Strategic Objectives and Performance Indicators Updates

Public Health

Department of Health

Access to Preventive Care

Increase the percent of South Dakota adults who have visited a doctor for a routine check-up within the past 2 years from 80.1% in 2014 to 90% by 2020

South Dakota Percent	South Dakota 2020 Target	U.S. Percent
81.7% *(2015)*	90%	82.8% *(2014)*

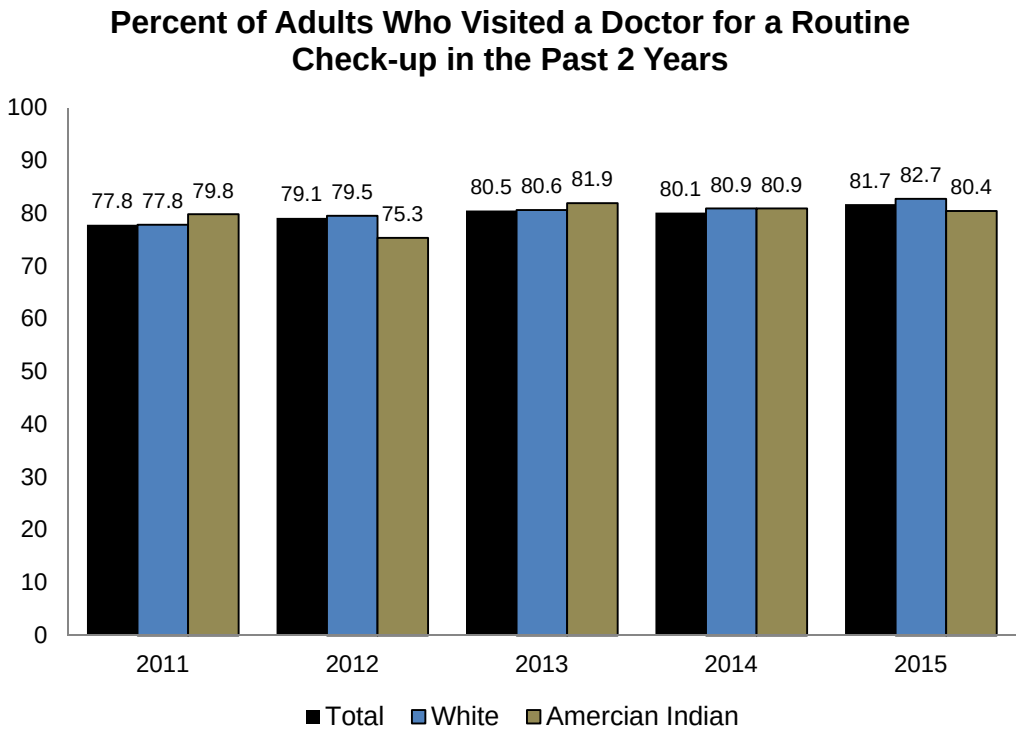
Significance:
Regular health exams and tests can help find problems before they start. They may also help identify problems early, when the chances for treatment and cure are better. By receiving the right health services, screenings, and treatments, individuals are taking steps that improve their chances for living a longer, healthier life. Age, health, family history, lifestyle choices (i.e., diet, physical activity, smoking), and other important factors impact what and how often an individual needs healthcare.

A routine check-up is a good step to staying healthy and developing a relationship with a healthcare provider. It is important to have a regular healthcare provider who can recommend and encourage patients to receive preventive health screenings such as mammograms, clinical breast exams, colorectal cancer screening, and pap smears. Routine check-ups also help establish a line of communication and that in turn helps to build trust with the healthcare providers who are typically the gatekeepers to healthcare services for their patients.

Definition: Percent of adults who visited a doctor for a routine check-up in the past 2 years

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Statistical Trend:



Date Last Updated: 10/13/2016

Infant Mortality

Reduce the 5-year infant mortality rate from 6.9 per 1,000 births in 2010-2014 to 6.0 by 2020

South Dakota Rate	South Dakota 2020 Target	U.S. Rate
6.9 *(2011-2015)*	6.0	5.8 *(2014)*

Significance:

Infant mortality is considered a gold standard for measuring the health of a population. Every year since 2000, approximately 12,000 infants were born to residents of South Dakota. Tragically, each year 50 to 100 of these babies die within their first year of life.

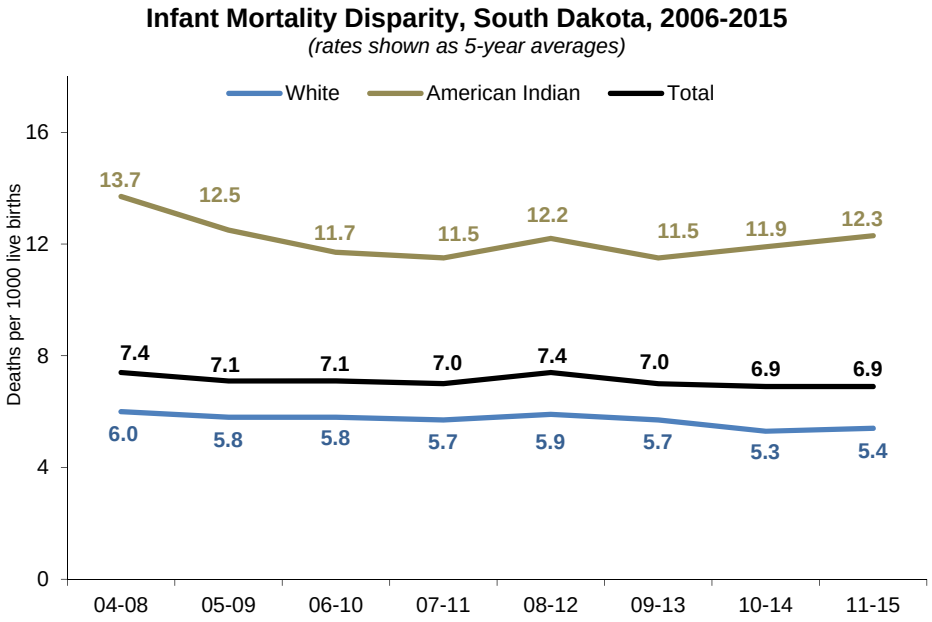
The infant mortality rate among American Indians in South Dakota is twice as high as the white infant mortality rate. Low levels of early prenatal care correlate directly with high infant mortality rates. There are 7 counties in South Dakota that have less than 50% of pregnant women receiving prenatal care in the first trimester. Six of these same counties also have higher infant mortality rates than the state rate. The rate of adult pregnant women smoking in South Dakota in 2015 was 14.0%. Parental smoking is a risk factor for SIDS, complications from prematurity and low birth weight, and other pregnancy problems.

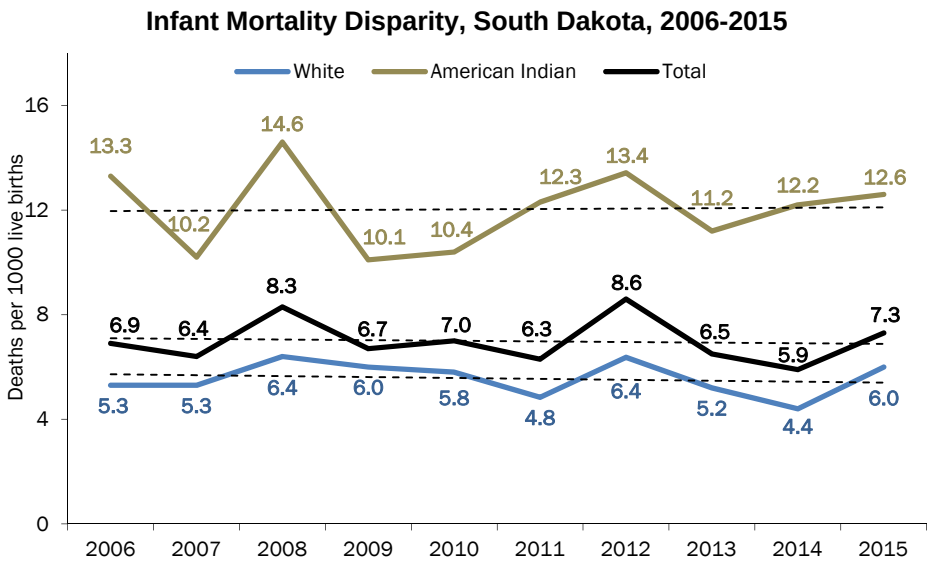
The causes of infant mortality vary widely from case to case and can be attributed to many things including the health of the mother before and during pregnancy, how early the pregnancy was identified, the amount and quality of prenatal care received, the home environment, and the type of care the baby receives at home. For 2011-2015, the leading causes of infant mortality were: (1) congenital anomalies; (2) short gestation/low birth weight; (3) accidents; and (4) SIDS. Many of these deaths are preventable which means we can make a difference by recognizing the early signs of pregnancy, starting prenatal care as soon as possible, using safe sleep practices, and if using tobacco, quit.

Definition: Infant deaths per 1,000 live births

Data Source: South Dakota Vital Statistics Data

Statistical Trends:





Date Last Updated: 10/13/2016

Childhood Immunizations

Increase the percent of children aged 19-35 months who receive recommended vaccinations from 76.3% in 2014 to 80% by 2020

South Dakota Percent	South Dakota 2020 Target	U.S. Percent
75.6% *(2015)*	80.0	72.2% *(2015)*

Significance:

Vaccination is one of the greatest public health achievements of the 20th century, resulting in dramatic declines in morbidity and mortality for many infectious diseases. Childhood vaccination in particular is considered among the most cost-effective preventive services available as it can prevent a potential lifetime lost to death and disability. Sustaining vaccination rates requires a constant effort to reach new children.

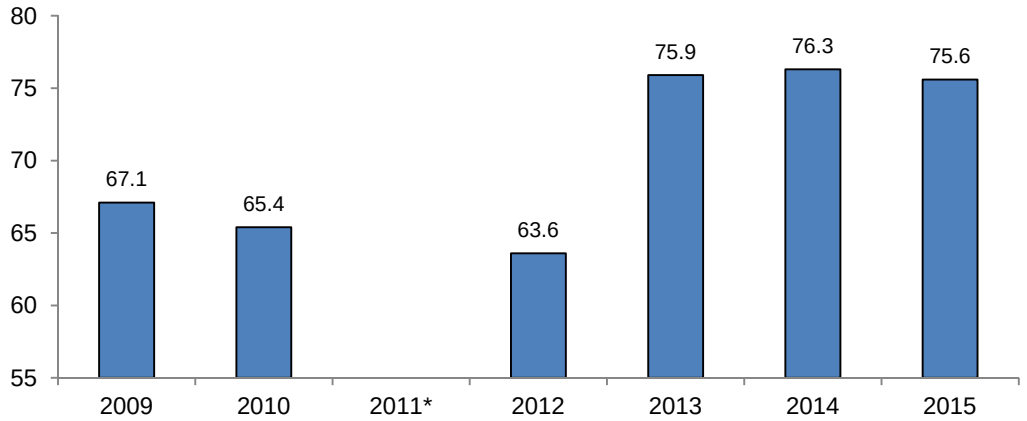
South Dakota has achieved high immunization coverage rates for many childhood vaccines with an over 96% coverage rate for DTaP, MMR, Polio, and Varicella in the 2015-2016 kindergarten survey. For younger children 19-35 months of age however, South Dakota falls short in immunizing children for the 4th dose of DTaP and 4th dose of Pneumococcal vaccines. Some parents either refuse to vaccinate, delay vaccination or use an alternate vaccination schedule for their children due to anxiety about adverse effects. Other parents don't perceive vaccination to be a high priority, partly because vaccine-preventable diseases are relatively uncommon. This puts their children and others vulnerable individuals not able to be vaccinated because of a medical condition at risk for getting a vaccine-preventable disease. Serious reactions to childhood vaccination are extremely rare. A person is far more likely to be seriously injured by a vaccine-preventable disease than by a vaccine. As the measles outbreak in late 2014/early 2015 shows, continued vigilance is needed to maintain the state's immunization coverage rate. In order to reach the South Dakota target of 80% of children aged 19-35 months who received the recommended vaccinations, the DOH will continue to work with parents, healthcare providers, and childcare providers to increase the coverage rate for childhood vaccinations utilizing evidence based practices. Effective November 1, 2016, the requirements for children in licensed/registered childcare settings will be enhanced based on recommendations from CDC and the Advisory Committee on Immunization Practices.

Definition: Percent of children, ages 19-35 months, that completed the 4:3:1:3:3:1:4 (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella, 4 Pneumococcal) combined series of vaccines

Data Source: National Immunization Survey (SD data by race is not available due to insufficient sample size)

Statistical Trend:

Percent of children aged 19-35 months who receive recommended vaccinations, 2009-2015



**2011 data not available due to insufficient sample size*

Date Last Updated: 10/13/2016

Smoking

Reduce the percentage of adults that currently smoke from 18.6% in 2014 to 14.5% by 2020

South Dakota Percent	South Dakota 2020 Target	U.S. Percent
20.1 *(2015)*	14.5	16.8 *(2014)*

Significance:

Cigarette smoking is the single most preventable cause of death and disease in the U.S. Cigarette smoking causes approximately 1,100 deaths each year in South Dakota – nearly 3 people each day. Half of all long-term smokers die prematurely from smoking-related causes. The health consequences of tobacco use include heart disease, multiple types of cancer, lung and respiratory disease, negative reproductive effects, and the worsening of chronic health conditions such as diabetes and asthma.

Tobacco use costs South Dakota $373 million in health care expenditures and another $233 million in lost productivity each year. The portion of this cost covered by the state Medicaid program is $68 million. These amounts do not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar/pipe smoking.

Even though tobacco use rates are declining among the population overall from 23.1% in 2011 to 20.1% in 2015, the rates are still troubling among several groups who are disproportionately affected by tobacco.

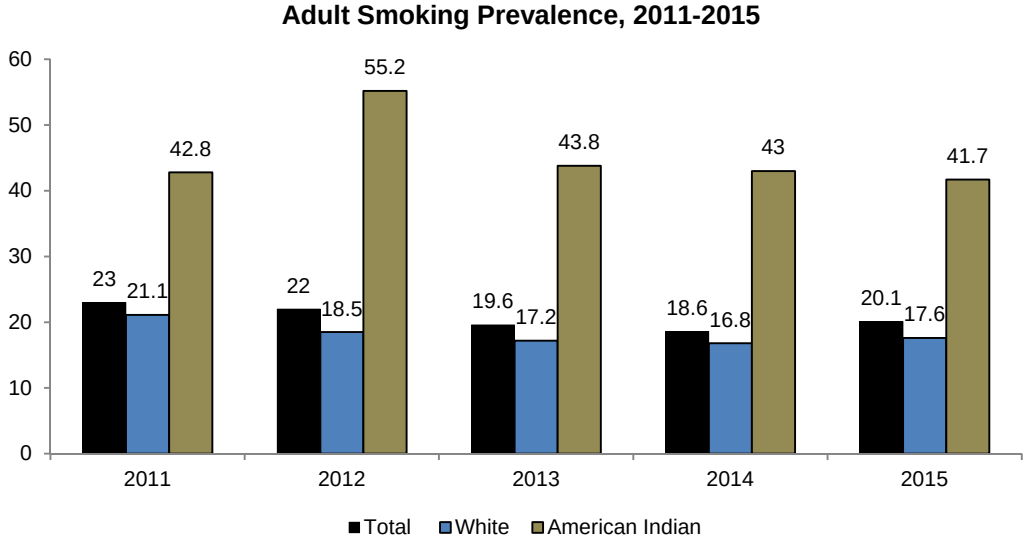
- According to CDC, 16.7% of young adults (age 18-24, 2014) smoke nationwide vs. 23.6% in South Dakota. (2015)
- American Indians in South Dakota are much more likely to have smoked cigarettes than whites – 41.7% vs. 17.6% (2015)
- The Medicaid population smoking prevalence is 46% vs. the overall state rate of 20.1% (2015)
- The rate of adult pregnant women smoking in South Dakota is 14.0%. Parental smoking is a risk factor for SIDS, complications from prematurity and low birth weight, and other pregnancy problems. (2015)

Significant strides in smoking prevalence have been made in high school youth. Smoking prevalence among U.S. high school youth is at an all-time low at 10.8% and South Dakota even lower at 10.1%. Most smokers begin smoking as children and almost all first tobacco use occurs before age 18.

Definition: Percent of adults who currently smoke cigarettes

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

Statistical Trend:



Date Last Updated: 10/13/2016

Suicide

Reduce the suicide age-adjusted death rate for South Dakota from 17.1 per 100,000 in 2014 to 12.6 per 100,000 by 2020

South Dakota Rate	South Dakota 2020 Target	U.S. Rate
20.4 *(2015)*	12.6	13.0 *(2014)*

Significance:

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While the causes of suicide are complex and determined by multiple factors, the goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience. Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

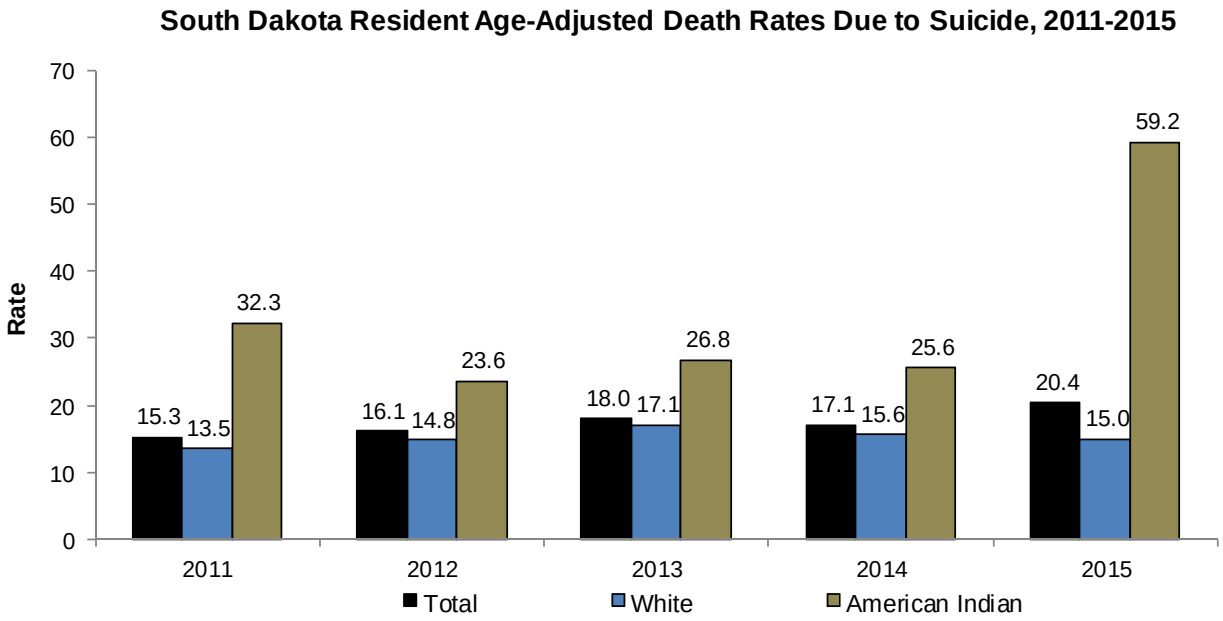
A combination of individual, relational, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide – they may or may not be direct causes – and may include family history of suicide, family history of child abuse/neglect, previous suicide attempts, history of mental health disorder, alcohol/substance abuse, local epidemics of suicide, loss (relationship, financial, job), etc.

Suicide was the ninth leading cause of death in South Dakota in 2015 with 173 deaths. Suicide was the second leading cause of death for residents ages 10-34 accounting for 80 deaths in 2015. Among the American Indian population, suicide was tied for the sixth leading cause of death with 48 deaths in 2015.

Definition: Age-adjusted death rate due to suicide per 100,000 population

Data Source: South Dakota Vital Records Data

Statistical Trend:



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