

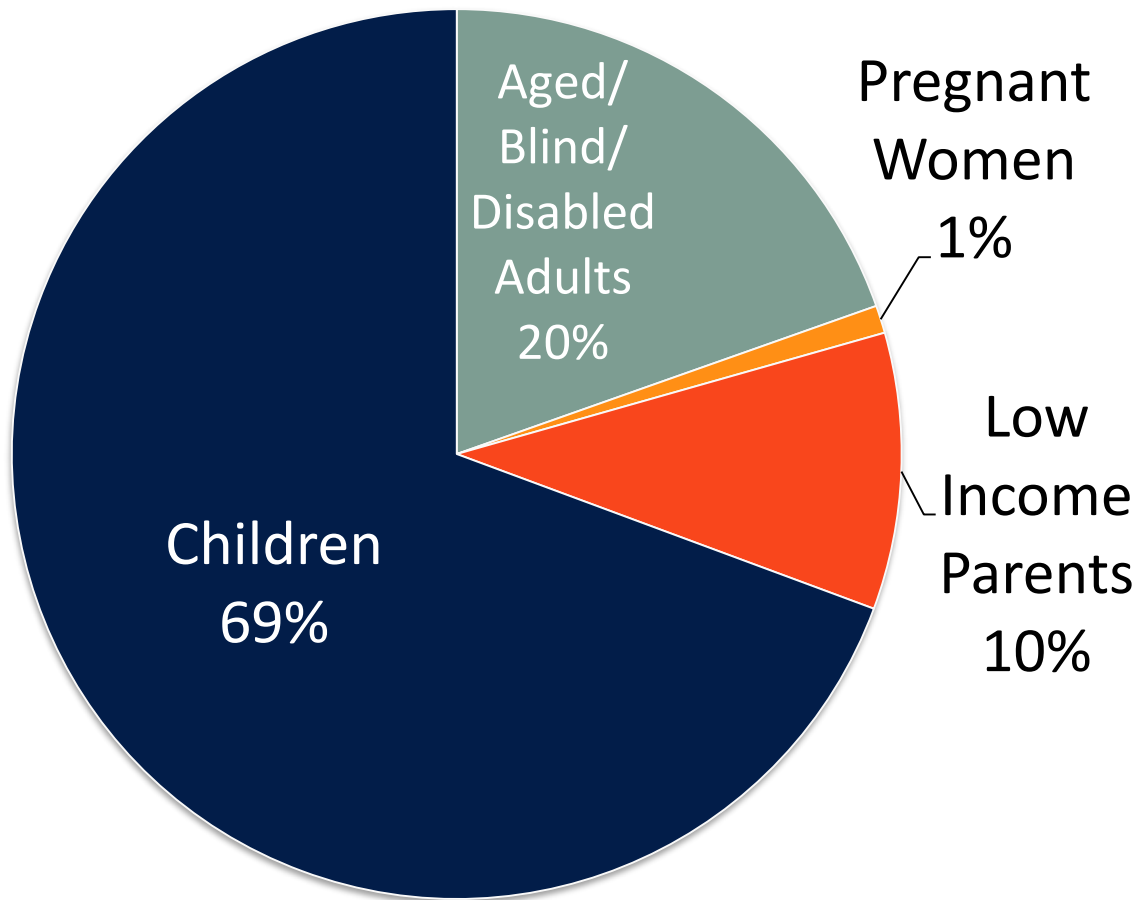


SOUTH DAKOTA
DEPARTMENT OF HEALTH



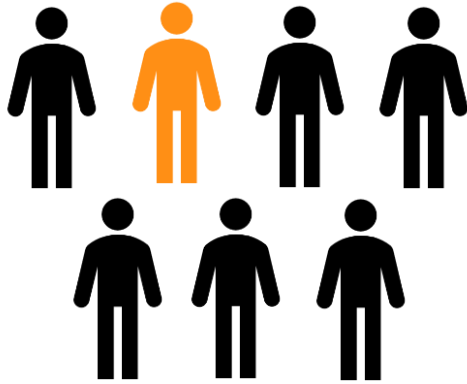
Strong Families - South Dakota's Foundation and Our Future

South Dakota Medicaid: Who We Serve



- Medicaid covered 147,438 unduplicated individuals during SFY18.
- Medicaid covers about 118,000 individuals in any given month.

South Dakota Medicaid: Who We Serve



Nearly **1 in 7**

South Dakotans in any given month will have health coverage through Medicaid or CHIP



1 of every **3**

children under the age of 19 in South Dakota has health coverage through Medicaid or CHIP



50%

of children born in South Dakota will be on Medicaid or CHIP during their first year of life

South Dakota Tobacco Disparities 2018

American
Indians

21,231
estimated adult
tobacco users

447
enrolled in the
SD QuitLine

Pregnant
Women

1,410
estimated pregnant
cigarette users

54
enrolled in the
SD QuitLine

Medicaid

16,794
estimated adult
tobacco users

637
enrolled in the
SD QuitLine

South Dakota 6|18 Initiative

Partnership between South Dakota Tobacco Control Program and South Dakota Medicaid to reduce tobacco use in disparate population groups.

Goals:

1. Promote increased use of covered treatment benefits by tobacco users.
2. Increase access to tobacco cessation treatment including individual, group and telephone counseling and FDA approved cessation medications.

South Dakota 6|18 Initiative Team

Sarah Aker	DSS	Medicaid Deputy Director <i>Medicaid Team Lead</i>
Kathi Mueller	DSS	Health Homes/PCP Program Manager
Jacob Parsons	DOH	Tobacco Control Program Director <i>Public Health Team Lead</i>
Kiley Hump	DOH	Administrator, Office of Chronic Disease Prevention and Health Promotion
Roshal Rossman	DOH	Statewide Cessation Coordinator



6/18 Action Plan

- Members of SD Team attended an in-person convening in October 2018, where we learned more about the Initiative and heard from CDC and Medicaid leadership
- Started to create an action plan with four activities:
 1. Provide targeted training to Medicaid Health Home providers, specifically those who cover American Indian patients, regarding the South Dakota QuitLine, Medicaid covered cessation benefits, and helping patients quit tobacco.
 2. Develop mailing/notification protocol to make tobacco using pregnant women on Medicaid aware of the South Dakota QuitLine services, particularly the Post-partum Program
 3. Explore data exchange between Medicaid and Department of Health
 4. Explore cost sharing methods and opportunities to improve SD QuitLine services available for Medicaid recipients.



Provide targeted training to Medicaid Health Home providers

- Webinar discussing the South Dakota QuitLine, as well as a few new features:
 - Postpartum Program
 - Kickstart Kit
 - Availability for vape only users
- In-person regional Fall Sharing Sessions with Roshal Rossman, Statewide Cessation Coordinator
 - Provider referral data
 - Healthcare facility policy assessment

Develop mailing for postpartum and pregnant women

- Distributed to children under 1 on Medicaid (4,200)
- Not all of these women are tobacco users, so updated the messaging
 - Secondhand smoke and vape
 - Thirdhand smoke
 - SD QuitLine for you or caregivers
 - Expanded services for pregnant/postpartum women

EVEN IF YOU DON'T SMOKE OR VAPE,
JUST BEING AROUND IT IS

BAD FOR BABY'S HEALTH!

There are **NO RISK-FREE LEVELS** of second or thirdhand smoke – or secondhand vape – exposure. Since 1964, over 2 million people have died from health problems caused by just such exposure.¹

SECONDHAND SMOKE RISKS

Smoking during pregnancy and exposure to secondhand smoke in infancy increases the risk of SIDS, contributes to low birth weight, can cause pneumonia and bronchitis, makes asthma more severe, and can lead to other chronic conditions like COPD, cancer and heart disease.²



SECONDHAND VAPE RISKS

Secondhand aerosol from electronic smoking devices can contain nicotine, ultrafine particles, and toxins known to cause cancer.³

THIRDHAND SMOKE RISKS

Thirdhand smoke is the invisible combination of toxic particles and gasses that cling to smokers' hair and clothing. It's also found on couch cushions, chairs, carpeting, blankets, stuffed toys, and every other surface in homes and cars. These toxic chemicals are most harmful when they get on babies' hands and clothes, and are then ingested.⁴

KEEP YOU & YOUR BABY HEALTHY. HERE'S HOW:

- **AVOID** taking your children into places where people have been smoking.
- If your friends or relatives smoke, ask them to wash their hands and put on smoke-free clothing before holding your baby.
- **NEVER SMOKE** near children. Remember, adults are a child's only protection. Adults have choices, children don't.
- Smoking or vaping is especially dangerous for pregnant women. The SD QuitLine offers special extended services and incentives to help them quit during and after pregnancy.
- People who enroll in the SD QuitLine phone coaching program are **2X MORE LIKELY** to quit and stay quit.
- **QUIT.** Your family and the people in your community deserve better health and a safer toxin-free environment... and so do you!

IF YOU WANT TO QUIT, WE CAN HELP. CALL THE SOUTH DAKOTA QUITLINE.



**SOUTH DAKOTA
QuitLine** 1.866.SD-QUILTS SDQuitLine.com



**South Dakota
DSS**
Department of Social Services

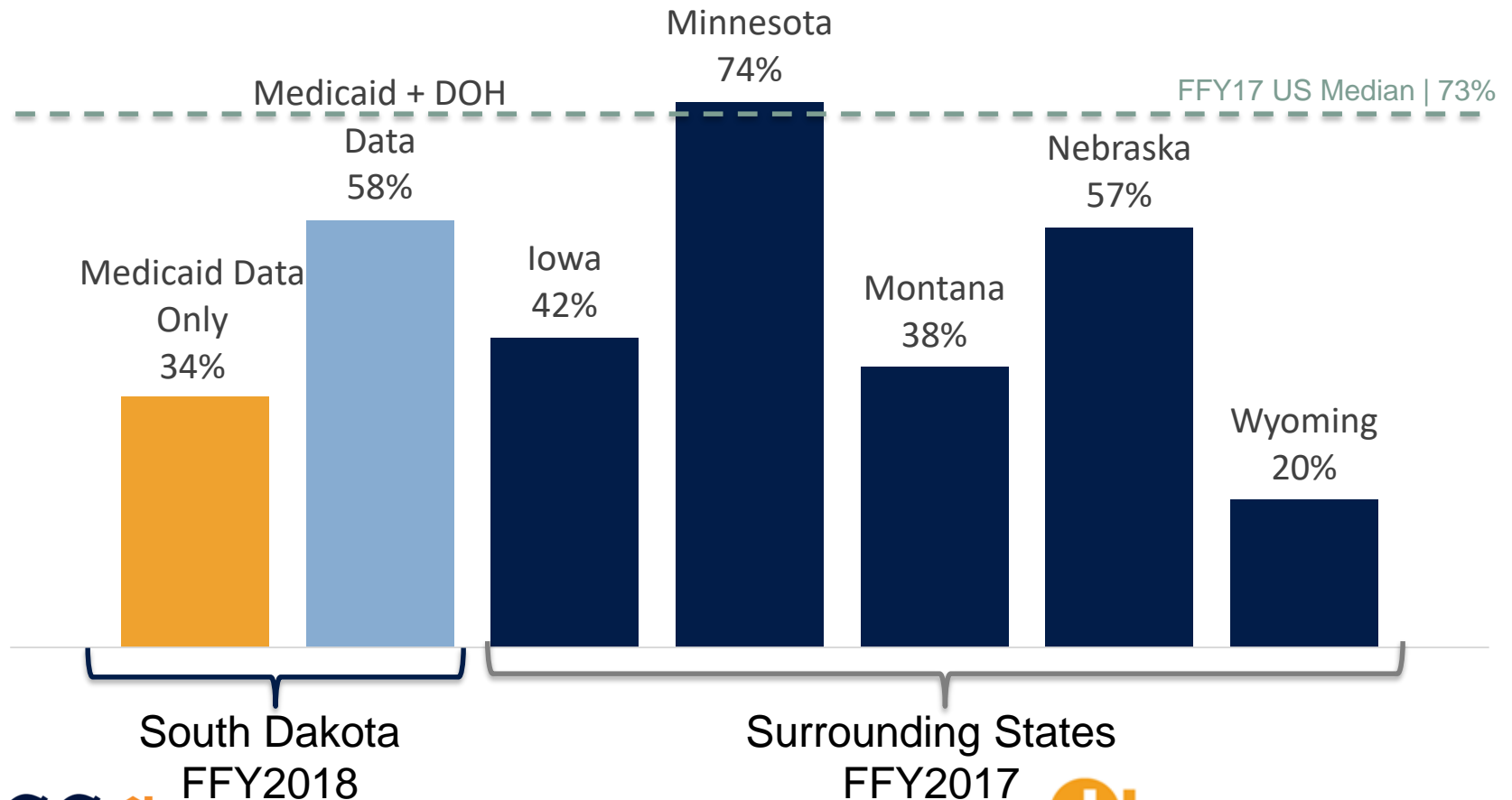
¹cdc.gov ²truthinitiative.org/news/impact-secondhand-smoke ³sdquitline.com ⁴sdha.org
5,000 copies of this document have been printed by the SD Department of Health at a cost of 15¢ each.

Explore Data Exchange between Medicaid and Department of Health

- Presented SD QuitLine data to Medicaid Health Home providers.
- Explore other opportunities to partner to maximize data sharing and collaboration.
 - Immunization Registry Data Exchange
 - WIC Data Exchange

DSS|DOH Data Exchange Example

Adolescent Immunizations: Tdap and Meningococcal Vaccines in 13 Year Olds



Explore cost sharing methods and opportunities

- SD Medicaid began covering an add-on code for tobacco cessation counseling for all adults in October 2019. Previous coverage was limited to pregnant women and adolescents.



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Additional Benefits

By meeting regularly as a team, other areas of future collaboration between Public Health and Medicaid have been discussed.

Additionally, a wealth of resources from other states and technical assistance is available to states through the 6|18 Initiative.

