State HEALTH IMPROVEMENT PLAN

2024-2029

SOUTH DAKOTA DEPARTMENT OF HEALTH

EVERY
South Dakotan
HEALTHY
and Strong

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Message from the Department of Health

Secretary Melissa Magstadt

The South Dakota Department of Health (SD DOH) encouraged South Dakotans to make their voice heard during the development of the State Health Assessment and State Health Improvement Plan. These valuable insights and perspectives allow us to establish a person-centered foundation for improving health and quality of life in every community.

Overall health is impacted by a wide variety of factors. Understanding barriers and best practices at the national, state, county, and community level allows the public health system to work together to create, champion, and implement policies, plans, and laws that impact health.

The SD DOH is committed to developing and implementing community health improvement strategies collaboratively and the State Health Assessment and State Health Improvement Plan are a positive step forward. I extend my sincere thanks to all the partners and stakeholders who engaged in this extensive and comprehensive process of gathering data, identifying priorities, brainstorming strategies, and highlighting existing programs and assets.

The health priorities are familiar to residents of the state and the plan provides an accountability framework for using state resources to create positive health impact.

1. Access to Care: Improve health equity in South Dakota communities.
2. Behavioral and Mental Health: Improve behavioral health and mental health outcomes.
3. Care Quality: Elevate preventive health care.

While there will certainly be challenges to advancing these health priority goals and objectives, I am confident in our ability to create an impact because of the commitment and passion I've seen from South Dakota champions and leaders to achieve the vision of Every South Dakotan Healthy and Strong.

Executive Summary

The purpose of the State Health Improvement Plan (SHIP) is to assist in developing and implementing community health improvement strategies collaboratively. The SHIP will contribute to the ongoing monitoring of community health needs, health disparities, and high-risk populations which is needed to identify barriers and take action to find solutions.

The SHIP is a five-year (2024-2029) strategic framework developed through cooperation and collaboration of a multi-sector partnership of stakeholders. Using the 2023 State Health Assessment (SHA) as a data foundation, the SHIP includes health priorities, aims, goals, measurable objectives, strategies, and assets.

Components of the SHIP:

- 3 Health Priorities and Aims
    1. Access to Care: Improve health equity in all South Dakota communities.
    2. Behavioral and Mental Health: Improve mental health and behavioral health outcomes.
    3. Care Quality: Elevate preventive health care.
- 11 Goals
- 54 measurable objectives
- Numerous innovative and evidence-based strategies
- Extensive partners, programs, initiatives, and assets

State Health Assessment:

Facilitated by the South Dakota Foundation for Medical Care (SDFMC) through contract with the SD DOH, the 2023 State Health Assessment (SHA) used three primary methods to gather information:

- Priority health indicator survey
- Community Conversation forums in communities across the state
- Key informant interviews

SDFMC compiled and analyzed the results to create the framework for the SHIP. Collaborating with the Health Improvement Coalition (HIC) and other content experts and key stakeholders from around the state, SDFMC facilitated priority task groups to refine the goals, objectives, strategies, and assets included in the final SHIP.

Benefits of the SHIP:

The SHIP is designed to aid in fulfilling the SD DOH vision of Every South Dakotan Healthy and Strong by emphasizing three health priorities for a wide range of public and private partners to advance collaboratively. The selection of goals, objectives, and strategies offer communities, partners, organizations, legislators, and change makers flexibility for engagement and assurance of project alignment with state priorities.

- Increases statewide alignment of health improvement and strategic plans.
- Highlights strategies and assets to advance common goals and objectives.
- Identifies key partners for collaborative efforts.

The DOH and HIC will engage appropriate stakeholders to develop action plans for each priority area, monitor the objectives, and report on the progress toward the goals. Contact the HIC to learn how to engage.

Health Priority Aims and Goals:

Access to Care: Improve health equity in all South Dakota communities.

1. Improve health insurance coverage.
2. Increase utilization of digital devices for telemedicine.
3. Improve the socio-economic condition of South Dakotans living in poverty.
4. Improve the American Indian patient experience through the delivery of culturally responsive care.
5. Improve the collection, utilization, and sharing of health equity data statewide.

Behavioral and Mental Health: Improve behavioral health and mental health outcomes.

1. Reduce deaths due to behavioral and mental health crises.
2. Improve behavioral and mental health literacy.
3. Increase diversity of the behavioral and mental health workforce.
4. Improve care coordination following crisis response interventions.

Care Quality: Elevate preventive health care.

1. Improve early detection through routine screenings and early intervention.
2. Increase healthy behaviors.

Key Health Improvement Partners

State Agencies	Access to Care	Behavioral & Mental Health	Care Quality
Department of Education (DOE)	X	X	X
Department of Health (DOH)	X	X	X
Department of Human Services (DHS)	X	X	X
Department of Labor and Regulation (DLR)	X	X	
Department of Social Services (DSS)	X	X	X
Department of Tribal Relations (DTR)	X	X	X
Department of Veterans Affairs (DVA)	X	X	X
Governor's Office of Economic Development (GOED)	X		
Office of Health Statistics (OHS)	X	X	X
South Dakota Board of Regents (BOR)	X	X	X
• Black Hills State University (BHSU) • Dakota State University (DSU) • Northern State University (NSU) • South Dakota State University (SDSU)			

• South Dakota School of Mines and Technology (SDSMT) • University of South Dakota (USD)			
South Dakota Board of Technical Education	X	X	X
• Lake Area Technical College • Mitchell Tech • Southeast Technical College • Western Dakota Technical College			

Community and Healthcare Organizations	Access to Care	Behavioral & Mental Health	Care Quality
American Cancer Society- SD			X
Black Hills Special Services Cooperative	X		X
Community Health Worker Collaborative of South Dakota	X	X	X
Community Healthcare Association of the Dakotas (CHAD)	X	X	X
Community Mental Health Centers		X	
Delta Dental	X		X
Federally Qualified Healthcare Centers (FQHC)	X	X	X
Great Plains Indian Health Services (IHS)	X	X	X
Great Plains Tribal Leaders Health Board	X	X	X
Helpline Center	X	X	
Healthcare Systems: Avera Health, Monument Health, Sanford Health	X	X	X
Internet providers Midco, Bluepeak, CenturyLink, GoldenWest, etc.	X		
South Dakota Area Health Education Centers		X	
South Dakota Association of Healthcare Organizations	X	X	X
South Dakota Council of Community Behavioral Health		X	
South Dakota Foundation for Medical Care (SDFMC)	X	X	X
South Dakota Health Link		X	X
South Dakota School Counselor Association		X	
South Dakota State University Extension	X		X
South Dakota Urban Indian Health	X	X	X
South Dakota Voices for Peace	X		

St. Francis Mission	X	X	X
Substance Abuse and Addiction Treatment Centers		X	X
Tribal colleges and universities:	X	X	
• Ogalala Lakota College • Sinte Gleska University • Sisseton Wahpeton College • Sitting Bull College	X	X	
United Way:	X		
• Sioux Empire United Way • United Way of Black Hills • United Way of Greater Yankton • United Way of Northeastern South Dakota • Watertown Area United Way			
Wellmark Blue Cross Blue Shield of South Dakota	X	X	X

Health Priority 1: Access to Care

AIM: Improve health equity in all South Dakota communities

Goals:

1. Improve health insurance coverage.
2. Increase utilization of digital devices for telemedicine.
3. Improve the socio-economic condition of South Dakotans living in poverty.
4. Improve the American Indian patient experience through the delivery of culturally responsive care.
5. Improve the collection, utilization, and sharing of health equity data statewide.

Goal 1: Improve health insurance coverage.

Rationale: South Dakotans who lack health insurance coverage may dismiss or delay health care services and treatment, increasing their risk for serious financial, physical, and mental health consequences. On July 1, 2023, Medicaid opened the eligibility application process to expand health coverage to an estimated 57,000 additional South Dakotans. By October 2023, nearly 7,500 South Dakotans had applied for coverage.

Objectives:

1. Decrease the percentage of respondents who indicate their current primary source of health insurance is 'None' to 3% by 2029.
2. Decrease the percentage of the population aged 18-64 that have no health insurance coverage to 10%, with emphasis on the counties with the lowest coverage, by 2029.
3. Decrease the percentage of children under age 19 without health insurance to 4%, with emphasis on lowest coverage counties, by 2029.

Strategies:

- Establish a Health Care Coverage Coalition to address awareness and enrollment.
- Explore and implement health literacy interventions.
- Integrate patient navigators and community health workers in low-coverage counties.
- Enhance and integrate cross-agency Medicaid enrollment.
- Engage all employers in promoting health care coverage enrollment resources.

Assets:

- American Indian Health Data Book
- Community health workers and community health representatives
- Community Information Exchange
- Get Covered SD
- Healthcare Marketplace
- South Dakota Medicaid Coverage Groups
- Strong Families South Dakota

Spotlight

- Community health workers (CHW) are supporting South Dakota communities from the frontier plains to downtown Sioux Falls. Their services are vast and wide ranging, from assisting refugees with interpretation services in Huron to assisting the homeless in Sioux Falls. A CHW is a frontline public health worker who is a trusted member of the community. They leverage that trusting relationship to provide needed services to the community whether it is medical, social, cultural, or behavioral in nature. The CHWs join over 85 Community Health Representatives (CHR) that are located on 10 tribal sites. These trusted community members are invaluable to our communities and state. To find out more go to www.chwsd.org

- South Dakota's Community Information Exchange (CIE) is a statewide collaboration of healthcare, human and social service providers sharing information using an integrated technology platform and referral system to coordinate whole-person care. This is a program of the SD DOH and is funded by CDC Health Disparities Grant funds. The Helpline Center's vast community resource directory will feed the CIE platform and standardized social determinants of health assessment tools will be available. Reach out with questions to cie@helplinecenter.org.

- Get Covered South Dakota is coordinated by the Community HealthCare Association of the Dakotas (CHAD) and provides trained navigators to support enrollment in health coverage plans. Individuals can contact a navigator with questions about health insurance, receive help applying on the Health Insurance Marketplace, or seek advice on choosing the right health coverage plan option. The navigators are located in communities throughout the state and program information is listed on the 211 Helpline database.

Table 1: Access to Care Goal 1 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Health Insurance Coverage	Percentage of respondents who indicate their current primary source of health insurance is 'None.'	7% **3%**	2021 **2029**	Decrease ⬇	SD BRFSS
2	Uninsured Adults	Percentage of the population aged 18-64 that have no health insurance coverage in a given county.	14% **10%**	2020 **2029**	Decrease ⬇	County Health Rankings Small Area Health Insurance Estimates
3	Uninsured Children	Percentage of children under age 19 without health insurance.	6% **4%**	2020 **2029**	Decrease ⬇	County Health Rankings Small Area Health Insurance Estimates

Table 1.1: Access to Care Goal 1 Priority Counties

Objective 2 Priority Counties

County	%	County	%
Buffalo	28%	Jackson	23%
Oglala Lakota	26%	Charles Mix	23%
Bennett	26%	Roberts	23%
Dewey	26%	Mellette	23%
Todd	23%	Ziebach	21%

Objective 3 Priority Counties

County	%	County	%
Roberts	12%	Gregory	10%
Moody	11%	Aurora	10%
Brule	11%	Douglas	9%
Charles Mix	11%	Custer	9%
Harding	10%	Lyman	9%

Goal 2: Increase utilization of digital devices for telemedicine.

Rationale: The rural and frontier geography of South Dakota creates the business case for telehealth services to ensure all populations can access healthcare services. The digital divide also is extended to low-income populations in South Dakota that may struggle to afford the cost of connectivity and devices. Building the dependable and future-proof infrastructure needed for telehealth services is the focus of the State and the healthcare community.

Objectives:

1. Increase the percentage of SD households with a broadband internet subscription to 95% by 2029.
2. Increase the percentage of adults who had an appointment with health professionals over video or phone in the last 4 weeks to 15.5% by 2029.
3. Increase the percentage of SD households with a computer, tablet, or smartphone to 96%, with emphasis on the lowest percentage counties, by 2029.

Strategies:

- Support expansion of virtual care delivery options.
- Enhance digital device access, including public use devices, and education programs.
- Assess remote patient monitoring utilization and effectiveness.
- Make low-cost or free devices available for distribution.
- Continue to expand the digital network infrastructure.
- Gather data regarding the use and availability of virtual care delivery services.

Assets:

- Americorps GED Program at Sitting Bull College
- Connect SD Broadband
- Mural Net- internet access in Native nations
- South Dakota Division of Rehabilitation Services
- South Dakota EMS: Telemedicine in Motion
- South Dakota State Library
- South Dakota's Citizen Portal
- Tribal Broadband Connectivity Program
- Tyto Care

Spotlight:

- The SD DOH partnered with Avel eCare to implement Telemedicine in Motion for emergency medical services (EMS) in 40 communities and to change how patients and first responders are supported during lifesaving and life changing events. The Belle Fourche Sheriff's Office uses Telemedicine in Motion to interact with doctors and nurses while in transit and at the scene during a mental health crisis call to help with de-escalation and trauma responsive care. They reported a 40% reduction of involuntary committals in their county since using the Avel eCare technology and services.

Table 2: Access to Care Goal 2 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Broadband Internet Subscription	Percentage of SD households with a broadband internet subscription.	85.2% **95%**	2017-2021 **2029**	Increase 	US Census Bureau Quick Facts
2	Telemedicine Utilization Rate	Percentage of adults who had an appointment with health professionals over video or phone in the last 4 weeks.	13.9% **15.5%**	2021 **2029**	Increase 	CDC, US Census Bureau, Household Pulse Survey
3	Households with Devices	Percentage of SD households with a computer, tablet, or smartphone.	91.7% **96%**	2017-2021 **2029**	Increase 	US Census Bureau Quick Facts

Table 2.1: Access to Care Goal 2, Objective 3 Priority Counties

County	%	County	%
Todd	64.4%	Buffalo	73.9%
Mellette	66.0%	Ziebach	74.9%
Oglala Lakota	66.6%	Jackson	77.0%
Corson	72.6%	McPherson	77.5%
Dewey	73.8%	Bennett	79.7%

Goal 3: Improve the socio-economic condition of South Dakotans living in poverty.

Rationale: Health disparities are more pronounced for South Dakotans living in poverty. When individuals struggle to meet basic needs, they face an increased risk for poor health outcomes. Creating an environment with opportunities to thrive may have a positive impact on the socio-economic conditions for individuals living in low-income communities across the state.

Objectives:

1. Decrease the percentage of the population living in poverty to 11.5% by 2029.
2. Decrease the percentage of children living in poverty by 2029, with an emphasis on the top ten counties with the highest percentages.

Strategies:

- Assess utilization of state-based assistance programs.
- Support and promote utilization of social determinants of health screening tools in health care facilities.
- Integrate financial support applications into state assistance programs.
- Invest in the poorest counties by supporting microfinance and microenterprise.
- Index the minimum wage to inflation annually.
- Optimize community service programs to meet basic needs: food pantries, community gardens, housing projects, childcare.
- Provide financial education for youth and adults.
- Expand and support community development programs.
- Support and promote job training and education opportunities: apprenticeships, school programs, scholarships.
- Facilitate digital device loaner programs to facilitate remote working opportunities.
- Explore and implement “Grow Your Own” workforce efforts.
- Expand free school lunch programs.
- Develop homeownership investment programs.

Assets:

- 211 Helpline 211
- American Indian Health Data Book
- Career/Industry specific associations
- Community Assistance Programs
    - GROW South Dakota
    - Inter-Lakes Community Action Partnership
    - Rural Office of Community Services
    - Western SD Community Action
- Dakota Dreams
- Dakota Institute
- Feeding South Dakota
- Growing Together South Dakota Mini-Grant
- Governor’s Office of Economic Development Programs
    - Community Development Block Grant Program

    - Dakota Seeds
    - Infrastructure Improvement
    - MicroLOAN SD
    - Reinvestment Payment Program
    - Workforce Development
- HOSA Future Health Professionals
- South Dakota Chamber of Commerce
- South Dakota Community Foundation
- Scholarship Programs
    - Dakota Build Scholarship Fund
    - Dakota Corps Scholarships
    - Freedom Scholarship
    - South Dakota Opportunity Scholarship
- Sicangu Co
- South Dakota Workforce Development Council
- Strong Families South Dakota
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, Children

Spotlight

- Dakota Build Scholarship Fund was created to help South Dakota train more skilled workers and fill the labor gap using the state's technical colleges. Scholars are able to enroll in high-need fields of study, including healthcare and public service, and secure employment from key industry partners prior to graduation. In 2020 Governor Kristi Noem and generous industry partners contributed to the initial funds to renew the program for five years.

- Siċaŋġu Co is working towards Wicozani, or "the good way of life" for the Siċaŋġu Oyate – holistic health, economic self-sufficiency, cultural revitalization, sustainable housing, food sovereignty, climate resilience, and shared, lasting prosperity. The programs offered focus on land and agricultural, education, Indigenous place making, health and well-being, heating and energy, financial services, office supply and services, construction and design, facilities management, data and policy, holistic growth, government contracting, and vocational rehabilitation.

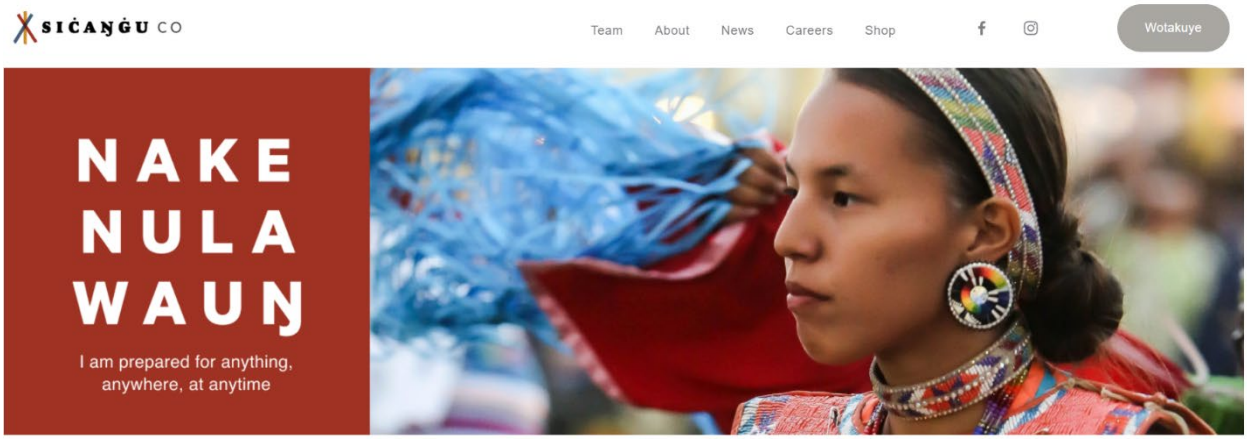

Table 3: Access to Care-Goal 3 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Population in Poverty	Percentage of population living in poverty.	12.5% **11.5%**	2022 **2029**	Decrease 	US Census Bureau Quick Facts
2	Children in Poverty	Percentage of children living in poverty.	14% **13%**	2021 **2029**	Decrease 	County Health Rankings Small Area Income and Poverty Estimates

Table 3.1: Access to Care Goal 3: Objective 2 Priority Counties

County	%	County	%
Corson	53%	Oglala Lakota	41%
Todd	48%	Mellette	40%
Ziebach	46%	Jackson	37%
Buffalo	44%	Tripp	29%
Bennett	43%	Charles Mix	29%

Goal 4: Improve the American Indian patient experience through the delivery of culturally responsive care.

Rationale: Trust lies at the foundation of the patient-provider relationship. Being trustworthy during defining moments in people's lives may help rebuild and repair broken relationships. The patient experience of American Indians in the South Dakota healthcare ecosystem is an area of emphasis for reducing health disparity and improving health outcomes.

Objectives:

1. Initiate use of the American Indian Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey in healthcare facilities where American Indian patients are served by 2029, with focus on the patient experience measures.
2. Determine the utilization of culturally competent training programs in the public and private health care community to establish a baseline by 2026.
3. Increase the licensed healthcare professional diversity ratio to align with the population diversity ratio by 2029.
4. Determine and increase the proportion of tribal communities that have a health improvement plan by 2029.
5. Decrease the rate of adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully to them to 2.8 by 2029.

Strategies:

- Plan and execute a CAHPS® American Indian Survey Implementation Project.
- Evaluate the culturally competent care training programs and identify needs.
- Promote implementation of Culturally and Linguistically Appropriate Standards, with a focus on high diversity index counties.
- Expand cultural competency training to the public health workforce.
- Support the development of Communities of Practice focused on cultural competence.
- Prioritize high-diversity index counties for establishing or expanding youth health career promotion programs: HOSA, Scrub camps, career fairs, etc.
- Incentivize the pursuit of health careers among the American Indian population.
- Support coordination between tribal colleges, state universities, and technical colleges to promote cultural competency training in all health care professional programs.
- Develop a Health Improvement Plan guidebook to support health improvement planning in tribal communities.
- Establish a HIC subcommittee to focus on tribal health.
- Enhance collaborative efforts among tribal and non-tribal healthcare entities to promote tribal culture, healthcare preferences, and delivery of services.
- Make cultural competence an organizational and institutional policy.

Assets:

- American Indian Elementary and Secondary Schools
  - Red Cloud Indian School
  - St. Joseph Indian Elementary School
- American Indian Health Data Book

- Association of American Indian Physicians
- Community health workers and community health representatives
- HHS Think Cultural Health CLAS
- National Indian Health Board
- HOSA Future Health Professionals
- SDSU American Indians into Nursing Scholarship
- Multi-cultural centers
- SD DOH Health Equity and Cultural Competency
- University of North Dakota Indians into Medicine Program

Spotlight

- South Dakota HOSA was established in 2012 as an initiative of the University of South Dakota Sanford School of Medicine and the South Dakota Area Health Education Center in response to the great need for future health professionals in our state. In 2022-23 school year, SD HOSA had over 40 chapters with a membership of over 1100 members.

  Chapters implemented HOSA into their schools' curriculum as they brought in healthcare professionals, medical students, introduced the competitive events program, and exposed students to a wide range of healthcare career options.

Table 4: Access to Care Goal 4 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	American Indian Patient Experience	Initiate use of the American Indian CAHPS® - Patient Experience Measures.	**Initiate Use**	**2025**	N/A	Agency for Healthcare Research and Quality (AHRQ)
2	Cultural Competency Training	Determine the utilization of culturally competent training programs in the public and private health care community.	**Establish baseline**	**2026**	N/A	
3	Workforce Diversity	Licensed healthcare professionals by race	See Table 4.1 **Match population**	2023 **2029**	Increase ↑	South Dakota Nursing Workforce Report
4	Health Improvement Plan	The proportion of tribal communities that have a health improvement plan.	**Establish baseline**	**2029**	N/A	Healthy People 2030, PHI-08; Public Health in Indian Country Capacity Scan (PHICCS); Great Plains Tribal Epidemiology Center
5	Providers Listening Carefully	Adults who had a doctor's office or clinic visit in the past 6 or 12 months whose health providers sometimes or never listened carefully to them.	3.4 **2.8**	2022 **2029**	Decrease ↓	National Healthcare Quality and Disparities Reports (NHQDR) State Profile- South Dakota, AHRQ

Table 4.1: Access to Care Goal 4, Objective 3 Workforce Diversity Baseline

Description	American Indian	Asian/ Pac Island	Black	Hispanic/ Latino	White	2+ Races
Population (US Census July 1, 2022)	8.5%	1.9%	2.6%	4.9%	84.2%	2.8%
Registered Nurses	2.1%	2.1%	1.8%	1%	92%	1%
Certified Nurse Midwife	0%	0%	2%	0%	94.2%	3.8%

Source: 2023 South Dakota Nursing Workforce (sd.gov)

Goal 5: Improve the collection, utilization, and sharing of health equity data statewide.

Rationale: The South Dakota state agencies and healthcare community in the state are generating data and information that should be leveraged to monitor health equity in our state. Establishing a standardized, trusted, and sustainable dashboard to monitor health equity would provide a trusted source of truth on the status of health equity for all South Dakotans.

Objectives:

1. Implement a data-driven framework for the HIC to monitor disparities and plan improvement efforts by 2028.

Strategies:

- Initiate a health equity dashboard implementation project.
- Develop a data source crosswalk for health priority areas.
- Identify methods to improve SHIP data collection and performance management.
- Establish data sharing agreements to ensure collaborative data collection.

Assets:

- 2023 State Health Assessment
- American Indian Health Data Book
- Community Health Needs Assessments
- Helpline Center: Community Information Exchange
- Health Improvement Coalition
- Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences
- South Dakota Health Link: Health Information Exchange

Table 5: Access to Care Goal 5 Objectives

Obj	Title	Description	Baseline Target	Year Year
1	Data Monitoring Framework	Implement a data-driven framework for the HIC to monitor disparities and plan improvement efforts by 2028.	 Implement	 2029

Health Priority 2:
Behavioral and Mental Health

AIM: Improve behavioral health and mental health outcomes.

Goals:

1. Reduce deaths due to behavioral and mental health crises.
2. Improve behavioral and mental health literacy.
3. Increase diversity of the behavioral and mental health workforce.
4. Improve care coordination following crisis response interventions.

Goal 1: Reduce deaths due to behavioral and mental health crises.

The correlation between mental health and physical health impacts overall health and quality of life. Suicide rates in South Dakota have reached an all-time high and is the leading cause of death of South Dakotans aged 10-29 years. Obtaining treatment for behavioral and mental health concerns is challenging and the use of substances to self-medicate and cope is an ongoing concern. Challenges for South Dakotans to obtain treatment for behavioral and mental health concerns include cost, lack of help-seeking behavior, stigma, mental health professional shortage areas, and limited access to inpatient psychiatric beds.

Objectives:

1. Reduce the age-adjusted suicide death rate to 18 by 2029.
2. Reduce the percentage of students who seriously considered attempting suicide in the past 12 months to 19.9% by 2029.
3. Reduce the percentage of students who attempted suicide one or more times during the past 12 months to 9% by 2029.
4. Reduce the drug overdose death rate (all drugs) to 10.6 by 2029.
5. Increase the 988 Suicide and Crisis Lifeline calls to 4,661 by 2025.
6. Decrease the rate of veteran suicides to 36 by 2029.

Strategies:

- Integrate behavioral and mental health with primary care services.
- Implement standardized screening tools and assessment for suicidal thoughts and behaviors in primary care.
- Expand access to mental health and substance abuse treatment.
- Expand use of telehealth services for crises and treatment.
- Promote the 988 Suicide and Crisis Lifeline statewide.
- Support and promote Telemedicine in Motion for mental health treatment.
- Increase funding to provide universal access to Naloxone (Narcan).
- Integrate suicide prevention peer support specialists.
- Support culturally responsive care in treatment settings.

- Integrate traditional healing practices and western medical services.
- Provide same-day access to behavioral and mental health professionals for those who have been identified as an immediate risk.
- Convene patient advisory/focus groups and hold listening sessions for direct input on improvements in culturally competent care.

Assets:

- 988 Suicide and Crisis Lifeline
- American Indian Health Data Book
- Avera Farm and Rural Stress Hotline
- Avoid Opioid SD
- Bright Start
- Emily's Hope
- Peer Support Specialists
- Lost & Found'Peer2Peer Mentorship Program
- Mental Health First Aid
- National Indian Health Board
- OnTrackSD
- Substance Abuse and Mental Health Services Administration
- Sioux52 Mentoring Initiative
- South Dakota Behavioral Health: "Notes to Self" Outreach
- South Dakota Suicide Prevention
- South Dakota EMS: Telemedicine in Motion
- Veterans Crisis Line
- Zero Suicide Institute

Spotlight

- 988 Suicide and Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day. 988 is a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress, suicide crisis, or substance use. People can also call 988 if they are worried about a loved one who may need crisis support.

Table 6: Behavioral and Mental Health Goal 1 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Suicide Deaths	Rate of suicide deaths per 100,000 population (age adjusted).	22.7 **18.0**	2021 **2029**	Decrease ⬇	DOH Office of Health Statistics, CDC Wonder
2	Considered Suicide Attempt, Youth	Percentage of students who seriously considered attempting suicide in the past 12 months.	21.5% **19.9%**	2021 **2029**	Decrease ⬇	SD Youth Risk Behavior Survey (YRBS)
3	Attempted Suicide, Youth	Percentage of students who attempted suicide in the past 12 months.	11.9% **9%**	2021 **2029**	Decrease ⬇	SD YRBS
4	Drug Related Deaths	Rate of deaths from drug overdose (all drugs).	11.6 **10.6**	2021 **2029**	Decrease ⬇	SD DOH Office of Health Statistics
5	Crisis Lifeline	Number of calls from South Dakotans to the National Suicide and Crisis Lifeline.	3,307 **4,661**	2021 **2025**	Increase ⬆	SD Department of Social Services, SDSP Data and Reports
6	Veteran Suicide	Veteran suicide rate per 100,000.	39.4 **36**	2020 **2029**	Decrease ⬇	US Department of Veterans Affairs, South Dakota Veteran Suicide Data Sheet 2020

Goal 2: Improve behavioral and mental health literacy.

Education and normalizing conversations about behavioral and mental health care services will create awareness and reduce stigma. Breaking stereotypes and myths about behavioral and mental illness opens doors to support and treatment options. Everyone will experience major events and uncontrollable circumstances within their lifetime. An increased understanding of the types of behavioral and mental health care services available to work through situational, crisis, or chronic health concerns can empower individuals and create positive health outcomes.

Objectives:

1. Decrease the percentage of adults who report their mental health was not good for 20-30 days of the past 30, including stress, depression, and problems with emotions to 5% by 2029.
2. Increase the percentage of South Dakotans who are receiving treatment for mental health or emotional problems to 18% by 2029.
3. Increase the percentage of students who most of the time or always get the kinds of help they need when they feel sad, empty, hopeless, angry, or anxious to 22% by 2029.
4. Increase the percentage of students who asked for help from someone such as a doctor, counselor, or hotline before their suicide attempt during the past 12 months to 20% by 2029.
5. Increase the percentage of Medicaid Health Home recipients who are screened for depression to 88% by 2029.
6. Increase the percentage of Medicaid Health Home recipients who have a positive screen for depression have a follow-up plan to 87% by 2029.

Strategies:

- Support school-based suicide awareness education programs.
- Support and promote behavioral and mental health literacy campaigns.
- Normalize conversations about behavioral health and mental health issues with family, friends, or other trusted individuals.
- Administer and sustain anti-stigma campaign(s).
- Provide free mental health vouchers to reduce the cost of treatment.
- Collect state-level data on stigma.
- Encourage and support community mental health centers to use a standardized assessment to measure stigma impact.

Assets:

- 988 Suicide and Crisis Lifeline
- Avera Farm and Rural Stress Hotline
- Avoid Opioid SD
- Be the 1 SD
- Boys and Girls Club
- Bright Start
- Bright Spots
- Community health workers and community health representatives
- Emily's Hope

- Peer Support Specialists
- Lost & Found'Peer2Peer Mentorship Program
- Lutheran Social Services Youth Mentoring
- Mental Health First Aid
- National Indian Health Board
- OnTrack SD
- Substance Abuse and Mental Health Services Administration
- Sioux52 Mentoring Initiative
- South Dakota Behavioral Health: "Notes to Self" Outreach
- South Dakota Suicide Prevention
- South Dakota EMS: Telemedicine in Motion
- Strong Families South Dakota
- Veterans Crisis Line
- Zero Suicide Institute

Spotlight

- The mission of the Helpline Center is making lives better by giving support, offering hope and creating connections all day, every day. The Helpline Center has four core services to achieve their mission: 211 Helpline, 988 Lifeline, Volunteer Connections, Suicide Grief Support. Supporting over 100,000 people each year, the Helpline Center is the only entity in the state accredited by the Alliance for Information and Referral Systems and the only organization in the state that provides a certified crisis line through the American Association of Suicidology.

- "Notes to Self" Outreach Campaign - The SD DSS Division of Behavioral Health has launched the "Notes to Self" campaign to generate awareness and eliminate stigmas surrounding behavioral health concerns. The campaign aims to reach citizens in every corner of our state and target demographics where suicide has been more prevalent. The campaign includes tv, radio, and internet ads along with billboards and other efforts. The campaign encourages South Dakotans to offer help to others through small actions, words, gestures, and acts of care.

- South Dakota Suicide Prevention Toolkits - A collection of toolkits for supporting suicide prevention efforts in communities, college campuses, and high schools are among the resources found on South Dakota Suicide Prevention website. These toolkits provide a comprehensive list of mental health resources as well as guidelines for creating community coalitions, addressing suicide risk in specific populations groups, and providing support after a suicide loss.

Table 7: Behavioral and Mental Health Goal 2 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Frequent Mental Distress	The percentage of South Dakotans who report their mental health was not good for 20-30 days of the past 30, including stress, depression, and problems with emotions.	8% **5%**	2021 **2029**	Decrease 	SD BRFSS
2	Receiving Treatment	Percentage of South Dakotans who are taking medicine or receiving treatment for mental health or emotional problems.	14% **18%**	2021 **2029**	Increase 	SD BRFSS
3	Getting Help, Youth	Percentage of students who most of the time or always get the kind of help they need when they feel sad, empty, hopeless, angry, or anxious.	19.8% **22%**	2021 **2029**	Increase 	SD YRBS
4	Asked for Help, Youth	Percentage of students who asked for help from someone such as a doctor, counselor, or hotline before their suicide attempt during the past 12 months.	16.6% **20%**	2021 **2029**	Increase 	SD YRBS
5	Depression Screening	Percentage of Medicaid Health Home recipients who were screened for depression.	86% **88%**	2022 **2029**	Increase 	SD Medicaid Health Home Data Dashboard, 2022
6	Follow up Plan	Percentage of Medicaid Health Home recipients who have a positive screen for depression have a follow up plan.	85% **87%**	2022 **2029**	Increase 	SD Medicaid Health Home Data Dashboard, 2022

Goal 3: Increase diversity of the behavioral and mental health workforce.

Building a trust relationship between a behavioral and/or mental health professional and a person seeking treatment is integral for achieving positive health outcomes. Properly interpreting behaviors and language through the lens of cultural understanding improves the health assessment and diagnosis process. Diverse representation in the behavioral and mental health workforce helps eliminate racial assumption, reduce bias, and enhance patient adherence by using culturally responsive care.

Objectives:

1. Establish a baseline of racial diversity of the licensed behavioral and mental health professional workforce by 2029.
2. Establish a baseline for the cultural competence training program completion rate in the state by 2029.

Strategies:

- Determine the current racial diversity of the SD health professional workforce.
- Support and promote cultural competency training.
- Promote the pursuit of health careers in the American Indian population.
- Support the development of Communities of Practice to improve cultural competence.
- Implement cultural competence training in the curriculum for all healthcare professions.
- Support coordination and collaboration between tribal colleges and state universities/colleges to fill positions.
- Support medical career camps and fairs in all communities.
- Support and sustain collaborative partnerships between tribal, private, and public health systems.

Assets:

- American Indian Health Data Book
- Association of American Indian Physicians
- HHS Think Cultural Health CLAS
- HOSA Future Health Professionals
- SDSU American Indians Into Nursing Scholarship
- Multi-cultural centers
- SD DOH Health Equity and Cultural Competency
- University of North Dakota Indians into Medicine Program

Table 8: Behavioral and Mental Health Goal 3 Objectives

Obj	Title	Description	Baseline **Target**	Year **Year**	Direction	Source
1	Workforce diversity	Increase the racial diversity of the licensed behavioral and mental health professional workforce.	N/A **Establish baseline**	N/A **2029**	N/A	N/A
2	Cultural Competence Training	Increase the cultural competence training program completion rate	N/A **Establish baseline**	N/A **2029**	N/A	N/A

Goal 4: Improve care coordination following crisis response interventions.

Providing a comprehensive continuum of care with linked, flexible services to South Dakotans with mental illness is critical to success in treatment and recovery. Delayed or non-existent follow-up care after a behavioral or mental health crisis may lead to emergency department visits, decreased physical and mental condition, and noncompliance with prescribed recommended healthcare instructions.

Objectives:

1. Decrease the median wait time of outpatients with psychiatric or mental conditions spent at the emergency department (ED), arrival to departure, to 140 minutes by 2029.
2. Establish a baseline of the time a patient with psychiatric or behavioral crises is seen for crisis intervention to a follow-up appointment/treatment by 2029.
3. Facilitate the Community Health Information Exchange and Health Information Exchange integration by 2027.

Strategies:

- Integrate mental health support, including telemedicine or virtual counseling options, within the emergency departments.
- Implement crisis response scheduling options at mental health professional practices.
- Provide care coordination and mental health crisis intervention instruction for first responders.
- Ensure safety plans are developed prior to discharge.
- Provide timely support during care transitions.

Assets:

- 988 Suicide and Crisis Lifeline
- American Indian Health Data Book
- Avera Farm and Rural Stress Hotline
- Bright Start
- Bright Spots
- Community health workers and community health representatives
- Peer Support Specialists
- Substance Abuse and Mental Health Services Administration
- South Dakota Suicide Prevention
- South Dakota EMS: Telemedicine in Motion
- South Dakota Health Link: Health Information Exchange
- The Link
- Veterans Crisis Line

Table 9: Behavioral and Mental Health Goal 4 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Wait Times	Median time in minutes outpatients with psychiatric or mental conditions spent at ED, arrival to ED to departure from ED	143 **140**	2021 **2029**	Decrease ⇩	Agency for Healthcare Research and Quality (AHRQ), National Healthcare Quality and Disparities Report (NHQDR), South Dakota
2	Aftercare	Percentage of hospitalizations for mental illness or intentional self-harm with a follow-up visit within 7 days after discharge	34.2% **39.7%**	2019 **2029**	Increase ⇧	SD DOH, Office of Rural Health, 2020 Primary Care Needs Assessment
3	CIE and HIE Integration	Integration of the Community Health Information Exchange and Health Information Exchange	N/A **Integration Complete**	N/A **2027**	N/A	SD DOH

Spotlight

- South Dakota's Community Information Exchange (CIE) is a statewide collaboration of healthcare, human, and social service providers sharing information using an integrated technology platform and referral system to coordinate whole-person care. The Helpline Center's vast community resource directory will feed the CIE platform and standardized social determinants of health assessment tools will be available. Reach out with questions to cie@helplinecenter.org

- The South Dakota HealthLink (SDHL) is the statewide health information exchange (HIE) for South Dakota. Their mission is to foster the sharing of information through a secure platform to improve the quality, safety, and efficiency of care provided to all citizens. The services offered are point of care exchange, clinical event notification, and clinical engagement. SDHL provides their members with the most advanced, shared network of medical information in real-time and provides valuable clinical information at their fingertips.

Health Priority 3: Care Quality

AIM: Elevate preventive health care.

Goals:

1. Improve early detection through routine screenings and early interventions.
2. Increase healthy behaviors.

Goal 1: Improve early detection through routine screenings and early interventions.

Rationale: Early detection is made up of two components: screening and education. Early detection is a major part of improving the quality of life for those who may experience an illness or medical event. Screening for risk factors to aid in early detection is expected to positively impact health outcomes. South Dakota has seen growth in early detection, although disparities persist, and rates of early detection of certain diseases are lower in disparate populations.

Objectives:

1. Improve screening rates for lung/bronchus cancer to 16.4% and decrease lung/bronchus cancer mortality to 35 by 2029.
2. Improve screening rates for breast cancer in women aged 50-74 to 86% and decrease the female breast cancer mortality rate to 17.5 by 2029.
3. Improve the percentage of people with a dentist or dental clinic visit to 73.8% and decrease late-stage oral cancer detection to 55% by 2029.
4. Increase the percentage of individuals who have been told by their healthcare provider that they have prediabetes to 8% and decrease prevalence of diagnosed diabetes type 2 to 8.1% by 2029.
5. Increase the number of participants who complete Better Choices Better Health® SD to 741 by 2026 and decrease the mortality rate due to heart disease to 153 by 2026, with emphasis on American Indian population.
6. Improve screening rates for colorectal cancer to 80% and decrease colorectal cancer mortality rate to 14 by 2025.
7. Increase the percentage screening for syphilis in pregnant women, 1) three times during pregnancy and 2) all women delivering a stillbirth, to reduce the rate of congenital syphilis to 138.2 by 2029.
8. Increase Screening, Brief Intervention, and Referral to Treatment (SBIRT) or other standard screening protocol administration in primary care locations for alcohol to 81.8% and drug use to 74% by 2029.

Strategies:

- Support and promote early detection disease programs and awareness campaigns.
- Closely monitor screening data to better focus improvement activities.
- Identify high-risk patients for enhanced care coordination.
- Enhance care coordination interventions to increase screening compliance.

- Integrate case managers, community health workers, and other patient care professionals.

Assets:

- All Women Count!
- American Indian Health Data Book
- Bright Start
- Community Health Offices
- Community health workers and community health representatives
- Delta Dental Mobile Program
- Get Screened SD
- Good & Healthy SD
- Healthy SD
- South Dakota Cancer Coalition
- South Dakota Cancer Registry
- South Dakota Cardiovascular Collaborative
- South Dakota Dental Association
- SD Oral Health Coalition
- SD Parent Connection
- SD Quitline
- St Francis Mission Dental Clinic
- Strong Families South Dakota
- Susan G Komen
- Undo the Risk
- Women Infants and Children (WIC) Program

Spotlight

- Bright Start supports expectant, first-time moms by connecting them with a free personal nurse to walk alongside them every step of their pregnancy. The Bright Start nurses provide prenatal care, nutritional guidance, education about child development, breastfeeding instruction, home safety, safe sleep positions, setting personal goals, and design strategies for their family.

- The goal of the South Dakota Infant Death Review is to understand why infants die and to act to prevent other deaths. A common data collection tool is used by the two multidisciplinary review teams (East River and West River), which are comprised of volunteers from law enforcement, Child Protection Services, hospital staff, fire departments, emergency medical services, public health, behavioral health, forensic pathology, the Bureau of Indian Affairs, Indian Health Services, the Great Plains Tribal Leader's Health Board, and the States Attorney's office. A statewide committee meets annually to review data and make recommendations to help turn tragedies into lessons that can prevent other deaths.

Table 10: Care Quality Goal 1 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1a	Lung Cancer, High Risk Screening	The percentage of adults aged 55-80, at high risk for lung cancer in SD up to date with USPSTF	14.9% **16.4%**	2019 **2026**	Increase ⇧	SDDOH, SD Cancer Registry, SD Cancer Plan 2021-2025
1b	Lung Cancer Mortality	Age-adjusted lung/bronchus cancer mortality rate	36.2 **35**	2016-2020 **2029**	Decrease ⇩	CDC, National Cancer Institute, State Cancer Profiles
2a	Breast Cancer Screening	The percentage of women ages 50-74 in SD up to date USPSTF recommended breast cancer screening.	80.1% **86%**	2020 **2026**	Increase ⇧	SDDOH, SD Cancer Registry, SD Cancer Plan 2021-2025
2b	Breast Cancer Mortality	Age-adjusted female breast cancer mortality rate.	18.6 **17.5**	2019 **2029**	Decrease ⇩	SDDOH, SD Cancer Registry, SD Cancer Plan 2021-2025
3a	Dental Visits	Adults that have visited the dentist or dental clinic within the past year for any reason.	69.6% **73.8%**	2022 **2029**	Increase ⇧	SD BRFSS
3b	Oral and Pharyngeal Cancer Late Stage	The percentage of oral and/or pharyngeal cancer cases that were detected at late stage.	57.2% **55%**	2020 **2029**	Decrease ⇩	National Cancer Institute, State Cancer Profiles, South Dakota
4a	Prediabetes Screening	Percentage of individuals who have been told by their healthcare provider that they have prediabetes.	7% **8%**	2022 **2027**	Increase ⇧	South Dakota Diabetes State Strategic Plan 2022-2027

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
4b	Diabetes Prevalence	The percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes).	9.1% **8%**	2022 **2029**	Decrease	CDC, BRFSS 2022, America's Health Rankings
5a	Better Choices Better Health	Number of participants who complete Better Choices Better Health SD	460 **741**	2021 **2026**	Increase	SDDOH, Data Dashboard, Cardiovascular Collaborative
5b	Heart Disease Mortality Rate	Age-adjusted mortality rate due to heart disease (per 100,000)	155.1 **153**	2020 **2026**	Decrease	SDDOH, Data Dashboard, Cardiovascular Collaborative
5c	Heart Disease Mortality Rate AI	Age-adjusted morality rate due to heart disease, American Indian (per 100,000)	258.3 **253.3**	2020 **2026**	Decrease	SDDOH, Data Dashboard, Cardiovascular Collaborative
6a	Colorectal Cancer Screening	The percentage of adults aged 50-75 in SD up to date with USPSTF recommended colorectal screening.	69.1% **80%**	2019 **2026**	Increase	SDDOH, SD Cancer Registry, SD Cancer Plan 2021-2025
6b	Colorectal Cancer Mortality	Colorectal cancer mortality rate (age adjusted) per 100,000	14.2 **14**	2016-2020 **2026**	Decrease	SDDOH, SD Cancer Registry, Colorectal Cancer in SD, May 2023
7a	Screen for Syphilis	Percentage of pregnant women are 1) screened 3 times during pregnancy (at 1st prenatal appt or time of initial pregnancy diagnosis; at 28 weeks; at delivery), 2) screened if delivered a stillbirth (gestational age ≥20 weeks) who were screened for syphilis.	N/A **Establish baseline**	N/A **2026**		N/A SDDOH, Syphilis Outbreak Plan

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
7b	Congenital Syphilis	Rate of congenital syphilis per 100,000 live births.	140.7 **138.2**	2021 **2029**	Decrease	CDC, Sexually Transmitted Disease Surveillance 2021, Table 20
8	Primary Care Screenings	The percentage of surveyed primary care locations who administer the SBIRT or other standardized screening protocol to screen for alcohol use	80% **81.8%**	2020 **2029**	Increase	SD DOH, Office of Rural Health 2020 Primary Care Needs Assessment
		and screen for drug use.	73% **74%**	2020 **2029**		

Goal 2: Increase healthy behaviors.

Rationale: The risk factors that contribute to acute, chronic disease, and poor health outcomes may be decreased by engaging in healthy behaviors. Preventive care, prenatal care, oral care, regular checkups, and physical activity are all examples of healthy behaviors that each South Dakotan should have the opportunity in which to engage.

Objectives:

1. Increase the percentage of South Dakotans who report visiting their doctor for a routine checkup within the last year to 83% by 2026.
2. Increase the percentage of adults with high blood pressure who regularly check their blood pressure to 65% by 2026.
3. Decrease the percentage of adults who currently use commercial tobacco products (smoke cigarettes, use smokeless tobacco or use E-cigarettes) to 21% by 2029.
4. Decrease the percentage of youth who currently smoke cigarettes or cigars, used smokeless tobacco or electronic vapor products on at least 1 day during the last 30 days to 18% by 2029.
5. Increase the average number of years a South Dakotan can expect to live to 80.2 years by 2029, with emphasis on those counties where the life expectancy falls below the SD average.
6. Decrease the percentage of adults and youth who report binge drinking to 18% of adults and 9% of youth by 2029.
7. Increase the percentage of adults and youth who engage in physical activity to 80% of adults and 83.2% of youth by 2029.
8. Decrease the percentage of South Dakotans who are obese. Adults with a BMI of 30+ to 36%, adults with a BMI of 35+ to 11%, adults with a BMI of 40+ to 3% and youth who are obese to 14.6% by 2029.
9. Increase the percentage of pregnant women, who have had a live birth, who receive prenatal care in the first four months of pregnancy to 85.5% by 2029, with emphasis on American Indian population.
10. Increase the percentage of youth who reported eating vegetables one or more times per day during the past seven days to 58.1% 2029.
11. Increase the percentage of SD females aged 18-49 who are currently using birth control to 90% by 2026.
12. Increase the proportion of women delivering a live birth who discussed preconception health with a healthcare worker prior to pregnancy to 27% by 2029.
13. Increase the percentage of students who are sexually active, who used a condom to 57.3% by 2029.
14. Increase the percentage of students who have had oral health care during the last 12 months to 80% by 2029.
15. Increase breastfeeding initiation percentage to 84% and decrease the disparity percentage between racial/ethnic groups and the state rate to 19.5% by 2029.

Strategies:

- Utilize mass media campaigns to promote healthy behaviors to all South Dakotans.
- Promote community-based health and wellness facilities, programs, and initiatives.
- Identify geographic areas with highest risk behaviors.
- Incentive programs for healthy foods purchased through state programs.

- Establish a wellness facility voucher program to support exercise and activity.
- Develop and sustain green spaces.
- Support healthy food options in underserved areas.
- Advocate for grocery store tax incentives.
- Support point of purchase/decision prompts for alcohol and tobacco products.
- Support and promote healthy sexual behavior education in schools and youth programs.
- Provide and support voucher programs for prenatal care.
- Incentivize regular checkups and annual wellness care through health plans.
- Identify opportunities to improve maternity care practices supporting breastfeeding.
- Ensure breastfeeding-friendly policies are implemented statewide.

Assets:

- All Women Count!
- American Indian Health Data Book
- Baby-Friendly USA Facility Designation
- Bright Start
- Community Health Offices
- Community health workers and community health representatives
- Delta Dental Mobile Program
- Get Screened SD
- Good & Healthy SD
- Healthy SD
- South Dakota Breastfeeding Coalition
- South Dakota Cancer Coalition
- South Dakota Cancer Registry
- South Dakota Cardiovascular Collaborative
- South Dakota Dental Association
- South Dakota Oral Health Coalition
- South Dakota Parent Connection
- South Dakota Quitline
- St Francis Mission Dental Clinic
- Strong Families South Dakota
- Susan G Komen
- Undo the Risk
- Wellmark Healthy Hometown
- Women Infants and Children (WIC) Program

Spotlight

- The SD Quitline is a free resource to any South Dakota resident 13 or older who is ready to leave their smoking, vaping, or chewing tobacco habit in the past. Their mission is to help people with addictions to tobacco products quit and stay quit. The SD Quitline offers tobacco prevention coordinators, phone coaching, and multiple resources for providers and tobacco users.

Table 11: Care Quality Goal 2 Objectives

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
1	Regular Checkups	Percentage of adults who report visiting their doctor for a routine checkup within the last year.	76.2% **83.2%**	2020 **2026**	Increase ⇧	SDDOH, Data Dashboards, Cardiovascular Collaborative
2	Blood Pressure Monitoring	Percentage of adults with high blood pressure who regularly check their blood pressure.	63% **65%**	2019 **2026**	Increase ⇧	SDDOH, Data Dashboards, Cardiovascular Collaborative
3	Commercial Tobacco, Adult	The percentage of South Dakotans who currently smoke cigarettes, use smokeless tobacco, or use E-cigarettes.	24% **21%**	2021 **2029**	Decrease ⇩	SD BRFSS
4	Commercial Tobacco, Youth	The percentage of students who currently smoke cigarettes or cigars or used smokeless tobacco or electronic vapor products on at least 1 day during the 30 days before the survey.	16.5% **13.5%**	2021 **2029**	Decrease ⇩	SD YRBS
5	Life Expectancy	The average number of years a person can expect to live in South Dakota.	78.2 years **80.2 years**	2022 **2029**	Increase ⇧	National Center for Health Statistics, County Health Rankings
6a	Binge Drinking, Adult	The percentage of South Dakotans who report binge drinking (male- 5+ drinks, female- 4+ drinks) on one occasion, one or more times in the past month.	20% **18%**	2021 **2029**	Decrease ⇩	SD BRFSS
6b	Binge Drinking, Youth	The percentage of students who binge drank (5+ drinks males, 4+ females) within the past 30 days.	11.1% **9.1%**	2021 **2029**	Decrease ⇩	SD YRBS

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
7a	Physical Activity, Adult	The percentage of South Dakotans who report leisure time physical activity or exercise during the past 30 days other than the respondent's regular job.	77% **80%**	2021 **2029**	Increase 	SD BRFSS
7b	Physical Activity, Youth	The percentage of students who were physically active for at least 60 minutes per day for 5 or more days.	51.2% **53.2%**	2021 **2029**	Increase 	SD YRBS
8a	Obesity, Adult (BMI 30+)	The percentage of South Dakotans who report being obese (BMI of 30.0 or greater).	38% **36%**	2021 **2029**	Decrease 	SD BRFSS
8b	Obesity (BMI 35+)	The percentage of South Dakotans who report being severely obese (BMI 35.0 or greater).	13% **11%**	2021 **2029**		
8c	Obesity (BMI 40+)	The percentage of South Dakota who report being morbidly obese (BMI 40.0 or greater).	5% **3%**	2021 **2029**		
8d	Obesity, Youth	The percentage of students who are obese.	16.6% **14.6%**	2021 **2029**	Decrease 	SD YRBS
9	Prenatal Care	Percentage of live births in which the mother received prenatal care beginning in the first four months of pregnancy with the appropriate number of visits for the infant's gestational age.	75.5% **85.5%**	2021 **2029**	Increase 	America's Health Rankings, March of Dimes, Perinatal Data Center

Obj	Title	Description	Baseline Target	Year Year	Direction	Source
10	Vegetables Daily, Youth	The percentage of students who ate vegetables one or more times per day during the past 7 days.	55.1% **58.1%**	2021 **2029**	Increase 	SD YRBS
11	Birth Control	SD females, ages 18-49, who are currently using birth control.	83% **90%**	2021 **2026**	Increase 	SD BRFSS
12	Preconception Care	Percentage of mothers who visited a health care worker 12 months before pregnancy and talked with a healthcare worker about improving their health before pregnancy	25% **27%**	2020 **2029**	Increase 	SDDOH, 2020 PRAMS Surveillance Data Report, Jan 2022
13	Condom Usage, Youth	The percentage of students who have had sexual intercourse, who use a condom during the last time they had sexual intercourse.	52.3% **57.3%**	2021 **2029**	Increase 	SD YRBS
14	Oral Health, Youth	The percentage of students who last saw a dentist for check-up, exam, teeth cleaning or other dental work during the last 12 months.	76.2% **80%**	2021 **2029**	Increase 	SD YRBS
15a	Breastfeeding Initiation	The percentage of live births where breastfeeding was initiated	80.7% **84%**	2020 **2029**	Increase 	National Vital Statistics System, Birth Certificates
15b	Disparity of Breastfeeding Initiation	The percentage of disparity between racial/ethnic group breastfeeding initiation rate and state rate	23.5% **19.5%**	2020 **2029**	Decrease 	2020 SD Breastfeeding Report, CDC, National Vital Statistics System, Birth Certificates

Aligning, Monitoring, and Evaluating

As the SHIP becomes the primary and expert resource for establishing and maintaining health policies and laws, the HIC members will be actively engaged in ensuring alignment, monitoring, and evaluating progress. Alignment with existing plans or program objectives enhances ownership, accountability, and collaboration throughout the public health system. Using a collection of measurable objectives, progress toward achieving the goals of the SHIP can be monitored and evaluated.

Existing task groups for each health priority area will collaborate to prioritize the objectives and develop an annual workplan for implementing the identified strategies and activities. A current index of state agency strategic plans, assessments, and other key data collections will be utilized to reduce duplication and reinforce collaboration and alignment.

State Agency Guiding Documents

Agency	Guiding Document	Date
Department of Health (DOH)	State Health Assessment	2023
	Strategic Plan	2020-2025
	Tobacco State Plan	2020-2025
	Chronic Disease State Plan.	2022-2027
	Diabetes State Strategic Plan	2022-2027
	Oral Health Plan	2022-2027
DOH Office of Chronic Disease Prevention and Health Promotion Statewide Coalitions		
SD Suicide Prevention	SD Suicide Prevention State Plan	2020-2025
Avoid Opioid	SD Opioid Abuse Strategic Plan	2021-2024
Cancer Coalition	SD Cancer Plan	2021-2025
Cardiovascular Collaborative	Cardiovascular Collaborative Strategic Plan	2022-2026
Department of Social Services (DSS)	Behavioral Health Prevention Services Strategic Plan	2023-2028
	Prevention Strategic Plan	2023-2028
	Suicide Prevention Strategic Plan	2020-2025
	Workforce Assessment – In Progress	2024-
DOH/DSS	Statewide Targeted Response to the Opioid Crisis Strategic Plan	October 2017
Governor's Office of Economic Development	Connect SD Five Year Action Plan	2023-2028
	Connect SD Digital Opportunity Plan	

South Dakota Department of Health Data and Reports

- American Indian Health Data Book
- Chronic Disease Data & Reports
- Data Dashboards
- Health Behaviors of South Dakotans Reports
- Infectious & Communicative Disease Data & Reports
- Injury Prevention
- Maternal Child Health
- Office of Health Statistics
- Oral Health Data & Reports
- Sexually Transmitted Infections Data & Reports
- SD Health Care Workforce Data
- Substance Use Data & Reports
- Youth Risk Behavior Survey (YRBS) Data & Reports
- Vital Reports

Spotlight

- The American Indian Health Data Book was published in January 2024 by the SD DOH and provides insights to social vulnerability and health disparity in counties located in or near tribal lands.

  The health data highlights many aligning topics from the State Health Assessment including syphilis, lung cancer, smoking, infant mortality, pregnancy-associated death, suicide, alcohol-related death, and overdose-related death.

Community Health Needs Assessment (CHNA)

Communities in South Dakota actively assess health needs and develop corresponding action plans. The Community Health Needs Assessment (CHNA) process is a valuable tool for ongoing monitoring and tracking of health improvement. The majority of the 34 CHNAs were completed within the past few years and provide the opportunity to crosswalk community focus areas with state priorities.

Organization	Health System	Year	Access to Care	Behavioral and Mental Health	Nutrition, Physical Activity & Weight	Potentially Disabling Conditions /Chronic Disease	Health Literacy & Education	SDOH
De Smet Memorial Hospital	Avera	2022			x			
Dell Rapids Area Hospital	Avera	2022	x					
Douglas Co Memorial Hospital	Avera	2022	x	x				
Eureka Community Health Services	Avera	2022					x	
Flandreau Hospital	Avera	2022	x	x				
Gregory Hospital	Avera	2022	x					
Hand Co Memorial Hospital	Avera	2022		x	x			
Landmann-Jungman Memorial Hospital	Avera	2022	x	x		x	x	x
Marshall County Healthcare	Avera	2022	x	x				
Milbank Area Hospital	Avera	2022		x			x	
Missouri River Health Center	Avera	2022	x	x	x			
Platte Health Center	Avera	2022	x	x				x
Queen of Peace Hospital	Avera	2022		x		x		

Organization	Health System	Year	Access to Care	Behavioral and Mental Health	Nutrition, Physical Activity & Weight	Potentially Disabling Conditions /Chronic Disease	Health Literacy & Education	SDOH
Sacred Heart Hospital	Avera	2022		x				
St Luke's Hospital	Avera	2022	x	x				
St Mary's Hospital	Avera	2022		x	x			
St. Benedict Health Center	Avera	2022		x			x	x
Wagner Community Memorial Hospital	Avera	2022		x				
Weskota Memorial Hospital	Avera	2022			x			
Aberdeen Medical Center	Sanford	2022-2024	x	x	x			
Canton-Inwood Medical Center	Sanford	2022-2024						x- Housing
Chamberlain Medical Center	Sanford	2022-2024	x	x				
Clear Lake Medical Center	Sanford	2022-2024	x					
Community Memorial Hospital Inc.	Sanford	2022-2024	x		x			
Vermillion Medical Center	Sanford	2022-2024	x	x				
Webster Medical Center	Sanford	2022-2024		x	x			
City of Sioux Falls	Multiple Partners	2022-2024		x	x			

Organization	Health System	Year	Access to Care	Behavioral and Mental Health	Nutrition, Physical Activity & Weight	Potentially Disabling Conditions /Chronic Disease	Health Literacy & Education	SDOH
LifeScape Sioux Falls		2022	x	x			x	
Monument Health	Monument	2021	x	x	x	x		
Pioneer Memorial Hospital & Health Services	Sanford	2022-2024	x		x			
Prairie Lakes Healthcare System		2022	x	x			x	
United Way of the Black Hills	Multiple Partners	2019		x				x
USD Medical Center	Sanford	2022-2024	x	x		x		
Winner Regional Health	Sanford	2022-2024	x					
N=34 Assessments			20	24	11	4	6	5
Percent of assessments with shared focus areas			58.8%	70.6%	32.4%	11.8%	17.6%	14.7%

State Health Improvement Coalition

The HIC was established in June 2022 to guide the development of the SHIP and will continue to support efforts to ensure alignment, monitor progress, and evaluate outcomes. Membership consists of representation from 24 key stakeholders including government agencies, health care facilities, nonprofit organizations, and tribal entities who share a commitment to improve health and achieve health equity.

HIC members engaged in this collaborative effort to develop a health assessment and health improvement plan by participating in data collection activities, attending multiple in-person and virtual sessions focused on prioritizing health challenges and identifying potential solutions. Details related to the HIC can be found on the SD DOH Health Equity and Cultural Competency web page.

Represented HIC Member Organizations

- Avera Health
- Black Hills Special Services Cooperative
- City of Sioux Falls Health Department
- Disability Rights of South Dakota
- Helpline Center
- Horizon Health Care
- Indian Health Services
- Lutheran Social Services
- Monument Health
- Pennington County Health & Human Services
- Sanford Health
- South Dakota Association of Healthcare Organizations
- South Dakota Council of Community Behavioral Health
- South Dakota Department of Education
- South Dakota Department of Health
- South Dakota Department of Labor & Regulation
- South Dakota Department of Social Services
- South Dakota Department of Transportation
- South Dakota Department of Tribal Relations
- South Dakota Department of Veterans Affairs
- South Dakota Sheriff's Association
- South Dakota State University Extension
- Wellmark Blue Cross Blue Shield
- WIC Breastfeeding Peer Counselor Program

This State Health Improvement Plan and the corresponding State Health Assessment was coordinated by the South Dakota Foundation for Medical Care through a contract with the South Dakota Department of Health.

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