



Chronic Disease Partners and BCBH Agenda – Day 1  
October 15, 2019

**12:00 – 12:30 Registration**

*Highland Conference Center Lobby*

**12:30 – 12:45 Welcome**

*Ballroom A*

*Colleen Winter, RN, Family & Community Health Division Director  
Kiley Hump, MS, Office of Chronic Disease Prevention and Health  
Promotion Administrator  
South Dakota Department of Health*

**12:45 – 2:00 Successes and Lessons from the CDC's 6 | 18 Initiative: Medicaid-Public Health Partnerships to Improve Health and Control Costs**

*Ballroom A*

*Kathy Moses, MPH, Associate Director for Policy  
Center for Health Care Strategies*

*Lindsay Bishop, MPH, Public Health Analyst  
Office of Population Health and Healthcare, Office of the  
Associate Director for Policy and Strategy, Centers for Disease  
Control and Prevention*

*Jacob Parsons, Tobacco Control Program Director  
South Dakota Department of Health*

*Sara Aker, Deputy Division Director  
Division of Medical Services, South Dakota Department of Social  
Services*

*CDC's 6 | 18 Initiative accelerates the adoption of evidence-based interventions that can improve health and control costs related to six high-burden, high-cost health conditions — tobacco use, high blood pressure, antibiotic use, asthma, unintended pregnancies, and type 2 diabetes - and sustainable collaboration between public health and health care sectors. To date, CDC's 6 | 18 Initiative has partnered with 34 Medicaid and public health teams from states, local jurisdictions, and territories. The session will provide lessons learned and case study examples on state's efforts to improve Medicaid coverage and utilization of the prevention and control interventions through enhanced cross-agency collaboration.*

**2:00 – 3:00 Plenary Session**

## **Utilization of Multi-Sector Collaborations to Assess Vulnerability of SD Counties for Opioid Overdose and Bloodborne Infections**

Ballroom A

*Cassie Deffenbaugh, MSN, BSN, RN, Disease Prevention Services Administrator*

*Laura Streich, MPA, Opioid Program Director  
South Dakota Department of Health*

*Weiwei Zhang, PhD, Department of Sociology and Rural Studies Assistant Professor*

*South Dakota State University*

*Chelsea Wesner, MPH, MSW, Master of Public Health Program Instructor  
University of South Dakota*

*Sandra Melstad, MPH, Public Health Consultant  
SLM Consulting, LLC*

The session will highlight how collaboration between government, university, non-profit, and business sectors across South Dakota worked to identify South Dakota counties impacted by the opioid epidemic and bloodborne infections. Panelists will discuss partner engagement, data collection methods and analysis, data sharing, and dissemination of findings. Findings from the Assessment will inform local and state plans to strategically allocate prevention and intervention services to minimize death and disability resulting from the nationwide opioid crisis.

### **3:00 – 3:20 Physical Activity, Networking and Break**

Ballroom A

### **3:20 – 4:20 Breakout Session I**

#### **CDC's Health Impact in 5 Years (HI-5) Initiative: Community-Wide Approaches to Population Health**

Ballroom A

*Kathy Moses, MPH, Associate Director for Policy  
Center for Health Care Strategies*

*Lindsay Bishop, MPH, Public Health Analyst*

*Office of Population Health and Healthcare, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention*

*Elizabeth Skillen, PhD, MS, Senior Advisor*

*Office of Population Health and Healthcare, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention*

*Achieving lasting impact on health outcomes requires a focus not just on patient care, but on community wide-approaches aimed at improving population health. CDC's Health Impact in 5 Years (HI-5) initiative highlights non-clinical, community-wide approaches that have evidence reporting 1) positive health impacts, 2) results within five years, and 3) cost effectiveness and/or cost savings over the lifetime of the population or*

earlier. The breakout session will provide an overview of the initiative with a focus on current efforts related to transportation and earned income tax credits.

### **Diabetes Education Models: Finding a Structure for You**

Remington

Sue Johannsen, GNP, PA, CDE, Diabetes Coordinator

Brett Kollars, MHA, Director of Clinic Quality

Avera Medical Group

During this session we will review developed models of care related to Diabetes Education with a clinical setting. These models of care involve staff, providers and educators in differing formats. A brief description of each will be provided for review with a discussion of the structure, staff needed and funding. Data will be shared around each model. The average reduction in A1c regardless of type of model ranged from 1.5 to 2.0. Quality measures and the overall improvement seen in each model will be reviewed. Comments on program structure and results from those involved will be discussed. Time for review of elements and brainstorming of how the models could be used in each attendee's communities will be provided.

### **Moving Evidence into Action to Address Health Equity: Approaches to Utilize Evidence-Based Decision Making to Improve Health Practice in SD**

Browning

Sandra Melstad, MPH

SLM Consulting, LLC

Utilization of evidence-based decision making (EBDM) to guide public health practice is a key factor to improving health outcomes. Efforts must focus on addressing the factors that affect health outcomes and health inequities, including check assumptions, engage vulnerable populations, data sharing, and cross-sector collaboration. The presentation will highlight findings from the 2018 Chronic Disease Partner's Meeting Survey focused on EBDM, as well as discuss approaches to move from evidence into action to address health equity and improve population health. Participants will get hands-on experience utilizing tools that address health equity.

**4:20 – 5:20**

### **Breakout Session II**

#### **Putting Physical Activity Evidenced-Based Programs into Action in Rural Communities**

Browning

Nikki Prosch, MS, EP-C, PAPH, Health and Physical Activity Field Specialist II

Hope Klein, MS, C-EP, EIM, Health Education and Food Safety Field Specialist

SDSU Extension

SDSU Extension has brought Walk With Ease, an evidence-based walking program developed by the Arthritis Foundation, to the state of South Dakota. Learn how they are recruiting leaders across the state to reach rural communities, and the impact the program has had on South Dakotans thus far.

### **From Information to Implementation: You Have the Data...What's Next?**

Remington

Mary Michaels, Public Health Prevention Coordinator

Alyssa Gehle, MPH, RDN, LN, Health Promotion Specialist

Sioux Falls Health Department, Live Well Sioux Falls

Research and evidence play an important role in public health. But how do you take the information you collect and put it into action? This session discusses "what happens next" after completing a health needs assessment, using the collaborative Sioux Falls Community Health Needs Assessment (CHNA) as an example. Participants will learn about the CHNA process and the variety of data that can help them better understand the health of their community. In addition, there will be the opportunity for hands-on practice to look at health data indicators and develop sample community-based strategies.

### **Healthy Hometown Powered by Wellmark Community Successes: Moving Evidence into Action**

Ballroom A

Angie Brown, Community Health Manager

Wellmark BCBS

Gloria Hanson, Mayor

City of Ft. Pierre

Justin Weiland, Administrator

City of Dell Rapids

Melissa Gale, MBA, LPC-MH, CEO

Avera Landmann-Jungman Memorial Hospital

This session will provide a brief overview of Healthy Hometown<sup>SM</sup> Powered by Wellmark and the facilitation and consultation provided to South Dakota communities. Three community leaders will share their stories related to creating sustainable changes through community engagement. These leaders will highlight their methods of engaging community members as they implement evidence-based tactics from their Healthy Hometown master plans. Each community will describe the tactic they selected and its importance to their community. They will share how they engaged community members, how they collaborated with local businesses and organizations, how they overcame challenges, and how their efforts are impacting the health and well-being of their community.

Chronic Disease Partners and BCBH Agenda – Day 2  
October 16, 2019

**8:00 – 8:15**    **Opening Remarks**  
Ballroom A

**8:15 – 9:15**    **Keynote Address – Community-Clinical Engagement for Intervention Success**  
Ballroom A  
*Alice Jaglowski, MSH, Public Health Consultant  
National Association of Chronic Disease Directors*

**9:15 – 10:15**    **Better Choices, Better Health Plenary Session**  
Ballroom A  
*Lori Oster, RN, Program Coordinator  
Megan Jacobson, MS, RDN, Program Associate  
Better Choices, Better Health® SD*

*The first BCBH workshops were offered to SD adults in 2014. Now five years later, we will share participation data and impact to date. Also, in staying with the conference theme, we will explore how chronic disease self-management education evidence and health outcomes may influence a community's move into action.*

**10:15 – 10:45**    **Physical Activity (Guided Walk – Beth Davis), Networking and Break**  
Ballroom A

**10:45 – 12:00**    **Open Spaces**  
Ballroom A  
*Dr. Pam Lange, Deputy Executive Director  
Black Hills Special Services Cooperative*

*The session will utilize an Open Space concept of bringing people together around ideas, questions, and themes that they are thinking about and have passion for. The process sets the perimeters for all voices and ideas to emerge using four principles, one law and a process to harvest the rich discussions of the group. It doesn't matter who the people are – the process always works. It works because all people can work well together, can be creative and caring and insightful when they're engaged in meaningful work that they care about. The Open Space structure will serve as an inviting opportunity for people to engage deeply and creatively around issues of concern to them.*

**12:00 – 1:00**    **Luncheon**  
**2019 Chronic Disease Partner of the Year**  
**2019 BCBH Champion Award**  
**2019 Healthy Hometown Community Awards**  
Benelli Room

**1:00 – 2:00 Chronic Disease Partner Talks and Poster Session**

Ballroom A

Sarah Quail, Cancer Programs Coordinator  
South Dakota Department of Health  
*Environmental Scan of South Dakota's Mobile Mammography Efforts*

Jenna Cowan, Population Health Specialist  
South Dakota State University  
*Utilizing Community Partnerships to Enhance Program Reach*

Jill Ireland, MPA, Health Systems Senior Manager  
American Cancer Society  
*Links to Care: Improving Access to Colonoscopy in the Dakotas*

Lindsey Holmquest, AARP  
*Livable 605: Strengthening Communities through Collaborative Efforts to Enhance Livability*

Sarah Quail, Cancer Programs Coordinator  
*Barriers to Cancer Screening among South Dakota American Indians*

**2:00 – 3:00 Breakout Session III**

**Workshop Wizard – A Referral Management Solution**

Remington

Megan Jacobsen, MS, LN, RDN, Nutrition Field Specialist  
SDSU Extension

Lacey A. McCormack, PhD, MPH, RD, Associate Professor  
South Dakota State University

Bridget Muntefering, Community Referral and Wellness Coach  
Better Choices, Better Health® SD

Better Choices, Better Health® SD will explore how they are utilizing Workshop Wizard™ to manage data, referrals and statewide coordination of their Chronic Disease Self-Management Education and Fall Prevention Programs and share their future goals of creating an evidence-based program network.

**Community-Clinical Engagement for Intervention Success: Strategies and Tools**

Ballroom A

Alice Jaglowski, MSH, Public Health Consultant  
National Association of Chronic Disease Directors

**Starting a Self-Measured Blood Pressure Monitoring Program**

Browning

Rachel Sehr, BSN, RN, Heart Disease and Stroke Prevention Coordinator

South Dakota Department of Health  
Holly Arends, CMQP, CHSP, Program Manager  
Great Plains QIN  
Kevin Atkins, CAHIMS, Engagement Manager  
HealthPOINT  
Betty Crandall, Health Home Coordinator  
Leanne Kopfmann, Clinic Administrator  
Huron Clinic

Huron Clinic partnered with the South Dakota Department of Health, HealthPOINT, and Quality Innovation Network to develop a self-measured blood pressure monitoring program. Hear about the project from inception to current status and learn how Huron Clinic was able to increase their blood pressure control (NQF 18) from 67% to 82% in a period of less than 6 months.

**3:00 – 3:30**

**Chronic Disease Data**

Ballroom A

Ashley Miller, MPH, Chronic Disease Epidemiologist  
South Dakota Department of Health

**3:30 – 3:45**

**Wrap-up and Evaluation**

Ballroom A