



**South Dakota Health Improvement Coalition (SHIC)
Red Rossa Highland Ballroom – Pierre, SD
August 26, 2022
10:00am-3:00pm CT**

Organizations Present: SD Department of Veterans Affairs, Lutheran Social Services, WIC Breastfeeding Peer Counselor Program, Disability Rights of South Dakota, SD Department of Tribal Relations, City of Sioux Falls Health Department, Avera Health, Helpline Center, SD Department of Education, SD Department of Health, SD Department of Transportation, Wellmark Blue Cross Blue Shield, Horizon Health Care, SD Department of Labor & Regulation, Black Hills Special Services Cooperative, SD Department of Social Services, South Dakota Sheriff’s Association, South Dakota Council of Community Behavioral Health, South Dakota Association of Healthcare Organizations

Organizations Absent: Indian Health Services, Sanford Health, Pennington County Health & Human Services, South Dakota State University Extension, Monument Health

MEETING MINUTES

A list of organizations that are involved in the SHIC will be posted on the website along with minutes for this meeting and future meetings.

GUIDING PRINCIPLES

SHIC members may review the following principles and provide feedback on any changes or additions they would like to see made.

1. South Dakotans first, organizations second.
2. Have a mentality of diversity and inclusion.
3. Make data-driven decisions and develop data systems more intentionally.
4. Maximize existing initiatives through partnerships and infrastructure.
5. Communicate courageously. Be curious and non-judgmental, have mutual respect, openness. Don’t point a finger, instead create a solution together.
6. Meet people and communities where they are at. Do not force a one size fits all approach. Maintain flexibility for communities and their priorities. Have realistic expectations about what the next steps might be.
7. Health is more than healthcare. Recognize that and put it into action to achieve outcomes.

POTENTIAL GAPS IN SHIC MEMBERSHIP

Missing representation from DHS, DDD, long term support providers, youth, and housing.

Many of the members in the SHIC represent multiple programs and populations from their organizations, so they can take this information back to them and get feedback. Members will continue to look at this effort through the lens of different populations they represent or work closely with.

THEMES FROM MEMBER SHARING

MAINTAINING MOMENTUM

- Utilize available funding to maintain momentum (i.e. Community Health Workers (CHW)). Within one year 84 new CHWs were trained in South Dakota. There were already 84 CHRs within South Dakota.
- Continue to focus on Social Determinants of Health (SDoH) and maintain momentum on long term programs while addressing immediate issues/crisis as they come along.
- Program sustainability beyond grant timelines.
- Collaborations increased during the pandemic, now we need to maintain the momentum of those partnerships.
- Collaboration with worksites.
- Replicate successful existing efforts and implement them statewide, especially rurally.
- Pandemic showed us that disparities are deep. Need to spend time and efforts on the work upstream. Starting at the top with data.

COMMUNITY INFORMATION EXCHANGE (CIE)

- IT solutions around population health. South Dakota's CIE is currently being created, which will provide population health data to partners. CIE is similar to Health Information Exchange, but it will connect community partner services. Building a platform to identify needs and get referrals made in an efficient manner. A closed loop referral will ensure the information gets back to the provider.
- Helpline Center has a similar system already built in Sioux Falls (Network of Care).
- Need to ensure this CMS form can integrate with the CIE. There will be assessment built into CIE that will determine needs and generate referrals.

DATA

- More SDoH data will be coming from health systems as a result of a new CMS requirement. Health systems will be required to ask about social drivers, which will make more data available in real time.
- Streamline information gathering from individuals.
- Multiple SDoH screening tools – can provide data comparisons.
- Improving data systems, increasing integrations, limiting redundancies, and increasing transparency.
- Align state and federal health data for Native Americans.

MEETING THE NEEDS OF SOUTH DAKOTANS

- Chronic disease and injury prevention-ongoing burdens and data needs. Focus on behavioral factors, oral health access, high-quality timely data, health in all policies
- Empowering individuals to advocate for themselves.
- Meeting the language needs of our populations. Provide telemedicine for primary care and behavioral health dental care/prevention access.
- Bring the services to the people.
- Co-locate similar services to meet people where they're at and make the process easier.
- Educating and supporting breastfeeding moms.
- Urbanization and who is left behind in rural communities. Studying rural health in ways never done before. Improve policies that nudge people into healthier behaviors.

BARRIERS TO ACCESS

- Dental care/prevention and access. Geographical and provider shortages.
- Reduce barriers to services. Utilize CHWs in non-traditional ways (i.e. families in the justice system).
- Workforce shortages created a shift to telehealth.
- Access to quality and consistent healthcare and long-term care.

OTHER CHALLENGES

- Workforce challenges are a theme throughout these conversations.
 - Workforce recruitment should begin in middle and high school. GED programs and enhancing job skills.
 - Changing population in South Dakota. Immigrants and others moving to South Dakota are still not meeting the worker shortage.
- Childcare access and availability.
 - Labor shortages add to the childcare shortages.
- Transportation issues are another theme in these conversations. Challenges and changes to public transportation.
- Solutions start at the tribal leadership level.
 - Increase communication with tribal communities and leadership.
 - Utilize tribal communications, like tribal radio, to reach them.
 - Successes of tribal wellness center.
 - Tribes facing substance abuse issues (meth, fentanyl) and juvenile justice issues.

MISCELLANEOUS

- Have solution orientated conversations.
- Partner on juvenile justice efforts.
- Early intervention—working upstream.
- Responding to misinformation.