

#### MAKING CONNECTIONS.

We empower communities to improve their health. By using data and proven strategies, communities can determine and implement solutions that impact the most people, building the foundation for long-term change.





Visit goodandhealthysd.org for more information.



# Chronic Disease 2022-2027 STATE PLAN

#### VISION

All South Dakotans living healthy lives free from the devastation of chronic disease.

#### MISSION

Improve quality of life, health and well-being through effective leadership, surveillance, education, advocacy and partnership development. PURPOSE — STRATEGIES

Enhance coordination of chronic disease prevention and health promotion activities among programs and partners statewide to advance Public Health 3.0

#### **EVOLUTION OF PUBLIC HEALTH PRACTICES**

#### **PUBLIC HEALTH 1.0**

Tremendous growth of knowledge and tools for both medicine and public health

Uneven access to care and public health

#### **PUBLIC HEALTH 2.0**

Systemic development of PH (public health) governmental agency capacity across the U.S.

Focus limited to traditional PH agency programs

#### **PUBLIC HEALTH 3.0**

Engage multiple sectors & community partners to generate collective impact

Improve social determinants of health

Late 1800s

1988 IOM *Future of Public Health* Report

Recession

Affordable Care Act 2012 IOM

For the Public's

Health Reports

**SOURCE:** DeSalvo et. al. (2016) Public Health 3.0: Time for an Upgrade. AJPH

### GUIDING PRINCIPLES



## WORKFORCE DEVELOPMENT

- + Build strategic skills among chronic disease partners that advance health equity, evidence-based decision making, and Public Health 3.0 through diverse training and professional development opportunities that meet learning needs of the public health workforce.
- Build the capacity of public health leaders to mobilize community action to affect health determinants.
- Build and sustain partnerships with community partners at the organizational level and community members - especially organizations representing communities of color, American Indians, immigrants, low SES groups, and others experiencing health inequities.
- + Elevate access to health resources and services for specific populations.

#### COMMUNITY CAPACITY BUILDING

- + Identify and engage community stakeholders to foster current and new cross-sector partnerships designed to drive shared funding, services, governance, and collective action.
- Prioritize principles of community engagement to improve health promotion and chronic disease prevention.

## DATA COLLECTION, ANALYSIS, DISSEMINATION & EVALUATION



- → Develop and maintain locally relevant data systems through data collection, data analysis, and multi-sector data sharing to expand understanding of social determinants of health and health inequities that impact health outcomes.
- + Use continuous quality improvement strategies for ongoing learning, innovation, and improvement.
- Make a commitment to technology integration for better coordination of services and data.

## RURAL HEALTH & COVID-19

- + Apply lessons
  learned regarding
  COVID-19 and
  chronic disease
  regarding the shortterm and long-term impact of COVID-19 to
  improve the prevention and management of
  chronic diseases.
- Expand the use of alternative access to services beyond telehealth to reach medically underserved populations for the management and treatment of chronic diseases.