing and maintaining a healthier lifestyle and achieve the highest possible quality of life. The division provides a variety of public health services and programming across South Dakota to accomplish its mission.

## **LICENSURE AND ACCREDITATION**

The mission of the Division of Licensure and Accreditation is protecting and promoting the health and well-being of South Dakota citizens by surveying and licensing healthcare facilities; protecting the public from sanitation and safety hazards by inspecting and licensing food services, lodging establishments, and campgrounds; operating the state's medical cannabis program ensuring an accessible, safe and responsible program; maintaining the state's vital records data including birth, death, marriage and divorce records; overseeing the collection and quality of that data and overseeing the evaluation and dissemination of our state's health data; and spearheading our agency work regarding accreditation and continuous quality improvement.





## Internal Excellence

### MEASLES RESPONSE

The Division of Disease Prevention and Control (DPC) was among the Department of Health (DOH) divisions that responded to measles identified in both domestic and international travelers returning to South Dakota. As of December 30, a total of 16 measles cases were reported in the state in 2025. Disease Intervention Specialists with DPC responded to each case by providing education, advising patients about the need to isolate at home to prevent further spread, and notifying 471 close contacts who may have been exposed during the infectious period. To support timely treatment, DPC pre-positioned measles antibody medications at three locations across the state in Pierre, Rapid City, and Sioux Falls. These treatments help reduce symptoms for people who cannot be vaccinated, such as infants under 12 months, pregnant women, and individuals with severe immune compromise. DPC also maintained around-the-clock consultation for medical providers who were evaluating potential measles cases.

### LEADERSHIP IN EXCELLENCE WITH AWESOME PEOPLE (LEAP)

The department hosted its third annual Leadership in Excellence with Awesome People (LEAP) professional development workshop, bringing together staff from across the state to strengthen leadership, communication, and mentorship skills. This year's sessions focused on Having Hard Conversations and Building a Mentorship Program,

Over  
**6,000**  
MMR/MMRV  
Vaccines Given  
in 2025

**16**  
Reported  
Measles Cases  
7 Children  
9 Adults

**471**  
Contacts  
Identified Across  
Confirmed  
Measles  
Cases

Over  
**100**  
Specimens  
Tested

Vaccines  
Administered  
in **59**  
Counties

complemented by roundtable discussions and continuing education opportunities. The two-day event promoted collaboration, personal growth, and shared learning, and it reflects the department's commitment to investing in its workforce and cultivating strong, effective leaders.

### RURAL HEALTH TRANSFORMATION GRANT

South Dakota is one of the most rural states in the country, which creates unique healthcare challenges. Many rural and frontier residents travel long distances for care, have limited transportation options, and face ongoing provider shortages. These barriers contribute to higher rates of suicide, chronic disease, and other preventable health concerns.

This summer, the federal government announced a funding opportunity to improve healthcare in rural areas. To help address our state's, the DOH launched the Rural Health Transformation Project. This five-year initiative aims to strengthen healthcare systems in rural communities and ensure that quality care is accessible statewide. The effort involved multiple agencies, cross-department teams, extensive stakeholder engagement, and direction from the Governor's Office. The grant application was submitted in early November, and states will be notified of their award amounts by the end of December. For more information about South Dakota's submission, visit [ruralhealthtransformation.sd.gov](https://ruralhealthtransformation.sd.gov).

“

These are truly transformative times. The work we're doing to strengthen rural healthcare at every level is more than just building systems; it's building upon a foundation that will benefit generations to come. What we're creating together will be our lasting legacy.

”

Lance Iversen,  
Office of Rural Health & Emergency Services

## Tribal Partnerships & Initiatives

### TRIBAL PREPAREDNESS

The DOH, in partnership with Partnership with Native Americans (PWNA), strengthened Tribal public health preparedness in alignment with the DOH mission to protect the health of all South Dakotans. Through DOH-funded trainings, PWNA-led convening, participation in statewide and national events, and FEMA-approved Tribal courses, seven of nine Tribal nations increased their emergency response capacity and collaboration networks. The project engaged 99 preparedness personnel, supported five major events, doubled attendance at the Tribal Emergency Management Summit, and advanced key DOH priorities including federal/non-governmental organization partnerships, local support for emergency management, improved administrative readiness, and strengthened workforce resilience. This initiative enhances Tribal readiness for current and future public health emergencies and supports the DOH vision of a healthier, stronger, and more prepared South Dakota.

### STRENGTHENING TRIBAL PARTNERSHIPS

The Community Engagement Coordinator facilitates monthly meetings with each of the nine Tribes in South Dakota, bringing together representatives from Tribal Health Departments and Indian Health Services. These regular calls foster meaningful dialogue and collaboration between the DOH and Tribal partners, with discussions covering staffing updates, program initiatives, outreach activities, successes, challenges, and upcoming events.

Throughout the year, DOH staff shared timely updates on programs, emerging surveillance trends, funding opportunities, training and conference announcements, and available public health resources. These consistent touch points have strengthened relationships and opened new pathways for collaboration in key areas such as sexually transmitted infection testing and treatment, contact tracing, epidemiology and data sharing, and opioid and suicide prevention.

The growing partnership is reflected in invitations extended to DOH staff by several Tribes to participate in community events and conferences. These invitations demonstrate increasing trust, mutual respect, and a shared commitment to improving health outcomes for Tribal communities across South Dakota.

### AMERICAN INDIAN HEALTH DASHBOARD



The [dashboard](#) updates data shared in the American Indian Health Data Book released January 2024. Highlights include syphilis (early and congenital), cancer (cervical and lung), mortality (infant, pregnant women, suicide, and overdose), and smoking. Data for the dashboard were shared by epidemiology and data analyst staff across DOH. The dashboard went live on October 30.

### TRIBAL DISEASE SURVEILLANCE COLLABORATION

DPC continues to share reportable disease and condition data with the Great Plains Tribal Epidemiology Center in their role as a public health agency supporting the nine Tribes located in South Dakota. Planning and response overlap areas in the past year have included education, awareness, and MMR vaccination technical support to Tribes during the measles response and engagement with Tribal Health as they work to train staff as Tribal Disease Intervention Specialists.

# ABOUT US

## DOH Gives Back

### DOH VOLUNTEERS SUPPORT FEEDING SOUTH DAKOTA

DOH staff were proud to support Feeding South Dakota and give back to Pierre and the surrounding communities. Volunteers helped pack hundreds of food boxes for families in need. In total, **staff packed 450 boxes during one volunteer session and 200 boxes during another**, far exceeding expectations and possibly setting a new record.



Earlier this week, Amanda W. and Tamara Lee joined eight additional volunteers for a two-hour shift packing boxes filled with nonperishable food items. These boxes were distributed to families in need later that week.



Another DOH team also volunteered with Feeding South Dakota, making a meaningful impact in a short amount of time. This small but dedicated group assembled **250 boxes in just two hours**. DOH is grateful for the opportunity to support Feeding South Dakota and strengthen the community through service.

### RAPID CITY ONE STOP UNITED WAY SILENT AUCTION

The Rapid City DOH hosted its annual United Way Silent Auction to support the Rapid City One Stop. Staff donated a wide variety of gently used items, including holiday and home decor, baked goods, houseplants, books, games, wildlife statues, candles, and handmade creations. More than 80 items were available for bidding, and the auction raised **\$1,178.23 for United Way**.

United Way also hosted a "Swag Wheel," where participants could spin for small prizes such as chip clips, letter openers, key chains, or snacks. New this year, staff added a collection table for nonperishable food items to support Feeding South Dakota. Everyone who donated food was entered into a drawing for a \$100 Target gift card.

DOH appreciates its ongoing partnership with United Way and the generosity of everyone who participated in this event.



Selfie with Dolly featuring Lizzy Wahl, Dolly, Leslie Krump, and Carrie Churchill.

### HURON'S GIVING TREE

The Huron DOH team, including WIC, Public Health Nursing Services, and Bright Start, partnered to create a community Giving Tree that offers free winter essentials to anyone in need.





## Awards & Recognition

### RACHEL LUKE COMPLETES GOVERNOR'S LEADERSHIP DEVELOPMENT PROGRAM



Hannah Peters, Rachel Luke, and Cassie Deffenbaugh

**Rachel Luke** with the Office of Licensure and Certification graduated from the Governor's Leadership Development Program, marking an important milestone in her professional development. This achievement reflects her commitment to

leadership growth and her dedication to making a meaningful impact through her work.

Balancing the program alongside full-time responsibilities demonstrates Rachel's strong work ethic, perseverance, and drive. Her successful completion of the program highlights both her potential and the valuable contributions she will continue to bring to the department. Congratulations to Rachel and to the entire graduating class.

### SECRETARY MAGSTADT HONORED WITH STATE OFFICIAL AWARD AT SDAHO DISTINGUISHED SERVICE AWARDS



On September 25, **Secretary Melissa Magstadt** was honored with the State Official Award at the South Dakota Association of Healthcare

Organizations' 99th Annual Convention in Sioux Falls. The SDAHO Distinguished Service Awards recognize individuals who demonstrate exemplary service to healthcare and advance the mission and goals of the Association.

This recognition reflects Secretary Magstadt's dedication, leadership, and meaningful contributions to strengthening healthcare systems and supporting communities across South Dakota.

### HOPE KLEINE GRADUATES FROM GREAT PLAINS LEADERSHIP INSTITUTE



Katelyn Strasser and Hope Kleine

**Hope Kleine** successfully completed the Great Plains Leadership Institute, a year-long immersive public health leadership program offered through the University of Nebraska Medical Center College of Public Health.

During the graduation ceremony, Hope was selected by her cohort

to share reflections on her leadership journey and personal growth. Her selection is a testament to her dedication, insight, and the positive impact she continues to make as a public health leader.

### LYNNE VALENTI RETIREMENT



Tia Kafka, Lynne Valenti, and Cassandra Deffenbaugh

Retirement marks both a celebration of achievement and a moment of reflection on the lasting impact of a dedicated career. **Lynne Valenti**, who served as Deputy Secretary and Director of Licensure and

Accreditation, reached this meaningful milestone after years of leadership, professionalism, and steady guidance that helped shape the DOH and influenced colleagues across the organization.

Lynne officially retired on April 25. As she begins an exciting new chapter, she leaves behind a strong foundation and a well-prepared team to support the transition. Her contributions and legacy will continue to guide the department for years to come.



# ABOUT US

## STACY ELLWANGER RETIRES AFTER 43 YEARS OF SERVICE



After an extraordinary career, **Stacy Ellwanger** (pictured on the left with Laurie Gregg) retired following more than 43 years of service to the people of South Dakota, including over three decades with the

South Dakota Public Health Laboratory. Her leadership, integrity, and commitment to scientific excellence left a lasting impact on public health and forensic science statewide.

## MARJE STUWE RETIRES AFTER 28 YEARS OF SERVICE



DOH employees, partners, and friends gathered to celebrate the remarkable career of **Marje Stuwe**, a long-time and valued member of

the Office of Vital Records. With 28 years of dedicated service, Marje made lasting contributions to the department and to the people of South Dakota.

## DIANA WEILAND RETIRES AFTER 21 YEARS OF SERVICE



After a distinguished career, **Diana Weiland** retired on October 23, following 21 years of service with the DOH and nearly 50 years as a registered nurse. In the Office of Licensure and Certification, she was a trusted colleague whose professionalism and commitment to quality care made a lasting impact on providers and communities across the state.

In recognition of her service and the relationships she built, Medicine Wheel Nursing Home in Eagle Butte honored Diana with a star quilt. The DOH extends its sincere thanks for her decades of service and best wishes as she begins her retirement.

## TIM HEATH RETIRES AFTER 29 YEARS OF SERVICE



On September 30, Pierre staff celebrated the retirement of **Tim Heath** after 29 years of service to the DOH. Over the course of his career, Tim made a lasting impact on public health in South Dakota, from his early work in the South Dakota Public Health Laboratory to his role as Immunization Director.

Known as a trusted leader, Tim brought deep expertise, dedication, and a strong commitment to improving the health of South Dakotans. His contributions and leadership will continue to be felt across the department for years to come.

## CARRIE CHURCHILL RECOGNIZED FOR 15 YEARS OF DEDICATION



On April 10, **Carrie Churchill** was recognized for 15 years of dedicated service as co-chair of the Community Services Connection of the Black Hills in Rapid City. The group brings local agencies

together each month to share updates, build connections, and strengthen community partnerships.

Throughout her tenure, Carrie played a central role in the growth and success of the organization. While she stepped down from her co-chair role this year, she continues to support the effort through her service on the planning committee for the Annual Partners Meeting.

## KACEE REDDEN-BENZ ACHIEVES ADVANCED CLINICAL SOCIAL WORK LICENSURE



**Kacee Redden Benz, STI Program Manager** in the Division of Disease Prevention and Control, passed her Advanced Clinical Social Work licensing exam, marking an important milestone in her professional development and strengthening the

department's public health workforce.

Her advanced licensure reflects strong clinical expertise and expands the skills she brings to the STI Program, supporting activities such as case coordination, community engagement, and quality improvement. This accomplishment also highlights Kacee's continued growth in systems focused practice that supports collaboration, access to services, and responsive STI prevention efforts across South Dakota.

## Leadership Awards

Each year the Office of the Secretary presents awards to DOH employees in the following categories

**Outstanding Contribution to Public Health:** significant contributions to public health over a career

**Excellence in the Workplace:** outstanding performance in the past year

**Rising Star:** newer department employee making significant contribution

**Partner in Health:** outside organization/business whose dedication to public health and community well-being is exemplary



Lynn and Janelle (center with Secretary Magstadt, left, and Jodi Spangenberg, Public Health Nursing, right) from **Crow Creek Family Enrichment** was awarded the **Partner in Health**



**Denise Broadbent**, Laboratory Certification Advisor, received the **Outstanding Contribution to Public Health** award.



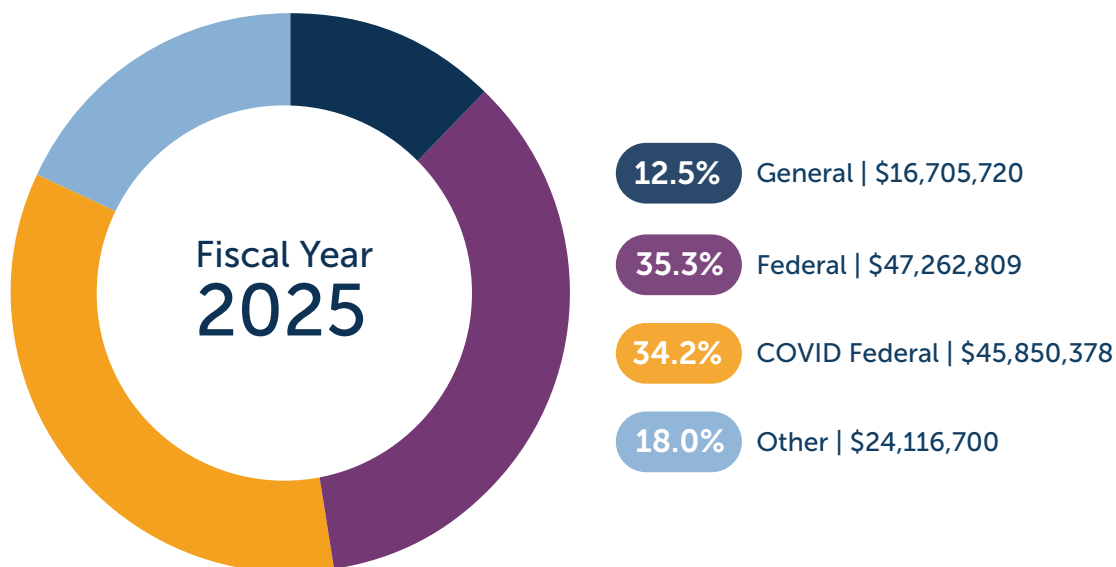
**Dustin Ortbahn**, Deputy State Epidemiologist, received the **Excellence in the Workplace** award.



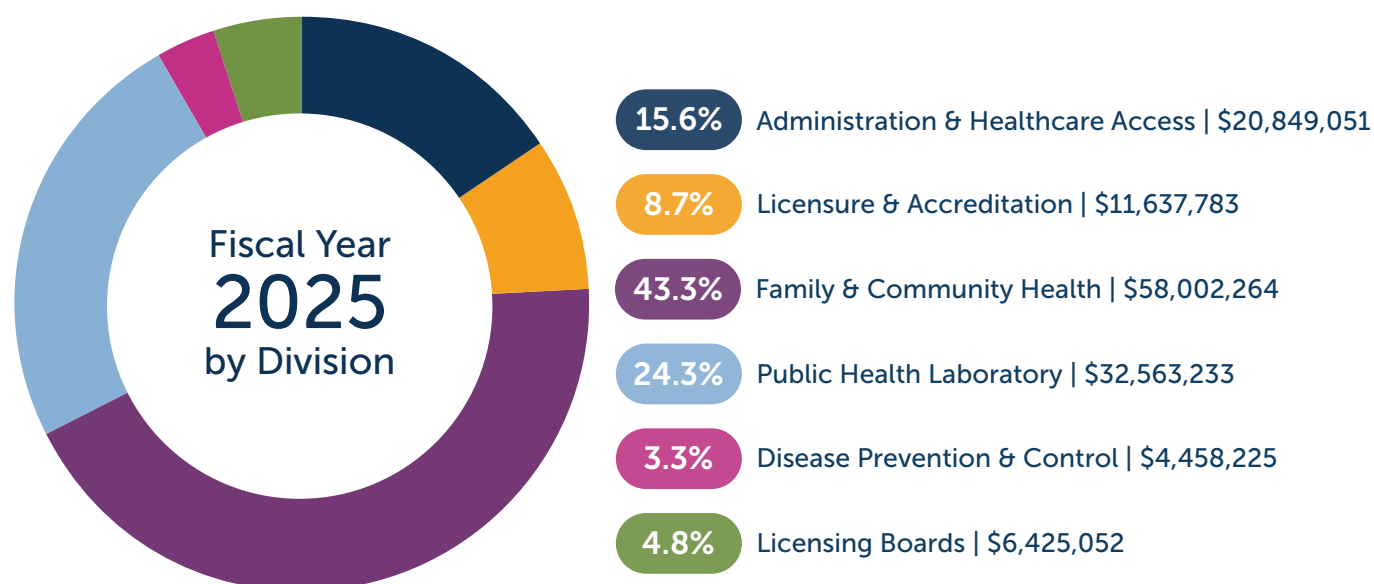
**Corryn Gabbert**, Community Engagement Coordinator, received the **Rising Star** award.

# FINANCE & OPERATIONS

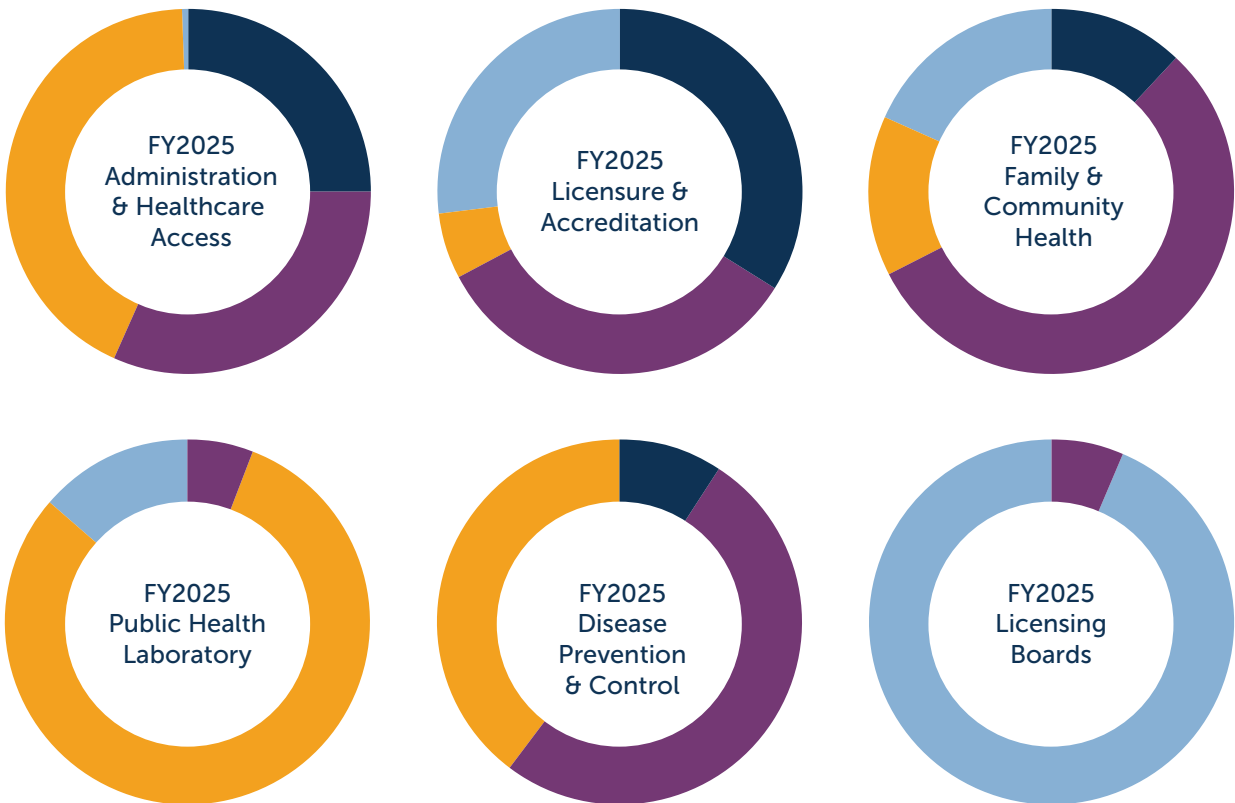
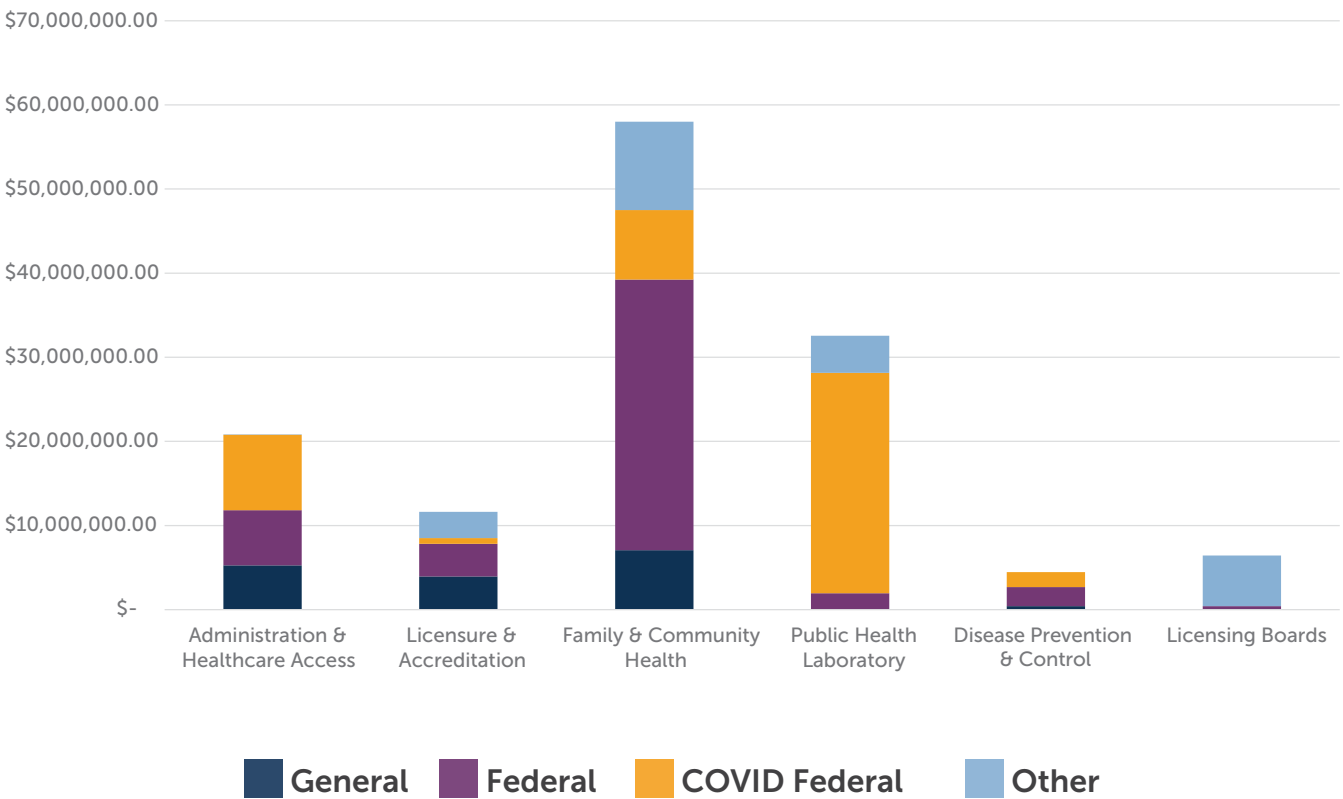
The **Division of Finance and Operations** is responsible for financial operations and administrative services for the department. The Division works efficiently to maintain proper internal controls and to ensure federal, state, and department policies and regulations are met. The Finance team is responsible for accounting services, financial reporting, cost allocation, purchasing, contracts, subrecipient monitoring, records management, and accounts payable. The Operations team supports the department with space management and administrative support.



## FY25 Expenditures | \$133,935,608



# FINANCE & OPERATIONS





# Workforce Development and Education Center



Construction remains on schedule at the Workforce Development and Education Center in Pierre, which will house all Department of Health (DOH) staff in Pierre and the South Dakota Public Health Laboratory (SDPHL). The facility represents a major investment in South Dakota's public health infrastructure and workforce development.

Over the past year, construction focused on enclosing and preparing the new laboratory testing spaces where public health analysis will take place. Major accomplishments included completion of the north parking lot paving, installation of exterior glass in laboratory testing areas, full enclosure and heating to support interior work, application of primer on the second floor, initiation of exterior siding, and continued installation of mechanical, electrical, and plumbing systems.

Upcoming work will focus on interior finishes and completing the building envelope, including painting second-floor drywall, taping and texturing first-floor walls, polishing second-floor concrete, and completing exterior glass installation in the laboratory areas.

**A key milestone ahead is the transition from the existing laboratory to the new facility in June 2026.** This complex move includes commissioning the Biosafety Level 3 (BSL-3) Laboratory, which will allow high-risk pathogenic organisms to be analyzed under strict safety protocols. Once complete, the DOH Campus will expand laboratory capacity, improve operational efficiency, and support long-term public health and workforce goals.

## Sioux Falls One Stop Relocation

In Spring 2025, the DOH completed a two-phase relocation of approximately 100 staff members into the Sioux Falls One Stop facility. Staff are now housed in two dedicated suites within the building, which was purposefully designed to support DOH operations.

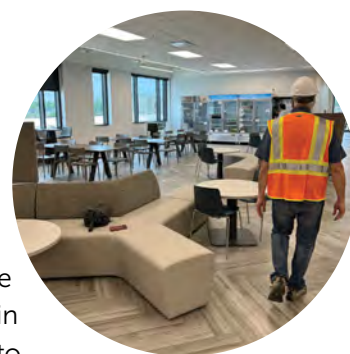
This strategic move has delivered several key benefits:

- **Optimized Work Environment:** The new workspace was designed to meet the specific needs of DOH staff, promoting collaboration, efficiency, and comfort.
- **Enhanced Security Measures:** The facility includes modern security infrastructure, such as controlled door access and on-site security personnel,

ensuring a safe and secure environment for both staff and visitors.

- **Improved Client Access:** The co-location of services within the One Stop allows clients to access a variety of programs and resources in a single, centralized location, reducing barriers and improving service delivery.

The relocation reflects DOH's ongoing commitment to operational excellence and client-centered service while supporting a more secure and efficient working environment for staff.





# SOUTH DAKOTA PUBLIC HEALTH LABORATORY

The **South Dakota Public Health Laboratory (SDPHL)** provides Medical Microbiology, Environmental Chemistry, and Forensic Chemistry testing services to clients and partners throughout South Dakota. The mission of the SDPHL is to protect the public's health through high-quality testing services. These services include testing for infectious diseases such as foodborne pathogens, respiratory pathogens, and mosquito-borne diseases. The SDPHL also provides comprehensive water testing services to ensure South Dakota's water is safe for consumption, recreation, and agriculture. The SDPHL also provides drug and toxicology testing, and is one of two laboratories in the state that provides testing services for South Dakota's growing medical cannabis industry.

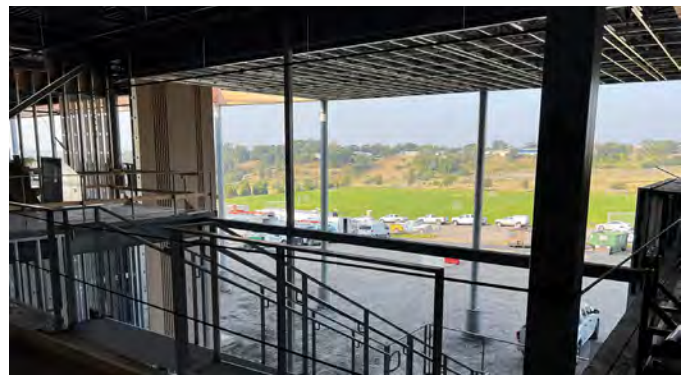
## Laboratory Excellence in Action

In 2025, the South Dakota Public Health Laboratory (SDPHL) continued its mission to protect the health of communities through high-quality testing, innovative services, and strong public health partnerships. The laboratory expanded testing capabilities in medical microbiology, environmental chemistry, and forensic chemistry, providing rapid and accurate results for infectious diseases, water quality, and environmental monitoring. These efforts supported timely outbreak response and helped safeguard South Dakota's residents, agriculture, and natural resources. SDPHL also played a key role in testing during the national measles outbreak, ensuring prompt identification of cases and supporting effective public health action.

Operational excellence remained a priority, with the laboratory maintaining all Clinical Laboratory Improvements Amendments (CLIA), Environmental Protection Agency (EPA), and International Organization for Standardization (ISO) accreditation standards, updating procedures, and streamlining workflows to improve efficiency and turnaround times. Staff development and training continued to strengthen the laboratory's expertise and readiness to meet evolving public health needs.

Collaboration with local, state, and federal partners, along with outreach and education efforts, reinforced SDPHL's role as a trusted resource in health

protection. Overall, 2025 was a year of growth and impact that highlighted the laboratory's commitment to excellence and service.



Looking ahead, SDPHL is preparing to relocate to the new DOH Campus in June 2026. The new facility will provide modern infrastructure, upgraded technology, and expanded capacity to further advance the laboratory's ability to support public health across South Dakota.

**ESTIMATED NUMBER OF  
TESTS PERFORMED AT  
THE SDPHL IN FY25**

**63K**  
Environmental  
Laboratory

**58K**  
Microbiology  
Laboratory

**34K**  
Forensics  
Laboratory

# SOUTH DAKOTA PUBLIC HEALTH LABORATORY

## FORENSIC SECTION: IMPROVING EFFICIENCY AND SERVICE DELIVERY

The SDPHL Forensic Section continually evaluates all areas of the program to identify opportunities to increase efficiency and improve service to customers.

### Implemented Improvements to Reduce Turnaround Times

#### Staffing Enhancements

- Added three case managers to reduce administrative workload and allow chemists to focus on analytical testing.

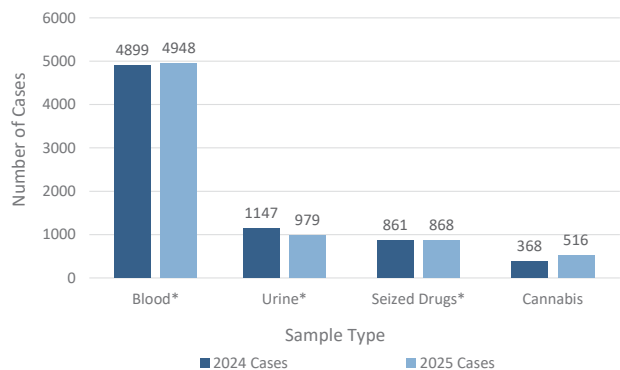
#### Customer Communication Improvements

- Developed and distributed an evidence submission PowerPoint to improve clarity and consistency for submitting agencies.
- Shared case manager contact information to streamline communication.

#### Operational Improvements

- Assigned a second chemist to volatile testing to increase capacity and reduce bottlenecks.
- Implemented new blood kits containing two blood tubes to support more efficient workflows.

### Testing Volume by Sample Type, 2024-2025



\*Test numbers per case not listed

### Planned Enhancements to Improve Turnaround Times

#### Sample Prioritization

- Establishing standardized criteria to prioritize cannabis testing.

#### Workflow Enhancements

- Increasing staff availability for technical review and sample preparation.

### Expanded Customer Outreach

- Developing additional educational presentations as needs arise.
- Participating in organizational annual conferences to support communication and alignment.

### Streamlining Special Requests

- Improving procedures for handling special requests, priority samples, and related communications

## CANNABIS AND HEMP POTENCY TESTING Regulatory and Industry Changes

The Federal Farm Bill of 2018 legalized the cultivation, manufacturing, and distribution of industrial hemp and hemp products in the United States. The legislation defined hemp as containing less than 0.3 percent tetrahydrocannabinol (THC) by dry weight, removing it from the classification of marijuana. This change required laboratories to quantify both THC and THC acid when determining whether a product meets the 0.3 percent threshold.

In response, the SDPHL forensic section began accepting suspected cannabis and cannabis products for potency testing in mid-2022. Submissions include plant material, oils, concentrates, and most edibles. Since then, rapid changes in the cannabis industry have led to the development of semi-synthetic cannabinoid products derived from hemp and marketed as legal hemp items. As a result, the laboratory has experienced a significant increase in potency submissions over the past year.

To meet growing demand, the laboratory is implementing efficiency measures to improve turnaround times while maintaining high-quality testing. Additional personnel are being onboarded, and submission criteria are being developed to prioritize felony cases with upcoming court dates. SDPHL will continue collaborating with prosecutors statewide to navigate evolving legal requirements and ensure accurate, reliable testing.

The mission of the **Division of Disease Prevention and Control (DPC)** is to improve the health and well-being of South Dakotans by monitoring disease, providing education, communicating timely information, and collaborating with community partners to prevent illness and protect communities.

## Disease Prevention and Control Initiatives

In September 2025, the **Epidemiology, Surveillance, and Informatics Center merged with the Office of Disease Prevention Services to form the Division of Disease Prevention and Control**. This new division is responsible for infectious disease investigations and outbreak response across the state. The list of infectious diseases and conditions monitored by the division includes enteric, respiratory, vaccine-preventable, vector-borne, and zoonotic diseases, as well as sexually transmitted infections, human immunodeficiency virus, tuberculosis, healthcare-associated infections, and childhood lead poisoning.

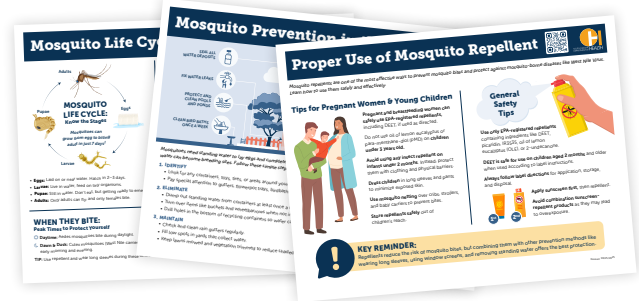
### WEST NILE VIRUS (WNV) EDUCATION COLLABORATION PROJECT

In 2025, the Division of Disease Prevention and Control partnered with the **Bright Start Nurse Home Visiting Program to launch the West Nile Virus Education Collaboration Project**. The goal of this effort was to increase awareness of WNV prevention among families with infants and young children. The collaboration began in March 2025, followed by training for Bright Start nursing staff in May.

The Vector-Borne Disease Epidemiologist developed and delivered training and a suite of educational materials for Bright Start nurses to use during family visits. These resources included four educational modules, a vocabulary list, and family-friendly infographics on topics such as the mosquito life cycle, prevention methods, home and yard mosquito control, safe repellent use, and an overview of WNV transmission and symptoms. Materials were designed to meet the needs of families served by Bright Start, with special attention to parents of infants and young children.

Between July and September 2025, Bright Start nurses reported educating 323 families statewide. Feedback highlighted the project's meaningful impact. Nurses shared examples of families using

the information to seek timely care and noted that the infographics made concepts easier to explain, including for Spanish-speaking households. Many teams reviewed the [WNV dashboard](#) during meetings and discussed current case counts in South Dakota. Nurses also observed that families who had recently moved to the United States were often unfamiliar with the WNV and appreciated the guidance.



This partnership blended Bright Start's relationships with families and the division's expertise in disease prevention to strengthen community education across the state. The success of this project supports continued efforts to improve vector-borne disease awareness and prevention for South Dakota families.

### COMPLEX TUBERCULOSIS (TB) INVESTIGATIONS

Tuberculosis investigations are often lengthy, detailed, and resource intensive. The Office of Disease Prevention Services recently managed several complex cases that required significant coordination and expertise.

One investigation involved a family cluster of five individuals, including both parents and three children. The original patient had laryngeal tuberculosis, the most transmissible form of the disease, which can spread through both coughing and talking. This led to extensive workplace and church contact investigations conducted by the Sioux Falls Disease Intervention Specialist office.

# DISEASE PREVENTION & CONTROL

Another case involved a patient who lived one and a half hours from the Pierre office. Staff provided education on using a smartphone to support electronic directly observed therapy, a method that allows patients to complete treatment safely and effectively from home. The contact investigation extended across nine different facilities and included family members and friends.

A third case, located one and a half hours from the Rapid City office, began treatment using the newly approved four-month regimen for drug susceptible tuberculosis. The patient did not tolerate the medication well and was transitioned to the standard therapy regimen.

These investigations demonstrate the dedication of staff who work closely with patients, families, employers, healthcare facilities, and community partners to prevent transmission and ensure timely, effective care.

## AVIAN INFLUENZA A/H5N1 RESPONSE

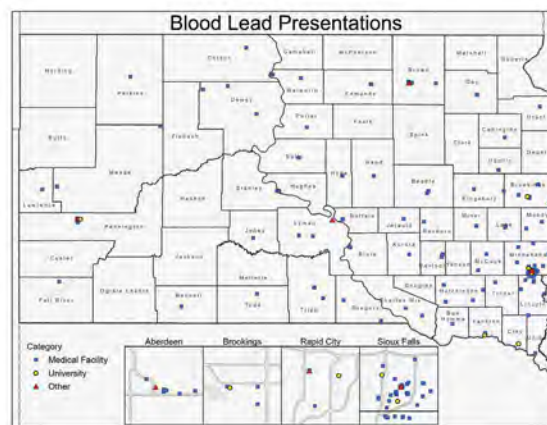
Since September 2025, there have been **14 detections of influenza A/H5N1 in poultry**, primarily in turkey operations across the state (as of December 1). Each detection requires a coordinated response from the Division of Disease Prevention and Control's State Public Health Veterinarian and Influenza Surveillance Coordinator.

For every event, staff contact the affected producer to provide education, initiate a 10-day monitoring period for potentially exposed workers, and mail an avian influenza information packet to support awareness and prevention. In addition, a Health Alert Network message is sent to medical providers in the affected and surrounding counties to ensure clinicians remain vigilant for patients presenting with influenza symptoms and potential exposure risks.

## STATEWIDE EDUCATION ON CHILDHOOD BLOOD LEAD FOR MEDICAL PROVIDERS

The Division of Disease Prevention and Control's Childhood Lead Poisoning Prevention Program (CLPPP) conducted outreach to medical providers and training programs across the state. The **map below** shows the communities where presentations occurred. Information shared included the new 2025

recommendation from the Lead Advisory Group to screen every child at ages 12 and 24 months, importance of laboratories to report positive and negative blood lead results to DOH, facts on typical sources of lead in the environment, why children are at increased risk of lead ingestion, and case management provided by CLPPP to the family of a child identified with lead in the blood.



## TEXT REMINDERS FOR FOLLOW-UP BLOOD LEAD TESTING

In November 2025, the Division of Disease Prevention and Control's CLPPP began sending **text message reminders** to parents of children who require follow-up blood lead testing. A total of 19 reminders were sent during the first month of implementation. This new functionality, developed by the Division of Disease Prevention and Control's Informatics team, helps ensure that children receive timely follow-up testing in accordance with established public health guidelines.

## DECREASE IN SYPHILIS CASES DRIVEN BY TARGETED OUTREACH AND TESTING

Building on the slight decrease in early syphilis cases observed in 2024 compared to the five-year baseline, the Division of Disease Prevention and Control reported an **additional 46 percent decrease** from January through October 2025. More than 300 fewer cases were reported to the DOH due to the dedication of the STI Program Manager, Disease Intervention Specialists, healthcare partners, and community organizations working together to prevent syphilis through outreach, education, and expanded testing. Syphilis is fully curable, and testing is free, fast, and confidential.



# DISEASE PREVENTION & CONTROL

One example of this impact comes from a Disease Intervention Specialist in Sioux Falls who supported a pregnant client recently diagnosed with syphilis. To protect the health of both mother and baby, the client required three doses of Bicillin, even as she faced significant barriers that included substance misuse, unstable housing, and a possible medication allergy. Through persistence and compassion, the specialist made repeated calls, conducted home visits, coordinated with the client's mother, arranged transportation to appointments, and kept the healthcare provider informed throughout the treatment process. Because of these efforts, the client successfully completed all three doses and prevented transmission to her baby.

A second example was the **STI social media campaign** successfully expanded awareness of syphilis and congenital syphilis among South Dakotans of childbearing age through targeted ads on Facebook, Instagram, Snapchat, and Tinder, generating nearly 82,000 combined clicks and swipes that directed users to education and free testing resources. In-office testing remained consistently high, with 1,662 individuals tested across seven DOH field offices from 2024 to 2025, including 938 in 2024 and 724 by October 2025. These efforts align with meaningful improvements in surveillance outcomes, including a decline in congenital syphilis cases from 40 in 2024 to 24 in 2025 and a substantial reduction in total syphilis cases from 1,376 to 726, with most cases now detected in earlier stages. Together, these trends reflect the combined impact of targeted outreach, increased public awareness, accessible testing, and earlier engagement with care in reducing syphilis transmission statewide.

A third example highlights the role of DIS staff at a **Community Wellness Fair offering rapid syphilis and HIV testing**. The event was designed to support a complete care process. Participants received sexual health education, were offered rapid testing, and any positive rapid result would have prompted confirmatory testing through the local laboratory. Disease Intervention Specialists were available on-site to conduct interviews, support partner notification, and connect individuals to follow-up care. Of the

40 people who visited the event, nine chose to receive rapid testing, and all results were negative. The event's organizer expressed gratitude for the collaboration and noted the importance of bringing wellness-focused services back into the community.



Pictured left to right: Kristi Richards (I.H.S.), Amanda Holland (DIS-Aberdeen), Brooke Wegener (I.H.S.), DeAnna Harber (DIS-Aberdeen)

These successes illustrate how coordinated prevention, compassionate case management, and community engagement are reducing the burden of syphilis in South Dakota.

## INCREASING PERTUSSIS CASES LEAD TO K-12 SCHOOL ENGAGEMENT

Vaccination among school-aged children plays an important role in preventing infections in classrooms and other shared spaces. Some diseases, including pertussis, can still occur because immunity from vaccination decreases over time. From January through October 2025, Disease Intervention Specialists worked with **at least 32 schools in response to 173 reported pertussis cases, a 424 percent increase compared to the five-year baseline**.

A strong example of school partnership occurred after a case was identified in an elementary school. When the Disease Intervention Specialist contacted the district, the superintendent responded immediately and expressed appreciation for the outreach. Demonstrating proactive leadership, he had already prepared a list of student contacts. Because of this high level of collaboration, the team was able to conduct timely follow-up and reach more than 30 families in less than eight hours.

This rapid response was especially important because the school was entering Homecoming week, a time filled with community events. The engagement of the district and superintendent with public health staff reflects an effective, community-centered approach to preventing disease and protecting students and families.



# DISEASE PREVENTION & CONTROL

## 2025 WEST NILE VIRUS AND MOSQUITO CONTROL CONFERENCE



**Anita Bharadwaja, Vector-borne Disease Epidemiologist**, organized and led the annual West Nile Virus and Mosquito Control Conference in Aberdeen on September 23, in partnership with the City of Aberdeen and SDSU Extension. The event brought together more than 50 participants, many representing local mosquito control programs from across the state. Attendees shared positive feedback, highlighting the practical value of the training and the expertise of the speakers.

In addition to expert presentations on entomology and pesticide safety, Anita provided updates on current mosquito- and tick-borne disease trends in the state. Laura Edwards, South Dakota State Climatologist, offered the fall and winter weather outlook, highlighting that above-average temperatures were expected to prolong mosquito activity into October by delaying the first hard freeze. The latest surveillance data can be accessed on the [WNV Dashboard](#).

## DATA GOVERNANCE & DATA ATLAS

With a focus on efficiency and transparency, the DOH established a **Data Governance Committee** in early Spring 2025. To identify gaps and opportunities for improvement, the Division of Disease Prevention and Control's Data Governance Specialist led a comprehensive data governance assessment that included a statewide survey and a series of focus groups. Survey findings allowed the committee to prioritize three key topic areas: change management, compliance, and data ownership and governance. Focus group discussions further

defined the challenges and opportunities within each area. The Data Governance Assessment Report was completed in August 2025. One of the most significant opportunities identified was the need for a central platform that would strengthen data sharing and collaboration.

In response to growing needs for accessible and easy-to-understand health data, and guided by the findings of the assessment, the DOH is pursuing the development of a Data Atlas. The Data Atlas will serve as a central resource for partners and the public to access health-related information to support community planning and personal decision making. (See more on [page 31](#))

## INNOVATION USING ARTIFICIAL INTELLIGENCE TO AID GEOCODING

The DPC's Informatics Team **integrated OpenAI artificial intelligence** functions into its existing Azure Maps geocoding process. The integration improved the monitoring of cases and patterns of infectious diseases in the state. Previously, only about 70 percent of case addresses produced high-quality coordinates to map infectious disease cases. Unfortunately, that meant 30 percent of addresses could not be geocoded. This negatively impacted DOH's monitoring of infectious diseases and data sharing with Tribal leaders and the Great Plains Tribal Epidemiology Center, using Tribe-specific infectious disease dashboards to raise awareness of infectious diseases occurring on Tribal lands. The enhanced geocoding process (1) parses the address field to improve the address structure for geocoding, and (2) transforms a place of business into an address (e.g., name of a nursing home). **Overall, there was an increased capture of coordinates by 36 percent compared to the original process, or about 97 percent of case addresses were successfully geocoded.**

The **Division of Healthcare Access** works to expand and improve access to timely, high-quality healthcare services across South Dakota. The division focuses on strengthening rural emergency medical services through telehealth and life-saving equipment, supporting recruitment and retention efforts to build a strong healthcare workforce pipeline, and preparing for public health threats to ensure individuals and families remain informed and protected. These efforts rely on modern information systems, technology, and communication strategies that allow the division to provide excellent customer service and meet people where they are in their healthcare journey.

## Public Health Preparedness and Response

### ALERTMEDIA

The DOH has strengthened employee safety and security by implementing a new emergency communication system, AlertMedia. This platform improves the department's ability to reach staff quickly and effectively during critical situations through email, text message, voice call, and mobile app notifications.



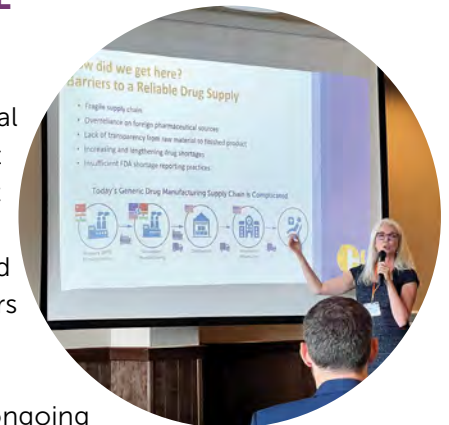
AlertMedia ensures staff can be contacted wherever they are during emergencies such as building evacuations, shelter-in-place orders, office closures, security threats, severe weather, technology disruptions, or other facility-related issues. The system also supports two-way communication, allowing employees to respond to alerts with questions or relevant information. In addition, staff have access to a dedicated phone line for department-wide announcements or can text AlertMedia administrators for assistance.

Since its launch, AlertMedia has been used to notify employees about a technology outage, an office lockdown, situational awareness for a local exercise, and a National Preparedness Month safety message. The system will continue to support timely communication, especially during South Dakota's winter season when weather-related alerts and closures may occur.

By investing in AlertMedia, the department has taken an important step in strengthening emergency preparedness and promoting the safety and well-being of its workforce. This system reflects a commitment to timely, transparent communication, and a safer working environment for all employees.

### PHARMACEUTICAL DRUG SHORTAGE SUMMIT

The first Pharmaceutical Drug Shortage Summit was held in late August and brought together local, state, federal, and private industry partners to explore solutions that support South Dakotans affected by ongoing medication shortages. Presenters included representatives from the ASPR Industrial Base Management Supply Chain Office, CostPlus Drugs, and OnDemand Pharmaceuticals. Attendees shared real-world experiences in managing shortages and discussed innovative strategies to strengthen the pharmaceutical supply chain. The summit fostered valuable cross-sector connections and advanced the conversation on ensuring reliable access to essential medications.



## Rural Health and Emergency Services

During the first quarter of 2025, the **Office of Emergency Medical Services (EMS) and Trauma merged with the Office of Rural Health to form the Office of Rural Health and Emergency Services**. This integrated structure strengthens healthcare access, emergency medical services, and rural health systems across the state.

### NETWORKING AND OUTREACH

In 2025, the Office of Rural Health and Emergency Services expanded direct engagement with communities by visiting partner healthcare facilities throughout the state. **Staff conducted on-site meetings** with Critical Access Hospitals, Federally Qualified Health Centers, Rural Health Clinics, and institutes of higher education. These visits provided important opportunities to connect with rural healthcare professionals who play a vital role in delivering high-quality care in remote areas. This outreach reinforced the department's commitment to supporting rural healthcare and recognizing the dedicated providers who serve these communities.

The Emergency Services team enhanced statewide collaboration through **monthly EMS leadership webinars** and a dedicated session for EMS medical directors. Staff also presented at events including the South Dakota EMS Association Conference, District 2 EMS Refresher, South Dakota Rural Health Leaders Conference, and the Health Scholars Symposium. Additional engagement included participation in Maternal and Child Health Task Force meetings, planning and daily coordination for the Sturgis Rally, and ongoing discussions with Monument Health's Respite Program, including a tour of their facilities.

### STATE LOAN REPAYMENT PROGRAM (SLRP)

The South Dakota State Loan Repayment Program, operating from September 1, 2022, through August 31, 2025, provided student loan repayment assistance to healthcare professionals serving in rural and underserved areas. During this period, **61 clinicians across 25 counties participated**,

**61**  
clinicians across  
25 counties  
participated in  
SLRP

including 27 primary care providers, three dental health providers, and 31 behavioral or mental health providers. Participants represented a broad range of disciplines, including nurse practitioners, physicians, registered nurses, physician assistants, licensed clinical social workers, licensed professional counselors, substance use disorder counselors, psychiatric nursing professionals, dental hygienists, and general or pediatric dentists.

### CAREER CAMPS

During the 2024 to 2025 school year, 37 Scrubs Camps and Camp Med events were hosted statewide, an increase of four camps from the previous year. Student participation also continued to rise, with **6,040 students from 127 communities attending**. This reflects a 7.2 percent increase in engagement and demonstrates the growing interest in healthcare careers among South Dakota youth.

**37**  
Scrubs Camps &  
Camp Med events  
educated 6,040  
students

### RECRUITMENT ASSISTANCE PROGRAM

The Recruitment Assistance Program (RAP) continues to show strong retention of healthcare professionals in rural communities. As of December 2025, **75 physicians, 21 dentists** (2 new recruits have joined the program to provide services in Britton and Faulkton), **and 57 advanced practice providers**, including physician assistants, nurse practitioners, certified registered nurse anesthetists, and nurse midwives, had either completed the program or were actively participating. To support upcoming service completions, the Department of Health is requesting \$978,292 to reimburse providers fulfilling their agreements during State Fiscal Year 2027.

### RURAL HEALTHCARE FACILITY RECRUITMENT ASSISTANCE PROGRAM

The Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) supports rural hospitals, nursing homes, and other facilities by offering a \$10,000 incentive to healthcare professionals who complete a three-year rural practice commitment, with participating facilities sharing costs based on community size. Since 2012, **961 healthcare**

**professionals have participated** in the program, and 70 percent have either completed the program or continue practicing in the rural communities that recruited them, demonstrating strong workforce stability and return on investment.

## EMS WORKFORCE

South Dakota has 3,257 licensed EMS professionals statewide, with more than two-thirds age 40 or younger, demonstrating a strong pipeline of new responders. Most rural communities rely on volunteer EMTs and basic life support providers who give significant time and personal commitment to keep their neighbors safe. Larger population centers are supported by full-time advanced life support providers who deliver higher-level clinical care. EMS professionals represent strong community service and play a vital role in protecting health and safety across the state.

**3,257**  
Licensed EMS  
Professionals  
Statewide

### Licensure numbers by level:

Emergency Medical Responder: **98**  
Emergency Medical Technician: **2,178**  
Emergency Medical Technician Intermediate 85: **39**  
Advanced Emergency Medical Technician: **118**  
Emergency Medical Technician Intermediate 99: **4**  
Paramedic: **859**

## EMS DAY AT THE LEGISLATURE



The annual EMS Day at the Legislature highlighted the essential role of emergency medical services and trauma care across South Dakota. **Sanford Health provided 11 heart screenings and nine vascular screenings**, helping

legislators understand the importance of early detection and prevention. The American Heart Association offered hands-on AED and CPR training, reinforcing critical life-saving skills. Stop the Bleed

education was also provided throughout the day, culminating in the distribution of **50 bleeding control kits to attendees**. These activities fostered meaningful engagement between policy makers and frontline healthcare professionals.

## LIFE-SAVING SKILLS TRAINING FOR DOH STAFF

In the spring, the Office of Rural Health and Emergency Services partnered with the Office of Preparedness and Response to offer **Stop the Bleed, naloxone administration, and AED or CPR training** for DOH staff. Training sessions were held in Sioux Falls, Aberdeen, Pierre, and Rapid City, reaching nearly 100 employees. These sessions improved internal preparedness and equipped staff across programs with essential emergency response skills.

## PARTNERSHIPS WITH EMILY'S HOPE AND OTHER ORGANIZATIONS



Partnerships with Emily's Hope and other statewide organizations continue to expand community education, substance use awareness, naloxone access, and recovery-oriented support. These collaborations extend EMS impact

beyond emergency response and into prevention and public health.

## MEDICAL DIRECTOR HARDSHIP EXEMPTION PROGRAM

The Medical Director Hardship Exemption Program was implemented to support EMS agencies facing challenges in securing a qualified medical director. The program provides a temporary pathway to maintain compliance while agencies identify sustainable long-term physician oversight.

## AMBULANCE INSPECTIONS

Throughout Summer, staff completed more than **100 ambulance inspections**. These inspections support readiness by ensuring that ambulances are equipped with the life-saving tools and supplies needed to respond at a moment's notice. The visits also provided opportunities to engage directly with EMS service providers across the state.



# HEALTHCARE ACCESS

## EMS LICENSE MANAGEMENT AND ELECTRONIC PATIENT CARE REPORTING

Over the past year, the program managed comprehensive ambulance service licensing and relicensing activities through the E-Licensing System, including updates to service information, vehicles, and associated documentation. Significant progress was made in advancing the **ImageTrend Elite Electronic Patient Care Reporting platform**, including continued development of national standards, validation and visibility rules, form enhancements, and schematron updates. The program also served as the department's Overdose Detection Mapping Application Program (ODMAP) administrator, providing manual data entry support when needed. In addition, staff led the implementation and ongoing development of the **Cardiac Arrest Registry for Enhanced Survival**, offering sustained technical support and system improvements.

## HOSTING THE NASEMSO WESTERN PLAINS REGIONAL MEETING

The Office of Rural Health and Emergency Services hosted the National Association of State EMS Officials (NASEMSO) Western Plains Regional Meeting, bringing together state EMS leaders and system partners to discuss regional needs, share best practices, review system trends, and strengthen collaborative networks.

## ADVANCEMENTS IN AVEL TELEMEDICINE IN MOTION



Significant advancements were made in AVEL's Telemedicine in Motion platform, including the rollout of Multi-Point functionality that allows simultaneous connection between AVEL, participating ambulance services, and hospitals. This enhances real-time clinical support, improves communication pathways, and strengthens care coordination. EMS continuing education is available for qualified activations.

South Dakota's Telemedicine in Motion partnership with Avel eCare surpassed **2,050 patient encounter calls**. The top encounter types included trauma, altered mental status, and cardiac emergencies. A total of 105 agencies currently participate in Telemedicine in Motion.

## STOP THE BLEED INITIATIVES



### Statewide Conservation Officer Training

South Dakota reached a major milestone in 2025 by becoming the first state in the nation to train all Conservation Officers in Stop the Bleed. Training was delivered at the annual Conservation Officer meeting in Rapid City in March. A KELOLAND News segment in April helped raise awareness about the importance of bleeding control skills, particularly in rural and remote areas where emergency response times may be longer.

### Youth and Driver Education Outreach

Stop the Bleed education was provided in partnership with EMS for Children, reaching driver's education students statewide and introducing life-saving skills to young people early on. This effort supports early awareness, confidence, and readiness to respond during emergencies.



### Community and Business Training

During the Annual Statewide Trauma Conference, Stop the Bleed training was extended to local businesses in Chamberlain and Oacoma. These sessions strengthened community preparedness and empowered bystanders to intervene effectively during hemorrhage emergencies.



## REGIONAL SERVICE DESIGNATION

The Office of Rural Health and Emergency Services manages nearly **\$8 million in regional service designation grants** aimed at sustainability and enhancements of emergency medical services across South Dakota.

This funding followed a comprehensive statewide assessment of EMS in South Dakota that gathered input from more than 400 stakeholders. Recruitment pressures, equipment needs, and varying regional capabilities were key findings from the assessment.

### Return on Investment Highlights

- **Selby:** An in-person EMS community meeting in Selby drew 24 engaged attendees from Selby, Mobridge, and surrounding communities to discuss EMS sustainability and rural emergency service challenges. The event was promoted in the Selby newspaper and followed by interviews with the Mobridge Tribune and Aberdeen Insider, helping elevate awareness and public discussion around EMS system sustainability.
- **Hoven Ambulance:** *"With the guarantee of the new power stretcher, we have been able to keep two individuals on our ambulance crew for the time being."*
- **Onida:** *"EMS training focused on AED use, lung sounds, and heart sounds. EMTs were able to differentiate normal and abnormal sounds using a Cardionic Manikin purchased with grant funding."*
- **Aberdeen:** Hosted a National EMS Field Training and Evaluation Program course and updated standard evaluation guidelines, including the purchase of an electronic documentation system.
- **Air Methods:** Provided online EMS education for up to 88 EMS agencies.
- **Butte County/Newell:** Trained county law enforcement and fire departments in first aid and CPR and distributed first aid kits. These kits were used at multiple motor vehicle accident locations prior to ambulance arrival, supporting early intervention and recruitment into EMT training.
- **Sage Consultants:** Provided data analytics and quality improvement dashboards for up to 23 EMS agencies, financial sustainability support for four

departments, and EMS Extra webinars focused on recruitment, tax districts, and financial insights.

- **South Dakota Foundation for Medical Care:**

Hosted EMS Heroes and Highlights sessions and provided toolkits, guides, educational opportunities, and training events.

Following an EMS Extra webinar on sustainable funding and community fundraising, three EMS agencies committed to working with Sage Consultants to strengthen quality assurance and improvement efforts, demonstrating immediate impact from the education series.

- **South Dakota Ambulance Association:** Provided EMS documentation classes to improve patient documentation and revenue.
- **South Dakota Association of Healthcare Organizations:** Developed an interactive dashboard to enhance awareness of interfacility transfers and support timely patient movement.
- **Mobridge Hospital:** Created an EMS region to share education and equipment resources.
- **Wolsey:** Began forming a countywide regional group connecting four EMS departments to coordinate coverage in Beadle County.

## CUSTOMIZED LICENSE PLATES FOR EMS



House Bill 1120 of the 2024 legislative session created a specialized license plate for advanced life

support providers and emergency medical technicians. These plates became available in 2025, and **221 have been ordered** through the Motor Vehicles Division, reflecting strong interest and pride within the EMS community.

## TRAUMA DESIGNATION VISITS

In 2025, a total of **14 trauma designation visits** were completed. These visits ensure compliance with state trauma standards, support hospitals in quality improvement efforts, and provide guidance to strengthen trauma care delivery. The volume of visits reflects ongoing engagement and commitment among facilities to uphold statewide trauma system requirements.

# HEALTHCARE ACCESS

## TRAUMA REGIONAL PERFORMANCE IMPROVEMENT CALLS

The Trauma System hosted **15 Trauma Regional Performance Improvement calls** throughout the year, drawing more than 500 cumulative participants. These calls remain an essential mechanism for reviewing statewide trauma trends, discussing case studies, identifying improvement opportunities, and aligning best practices across the system. EMS personnel who attended were eligible to receive continuing education credit, supporting ongoing licensure and professional development.

## RURAL TRAUMA DEVELOPMENT COURSES

In partnership with SD Trauma Education Inc., seven Rural Trauma Team Development courses were delivered at seven hospitals across the state, engaging **more than 150 participants**. Attendees included physicians, nurses, EMS personnel, and ancillary staff. The course focuses on the initial management of trauma patients in rural settings, emphasizing rapid assessment, stabilization, and safe transfer practices. These trainings continue to strengthen the capabilities of rural hospitals that serve as the first point of care for many trauma patients.

## STROKE SYSTEM OF CARE

South Dakota made significant progress in strengthening its stroke system through a partnership with the American Heart Association and the Helmsley Charitable Trust. Supported by a \$4.4 million Helmsley grant, the **Mission Lifeline Stroke initiative** launched in October 2024 to improve stroke care from EMS response through hospital treatment and post-acute recovery.

EMS agencies adopted updated training and standardized protocols, and hospitals implemented evidence-based practices supported by a statewide quality improvement system. A post-acute care component engaged skilled nursing facilities, critical access hospitals, and rehabilitation centers to improve recovery and reduce secondary strokes. The state also hosted its first statewide stroke conference on October 2 and 3 in Sioux Falls, featuring Dr. Denise Hanisch and Secretary Melissa Magstadt.



## WEBINARS & TRAINING

### Obstetrics Webinar Series for EMS Providers

A dedicated three-part obstetrics webinar series was developed to strengthen provider confidence and skills in managing obstetric emergencies. Topics included assessment, field interventions, high-risk complications, and effective transfer communication with receiving facilities.

### Developing Pediatric Webinar Series for EMS

A new three-part pediatric education series is under development for release in 2026. The program will address pediatric assessment, trauma, medical emergencies, and communication strategies to reinforce provider competence in caring for one of EMS's most sensitive patient populations.

### Measles Webinar

In response to infectious disease concerns, the department launched a statewide measles readiness webinar focused on early recognition, personal protective equipment requirements, isolation precautions, and EMS-specific risk mitigation. This training ensured agencies remained aligned with current public health protocols.

### Medical Director Webinar

The Office of Rural Health and Emergency Services team and Dr. Denise Hanisch conducted a statewide webinar aimed at engaging and informing ambulance service medical directors. Seven medical directors participated and expressed interest in continued statewide engagement.

### EMS Continuing Education Webinar Participation

Live webinar participation continues to qualify for EMS continuing education credit, supporting ongoing licensure requirements and encouraging active engagement in state-sponsored learning opportunities.



# Health Information Technology

## SOUTH DAKOTA HEALTH LINK: BETTER COMMUNICATION. BETTER CARE.



South Dakota Health Link is a multi-state Health Information Exchange designed

to improve care coordination and information sharing. The secure platform allows medical information to be shared across health systems, giving providers access to real-time clinical histories and customizable notifications that support safer, more efficient care. Health Link services include clinical event notifications and population health analytics tools that deliver timely information when caring for patients.

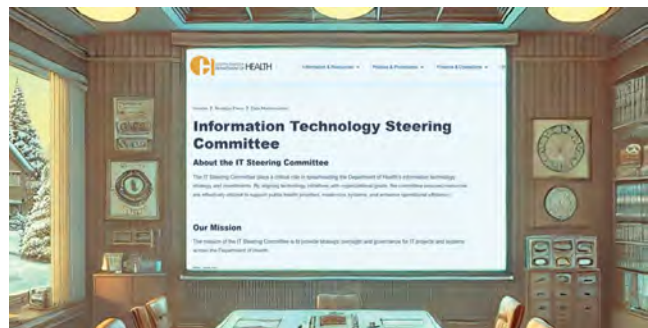
**The network includes 69 hospitals, more than 450 primary care clinics, and numerous ancillary provider organizations across six states, covering more than 95,000 square miles.** South Dakota Health Link also provides Indian Health Service and Tribal health locations with access to the Point of Care Exchange and event notifications, strengthening continuity of care for Tribal patients.

### 2025 Health Link Highlights

- Onboarded 21 new member organizations
- Advanced Tribal health integration through a project with the Flandreau Santee Sioux Tribal Health Clinic, marking the first Tribal health location to begin sharing clinical data with Health Link
- Held Advisory Council meetings quarterly
- Hosted the 11th Annual Fall Forum virtually with three sessions and more than 100 attendees
- Continued Health Link migration with an expected go-live in early 2026, modernizing Direct Secure Messaging, the Point of Care Exchange, secure cloud-based storage, and the electronic master patient index

## DATA MODERNIZATION INITIATIVE

The Data Modernization Initiative advanced the department's enterprise IT vision through coordinated efforts to modernize technology infrastructure and strengthen data management. Work in 2025 focused on supporting the IT Steering Committee, launching the Data Atlas Initiative, and updating the IT Systems Inventory.



### 2025 Data Modernization Highlights

- Created a cross-division IT Steering Committee to guide technical architecture, ensure policy compliance, and align IT services with strategic objectives
- Established a comprehensive IT systems inventory to identify assets for updates, replacement, or retirement
- Advanced the Data Atlas Initiative to develop an interactive data visualization platform using DOH indicators
- Launched an IT and DOH glossary to clarify technical terms and public health-specific acronyms
- Received an extension of CDC Foundation Workforce Acceleration Initiative funding to support three fully funded IT positions

(See more on [page 24](#))

Communications and Marketing

The Office of Communications and Marketing supports every area of the Department of Health (DOH) by helping staff share clear, accurate, and timely information with the public. The team oversees department branding, media relations, website content, social media, public information responses, and internal communications. Working closely with program staff, the office translates complex public health information into easy-to-understand messages, guides statewide campaigns, and ensures all materials meet accessibility and brand standards.

The office also leads crisis communication efforts and provides tools and training that help staff tell the story of their work. Through these efforts, the Office of Communications and Marketing strengthens public trust, encourages community engagement, and supports the department’s mission to improve the health of all South Dakotans.

TELLING THE DOH STORY

This year, the DOH expanded its storytelling training to empower internal staff and external partners to communicate the impact of their work more effectively. The training provides practical guidance on identifying meaningful moments, sharing experiences in a clear and relatable way, and collaborating with communications teams to ensure accuracy and protect privacy.

COMMUNICATIONS BY THE NUMBERS



SOCIAL MEDIA CAMPAIGNS

The Office of Communications and Marketing led impactful social media campaigns to enhance public awareness, engagement, and health education across a wide range of topics.

Cor Health and Wellbeing

Targeting youth, young adults, and parents, this ongoing campaign delivered year-round mental health and adolescent health resources across Facebook, Instagram, and Snapchat. From January through

November 2025, the campaign generated more than 4.7 million impressions and 54,144 clicks on Facebook and more than 2.8 million impressions and 54,812 swipes on Snapchat.



Scrubs Camps

Scrubs Camps sparked interest in healthcare careers among high school students through hands-on learning and real-world exposure. Targeted Snapchat advertising supported statewide recruitment efforts, generating 250,000 impressions and 4,132 swipes from September 2024 through November 2025. These efforts increased awareness of healthcare career pathways and supported long-term workforce development goals.

Measles and Immunization Awareness

The Office of Communications and Marketing supported the department’s measles response through press releases, public health notices, media coordination, and weekly task force updates.

Digital outreach reached 1.80 million impressions on Facebook, supported by website updates including a Measles FAQ and MMR Clinics page.





## Empower SD

The Empower SD Diabetes Conference campaign used Facebook, Instagram, and Snapchat advertising to drive awareness and registrations for a two-day in-person event in Sioux Falls. The campaign reached more than one million impressions and highlighted education on diabetes management, nutrition, physical activity, mental health, and local resources.

## Rattlesnake Awareness

The Rattlesnake Awareness Campaign delivered safety information to help South Dakotans recognize venomous snake bite symptoms and respond quickly by calling 911. Outreach generated 456,000 Facebook impressions with 896 clicks and 1.07 million Snapchat impressions with 1,993 swipes.

## Syphilis Awareness

The Syphilis Awareness Campaign focused on increasing testing, prevention, and early treatment through targeted outreach. The campaign generated 3.80 million impressions and 67,977 clicks across Facebook and Tinder and 862,000 impressions with 14,033 swipes on Snapchat.

## COMMUNICATION TOOLKIT

In 2025, the Office of Communications and Marketing launched the Community PR Toolkit to support frontline staff in sharing public health information. The toolkit includes press kits, checklists, signage, customizable templates, and branded materials to support outreach, media engagement, and community trust.

## CRISIS COMMUNICATIONS PLAN

The Office of Communications and Marketing completed a major update to the Department's Crisis Communications Plan to improve usability during emergencies. The revised plan provides clearer structure, stronger guidance, and alignment with Public Health Accreditation Standards and the CDC Crisis and Emergency Risk Communication Manual.

A key focus of the update was clarifying staff roles and responsibilities, reducing confusion during high-pressure situations and supporting confident, coordinated response. With this framework in place, the department is better prepared to communicate quickly, clearly, and consistently during emergencies.

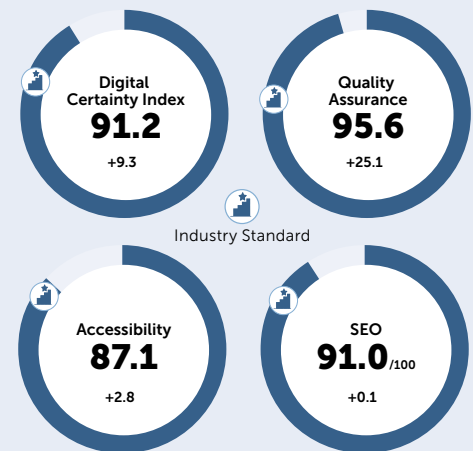
## PUBLIC HEALTH EDUCATIONAL VIDEOS

The Office of Communications and Marketing expanded its library of short educational videos designed to help the public and healthcare providers better understand key public health topics. These videos support clear, accessible communication and reinforce the department's commitment to improving health and well-being statewide.

## WEBSITE IMPROVEMENT

### Website Quality and Performance

The DOH focused on improving website usability, accuracy, and accessibility using Siteimprove. Efforts included correcting broken links, streamlining content, improving accessibility, and enhancing navigation across devices.



These improvements resulted in strong performance gains, with [doh.sd.gov](https://doh.sd.gov) performing at or above industry benchmarks for government websites. The department's Quality Assurance score increased by more than 25 points, reflecting significant progress in delivering a reliable, user-friendly digital experience.

### Spotlight on Maternal and Child Health

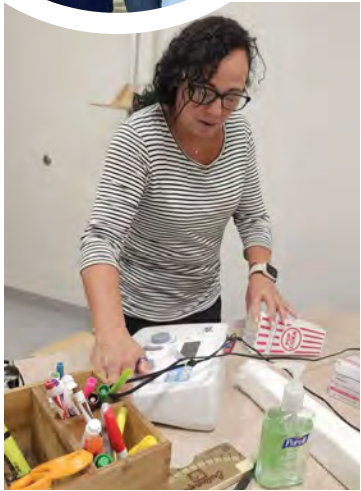
The Maternal and Child Health section underwent a full refresh to better support South Dakota families. Improvements included content updates and redesigned navigation, resulting in performance metrics that exceed the website average and serve as a model for future enhancements.

# DOH ROADSHOW





DOH ROADSHOW





# FAMILY & COMMUNITY HEALTH

The **Division of Family and Community Health's** mission statement is to design, implement, and administer a network of health services, education, and prevention programs to aid the residents of South Dakota to develop and maintain a healthier lifestyle and achieve the highest possible quality of life. After some office transitions and restructuring occurred to better align programs within other divisions and better accomplish department goals in 2025, the Division of Family and Community Health now accomplishes its mission under three deputy division directors and six offices: the Office of Chronic Disease Prevention and Health Promotion (OCDPHP), the Office of Injury, Violence, & Overdose Prevention (OIVOP), the Office of Public Health Nursing Services (OPHNS), the Office of Lifespan Health (OLH), the Office of Home Visiting (OHV), and the Office of Family Nutrition Services (OFNS). Staff across the division work collaboratively with each other, healthcare professionals, and community partners across the state to strategically implement programs and initiatives that reduce disease prevalence and positively impact the overall health and wellness of South Dakotans. Family and Community Health has accomplished an extraordinary amount of progress and success throughout 2025, as outlined below.

## Public Health Nursing Services

### MATERNAL HEALTH INNOVATION

Public Health Nursing completed its first year of work supported by the Maternal Health Innovation (MHI) Program. During this foundational year, the team launched a statewide **Maternal and Infant Health Task Force** that brought together more than 60 partners to improve maternal and infant outcomes and create healthier environments for families.

The task force aligned its efforts with the Title V program by prioritizing infant safe sleep and postpartum support, while also addressing system-level issues such as access to care, workforce development, and multi sector coordination. The group plans to further strengthen its work through collaboration with the Rural Health Transformation Project. A statewide strategic plan is scheduled for release in early 2026.

### STATEWIDE PREVENTIVE HEALTH SERVICES

The Office of Public Health Nursing Services continued to advance preventive health services across immunizations, school health, and pregnancy care in 2025. Public Health Nurses delivered thousands of encounters and expanded statewide capacity through improved workflows, strengthened partnerships, and targeted enhancements.

### IMMUNIZATIONS

Immunization services continued to grow following the 2023 program restructuring. Public Health Nurses administered more vaccines and supported efficient school-based and community vaccination events. Ongoing integration of the Primary Health vaccine registration system reduced paperwork, improved scheduling, and ensured timely transfer of records to the South Dakota Immunization Information System.



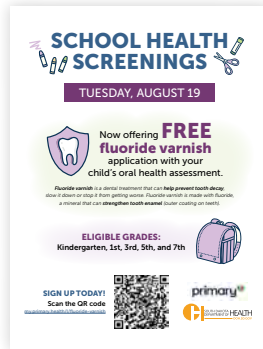
Public Health Nursing Offers State Employee Flu Vaccination Clinics

Automated reminders, enhanced record review, and consistent outreach contributed to stronger vaccine coverage statewide. The office also expanded support for state employee flu clinics and community-based vaccination opportunities, improving access to immunizations across all regions.



## SCHOOL HEALTH SERVICES

School Health Services strengthened preventive screening efforts by **partnering with 71 schools to provide vision, hearing, and oral health screenings.** By November 24, eight percent of students screened for hearing and nine percent screened for vision required follow-up care.



Oral health services expanded to include no-cost fluoride varnish applications, reaching more than 300 students. Grade-level oral health screenings were expanded to include Kindergarten, 1st, 3rd, 5th, and 7th grades, with three percent of children referred for dental follow-up. Collaboration with the Department of Education increased awareness and participation through guidance and direct communication. These evidence-based screenings support early detection, academic readiness, and long-term student well-being.

## PREGNANCY CARE SERVICES

Pregnancy care services continued to grow through consistent use of the **Partners for a Healthy Baby curriculum**, standardized risk assessments, and improved documentation practices. Public Health Nurses provided structured education during prenatal and postpartum visits and strengthened referrals for medical, behavioral health, and social services through the BabyReady initiative. These combined efforts supported healthier pregnancies, improved birth outcomes, and created stronger connections to community resources.

## NURSING GOVERNANCE AND WORKFORCE STRENGTHENING

A major accomplishment in 2025 was continued implementation of the MHI Program's workforce and systems initiatives. Public Health Nursing advanced expanded use of the public health electronic health record system, myInsight, and continued development of a nursing governance structure to support consistency, competency, and shared leadership.



OPHNS Inaugural Nursing Governance Council Members with Dr. Porter-O'Grady. From Left to Right: Back Row: Dr. Porter-O'Grady, Kelly Cronin, Jenna Auch, Kendra Shouldis, Kristi King, Codi Storm, Dena Baker, Kelly Thomas Front Row: Briana Aadland, Anne Harrington

The launch of the **Nursing Governance Council** and new governance frameworks created a sustainable structure that connects frontline nurses, team leads, and nursing managers through shared practice standards and coordinated leadership. This work strengthens decision-making, supports succession planning, and improves communication across regions. It also ensures maternal health initiatives are guided by evidence and informed by professionals delivering care.

## LOOKING AHEAD

The Office of Public Health Nursing Services will continue expanding data-informed practice, strengthening cross-agency partnerships, and advancing maternal health systems through the MHI Program. Future efforts will focus on enhancing preventive services in schools, improving maternal health outcomes, modernizing clinical workflows, and building a strong and engaged nursing workforce. These priorities position the office to continue improving the health and well-being of children, families, and communities across South Dakota.

## Lifespan Health

### SD PLAN

In 2025, SD PLAN reached a major milestone with the approval and **launch of the Quick Start Contraception Protocol**. After multiple rounds of expert review, the protocol became active, and supporting materials were distributed to subrecipients, including training modules, policy templates, fact sheets, and standing order templates.



This initiative expands timely access to contraception, particularly in rural and underserved communities where transportation barriers, provider shortages, and delayed appointments often limit care. It also strengthens care coordination by allowing nursing staff to practice at the top of their scope under a standardized protocol. By improving access and reducing delays, SD PLAN helps ensure clients across the state can receive reproductive health services when they are needed.

### TITLE V NEEDS ASSESSMENT

The 2025 South Dakota Maternal and Child Health Needs Assessment, conducted as part of the Title V Block Grant, provides a comprehensive picture of the health needs of women, infants, children, adolescents, and children and youth with special healthcare needs. Drawing from quantitative data and extensive community input, the assessment identifies persistent disparities and service gaps, particularly within rural and tribal communities.



**Key priorities that emerged** include improving postpartum care access, strengthening safe sleep practices, addressing food insecurity, increasing adolescent preventive care, and enhancing coordination for children and youth with special healthcare needs. Mental health needs were identified across all age groups, with many families reporting limited access to services. Stakeholder engagement played a central role through regional meetings and surveys, ensuring findings reflect real-world experiences of families and providers. These priorities will guide planning, funding, and policy decisions over the next five years.

### COLLABORATION TO SUPPORT MOMS AND BABIES

The Office of Lifespan Health **strengthened partnerships** with the Maternal and Child Health team, the Rape Prevention Education Program, and the Bright Start Nurse Home Visiting Program to enhance support for women and families statewide.

Through the Maternal and Child Health partnership, Bright Start nurses and program staff aligned messaging, improved referral pathways, and developed tools to identify maternal health needs earlier in pregnancy and postpartum. Insights from home visiting nurses helped ensure supports were shaped by the real needs of families.

The Rape Prevention Education program partnered with Bright Start to build home visiting nurses' capacity to recognize and respond to intimate partner violence, reproductive coercion, and stalking. Evidence-informed trainings provided practical skills, scenario-based learning, and strategies for community resource mapping. These efforts strengthened both the nursing workforce and community awareness of violence prevention.

Together, these collaborations promote preventive care, enhance safety, and support the health and well-being of moms and babies across South Dakota.

## Family Nutrition Services

The Office of Family Nutrition Services administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Funded through the United States Department of Agriculture Food and Nutrition Service, WIC supports low-income pregnant, postpartum, and breastfeeding women, along with infants and children under age five who are at nutritional risk. The program improves health outcomes by providing nutritious foods, nutrition education, breastfeeding support, and referrals to healthcare and social services.



Secretary Magstadt, Tia Kafka, Alberta Old Lodge, Rhonda Buntrock, and Wendy Spect at the launch of WIC Online Shopping in Mission.

In 2023, WIC transitioned to a case management model. In 2025, the program strengthened this approach by hiring WIC Public Health Assistants with lived WIC experience. This peer-to-peer support model enhances continuity of care, improves family engagement, and expands the program's ability to meet the diverse needs of households statewide. Using vital statistics data, WIC identified counties with the highest unmet need and expanded outreach through additional Wellness on Wheels vans. Accessibility improvements continued throughout the year, including multilingual outreach materials, enhanced retail options, and expanded digital tools to make participation more convenient and user-friendly.

### 2025 Highlights

- WIC served an average of **13,380 participants per month** in SFY25
- **55,928 participant encounters** were completed statewide
- **Online shopping** was launched at Buche Foods in Pine Ridge and Mission
- **Self-checkout options expanded** across many authorized stores
- A **two-way texting platform was introduced** to support appointment reminders, scheduling, and education
- WIC agencies received recognition for **outstanding breastfeeding promotion and support**
  - **Gold Award recipients** included Brown, Brule (Chamberlain Clinic), Buffalo (Fort Thompson Clinic), Day, Dewey, Gregory (Burke and Bonesteel), Hamlin (Hayti), Kingsbury (De Smet), Lyman (Lower Brule Clinic), Winner Regional, and Ziebach
  - **Premier Award recipients** included Brookings, Brule (Chamberlain Office), Butte (Belle Fourche), Codington (Watertown), Gregory (Burke and Bonesteel), Hughes, Lawrence (Spearfish), Meade (Sturgis), and Walworth (Mobridge)
- Developed and implemented the **WIC Case Management Playbook**, establishing a standardized framework to improve consistency, efficiency, and quality of care
- Developed the **South Dakota WIC Continuity of Operations Plan**, ensuring essential services continue during emergencies
- Led statewide planning and readiness for the **January 2026 USDA WIC food rule update**

Through innovation, partnerships, and data-informed decision-making, OFNS continues to improve nutrition security and strengthen the health of families across South Dakota.



## Home Visiting

The Office of Home Visiting oversees the Bright Start Nurse Home Visiting Program and supported implementation of the Families First program using the Parents as Teachers evidence-based model during the first half of 2025. Together, these efforts expanded supportive services for pregnant women, infants, young children, and caregivers statewide.

### BRIGHT START HOME VISITING

Bright Start works to improve pregnancy outcomes, strengthen child health and development, and support early childhood systems statewide. Bright Start uses the Nurse-Family Partnership evidence-based model and expanded its reach in 2025 through the Nurse-Family Partnership Extension (NFPx) initiative, which allows more mothers to enroll at any point during pregnancy.

During the fiscal year, **Bright Start served 716 mothers and 565 infants and toddlers, completing 7,381 nurse home visiting encounters.** Nearly all participating children received recommended care, with 93.3 percent of infants and toddlers completing their most recent well-child visit according to American Academy of Pediatrics guidelines. The program also implemented Data Management and Collaboration Network (DMCN), a home visiting-specific electronic health record system that replaced two previous documentation platforms and streamlined data entry, reporting, and information sharing.

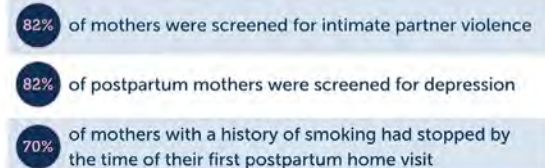
### PARENTS AS TEACHERS HOME VISITING

During the first five months of 2025, the Office of Home Visiting supported the Families First program, which delivered services using the Parents as Teachers evidence-based model. Implemented by the Black Hills Special Services Cooperative, the program served families in Butte, Fall River, Lawrence, and Pennington counties through a team of five home visitors.

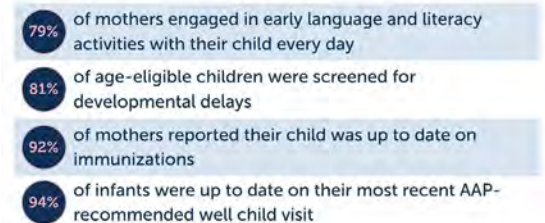
The program was scheduled to expand into the Sioux Falls area in Spring 2025. However, funding changes within the Office of Home Visiting resulted in the cessation of services in May. During its months of operation, Families First reached 49 households and provided meaningful support to families across western South Dakota. Although short-lived, the initiative demonstrated continued need for accessible, evidence-based home visiting programs statewide.



#### Maternal Outcomes:



#### Child Outcomes:



#### South Dakota Communities Served by Bright Start Visiting 2000-2025



#### Communities Served



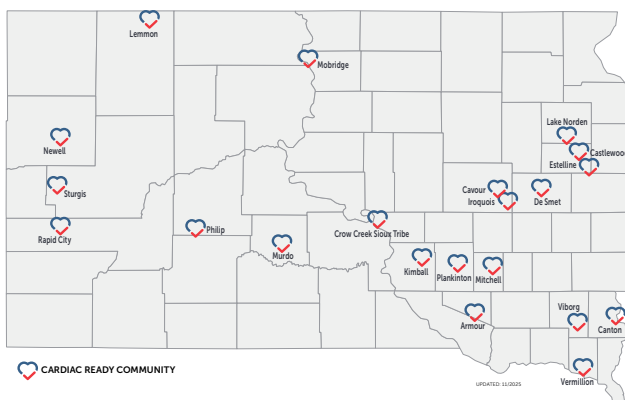
# Chronic Disease Prevention and Health Promotion

## HEALTHY BRAIN PROGRAM

In 2025, the Healthy Brain Program advanced statewide collaboration, public education, workforce training, caregiver support, and data-driven strategies aligned with the South Dakota Alzheimer's Disease and Related Dementias State Plan. On July 30, the Healthy Brain Coalition began formal implementation planning and established workgroups focused on four priority areas: strengthening state, community, and tribal partnerships; engaging and educating the public; building a diverse and skilled workforce; and equipping and empowering individuals and caregivers.

The fifth goal, using data to drive action and improve outcomes, continues to guide cross-agency data initiatives that inform program planning and long-term strategy. Workforce development expanded through promotion of Dementia Dialogues and other training opportunities funded by the South Dakota Department of Human Services. Public awareness efforts grew through a statewide media engagement initiative, resulting in development of a program name and logo. The campaign will move forward under the name Head Forward South Dakota.

## CARDIAC READY COMMUNITIES



The Cardiac Ready Community Program aims to improve community readiness for cardiac events and increase public awareness of cardiovascular disease prevention. The program evaluates communities, supports strategic planning, and assists with implementation of cardiac prevention and response

activities such as CPR training, AED accessibility, and community education.

As of November 2025, nine South Dakota communities achieved Cardiac Ready Community designation: Estelline, Plankinton, Iroquois, Newell, Mitchell, De Smet, Viborg, Vermillion, and Kimball. Twelve additional communities, along with four college campuses, are actively pursuing designation.

## DIABETES PROGRAM



The Diabetes Program made significant progress expanding access to prevention and disease management resources. The Community Pharmacy Enhanced Service Network piloted a diabetes medication review model that resulted in improved clinical outcomes, including a decrease in average A1C from 8.2 to 7.4 among participants.

A partnership between the Community Health Care Association of the Dakotas and Sanford Health is being developed to **deliver telehealth Diabetes Self-Management and Education Services to Federally Qualified Health Centers**. Collaboration with the Heart Disease and Stroke Program continued through the Undo the Risk campaign. The online risk assessment tool reached more than 14,000 users and generated nearly 21,000 page views.

# FAMILY & COMMUNITY HEALTH

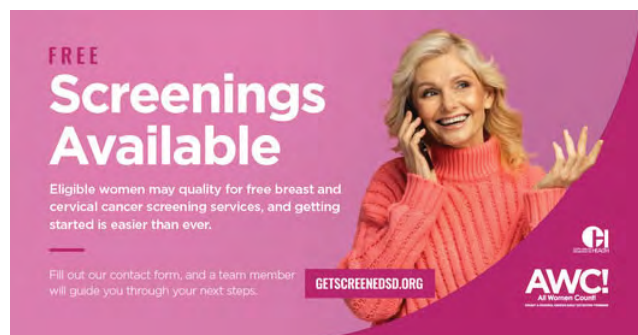
## COMPREHENSIVE CANCER CONTROL PROGRAM

The Comprehensive Cancer Control Program brings partners together to address every stage of the cancer journey. As of October 2025, the **2026 to 2030 Cancer Plan** is available on [cancersd.com](https://cancersd.com). Two data dashboards were updated and shared with coalition members, including the Interactive SD Cancer Plan and Data Dashboard and the HPV Vaccination Dashboard.

The program received supplemental CDC funding to support cancer caregivers. Through a partnership with Active Generations, a new statewide Cancer Caregiver Program launched in December 2025.

## SD BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM

The **All Women Count Program** provides breast and cervical cancer screening and diagnostic services to uninsured or underinsured South Dakota women ages 30 to 64 whose income is at or below 250 percent of the federal poverty level. In 2025, the program renewed provider agreements and secured a three-year partnership with more than 270 healthcare facilities statewide.



During the fiscal year, **more than 1,200 women received screening services**. Among participants, 36.6 percent identified as Hispanic, an increase from the prior year. Eleven women were diagnosed with invasive breast cancer and began treatment, several with support from the Medicaid Treatment Program. Follow-up was completed for 114 abnormal cervical cancer screening results, resulting in 32 diagnoses of precancerous lesions.

## COLORECTAL CANCER CONTROL PROGRAM

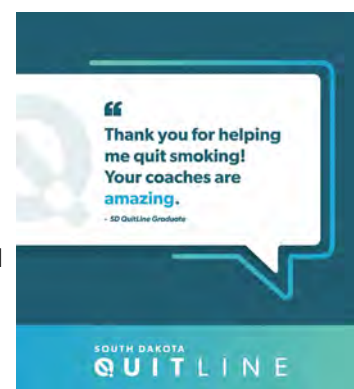


The Colorectal Cancer Control Program completed a five-year cooperative agreement with the Centers for Disease Control and Prevention focused on increasing colorectal cancer screening among adults ages 45 to 75. Between 2020 and 2025, the program partnered with five health systems representing 15 primary care clinics. Screening rates increased at 73 percent of participating clinics, with an average improvement of 11.3 percent.

In September, the program received new Centers for Disease Control and Prevention funding to continue expanding evidence-based interventions and promoting timely follow-up care. A colorectal cancer monograph was also developed to provide updated incidence, mortality, and survival data.

## SD QUITLINE

The South Dakota QuitLine continued providing comprehensive cessation services, including coaching and medication support, at no cost to residents ages 13 and older. **In FY25, the QuitLine received 5,216 calls, and 3,529 tobacco users enrolled in services.**



The **2QuitSD text-based cessation program** continued to expand, enrolling 911 participants from January 2024 through November 2025. Across all services, **South Dakota exceeded national quit rate benchmarks and remains a national leader in tobacco cessation innovation.**

## AN EVENING OF MUSIC, COMMUNITY, AND PREVENTION

The South Dakota Department of Health's Undo the Risk campaign, a collaboration between the Diabetes Program and the Heart Disease and Stroke Program, visited Sioux Falls on Friday, August 22, to sponsor a free concert featuring The Moore Brothers Band at Levitt at the Falls. It was a beautiful evening with great music, meaningful connections, and important conversations.

Communications Team members Tia Kafa, Rebecca Piroutek, and Morgan Leiferman, along with Diabetes Program Coordinator Michelle Haselhorst, attended the event with our partners from Insight Marketing, who helped coordinate the sponsorship. Secretary of Health Melissa Magstadt also attended. She received a warm welcome as she shared updates on the Undo the Risk program and provided information on chronic disease prevention and awareness. Following her remarks, concertgoers visited the Undo the Risk tent in large numbers.

Our DOH team members engaged with attendees, shared resources on preventing and managing chronic diseases like diabetes, heart disease, and stroke, and offered the Diabetes Risk Test. Participants who completed the test were entered into a giveaway from the Diabetes Program.

After the event, our partners at Insight Marketing reported an increase in web traffic to the Undo the Risk website and growth in views and followers on the campaign's Facebook page. The evening was a tremendous success.

Pictured above: Secretary Magstadt, Tia Kafa, Rebecca Piroutek, and Michelle Haselhorst.



## Injury, Violence, and Overdose Prevention

The Office of Injury, Violence, and Overdose Prevention advanced surveillance, prevention, and outreach efforts related to violent deaths, suicide, and overdose. Programs including the South Dakota Violent Death Reporting System and the State Unintentional Drug Overdose Reporting System strengthened data quality, reporting, and partner access.

Suicide prevention efforts included statewide coordination, targeted digital outreach, contracted partnerships, and expanded postvention services. Overdose prevention efforts focused on data-driven outreach, stigma reduction, provider education, community engagement, and partnerships with individuals with lived experience.





# LICENSURE & ACCREDITATION

The Division of Licensure and Accreditation plays a central role in protecting the health, safety, and trust of South Dakota communities. Across the state, patients and residents are supported by the work of the Licensure and Certification team, whose comprehensive inspections and regulatory oversight ensure that licensed and certified healthcare facilities meet required standards of quality and care. Public health is further protected by the Health Protection team, which regulates food services, lodging establishments, and campgrounds to prevent sanitation and safety risks in everyday environments.

Access to medical cannabis for patients with qualifying conditions is supported through a carefully regulated system managed by the Office of Medical Cannabis. Through patient and caregiver registrations, practitioner certifications, and the licensing and inspection of cannabis establishments, the office promotes responsible access, protects public safety, and preserves the integrity of South Dakota's medical cannabis program.

The Vital Records team safeguards documentation of life's most significant milestones, including birth, death, marriage, and divorce, by maintaining the accuracy, security, and accessibility of these essential records. Complementing this work, the Health Data and Reporting team collects and analyzes key health information to inform statewide public health planning. At the same time, the Infrastructure and Accreditation team advances organizational excellence by strengthening internal processes, pursuing public health accreditation, and championing continuous quality improvement across the DOH.

Together, these teams form a coordinated and dedicated effort that supports daily life, promotes well-being, and reinforces the systems that keep South Dakota communities strong, safe, and resilient.

## Licensure and Certification

The Office of Licensure and Certification (OLC) plays a vital role in ensuring the safety and well-being of patients and residents by licensing and **regulating more than 1,370 healthcare facilities** across South Dakota. The team ensures compliance with state and federal regulations through routine inspections, investigations, and ongoing oversight of healthcare facilities and providers.

This work requires a significant commitment from OLC staff, who travel statewide to complete surveys and assessments. Responsibilities often involve long hours, extended travel, and frequent overnight stays, reflecting the team's dedication to enforcing regulatory standards and supporting the delivery of safe, high-quality care.

Through these efforts, OLC reinforces public trust, strengthens system accountability, and helps maintain the integrity of South Dakota's healthcare environment.

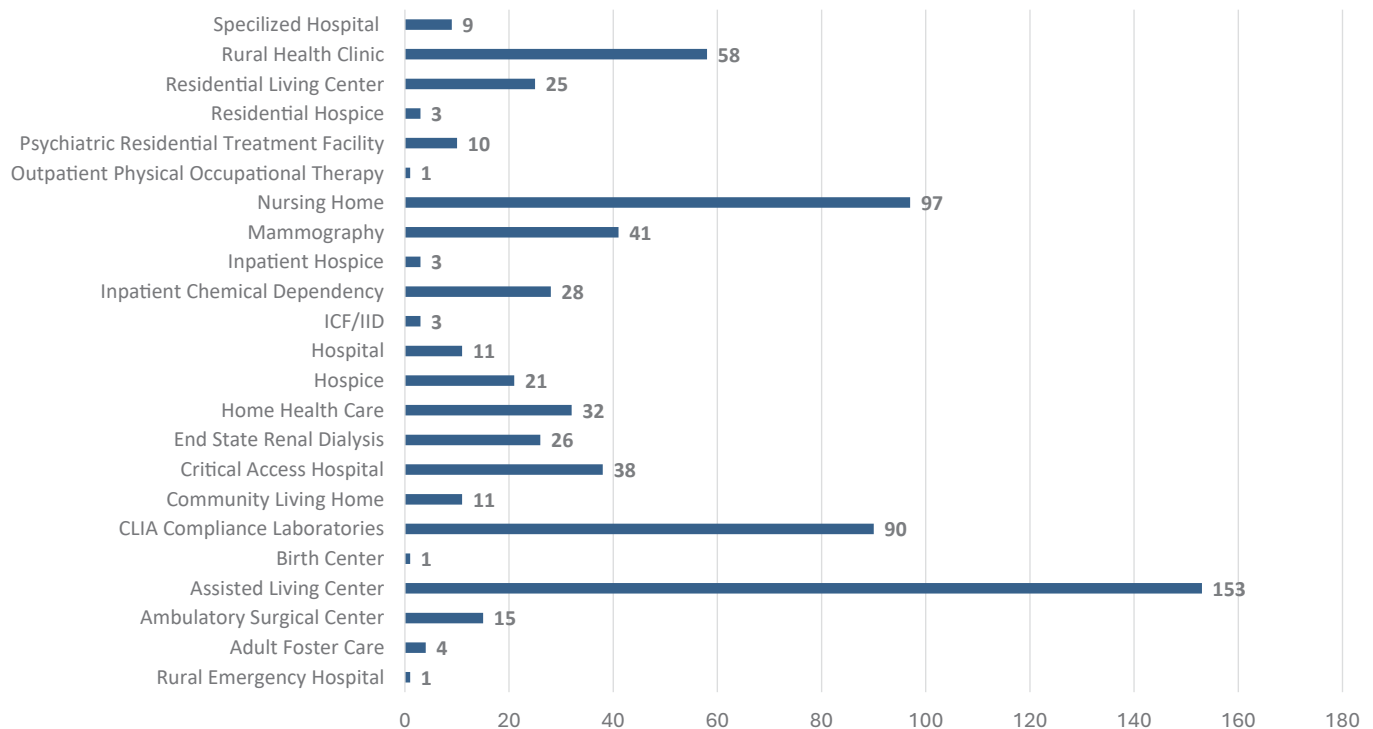


Several members of the Office of Licensure & Certification (OLC) proudly represented the DOH at the South Dakota Health Care Association (SDHCA) and South Dakota Association of Healthcare Organizations (SDAHO) fall conferences, held in Sioux Falls from September 23–26.



# LICENSURE & ACCREDITATION

## Regulated Providers



\*Excludes 689 radiology providers and CLIA-accredited, PPM, COW, and VA laboratories

Source: Office of Licensure and Certification

## ACCOMPLISHED WORKLOAD

Despite an increasingly demanding workload and limited resources, OLC demonstrated exceptional dedication and resilience throughout FY25. Staff completed **813 federal and state surveys**, reflecting the office's continued commitment to ensuring safe, high-quality care across South Dakota's licensed facilities.

OLC also responded to a substantial rise in complaints and facility-reported incidents. In FY25, the office investigated **542 individual reports through 278 onsite complaint surveys**. From FY21 to FY25, OLC experienced a **356 percent increase in complaint surveys**, highlighting the growing complexity of regulatory responsibilities and the sustained commitment of staff to protect residents.

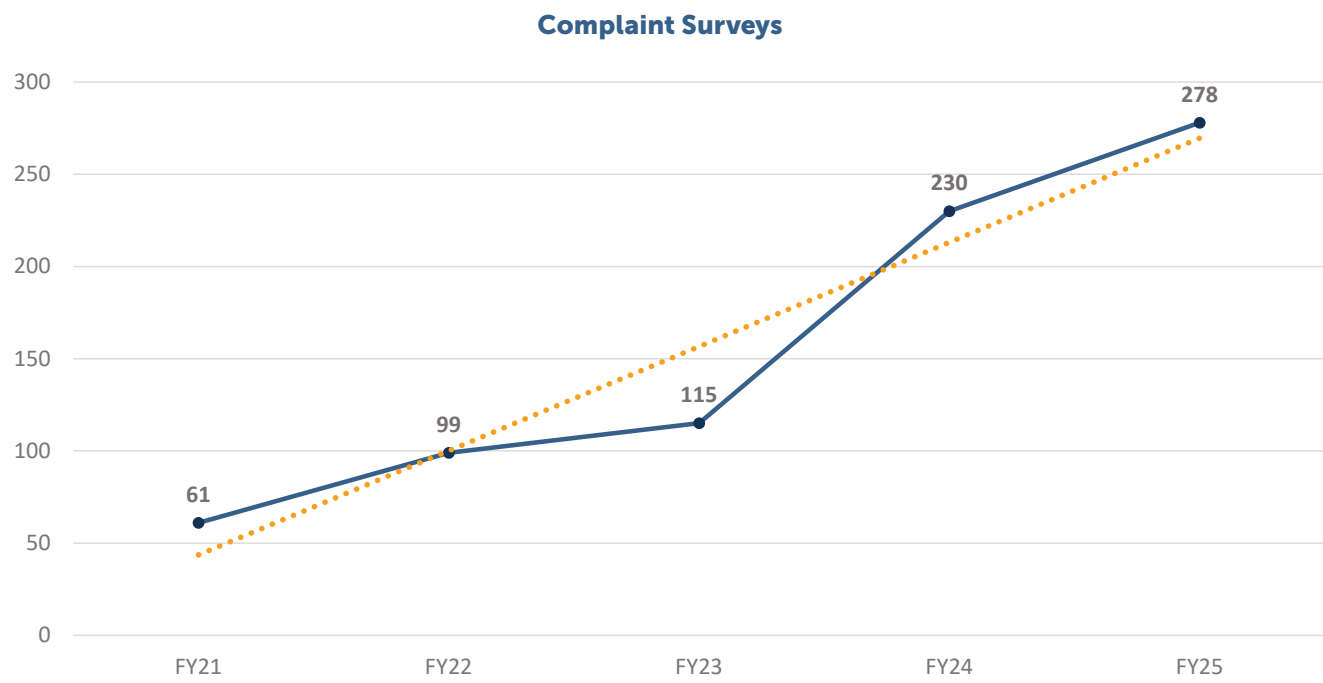
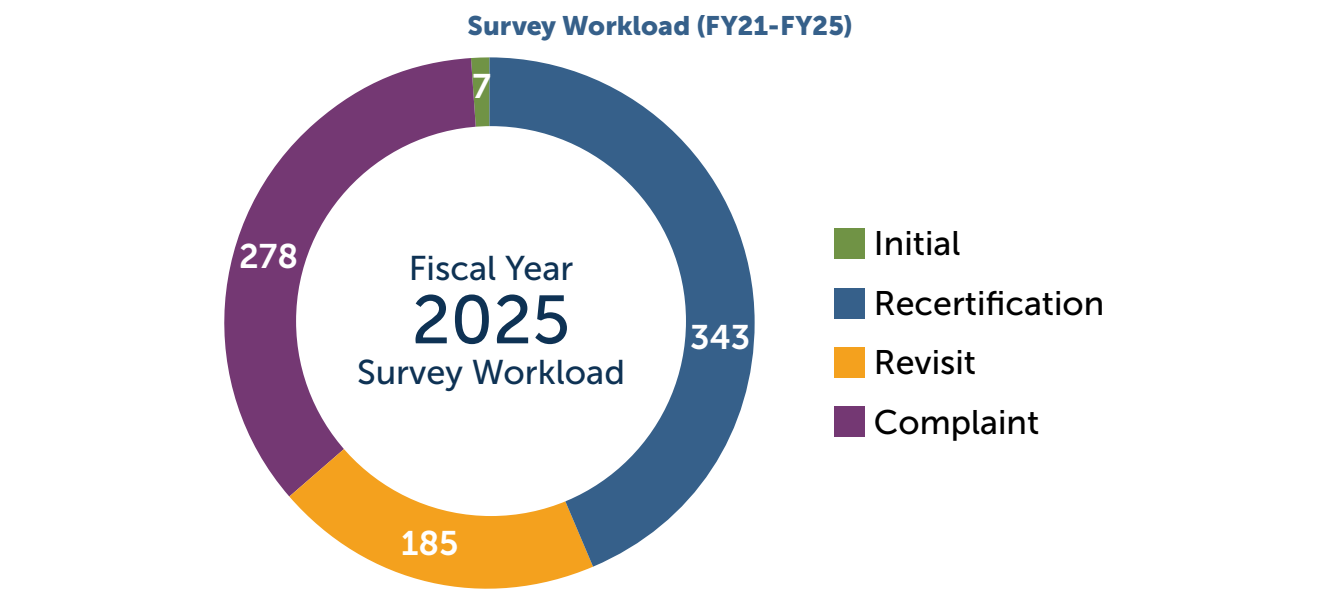
Regulating  
**1,370**  
Healthcare  
Facilities

**813**  
Federal  
& State  
Surveys

**356%**  
increase in  
complaint  
surveys



# LICENSURE & ACCREDITATION



Source: Office of Licensure and Certification

# LICENSURE & ACCREDITATION

## ADVANCING REGULATORY ALIGNMENT Key Administrative Rule Updates

In 2025, OLC implemented several important updates to administrative rules governing nursing facilities, assisted living centers, and hospitals. These revisions strengthened regulatory clarity by repealing provisions related to emergency supplies of controlled substances that duplicated existing Board of Pharmacy regulations, removing outdated definitions, updating statutory references and reporting timelines, and eliminating redundant language related to hospital charge reporting. Corrections were also made to requirements for reporting attempted suicides in healthcare facilities to the DOH. These updates took effect in October 2025.

The year also marked a significant transition for the Certified Nurse Aide (CNA) program as regulatory responsibility moved from the DOH to the Board of Nursing. To support this transition, the office collaborated with the Board to promulgate new rules under [ARSD 20:48](#), adopted on August 5, and effective September 8. Existing CNA rules under [ARSD 44:74](#) are scheduled for repeal in 2026, completing the transition and establishing a unified regulatory structure.

## PARTNERING WITH PROVIDERS Balancing Compliance and Education

Throughout the year, OLC remained committed to supporting providers through guidance, communication, and collaboration.

### Key efforts included:



- **Stakeholder Engagement:** Leadership from the office met routinely with provider associations, long-term care providers, and other key

stakeholders to discuss regulatory priorities, gather feedback, and strengthen partnership.

- **Presentations and Trainings:**

Delivered targeted presentations at professional conferences, stakeholder meetings, and facility-specific trainings to clarify regulatory requirements and promote informed compliance.



- **Listserv Communications:** Distributed email updates to licensed facilities and professionals, sharing rule changes, resources, and important announcements to keep providers informed and prepared.
- **Newsletter Contributions:** Published informative articles in statewide newsletters, addressing common compliance questions, highlighting regulatory updates, and offering practical resources.
- **Direct Support:** Maintained consistent availability by phone, email, and in-person, providing individualized guidance and clarification on licensure and certification requirements.

These efforts reflect OLC's dedication to transparency, accessibility, and partnership. Providers consistently expressed appreciation for the office's responsiveness and clarity, reinforcing OLC's role as a trusted regulatory resource.

# LICENSURE & ACCREDITATION

## STRENGTHENING SOUTH DAKOTA'S NURSING HOME WORKFORCE

In 2025, OLC participated in the **Centers for Medicare and Medicaid Services Nursing Home Staffing Campaign**. This initiative provides financial incentives for licensed practical nurses and registered nurses to support recruitment and retention in nursing homes.

South Dakota dedicated 1.86 million dollars, or 75 percent of unallocated Civil Money Penalty funds, exceeding the required match and positioning the state to receive nearly 1 million dollars in federal matching funds. These resources are expected to strengthen staffing, particularly in rural facilities. Once the Centers for Medicare & Medicaid Services (CMS) awards Financial Incentive Administrators, the Department will coordinate implementation.

## NAVIGATING CARE WITH CONFIDENCE Introducing Elder Care IQ

The OLC partnered with Elder Voice Advocates to develop the Elder Care IQ screening tool, a resource designed to enhance transparency and support individuals and families as they navigate long-term care options. Elder Care IQ serves as a trusted starting point for those seeking safe, high-quality care and is grounded in the principles of dignity, safety, and informed decision-making. This innovative tool, anticipated to release in early 2026, represents an important advancement in helping South Dakotans easily access reliable information and make confident decisions about compassionate, high-quality healthcare.



Elder Voice Advocates traveled to Pierre to meet with Secretary Melissa Magstadt (center) and Cassie Deffenbaugh (far right) to review progress on the Elder Care IQ tool. (See details above)



## Health Protection

The Office of Health Protection (OHP) safeguards public health by regulating food service establishments, lodging facilities, mobile vendors, and campgrounds through licensing and inspection programs. The office collaborates with the Department of Public Safety and the Sioux Falls Health Department to fulfill statutory responsibilities.

### SAFEGUARDING PUBLIC HEALTH

#### Key Activities

- Licensing & Inspections:** OHP licensed or registered nearly 6,450 establishments across South Dakota and conducted approximately 7,300 inspections.
 

Licensed or Registered nearly  
**6,450**  
Establishments
- Enforcement & Public Safety:** Inspections led to corrective actions that improved safety and compliance. A notable case involved a lodging facility, which was temporarily closed due to critical boiler and gas issues until safety standards were met.
 

Estimated  
**7,300**  
Inspections Conducted
- Event Oversight:** Throughout various fairs and food-focused events across the state, the Office of Health Protection (OHP) conducted food vendor inspections to help ensure the safety and quality of food served to the public. These efforts play a key role in protecting attendees from foodborne illness and contribute to a safe, healthy, and enjoyable experience for all participants.
- Complaint Response:** OHP responded to 222 consumer complaints, addressing concerns ranging from foodborne illness and sanitation to bed bugs and unlicensed short-term rentals. High-risk complaints, such as those involving illness or fire safety, were prioritized for investigation and corrective action.
 

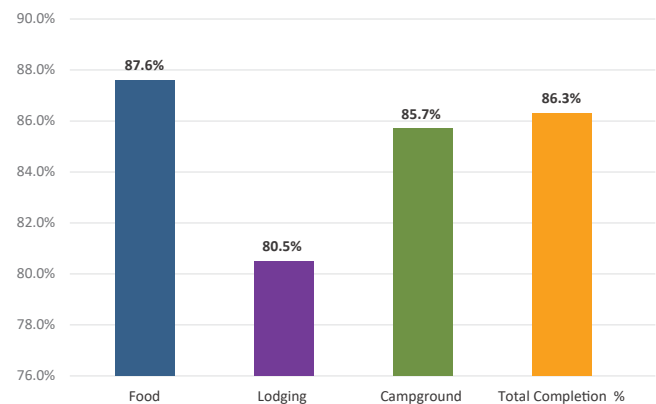
**222**  
Consumer Complaints

### PROGRAM METRICS & IMPACT

In FY25, OHP upheld its commitment to public health through extensive licensing, inspection, and

enforcement activities across the state. Despite staffing challenges, the office licensed nearly 6,450 establishments and conducted more than 7,000 inspections, maintaining consistent service delivery. OHP responded promptly to consumer complaints, prioritized high-risk situations, and ensured that food and lodging standards were met at major events such as the Sturgis Motorcycle Rally. Through collaboration, education, and enforcement, the Office of Health Protection continues to be a critical force in protecting the health and safety of both residents and visitors in South Dakota.

#### FY25 Inspection Completion Percentage



Source: Office of Health Protection

### PROTECTING HALF A MILLION AT THE STURGIS MOTORCYCLE RALLY

During the extended operational period of the Sturgis Motorcycle Rally, a team of only 15 inspectors from OHP, the Department of Public Safety, and Ellsworth Air Force Base achieved exceptional coverage for one of the state's largest events. Together, they completed more than **350 temporary food service inspections across 140 vendors** in and around Sturgis, helping safeguard food safety for more than **500,000 attendees**. Inspectors also performed **11 inspections of licensed mobile or permanent food service kitchens** and **30 campground inspections**. The scale and speed of this work demonstrated the dedication, efficiency, and professionalism required to protect public health during South Dakota's most complex annual event.

## Medical Cannabis

The South Dakota Medical Cannabis Program remains committed to ensuring patient safety and supporting responsible access to medical cannabis through the issuance of patient cards and the regulation of certified establishments. In FY25, the program completed its fourth year of operation and continued to advance through key enhancements that strengthened regulatory oversight and improved service delivery for patients, caregivers, healthcare practitioners, and industry partners.

### STRENGTHENING CONNECTIONS THROUGH NEW COMMUNICATION TOOLS

In FY25, the program introduced several quality assurance measures to enhance accuracy, consistency, and oversight. These improvements included new cross-checks for patient card approvals, establishment registrations, and inspection reports. Internal operations were further strengthened through the development of formal policies and procedures, along with the creation of streamlined workflows to support major program functions.

To meet the demands of a growing program and ensure continued high-quality service, the legislature approved three new positions. These additions included one inspector and two administrative staff members dedicated to supporting patient and establishment registrations. Together, these enhancements strengthened the program's capacity to manage its expanding responsibilities effectively.

### PROFESSIONAL GROWTH IN MEDICAL CANNABIS OVERSIGHT

The Office of Medical Cannabis (OMC) emphasized the importance of ongoing professional development and invested in strengthening the expertise of its inspection team. To support this



effort, the office joined the **Council on Licensure, Enforcement and Regulation (CLEAR)**, giving its two inspectors access to the National Certified Investigator and Inspector Training (NCIT) program.

This foundational program includes 10 core modules rooted in national best practices for professional regulation and public protection. The training is designed to enhance the competence, consistency, and confidence of inspectors by building essential investigative and enforcement skills tailored to regulated environments such as medical cannabis.

By completing NCIT requirements and the final examination, both inspectors earned CLEAR certification. Their participation ensures that OMC maintains a highly trained inspection team capable of upholding public health and safety, enforcing regulatory compliance, and preserving the integrity of South Dakota's medical cannabis program.

### STRENGTHENING PUBLIC SAFETY WITH LAW ENFORCEMENT



Medical Cannabis **Attorney Tamara Lee and Deputy Division Director Melissa Johnson** provided a presentation to the South Dakota Highway Patrol on the structure and regulatory framework of the state's medical cannabis program. Topics included patient card processing and design, establishment oversight, product types, transportation requirements, transport manifests, and potential legal considerations during law enforcement investigations.

# LICENSURE & ACCREDITATION

Highway Patrol officers engaged actively, asking thoughtful questions and participating in meaningful discussion. The presentation served as an important opportunity to strengthen collaboration, enhance understanding, and support a strong working relationship between the DOH and the South Dakota Highway Patrol.

## 2025 ADMINISTRATIVE RULES UPDATE

In 2025, the Office of Medical Cannabis advanced a **comprehensive rules package** designed to strengthen regulatory clarity, enhance program oversight, and ensure consistent interpretation across the medical cannabis industry. The proposed updates focused on refining definitions, clarifying regulatory language to support compliance and enforcement, and expanding requirements for fencing and gates to improve physical security at licensed establishments. The rules package also introduced a structured framework for administrative fines, as authorized under Senate Bill 43, providing an enforcement option that can be used in place of suspension or revocation when appropriate.

Senate Bill 43, enacted during the 2024 legislative session, created the statutory foundation for imposing fines on medical cannabis establishments. Over the subsequent year, the Office of Medical Cannabis conducted extensive research to develop workable administrative rules. This effort involved collecting industry feedback, reviewing enforcement practices from similar state programs, and considering the operational realities of South Dakota's medical cannabis landscape.

The resulting fine structure and related rule updates were developed through the formal administrative rules process. This process included public notice, an opportunity for public comment, and a public hearing, during which industry representatives provided testimony and recommendations. Their engagement ensured transparency and helped shape final rule language that supports regulatory intent while remaining practical for implementation.

In July 2025, the Legislative Interim Rules Review Committee reviewed and approved the DOH's

proposed rules package. The updated rules became effective on August 4, 2025, marking an important step in strengthening oversight and accountability within South Dakota's medical cannabis program.

The office remains committed to ensuring that administrative rules governing the program stay current, relevant, and responsive to the evolving needs of patients and the program. Since the program's inception, OMC has completed annual rule updates, reflecting a proactive approach to regulatory oversight. Efforts are currently underway for proposal of rules to be initiated in 2026 which included stakeholder engagement. These rules aim to address feedback to strengthen the integrity and effectiveness of South Dakota's medical cannabis framework.

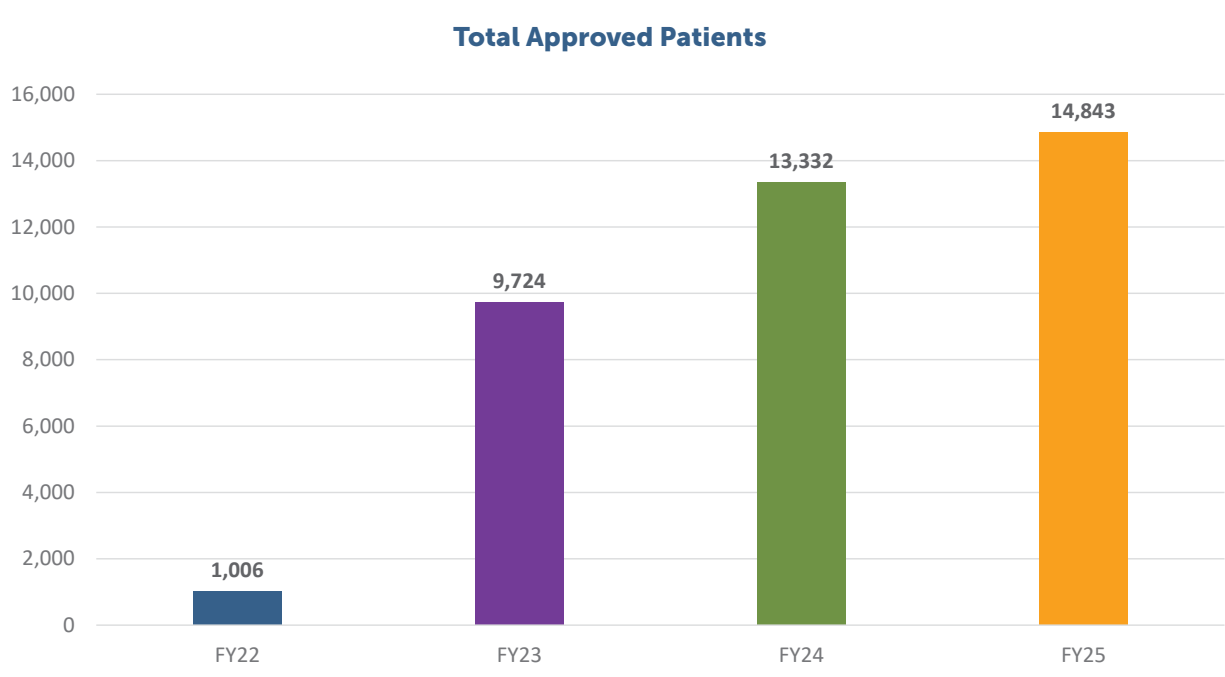


## SERVING SOUTH DAKOTA – PROGRAM METRICS & IMPACT

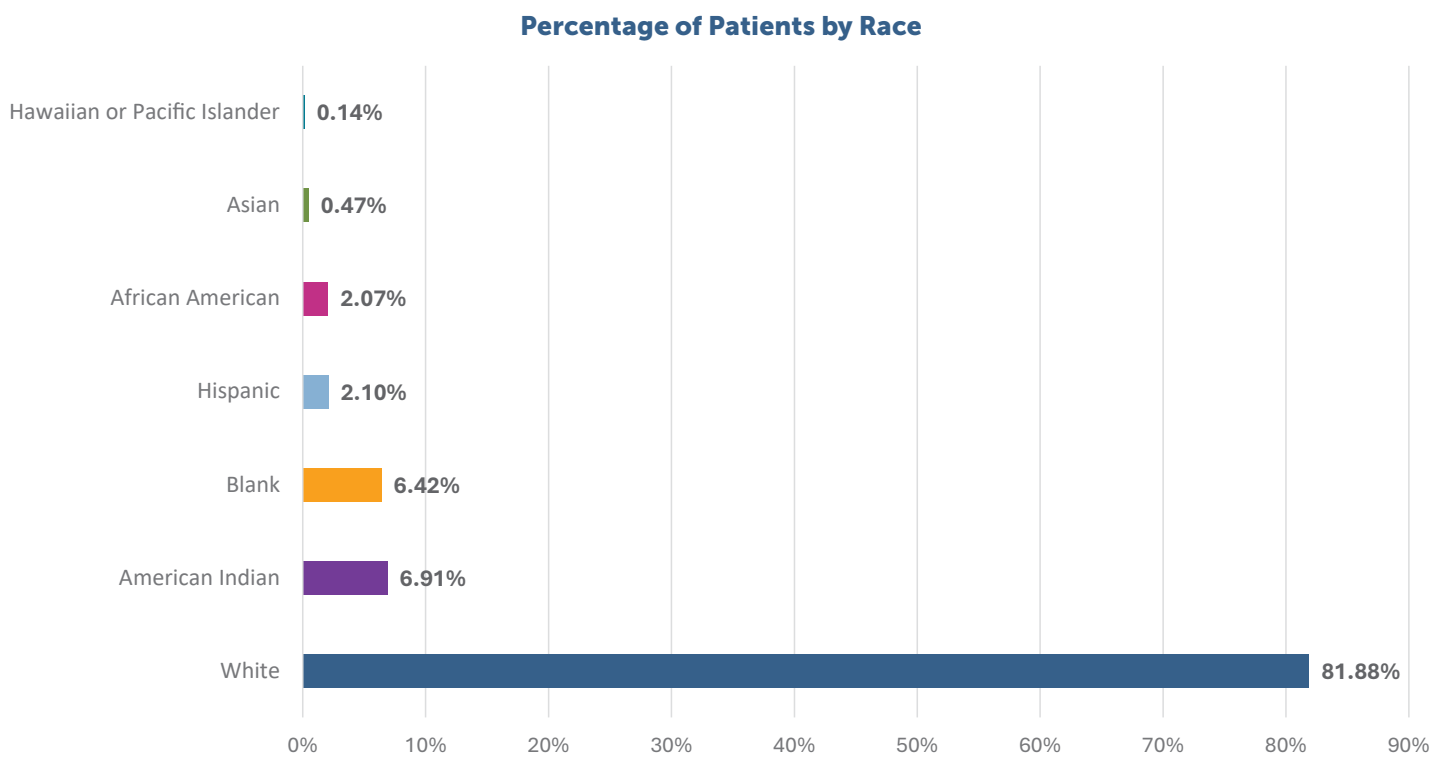
By the close of FY25, the South Dakota Medical Cannabis Program had surpassed **14,000 registered patients**. Among those enrolled, 81.88 percent identified as white, 51 percent were male, and 92 percent were not considered low income. Severe, debilitating pain remained the most common qualifying condition, accounting for 70.74 percent of registered patients seeking medical cannabis treatment.



# LICENSURE & ACCREDITATION



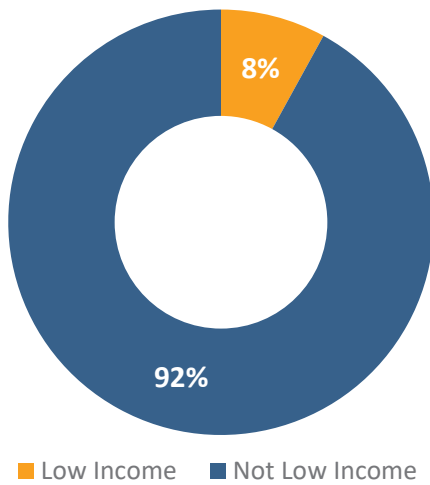
Source: Office of Medical Cannabis



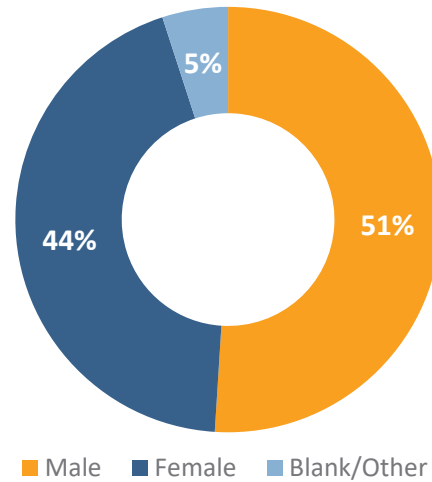
Source: Office of Medical Cannabis

# LICENSURE & ACCREDITATION

Patient Percent by Income

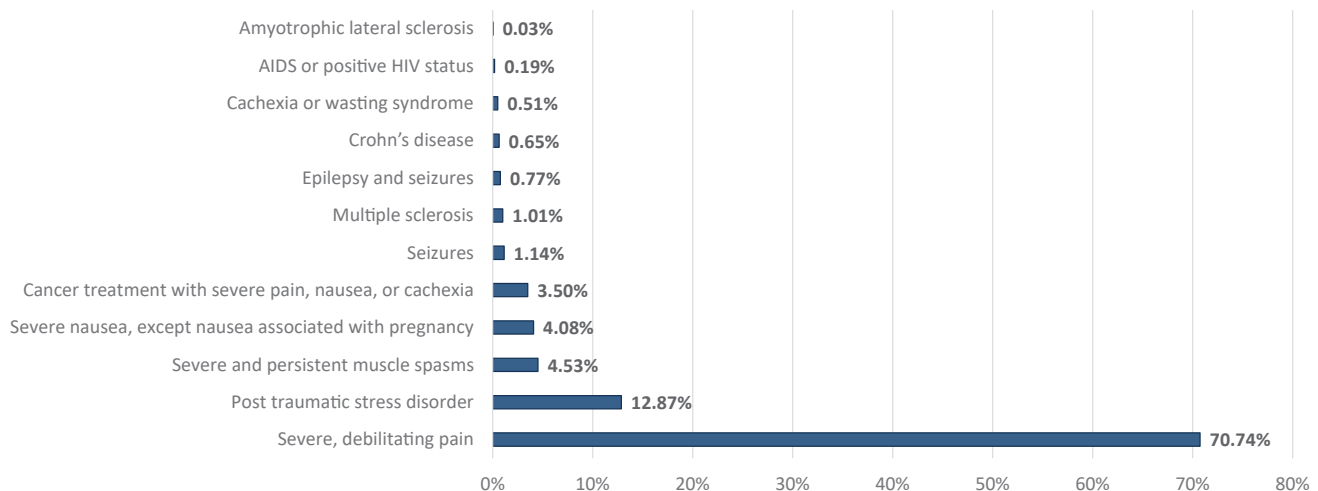


Patient Percent by Gender



Source: Office of Medical Cannabis

Medical Cannabis Conditions by Percentage

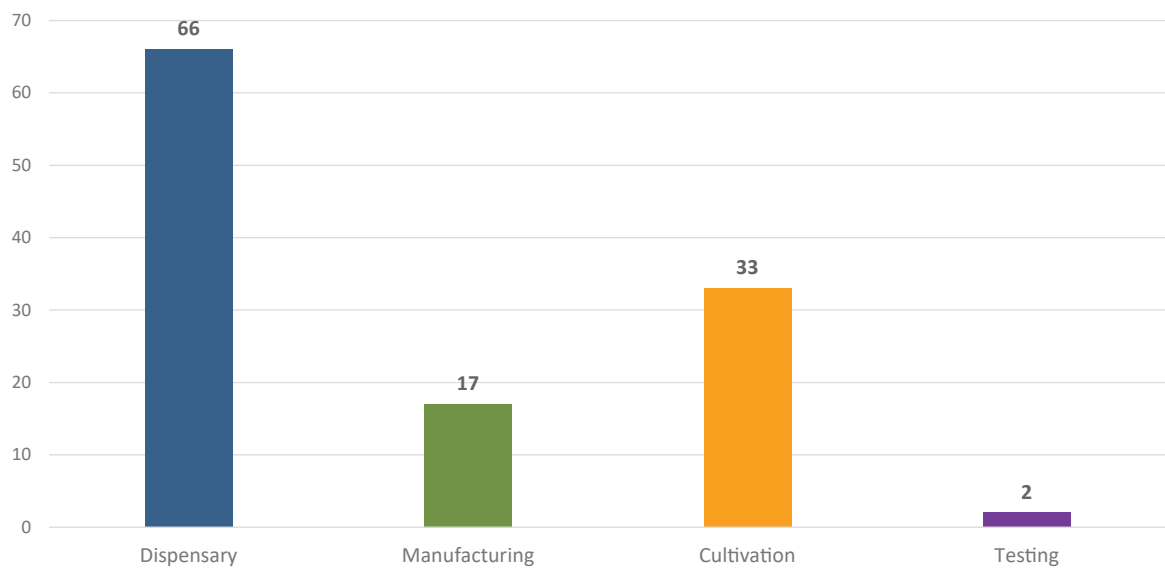


Source: Office of Medical Cannabis

In FY25, the medical cannabis program **approved 530 registered caregivers and 669 home cultivators**. By the end of the fiscal year, **145 practitioners were authorized** to certify patients, reflecting a decrease from previous years. This decline is primarily attributed to new system safeguards that require practitioners to enter their licensure expiration date upon login, a measure designed to strengthen program integrity. As more practitioners complete this step and regain system access, participation is expected to increase.

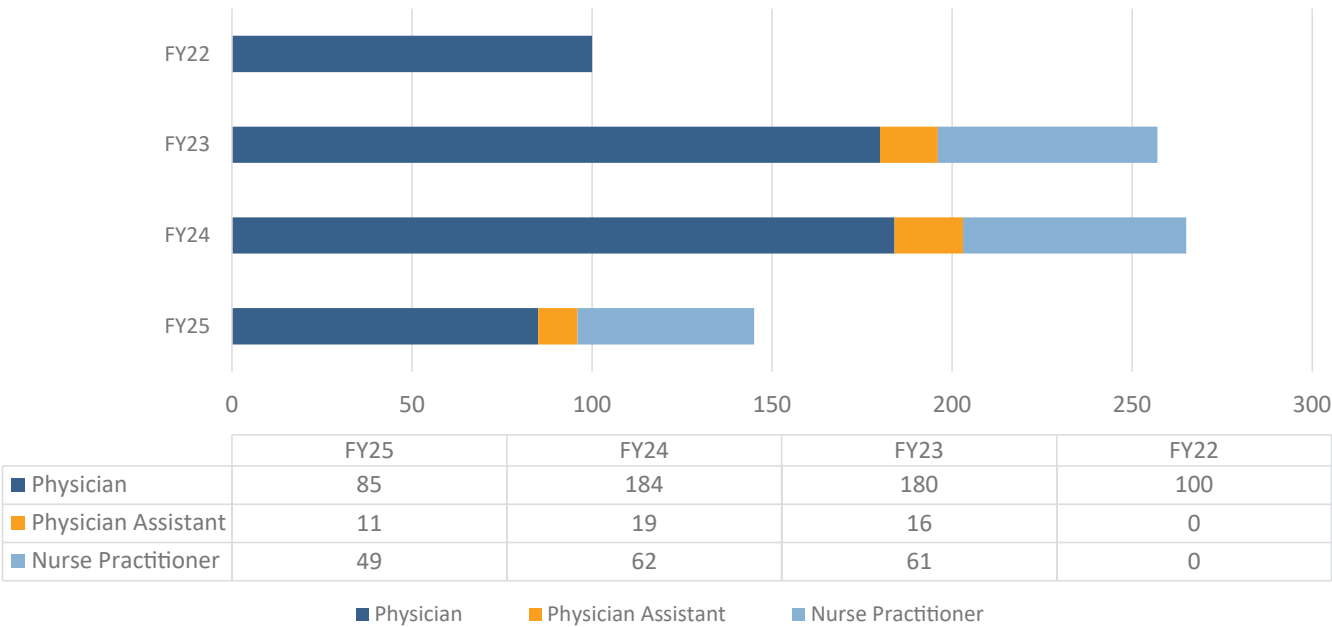
# LICENSURE & ACCREDITATION

Total Registered Establishments by Type



Source: Office of Medical Cannabis

Total Approved Practitioners



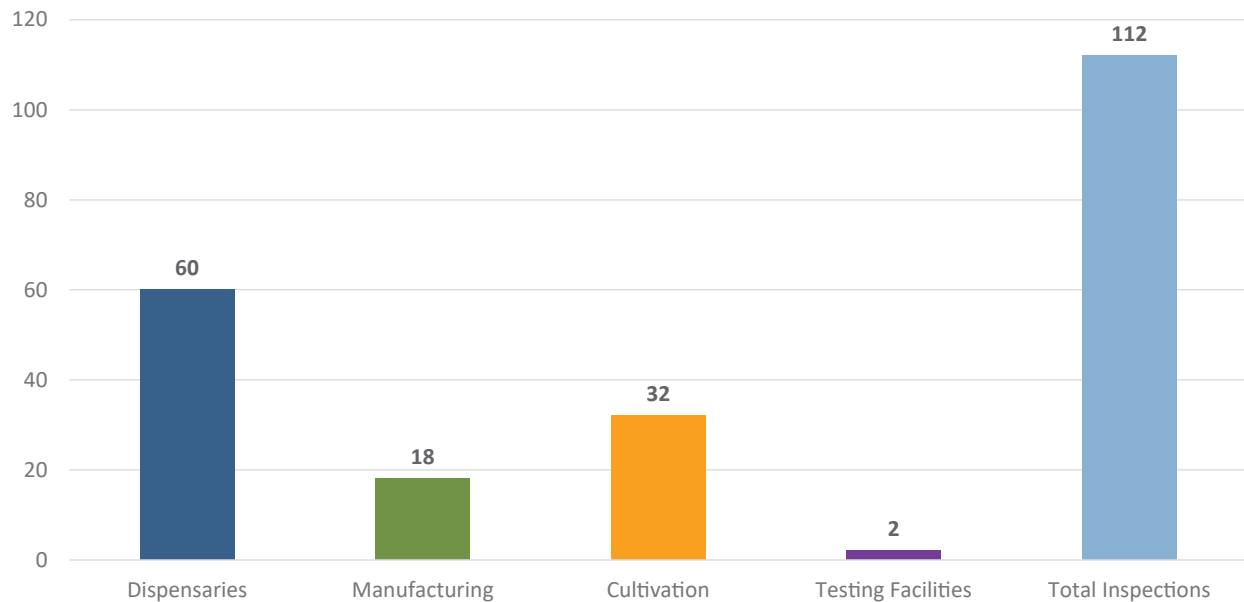
Source: Office of Medical Cannabis

The number of **licensed establishments decreased slightly from 124 in FY24 to 118 in FY25**. During this period, the medical cannabis program conducted **112 routine inspections**. With the addition of a second inspector, the program implemented a structured inspection schedule and is now well positioned to complete annual inspections for all licensed establishments.



# LICENSURE & ACCREDITATION

Number of Onsite Inspections Completed



Source: Office of Medical Cannabis

## FINANCIAL SUMMARY

Office of Medical Cannabis revenue and expenditure totals for FY25:

- Total Revenue: \$2,293,915
  - Cardholder Fee Revenue: \$1,358,680
  - Establishment Fee Revenue: \$935,235
- Total Expenditures: \$1,426,599



### Cannabis Regulators Association Annual Meeting

Medical Cannabis Program Administrator **Whitney Brunner**, Inspections Specialist **Krista Rounds**, and Inspector **Stephen Garvin** represented South Dakota at the Cannabis Regulators Association Annual Member Meeting held in December. The meeting brought together cannabis regulatory professionals from across the country to discuss emerging oversight issues, share regulatory best practices, and collaborate on complex policy challenges. Participation in these sessions provided valuable insights and strengthened connections with peer state programs, supporting ongoing efforts to enhance South Dakota's medical cannabis regulatory framework.

## Infrastructure & Accreditation

In June 2025, the former Office of Community Engagement transitioned to the Office of Infrastructure and Accreditation (OIA) to better align with evolving programmatic needs and organizational priorities. Housed within the Division of Licensure and Accreditation, OIA now leads department-wide support efforts including accreditation, strategic planning, workforce development, quality improvement, performance management, community engagement, population health, and tribal relations.

### PUBLIC HEALTH INFRASTRUCTURE

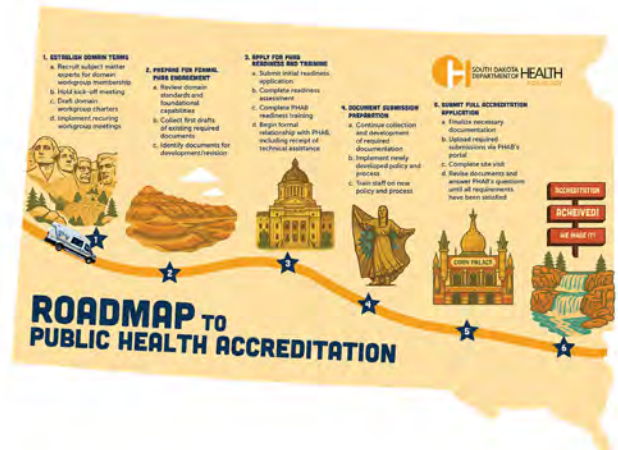
The DOH made significant progress in strengthening public health infrastructure through several major initiatives. The development of the **American Indian Health Data Dashboard** expanded access to timely, accurate, and culturally relevant health data for partners and communities. The implementation of a **new contract management system** streamlined administrative processes and improved efficiency and accountability across all DOH programs. Additionally, the launch of a **new birth module** within the South Dakota Electronic Vital Records and Screening Systems modernized vital records operations by improving accuracy and ensuring timely reporting of birth data.

Collectively, these advancements demonstrate the Department's commitment to innovation, collaboration, and long-term infrastructure strengthening. Each initiative reflects a strategic approach to using technology and data to support sustainable improvements in public health systems and outcomes across South Dakota.

### ACCREDITATION

The DOH renewed its efforts to achieve public health accreditation in November 2025. Accreditation provides a framework for building capacity in core public health areas and supports the Department's ability to carry out the [10 Essential Public Health Services](#) and the Foundational Capabilities. It also reinforces performance improvement efforts and helps the Department demonstrate transparency,

accountability, and quality to communities, policymakers, and partners.



A core team within the Division of Licensure and Accreditation is leading the project management and coordination needed to support the 10 domain teams working through accreditation requirements. DOH anticipates formally engaging with the [Public Health Accreditation Board](#) in Spring 2026 and plans to submit its full accreditation application in Spring 2027.

### POPULATION HEALTH WORKGROUP

The Population Health Workgroup, formerly the Cultural Competency Workgroup, consists of thirteen members who meet quarterly to identify educational opportunities for DOH staff related to population health, cultural understanding, and community partnership. The group works to increase awareness of the cultures and communities served by the Department, identify barriers to health, and promote approaches that honor cultural practices and lived experiences.

This past year, the Workgroup focused on brainstorming priority topics, populations of interest, and potential speakers who could provide meaningful leadership and insight for staff. The group is now actively working to secure a speaker for early 2026. The Workgroup's ongoing efforts aim to strengthen staff skills, enhance cultural responsiveness, and support effective engagement with diverse partners across the state.

## STATE HEALTH IMPROVEMENT PLAN (SHIP) & STATE HEALTH IMPROVEMENT COALITION (SHIC)

### Health Priorities



#### Access to Care

Improve healthcare access in all communities.



#### Behavioral & Mental Health

Improve behavioral health and mental health outcomes.



#### Care Quality

Elevate preventative health care.

**How can your community benefit?**

Oversight of the State Health Improvement Plan (SHIP) and the State Health Improvement Coalition (SHIC) previously rested with an external contractor. Following the loss of federal funding, these responsibilities transitioned to internal staff within the Division of Licensure and Accreditation. Over the past year, the Community Engagement Coordinator and the Management Analyst for the Youth Risk Behavior Survey, School Health Profiles, and Behavioral Risk Factor Surveillance System have worked together to maintain momentum and ensure continued progress toward SHIP and SHIC goals.

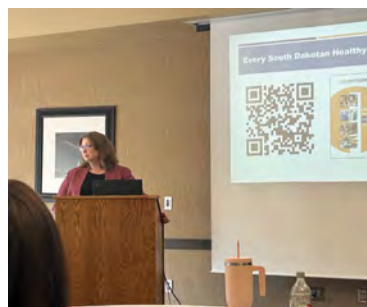
The SHIP identifies three priority health areas



that guide ongoing assessment of community needs, disparities, and high-risk populations. These priorities are addressed through dedicated workgroups focused on improving access to care across South Dakota communities, strengthening behavioral and mental health outcomes, and

elevating the quality of preventive healthcare. Each workgroup plays a key role in examining barriers and identifying effective strategies rooted in the findings of the State Health Assessment.

Workgroups are composed of staff from the DOH and the Department of Social Services, along with external partners from healthcare systems, community-based organizations, nonprofits, and other stakeholders. Together, they promote collaboration, support data-driven planning, and advance long-term resilience for communities across South Dakota.



Rachel Sehr, Office of Accreditation & Infrastructure

The SHIC convenes twice annually, bringing together diverse stakeholders and leaders from across the state to align health priorities, monitor workgroup progress, and evaluate outcomes. This

collaborative structure ensures that the SHIP remains a dynamic, data-informed roadmap for improving the health and well-being of all South Dakotans.

## TRAIN SD

Ongoing competency, skills, and awareness training is essential to maintaining a prepared and capable public health workforce. The DOH uses the TRAIN learning management system to coordinate, deliver, and track online learning for staff and partners. In 2025, the Department offered approximately 150 new courses through TRAIN SD, bringing the total number of DOH-developed courses to around 500. Beyond these offerings, staff also had access to more than 6,000 additional courses available through other TRAIN affiliates.

In 2025, DOH employees completed approximately 10,400 trainings through TRAIN SD, reflecting strong engagement and the Department's continued commitment to fostering a culture of continuous learning and professional development.



# Vital Records and Health Data & Reporting

The Office of Vital Records (OVR) is one of only five vital records jurisdictions nationwide to achieve accreditation and is responsible for registering, modifying, and issuing birth, death, fetal death, marriage, and divorce records for events occurring in South Dakota. OVR follows national standards for birth and death records established by the National Center for Health Statistics (NCHS). In addition, OVR ensures data quality and safeguards the integrity of vital event records, both for events within South Dakota and for South Dakota residents who experience vital events in other jurisdictions.

The Office of Health Statistics (OHS) collects and analyzes vital health data for use by the DOH and the public. Each year, the office publishes the Department’s Vital Statistics report, offering key insights into public health trends. In addition, the office partners with the Centers for Disease Control and Prevention (CDC) to administer the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS), supporting efforts to monitor and address health-related behaviors and outcomes statewide.

## REGISTRATION

In FY25, the Office of Vital Records registered and certified:

- 12,229 births
- 8,956 deaths
- 80 fetal deaths
- 5,920 marriages
- 2,082 divorces

OVR is responsible for the training and certification of data collectors that include Register of Deeds, birth facility information managers, funeral directors, medical certifiers and county coroners.

## STRENGTHENING PARTNERSHIPS THROUGH PROFESSIONAL ENGAGEMENT

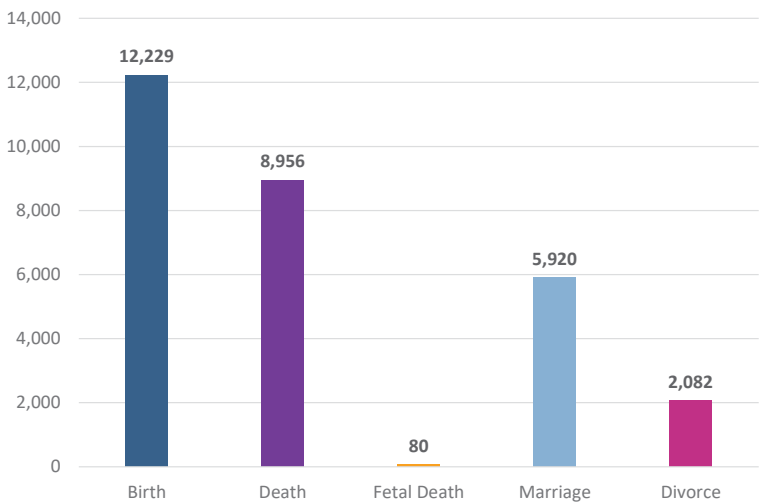


As part of its ongoing commitment to collaboration and engaging partners, the Office of Vital Records actively engaged with key stakeholders in the death reporting

process. **State Registrar, Shawna Flax**, presented at the Annual South Dakota Funeral Directors Association Conference. In addition to sharing important updates and guidance with funeral service professionals, Shawna engaged in productive and solutions-focused dialogue aimed at improving the accuracy and efficiency of death reporting statewide.

This engagement reflects the office’s dedication to building strong partnerships that support public health data integrity and responsive service delivery.

Vital Events Registered

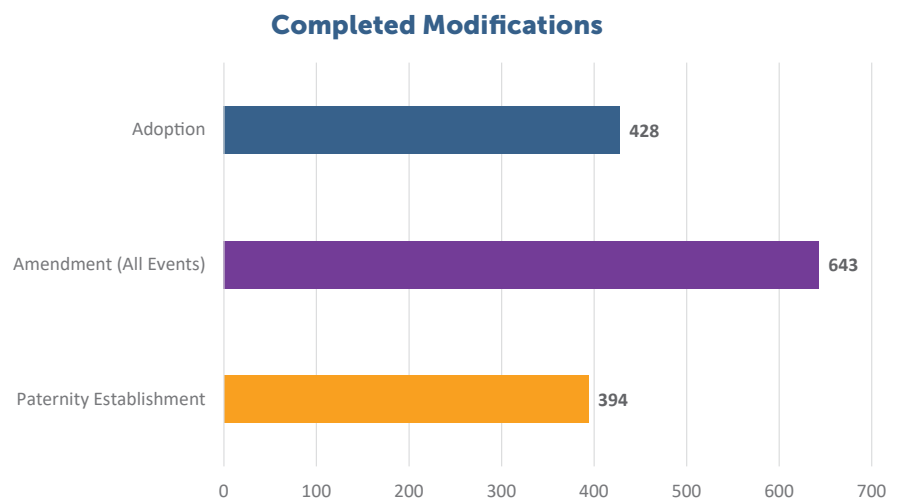


Source: Office of Vital Records

# LICENSURE & ACCREDITATION

## MODIFICATIONS

The Office of Vital Records (OVR) is responsible for completing legal modifications to all vital events. These modifications include paternity establishment through voluntary recognition or court orders, amendments to records via affidavits or court directives, and the processing of adoptions. OVR also manages the establishment of delayed or late-filed records, ensuring the accuracy and completeness of vital event documentation.



Source: Office of Vital Records

## VITAL RECORDS REGISTRATION AND ISSUANCE SYSTEM

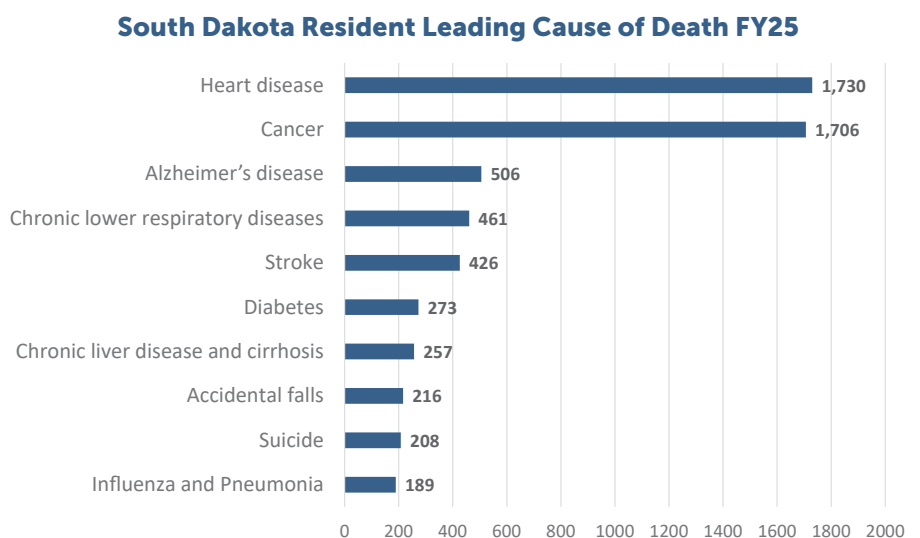
The Office of Vital Records is partnering with Gannett Peak Technologies to develop a new vital records registration and issuance system, scheduled to go live on July 1, 2026.

This modernized platform will streamline processes, improve efficiency, and enhance the accuracy of record keeping across South Dakota. A key feature of the system is its integration of Fast Healthcare Interoperability Resources (FHIR) capabilities, the national standard for secure health data exchange. In addition, the system will include a public-facing portal where individuals can access pre-registration worksheets for birth and marriage records, making it easier for families to prepare documentation in advance. Together, these improvements will ensure faster reporting, stronger identity protection, and improved service delivery for communities statewide.

## LEADING CAUSE OF DEATH

In FY25, the Office of Health Data and Reporting collected and analyzed 8,615 South Dakota resident deaths. This includes deaths registered by South Dakota OVR as well as any death record of a South Dakota resident registered in another state and reported to South Dakota.

The leading causes of South Dakota residents are shown on the right:

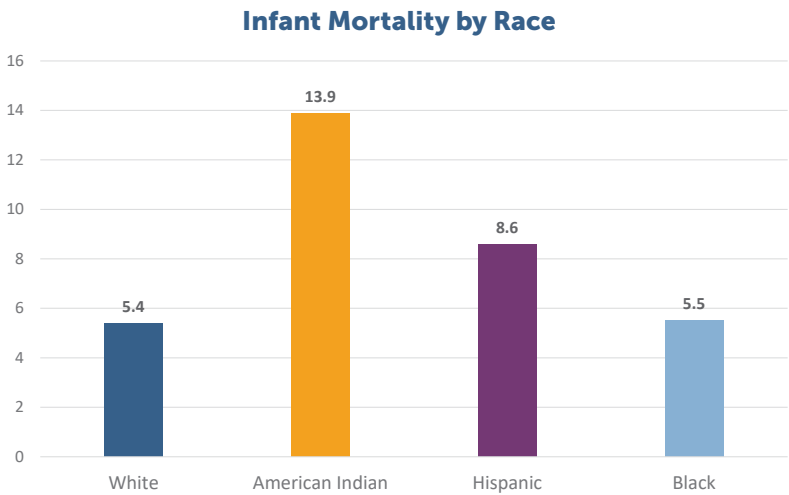


Source: South Dakota Department of Health

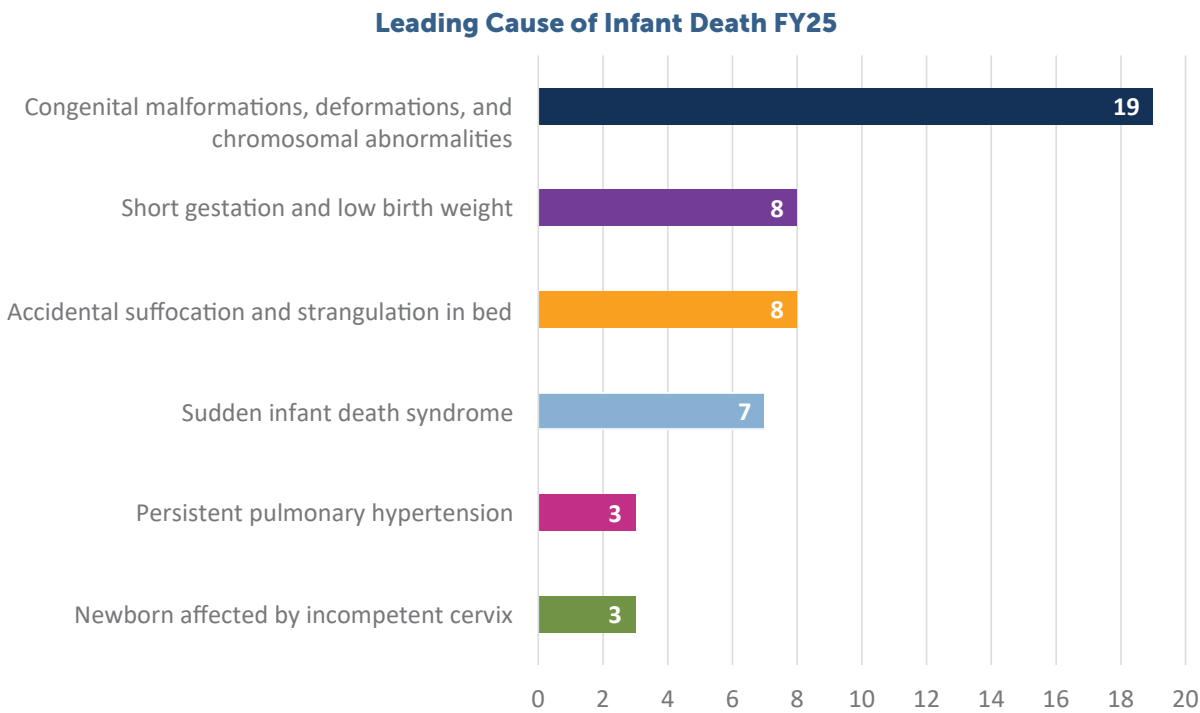
# LICENSURE & ACCREDITATION

## INFANT MORTALITY

In FY25, South Dakota infant deaths reported for an **infant mortality rate of 6.8 per 1,000 live births**, reflecting a slight improvement compared to 7.1 in FY24.



Race is assigned based on standards set forth by the National Center for Health Statistics and the US Census Bureau for South Dakota’s race data to be comparable to other areas. The remaining race categories (Asian, non-Hispanic and Pacific Islander, non-Hispanic) are included in the totals but are not necessarily shown specifically in any tables.



Source: South Dakota Department of Health

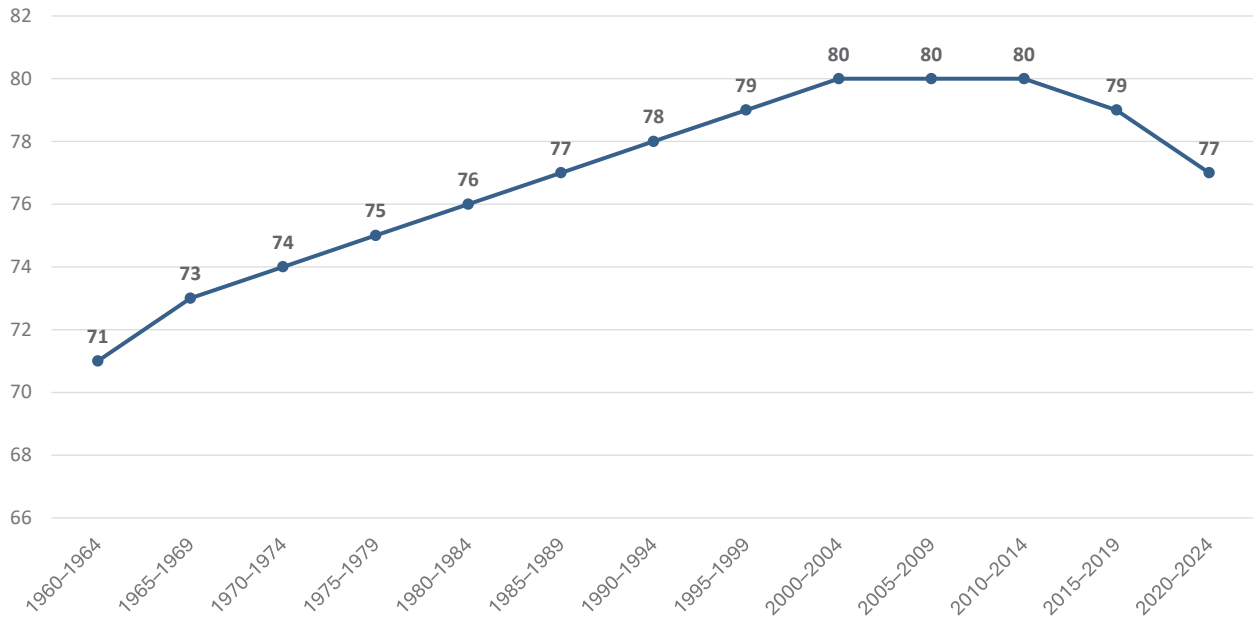


# LICENSURE & ACCREDITATION

## MEDIAN AGE OF DEATH

The median age of death among South Dakota residents increased steadily from 71 years in the early 1960s to a peak of 80 years between 2000 and 2014. However, the most recent data from 2020–2024 shows a decline to 77 years.

**South Dakota Resident Median Age of Death in Years, 1960-2024**

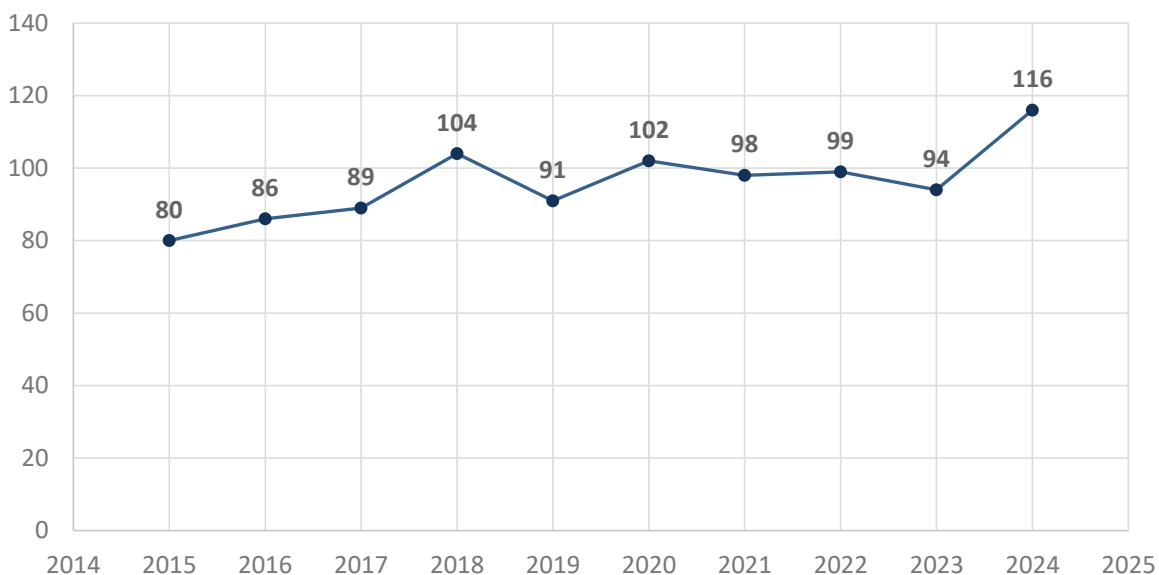


Source: South Dakota Department of Health

## PARKINSON'S DISEASE DEATHS

An increase in Parkinson's Disease deaths was noted in 2024.

**Parkinson's Disease Deaths**



Source: South Dakota Department of Health

# LICENSURE & ACCREDITATION

Among South Dakota residents who died from Parkinson’s Disease, several chronic comorbidities were more common compared to other natural deaths:

- Dementia 26%
- Heart Disease 23%
- Lewy Body Dementia 4%

In addition, short-term comorbidities frequently observed at the end of life include:

- Aspiration Pneumonia 9%
- Dysphagia 7%
- Failure to Thrive 6%
- Malnutrition 6%
- Choking on non-food objects 4%
- Urinary Tract Infection 3%
- Food and Fluid Intake Issues 3%

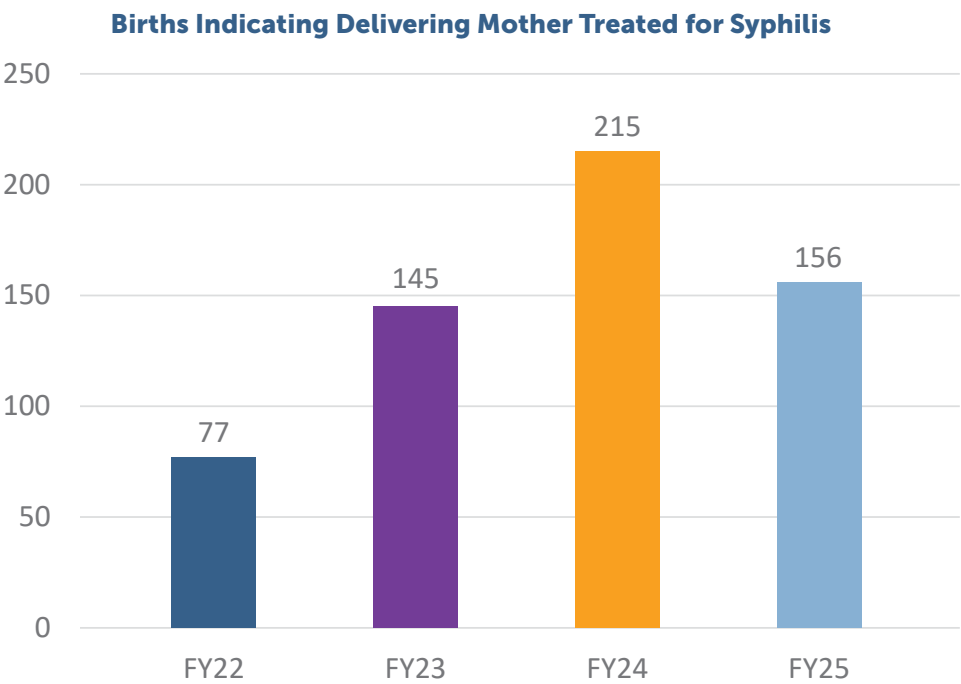
## SYPHILIS

The Centers for Disease Control and Prevention (CDC) released findings in February 2024 showing that the rate of syphilis in mothers giving birth increased from 87.2 to 324.6 per 100,000 births between 2016 and 2023. Pregnant women infected

with syphilis can transmit the infection through the placenta to the fetus or at birth to the neonate.

The Offices of Vital Records and Health Data and Reporting continue to actively monitor the number of mothers delivering with syphilis, as well as any infant deaths where syphilis infection has been a contributing factor. This ongoing surveillance is critical for identifying trends and informing targeted public health interventions aimed at reducing the impact of syphilis on maternal and infant health.

Prior to registration, verification of a positive syphilis infection is completed in collaboration with the birthing facility or midwife registering the birth. In addition to this initial verification, the Office of Health Data and Reporting conducts weekly queries to identify birth records indicating that the delivering mother was treated for syphilis during pregnancy. When such cases are flagged, the Office of Vital Records follows up with the birthing facility and medical records to confirm the presence of a positive syphilis diagnosis. This thorough verification process ensures that accurate and reliable data is reported, supporting effective public health monitoring and response.



Source: South Dakota Department of Health

# LICENSURE & ACCREDITATION

## BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

The Behavior Risk Factor Surveillance Survey (BRFSS) is an annual telephone survey administered by the DOH in partnership with the Centers for Disease Control and Prevention (CDC). The survey collects data on the general health and health risks of South Dakota residents, tracking the prevalence of health behaviors and chronic conditions over time.

Administered to households with adults aged 18 years and older, all responses are strictly confidential. Individual answers are aggregated to ensure privacy while providing valuable insights for public health analysis and reporting.

As of October 2025, a total of **2,163 surveys were completed**, generating important information on health behaviors, chronic conditions, and risk factors that shape the health of South Dakota's populations and communities.

## YOUTH RISK BEHAVIOR SURVEY (YRBS)

The Youth Risk Behavior Survey (YRBS) provides students with an anonymous and voluntary opportunity to share their experiences and perspectives.

Conducted every two years, the survey relies on randomly selected districts, schools, and students to ensure results are representative at both the state and national levels. Participation from selected schools is essential to capturing accurate insights into youth health and behavior. These findings help parents, educators, and policymakers identify challenges and provide targeted support.

The next iteration of the YRBS is currently underway with the start of the 2025 fall semester.

### 2025 Leadership Conference

Several Department of Health staff attended the **2025 Leadership Conference hosted by the Bureau of Human Resources** on September 4 at the Ramkota Hotel and Convention Center in Pierre. The conference featured keynote presentations from nationally recognized speakers Joe Mull and Laurie Guest.

Sessions focused on building strong workplace cultures, fostering employee engagement, strengthening coaching and feedback skills, and enhancing customer service through civility and support. Participants returned with practical tools and strategies to apply within their teams, reinforcing the department's commitment to effective leadership, professional development, and a supportive work environment.



## Legal Services

In addition to delivering a broad range of legal support to the DOH throughout the year, the DOH legal team engaged with communities across South Dakota. The team delivered informative and age-appropriate presentations to students ranging from kindergarten through college, helping foster early awareness of public health law, civic responsibility, and the role of legal professionals in supporting community well-being.



### **Buchanan Elementary School in Pierre:**

DOH attorney, Howard Pallotta presented a kindergarten class in honor of Law Day. During the visit, Howard introduced students to the basics of laws and the Constitution, helping them understand the importance of rules and fairness in everyday life.

### **Washington High School:**

In celebration of Constitution Day, Howard Pallotta and Tamara Lee visited Washington High School in Sioux Falls to talk about the U.S. Constitution. Tamara presented on the 4th Amendment while Howard focused on the 1st Amendment. Tamara and Howard used real court cases and involved students to help make the material engaging and relevant.



### **Knudson School of Law:**

DOH attorney, Tamara Lee, represented the DOH at the Knudson School of Law in Vermillion, where she helped lead an interactive presentation on administrative law. The session served as a positive learning opportunity and helped strengthen awareness of how administrative law impacts communities across South Dakota.





## Mission, Vision, and Guiding Principles Embodied in New Three-Year Strategic Plan

Every three years, the Department of Health (DOH) completes a strategic plan. This year, DOH staff took the opportunity to review foundational statements and refine the guiding principles to ensure alignment, relevance, and clarity throughout the development of the 2025-2027 Strategic Plan. As part of the development process, a team of 25 staff members worked closely with a contractor to complete an environmental scan, which consisted of a data and literature review, focus groups, and the gathering of external stakeholder feedback. Additionally, the team completed an internal stakeholder analysis, including a launch meeting, SOAR (strengths, opportunities, aspirations, results) assessment, rating of internal and external factors, SOAR and factor ranking, and an in-person strategic planning meeting. Results identified four external priority areas and four internal priority areas, which were developed into the current plan.

## External Priority Areas & Aims

### COMMUNITY ENGAGEMENT & EMPOWERMENT

#### Aim: Connect people and resources for greater impact

- 1. Create engagement opportunities to assess and monitor community health needs.**
  - 1.1 Engage a diverse group of stakeholders in the completion of at least three health assessments by 12/01/2027.
  - 1.2 Participate in at least 20 external community engagement and outreach collaborations each year from 12/01/2025 through 12/01/2027.
- 2. Develop community health champions to influence health systems and policy.**
  - 2.1 Establish a health partner list to determine an engagement baseline by 12/01/2025.
  - 2.2 Provide at least three training opportunities to support the DOH initiatives by 12/01/2027.
  - 2.3 Provide at least four stakeholder groups with priority health education and health policy information at least quarterly from 01/01/2025 through 12/01/2027.
- 3. Improve health program utilization through increased awareness and partnership development.**
  - 3.1 Increase the number of program partners by 15 percent from 01/01/2025 to 12/01/2027.
  - 3.2 Increase program utilization by 10 percent from 01/01/2025 to 12/01/2027.
  - 3.3 Implement at least five health awareness campaigns to emphasize key health priorities in high-risk and health disparity populations by 12/01/2027.
- 4. Promote South Dakota Public Health Laboratory (SDPHL) system development through enhanced communication and partnership building.**
  - 4.1 Develop and implement a Laboratory System Improvement Plan by 12/01/2027.
  - 4.2 Engage at least five strategic State SDPHL partners by 12/01/2027.
- 5. Establish inter-agency and health partner networks to promote responsible data sharing systems.**
  - 5.1 Increase data access with at least seven key partners by 12/01/2027.
  - 5.2 Assess infectious disease data needs to inform local and tribal public health activities at least annually from 01/01/2025 through 12/01/2027.

## External Priority Areas & Aims *(continued)*

### HEALTH OUTCOMES

#### **Aim: Decrease preventable mortality and health disparity**

- 1. Improve early detection through routine screenings and early interventions (SHIP Care Quality Goal 01)**
  - 1.1 Increase health screening and/or referral in at least four programs by 12/01/2027.
  - 1.2 Coordinate at least two improvement initiatives focused on health screening and/or referral by 12/01/2027.
- 2. Increase healthy behaviors (SHIP Care Quality Goal 2)**
  - 2.1 Improve at least four maternal and child health interventions by 12/01/2027.
  - 2.2 Coordinate at least two improvement initiatives to increase utilization of designated healthy behavior programs and services by 12/01/2027.
  - 2.3 Develop stroke patient care guidelines for emergency medical services in collaboration with Mission Lifeline: Stroke by 12/01/2027.
- 3. Address social drivers of health in high-risk populations**
  - 3.1 Reduce at least two priority health disparities by 12/01/2027.
  - 3.2 Implement at least five engagement initiatives to reduce the impact of social drivers in high-risk populations by 12/01/2027.
  - 3.3 Increase the effectiveness of program outreach campaigns among high-risk populations by at least 10 percent by 12/01/2027.

- 4. Improve the collection, utilization, and sharing of health data statewide (SHIP Access to Care Goal 5)**

- 4.1 Implement at least three data collection methods to identify health risk factors by 12/01/2027.
- 4.2 Utilize health data to expand, improve, or secure at least one DOH program or service by 12/01/2027.
- 4.3 Share health data from at least four programs or services with health improvement partners by 12/01/2027.

### HEALTH CARE WORKFORCE

#### **Aim: Strengthen healthcare workforce capacity**

- 1. Improve care coordination by integrating health care support staff in communities and health care organizations.**
  - 1.1 Utilize data to identify at least three health care support integration priorities by 12/01/2027.
  - 1.2 Increase the number of emergency medical services personnel in South Dakota by six percent by 12/01/2027.
- 2. Enhance health care career pipelines through education and incentive programs**
  - 2.1 Increase the number of partners engaged in healthcare career camps from 24 to 30 by 12/01/2027.
  - 2.2 Implement three recommendations from the Rural Health Strategic Analysis from 01/01/2025 through 12/01/2025.

## Internal Priority Areas & Aims

### DATA AND TECHNOLOGY

#### Aim: Optimize technology infrastructure

##### 1. Establish a data modernization framework

- 1.1 Implement an Information Technology Roadmap from 01/01/2025 through 12/01/2027.
- 1.2 Develop a data governance policy for inclusion in the administrative policies and procedures manual by 12/01/2027.

##### 2. Enhance integrated systems to increase access to cross-division data

- 2.1 Coordinate at least three data and use reviews by 12/01/2027.
- 2.2 Integrate data resources for at least four DOH programs by 12/1/2027.

##### 3. Elevate dashboard development and user-friendly interfaces to increase utilization

- 3.1 Evaluate and implement online interfaces and platforms to streamline processes for at least three systems throughout the department by 12/01/2027.
- 3.2 Develop and launch at least six data reports or dashboards for public utilization by 12/01/2027.

### EVALUATION AND QUALITY IMPROVEMENT

#### Aim: Demonstrate program and service value

##### 1. Achieve Public Health Accreditation

- 1.1 Complete the required Public Health Accreditation Board application documents by 12/01/2025.
- 1.2 Conduct at least one quality improvement initiative per division to measure and enhance an existing program or service by 12/01/2027.
- 1.3 Implement quality/satisfaction processes in at least three divisions to collect feedback and identify areas for improvement by 12/01/2027.

##### 2. Develop leadership capacity for quality improvement and performance management.

- 2.1 Provide at least three staff development learning opportunities by 12/01/2027.

### FISCAL MANAGEMENT AND SUSTAINABILITY

#### Aim: Elevate proactive stewardship

##### 1. Enhance contract and proposal management systems

- 1.1 Implement at least five fiscal management enhancements by 12/01/2027.

##### 2. Develop a program and service value system

- 2.1 Develop a financial sustainability plan for at least three programs by 12/01/2027.

### DOH WORKFORCE

#### Aim: Enhance the DOH workforce

##### 1. Implement a department-wide workforce development plan

- 1.1 Increase the 0–5-year retention rate of DOH employees from 48 percent to 55 percent by 12/01/2027.

##### 2. Establish public health core competencies and training pathways

- 2.1 Provide at least four internal training opportunities to increase core competency and program expertise by 12/01/2027.

##### 3. Enhance DOH career pipelines through education and incentive programs

- 3.1 Increase job applications by 10 percent from 01/01/2025 through 12/01/2027.
- 3.2 Collaborate with at least six academic institutions on public health workforce development initiatives by 12/01/2027.

## VISION

Every South Dakotan  
Healthy and Strong

## MISSION

Working together to  
promote, protect, and  
improve health

