



SOUTH DAKOTA
DEPARTMENT OF HEALTH



MATERNAL & CHILD HEALTH PROGRAM
**REGIONAL PARTNER
MEETINGS REPORT**

AUGUST 2025

INTRODUCTION

The South Dakota Department of Health Office of Lifespan Health (OLH) Maternal Child Health (MCH) program conducted a needs assessment of the health and well-being of women, children and youth, including those with special health care needs, and their families to guide state and local public health work for the next five years. The goal of the assessment is to gather information on the needs of these populations and their families across South Dakota and assess the state's capacity to provide services. Information gathered from this process will help to focus efforts to positively impact the lives of women, children and youth, including those with special health care needs, and their families.

METHODS

Partner organizations and stakeholders convened for half-day meetings to discuss the health and well-being needs of women, children and youth, including those with special health care needs, and their families. Each meeting was facilitated by OLH consultant, SLM Consulting, and OLH staff to help guide participants through discussion. Participants were given an overview of the needs assessment process, including guiding principles and goals for the meetings. Also, an overview of data specific to the domain was highlighted by the MCH Epidemiologist.

Partners gathered in three locations throughout the state: Sioux Falls, Rapid City, and Pierre. Partners participated in both large and small group discussions, except in Pierre where the lower number of partners in attendance made a large group discussion more appropriate. In Sioux Falls and Rapid City, partners were invited to participate in small group discussions by the population domain (i.e. infant, child, adolescent, women) that best matched their organization's priorities or with the population their organization was currently working with.

To help inform the purpose of the meeting, participants were guided through the SOAR process. The SOAR (strengths, opportunities, aspirations, and results) process is rooted in appreciative inquiry and helps groups identify the unique strengths, opportunities, aspirations, and results that can help move action forward.

SOAR Framing Questions

STRENGTHS - What is working well to advance the health and wellbeing of [domain] in South Dakota?

OPPORTUNITIES - What opportunities are there to advance the health and wellbeing of [infant/child/adolescent/women] in South Dakota? Consider what external circumstances or challenges are and how we can reframe them in a way that creates potential for action. How can challenges be reframed to be seen as opportunities?

ASPIRATIONS - Where do you see the health and wellbeing of [infant/child/adolescent/women] going in the future? Consider what strategic initiatives would support aspirations

RESULTS - How do we know that strategic initiatives or actions are succeeding in advancing the health and well-being of [infant/child/adolescent/women] in South Dakota? Consider what indicators will allow us to measure progress towards achieving our goals.

Data was collected and analyzed to identify themes in three categories: overarching themes across all regions and population domains, themes in each population domain, and themes by region. The number of times a theme emerged was counted and is outlined in the findings, e.g. N = X, with N indicating the total number. Approximately 70 partners participated in meetings across the state.

OVERARCHING THEMES

Strengths noted across all domains in all regions included community-based services, state-supported services, like the Department of Health, safe sleep initiatives, and Department of Social Services programs and services. Partners also noted healthcare providers' increased usage and availability of telehealth services. Another common theme across all regions was that collaboration, such as case management and coordinated care, is an effective approach

Opportunities noted across all regions and population domains were identified. These themes included engagement with South Dakota Medicaid's current services and programs and decision-making. Community factors that influence health outcomes, including childcare, food insecurity, and housing, were identified across domains and regions as opportunities to grow programs and services. Partners also identified opportunities to improve engagement

with communities served by programs through direct engagement with families when developing, implementing, and evaluating programs. Another opportunity identified is the improvement in building cultural health programs, services, and understanding among healthcare and community program providers.

Partners identified overarching themes related to their aspirations. These aspirations include access to care, specifically accessible and tailored services, coordination and collaboration, and improving social norms to improve health behaviors, like mental health stigma. Partners also identified results to monitor across all regions and domains. Results included monitoring access to care metrics, continuing to build population health metrics, visible and usable data, and ensuring community engagement.

PRIORITIES BY REGION

The regional partner meeting themes highlight the strengths, opportunities, aspirations, and results identified in Sioux Falls, Rapid City, and Pierre, reflecting a shared commitment to community well-being while also revealing distinct regional priorities.

Strengths

Sioux Falls demonstrates a strong foundation in community-based services, with the highest mention (N=23), suggesting a well-established network of organizations supporting local needs. Collaboration is another key strength (N=11), indicating a culture of partnership among agencies, non profits, and service providers. Additionally, the presence of state agencies (N=8) suggests strong government support in the area.

Rapid City, while also recognizing community-based services (N=15) as a strength, places emphasis on school-based services (N=3), indicating a focus on integrating public health within educational settings.

Pierre, though reporting fewer overall, highlights community-based programs (N=7) and collaboration (N=5), demonstrating an emphasis on local initiatives and cooperative efforts.

Opportunities

Across all three regions, community factors that impact health outcomes emerge as a key opportunity, with Sioux Falls leading in (N=26). This suggests a widespread recognition that factors like housing, education, and economic stability significantly impact health outcomes. Rapid City and Pierre also identified community factors that influence health outcomes (N=14 and N=10, respectively) as an area where improvements can be made through strategic interventions.

Another major opportunity in Sioux Falls is training (N=10), indicating a need for workforce development and skill-building to strengthen service delivery.

Healthcare access, particularly for youth, is a common theme across the regions, with both Rapid City (N=11) and Pierre (N=10) recognizing it as a crucial area for growth. Programs and resources for youth are also highlighted, especially in Rapid City (N=14), reflecting a focus on improving services for younger populations.

Aspirations

Aspirations across the regions reflect a strong desire to enhance collaboration, improve healthcare access, and address broader social health challenges. Sioux Falls sees collaboration (N=12) and community factors that influence health outcomes (N=11) as critical pathways to achieving long-term impact, while also highlighting the need for funding and mental health support (N=7).

Rapid City's aspirations are heavily centered on healthcare access (N=11) and shifting social norms (N=8), suggesting a focus on not only providing services but also changing attitudes and behaviors to improve community health. Pierre echoes this healthcare focus (N=7), including dental care, along with a continued emphasis on collaboration (N=4) to achieve shared goals.

Results

The results section underscores a commitment to population health improvement, particularly in Sioux Falls, where it is the most frequently mentioned outcome (N=27). This suggests that existing efforts are making measurable progress in enhancing overall health outcomes.

Rapid City and Pierre emphasize data-driven approaches, with data collection and administrative data (N=8 and N=7 respectively) serving as key tools to measure and guide public health strategies. Community engagement also emerges as an important result, particularly in Pierre, where population health data, administrative data, and engagement (N=4) are collectively recognized as essential elements for success.

Overall, the themes across Sioux Falls, Rapid City, and Pierre reflect a shared vision of strengthening community-based services, improving healthcare access, fostering collaboration, and leveraging data to drive better health outcomes. While each region has unique focal points, such as Sioux Falls' emphasis on community services, Rapid City's attention to youth programs, and Pierre's focus on data and engagement, all three demonstrate a commitment to building healthier, more resilient communities.

TABLE 1: OVERALL THEMES

	SIoux FALLS	RAPID CITY	PIERRE
STRENGTHS	Community-based services	Community-based services	Community-based programs
	Collaboration	School-based services	Collaboration
	State agencies	State agencies, state agencies interested in public health	
OPPORTUNITIES	Community factors that influence health outcomes	Programs and resources for youth	Community factors that influence health outcomes
	Training	Healthcare	State agency and healthcare
	Healthcare for youth	Healthcare for youth	Programs and resources for youth
	State agencies	Programs for youth, Screening Treatment and Healthcare	
ASPIRATIONS	Collaboration	Healthcare	Dental
	Community factors that influence health outcomes	Community factors that influence health outcomes	Collaboration
	Funding, Mental health	Social norms	
RESULTS	Population Health Improvement	Data	Population health data, administrative data and community engagement
	Community factors that influence health outcomes	Population health	Community factors that influence health outcomes
	Healthcare utilization	Administrative Data	
		Community factors that influence health outcomes	

PRIORITIES BY DOMAIN



Infant

The primary strengths identified include community-based programs and collaboration (N=9), demonstrating strong local partnerships and support systems. Additionally, state agencies (N=5) and referrals (N=4) contribute to a well-connected service network for infant care.

Key opportunities for growth include training (N=11), emphasizing the need for workforce development in infant care best practices (i.e. growth opportunities education) in multiple settings across the systems of care. Community factors that influence health outcomes (N=7) are seen as an important factor to address, along with community engagement (N=5) and screening and treatment (N=3) to ensure early intervention and care.

Future goals focus on collaboration (N=9) and healthcare improvements (N=7), indicating a desire for stronger partnerships and enhanced medical services for the mother-infant dyad.

The most significant outcome identified is population health indicators (N=16), showing a focus on tracking and improving infant health data. Additionally, healthcare quality (N=3) is highlighted as an important measure of success.

Overall, the data paints a picture of a community-focused, data-driven approach to improving infant

health. While strengths in collaboration, community programs, and state agency support provide a solid foundation, opportunities remain in training, early screening, and addressing broader community factors that influence health outcomes. Aspirations for enhanced partnerships and improved healthcare access suggest a commitment to long-term improvements, with the ultimate goal of achieving measurable population health improvements and high-quality infant care. Key focus areas that emerged for the infant domain are emphasized across four categories: Strengths, Opportunities, Aspirations, and Results. See Table 2 for more details

TABLE 2: INFANT DOMAIN

STRENGTHS
Community-based programs
Collaboration
State agencies
Referrals
OPPORTUNITIES
Training
Community factors that influence health outcomes
Community engagement
Screening and treatment
ASPIRATIONS
Collaboration
Healthcare
RESULTS
Population health indicators
Healthcare quality



Child

The most significant strength is community-based services (N=15), highlighting the role of local programs in supporting children's health. Other strengths include school-based services (N=3), collaboration (N=3), and funding (N=3), indicating a foundation of support within educational and community settings.

The greatest areas for improvement are healthcare for youth (N=12) and community factors that influence health outcomes (N=12), pointing to the need for better access to medical services and addressing broader social factors affecting child health. Additional opportunities include programs and resources for youth (N=8) to enhance well-being and development.

Aspirations focus on healthcare (N=5), community factors that influence health outcomes (N=9), and social norms (N=6), suggesting a push for improved medical care, broader social support, and cultural changes to promote child well-being. Collaboration (N=5) and expanded programs for both youth and parents (N=5) are also key aspirations, alongside funding (N=3) to sustain these efforts.

The most prominent expected outcome is population health improvement (N=13), followed by administrative data (N=12) and general data tracking (N=9), showing a strong focus on data-driven decision-making. Other key results include community factors that influence health outcomes impact (N=8), community engagement (N=7), healthcare utilization (N=6), and access to care (N=3).

Key focus areas that emerged for the child population are emphasized across four categories: Strengths, Opportunities, Aspirations, and Results. See Table 3 for more details. The table emphasizes the importance of community-based services, healthcare access, community factors that influence health outcomes, and collaboration in improving child well-being. Strengths lie in existing local services, but opportunities exist to expand healthcare, youth programs, and social support. Aspirations focus on enhancing care, addressing social factors, and increasing engagement with families.

Ultimately, the goal is to drive population health improvements through data, engagement, and better healthcare access.

Key focus areas that emerged for the child domain are emphasized across four categories: Strengths, Opportunities, Aspirations, and Results. See Table 3 for more details.

TABLE 3: CHILD DOMAIN (INFANT/CHILD; CHILD/ADOLESCENT; CHILD/CYSHCN)

STRENGTHS
School-based services
Community-based services
Collaboration
Funding
OPPORTUNITIES
Healthcare for youth
Community factors that influence health outcomes
Programs and resources for youth
ASPIRATIONS
Healthcare
Community factors that influence health outcomes
Social norms
Collaboration
Programs and resources for youth
Programs and resources for parents of youth
Funding
RESULTS
Population health improvement
Administrative data
Data
Community factors that influence health outcomes
Community engagement
Healthcare utilization
Access to care



Children and Youth with Special Healthcare Needs

The ecosystem supporting children and youth with special healthcare needs (CYSHCN) is built on several key strengths. Most prominently, community-based services (N=16) are a major asset, offering localized, accessible care. Strong collaboration (N=3), steady funding streams (N=3), and evolving technology (N=4) also play important roles in improving care delivery and coordination.

Looking ahead, several opportunities present themselves. The most cited need is the expansion of programs and resources for youth (N=13), followed closely by better access to healthcare (N=11) and increased youth engagement (N=6). Opportunities also lie in enhancing the involvement of state agencies (N=6), addressing community factors that influence health outcomes (N=5), and systems concerns (N=3), particularly in how services are designed and delivered.

The field's aspirations mirror these areas of opportunity. Top priorities include greater engagement of healthcare providers (N=10), further investment in community factors that influence health outcomes initiatives (N=10), and improved coordination with state agencies (N=5). There's also continued focus on expanding programs and resources for youth (N=7), aiming to better serve their evolving needs.

In terms of results, progress is being tracked in several areas. Improvements in healthcare utilization (N=6), quality of care (N=5), and administrative data (N=5) suggest that systems are becoming more responsive

and efficient. Additionally, outcomes tied to community factors that influence health outcomes (N=5) continue to be a key area of measurement, reinforcing the importance of addressing the broader factors influencing child health.

Key focus areas that emerged for the CYSHCN domain are emphasized across four categories: Strengths, Opportunities, Aspirations, and Results. See Table 3 for more details.

TABLE 4: CYSHCN DOMAIN

STRENGTHS
Community-based services
Collaboration
Funding
Technology
OPPORTUNITIES
Programs and resources for youth
Healthcare
Youth engagement
State agencies
Community factors that influence health outcomes
Bias
ASPIRATIONS
Programs and resources for youth
Community factors that influence health outcomes
Healthcare provider
State agencies
RESULTS
Administration data
Quality of care
Healthcare utilization
Community factors that influence health outcomes

Adolescent

Adolescent health initiatives are anchored by several core strengths. Community-based services (N=5) form a vital backbone of support, alongside school-based services (N=3) that bring care directly to where young people are. Efforts to boost public health awareness campaigns (N=2) are making headway, and attention to other initiatives like community factors that influence health outcomes, healthcare providers and tribal services highlight the multifaceted approach being taken.



Despite these strengths, there are significant opportunities to expand impact across all age groups—including infants, children, and adolescents. The need for improved programs and resources for youth (N=11) stands out as a top priority. Closely following are calls for more youth engagement (N=7), expanded access to healthcare for young people (N=4), better data availability (N=4), improved mental and behavioral health services (N=3), and other initiatives to build stronger collaboration between systems.

The collective aspirations reflect a shared vision for a more supportive and preventive environment. Leading the way is a focus on school-based prevention efforts (N=8), including early intervention and health education. There is a desire to strengthen prevention efforts overall (N=6), particularly around mental and behavioral health (N=2) and sexual violence prevention (N=1). Aspirations also include enhanced collaboration (N=2), and with parents of youth (N=1), and a sustained focus on community factors that influence health outcomes (N=2) and effective use of data (N=2).

These priorities are already producing results. Progress is evident in increased attention to data utilization (N=9), population health improvement (N=5), and administrative data collection (N=4). There are also gains in community engagement (N=3), other areas identified include policy surveillance (N=1), tracking of sexual violence (N=1), all of which reflect a growing capacity to address adolescent needs with precision and care.

Key focus areas that emerged for the adolescent domain are emphasized across four categories: Strengths, Opportunities, Aspirations, and Results. See Table 5 for more details.

TABLE 5: ADOLESCENT DOMAIN

STRENGTHS
School-based services
Community-based services
Public health awareness campaign
Other: Community factors that influence health outcomes - Healthcare provider and Tribal services
OPPORTUNITIES
Youth engagement
Mental and behavioral health
Programs and resources for youth
Data availability
Healthcare for youth
Other: Collaboration
ASPIRATIONS
Mental and behavioral health
School-based prevention
Collaboration
Preventative efforts
Community factors that influence health outcomes
Data
Other: Sexual violence, programs and resources for youth, programs and resources for parents of youth
RESULTS
Population health improvement
Sexual violence
Data
Community engagement
Policy surveillance
Administrative data



Women

Efforts focused on improving the health and well-being of women are supported by key strengths across systems. Community-based services (N=8) serve as a strong foundation, offer localized, accessible support to women across diverse settings. Supportive state agencies (N=5) and agencies specifically interested in public health (N=4) create important institutional backing. Additionally, attention to community factors that influence health outcomes (N=3) reflects a growing awareness of the broader factors shaping women’s health.

There are several significant opportunities for improvement, most notably in healthcare access and delivery (N=20), which stands out as the most cited area. Expanding efforts to address community factors that influence health outcomes (N=9), exploring the decriminalization of substance use in pregnancy (N=4), and investing in training, screening, treatment, and collaboration (N=3) all point to areas where policy, practice, and compassion can intersect to produce better outcomes.

The collective aspirations of the field reflect a shift toward more holistic care. Healthcare improvements (N=10) remain central, alongside ambitions to shift social norms (N=7) and create more patient-centered care models (N=4). Continued focus on community factors that influence health outcomes (N=5) signals the desire to build systems that address the root causes of poor health, not just the symptoms.

Encouraging results are emerging, especially in population health improvement (N=11), indicating that targeted efforts are making a measurable difference. Ongoing work in the area of community factors that influence health outcomes (N=6) also shows promise, reinforcing its importance as both a current focus and a future priority.

Key focus areas that emerged for the women’s domain are emphasized across four categories: Strengths, Opportunities, Aspirations, and Results. See Table 6 for more details.

TABLE 6: WOMEN DOMAIN

STRENGTHS
Community-based services
State agencies
State agencies interested in public health
Community factors that influence health outcomes
OPPORTUNITIES
Healthcare
Community factors that influence health outcomes
Decriminalization of substance use in pregnancy
Training, screening and treatment, and collaboration
ASPIRATIONS
Healthcare
Social norms
Community factors that influence health outcomes
Patient-centered care
RESULTS
Population health improvement
Community factors that influence health outcomes

CONCLUSIONS

Across every population group and regional area, community-based services consistently emerged as a top strength. This suggests that localized, accessible, and culturally competent services form the backbone of public health support across age and demographic groups. Every report highlighted collaboration as a key strength or aspiration—especially in infant populations and regional summaries. However, collaborative efforts often appear as aspirations rather than established practices, indicating room to strengthen interagency and cross-sector partnerships.

Healthcare—particularly for youth and women—is the most frequently mentioned area of opportunity and aspiration, especially for women, CYSHCN, and child domains. This suggests a system-wide call to improve the availability and delivery of healthcare services. In particular, themes noted across the women’s domain emphasize healthcare access, social norms, and the decriminalization of substance use during pregnancy. These issues are less prominent in other population themes, suggesting women face unique barriers that require tailored approaches.

Community factors that influence health outcomes appear across all reports as both an opportunity and aspiration—with particularly high in regional themes, especially in Sioux Falls. However, its representation under strengths is limited. This suggests that while community factors that influence health outcomes are acknowledged as essential, effective implementation and resourcing remain areas for growth.

There is a noticeable push toward engaging youth more directly and integrating school-based and preventive efforts. Adolescent aspirations include school-based prevention and prevention efforts. Child themes emphasize youth engagement and parenting resources. In addition, prevention, particularly around mental health, behavioral health, and sexual violence is an area gaining traction.

All populations recognize the need for robust data systems, including administrative data and data use for population health tracking and decision-making. Still, variability in what is being measured and how it is used suggests a need for more integrated, transparent, and real-time data infrastructure.

Overall, South Dakota’s public health systems show strong community foundations and widespread commitment to improving healthcare access and addressing community factors that influence health outcomes. However, the next phase of progress depends on transforming aspirations into action: aligning data systems, scaling youth and parent engagement, resourcing community factors influencing health outcomes interventions, and deepening interagency collaboration. There is strong momentum, but also a clear need for strategic coordination and targeted investment.

VISION

Every South Dakotan
Healthy and Strong

MISSION

Working together to
promote, protect, and
improve health