Healthy Relationships Cross-Program Evaluation

Annual Evaluation Report

July 1, 2024- June 30, 2025

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Background

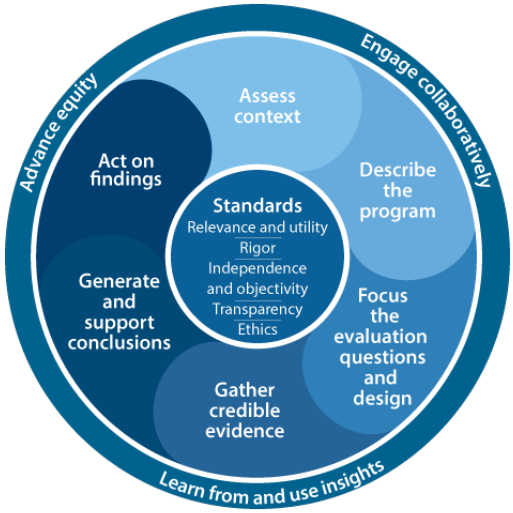
The South Dakota (SD) Healthy Relationships Programs of the SD Department of Health (DOH) provides programs and services throughout the state including family planning, education on abstinence and contraceptive use, healthy relationships, and sexual violence prevention. Services and programs are implemented with funding provided by the following agencies and funding opportunities:

U.S. Department of Health and Human Services; Office of Administration for Children and Families; Family & Youth Services Bureau
• Title V State Sexual Risk Avoidance Education (Title V SRAE) • State Personal Responsibility Education Program (PREP)
U.S. Department of Health and Human Services; Office of Population Affairs
• Title X Family Planning Program (Title X)
Centers for Disease Control and Prevention; Violence Prevention
• Rape Prevention Education Program (RPE)
Health Resources & Services Administration
• Title V Maternal Child Health Block Grant (MCH)

The Population Health Evaluation Center (PHEC) was contracted by the SD DOH in 2021 to provide evaluation services for each Healthy Relationships program and cross-program evaluation. The purpose of evaluation is to examine program utilization, effectiveness of programming, partnerships, and overall satisfaction of participants and partners. Acknowledging the uniqueness of each program being evaluated, process and outcome evaluations are currently used to address the goals and needs of individual programs and cross-program efforts. **Process evaluation** is used to monitor program activities and determine if activities are implemented as intended.[1] **Outcome evaluation** allows evaluators to measure program effectiveness with the intended population by monitoring the outcomes achieved by the program.[1] With the continued growth of Healthy Relationships programming, evaluation efforts and methods will be modified in accordance with individual program needs.

Using the Centers for Disease Control and Prevention (CDC) Framework for Evaluation in Public Health, SD DOH leadership and the evaluation team met to discuss the needs of the program and potential interest areas of the SD DOH. The framework supports the inclusion of program stakeholders and partners to understand the program's context, while also providing guidance for conducting effective program evaluation.[2] The framework model is depicted in Figure 1.

Figure 1. CDC Framework for Program Evaluation in Public Health[2]



Purpose

The following evaluation report is intended to inform SD DOH Healthy Relationships leadership on the activities and outcomes of Healthy Relationships programming for the contract year. The report also includes relevant state and county specific data to assist in decision-making processes for future Healthy Relationships programming.

The purpose of this evaluation report is:

1. To provide information on evaluation and program activities and outcomes that occurred within the project year (July 1, 2024 – June 30, 2025).
2. To provide county-level data on relevant risk and protective factors associated with adolescent health for future program targeting.
3. To provide state-level data monitoring trends of indicators related to Healthy Relationships programming goals.

Program Reach & Implementation

A variety of program activities occurred during the project period (July 1, 2024 – June 30, 2025). Four programs were utilized as part of Healthy Relationships. Fifty-three cohorts of programming were completed during the reporting period. In total, **889 adolescents** (ages 0-17) were reached with programming or services provided by SRAE/PREP, RPE, MCH PHNs, and Title X. Title X also provides services to populations over 17 years of age. In 2024, Title X served **2,561 individuals** (all ages) across 15 clinics. Table 1 summarizes the programs, reach, and organizations/sites that implemented Healthy Relationships during the project year.

Table 1. Healthy Relationships Program Implementation (July 1, 2024 – June 30, 2025)

Funding Mechanism	Curriculum	# of Cohorts*	# of Attendees**	Locations
Title V SRAE	SMART Moves Core + Healthy Relationships	2	23	Hill City, SD McLaughlin, SD
PREP	MARS	20	181	Rapid City, SD Sioux Falls, SD Spearfish, SD
	TOP	12	143	Rapid City, SD Sioux Falls, SD Spearfish, SD Watertown, SD
Title X	No Curriculum; health services provided	N/A	2,561	See Appendix C for Title X Clinic locations
RPE	Shifting Boundaries	5	58	Aberdeen, SD Hill City, SD Pierre, SD
MCH	TOP	14	221	Armour, SD Avon, SD Florence, SD Plankinton, SD Rosholt, SD Summit, SD Tripp, SD Waverly, SD White Lake, SD

**Number of cohorts only include cohorts who completed a full program.*

***Number of attendees include individuals who completed at least one session of a program or received services from Title X location.*

Thirty-seven sites from various organizations provided Healthy Relationships programming or services. Appendix C summarizes the organizations and locations of programming efforts by funding mechanism. Figure 9 displays the total number of program cohorts and Title X clinics in the counties served for the 2024-2025 program year. Pennington (22), Minnehaha (9), and Aurora (7) offered the highest number of programs/services, followed by Lawrence (5) and Codington (4).

Figure 9. Number of Healthy Relationships program cohorts and Title X clinics per county

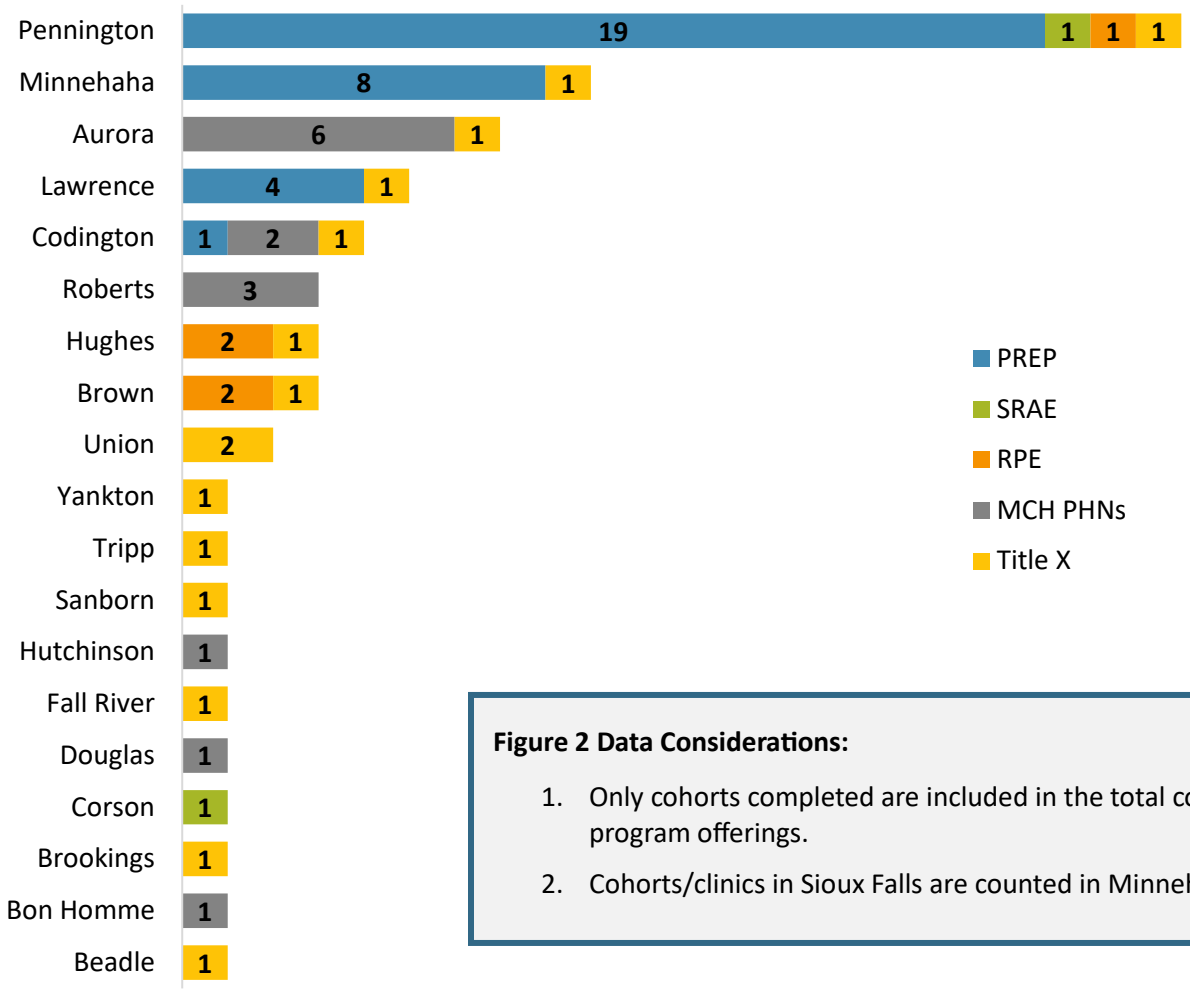


Figure 2 Data Considerations:

1. Only cohorts completed are included in the total counts of program offerings.
2. Cohorts/clinics in Sioux Falls are counted in Minnehaha County.

Trained Program Facilitators

The Healthy Relationships programs offered through RPE, PREP, and the MCH Public Health Nurses (PHNs) require facilitators to be trained in the curriculum taught. To better understand where trained facilitators exist across programs, Figure 11 shows a breakdown of counties with at least one trained facilitator by program. The map also highlights counties where a Healthy Relationships program took place in the last year.

State-Level Data

The state-level data indicators are depicted in Appendix D. The table lists the indicator, data source, and most recent available data. Indicators are sorted by outcomes derived from the Healthy Relationships program logic model. The outcomes chosen to focus on for indicators was discussed at a meeting with the SD DOH and evaluation team as one of the first steps of the indicator selection process. Data trends will become available as more years of data are collected.

County-Level Data

County-level data indicators were selected to further understand risk factors surrounding adolescent health, healthy relationships, and sexual violence prevention in South Dakota. The county data allows program leaders to determine areas of the state where Healthy Relationships programming could be most beneficial. Additionally, tracking risk factors can assist in monitoring any changes in trends over time. The evaluation team gathered SD county data on the following risk factors:

Risk Factors

- Medically underserved areas
- % of youth eligible for Medicaid (ages 0-18)
- % of population below poverty level
- % of population of reproductive age (ages 15-44 years; male and female)
- % of students completing high school
- Rate of chlamydia
- Rate of syphilis
- Suicide rate
- Teen birth rate (ages 15-19)
- Rape rate

A complete list of all counties' data for each indicator can be found in Appendix E.

Medically Underserved Areas[3,4]

Medically underserved areas (MUAs) are designated by HRSA to show which counties, communities, or parts of counties are lacking access to primary care services.[3] The SD DOH compiles this information in a map annually, and can be found at Medically-Underserved-Areas-Populations-Map.[4] In addition to MUAs, the map highlights where medically underserved populations reside in the state. Medically underserved populations (MUPs) "have a shortage of primary care health services for a specific population subset within a geographic area. These groups may face economic, cultural, or language barriers to health care."[3] In January 2025, almost all SD counties were designated as an MUA. Four counties were partially designated as MUAs, where the entire county is not considered underserved. Partially MUA designated counties include Meade, Pennington, Haakon, and Lincoln. Additionally, 10 counties have specific communities that are designated MUAs, including Pennington, Meade, Fall River, Brule, Brown, Grant, Brookings, Minnehaha, Lincoln, and Clay. Counties designated with MUPs include Walworth, Beadle, Davison, Lake, and Yankton. Hughes and Codington are the only two counties with no designations.[4]

Youth Eligible for Medicaid [5,6]

The number of youth eligible for Medicaid (ages 0-18 years) was collected via the SD Department of Social Services (DSS) "Number of People Eligible for Medicaid" dashboard from January 2025.[5] To calculate the percentages, the American Community Survey (ACS) 5-year estimate for 2023 was used for determining individual county populations.[6] The ACS 5-year estimates only include youth ages 0-17 years, therefore the percentages can equal over 100% due to the number of youth eligible for Medicaid including youth 18 years of age. Ziebach, Buffalo, Todd, Oglala Lakota, and Dewey counties reflect the highest percentages of youth eligible for Medicaid.

Population Below Poverty Line[7]

In 2023, Oglala Lakota (48.8%), Jackson (38.9%), Todd (38.4%), Corson (35.2%), and Ziebach (34.0%) counties showed the highest percentage of people below the poverty level.[7]

Population of Reproductive Age [6]

The percentage of people of reproductive age (15-44 years, male and female) in each county was calculated based on the county's total population. In 2023, Clay (56.8%), Brookings (52.0%), Oglala Lakota (43.5%), Meade (42.5%), and Ziebach (42.3%) counties showed the highest percentage of people of reproductive age per their respective county populations.[6] The reproductive age data was obtained using the ACS 5-year estimates for 2023.

High School Completion[8,9]

The percentage of students who completed high school by county was compiled for the 2023-2024 academic year. Since numerous school districts expand into multiple counties, the county average percentage of students who completed high school included any school district that is 'zoned' into the county per the SD Department of Education School District Maps.[9] Therefore, one school district can be included in multiple counties' averages. Todd (70.6%), Bennett (73.3%), Oglala Lakota (78.6%), Grant (82.3%), and Roberts (84.0%) counties reported the lowest county averages for high school completion.[8,9]

Suicide Rate[10]

Suicide rates by county were provided in in the *2024 Suicide Surveillance Report* from the SD DOH. Due to the rurality of many SD counties and low number of suicides recorded annually, suicide rates for each county were calculated using 10 years of data, from 2014-2023. Buffalo (90.7), Todd (61.9), Oglala Lakota (57.7), Lyman (52.5), and Corson (51.9) counties had the highest suicide rates in SD from 2014-2023.[10]

Teen Birth Rate[11]

The rate of teen births (per 1,000) per county for adolescents 15-19 years of age was obtained through a data request with the SD DOH. Due to the low population and number of teen births reported by many SD counties, data was combined from 2019-2023 to produce the 2023 teen birth rates. Additionally, teen birth rates could not be calculated for many counties due to the low number of events (events = teen births). In 2023, Todd (63.8), Dewey (62.3), Corson (58.8), Jackson (55.6) and Oglala Lakota (52.8) reported the highest teen birth rates in SD.[11]

Rape Rate[12]

County-level rape rates (per 100,000) for 2023 were provided in the *South Dakota Sexual Violence Data Summary 2023* report. Due to the small population size of many SD counties and the limited number of offenses reported annually, rape rates were calculated for county-level data by aggregating offenses reported over a five-year period from 2019-2023. A more comprehensive explanation of the methodology for calculating rape rates can be found in the *South Dakota Sexual Violence Data Summary, 2023*. In 2023, Pennington (157.1), Bennett (123.4), Davison (103.4), Hughes (92.6), and Yankton (81.5) reported the highest rape rates in SD.[12]

Chlamydia Rate[13]

Chlamydia rates per county for adolescents 15-19 years of age were obtained through a data request with the SD DOH. Due to the low population and number of adolescent STIs reported by many SD counties, data was combined from 2021-2023 to produce the 2023 rates per 100,000 adolescents. In 2023, Todd (8744.8), Mellette (8602.2), Oglala Lakota (7835.5), Dewey (7505.7), and Jackson (5256.1) counties reported the highest adolescent chlamydia rates in SD.[13]

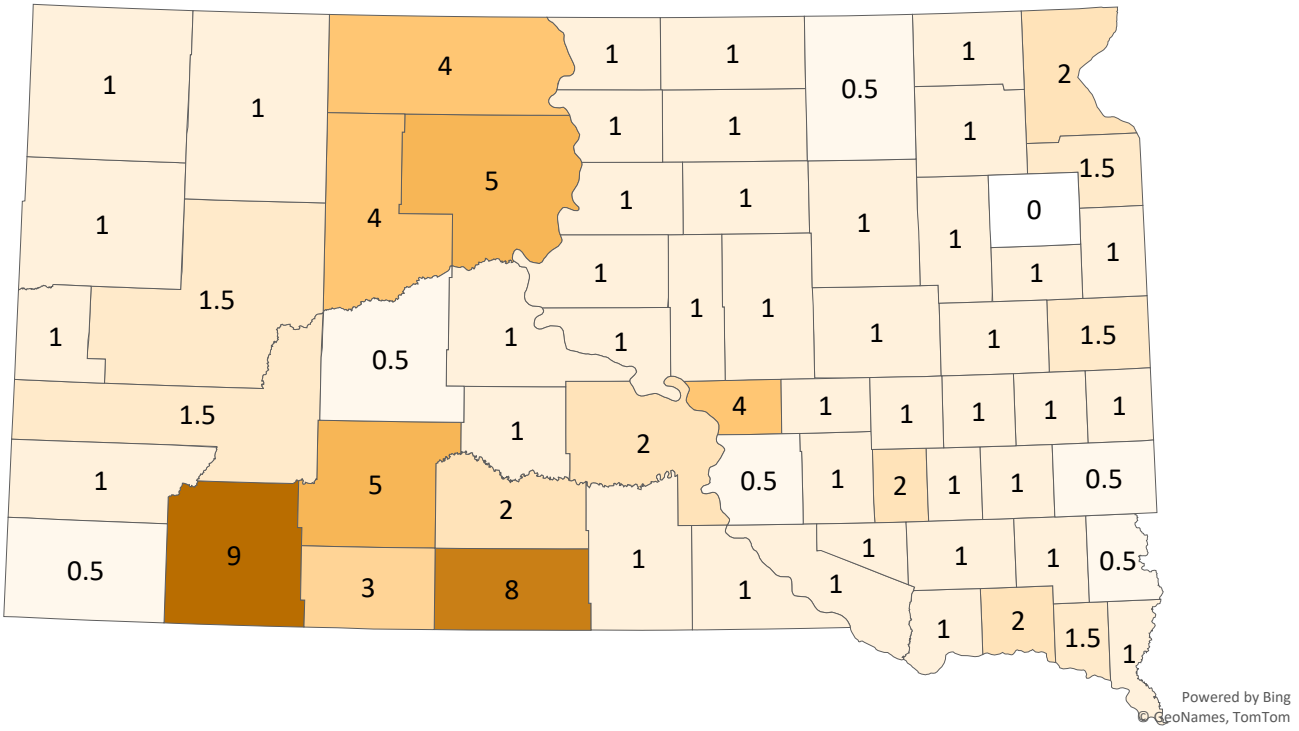
Syphilis Rate[13]

Syphilis rates per county for adolescents 15-19 years of age were obtained through a data request with the SD DOH. Due to the low population and number of adolescent STIs reported by many SD counties, data was combined from 2021-2023 to produce the 2023 rates per 100,000 adolescents. In 2023, Todd (2563.1), Dewey (1743.7), Buffalo (1702.8), Oglala Lakota (1417.1), and Jackson (1078.2) counties reported the highest adolescent syphilis rates in SD.[13]

Combined Risk Factors

To assist in program decision-making, a map combining the eight available risk-factor data indicators was created (Figure 11). The map portrays the number of times a county was included in the top five highest rates or percentages for each risk factor or was counted as being a MUA/P (0.5 was assigned to counties that were partially designated as a MUA/P or had towns designated). Oglala Lakota (n=9), Todd (n=8), Dewey (n=5), Jackson (n=5), Buffalo (n=4), Corson (n=4), and Ziebach (n=4) counties ranked among the highest in number of combined risk factors. Considerations and limitations mentioned in the previous sections with each risk factor should still be applied when viewing Figure 10.

Figure 10. Combined Risk Factors



Combined Risk & Protective Factors

To compare the risk and protective factors considered throughout this report, Figure 11 highlights the following:

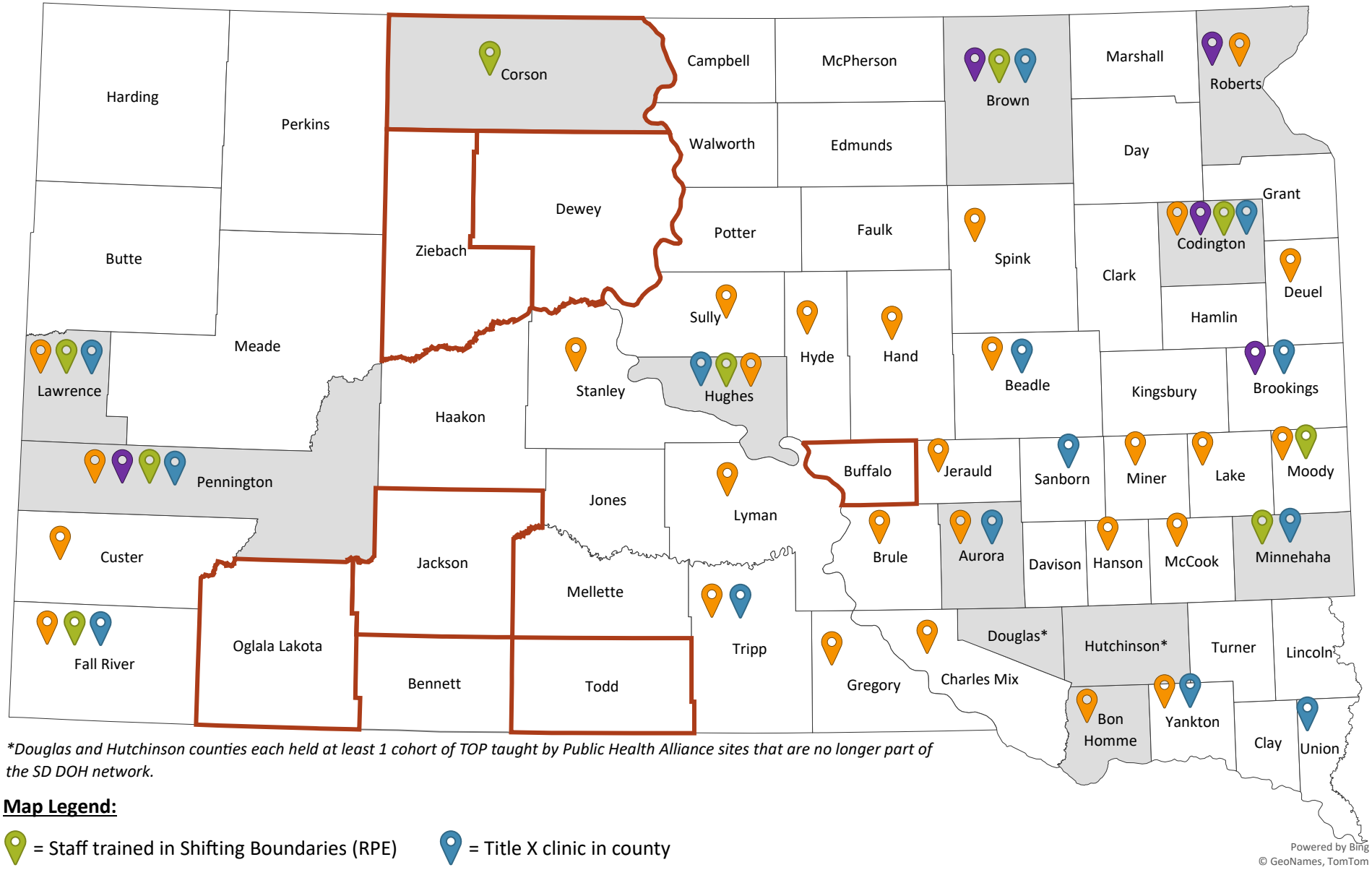
Protective Factors

1. Counties where at least one staff is trained to offer a Healthy Relationships program through RPE or PREP.
2. Counties covered by at least one PHN.
3. Counties where at least one Title X clinic is located.
4. Counties where at least one Healthy Relationships cohort was conducted.

Risk Factors

1. Counties that demonstrated highest number of combined risk factors from Figure 10.

Figure 11. Trained Facilitators & Healthy Relationships Programming



**Douglas and Hutchinson counties each held at least 1 cohort of TOP taught by Public Health Alliance sites that are no longer part of the SD DOH network.*

Map Legend:

= Staff trained in Shifting Boundaries (RPE)

= Title X clinic in county

= Staff trained in REACH classes (PREP)

= PHN covers the county

= County had at least 1 Healthy Relationship cohort

= County demonstrated high number of combined risk factors

Recommendations

Program evaluation provides the opportunity to understand the current state of programs and collect information to support program improvement efforts. Based on the evaluation activities conducted in 2024-2025, three recommendations are provided for consideration among the SD DOH Healthy Relationships team:

Expand Healthy Relationships programming efforts. The Healthy Relationships programs provide critical education and services to improve the health and wellbeing of many South Dakotans. When looking at risk factors and where programming was conducted during 2024-2025, there are opportunities for expanding programming and/or services. Notably, Ziebach, Dewey, Jackson, Oglala Lakota, and Todd counties ranked among the highest in number of combined risk factors, with no Healthy Relationships programs or services offered. Additionally, 22 counties did not host a Healthy Relationships class despite having a trained facilitator working within the county (or covering the county, such as a PHN). The data supports looking into opportunities for expanding Healthy Relationships programming into counties with previously trained facilitators, along with expanding training opportunities to partners within counties with high number of combined risk factors.

Explore curriculum options focusing on mental health and healthy relationships. Youth and adolescents who completed the supplemental questions on the entry and exit surveys indicated wanting to learn more about mental health and healthy relationship topics. Spending more time on these topics with current curriculums, or looking into other curriculum options with emphasis on healthy relationships and mental health components is recommended based on youth feedback.

Utilize Title X services to promote reproductive health education. Half (50.8%) of youth and adolescents completing the exit surveys indicated they would prefer to learn about reproductive health from a healthcare provider (at the doctor's office) or at school (health class, school nurse). With eight SD PLAN clinics and PHNs covering 28 counties within SD, a unique partnership opportunity is presented to expand adolescent reproductive health education. The PHNs teaching TOP in schools could collaborate with SD PLAN clinic staff to provide SD PLAN resources and educational materials or establish referral processes to the clinics. Additionally, SD PLAN clinic staff could work with PHNs to build relationships with schools to provide additional health education.

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Appendix A. Healthy Relationships Abbreviated Evaluation Plan

Program Implementation

Evaluation Question 1: To what extent are Healthy Relationships programs being implemented?

Intended Outcomes:

- Identify Healthy Relationship programming and services reach in SD.
- Geographically identify programming & services could be expanded.
- Identify 'building' opportunities with current programs/services offered.

Evaluation Question 2: To what extent are target populations being reached with Healthy Relationships programs?

(target populations meaning the intended populations of each individual grant)

Intended Outcomes:

- Identify individual grants' population reach.
- Identify collective Healthy Relationships population reach.
- Expand programming to reach target populations.

Evaluation Question 3: In what ways can individual Healthy Relationships programs cross-collaborate with each other?

Intended Outcomes:

- Identify education or service needs of individual program participants.
- Identify other Healthy Relationships programming to address needs of adolescents.
- Encourage collaboration between Healthy Relationships programs and implementing organizations.

Program Outcomes

Evaluation Question 1: To what extent did program participants demonstrate gains in knowledge or skills taught in curriculums?

Intended Outcomes:

- Identify increases in program participants' ability to set personal goals, self-regulation, healthy decision making and focus on the future.
- Demonstrate program participants' knowledge gains of the components of a healthy relationship.
- Identify ways in which program participants applied skills/knowledge to real-life situations.

Evaluation Question 2: How satisfied were participants/clients with programs or services received?

Intended Outcomes:

- Understand participant/client satisfaction of Healthy Relationships programs.
- Uncover areas of improvement for programs or services.
- Determine program improvement steps for future implementation.

Evaluation Question 3: How was data used to guide program decision-making?

Intended Outcomes:

- Utilize data to inform on program progress and/or areas for growth.
- Identify ways program expansion/growth occurred based on data collected.

Partnerships

Evaluation Question 1: In what ways did programs or services collaborate between funding streams?

Intended Outcomes:

- Identify programs building off each other.
- Identify cross-program referrals.
- Determine partnership development between current sub-recipient organizations (e.g., LSS & Title X)

Evaluation Question 2: What programs and/or other services exist in SD for potential collaboration opportunities?

Intended Outcomes:

- Increase awareness of current programming available in SD.
- Identify potential partnerships between existing programs and/or organizations.
- Increase collaboration statewide.

Appendix B. Healthy Relationships Logic Model

South Dakota Healthy Relationships Logic Model 2024-2025
[RPE; Title X; PREP]

Inputs	Strategies & Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
-RPE Funding -Title X Funding -PREP Funding -SD DOH Office of Child and Family Services -Lutheran Social Services (LSS) -Boys and Girls Clubs (BGC) -Public Health Nurses (PHN) -Local Community Partners -Data Sources	Incorporate relevant data in guiding program decision-making. Improve efficiency across program implementation. Implement evidence-based/evidence-informed curriculum. Connect sub-recipients between funding streams for potential partnership opportunities. Engage stakeholders through ongoing dissemination of findings across programs. Promote Heathy Relationships programs and/or services.	Identify shared risk and protective factors for healthy relationships. Identify indicators to monitor across programs. Identify program overlaps and reduce duplicative efforts. Use multiple funding streams and programs to develop Healthy Relationships 'series' for programming. Increase cross-program collaborations and partnerships with sub-recipients. Disseminate Healthy Relationships program information and/or findings to stakeholders, communities, and partners. Identify current Healthy Relationships programming/services available & related programs/services offered statewide.	Increase targeted programming for vulnerable youth populations. Monitor data to inform on program progress. Reduce duplicative efforts and promote cross-program awareness. Increase youth ability to set personal goals, self-regulation, healthy decision making and focus on the future. Youth develop knowledge of the components of a healthy relationship.	Reduce adolescent pregnancy in SD. Reduce the number of STIs in SD. Increase use of family planning services among adolescents. Increase knowledge of risky behavior & consequences among adolescents. Decrease sexual violence rate in SD. Reduce domestic and/or dating violence. Demonstrate changes in attitudes/beliefs surrounding healthy relationships topics.

Appendix C. Sites Offering Healthy Relationships Programs/Services

Funding Mechanism	Site/Organization	Location
Title V SRAE	Boys and Girls Club of the Black Hills	Hill City, SD
	Boys and Girls Club of Standing Rock	McLaughlin, SD
PREP	Arise West (LSS)	Rapid City, SD
	Boys & Girls Club: Watertown	Watertown, SD
	Canyon Hills Center	Spearfish, SD
	McCrossan Boy's Ranch	Sioux Falls, SD
	Minnehaha Co Juvenile Detention Center Sioux Falls	Sioux Falls, SD
	Summit Oaks (LSS)	Sioux Falls, SD
	The Circle (Family Connections Center, Inc)	Sioux Falls, SD
	Wellfully	Rapid City, SD
	Western SD Juvenile Services Center	Rapid City, SD
RPE	Boys & Girls Club of the Aberdeen Area	Aberdeen, SD
	Boys & Girls Club of the Black Hills	Hill City, SD
	Boys & Girls Club Capital Area	Pierre, SD
Title X	Fall River County Community Health Office*	Hot Springs, SD
	Complete Health	Rapid City, SD
	Sanford Brookings	Brookings, SD
	Sanford Health Midtown Clinic	Sioux Falls, SD
	Sanford Watertown Family Planning	Watertown, SD
	Monument Health Family Health Education Services	Spearfish, SD
	Urban Indian Health Clinic	Pierre, SD
	Winner Regional*	Winner, SD
	Horizon Alcester Medical Center*	Alcester, SD
	Horizon Healthcare Aberdeen Community Health Center*	Aberdeen, SD
	Horizon Healthcare Elk Point Community Health Center*	Elk Point, SD
	Horizon Healthcare James Valley Community Health Center*	Huron, SD
	Horizon Healthcare Aurora County Community Health Center*	Plankinton, SD
	Horizon Healthcare Woonsocket Community Health Center*	Woonsocket, SD
	Horizon Healthcare Yankton Community Health Center*	Yankton, SD

MCH	Plankinton School District	Plankinton, SD
	White Lake School District	White Lake, SD
	Summit School District	Summit, SD
	Rosholt School District	Rosholt, SD
	Armour School District	Armour, SD
	Florence School District	Florence, SD
	Tripp-Delmont School District	Tripp, SD
	Avon School District	Avon, SD
	Waverly/South Shore School District	Waverly, SD

**Only offered services for a portion of the reporting period January 1, 2024 – December 31, 2024.*

Appendix D. State-Level Indicators

Description of Outcome: Develop youths' skills surrounding healthy decision making and relationships				
Indicators:	**Data Sources**	**2020-2021**	**2021-2022**	**2022-2023**
% (Yes), Has this child's doctor or other health care provider actively worked with this child to gain skills to manage his or her health and health care?	National Survey of Children's Health (SD) https://www.childhealthdata.org/browse/survey#51_43_3011	57.5%	57%	56.5%
% (all of the time + most of the time), When your family faces problems, how often are you likely to talk together about what to do?	National Survey of Children's Health	89.7%	88.6%	89.6%
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**	**2024-2025**
#, % Has being in the program made you more likely, about the same, or less likely to talk to a trusted person/adult if someone makes you uncomfortable, hurts you, or pressures you to do things you don't want to do?	SRAE MS & HS Exit Surveys & PREP MS and HS Exit Surveys	187, 76.6% (More likely)	175, 60.8% (More likely)	188, 74.3% (More likely)
#, % Has being in the program made you more likely, about the same, or less likely to resist or say no to peer pressure?	SRAE MS & HS Exit Surveys & PREP MS and HS Exit Surveys	174, 70.7% (More likely)	154, 54.2% (More likely)	158, 62.5% (More likely)
#, % Has being in the program made you more likely, about the same, or less likely to think about the consequences before making a decision?	SRAE MS & HS Exit Surveys & PREP MS and HS Exit Surveys	165, 68.2% (More likely)	148, 53.0% (More likely)	157, 62.1% (More likely)
Indicators:	**Data Sources**	**2021**	**2023**	**2025**
% Were electronically bullied (texting, Instagram, FB, or other social media, during the last 12 months)	SD YRBS	17.4%	19.0%	Data unavailable Spring 2025

Description of Outcome: Improve adolescents' sexual reproductive health and wellbeing				
Indicators:	**Data Sources**	**2021**	**2023**	**2025**
% Ever had sexual intercourse	SD YRBS	26.9%	27.2%	Data unavailable Spring 2025
% Were currently sexually active	SD YRBS	16.7%	18.8%	Data unavailable Spring 2025
% Used a condom during last sexual intercourse	SD YRBS	52.3%	47.4%	Data unavailable Spring 2025
% Used birth control pills before last sexual intercourse	SD YRBS	16.3%	21.4%	Data unavailable Spring 2025
% Did not use any method to prevent pregnancy during last sexual intercourse	SD YRBS	Not included in 2021 report	13.3%	Data unavailable Spring 2025
% Drank alcohol or used drugs before last sexual intercourse	SD YRBS	20.8%	12.9%	Data unavailable Spring 2025
Description of Outcome: Improve SD youths' perceptions and/or knowledge on healthy relationships				
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**	**2024-2025**
#, % Has being in the program made you more likely, about the same, or less likely to better understand what makes a relationship healthy?	SRAE MS & HS Exit Surveys & PREP MS and HS Exit Surveys	207, 83.8% (More likely)	203, 71.0% (More likely)	197, 78.2% (More likely)
#, % Understand when consent is, is not, and cannot be given.	RPE Common Measures Tool (Exit)	N/A	66, 89.2% (Agree)	42, 82.4% (Agree)

Description of Outcome: Increase targeted programming for vulnerable youth populations				
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**	**2024-2025**
# of adolescents who received SRAE/PREP or SD PLAN programming or services in SD (ages 10-19 years)	SRAE, PREP, & SD PLAN tracking files and partners.	1348 (under age 18)	730[2]	889 (under age 18)
# of all individuals who received any Healthy Relationships programming or services in SD.[1]	SRAE, PREP, SD PLAN, RPE tracking files and partners.	5,079	3,753[2,3]	3,187
# of sites implementing Healthy Relationships programming or services in SD.	SRAE, PREP, SD PLAN, RPE tracking files and partners.	49	36	37
#, type, of Healthy Relationships programming or services per county.	SRAE, PREP, SD PLAN, RPE tracking files and partners.	FIGURE 2 (2022-2023 REPORT)	FIGURE 4 (2023-2024 REPORT)	FIGURE 2 (2024-2025 REPORT)
Description of Outcome: Disseminate Healthy Relationships program information and/or findings to stakeholders, communities, and partners				
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**	**2024-2025**
#, reports, briefs, or other written dissemination items developed	Evaluation tracking sheet	31	57	61

1. SRAE/PREP data is from July 1, 2024 – June 30, 2025. SD PLAN data is from January 1, 2024 – December 31, 2024.

2. One cohort of Shifting Boundaries did not submit attendance data

3. Number of participants in RPE program is an approximation due to the potential for duplication of student attendance across different sections of Speak About It

Appendix E. County-Level Data

County	Rape Rate (per 100,000)	% Youth Eligible for Medicaid (0-18 years)	% Population Below Poverty Level	% Population Reproductive Age (15-44 years)	% High School Completion	Chlamydia Rate (15-19 years; per 100,000)	Syphilis Rate (15-19 years; per 100,000)	Suicide Rate (per 1,000)	Teen Birth Rate (15-19 years; per 1,000)
Aurora	15.0	35.1%	4.4%	35.3%	93.2%	364.3	0	14.5*	16.5
Beadle	33.0	49.5%	7.4%	33.9%	92.1%	1232.9	33.3	21.4	50.3
Bennett	123.4	76.3%	31.1%	41.1%	73.3%	4455.4	396	47*	38.8
Bon Homme	5.7	30.1%	5.7%	38.2%	95.2%	235.3	0	17.2*	16.2
Brookings	32.3	15.6%	5.0%	52.0%	98.0%	496.8	8.3	12.9	5.1
Brown	72.6	28.5%	6.1%	38.5%	94.1%	845	13.2	14.5	9.8
Brule	30.5	35.2%	5.1%	34.1%	94.7%	621.7	266.4	28.4*	21.2
Buffalo	--	88.8%	30.7%	41.7%	95.7%	3870	1702.8	90.7*	48.5
Butte	25.2	36.6%	6.2%	34.8%	97.0%	511.9	0	11.5*	16.0
Campbell	26.6	19.0%	6.7%	23.3%	97.9%	0	0	14.6*	--
Charles Mix	25.7	46.7%	15.1%	33.3%	88.9%	1324.5	101.9	31.2	27.4
Clark	0.0	20.4%	6.4%	30.0%	96.3%	805.2	0	2.7*	--
Clay	31.5	19.8%	4.8%	56.8%	94.3%	647.4	42.2	9.7*	5.5
Codington	63.6	28.0%	6.4%	37.4%	99.1%	1004.4	17	16.6	15.1
Corson	5	71.9%	35.2%	36.7%	90.7%	2775.2	1017.6	51.9	58.8
Custer	37.1	34.7%	4.4%	24.8%	94.1%	629.6	0	34.2	22.0
Davison	103.4	32.2%	6.1%	37.2%	96.3%	866.1	46.8	17.6	16.2
Day	18.3	32.9%	8.2%	31.1%	99.2%	163.3	0	18.2*	20.0
Deuel	27.9	22.4%	3.4%	33.4%	98.3%	826.4	0	11.6*	8.5
Dewey	--	77.4%	26.0%	38.3%	93.4%	7505.7	1743.7	41	62.3
Douglas	0	19.5%	7.2%	30.4%	100.0%	185.9	0	13.8*	--
Edmunds	0	18.9%	4.6%	30.4%	100.0%	166.4	0	10.1*	9.3
Fall River	17.3	38.6%	17.5%	25.5%	94.6%	1163.8	0	36	12.5
Faulk	0	17.6%	14.3%	32.4%	90.8%	238.7	0	17.6*	--
Grant	--	24.5%	6.4%	33.8%	82.3%	211.6	0	18*	10.9
Gregory	0	33.2%	6.9%	30.5%	94.5%	313.5	0	16.9*	14.3
Haakon	0	30.0%	6.0%	29.7%	96.7%	1159.4	0	37.4*	--

County	Rape Rate (per 100,000)	% Youth Eligible for Medicaid (0-18 years)	% Population Below Poverty Level	% Population Reproductive Age (15-44 years)	% High School Completion	Chlamydia Rate	Syphilis Rate	Suicide Rate (per 1,000)	Teen Birth Rate (15-19 years; per 1,000)
Hamlin	22.8	29.3%	4.2%	36.4%	98.9%	459.9	0	14.6*	26.1
Hand	19.4	15.7%	3.4%	32.6%	96.2%	729.9	0	15.5*	6.7
Hanson	5.8	15.2%	3.0%	35.4%	98.6%	327.5	0	26.2*	4.3
Harding	16.9	24.6%	2.8%	29.7%	100.0%	0	0	15.5*	--
Hughes	92.6	36.6%	5.5%	36.4%	98.2%	1245	183.1	17.6	21.7
Hutchinson	5.4	22.5%	3.7%	31.3%	97.9%	79.2	0	12.3*	12.9
Hyde	--	28.4%	4.2%	27.4%	98.7%	1463.4	0	23.2*	--
Jackson	--	50.7%	38.9%	37.4%	96.7%	5256.1	1078.2	34.7*	55.6
Jerauld	0	31.2%	6.4%	28.9%	93.1%	716.8	0	15.8*	--
Jones	0	27.1%	14.2%	30.9%	96.7%	1005	0	10.9*	--
Kingsbury	23.6	21.5%	8.0%	31.2%	95.8%	838.3	0	29.6*	4.6
Lake	33.9	21.1%	4.9%	35.9%	90.7%	643.6	0	14.8*	9.5
Lawrence	46.3	25.2%	6.5%	37.5%	93.4%	965	32.7	19.7	5.7
Lincoln	18.2	15.5%	4.0%	41.0%	95.1%	840.4	8.3	10.2	6.8
Lyman	10.6	62.6%	17.5%	36.5%	93.5%	4429.5	939.6	52.5	40.7
Marshall	13.1	24.0%	2.0%	32.3%	98.5%	117.6	0	8.5*	10.7
McCook	21.3	22.1%	4.9%	33.7%	99.2%	470.8	0	10.7*	9.6
McPherson	8.8	25.4%	8.4%	28.9%	85.7%	0	0	16.7*	12.5
Meade	28.8	23.5%	4.4%	42.5%	95.6%	1217.4	0	23	13.6
Mellette	0	70.5%	30.9%	35.3%	93.8%	8602.2	1075.3	29.7*	37.6
Miner	8.8	19.6%	5.0%	29.1%	100.0%	721.2	0	17.7*	--
Minnehaha	48.5	32.0%	5.9%	41.6%	93.5%	1824.4	84.3	17.7	15.6
Moody	24.9	29.1%	6.9%	32.8%	90.2%	1370.9	0	20.1	14.2
Oglala Lakota	--	84.6%	48.8%	43.5%	78.6%	7835.5	1417.1	57.7	52.8
Pennington	157.1	36.2%	7.2%	37.0%	93.8%	2461.9	317.5	26	27.1
Perkins	26.8	22.2%	8.7%	31.0%	98.1%	539.6	0	20.6*	8.7
Potter	16.3	15.2%	5.5%	30.8%	95.0%	666.7	0	13*	14.4
Roberts	9.7	59.3%	13.8%	32.8%	84.0%	2030.9	0	26.2	33.0

County	Rape Rate (per 100,000)	% Youth Eligible for Medicaid (0-18 years)	% Population Below Poverty Level	% Population Reproductive Age (15-44 years)	% High School Completion	Chlamydia Rate	Syphilis Rate	Suicide Rate (per 1,000)	Teen Birth Rate (15-19 years; per 1,000)
Sanborn	16.9	20.4%	6.8%	34.1%	93.7%	883	0	12.6*	--
Spink	25	22.5%	4.3%	31.6%	93.0%	405.2	0	18.8*	9.0
Stanley	20	27.2%	1.7%	35.1%	92.6%	830.6	0	39.7*	12.7
Sully	15	16.7%	3.8%	28.4%	100.0%	490.2	0	14*	--
Todd	--	85.7%	38.4%	41.8%	70.6%	8744.8	2563.1	61.9	63.8
Tripp	50.5	50.9%	15.8%	30.3%	96.7%	2296.5	521.9	10.9*	23.9
Turner	32.8	23.5%	5.5%	34.3%	98.7%	772	0	9.4*	4.5
Union	17.3	19.6%	6.1%	36.8%	93.7%	427.1	0	12*	6.2
Walworth	7.4	40.7%	11.4%	33.5%	100.0%	2710.8	0	22.1*	21.0
Yankton	81.5	29.8%	5.5%	36.0%	93.7%	906.5	71.6	13.5	13.8
Ziebach	0	102.6%	34.0%	42.3%	93.9%	2352.9	588.2	41.6*	42.9

**Counties recorded less than 20 suicides from 2014-2023. Data should be interpreted with caution due to the low count of suicides used to calculate the rates.*