



SOUTH DAKOTA
DEPARTMENT OF HEALTH



MATERNAL & CHILD HEALTH PROGRAM **NEEDS ASSESSMENT REPORT**

SEPTEMBER 2025

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Maternal and Child Health Needs Assessment

INTRODUCTION

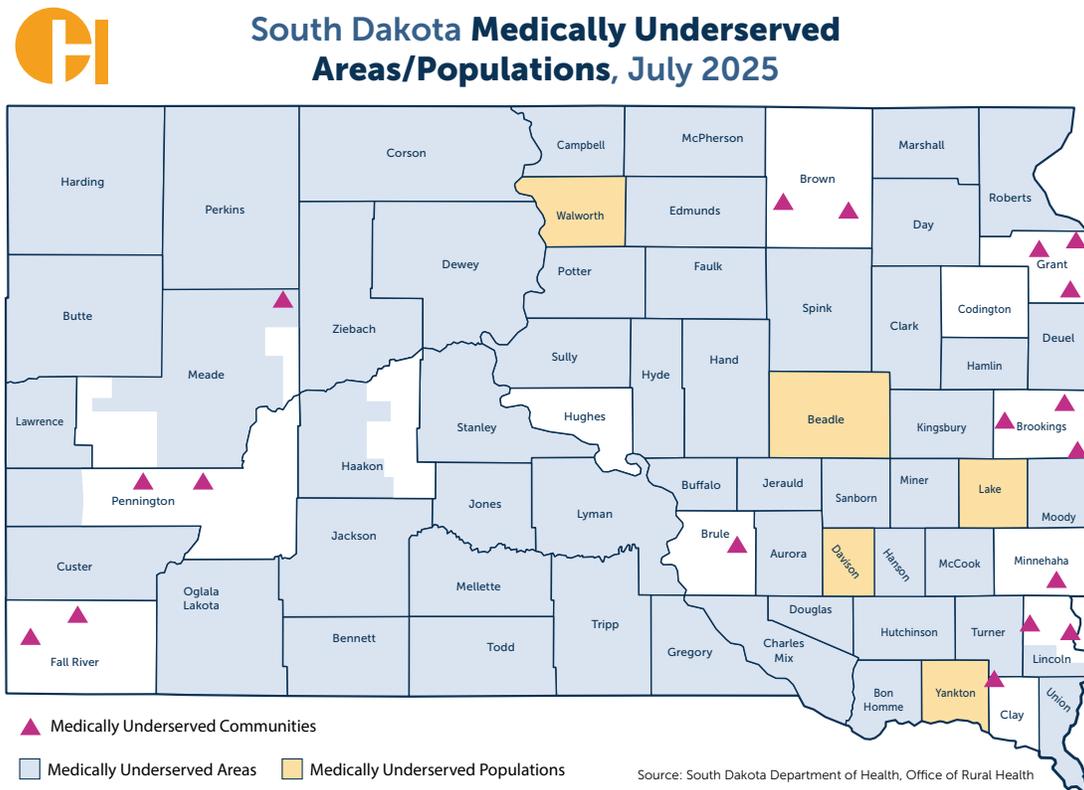
The well-being of women and children shapes South Dakota’s future. Through the Title V Maternal and Child Health Program, we partner with communities to provide culturally responsive care for women, infants, children, adolescents, and individuals with special healthcare needs.

But challenges remain. While the healthcare industry is growing—adding an estimated 7,000 new jobs by 2030—many South Dakotans still struggle to access care. Over two-thirds of the state is considered a Health Professional Shortage Area ([SD Department of Health, 2024a](#)), limiting access to primary care, dental, and mental health services. Even more concerning, 56.1%

of counties are classified as maternity care deserts. This rate is significantly higher than the national average of 32.6% and is the second highest in the country, following North Dakota ([March of Dimes, 2024b](#)). Women in these areas lack access to obstetric providers, birth centers, or hospitals that offer maternity care. Nearly half (47%) of rural women lived more than 30 minutes from care, compared to just 7.5% in urban areas ([March of Dimes, 2024b](#))

Now more than ever, we must work together to increase access, support families, and build a healthier future for all.

Figure 1: South Dakota Medically Underserved Areas



NEEDS ASSESSMENT

In spring 2023, the Office of Lifespan Health launched a five-year needs assessment to shape the 2025–2030 Title V Maternal and Child Health (MCH) State Action Plan. This comprehensive process evaluated current health needs, service capacity, and progress since the last assessment. Families, community members, and partners played a central role, contributing through surveys, meetings, and evidence-based frameworks.



To ensure transparency and broad engagement, a robust communication plan was implemented. Outreach included webinars, newsletters, social media, and collaboration with 86 partner organizations—ranging from tribal communities to health systems. These partners helped gather data, increase participation—especially among underserved populations—and received monthly updates to strengthen coordination and shared ownership of the process.

Quantitative and Qualitative Methods

To inform the 2025–2030 Title V MCH needs assessment, the Office of Lifespan Health prioritized community engagement, making space for all voices. A statewide survey – available in English and Spanish

for residents aged 12 and older – was distributed both digitally and on paper, with weekly monitoring to ensure participation from rural, tribal, and underrepresented communities. A total of 629 people from a diverse array of roles (e.g., parents, community service providers, enrolled tribal members, healthcare providers) within the community participated in the survey, including 56 participants identifying as Native American. Responses were received from 65 of South Dakota's 66 counties.

In addition, regional partner meetings brought together over 75 stakeholders to discuss maternal and child health needs using the SOAR (Strengths, Opportunities, Aspirations, Results) framework. Community conversations were held in five rural areas, including a tribal community, engaging around 100 individuals with lived experience or connections to MCH issues. These small-group discussions, guided by OLH staff, provided valuable insights into local needs and strengthened relationships with families and community-based organizations.

Responses were received from **65** of South Dakota's **66** counties.

Over **75** stakeholders joined our partner meetings

Secondary Data Sources

The needs assessment drew on national data sources—including the National Survey of Children's Health, PRAMS, NVSS, and the U.S. Census Bureau—to benchmark and contextualize South Dakota's findings. Combined with state-specific data, these sources helped align priorities with federal MCH Bureau and HRSA goals.

The data highlighted key health needs, especially among populations facing the greatest barriers. Additional community-level data provided insight into social and environmental factors affecting outcomes. Virtual workgroup meetings with OLH partners ensured multi-sector input and collaboration in shaping the 2025–2030 Title V priorities and strategies.

Findings from the MCH needs assessment help inform the delivery of programs and services to help meet needs across Title V MCH priority domains. The health and wellbeing of the five population health domains are outlined below.

Women/Maternal Health

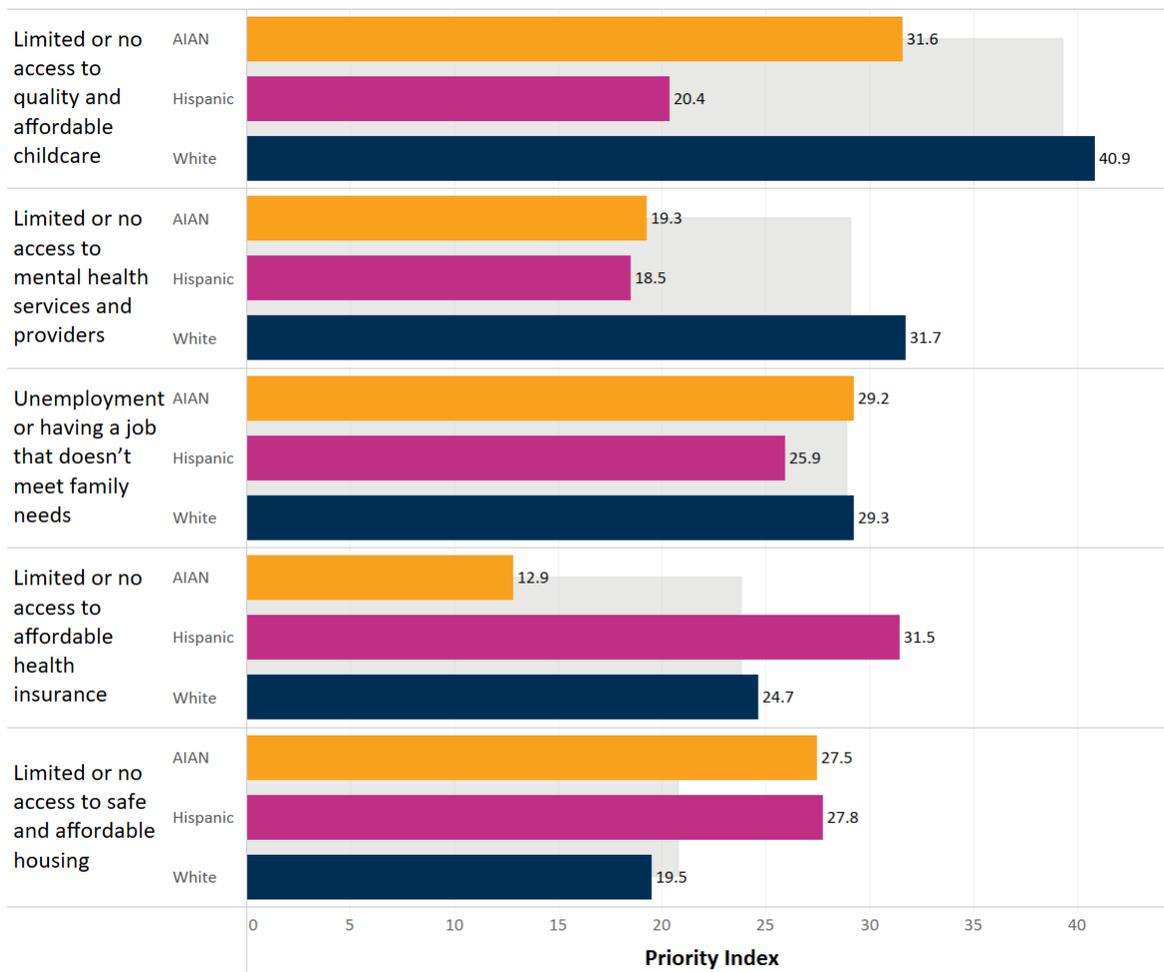
Statewide survey results:

Statewide survey results reveal that women’s health in South Dakota is shaped by a complex interplay of social and economic factors (Figure 1). Respondents identified top concerns such as access to affordable childcare, health insurance, safe housing, and primary care. While issues like transportation, dental care, and substance use ranked lower overall, they remain critical in specific communities. Notably, racial and ethnic disparities were highlighted, reinforcing the continued need to use disaggregated data to inform policy and program development.

TOP 5 Women's Health Factors

1. Access to quality and affordable **childcare**
2. Access to **mental health** services and providers
3. **Unemployment** or having a job that meets family needs
4. Access to affordable **health insurance**
5. Access to safe and affordable **housing**

Figure 1: Factors affecting women’s health - statewide survey results



FINDINGS

Strengths and challenges noted in partner meetings and community conversations:

Insights from regional partner meetings and community conversations echoed these findings. Participants emphasized the need for affordable reproductive healthcare across the lifespan, improved access to prenatal care—particularly OBGYNs in rural areas—and expanded lactation and pediatric support. Reliable access to healthy, affordable food, supportive care navigation, and wraparound services such as transportation, housing, and childcare were also identified as essential to improving maternal and child health outcomes.

Community members also pointed to existing strengths, including programs like WIC, Families Together, and early childhood services that provide prenatal visits, transportation, and health education. While there has been progress—such as increased access to specialty care, more trained providers, and expanded mental health services—significant gaps remain. These include limited access to early prenatal care, ongoing transportation challenges, and the need for improved provider training in cultural sensitivity and stronger support systems.



Perinatal/Infant Health

Statewide survey results:

Statewide survey results (Figure 2) highlighted several key barriers impacting perinatal and infant health in South Dakota. Childcare emerged as a major concern, with respondents citing challenges related to availability, affordability, quality, and accessibility. Poverty and caregiver substance misuse were identified as significant risk factors, linking financial instability to increased family stress and concerns about infant safety. Limited access to affordable health insurance was also noted as a barrier, often delaying critical services such as well-baby visits and developmental screenings. Concerns around child abuse and neglect further underscored the need for stronger infant safety supports.

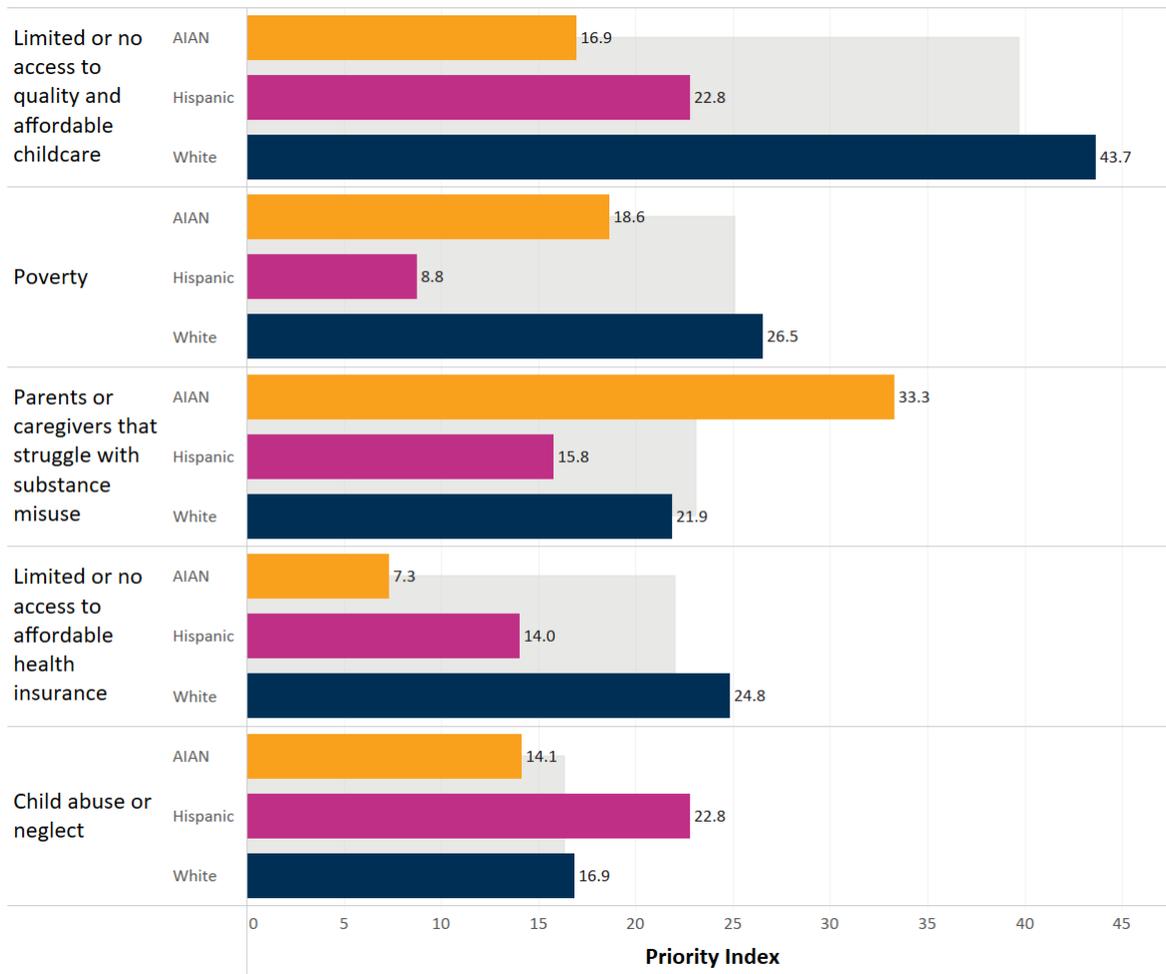
TOP 5 Infant's Health Factors

1. Access to quality and affordable **childcare**
2. **Poverty**
3. **Parents or caregivers** that struggle with **substance misuse**
4. Access to affordable **health insurance**
5. Child **abuse or neglect**

"We have some hopeful things on the horizon because our community got a childcare grant. One closed, but another [day care] opened."

— Community Member

Figure 2: Factors affecting infant’s health – statewide survey results



Strengths and challenges noted in partner meetings and community conversations:

Insights from partner meetings and community conversations aligned with these results. Participants consistently pointed to the lack of access to quality, affordable childcare—particularly in rural areas—as a pressing issue. They emphasized the need for trained staff, flexible hours, and adequate facilities. Access to healthcare services, including OBGYN care, pediatric visits, and preventive screenings, was also a recurring concern. Additional needs included child welfare supports, developmental screenings, infant nutrition, breastfeeding resources, and lactation services.

Despite these challenges, communities also reported areas of progress. Improvements in access to immunizations, diaper assistance, and expanded childcare—supported by state grants—were noted as positive developments. Tribal communities are advancing culturally grounded safe sleep practices, and broader gains in infant health were often linked to increased maternal support, such as breastfeeding education and car seat safety programs.



"...mostly virtual mental health options but need more counselors, especially in the schools."

— Community Member

FINDINGS

"Because of how much I make at work, I don't qualify for any assistance and I pay \$225 a week for a four month old for childcare. There are a lot of in-home daycares in the community, but you have to know someone to feel comfortable."

— Community Member

However, persistent gaps remain. Workforce training on infant care best practices is still limited, and access to culturally tailored services continues to be a challenge. These findings point to the need for sustained investment in both systems-level improvements and community-driven solutions to ensure all infants in South Dakota have a healthy start.

Children's Health

Statewide survey results:

Statewide survey respondents identified limited access to quality, affordable childcare as the most pressing issue affecting children's health in South Dakota (Figure 3).

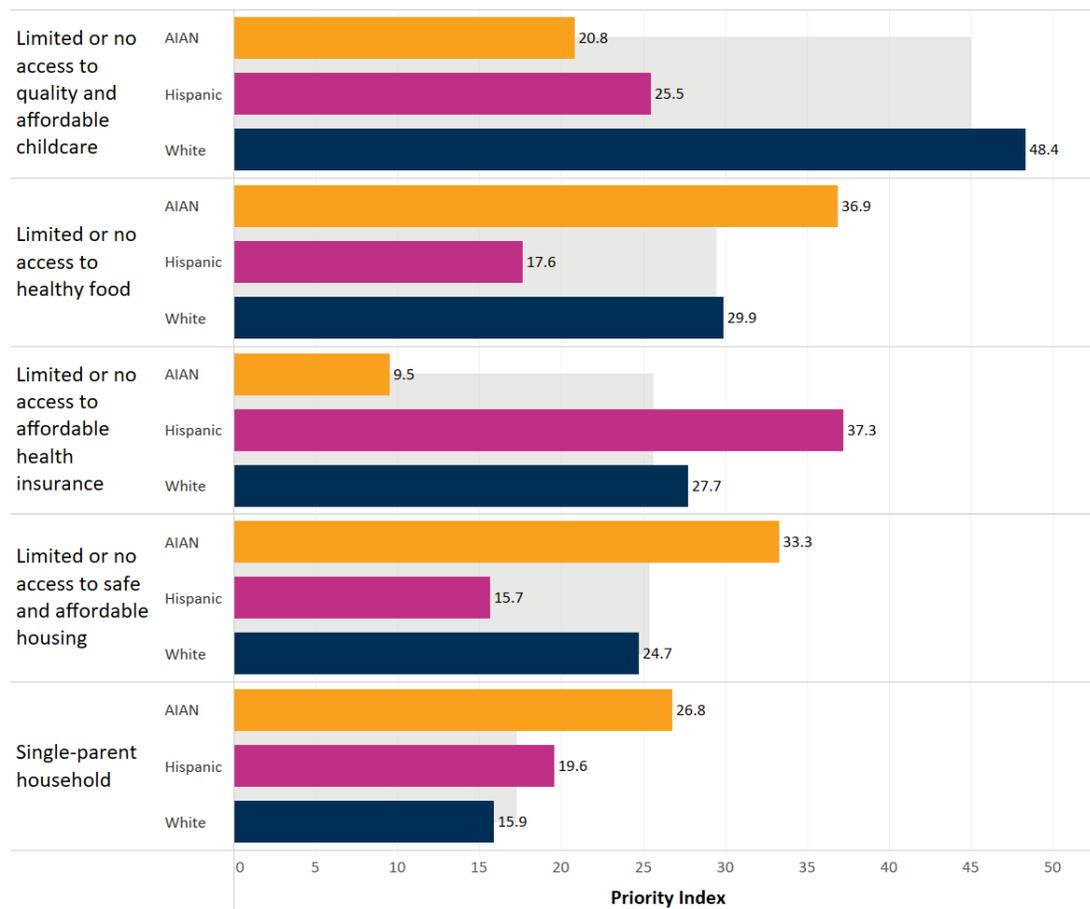
This concern was echoed in regional discussions, where participants also expressed worry about potential declines in child well-being due to less stringent health and safety standards in childcare settings, as well as the growing influence of social media on young children.

The second-highest priority according to the statewide survey was access to healthy food. Participants connected this issue to broader concerns about food insecurity, including heavy reliance on school meal programs and the lack of consistent after-school programming that supports nutrition. Access to affordable health insurance and safe, stable housing followed closely in priority. Respondents noted that gaps in insurance coverage and rising housing costs are placing additional strain on families—particularly single-parent households, which ranked fifth among overall concerns.

TOP 5 Children's Health Factors

1. Access to quality and affordable **childcare**
2. Access to **healthy food**
3. Access to affordable **health insurance**
4. Access to safe and affordable **housing**
5. **Single-parent** household

Figure 3: Factors affecting children’s health – statewide survey results



Strengths and challenges noted in partner meetings and community conversations:

Regional partner meetings and community conversations reinforced key priorities for children’s health in South Dakota. Access to affordable, nutritious food—through programs like school meals and WIC—was a top need. Families also emphasized the need for reliable, affordable childcare, including after-school care, and comprehensive healthcare services spanning primary, dental, pediatric, and mental health care. Safe, stable home environments supported by caring, substance-free adults were seen as essential, along with early learning opportunities such as preschool, developmental screenings, and school readiness programs.

Participants also identified persistent barriers, including limited access to dental care, transportation challenges, and language or cultural differences that hinder service access. The need for translators and culturally responsive care was frequently raised. Bullying, often linked to social isolation and digital exposure, emerged as a growing concern.

Despite these challenges, communities highlighted local strengths. School-based services, youth programs, and food access initiatives—like summer meal and backpack programs—were praised. Expanded library programming, increased home schooling options, and improved access to social services were also noted. Tribal communities are advancing culturally rooted practices in oral health and safe sleep. Some areas reported improved access to eye screenings and childcare expansion through state-supported grants.

FINDINGS

Adolescent Health

Statewide survey results:

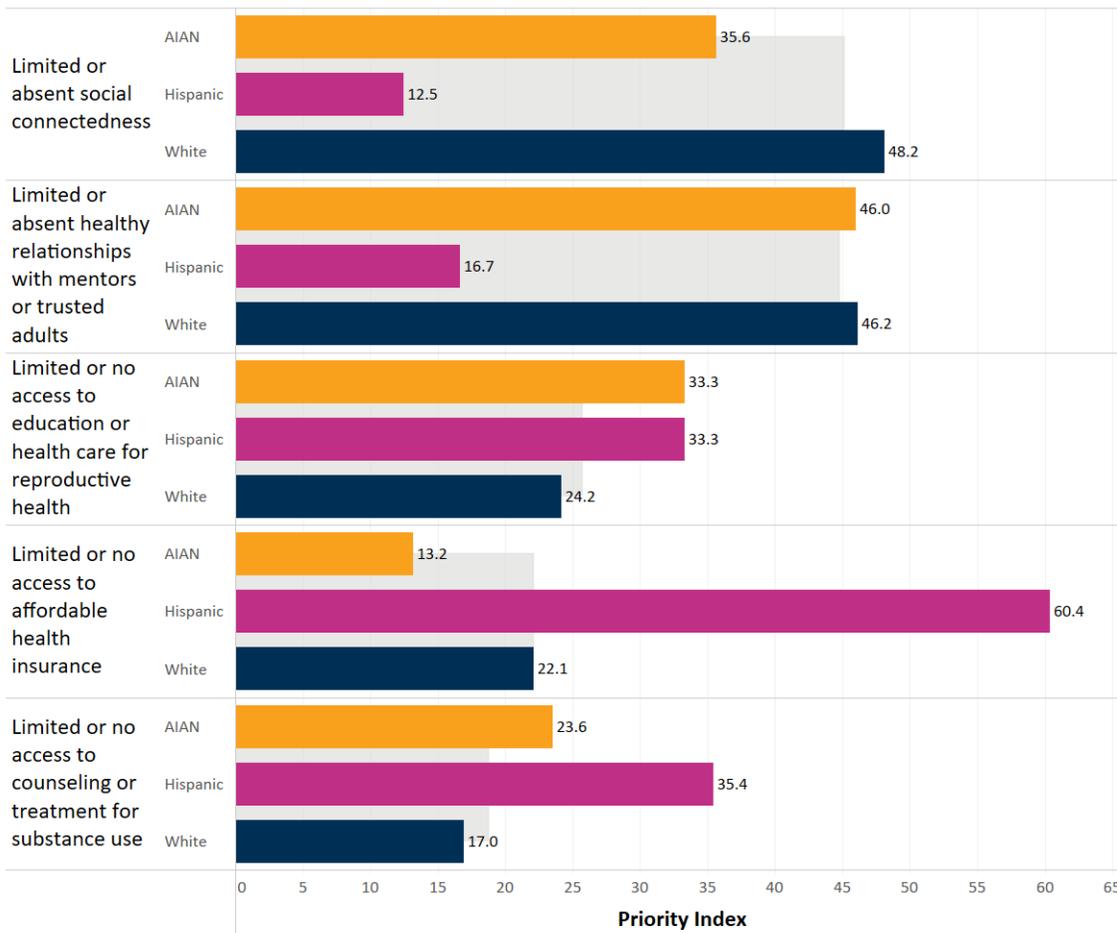
Statewide survey findings revealed several interconnected needs and challenges affecting adolescent health. There is a strong demand for affordable, timely, and adolescent-centered mental health care, as well as reliable access to nutritious and affordable food. Youth also emphasized the importance of healthcare services that are truly youth-friendly—marked by consistent clinic hours, respectful and understanding providers, and comprehensive care that addresses both preventive and urgent needs.

Beyond these service-related gaps, broader social and emotional factors were identified as critical to adolescent well-being. Social isolation, lack of trusted adult relationships, and limited access to reproductive care, health insurance, and substance use treatment emerged as significant barriers. Emotional support and a sense of connectedness were often viewed as more essential than traditional medical care. Notably, health concerns varied across populations, with Hispanic and American Indian/Alaska Native adolescents reporting unique challenges and priorities.

TOP 5 Adolescent Health Factors

1. Limited or absent **social connectedness**
2. Healthy relationships with **mentors or trusted adults**
3. Access to education or health care for **reproductive health**
4. Access to affordable **health insurance**
5. Access to **counseling or treatment for substance use**

Figure 4: Factors affecting the health of adolescents and young adults – statewide survey results



Strengths and challenges noted in partner meetings and community conversations:

The same themes emerged during partner meetings and community conversations, highlighting limited access to mental health care, suicide prevention, and substance use treatment for adolescents. Broader social needs—such as safe housing and reliable transportation—were also seen as key influences of adolescent health. Substance use, particularly vaping, was an area of concern. Cultural tensions and bullying remain persistent challenges, often linked to limited social activities and a lack of respect across diverse student groups. Additionally, awareness and availability of youth programs continue to be limited in many communities.

"They need more healthy places they can go to feel safe or find comfort."

— Survey Participant

Despite these challenges, strong community-based and school-based services were consistently identified as vital supports for adolescent well-being. Public health campaigns, tribal services, youth programs, and local libraries all contribute to promoting health and resilience. Within schools, social workers, nurses, and community partnerships play a crucial role in addressing food insecurity and supporting students' health needs.

Encouragingly, community conversations also surfaced positive trends. These include increased home schooling options, improved access to social services, stronger support systems within schools, and a growing sense of community connectedness. Many participants attributed these improvements to the presence of younger, more engaged teaching staff who are fostering stronger relationships with students and families.

"Young adults in our rural area simply do not have access to qualified mental health professionals. Teachers and coaches and pastors are not necessarily trusted authorities"

— Young Adult

"The Schools I think have added new guidance counselors at the high school."

— Community Member

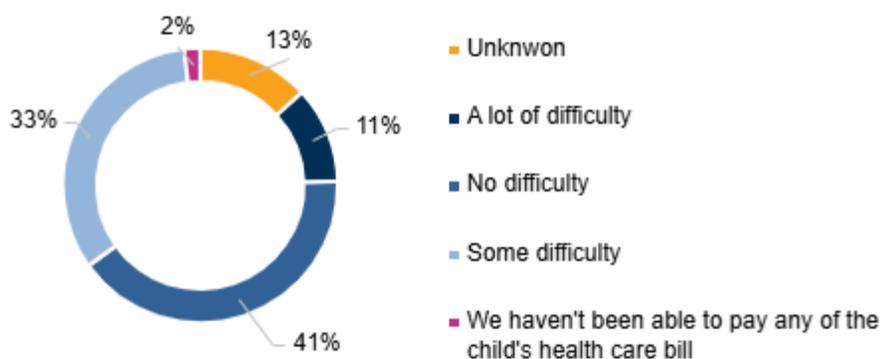
FINDINGS

Children & Youth with Special Healthcare Needs (CYSHN)

Statewide survey results:

A recent survey of caregivers of Children and Youth with Special Health Needs (CYSHN) revealed several critical gaps in healthcare access, insurance coverage, and educational support. While most children had health insurance, a notable portion lacked adequate coverage or had difficulty paying for care. Forty-four percent of families reported either a lot or some difficulty paying for care (Fig. 5).

Figure 5: Level of difficulty in paying for care



Neurodevelopmental and mental health conditions—such as autism, ADHD, and dyslexia—were the most reported. Delays in diagnosis were frequently cited and were associated with negative impacts on academic performance and social development. Caregivers emphasized the importance of early intervention and called for improved educator training, individualized classroom support, and stronger collaboration between schools and healthcare providers.

Many families reported challenges in accessing specialized pediatric and mental health care, with long wait times and limited local options. These families often navigate complex systems of care, seeing multiple providers. Survey respondents indicated how often their child saw a mental health provider or other specialist, or needed a referral in the 12 months before the survey (Table 1).

Table 1. Services and referrals needed during previous 12 months

Received mental health care	42%
Needed referral to see doctors or for services	58%
Needed to see a specialist	54%

These findings underscore the need for more coordinated care systems, comprehensive insurance coverage, and expanded support services to better meet the needs of CYSHN and their families.

"I have tried to contact the school nurse and ask about the services and I got the answer that there would be no adjustments."

— Parent/Guardian

Strengths and challenges noted in partner meetings and community conversations:

Regional partner meetings and community conversations identified community-based services as key assets for CYSHN, offering accessible, localized care. Strengths included strong collaboration, consistent funding, and the use of evolving technology to improve care coordination. Local services—such as therapy for children with autism and cerebral palsy—were frequently highlighted as effective.

"Need for pediatric OT and PT not connected to [health system] so are not billed to hospital services."

— Parent/Guardian

Despite these strengths, significant needs remain. Families reported limited awareness of available services, challenges accessing affordable pediatric therapies, and a lack of social support for speech therapy. Schools were noted to need more special education staff and developmental delay support. Transportation to care was also a recurring barrier.

"...working to ensure all kids (with special needs or not) have access [inclusive play park]."

— Community Member

Some communities reported small-scale successes, such as fund-raising for accessible play spaces. However, broader challenges persist, including limited access to school-based specialty services, difficulties navigating systems, and fragmented care coordination. Insurance-related issues—such as affordability, coverage gaps, and enrollment barriers—further limited access to therapies, counseling, and out-of-state providers.

PRIORITY SETTING

Methods

A structured, collaborative process guided the selection of MCH priorities for the next five years. The Needs Assessment and Core Teams reviewed findings and national performance measures (NPMs), identifying 2–3 potential NPMs and strategies per domain. Domain leaders selected required and optional NPMs based on capacity, and the Core Team shared these with community partners.

In spring 2025, partners participated in virtual domain meetings to review data and provide feedback, helping refine strategy options. A priority-setting tool was then used to evaluate strategies by domain – considering impact, feasibility, health disparities, and available resources. Partners scored strategies, and domain leaders used the results to select top strategies outlined in Table 1.

Table 2: Priorities

Priority	Population Domain	NPM
Postpartum visits	Women/Maternal health	Percent of women who attended a postpartum checkup within 12 weeks after giving birth. Percent of women who attended a postpartum checkup and received recommended care components.
Safe Sleep	Perinatal/Infant Health	Percent of infants placed to sleep on their backs Percent of infants placed to sleep on a separate approved sleep surface Percent of infants placed to sleep without soft objects or loose bedding Percent of infants room-sharing with an adult
Food Sufficiency	Child Health	Percent of children, ages 0 through 11, whose households were food sufficient in the past year
Medical Home	Child Health	Medical Home Overall
Adolescent Well-Visits	Adolescent Health	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
Medical Home	CYSHN	Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Referrals	CYSHN	Percent of children with special healthcare needs (0–17) who received needed referrals

PRIORITY SETTING

Emerging Issues

The needs assessment identified a range of issues affecting maternal and child health in South Dakota. While topics like transportation and housing were acknowledged, they were not selected as final priorities due to overlap with other areas. Food insecurity will be addressed under child health, given limited resources. Final priorities were determined based on HRSA requirements, program capacity, and input from community partners.

Childcare emerged as a cross-cutting issue across perinatal/infant, child, and maternal health domains, with a focus on access, quality, and affordability. The Department of Social Services and the City of Sioux Falls, both involved in the assessment, will continue partnering with OLH to address childcare needs statewide.

For adolescent health, Adolescent Well Visits were prioritized, as they encompass mental health, substance use, family engagement, and access to services.

Other concerns – such as substance use, healthcare access, mental health, provider education, and parenting support – were not selected due to existing efforts by other public health agencies and limited program capacity. Each selected priority was aligned with the National Performance Measure or State Performance Measure offering the greatest potential for impact.

Contributing Factors to the Updated Priority Needs

The state's priorities for infant safe sleep and access to care for CYSHN remain unchanged, reaffirmed by the latest needs assessment and required by HRSA. The postpartum visit priority for women aligns with findings from the Maternal Mortality Review Committee.

Other priority changes were influenced by assessment findings and HRSA requirements, which highlighted gaps in care, mental health, substance use, and food access.

While mental health remains a key concern for adolescents, another agency leads that work. Title V now prioritizes Adolescent Well Visits, which address mental health, risk behaviors, immunizations, and preventive care in a comprehensive way.

Engagement of Diverse Stakeholders & Organizations to Select Priorities

Community members, including families and women served by OLH partners, played a key role in shaping the needs assessment data. OLH partners, representing diverse stakeholders, were involved throughout the process via virtual meetings, surveys, and community conversations. This ensured the voices of those directly impacted by maternal and child health issues were heard. Feedback from these populations informed the identified needs and final priorities. The Core Impact Team finalized the NPMs based on HRSA requirements and MCH program capacity. Domain community partners then helped identify, rank, and select final evidence-based strategies to address the NPMs and priority needs.

CONCLUSIONS

The findings from the needs assessment highlight many strengths and challenges that interplay to impact the health outcomes of women and children across South Dakota. The strengths of the maternal and child health system across South Dakota include increased focus on social and community services support, state-supported initiatives, and access to care (e.g. doulas, community health workers, telehealth). However, there remain opportunities to address challenges and gaps in the system, including community factors that influence health outcomes, community engagement of populations served, and increased access to care. The OLH recognizes their role in elevating the health and wellbeing of women and children across South Dakota, fostered by multi-sector collaboration, evidence-based strategies, and key data. Improving the health and wellbeing of women and children requires a concerted effort on priority needs to help ensure long-term health.