Healthy Relationships Cross- Program Evaluation

Annual Evaluation Report

July 1, 2023- June 30, 2024

Report prepared for:

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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 (SD PLAN)
Centers for Disease Control and Prevention; Violence Prevention
• Rape Prevention Education Program (RPE)

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]

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 data to assist in decision-making processes for future Healthy Relationships programming.

The purpose of this evaluation report is:

1. To provide program reach and implementation data for all Healthy Relationships programming or services.
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 contract period (July 1, 2023 – June 30, 2024). A total of eight curriculums were utilized as part of Healthy Relationships. Fifty-eight cohorts of programming were offered, including cohorts that either completed or initiated programming. In total, **1,194 adolescents** (ages 0-19) were reached with programming or services provided by SRAE/PREP, RPE, and SD PLAN. Since RPE programs and SD PLAN services included participants outside of the adolescent population, a separate calculation showed **4,324 total individuals** participated in at least one Healthy Relationships program or received services from SD PLAN clinics (Title V SRAE, PREP, RPE, SD PLAN). Table 1 summarizes the programs, reach, and organizations/sites that implemented Healthy Relationships during the project year.

Table 1. Healthy Relationships Program Implementation

Funding Mechanism	Curriculum	# of Cohorts*	# of Attendees**	Locations
Title V SRAE	Teen Outreach Program (TOP)	7	88	Sioux Falls, SD Rapid City, SD
	My Journey	1	27	Spearfish, SD
	SMART Moves Core + Healthy Relationships	3	54	Aberdeen, SD Sioux Falls, SD Hill City, SD
Title V SRAE Totals		**11**	**169**	
PREP	Making Proud Choices (MPC)	1	4	Sioux Falls, SD
	Motivating Adolescents to	24	182	Rapid City, SD

	Reduce Sexual Risk (MARS)			Sioux Falls, SD
	Teen Outreach Program (TOP)	3	36	Sioux Falls, SD Rapid City, SD
	Families Talking Together (FTT)	2	2	Sioux Falls, SD
PREP Totals		**30**	**224**	
RPE	Shifting Boundaries	9	71[1]	Flandreau, SD Sioux Falls, SD Watertown, SD Aberdeen, SD Hill City, SD
	Speak About It	1	107[2]	Vermillion, SD
RPE Totals		**10**	**178**	
SD PLAN	No Curriculum; health services provided	N/A	3,023 (ages 20 & older)	See Appendix C for SD PLAN Clinic locations
			730 (ages 19 & younger)	
SD PLAN Totals			**3,753**[3]	

*Includes cohorts that have initiated programming but may not completed yet

**includes attendees of cohorts that initiated programming

1. One cohort of Shifting Boundaries did not submit attendance data; therefore the total number of attendees is less than the actual number who attended at least one session of programming.

2. Approximation due to the potential for duplication of student attendance across different sections of programming.

Figure 2 outlines the total number of program attendees and number of cohorts initiated or completed for the past two years. PREP cohorts and attendance increased from last year, whereas Title V SRAE saw a slight decrease in number of cohorts and attendees. RPE remained at a similar number of cohorts offered but showed a significant difference in number of program attendees from last year. The drastic decrease in RPE attendees is due to the high number of attendees in 2022-2023 who attended a Sex & the Law or Sex Signals program. These programs were available to college campuses and community members to participate. In 2023-2024, the majority of RPE programming focused on implementing Shifting Boundaries in various Boys and Girls Clubs across the state, where program attendance is only available for youth attending the club.

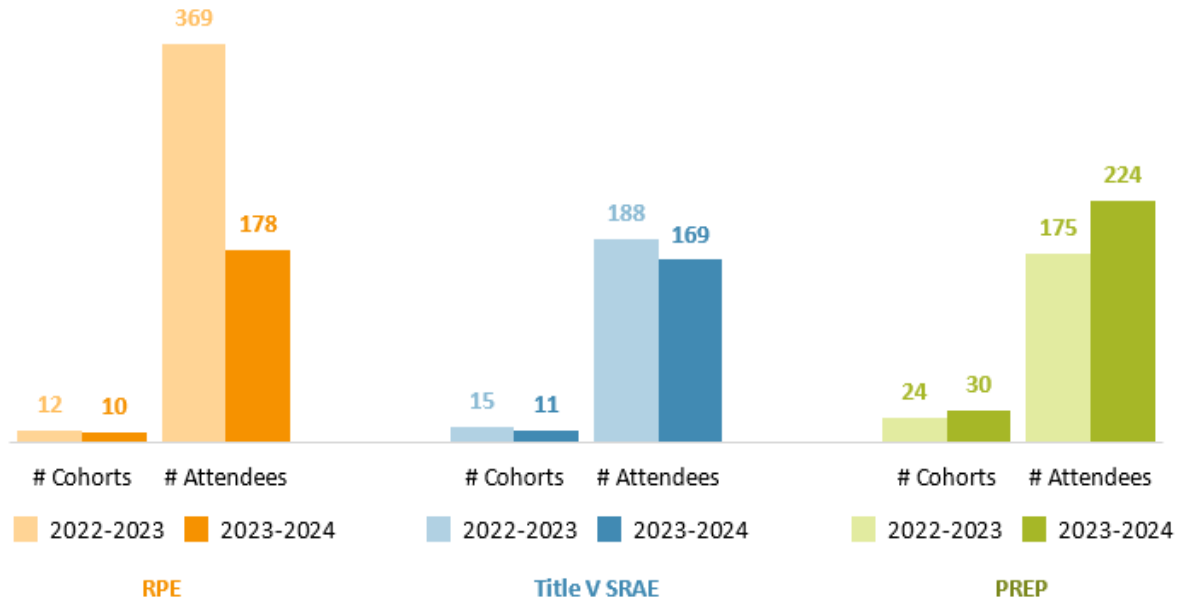**Figure 2.** Number of Program Attendees & Cohorts by Year

Figure 3 shows the total number of SD PLAN clients over the past five years. SD PLAN has been shifting the delivery model and is moving toward offering services at full-service clinics to promote a medical home for clients. In June 2025 this model will be a reality with seven clinics across the state offering SD PLAN services.

Figure 3. Number of SD PLAN Clients Per Year
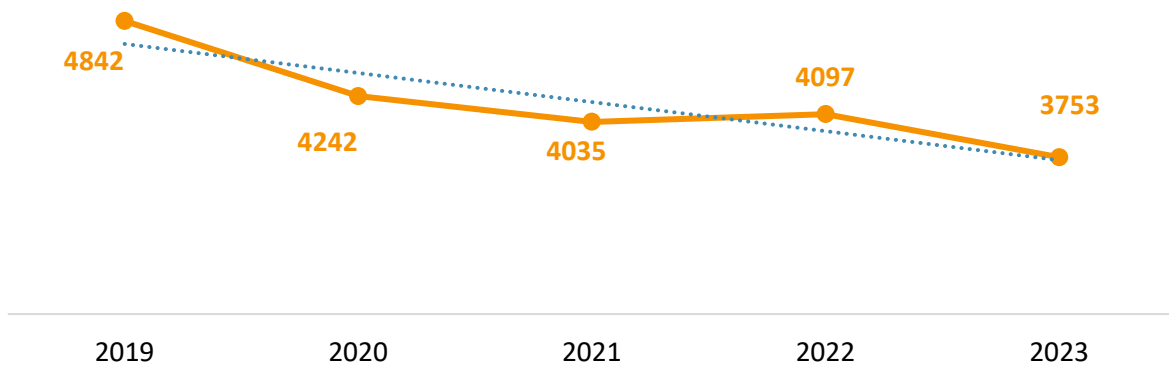
Thirty-six sites from various organizations provided Healthy Relationships programming or services. Appendix C summarizes the organizations and locations of programming efforts by funding mechanism. Figure 4 displays the total number of program cohorts (offered July 1, 2023 – June 30, 2024) and SD PLAN clinics (utilized January 1, 2023 – December 31, 2023) in the counties served for the program year. Minnehaha (23) and Pennington (14) counties offered the highest number of programs/services, followed by Charles Mix (7) and Codington (6).

Figure 4. Number of Healthy Relationships program cohorts and SD PLAN clinics per county

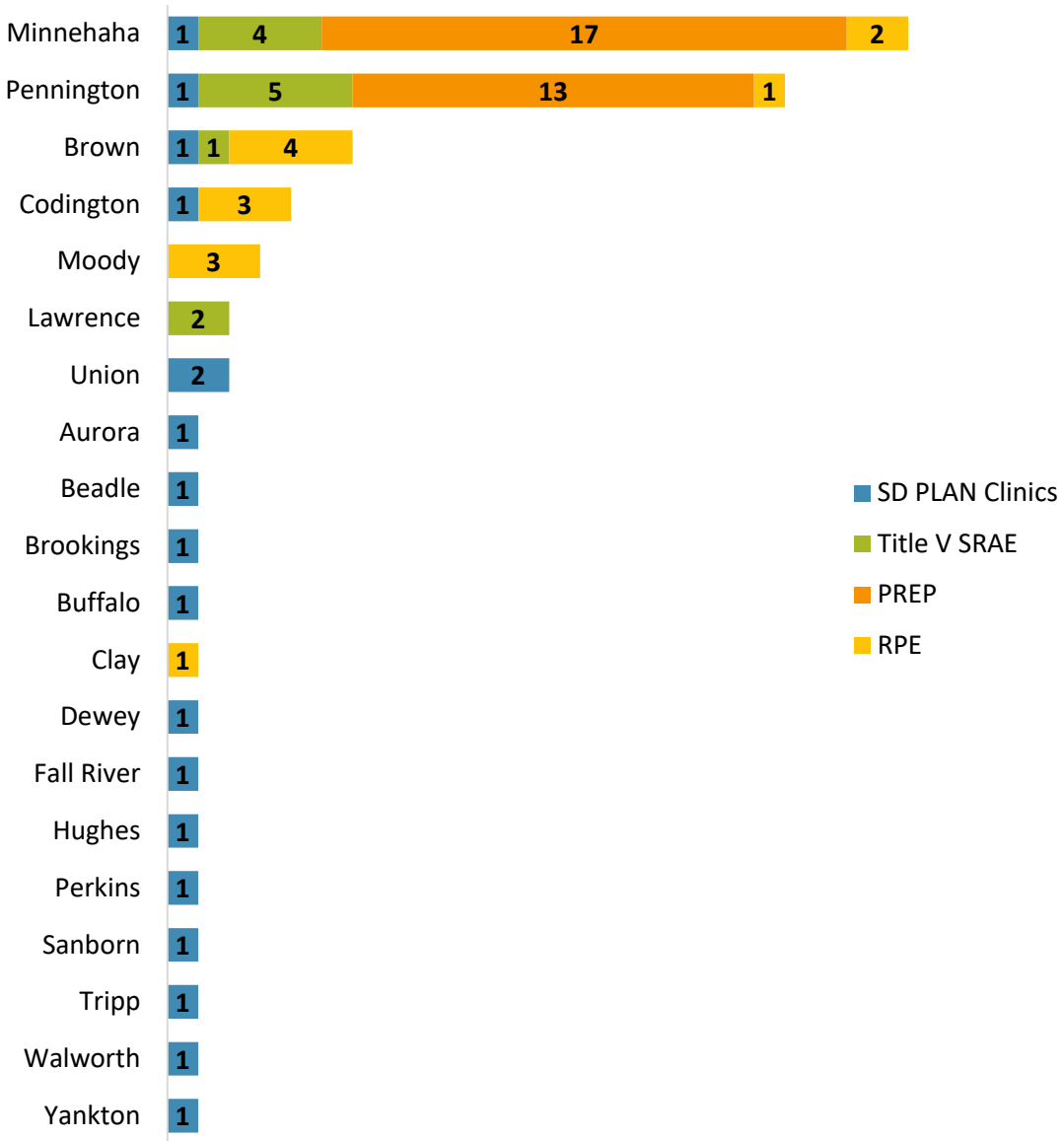| County	SD PLAN Clinics	Title V SRAE	PREP	RPE
Minnehaha	1	4	17	2
Pennington	1	5	13	1
Brown	1	1		4
Codington	1			3
Moody				3
Lawrence		2		
Union	2			
Aurora	1			
Beadle	1			
Brookings	1			
Buffalo	1			
Clay				1
Dewey	1			
Fall River	1			
Hughes	1			
Perkins	1			
Sanborn	1			
Tripp	1			
Walworth	1			
Yankton	1			

Figure 4 Data Considerations:

1. Cohorts initiated but not completed are included in the total counts of program offerings.
2. Cohorts/clinics in Sioux Falls are counted in Minnehaha County.

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:

- 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 & female)
- % of students completing high school

- Rate of gonorrhea*
- Rate of chlamydia*
- Rate of syphilis
- Suicide rate
- Teen birth rate (ages 15-19)
- Rape rate

A map was developed for each indicator listed to display county data in a clear visual format. Each map includes a description of the data and highlights the five counties with the highest rates or percentages of that risk factor.

Gonorrhea and chlamydia rates are being finalized and an updated report will be provided once the data becomes available.

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 https://doh.sd.gov/healthcare-professionals/rural-health/shortage-areas/designated-shortage-medically-underserved-areas/.[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 July 2024, 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, Mead, 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.[3]

Figure 5 depicts the percentage of youth eligible for Medicaid per county. 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" report from June 2023.[5] To calculate the percentages, the 2022 American Community Survey (ACS) 5-year estimate was used for determining individual county populations.[6] The number of youth eligible for Medicaid includes youth 0-18 years of age. However, the ACS 5-year estimates only include youth ages 0-17 years of age. Therefore, the percentages calculated for youth eligible for Medicaid can equal over 100%. Ziebach, Todd, Buffalo, Oglala Lakota, and Dewey were among the top five counties with the highest percentage of youth eligible for Medicaid.

Figure 5. Percentage of Youth Eligible for Medicaid[5,6]

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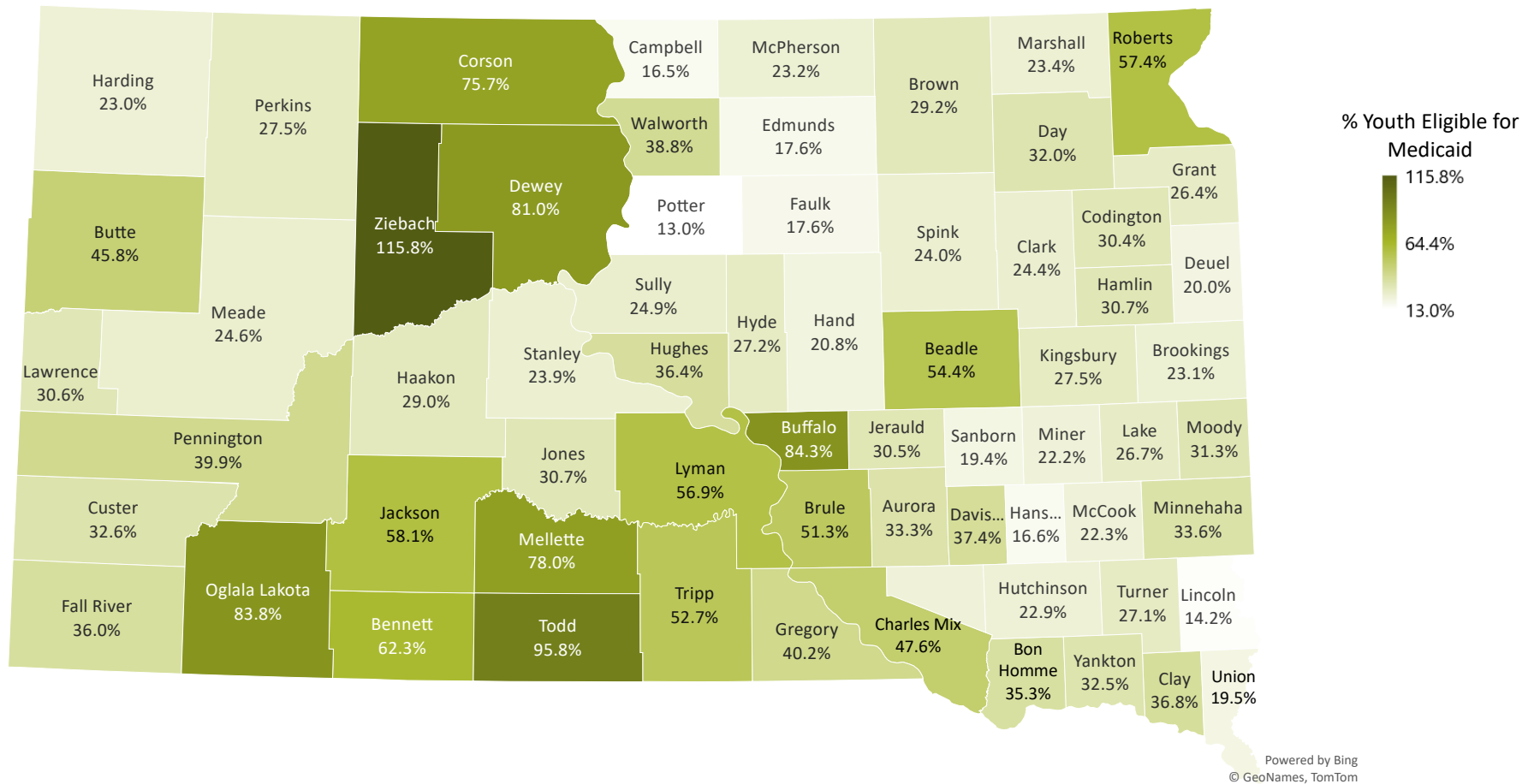
Population Below Poverty Line[7]

The percentage of people below the poverty line per county is depicted in Figure 6. In 2022, Corson (42.4%), Oglala Lakota (42.3%), Buffalo (39.7%), Todd (39.5%), and Ziebach (38.9%) counties showed the highest percentage of people below the poverty level. [7] The percentage of people below the poverty line per county was obtained through a data request process with the SD DOH.

Figure 6. Percentage of people below poverty line per county[7]
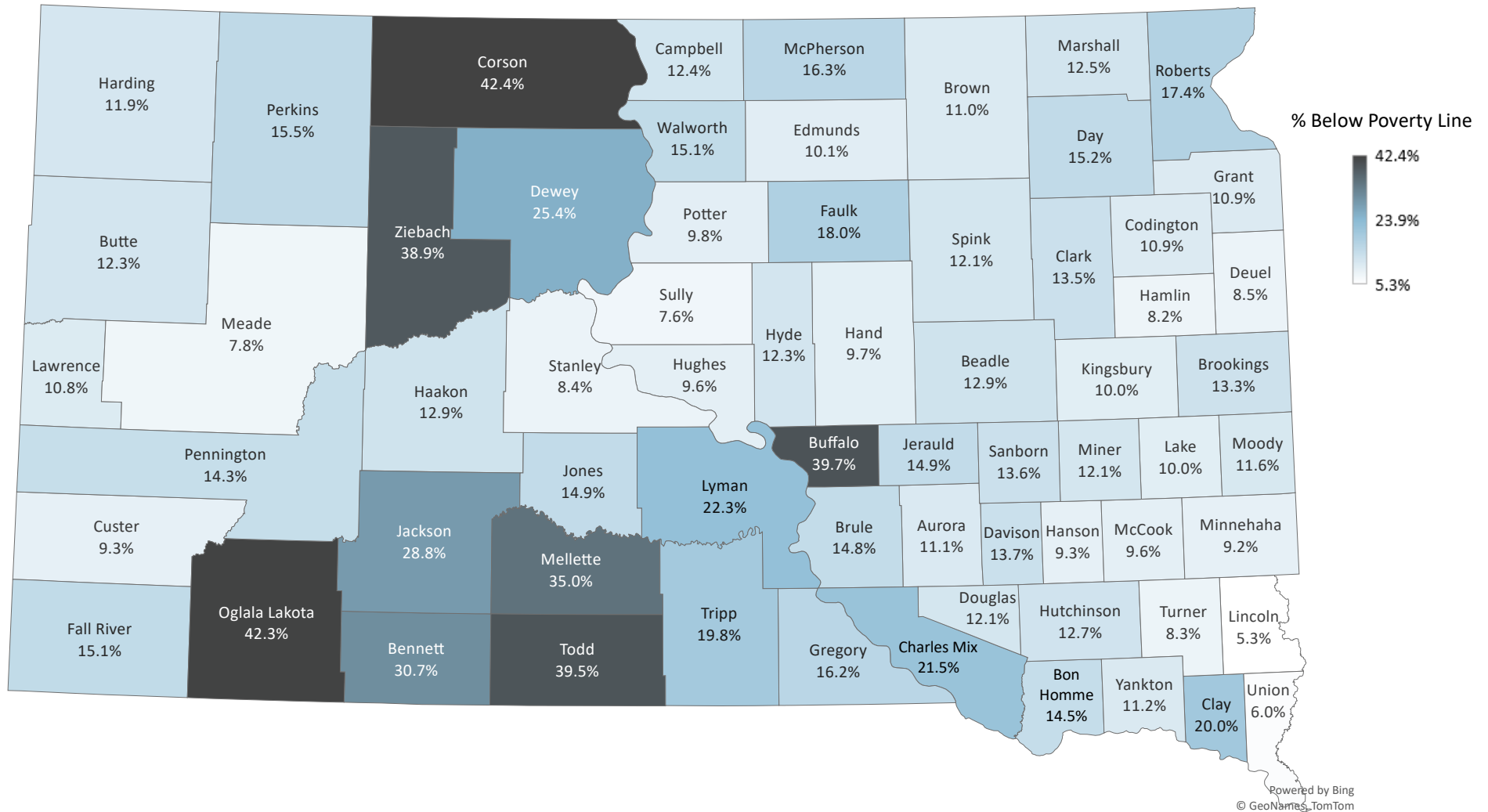
Population of Reproductive Age [6]

The percentage of people of reproductive age (15-44 years, male and female) in each county is outlined in Figure 7. Each county's percentage was calculated based on the 2022 ACS 5-year estimates for the age ranges 15-19, 20-24, 25-34, and 35-44 years. In 2022, Clay (57.3%), Brookings (52.7%), Ziebach (45.1%), Buffalo (44%), and Todd (42.6%) counties showed the highest percentage of people of reproductive age per their respective county populations.[6]

Figure 7. Percentage of people of reproductive age per county[6]
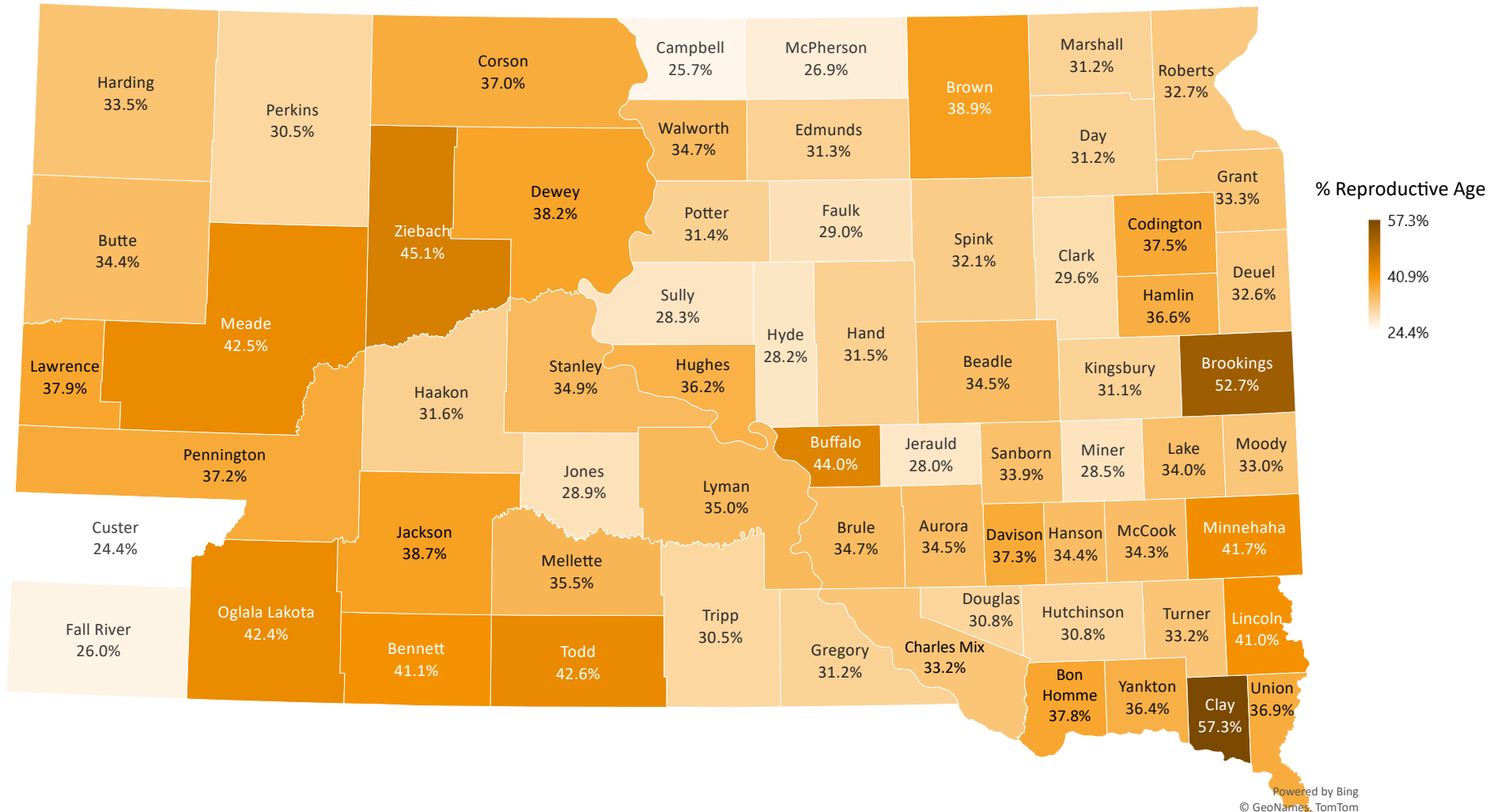
High School Completion[8,9]

The percentage of students who completed high school in the 2022-2023 academic year is shown in Figure 8. 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 (71.3%), Oglala Lakota (75.7%), Fall River (81.5%), Roberts (84.5%), and Bennett (87.2%) counties reported the lowest county averages for high school completion.[8,9] Additionally, the Waubay (53.9%), Chester Area (59%), Oelrichs (60%), Bennett County (70.3%), and Todd County (71.3%) districts reported the lowest high school completion percentages among school districts. [8,9]

Figure 8. High School Completion Percentages by County[8,9]
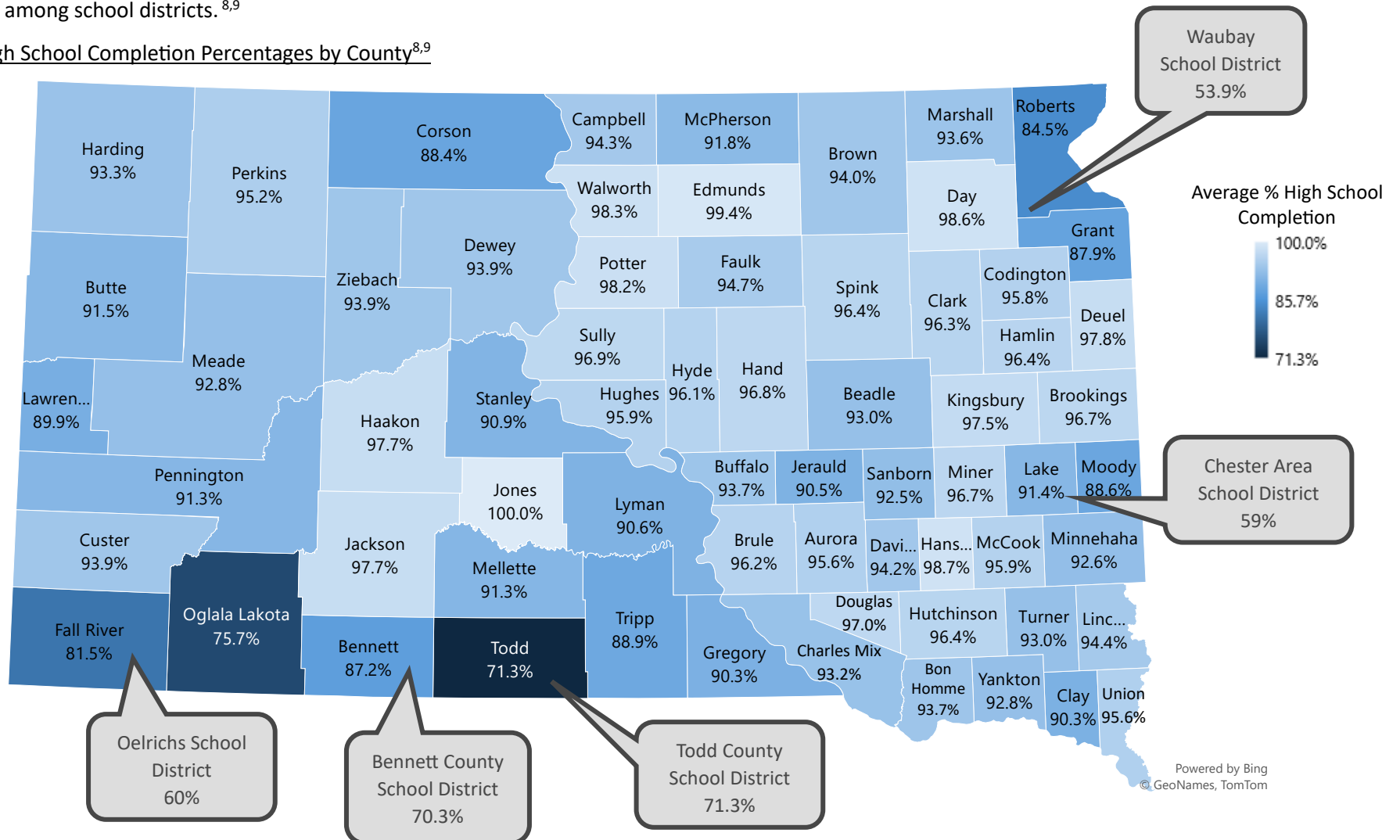
Syphilis rates for SD counties were obtained through a data request with the SD DOH (Figure 9). The syphilis rate was calculated by taking the number of reported cases by county divided by the county's population of reproductive age (15-44 years). In 2022, Dewey County had the highest syphilis rate at 10024.8 per 100,000, followed by Todd (6648.3), Oglala Lakota (4676.5), Buffalo (3300.7), and Mellette (2832.9).[10]

Figure 9. 2022 Syphilis Rates by County per 100,000[10]

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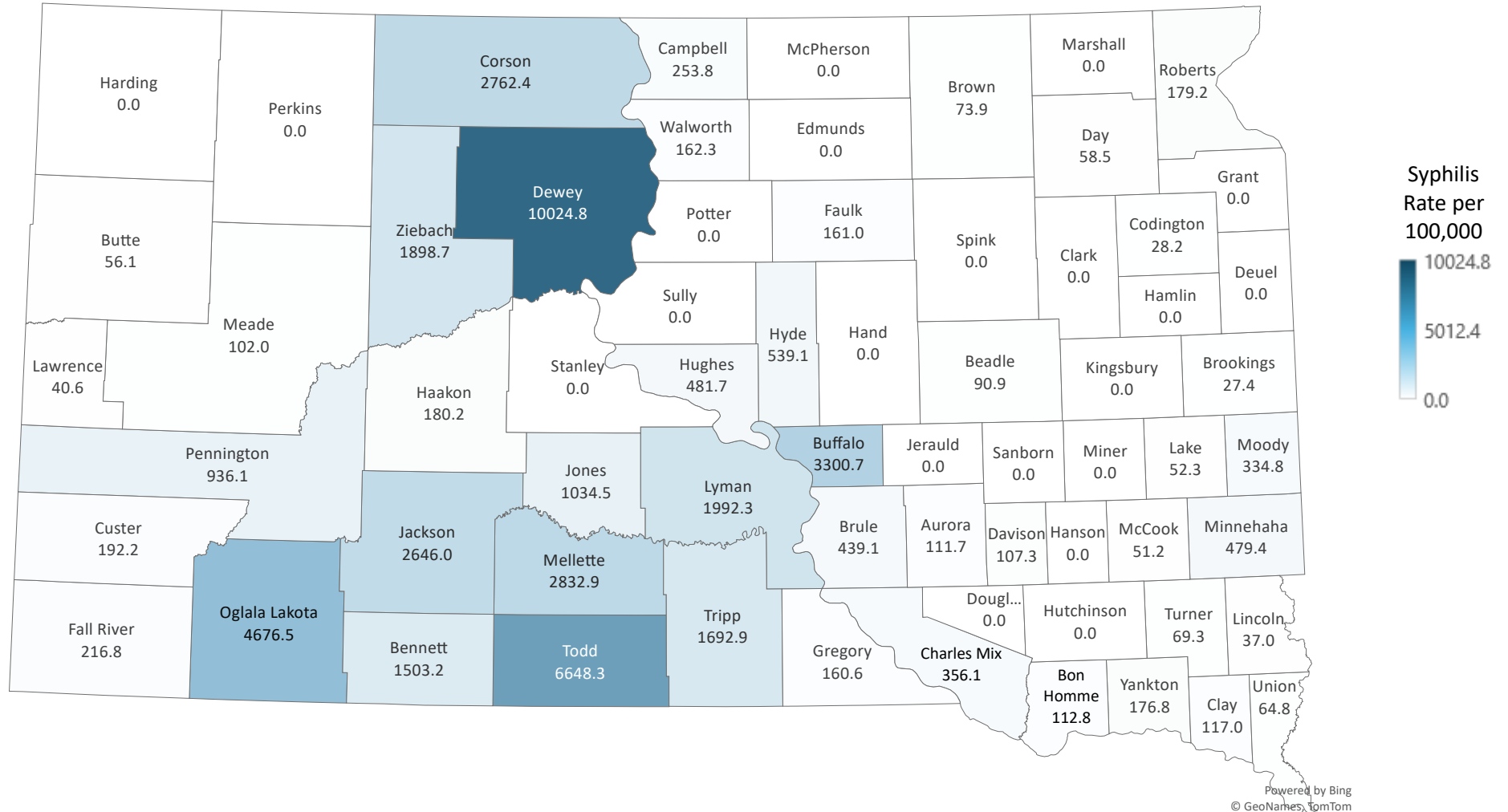
Suicide Rate[11]

Suicide rates by county were provided in the SD DOH's 2023 *Suicide Surveillance Report.*[11] 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 2013-2022. Buffalo (80.1), Todd (61.4), Oglala Lakota (57.4), Corson (53.8), and Lyman (47) counties had the highest suicide rates in SD from 2013-2022.[11]

Figure 10. Suicide Rate per 100,000 by SD County[11]
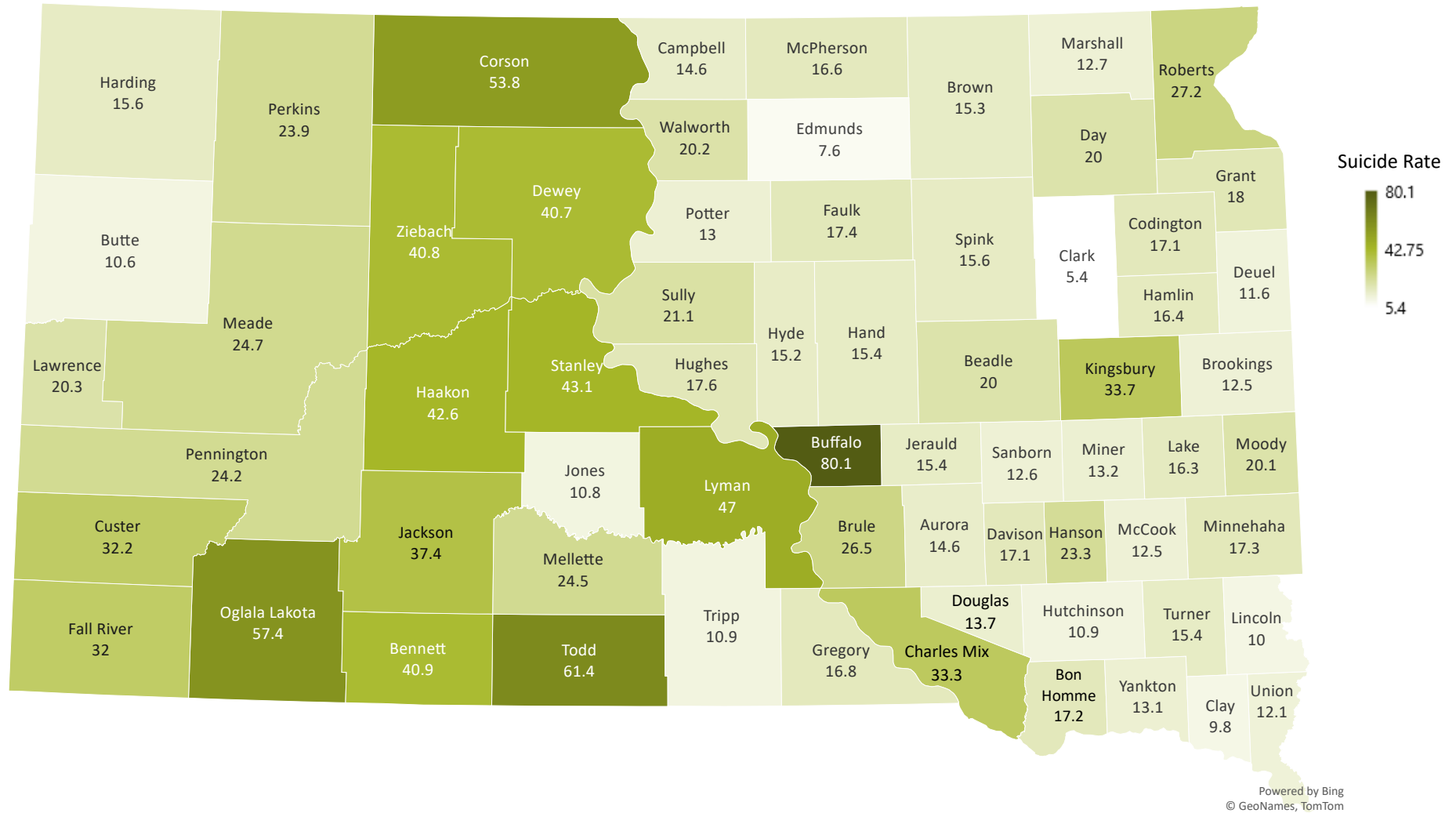
Teen Birth Rate[12]

The rate of teen births (per 1,000) per county for adolescents 15-19 years of age is shown in Figure 11. The 2022 teen birth rates were obtained through a data request with the SD DOH. In 2022, Ziebach (90.9), Mellette (74.6), Dewey (59.1), Beadle (58.1) and Oglala Lakota (54.8) reported the highest teen birth rates in SD.[12]

Figure 11. Teen Birth Rates (per 1,000) by County[12]
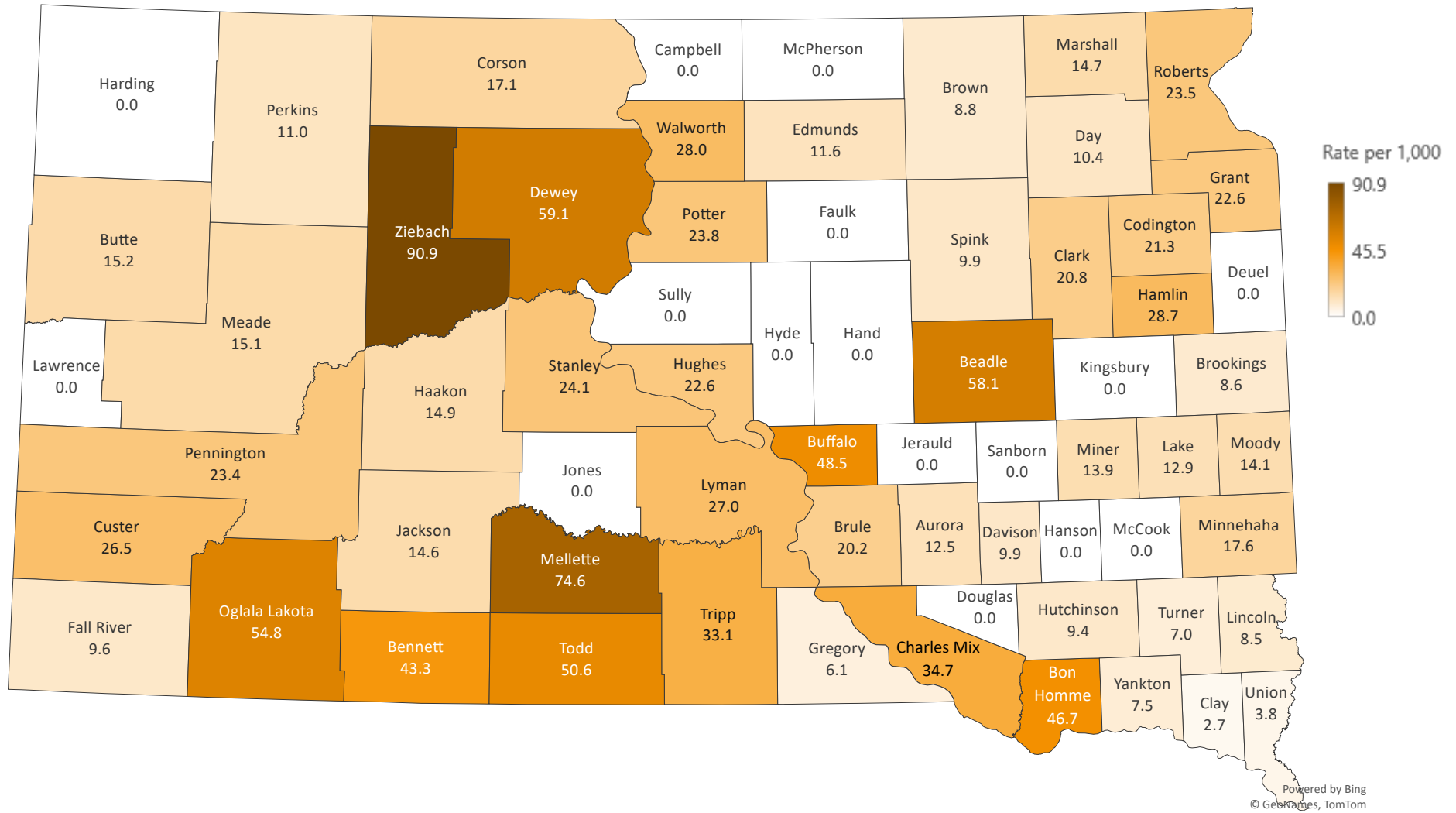
The rape rate (per 100,000) per county is shown in Figure 12. The 2022 rape rates were calculated as a rolling 5-year rate (2018-2022) using the number of rapes reported in the SD Attorney General's *Crime in South Dakota* and county populations based on the 2022 ACS 5-year estimates. The *Crime in South Dakota* report does not include data for reservation and off-reservation tribal trust lands. A more comprehensive explanation of the rape rates provided in Figure 12 and rape rates for on and off-reservation tribal trust lands can be found in the *2022 Sexual Violence in South Dakota Report*. In 2022, Pennington (145.2), Hughes (95.4), Davison (94.0), Yankton (79.4) and Brown (72.8) counties reported the highest rape rates in SD.[13]

Figure 12. Rape Rate (per 100,000) by County[13]
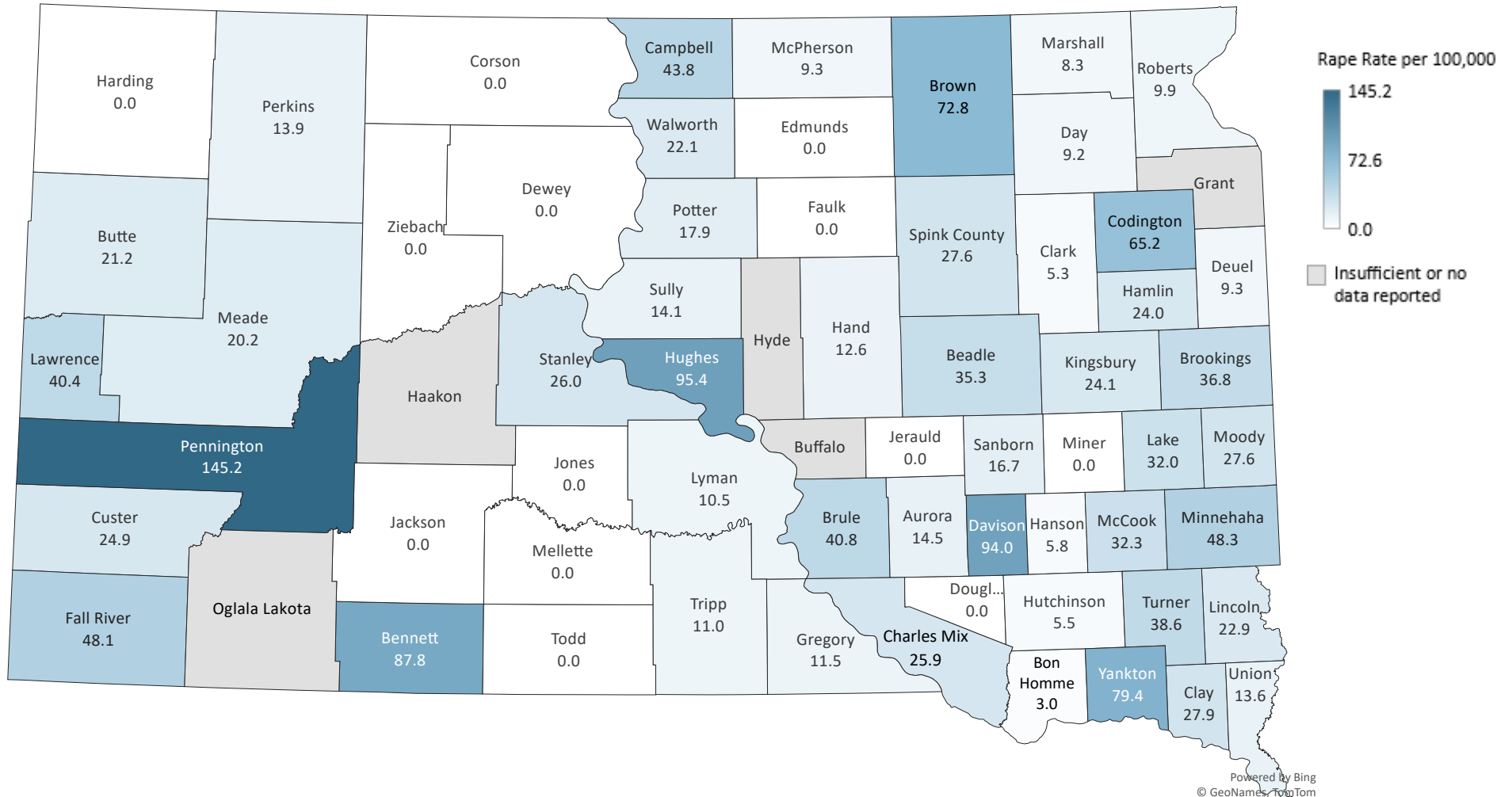
To assist in program decision-making, a map combining the nine available risk-factor data indicators was created (Figure 13). The map portrays the number of times a county was included in the top five highest rates or percentages for each risk factor or was counted as being a MUA/P (0.5 was assigned to counties that were partially designated as a MUA/P or had towns designated). Oglala Lakota (n=7), Todd (n=7), Buffalo (n=6), Ziebach (n=5), and Dewey (n=4) 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 13.

Figure 13. Combined Risk Factors
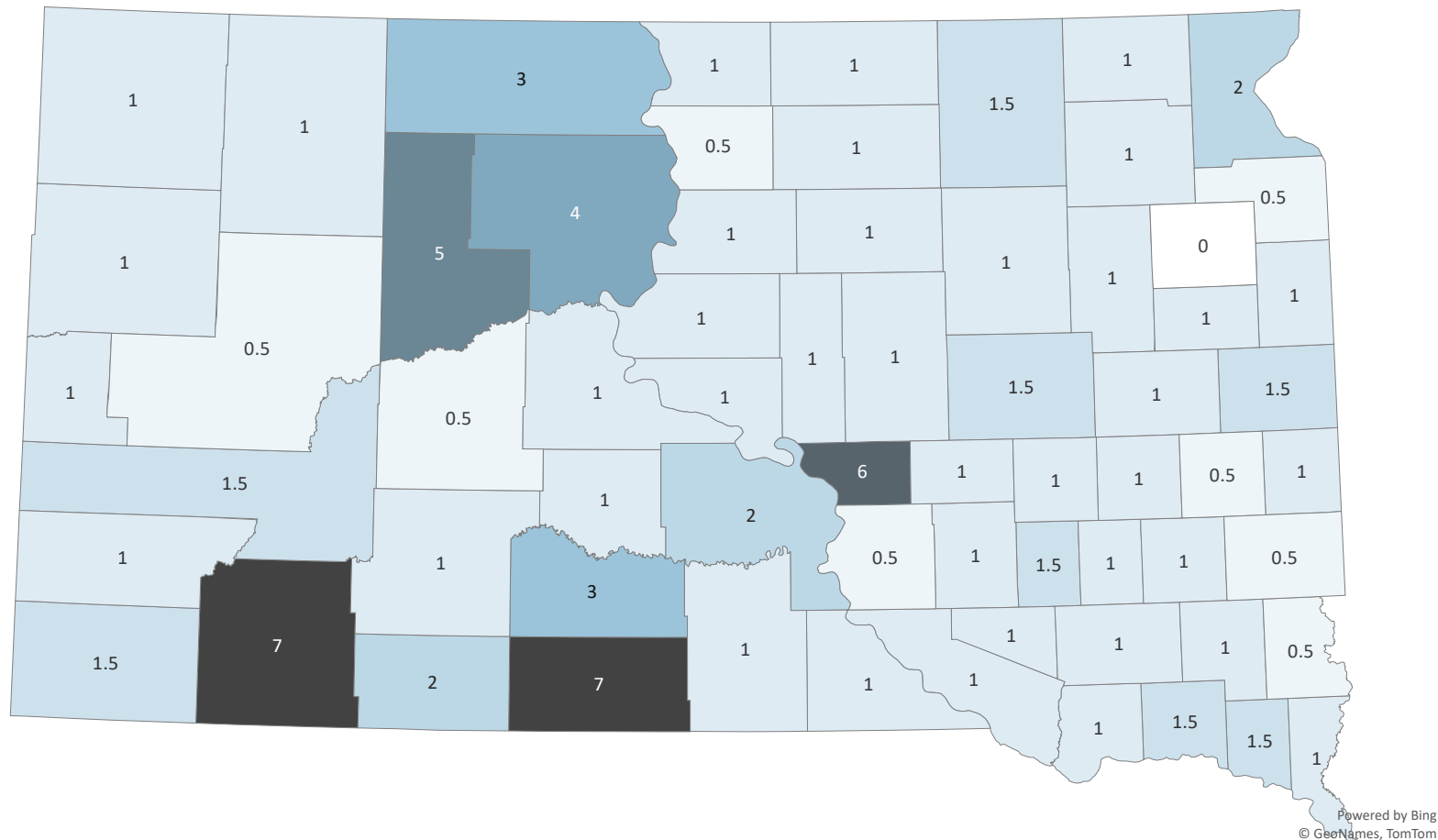
Gonorrhea and chlamydia rates are being finalized, an updated map and report will be provided once the data becomes available.

Additionally, to show protective factor information such as youth and young adult programming and health services, Figure 14 highlights the number of Healthy Relationships program cohorts offered and number of SD PLAN clinics available in each county. Most programming and services offered took place in Minnehaha (n=24) and Pennington (n=20) counties, followed by Brown (n=6), Codington (n=4), and Moody (n=3) counties.

Figure 14. Number of Healthy Relationships Program Cohorts Offered and SD PLAN Clinics
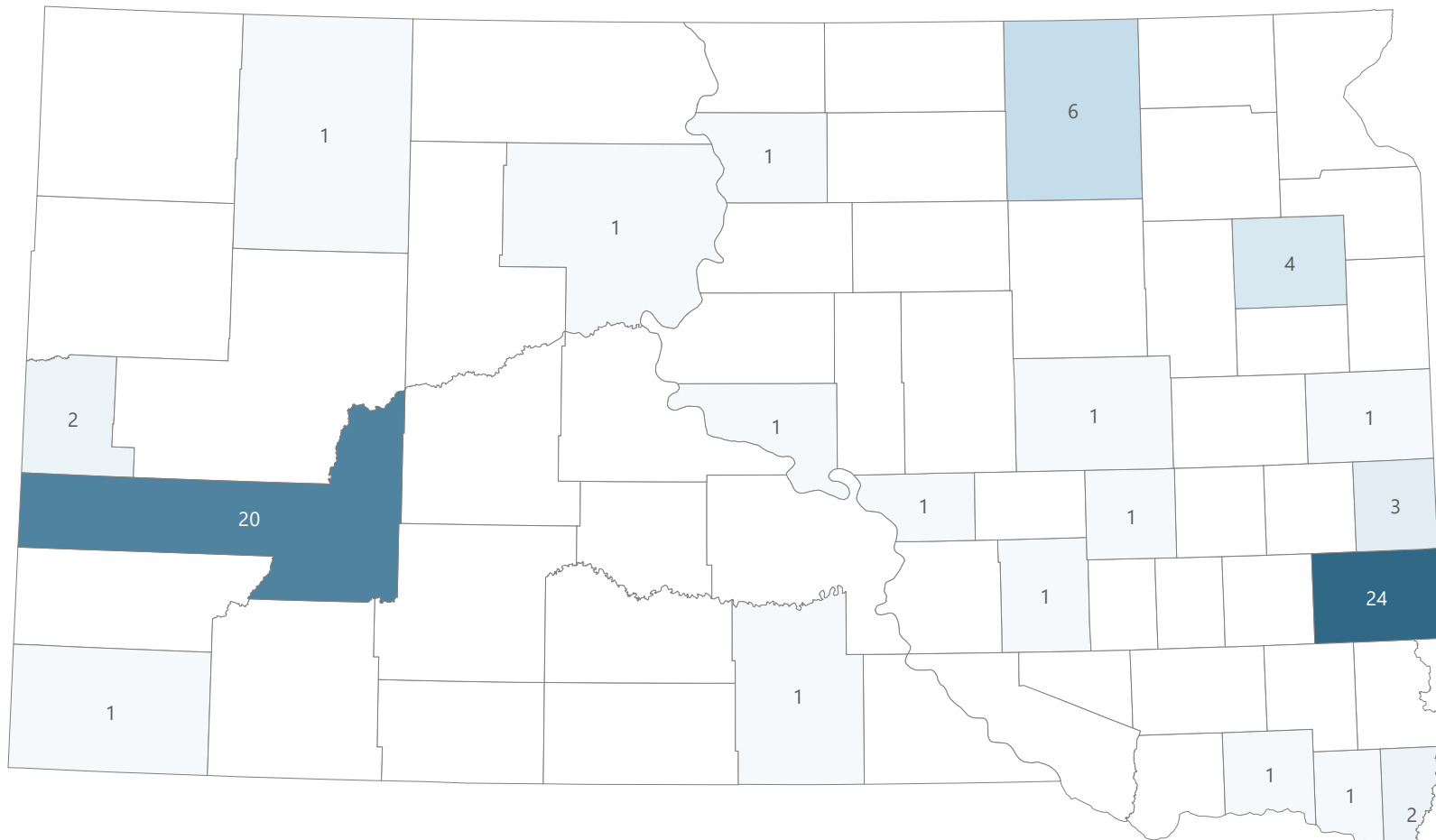
Count includes cohorts initiated but not yet completed.

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References

1. Centers for Disease Control and Prevention. (n.d.). *Types of Evaluation.* Retrieved from https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf

2. Centers for Disease Control and Prevention: Office of policy, Performance, and Evaluation (2017). *Framework for Program Evaluation.* Retrieved from: https://www.cdc.gov/evaluation/framework/index.htm

3. Health Resources & Services Administration. (2023). *What is Shortage Designation?* Retrieved from https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation

4. South Dakota Department of Health. (July 2024). *Federally Designated Health Professional Shortage Areas and Medically Underserved Areas: Medically Underserved Areas/Populations [Link].* Retrieved from https://doh.sd.gov/healthcare-professionals/rural-health/shortage-areas/designated-shortage-medically-underserved-areas/

5. South Dakota Department of Social Services. (2023). *Number of People Eligible for Medicaid [June 2023 Report].* Retrieved from https://dss.sd.gov/keyresources/statistics.aspx#medelg

6. United States Census Bureau. (2022). *American Community Survey, 5-year estimates [table DP05].* Washington, D.C: U.S. Census Bureau. https://data.census.gov

7. South Dakota Department of Health. (2024). [Percent of SD population below poverty level per county: 2022 [Unpublished data]. Retrieved from South Dakota Department of Health Data Request.

8. South Dakota Department of Education. (2022). *South Dakota Report Card 2022-2023: Data Download [Subgroup Results: High School Completion].* Retrieved from https://sdschools.sd.gov/#/home

9. South Dakota Department of Education. (2022). *School District Maps: SD County Maps.* Retrieved from https://doe.sd.gov/ofm/districts.aspx

10. South Dakota Department of Health. (2022). *Syphilis Rates per 100,000* [Unpublished data]. Retrieved from South Dakota Department of Health Data Request.

11. South Dakota Department of Health & South Dakota Suicide Prevention. (2023). *Suicide Surveillance Report: South Dakota.* Retrieved from https://doh.sd.gov/media/4yvcpdxz/2023-suicide-surveillance-report.pdf

12. South Dakota Department of Health. (2022). *Teen Birth Rate per 1,000 (15-19 years of age).* [Unpublished data]. Retrieved from South Dakota Department of Health Data Request.

13. Walstrom, B. & Valencia, C. (February 2024). *Sexual Violence in SD 2022 Data Report.* [Data Report]. Brookings, SD: South Dakota State University, Population Health Evaluation Center. Prepared for the South Dakota Department of Health. Retrieved from https://doh.sd.gov/media/j2hpvbvo/sexual-violence-report-2022.pdf

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 were programs promoted?

Intended Outcomes:

- Increase awareness of current programming available in SD.

- Identify potential partnerships between existing programs and/or organizations.

- Increase collaboration statewide.

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 & SD PLAN)

Evaluation Question 2: What new community partnerships were developed?

Intended Outcomes:

- Describe any new partnerships developed to provide Healthy Relationships programming or services.

South Dakota Healthy Relationships Logic Model 2023-2024
[Title V SRAE; RPE; Title X; PREP]

Inputs	Strategies & Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
-SRAE Title V Funding -RPE Funding -Title X Funding -PREP Funding -SD DOH Office of Child and Family Services -Lutheran Social Services (LSS) -Boys and Girls Clubs (BGC) -Community Health Nurses (CHN) -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:

July 1, 2023-June 30, 2024

Funding Mechanism	Site/Organization	Location
Title V SRAE	Summit Oaks (LSS)	Sioux Falls, SD
	Ace Academy	Sioux Falls, SD
	Canyon Hills (LSS)	Spearfish, SD
	Juvenile Service Center (JSC)	Rapid City, SD
	Arise West (LSS)	Rapid City, SD
	Wellfully	Rapid City, SD
	Boys and Girls Club of the Black Hills	Hot Springs, SD
	Boys and Girls Club of Aberdeen Area	Aberdeen, SD
	Boys and Girls Club Sioux Empire	Sioux Falls, SD
PREP	Arise West (LSS)	Rapid City, SD
	Arise East (LSS)	Sioux Falls, SD
	Juvenile Service Center	Rapid City, SD
	Juvenile Detention Center Sioux Falls	Sioux Falls, SD
	Teen Conference Community Events	Sioux Falls, SD
	Wellfully	Rapid City, SD
	ACE Academy	Sioux Falls, SD
	New Alternatives (LSS)	Rapid City, SD
RPE	Boys and Girls Club of Aberdeen Area	Aberdeen, SD
	Boys and Girls Club Watertown	Watertown, SD
	Boys and Girls Club Sioux Empire	Sioux Falls, SD
	Boys and Girls Club of the Northern Plains	Flandreau, SD
	Boys and Girls Club of the Black Hills	Hill City, SD
	University of South Dakota	Vermillion, SD
SD PLAN	Fall River County Community Health Office	Hot Springs, SD
	Perkins County Community Health Office	Lemmon, SD
	Walworth County Public Health Services	Mobridge, SD
	Tripp County Public Health Services	Winner, SD
	Complete Health	Rapid City, SD

	Falls Community Health Center	Sioux Falls, 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
	Horizon Alcester Medical Center	Alcester, SD
	Horizon Healthcare Aberdeen Community Health Center	Aberdeen, SD
	Horizon Healthcare Family Health Center of Eagle Butte	Eagle Butte, SD
	Horizon Healthcare Elk Point Community Health Center	Elk Point, SD
	Horizon Healthcare Fort Thompson Community Health Center	Fort Thompson, 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

Appendix D. State-Level Indicators

Description of Outcome: Develop youths' skills surrounding healthy decision making and relationships

Indicators:	Data Sources	2020-2021	2021-2022
% (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%
% (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%

Indicators:	Data Sources	2022-2023	2023-2024
#, % 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)
#, % 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)
#, % 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)

Indicators:	Data Sources	2021	2023
% Were electronically bullied (texting, Instagram, FB, or other social media, during the last 12 months)	SD YRBS	17.4%	19.0%

Description of Outcome: Improve adolescents' sexual reproductive health and wellbeing			
Indicators:	**Data Sources**	**2021**	**2023**
% Ever had sexual intercourse	SD YRBS	26.9%	27.2%
% Were currently sexually active	SD YRBS	16.7%	18.8%
% Used a condom during last sexual intercourse	SD YRBS	52.3%	47.4%
% Used birth control pills before last sexual intercourse	SD YRBS	16.3%	21.4%
% Did not use any method to prevent pregnancy during last sexual intercourse	SD YRBS	Not included in 2021 report	13.3%
% Drank alcohol or used drugs before last sexual intercourse	SD YRBS	20.8%	12.9%
Description of Outcome: Improve SD youths' perceptions and/or knowledge on healthy relationships			
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**
#, % 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)
#, % Understand when consent is, is not, and cannot be given.	RPE Common Measures Tool (Exit)	N/A	66, 89.2% (Agree)
Description of Outcome: Increase targeted programming for vulnerable youth populations			
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**
# 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[1,2]

# of all individuals who received any Healthy Relationships programming or services in SD.	SRAE, PREP, SD PLAN, RPE tracking files and partners.	5,079	3,753[1,2,3]
# of sites implementing Healthy Relationships programming or services in SD.	SRAE, PREP, SD PLAN, RPE tracking files and partners.	49	36
#, 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)

Description of Outcome: Disseminate Healthy Relationships program information and/or findings to stakeholders, communities, and partners			
Indicators:	**Data Sources**	**2022-2023**	**2023-2024**
#, reports, briefs, or other written dissemination items developed	Evaluation tracking sheet	31	57

1. SRAE/PREP data is from July 1, 2023 – June 30, 2024. SD PLAN data is from January 1, 2023 – December 31, 2023.

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 I