South Dakota Department of Health

Health Indicators

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SOUTH DAKOTA DEPARTMENT OF HEALTH

What is Public Health?

Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases.

Public health is a system of entities and individuals working together to protect the health of entire populations – whether it's as small as a local neighborhood, or as big as the entire state.

- Federal Health Agencies
- State Health Departments
- Local Health Departments
- Tribal Health/ Government
- Healthcare Institutions/ Providers
- Schools & Universities
- Other State Agencies
- Emergency Responders
- Community Organizations/ Coalitions
- Elected Officials
- Faith-Based Institutions
- Philanthropy & Civic Groups

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents Injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

VISION
Every South Dakotan Healthy and Strong

MISSION
Working together to promote, protect, and improve health

Agenda

- Introduction
- Access to Care
- Behavioral and Mental Health
- Care Quality

Introduction

- Health indicators have been utilized to identify and better understand the health of South Dakotans.
- Examples of Health Indicators:
  - Health behaviors
  - Physical environment
  - Quality Care
  - Socioeconomic environments
  - Access to Care
  - Health risk factors
  - Behavioral and Mental Health risk factors
- Tracking health indicators requires extensive collaboration between multiple partners and agencies.
- Data work is crucial in identifying these areas of need and determining where improvements are progressing as well as areas that may need more focus.

Introduction

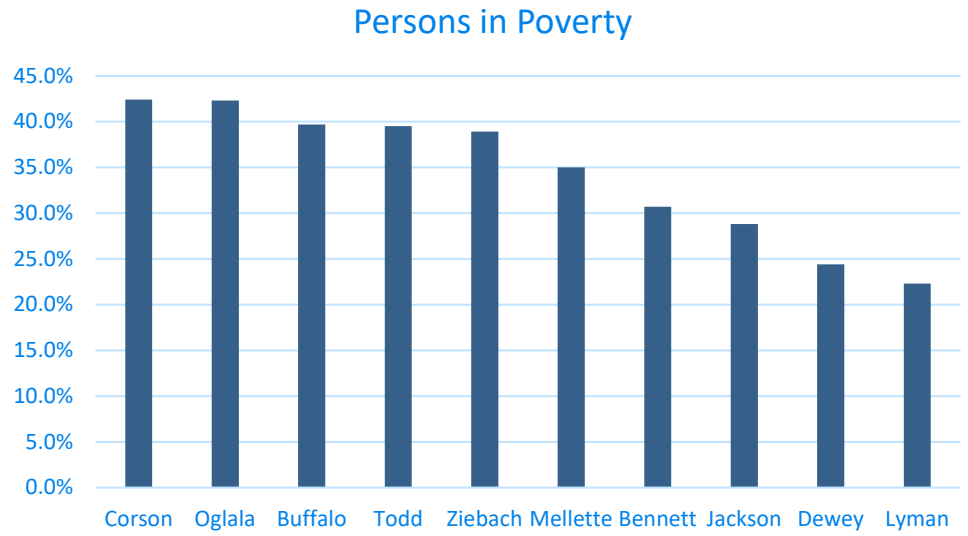
- Health Indicators are directly impacted by Social Determinants of Health.
- SDOH are conditions in which people in South Dakota are born, grow, work, live, and age.
- Health care is directly impacted by all of these conditions.
- Lack of resources, education, income, transportation, housing, social support etc. all impact the ability to lead a healthy fulfilling life.

Access to Care

- Improve Health Insurance Coverage
  - Medicaid
  - Reduction in individuals with no health coverage to 3%
  - Utilizing BRFSS and County Health Rankings
- Increase utilization of digital devices for telemedicine
  - Make available internet services to 95%
  - Increase % of adults with telehealth appointments to 15.5%
  - Increase % of SD households with a computer to 96%
  - Utilizing US Census Bureau Quick Facts, Household Pulse Survey

Access to Care

- Improve the socio-economic condition of South Dakotans living in poverty
  - Decrease % of population living in poverty to 11.5%
  - Decrease % of children living in poverty with priority on top 10 counties



Access to Care

- Improve the American Indian patient experience through the delivery of culturally responsive care
  - Determine the utilization of culturally competent training programs
  - Increase licensed healthcare professionals' diversity ration to align with the population
  - Determine and increase the proportion of tribal communities that have a health improvement plan
  - Decrease the rate of adults who had a doctors visit iun the last 6 or 12 months whose providers sometimes or never listened to 2.8%
  - Utilizing Healthy people 2030, Public Health Indian County Capacity Scan, Great Plains Tribal Epidemiology

Access to Care

- Improve the collection, utilization, and sharing of health equity data statewide.
  - Improve a data driven framework for the HIC to monitor disparities and plan for improvements.

Behavioral and Mental Health

- Reduce deaths due to behavioral and mental health crises
  - Reduce the age-adjusted suicide death rate to 18%
  - Reduce the % of students who seriously considered suicide to 19.9%
  - Reduce the % of students who attempted suicide to 9%
  - Reduce the drug overdose death rate to 10.6%
  - Increase the 988 Suicide and Crisis Lifeline calls to 4,661
  - Decrease the rate of veteran suicides to 36%
  - Utilizing data from DOH Health Statistics, SD YRBS, SD DSS, and US Department of Veteran Affairs

Behavioral and Mental Health

- Improve behavioral and mental health literacy
  - Decrease % of adults who report their mental health as not good to 5%
  - Increase % of South Dakotans who are receiving treatment for mental health to 18%
  - Increase % of students who most of the time get the help they need when feeling sad or hopeless to 22%
  - Increase % of students who ask for help from someone before attempting suicide to 20%
  - Increase % of Medicaid Health Home recipients who are screened for depression to 88%
  - Increase the percentage of Medicaid Health Home recipients who have a positive screen for depression having a follow up plan to 87%
  - Utilizing data from BRFSS, YRBS, SD Medicaid

Behavioral and Mental Health

- Increase diversity of the behavioral and mental health workforce
  - Establish a baseline of racial diversity of licensed behavioral and mental health professionals
  - Establish a baseline for the cultural competency training program completion rate
- Improve care coordination following crisis response interventions
  - Decrease median wait time for outpatients in Emergency Department to 140 minutes
  - Establish a baseline of the time a patient with a behavioral crises is seen for intervention to a follow-up appointment.
  - Facilitate the Community Health Information Exchange integration.
  - Utilizing data sources from Agency for Healthcare Research and Quality, SD DOH Office of Rural Health, Primary Care Needs Assessment, and National Healthcare Quality and Disparities Report

Care Quality

- Improve early detection through routine screenings and early interventions
  - Improve screening rates for lung/bronchus cancer to 16.34% and decrease cancer mortality to 35%
  - Improve screening rates for breast cancer in women aged 50-74 to 86%
  - Increase the % of people with a dental visit to 73.8%
  - Increase the % of people who have been told they have prediabetes to 8% and decrease prevalence of diabetes type 2 to 8.1%
  - Increase number of participants who complete Better Choices Better Health SD to 741
  - Improve screening rates for colorectal cancer to 80% and reduce mortality rate to 14%
  - Increase the % of screening for syphilis in pregnant women to 138.2
  - Increase screening, interventions, and treatment for alcohol to 81.8% and drugs to 74%
  - Utlizing data from SDDOH, SD Cancer Registry, CDC, National Cancer Institute, BRFSS, State Cancer Profiles, South Dakota Diabetes State Strategic Plan, America's Health Rankings, Data Dashboard, Cardiovascular Collaborative, Syphilis Outbreak Plan and SD Office of Rural Health

Care Quality

- Increase healthy behaviors
  - Increase the % of South Dakotans who report regular checkups to 83%
  - Increase % of adults with high blood pressure who regularly check their BP to 65%
  - Decrease % of youth who currently use tobacco to 21%
  - Decrease % of youth who currently smoke cigarettes, cigars, smokeless tobacco or vapes to 18%
  - Increase the average life expectancy to 80.2 years
  - Decrease the % of adults and youth who binge drink to 18% of adults and 9% of youth
  - Increase the % of adults and youth who are physically active to 80% of adults and 83.2% of youth
  - Decrease the number of obese South Dakotans
  - Increase the % of pregnant women who receive prenatal care in the first 4 months to 85.5%
  - Increase the % of youth who reported eating vegetables to 58.1%
  - Increase the % of SD females 18-49 who currently use birth control to 90%
  - Increase the % of students who are sexually active that used a condom to 57.3%
  - Increase the % of students who have had oral health care in the last year to 80%
  - Increase breastfeeding initiation % to 84% and decrease the disparity % between racial/ethnic groups to 19.5%
  - Utilizing data from SDDOH, Data Dashboards, Cardiovascular Collaborative, BRFSS, YRBS, National Center for Health Statistics, County Health Ranking, March of Dimes, PRAM, SD Breastfeeding Report, CDC, and Perinatal Data Center

Questions?

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