



SOUTH DAKOTA  
DEPARTMENT OF HEALTH



# COMMUNITY SURVEY REPORT 2019

OCTOBER 2019

# INTRODUCTION

The South Dakota Department of Health Community Survey was created to gather information about the health needs and priorities of people living in South Dakota. Data was collected to support future program planning within the Office of Child and Family Services (OCFS). The survey asked respondents about unmet needs affecting the health of infants, children with and without special health care needs, adolescents, and women. The survey also asked about existing community services that are utilized, as well as additional services that are needed to improve the health of families.

The Community Survey was open for 12 weeks during the Summer of 2019. Survey fliers, letters, and sample social media messaging were sent out to over 100 OCFS partners via email. Partners were asked to share the survey with the families that they serve and send the survey to additional partners. The South Dakota Department of Health put the survey link on Facebook and Twitter accounts. Staff in Community Health offices across the state also administered the surveys to clients served by the South Dakota Department of Health.



# SUMMARY

As of September 1, 2019, 1,020 individuals completed the survey. There were 117 individuals who did not provide any demographic information and they were omitted from this analysis.

Note in the summary below that the race description is only given for white vs. American Indian. Refer to graphs for percentages for individuals of other races (only 3% of respondents were of other races).

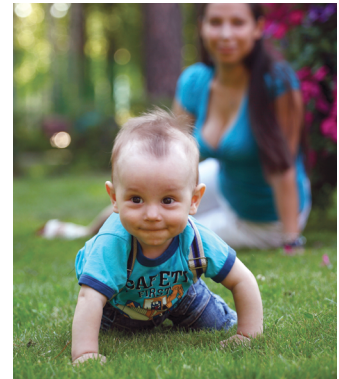
## UNMET NEEDS AMONG INFANTS

### TOP 5 UNMET NEEDS AMONG INFANTS

1. Access to quality affordable daycare (58%)
2. Affordable health insurance (40%)
3. Safe and affordable housing (39%)
4. Parenting education and support (32%)
5. Substance use prevention and treatment for parents and caregivers (30%)

- ▶ **Gender:** Affordable daycare was a greater unmet need according to females than males (59% vs. 47%).
- ▶ **Income:** Safe and affordable housing was a greater unmet need according to lower income vs. higher income individuals. Parenting education and support and substance use prevention and treatment for parents and caregivers were given as greater unmet needs according to higher income vs. lower income parents.

- ▶ **Race:** Affordable daycare and affordable health insurance were given as greater unmet needs according to white individuals vs. American Indian individuals (61% vs. 51% and 45% vs. 27%, respectively), whereas safe and affordable housing and substance use prevention and treatment for parents and caregivers were given as greater unmet needs according to American Indian individuals vs. white individuals (51% vs. 35% and 37% vs. 29%, respectively).
- ▶ **Marital Status:** Safe and affordable housing was a greater unmet need according to individuals who were not married vs. those who were married (50% vs. 33%).



## UNMET NEEDS AMONG CHILDREN AGED 1 TO 9 YEARS

### TOP 5 UNMET NEEDS AMONG CHILDREN AGED 1 TO 9 YEARS

1. Safe and affordable housing (43%)
2. Parenting education and support (36%)
3. Affordable health insurance (35%)
4. Substance use prevention and treatment (32%)
5. Access to healthy foods (30%)

- ▶ **Gender:** Affordable health insurance was a greater unmet need according to females vs. males (35% vs. 27%), whereas substance use prevention and treatment was a greater unmet need according to males vs. females (36% vs. 31%).
- ▶ **Income:** Safe and affordable housing was a greater unmet need according to lower income vs. higher income individuals, whereas parenting education and support and substance use prevention and treatment were given as greater unmet needs according to higher income vs. lower income individuals.

## UNMET NEEDS AMONG CHILDREN AGED 1 TO 9 YEARS (CONTINUED)

► **Race:**

Affordable health insurance and parenting education and support



were given as greater unmet needs according to white individuals vs. American Indian individuals (41% vs. 19% and 37% vs. 34%, respectively), whereas safe and affordable housing was given as a greater

unmet need according to American Indian individuals vs. white individuals (56% vs. 38%).

- **Marital Status:** Safe and affordable housing was a greater unmet need according to individuals who were not married vs. those who were married (49% vs. 39%), whereas parenting education and support, affordable health insurance, and substance use prevention and treatment were given as greater unmet needs according to individuals who were married vs. those who were not (39% vs. 30%, 37% vs. 30%, and 34% vs. 27%, respectively).

## UNMET NEEDS AMONG ADOLESCENTS AGED 10 TO 19 YEARS

### TOP 5 UNMET NEEDS AMONG ADOLESCENTS AGED 10 TO 19 YEARS

1. Life skills training (61%)
2. Substance use prevention and treatment (41%)
3. Access to mental health services (39%)
4. Youth voice in decisions affecting them (28%)
5. Safe and affordable housing (26%)

- **Gender:** Youth voice in decisions affecting them and affordable health insurance were greater unmet needs according to females vs. males (29% vs. 17% and 27% vs. 15%, respectively).
- **Income:** Youth voice in decisions affecting them was a greater unmet need according to lower income vs. higher income individuals, whereas substance use prevention and treatment and access to mental health services were given as greater unmet needs according to higher income vs. lower income individuals.

- **Race:** Access to mental health services was given as a greater unmet need according to white individuals vs. American Indian individuals (42% vs. 29%, respectively), whereas youth voice in decisions affecting them was given as a greater unmet need according to American Indian individuals vs. white individuals (39% vs. 25%, respectively).



- **Marital Status:** Youth voice in decisions affecting them and safe and affordable housing were greater unmet needs according to individuals who were not married vs. those who were married (36% vs. 23% and 31% vs. 24%, respectively), whereas substance use prevention and treatment and access to mental health services were given as greater unmet needs according to individuals who were married vs. those who were not (43% vs. 36% and 42% vs. 35%, respectively).

## UNMET NEEDS AMONG WOMEN

### TOP 5 UNMET NEEDS AMONG WOMEN

1. Being without a job or having a job that doesn't meet family needs (56%)
2. Affordable health insurance (39%)
3. Access to mental health services (36%)
4. Safe and affordable housing (34%)
5. Parenting education and support (24%)

- ▶ **Gender:** None of the top five unmet needs differed according to gender.
- ▶ **Income:** Safe and affordable housing was a greater unmet need according to lower income vs. higher income individuals, whereas access to mental health services was given as a greater unmet need according to higher income vs. lower income individuals.

- ▶ **Race:** Affordable health insurance and access to mental health services were given as greater unmet needs according to white individuals vs. American Indian individuals (45% vs. 22% and 38% vs. 26%, respectively), whereas safe and affordable housing was given as a greater unmet need according to American Indian individuals vs. white individuals (44% vs. 31%).



- ▶ **Marital Status:** Safe and affordable housing was a greater unmet need according to individuals who were not married vs. those who were married (42% vs. 30%), whereas access to mental health services were given as a greater unmet need according to individuals who were married vs. those who were not (39% vs. 31%).

## UNMET NEEDS AMONG CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)

### TOP 5 UNMET NEEDS AMONG CYSHCN

1. Access to specialists (46%)
2. Lack of transition care (33%)
3. Parenting education and support (33%)
4. Communication between support services and health care providers (32%)
5. Access to mental health services (24%)

- ▶ **Gender:** None of the top five unmet needs differed according to gender.

- ▶ **Income:** Parenting education and support was a greater unmet need according to higher income vs. lower income individuals.



- ▶ **Race:** Lack of transition care was given as a greater unmet need according to American Indian individuals vs. white individuals (48% vs. 30%).
- ▶ **Marital Status:** None of the top five unmet needs differed according to marital status.

# RESULTS

**Table 1. Demographic Information**

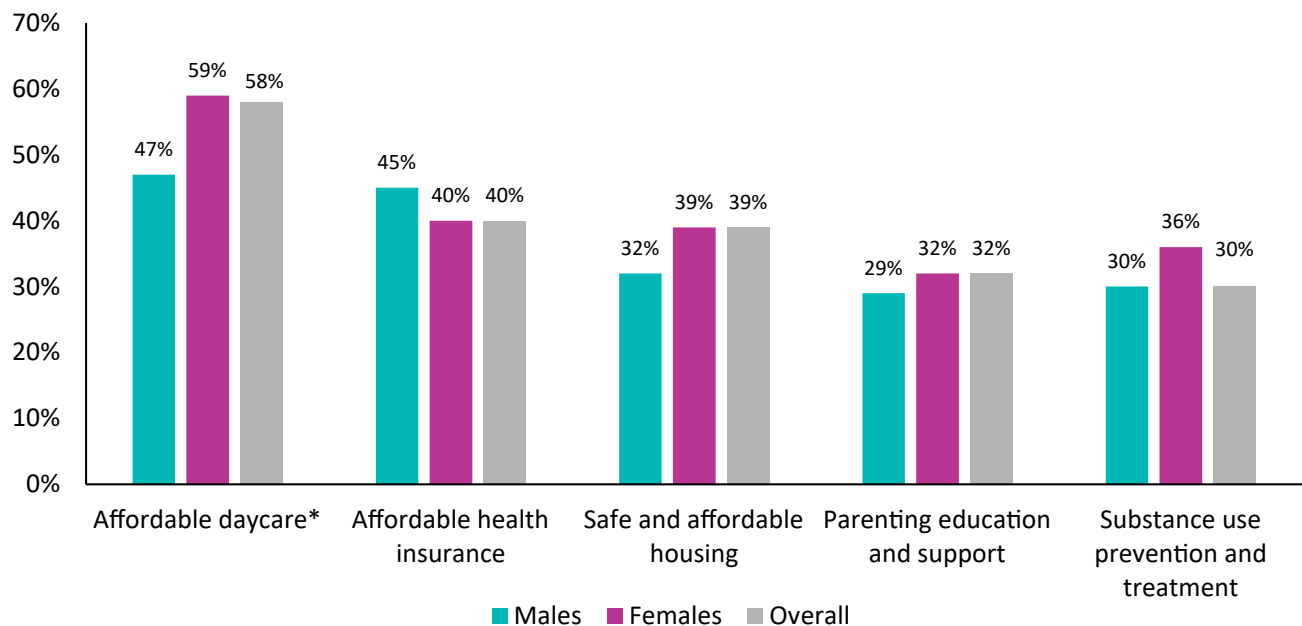
	TOTAL
<b>What describes your role in filling out this survey? (could select more than 1) (n=903)</b>	
Parent	55%
Community Member	26%
Childcare provider	17%
Community Service Provider	13%
Parent/guardian/advocate for a child with special needs	12%
Local, state or federal government employee	12%
Educator	11%
Administrative support staff	9%
Health Care Provider	9%
Other	4%
Student	2%
Policy maker/elected official	2%
Tribal government	1%
<b>Region (n=855)</b>	
Region 1 – Sturgis	22%
Region 2 – Pierre	14%
Region 3 – Aberdeen	4%
Region 4 – Watertown	18%
Region 5 – Sioux Falls	22%
Region 6 – Mitchell	3%
Region 7 – Rapid City	17%
<b>Race (could select more than 1) (n=897)</b>	
White	74%
American Indian or Alaska Native	23%
Other Races	3%
<b>Gender (n=903)</b>	
Male	7%
Female	92%
Would rather not say	1%
<b>Marital Status (n=892)</b>	
Married or in a domestic partnership	65%
Not married	35%
<b>Household Income (n=879)</b>	
Less than \$20,000	19%
\$20,000 to \$29,999	12%
\$30,000 to \$49,999	26%
Over \$49,999	43%
<b>How do you pay for healthcare? (select all the apply)</b>	
Pay cash (n=80)	9%
Health insurance (n=597)	66%
Medicaid (n=241)	27%
Medicare (n=54)	6%
Veterans' Administration (n=21)	2%
Indian Health Service (n=123)	14%
Other (n=27)	3%
<b>How many children under 18 years of age live in your household? (n=904)</b>	
0	30%
1	19%
2	24%
3	14%
4 or more	13%

# UNMET NEEDS OF INFANTS

Table 2. Percentage of participants selecting each unmet need affecting the health and well-being of infants.

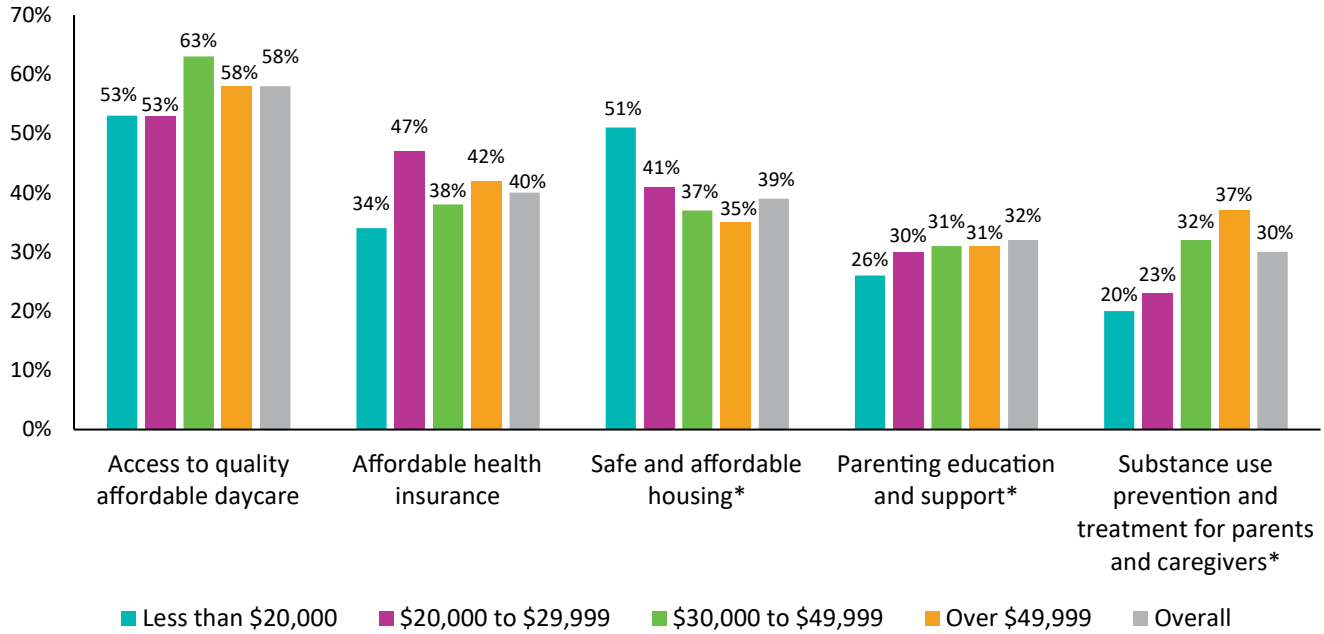
	OVERALL
ACCESS TO QUALITY AFFORDABLE DAYCARE	58%
AFFORDABLE HEALTH INSURANCE	40%
SAFE AND AFFORDABLE HOUSING	39%
PARENTING EDUCATION AND SUPPORT	32%
SUBSTANCE USE PREVENTION AND TREATMENT FOR PARENTS AND CAREGIVERS	30%
ACCESS TO MENTAL HEALTH SERVICES FOR PREGNANT WOMEN OR NEW MOTHERS	25%
ACCESS TO HEALTHY FOOD	21%
ACCESS TO TRANSPORTATION	18%
ACCESS TO HEALTHCARE	14%
UNDERSTANDING CULTURAL DIFFERENCES	9%

Figure 1. Percentage of participants that ranked affordable daycare, affordable health insurance, safe and affordable housing, parent education and support, or substance use prevention and treatment in the top three unmet needs of infants, by gender (n=903).



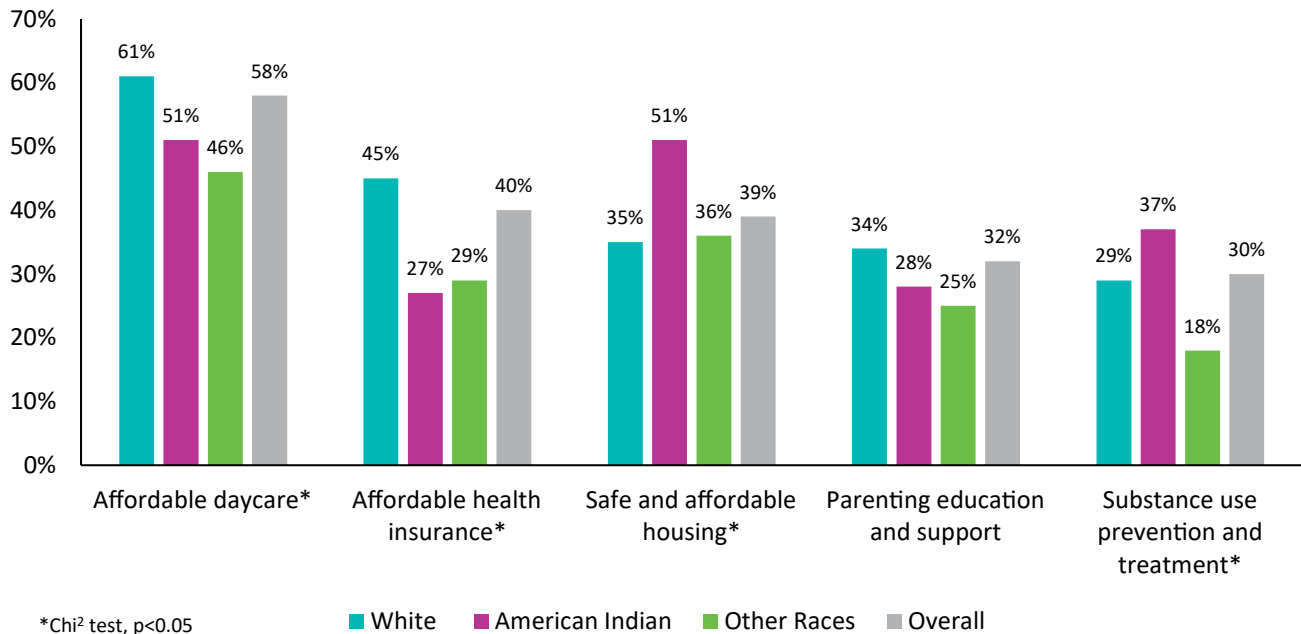
\*Chi<sup>2</sup> test, p<0.05

**Figure 2.** Percentage of participants that ranked affordable daycare, affordable health insurance, safe and affordable housing, parent education and support, or substance use prevention and treatment in the top three unmet needs of infants, by income level (n=879).



\*Chi<sup>2</sup> test for trend, p<0.05

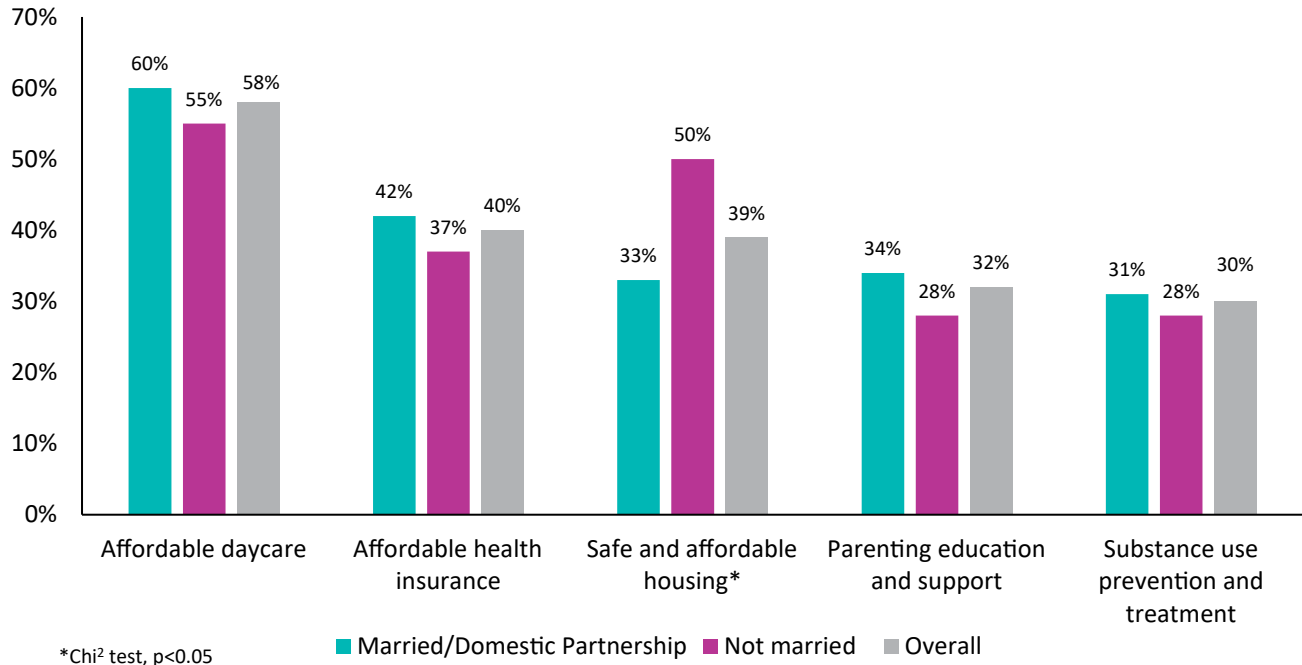
**Figure 3.** Percentage of participants that ranked affordable daycare, affordable health insurance, safe and affordable housing, parent education and support, or substance use prevention and treatment in the top three unmet needs of infants, by race (n=897).



\*Chi<sup>2</sup> test, p<0.05



**Figure 4.** Percentage of participants that ranked affordable daycare, affordable health insurance, safe and affordable housing, parent education and support, or substance use prevention and treatment in the top three unmet needs of infants, by marital status (n=888).

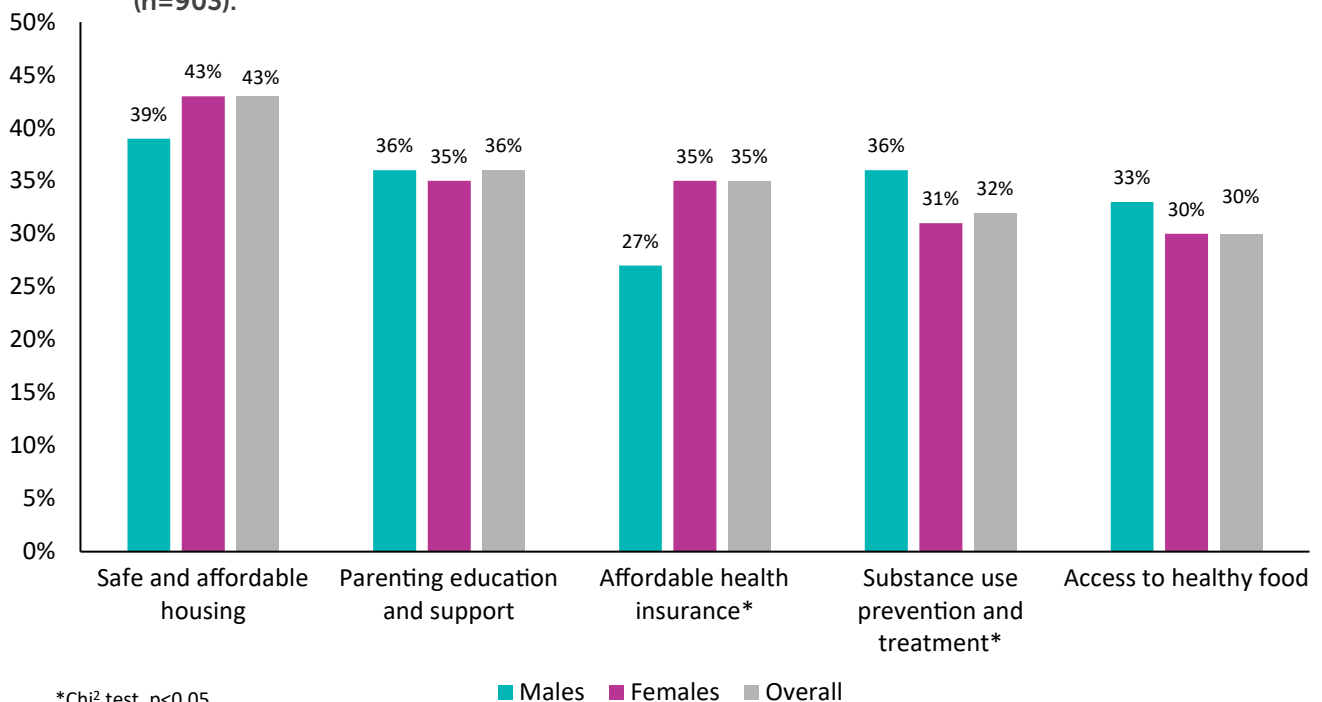


# UNMET NEEDS OF CHILDREN AGED 1 TO 9 YEARS

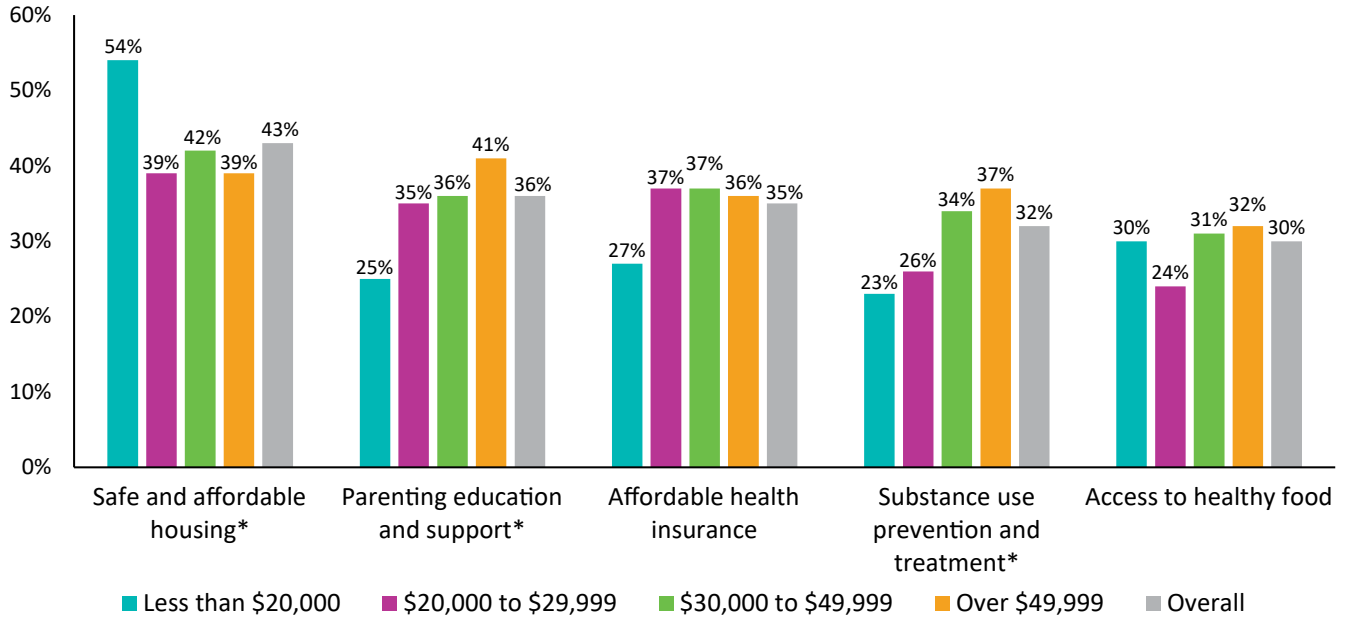
Table 3. Percentage of participants selecting each unmet need affecting the health and well-being of children ages one through nine years.

	OVERALL
SAFE AND AFFORDABLE HOUSING	43%
PARENTING EDUCATION AND SUPPORT	36%
AFFORDABLE HEALTH INSURANCE	35%
SUBSTANCE USE PREVENTION AND TREATMENT	32%
ACCESS TO HEALTHY FOOD	30%
SUPPORTIVE FAMILY AND FRIENDS	24%
ACCESS TO MENTAL HEALTH SERVICES	22%
ACCESS TO DENTAL CARE	21%
ACCESS TO HEALTHCARE	19%
ACCESS TO TRANSPORTATION	15%
UNDERSTANDING CULTURAL DIFFERENCES	8%

Figure 5. Percentage of participants that ranked safe and affordable housing, parenting education and support, affordable health insurance, substance use prevention and treatment, and access to healthy food in the top three unmet needs of children ages one through nine years, by gender (n=903).

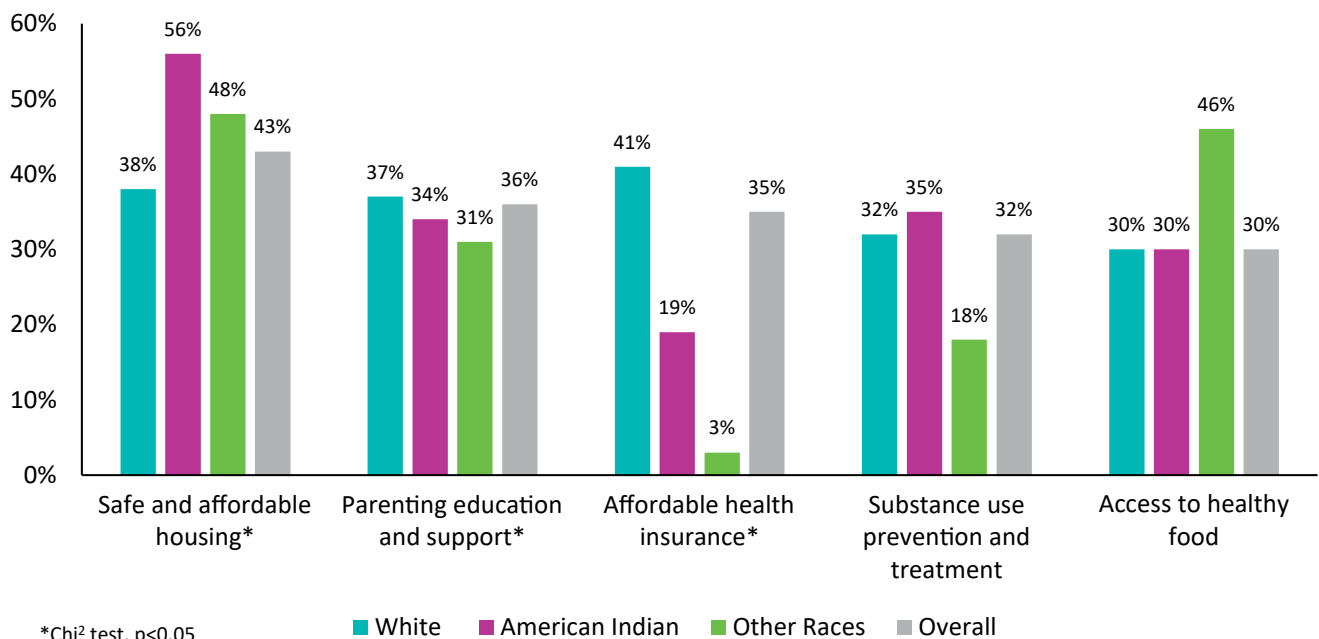


**Figure 6.** Percentage of participants that ranked safe and affordable housing, parenting education and support, affordable health insurance, substance use prevention and treatment, and access to healthy food in the top three unmet needs of children ages one through nine years, by income level. (n=879)



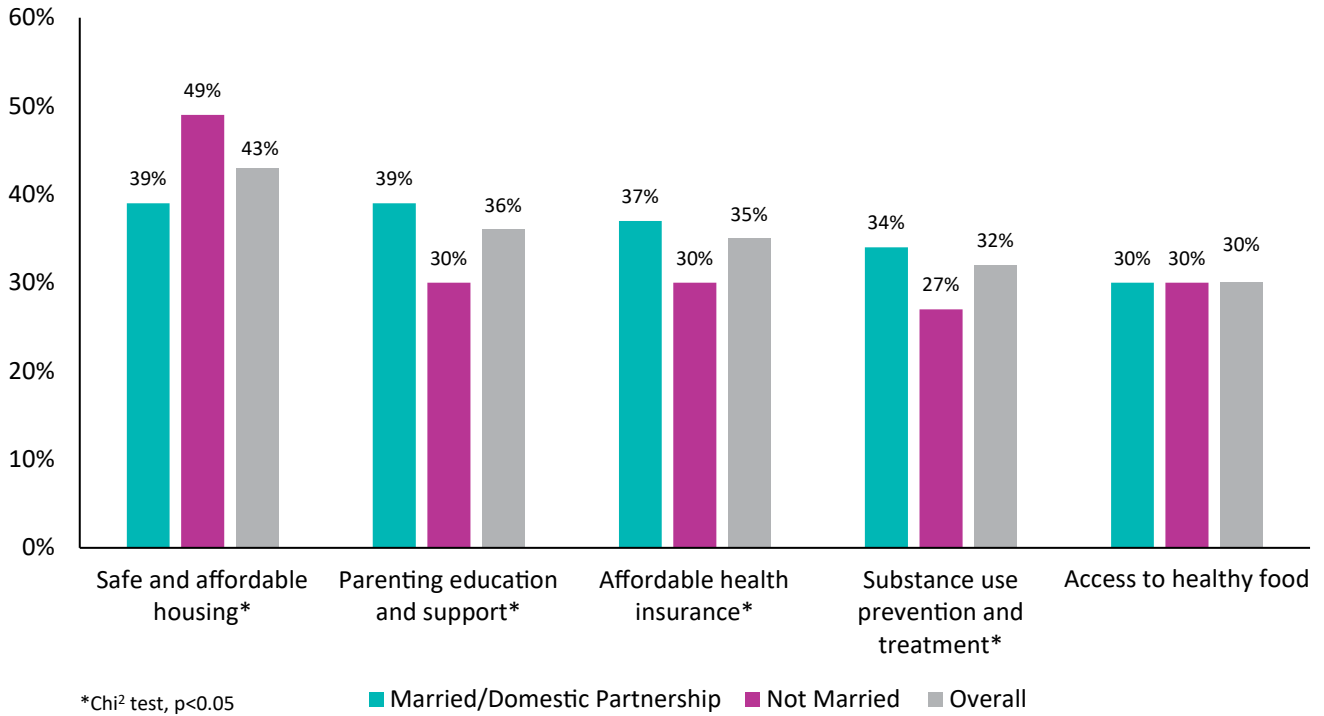
\*Chi<sup>2</sup> test for trend, p<0.05

**Figure 7.** Percentage of participants that ranked safe and affordable housing, parenting education and support, affordable health insurance, substance use prevention and treatment, and access to healthy food in the top three unmet needs of children ages one through nine years, by race (n=897).



\*Chi<sup>2</sup> test, p<0.05

**Figure 8.** Percentage of participants that ranked safe and affordable housing, parenting education and support, affordable health insurance, substance use prevention and treatment, and access to healthy food in the top three unmet needs of children ages one through nine years, by marital status (n=888).

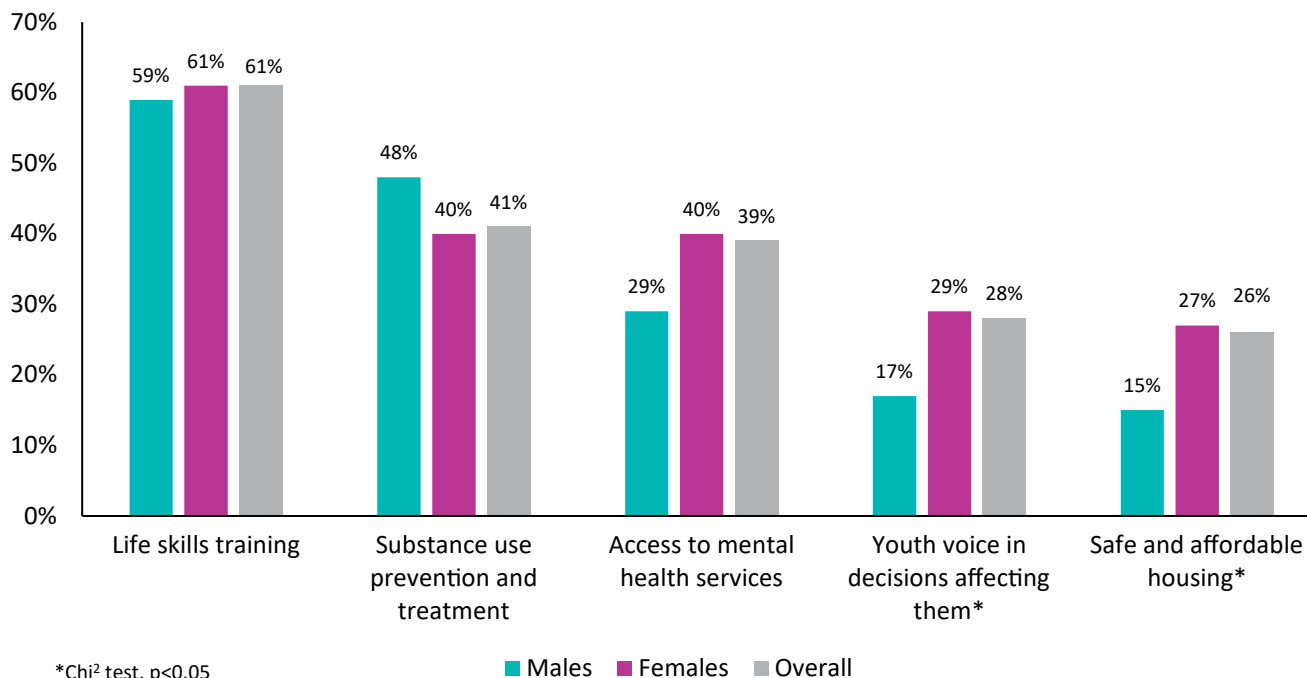


## UNMET NEEDS OF ADOLESCENTS AGED 10 TO 19 YEARS

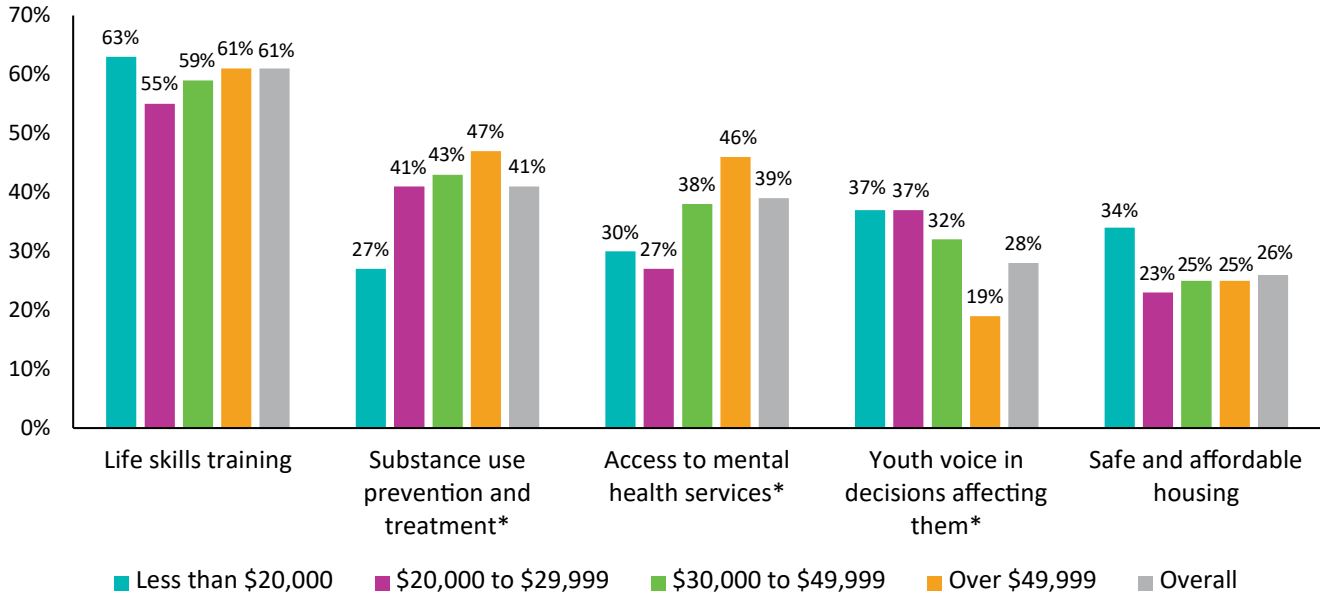
Table 4. Percentage of participants selecting each unmet need affecting the health and well-being of adolescents aged 10 through 19 years.

	OVERALL
LIFE SKILLS TRAINING	61%
SUBSTANCE USE PREVENTION AND TREATMENT	41%
ACCESS TO MENTAL HEALTH SERVICES	39%
YOUTH VOICE IN DECISIONS AFFECTING THEM	28%
SAFE AND AFFORDABLE HOUSING	26%
SUPPORTIVE FAMILY AND FRIENDS	24%
AFFORDABLE HEALTH INSURANCE	19%
ACCESS TO HEALTHY FOOD	17%
ACCESS TO HEALTHCARE	11%
ACCESS TO DENTAL CARE	10%
ACCESS TO TRANSPORTATION	8%
UNDERSTANDING CULTURAL DIFFERENCES	6%

Figure 9. Percentage of participants that ranked life skills training, substance use prevention and treatment, access to mental health services, youth voice in decisions affecting them, and safe and affordable housing in the top three unmet needs of adolescents aged 10 through 19, by gender (n=903).

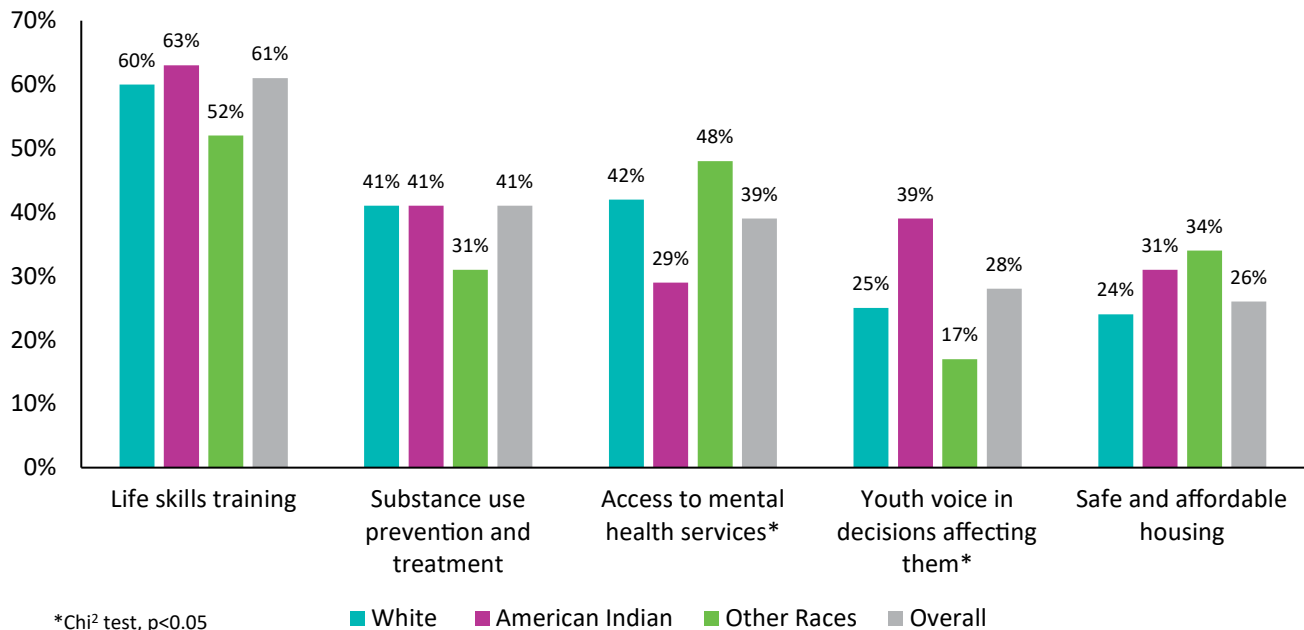


**Figure 10.** Percentage of participants that ranked life skills training, substance use prevention and treatment, access to mental health services, youth voice in decisions affecting them, and safe and affordable housing in the top three unmet needs of adolescents aged 10 through 19 years, by income level (n=879).



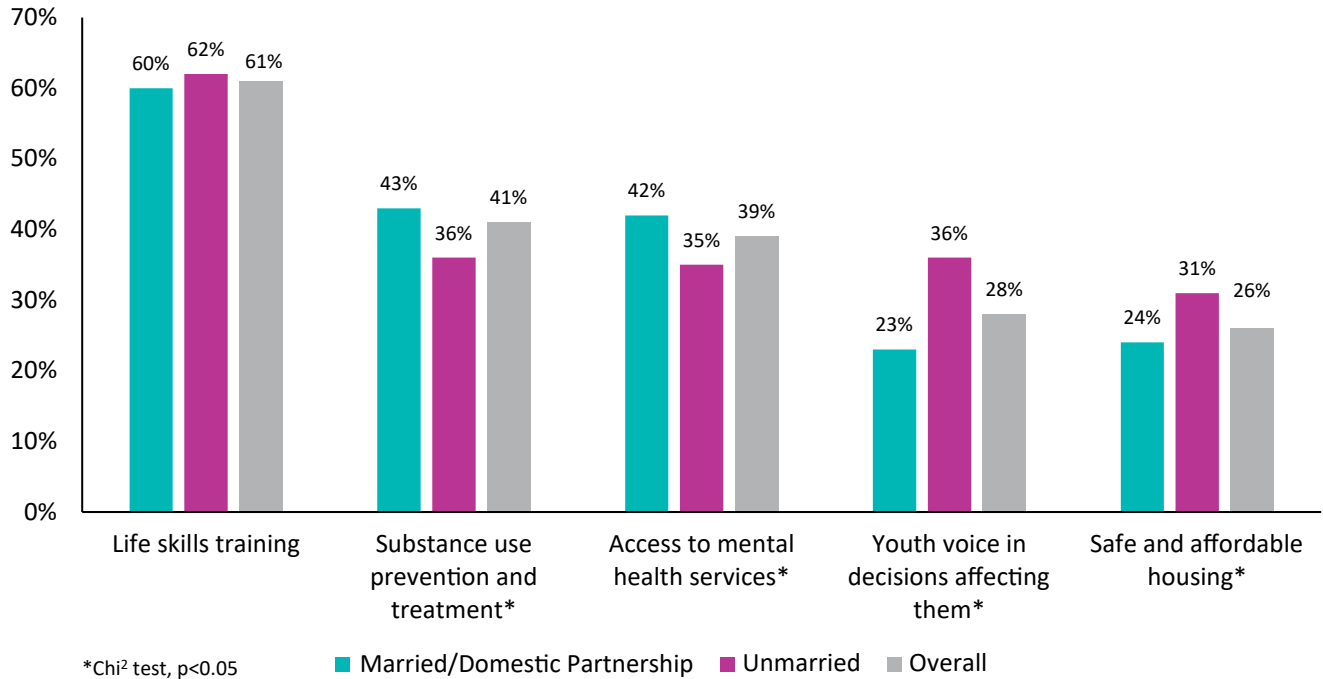
\*Chi<sup>2</sup> test for trend, p<0.05

**Figure 11.** Percentage of participants that ranked life skills training, substance use prevention and treatment, access to mental health services, youth voice in decisions affecting them, and safe and affordable housing in the top three unmet needs of adolescents aged 10 through 19 years, by race (n=897).



\*Chi<sup>2</sup> test, p<0.05

Figure 12. Percentage of participants that ranked life skills training, substance use prevention and treatment, access to mental health services, youth voice in decisions affecting them, and safe and affordable housing in the top three unmet needs of adolescents aged 10 through 19 years, by marital status (n=888).

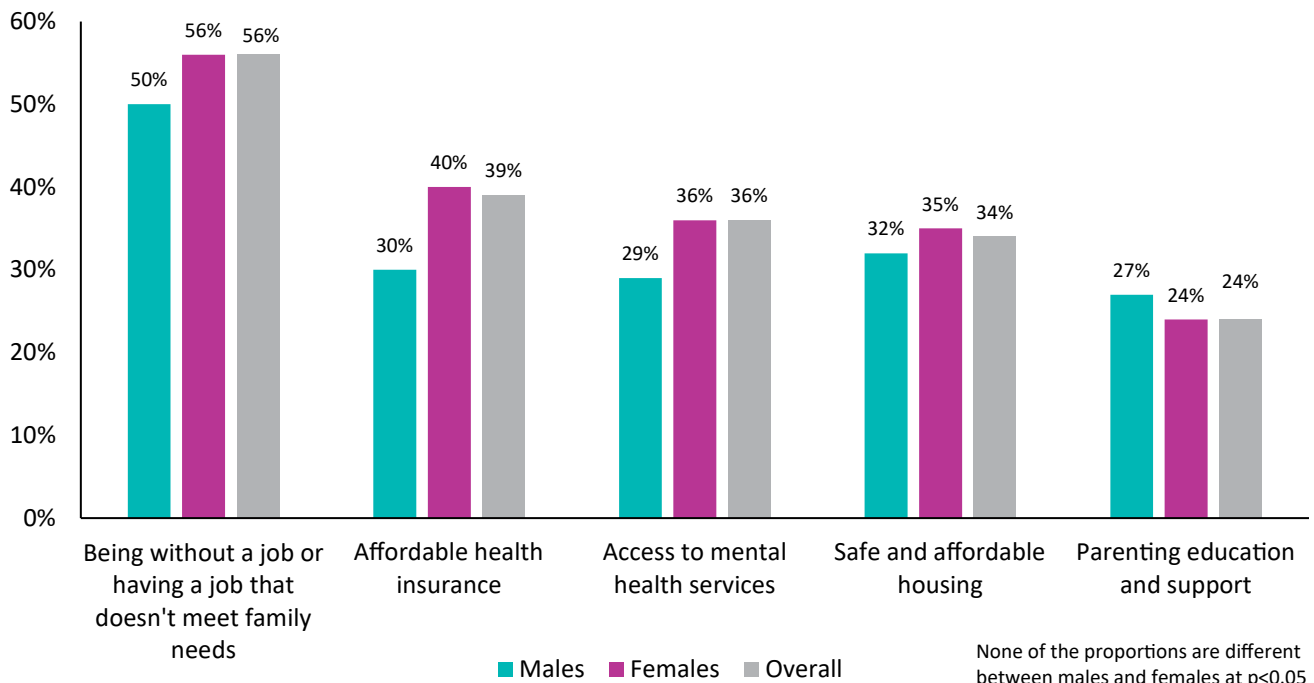


# UNMET NEEDS OF WOMEN

Table 5. Percentage of participants selecting each unmet need affecting the health of women.

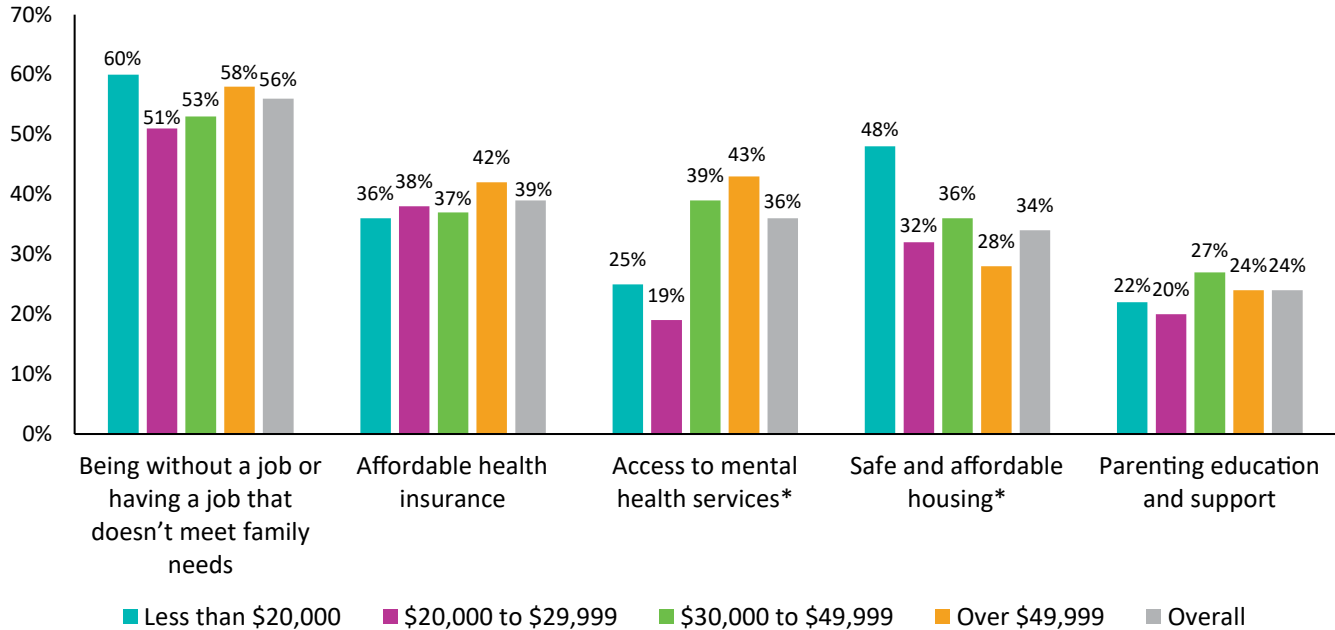
	OVERALL
BEING WITHOUT A JOB OR HAVING A JOB THAT DOESN'T MEET FAMILY NEEDS	56%
AFFORDABLE HEALTH INSURANCE	39%
ACCESS TO MENTAL HEALTH SERVICES	36%
SAFE AND AFFORDABLE HOUSING	34%
PARENTING EDUCATION AND SUPPORT	24%
SUBSTANCE USE PREVENTION AND TREATMENT	24%
ACCESS TO HEALTHCARE	20%
SUPPORTIVE FAMILY AND FRIENDS	17%
ACCESS TO HEALTHY FOOD	14%
ACCESS TO TRANSPORTATION	12%
ACCESS TO DENTAL CARE	12%
UNDERSTANDING CULTURAL DIFFERENCES	4%

Figure 13. Percentage of participants that ranked being without a job or having a job that doesn't meet family needs, affordable health insurance, access to mental health services, safe and affordable housing, and parenting education and support, in the top three unmet needs for women, by gender (n=903).



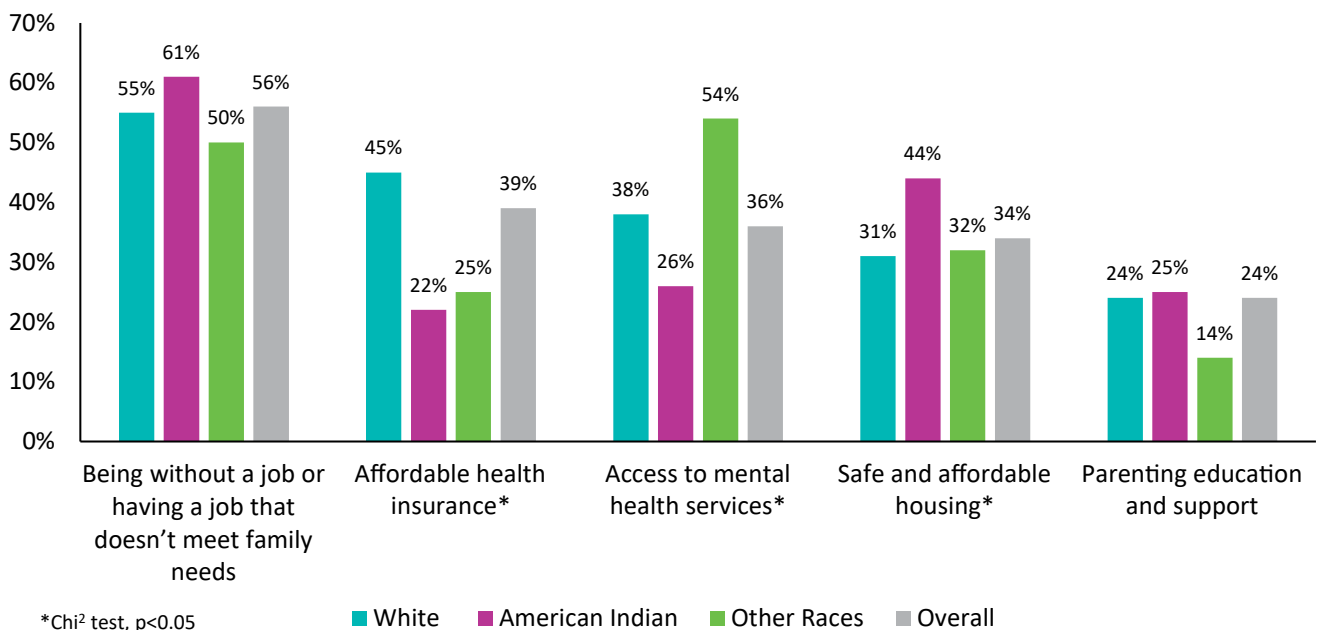


**Figure 14.** Percentage of participants that ranked being without a job or having a job that doesn't meet family needs, affordable health insurance, access to mental health services, safe and affordable housing, and parenting education and support, in the top three unmet needs for women, by income level (n=879).



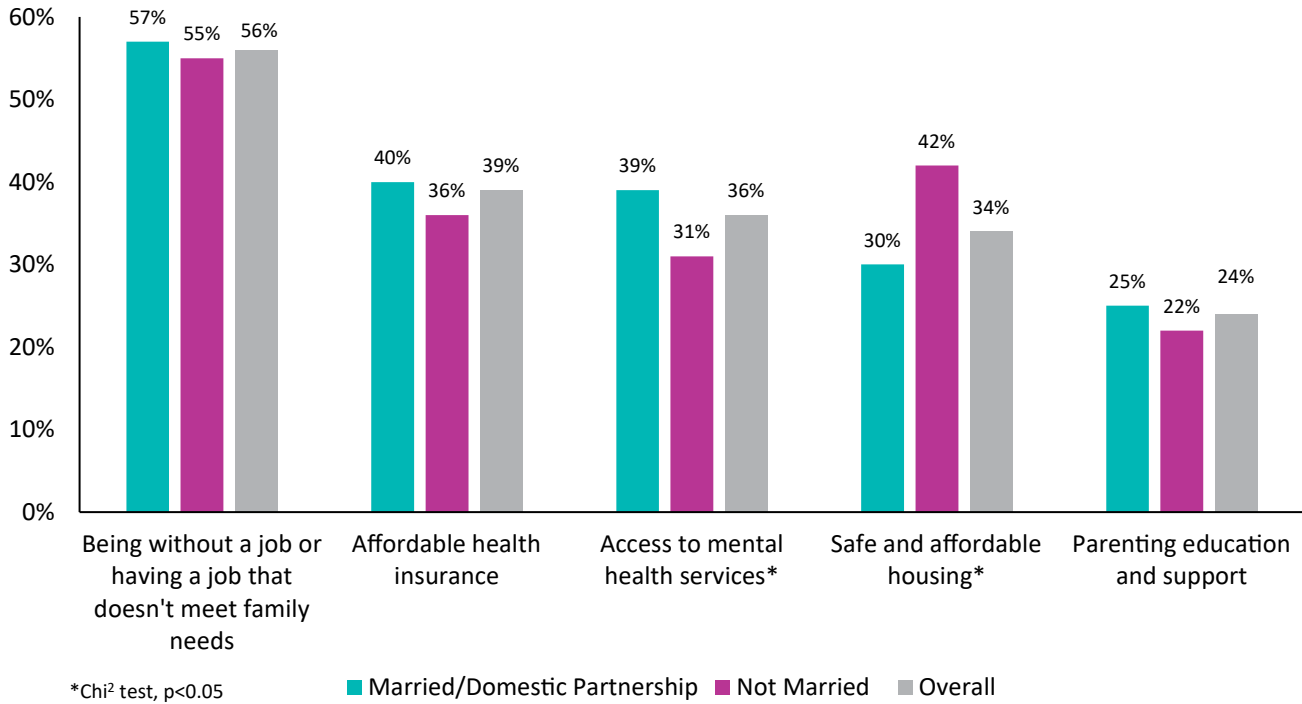
\*Chi<sup>2</sup> test for trend, p<0.05

**Figure 15.** Percentage of participants that ranked being without a job or having a job that doesn't meet family needs, affordable health insurance, access to mental health services, safe and affordable housing, and parenting education and support, in the top three unmet needs for women, by race (n=897).



\*Chi<sup>2</sup> test, p<0.05

**Figure 16. Percentage of participants that ranked being without a job or having a job that doesn't meet family needs, affordable health insurance, access to mental health services, safe and affordable housing, and parenting education and support, in the top three unmet needs for women, by marital status (n=888).**

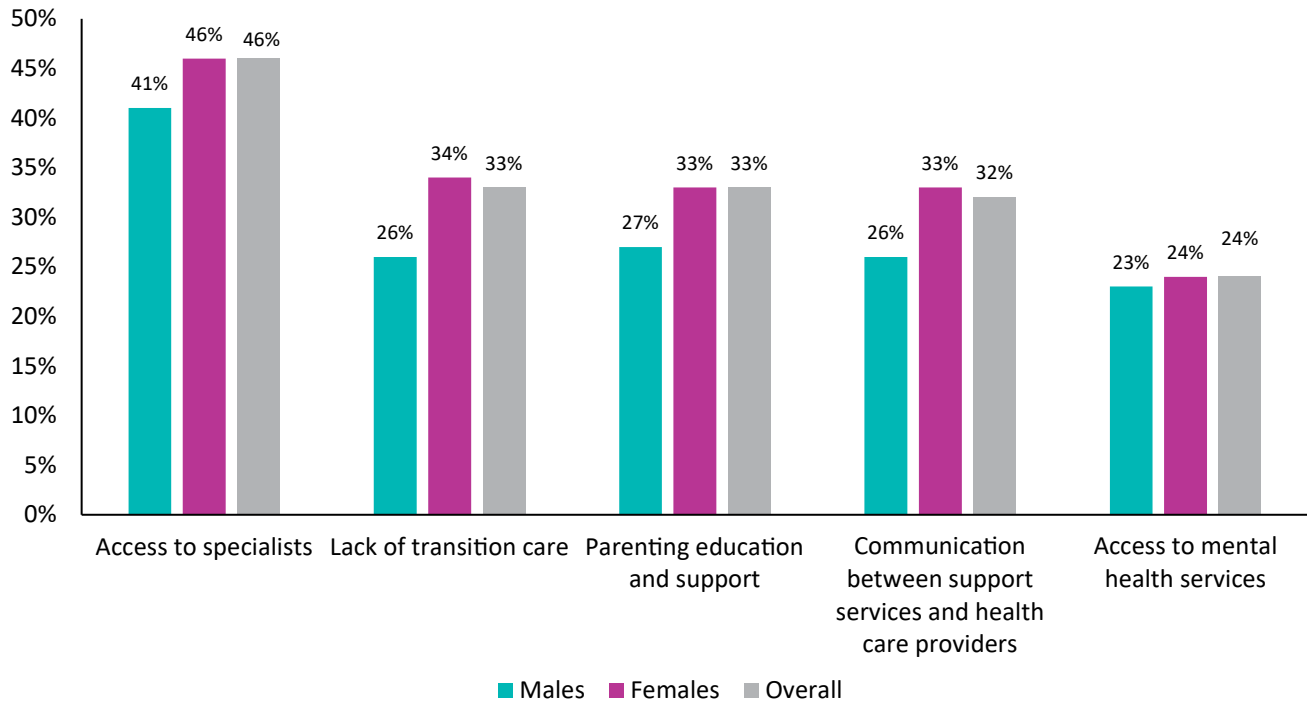


# UNMET NEEDS OF CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN)

Table 6. Percentage of participants selecting each unmet need affecting the health of children and youth with special health care needs.

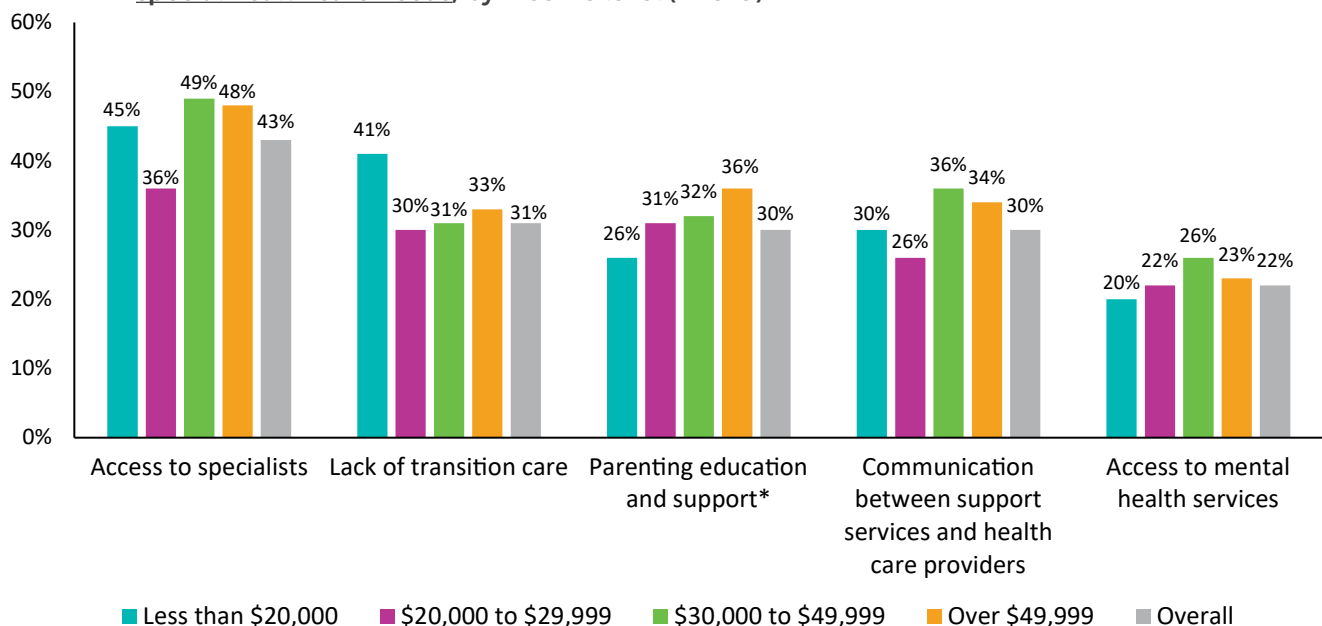
	OVERALL
ACCESS TO SPECIALISTS	46%
LACK OF TRANSITION CARE	33%
PARENTING EDUCATION AND SUPPORT	33%
COMMUNICATION BETWEEN SUPPORT SERVICES AND HEALTH CARE PROVIDERS	32%
ACCESS TO MENTAL HEALTH SERVICES	24%
ACCESS TO HEALTHCARE	23%
AFFORDABLE HEALTH OR DENTAL COVERAGE	23%
SAFE AND AFFORDABLE HOUSING	19%
ACCESS TO TRANSPORTATION	17%
SUPPORTIVE FAMILY AND FRIENDS	13%
SUBSTANCE USE PREVENTION AND TREATMENT	7%
ACCESS TO HEALTHY FOOD	6%
ACCESS TO DENTAL CARE	5%
UNDERSTANDING OF CULTURAL DIFFERENCES	4%

**Figure 17.** Percentage of participants that ranked access to specialists, lack of transition care, parenting education and support, communication between support services and health care providers, and access to mental health services in the top 3 unmet needs of children and youth with special health care needs, by gender (n=903).



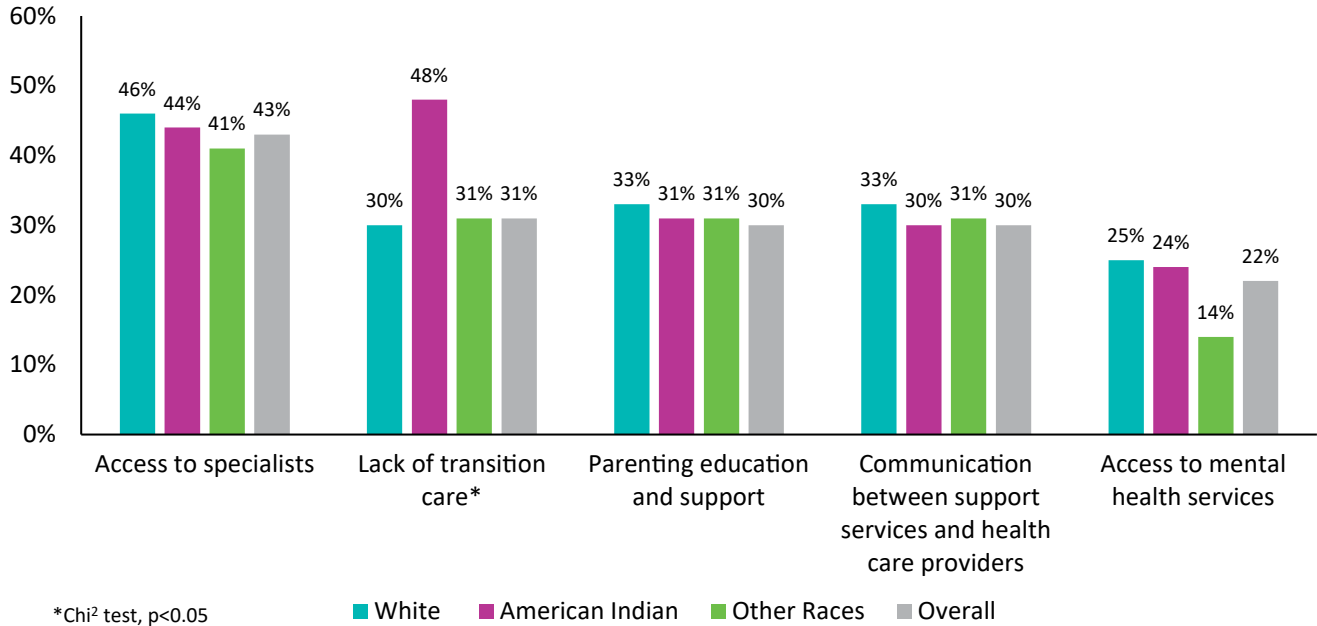
None of the proportions are different between males and females at  $p < 0.05$

**Figure 18.** Percentage of participants that ranked access to specialists, lack of transition care, parenting education and support, communication between support services and health care providers, and access to mental health services in the top 3 unmet needs of children and youth with special health care needs, by income level (n=879).

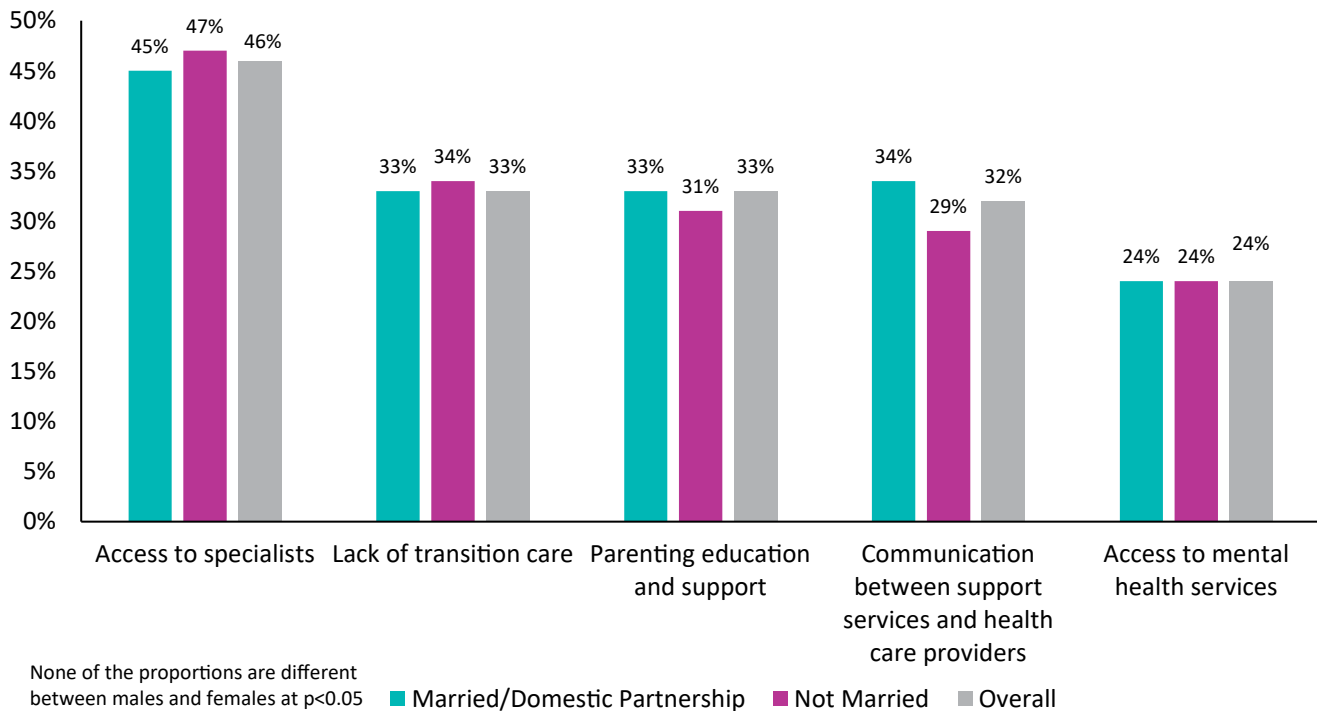


\*Chi<sup>2</sup> test for trend,  $p < 0.05$

**Figure 19.** Percentage of participants that ranked access to specialists, lack of transition care, parenting education and support, communication between support services and health care providers, and access to mental health services in the top 3 unmet needs of children and youth with special health care needs, by race (n=897).



**Figure 20.** Percentage of participants that ranked access to specialists, lack of transition care, parenting education and support, communication between support services and health care providers, and access to mental health services in the top 3 unmet needs of children and youth with special health care needs, by marital status (n=888).



## OTHER UNMET NEEDS

Respondents could also write in other unmet needs that were not given as options in the primary list. The information below represents a small number of respondents but can give valuable insight into other factors that affect the health and well-being of these populations.

Accessibility and availability of childcare was a top response across the domains. Respondents noted a lack of access due to high costs and there were also concerns about the quality of childcare in some areas. Another recurring theme was access to affordable food, goods, and necessities such as clothing and housing. One parent noted the, “ability to put food in my baby’s belly” was an unmet need. Many comments identified the need for additional resources and support for parents. Parents of infants wanted more education on nutrition and cooking healthy meals for their families. Parents of adolescents desired more education on normal development and parenting of that age group.



One respondent stated that “resources for single fathers” would be an asset. Access to and knowledge of community education and youth activities was noted as an unmet need. One comment specifically referring to children and youth with special health care needs stated, “school programs that meet the needs of these children.”

## SERVICES IN COMMUNITY USED TO HELP YOU, YOUR CHILDREN, AND YOUR FAMILY STAY HEALTHY

Respondents identified two main services in their community they have used to help themselves and their family stay healthy: 1) government services and 2) community resources. Notable government resources include the South Dakota Department of Social Services, Medicaid, Children Health Insurance Program (CHIP), and the Education Assistance Program (EAP). The community resources recognized by respondents include churches, school programs, YMCA, and Inter-Lakes Community Action Partnership (ICAP). The remaining respondents acknowledged the use of fitness centers, counseling services, and support groups.



# SERVICES WOULD LIKE TO SEE OFFERED IN COMMUNITY TO HELP YOU AND YOUR FAMILY BE HEALTHY

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*“Support for mental health and support to reduce stigma around mental health”*

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There was a wide variety of themes identified as services the respondents would like to see offered in their communities to help them and their families be healthy. Most respondents reported two main needs for their community: mental health services and community resources. It was reported that there is a need for counseling services, community centers, youth programs, and mental health support. Additionally, respondents recognized social needs such as access to affordable food, clothing, and housing to be necessities for their community to be healthy.

Numerous respondents also mentioned parental resources and support in the form of parenting courses, support programs, and guidance were services they

would like to see in their communities. It was also determined that improved healthcare coverage is important and necessary. Respondents identified a need for affordable health insurance and lower healthcare costs. Similarly, a need for healthcare services was also noted. This includes improved access to quality, affordable, and specialized medical centers. The remaining survey respondents addressed the desire for improved access to affordable transportation and increased educational courses on nutrition and how to eat healthier. These themes represent the services the respondents identified as needs in their communities to remain healthy.

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*“affordable health insurance to fit the gap – don’t qualify for Medicaid but can’t afford services needed”*

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## ACKNOWLEDGMENTS

The following acknowledgements recognize the organizations and individuals that made this project successful.

### ORGANIZATIONS

Office of Child and Family Services, South Dakota Department of Health  
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### INDIVIDUALS

Sandra Melstad, MPH - Public Health Consultant, SLM Consulting, LLC  
Tiffany Johnson, MPH  
Brennan Huwe, MPH

