
THE STATE OF SOUTH DAKOTA CHILDREN'S WELL-BEING: 2023 REPORT



 **DATA**
INITIATIVE

Authors

This report was prepared by the following individuals:

- **Tracey McMahon**, MS, Data Manager for the Center for the Prevention of Child Maltreatment at the University of South Dakota in Sioux Falls, SD.
- **Beth Bruggeman**, MPH, Data Initiative Assistant for the Center for the Prevention of Child Maltreatment at the University of South Dakota in Sioux Falls, SD.
- **Marian Kyei**, a master's in public health student at South Dakota State University in Brookings, SD.

Suggested Citation

McMahon, T., Bruggeman, B., & Kyei, M. (2023). *The State of South Dakota Children's Well-being: 2023 Report*. Center for the Prevention of Child Maltreatment.

<https://www.sdccpm.com/data-initiative/>

Funding Acknowledgement

The Data Initiative is being funded with federal dollars available to the Department of Education through the American Rescue Plan.

Public Domain Notice

Material contained in this publication is in the public domain and may be reproduced, fully or partially, without permission of the authors.

Electronic Access

This report is available on the Center for the Prevention of Child Maltreatment website at

<https://www.sdccpm.com/data-initiative/>.

Questions and More Information

If you have questions or require additional information about this report, please contact CPCM at cpcm@usd.edu. If you have questions about a specific agency's data, please contact the agency directly. Links to their websites are provided in this report.

Introduction

Who is CPCM?

The Center for the Prevention of Child Maltreatment (CPCM) was established in 2017 to develop sustainable solutions to reduce child sexual abuse and maltreatment in South Dakota. CPCM is a statewide program housed within the University of South Dakota (USD) School of Health Sciences. CPCM aims to align local, tribal, state, and federal efforts in the fight against child sexual abuse and other forms of maltreatment in South Dakota. When we make relationships and environments safe, stable, and nurturing, we help all kids and families thrive (CDC).

The three pillars of our work are:

- *Know*: Building knowledge of best practices, data, and research;
- *Respond*: Fostering multidisciplinary response and intervention; and
- *Prevent*: Uniting South Dakotans in prevention efforts by creating trauma- and healing-informed communities and systems.



What is the Data Initiative?

In 2021, through support from the South Dakota Department of Education, CPCM launched the *State of South Dakota Children's Well-being Data Initiative* (hereafter referred to as the Data Initiative). The initial project spans from June 2021 to September 2023 and seeks to investigate data in South Dakota surrounding the health and wellness of children for the purpose of:

- Improving state- and local-level tracking and monitoring of children's well-being data in South Dakota
- Improving statewide access to timely and relevant data on the well-being of South Dakota children
- Increasing state-level data-driven decision-making to promote the well-being of South Dakota children.

What is the purpose of this report?

Safe, stable, nurturing relationships and environments are essential to prevent child abuse and neglect and to assure all children reach their full potential.¹ This report uses the Centers for Disease Control and Prevention's (CDC's) Connecting the Dots framework to draw a roadmap for caring adults to align efforts and enhance prevention of youth violence. Connecting the Dots does this by focusing on shared factors across multiple forms of violence that protect individuals against violence (*protective factors*) and decrease risk of violence (*risk factors*). This report compares South Dakota to the nation, and where the data is available, differences seen across counties in South Dakota on these shared risk and protective factors. This report contains over 100 indicators of risk and protective factors for South Dakota children.

¹ Centers for Disease Control and Prevention. (2019). *Essentials for childhood: Creating safe, stable, nurturing relationships and environments for all children*. U.S. Department of Health and Human Services, National Center for Injury Prevention and Control, Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

What is child well-being?

Given the broad range of factors that contribute to well-being, coming to a shared understanding or definition of a child well-being can be difficult. However, the UNICEF definition of child well-being is often used as a reference and takes a broad view of well-being:

“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies in which they are born.”²

To design, implement, and monitor effective child well-being policies, policymakers need data that better capture what is going on in children’s lives and that can detect emerging problems and vulnerabilities early on.³ This report helps lay the groundwork for assessing the well-being of South Dakota children.

² United Nations Children’s Fund. (2007). Child poverty in perspective: An overview of child well-being in rich countries, *Innocenti Report Card 7*. UNICEF Innocenti Research Centre: Florence, Italy. https://www.unicef-irc.org/publications/pdf/rc7_eng.pdf

³ Organisation for Economic Co-operation and Development. (2021, July). Measuring what matters for child well-being and policies. <https://www.oecd.org/wise/Measuring-What-Matters-for-Child-Wellbeing-and-Policies-Policy-brief-July-2021.pdf>

Table of Contents

Authors	2
Suggested Citation	2
Funding Acknowledgement	2
Public Domain Notice	2
Electronic Access	2
Questions and More Information	2
Introduction	3
Executive Summary	12
Indicator Selection and Methodology	14
Focus Group with South Dakota Epidemiologists	14
Participants & Methods	14
Findings	14
Connecting the Dots	16
Demographic Characteristics	18
Figure 1. Age distribution of children (ages 0-18 years) in South Dakota and the U.S.: 2021	18
Figure 2. Racial distribution of children (ages 0-18 years) in South Dakota and the U.S.: 2021	19
Figure 3. Child(ren)'s (ages 0-18 years) relationship to householder in South Dakota and the U.S.: 2021	19
Figure 4. Percent of South Dakota and U.S. children (ages 0-18 years) with any disability: 2017-2021.....	20
Figure 5. Percent of South Dakota and U.S. students (ages 3-21 years) enrolled in a special education program: SY2017-SY2022.....	21
Individual-Level Measures	22
Table 1. Indicators included in this section and comparison values for South Dakota and	22
Low Educational Attainment	24
Figure 6a. Percent of South Dakota and U.S. students (ages 3-18 years) who attended school for more than 10 days and who missed 10% or more of enrolled days within the school year (chronic absenteeism): SY2016-SY2020	24
Figure 6b. Percent of students (ages 3-18 years) who attended school for more than 10 days and who missed 10% or more of enrolled days within the school year (chronic absenteeism) by South Dakota county: SY2020.....	25
Figure 7a. Percent of South Dakota 7-12th grade students who dropped out and U.S. status dropouts: SY2017-SY2020.....	26
Figure 7b. Percent of South Dakota 7-12th grade students who dropped out by South Dakota county: SY2020	26
Lack of Non-violent Social Problem-Solving Skills	27

Figure 8. Percent of South Dakota and U.S. youth (ages 6-17 years) who bullied others: 2018-2021	27
Figure 9. Percent of South Dakota and U.S. children (ages 3-5 years) who “always” or “most of the time” lose control of their temper when things do not go their way: 2017-2021.....	28
Figure 10. Youth (ages 0-19 years) violent crime perpetration rate per 100,000 population (ages 0-19 years) in South Dakota and the U.S.: 2017-2021.....	28
Skills in Solving Problems Non-violently	29
Figure 11a. Percent of South Dakota and U.S. young children (ages 6 months to 5 years) who are flourishing: 2018-2021	29
Figure 11b. Percent of South Dakota and U.S. children (ages 6-17 years) who are flourishing: 2018-2021	30
Figure 12. Percent of South Dakota and U.S. children (ages 3-5 years) who play well with others: 2017-2021	30
Figure 13. Percent of South Dakota and U.S. children (ages 3-17 years) who have NO difficulty making or keeping friends compared to other children their age: 2017-2021	31
Behavioral Control/Impulsiveness	32
Figure 14. Percent of South Dakota and U.S children (ages 3-17 years) who currently have a behavioral or conduct problem: 2017-2021	32
History of Violent Victimization	33
Figure 15a. Percent of child maltreatment victims by maltreatment type (ages 0-18 years) in South Dakota and the U.S.: 2021	33
Figure 15b. Child maltreatment victims by age (ages 0-18 years) in South Dakota and the U.S.: 2021	33
Figure 16. Youth violent crime victimization rate per 100,000 population (ages 0-19 years) in South Dakota and the U.S.: 2017-2021.....	34
Figure 17. Percent of South Dakota and U.S. children (ages 6-17 years) who were bullied by other children: 2018-2021	35
Figure 18. Percent of South Dakota and U.S. high school students who were ever physically forced to have sexual intercourse: 2011-2021.....	35
Figure 19. Percent of South Dakota and U.S. high school students who experienced dating violence in the year: 2013-2021	36
Figure 20. Percent of South Dakota and U.S. high school students who were in a physical fight during the past 12 months: 2011-2021.....	37
Witnessing Violence	38
Figure 21. Percent of South Dakota and U.S. children (ages 0-17 years) who saw or heard parents or adults slap, hit, kick, or punch one another in the home: 2017-2021	38
Figure 22. Percent of South Dakota and U.S. children (ages 0-17 years) who were a victim or witnessed violence in their neighborhood: 2017-2021.....	38
Psychological/Mental Health Problems.....	39
Figure 23. Percent of South Dakota and U.S. children (ages 3-17 years) with a mental, emotional, developmental, or behavioral problem: 2018-2021	39
Figure 24. Percent of South Dakota and U.S. children (ages 0-17 years) who lived with anyone who was mentally ill, suicidal, or severely depressed: 2017-2021.....	40
Figure 25. Percent of South Dakota and U.S. high school students who seriously considered attempting suicide: 2011-2021	40

Figure 26. Percent of South Dakota and U.S. high school students who attempted suicide: 2011-2021.....	41
Figure 27. Percent of South Dakota and U.S. high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey: 2011-2021	41
Substance Use	42
Figure 28. Alcohol use among South Dakota women during pregnancy: 2017-2020	42
Figure 29. Maternal drug use during pregnancy in South Dakota: 2017-2020	43
Figure 30. Percent of South Dakota and U.S. high school students who have ever used methamphetamines: 2011-2021	43
Figure 31. Percent of South Dakota and U.S. high school students who ever used inhalants: 2011-2021.....	44
Figure 32. Percent of South Dakota and U.S. high school students who currently drink alcohol: 2011-2021.....	44
Figure 33. Percent of South Dakota and U.S. high school students who currently use marijuana: 2011-2021.....	45
Figure 34. Percent of South Dakota and U.S. high school students who currently smoke cigarettes: 2011-2021	45
Figure 35. Percent of South Dakota and U.S. high school students who currently use electronic vapor products: 2015-2021	46
Figure 36. Age-adjusted rate of drug overdose deaths per 100,000 by state: 2021.....	47
Relational-Level Measures	48
Table 2. Indicators included in this section and comparison values for South Dakota and	48
Social Isolation/Lack of Social Support	50
Figure 37. Percent of South Dakota and U.S. teens (ages 16-19 years) who are not enrolled in school and not in the labor force: 2017-2021	50
Figure 38. Percent of South Dakota and U.S. children (ages 3-17 years) who are not enrolled in school: 2017-2021	50
Figure 39a. Percent of South Dakota and U.S. children (ages 5-17 years) who speak a language other than English at home: 2017-2021.....	51
Figure 39b. Percent of children (ages 5-17 years) who speak a language other than English at home by South Dakota county: 2021	52
Figure 40. Percent of South Dakota and U.S. children (ages 3-17 years) who have “a lot” or “a little” difficulty making or keeping friends compared to other children their age: 2017-2021	52
Figure 41. Percent of South Dakota and U.S. children (ages 0-17 years) living with parents who did NOT have someone to turn to for day-to-day emotional support with parenting or raising children during the past 12 months: 2017-2021	53
Economic Stress	54
Figure 42a. Percent of South Dakota and U.S. children (ages 0-18 years) experiencing food insecurity: 2016-2020 .	54
Figure 42b. Percent of children (ages 0-18 years) experiencing food insecurity by South Dakota county: 2020.....	54
Figure 43. Percent of families in South Dakota and the U.S. who had problems paying for any of their child’s (ages 0-17 years) medical or health care bills: 2017-2021	55
Figure 44. Percent of families in South Dakota and the U.S. who “somewhat” or “very often” have difficulty covering the basics, like food or housing, on their family's income since the child (ages 0-17 years) was born: 2017-2021	56
Figure 45a. Percent of families in South Dakota and the U.S. with related children (ages 0-18 years) of householder below the poverty level: 2017-2021	56

Figure 45b. Percent of families with related children (ages 0-18 years) of householder below the poverty level by South Dakota county: 2021.....	57
Figure 46a. Severe housing cost burden in South Dakota and the U.S.: 2017-2021.....	58
Figure 46b. Severe housing cost burden by South Dakota county: 2021.....	58
Figure 47. Percent of enrolled students in South Dakota and the U.S. who experienced homelessness: SY2016-SY2020.....	59
Family Support/Connectedness	60
Figure 48. Percent of South Dakota and U.S. children (ages 6-17 years) who can share ideas or talk about things that really matter with their parents “somewhat” or “very well”: 2017-2021.....	60
Figure 49. Percent of South Dakota and U.S. children (ages 0-17 years) whose family eats meals together by number of days per week: 2017-2021.....	60
Figure 50. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a home where the family demonstrates qualities of resilience during difficult times: 2017-2021.....	61
Figure 51. Percent of South Dakota and U.S. children (ages 6-17 years) whose parents “always” or “usually” attend events or activities that their child(ren) participated in: 2017-2021.....	62
Poor Parent-Child Relationships.....	63
Figure 52. Percent of South Dakota and U.S. children (ages 0-17 years) whose parents handle the day-to-day demands of raising children “not very well” or “not very well at all”: 2017-2021.....	63
Figure 53. Child maltreatment perpetrators by relationship to their victims in South Dakota and the U.S.: 2021.....	63
Family Conflict	64
Figure 54. Percent of South Dakota and U.S. children (ages 0-17 years) whose parents/guardians are divorced or separated: 2017-2021.....	64
Connection to a Caring Adult	65
Figure 55. Percent of South Dakota and U.S. children (ages 6-17 years) who have at least one adult in their school, neighborhood, or community (other than a parent or other adult their home) who knows them and who they can rely on for advice or guidance: 2017-2021	65
Association with Prosocial Peers.....	66
Figure 56. Percent of South Dakota and U.S. children (ages 6-17 years) who participated in any type of community service or volunteer work at school, church, or in the community: 2017-2021	66
Figure 57. Percent of South Dakota and U.S. children (ages 6-17 years) who participated in any organized activities or lessons, after school or on weekends: 2017-2021	66
Associating with Delinquent Peers.....	67
Figure 58. Juvenile commitments to the Department of Corrections in South Dakota: 2014-2022.....	67
Gang Involvement.....	68
Figure 59. Number of criminal offenses associated with juvenile gang involvement in South Dakota: 2018-2022....	68
Connection/Commitment to School.....	69
Figure 60. Percent of South Dakota and U.S. children (ages 6-17 years) who are “usually” or “always” engaged in school: 2018-2021.....	69
Figure 61. Average daily attendance in public elementary and secondary schools in South Dakota and the U.S.: SY2014-SY2018.....	69
Figure 62. High school graduation rate in South Dakota and the U.S.: SY2015-SY2019	70

Figure 63. Students enrolled in higher education who completed high school at least 18 months ago by South Dakota county: SY2019	71
Figure 64a. Percent of South Dakota and U.S. children (ages 3-4 years) enrolled in school: 2017-2021	71
Figure 64b. Percent of South Dakota and U.S. children (ages 3-4 years) enrolled in school by South Dakota county: 2021	72
Figure 65a. Percent of South Dakota and U.S. children (ages 5-9 years) enrolled in school: 2017-2021	72
Figure 65b. Percent of South Dakota and U.S. children (ages 5-9 years) enrolled in school by South Dakota county: 2021	73
Figure 66a. Percent of South Dakota and U.S. children (ages 10-14 years) enrolled in school: 2017-2021	74
Figure 66b. Percent of South Dakota and U.S. children (ages 10-14 years) enrolled in school by South Dakota county: 2021	74
Figure 67a. Percent of South Dakota and U.S. children (ages 15-17 years) enrolled in school: 2017-2021	75
Figure 67b. Percent of South Dakota and U.S. children (ages 15-17 years) enrolled in school by South Dakota county: 2021	76
Community-Level Measures	76
Table 3. Indicators included in this section and comparison values for South Dakota and	76
Community Violence	78
Figure 68a. South Dakota and U.S. child maltreatment rate per 1,000 children: 2017-2021	78
Figure 68b. Child maltreatment rate per 1,000 children by state: 2021	79
Figure 69. Violent crime rate per 100,000 population in South Dakota and the U.S.: 2016-2020.....	80
Figure 70a. Rape rates per 100,000 population in South Dakota and the U.S.: 1985-2021.....	81
Figure 70b. Rape rate per 100,000 population by state: 2020.....	82
Figure 71. Percent of women who have experienced domestic violence by state: 2023	84
Figure 72. Percent of men who have experienced domestic violence by state: 2023	85
Neighborhood Poverty	86
See Figure 45b. Percent of families with related children of householder (under 18 years) below the poverty level by South Dakota county: 2021.....	86
Diminished Economic Opportunities	86
Figure 73a. Percent of the children (ages 0-18 years) in South Dakota and the U.S. below the poverty level: 2017-2021	86
Figure 73b. Percent of the children (ages 0-18 years) below the poverty level by South Dakota county: 2021	87
Figure 74a. Unemployment rate (ages 20-64 years) in South Dakota and the U.S.: 2017-2021	88
Figure 74b. Unemployment rate (ages 20-64 years) by South Dakota county: 2021	88
Figure 75a. Labor force participation (ages 20-64 years) in South Dakota and the U.S.: 2017-2021	89
Figure 75b. Labor force participation (ages 20-64 years) by South Dakota county: 2021	89
High Alcohol Outlet Density.....	90
Access to Mental Health and Substance Abuse Services	90
Figure 76. Percent of South Dakota and U.S. children (ages 3-17 years) with a mental/behavioral condition who receive treatment or counseling: 2017-2021	90

Figure 77. Percent of South Dakota and U.S. children (ages 3-17 years) who did NOT have difficulty getting the mental health treatment or counseling they needed: 2018-2021	91
Figure 78. Percent of South Dakota and U.S. children (ages 3-17 years) whose health insurance “always” or “usually” offers benefits or cover services that meet the child’s mental or behavioral health needs: 2016-2019	91
Figure 79. Mental health providers rate (per 100,000 population) by South Dakota county: 2022.....	92
Figure 80a. Percent of South Dakota and U.S. youth (ages 12-17 years) with severe depression who received some consistent treatment: 2019-2023	93
Figure 80b. Percent of youth (ages 12-17 years) with severe depression who received some consistent treatment by state: 2023	94
Figure 81. Substance abuse treatment utilization rate in South Dakota and the U.S.: 2015-2020.....	95
Coordination of Resources and Services Among Community Agencies	96
Figure 82. Percent of South Dakota and U.S. children who did NOT have difficulty getting referrals when needed to see any doctors or receive any services: 2018-2021	96
Figure 83. Percent of South Dakota and U.S. children who completed a preventive health check-up in the past year: 2017-2021	97
Figure 84. Percent of South Dakota and U.S. children (ages 0-17 years) who receive care in a well-functioning system: 2016-2020.....	97
Figure 85. Percent of South Dakota and U.S. children (ages 0-17 years) whose family members spent less than 1 hour per week, in an average week, arranging or coordinating health or medical care for them: 2017-2021	98
Figure 86. Percent of South Dakota and U.S. children (ages 0-17 years) who receive effective care coordination: 2017-2021	99
Figure 87. Percent of South Dakota and U.S. children (age 12-17 years) who receive services needed for transition to adult health care: 2017-2021	99
Figure 88. Percent of South Dakota and U.S. children (ages 0-17 years) with special health care needs (CSHCN), who receive care in a well-functioning system: 2017-2021	100
Figure 89. Percent of South Dakota and U.S. children (ages 0-17 years) currently receiving special services to meet their developmental needs such as speech, occupational, or behavioral therapy: 2017-2021	101
Figure 90. Safety responses for victims of child maltreatment in South Dakota: 2018-2022.....	101
Poor Neighborhood Support and Cohesion	102
Figure 91. Percent of South Dakota and U.S. children (ages 0-17 years) who do NOT live in a supportive neighborhood: 2017-2021	102
Figure 92. Percent of South Dakota and U.S. children (ages 0-17 years) who do NOT live in a safe neighborhood: 2017-2021	103
Figure 93. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a neighborhood where there is litter or garbage on the street or sidewalk, poorly kept or rundown housing, AND vandalism such as broken windows and graffiti: 2017-2021	103
Community Support/Connectedness	104
Figure 94. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a supportive neighborhood: 2017-2021	104
Figure 95. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a safe neighborhood: 2017-2021	105

Figure 96. Percent of South Dakota and U.S. children who live in a neighborhood where there is NO litter or garbage on the street or sidewalk, poorly kept or rundown housing, or vandalism such as broken windows and graffiti: 2017-2021	105
Societal-Level Measures	106
Table 4. Indicators included in this section and comparison values for United	106
Cultural Norms that Support Aggression Toward Others.....	107
Figure 97. Justifiable—violence against other people: 2017-2022	107
Figure 98. Justifiable—parents beating children: 2017-2022.....	107
Figure 99. Justifiable—for a man to beat his wife: 2017-2022.....	108
Figure 100. Justifiable—political violence: 2017-2022.....	108
Media Violence	109
Figure 101. Percent of South Dakota and U.S. high school students who were electronically bullied: 2011-2021 ..	109
Figure 102. Rate of child victims of internet crime per 100,000 population in South Dakota: 2018-2022.....	109
Societal Income Inequity	110
Figure 103a. Women's earnings as a percentage of men's earnings in South Dakota and the U.S.: 2016-2021.....	110
Figure 103b. Women's earnings as a percentage of men's earnings by state: 2021	111
Figure 104. Human Development Index by country: 2021.....	112
Weak Health, Educational, Economic, and Social Policies/ Laws.....	113
Figure 105. Per capita rate of child marriage (actual + estimated) by state: 2000-2018.....	113
Figure 106. Discriminatory family code—attitudes toward working mothers by country: 2019	114
Figure 107. Social and economic factors—sum of weighted z-scores of ranked social and economic measures (data is not reported at the national level): 2022	115
Harmful Norms Around Masculinity and Femininity	116
Figure 108. Gender Social Norms Index by country: 2021	116
Figure 109. Gender Inequality Index by country: 2021	116
Figure 110. Gender Development Index by country: 2021	117
Other Measures.....	118
Table 5. Indicators included in this section and comparison values for South Dakota and	118
Figure 111. Percent of South Dakota and U.S. high school students who carried a weapon on school property: 2011-2021	118
Figure 112. Percent of South Dakota and U.S. high school students threatened or injured with a weapon on school property: 2011-2021	119
Figure 113. Percent of South Dakota and U.S. children (ages 0-17 years) whose parent/guardian served time in jail: 2017-2021	119

Executive Summary

According to the U.S. Census Bureau, as of 2021, South Dakota had an estimated population of 881,785, which is an increase of 9.1% from 2011. Key statistics regarding the child population in South Dakota are below.

- In 2021, 218,698 children (ages 0-18 years) were living in South Dakota, making up approximately 24.8% of the state's total population.
- In 2021, 3.2% of South Dakota children had a disability compared to 4.4% of children nationwide.
- In the 2020-21 school year (SY) 19.5% of South Dakota children were chronically absent (missed 10% or more of enrolled days within the school year compared to 20.5% of students nationally).
- The youth violent crime rate per 100,000 population under 18 years in South Dakota in 2021 was 177.7 compared to 131.4 nationally.
- In 2021, 62.1% of South Dakota children (ages 6-17 years) were flourishing compared to 59.2% nationally.
- In 2021, 8.6% of South Dakota children had a behavioral or conduct problem compared to 8.0% of children nationally.
- In 2021, 3.7% of South Dakota children saw or heard parents or adults slap, hit, kick, or punch one another in the home compared to 4.4% nationally.
- In 2021, 24.4% of South Dakota high school students currently drank alcohol compared to 22.7% nationally.
- In 2021, 13.6% of South Dakota children were living with parents who did not have someone to turn to for day-to-day emotional support with parenting or raising children during the past 12 months compared to 18.4% nationally.
- In 2021, 12.1% of South Dakota families with related children under 18 years of age were living below the poverty level compared to 13.9% nationally.
- In 2021, 96.4% of South Dakota children (ages 6-17 years) could somewhat/very well share ideas or talk about things that really matter with their parents compared to 94.8% of children nationally.
- In 2021, 1.5% of South Dakota parents felt they handled the day-to-day demands of raising children not very well or not very well at all compared to 2.0% nationally.
- In 2021, 18.8% of South Dakota children's parents/guardians were divorced or separated compared to 20.0% nationally.
- In 2021, 93.8% of South Dakota children (ages 6-17 years) had at least one other adult in their school, neighborhood, or community who knew the child well and who they could rely on for advice or guidance compared to 89.6% nationally.
- In 2021, 40.1% of South Dakota (ages 6-17 years) participated in community service or volunteer work at school, church, or in their community compared to 34.3% nationally.
- In 2021, the rate of criminal offenses associated with juvenile gang involvement was 2 per 100,000.
- In 2021, 38.7% of South Dakota children ages 3-4 years were enrolled in school compared to 45.9% nationally.
- The child maltreatment rate in 2021 in South Dakota was 6.6 per 1,000 children compared to 8.1 nationally.
- In 2020, the violent crime rate per 100,000 population in South Dakota 501.4 compared to 398.5 nationally.
- In 2021, the rape rate per 100,000 population in South Dakota was 67.1 compared to 38.4 nationally.
- In 2021, 15.8% of the population in South Dakota under the age of 18 years was living below the poverty level compared to 17.0% nationally.
- In 2023, 58.1% of South Dakota youth with a severe major depressive episode received some consistent treatment compared to 28.2% nationally.
- In 2021, 17.7% of South Dakota children with special health care needs received care in a well-functioning system compared to 15.3% of children nationally.
- In 2021, 97.4% of South Dakota children live in a safe neighborhood compared to 96.3% of children nationally.
- In 2022 2.4% of the U.S. population found violence against other people justifiable compared to 2.0% globally.

- In 2021, 17.4% of South Dakota high school students were electronically bullied compared to 15.9% nationally.
- In 2021, women in South Dakota earned 79.7% of what men earned compared to 81.5% nationally.
- In 2019, 21% of the U.S. population had negative attitudes toward working mothers compared to 46% globally.
- In 2021, the Gender Social Norms Index in the U.S. was 50.7% compared to 89.7% globally.

In the originally published version of this report, the numbers on one point in the executive summary were transposed and have been corrected to accurately show: "The child maltreatment rate in 2021 in South Dakota was 6.6 per 1,000 children compared to 8.1 nationally."

Indicator Selection and Methodology

Focus Group with South Dakota Epidemiologists

To better understand the intricacies of the South Dakota child health and welfare system, a focus group was held with epidemiologists in Pierre, SD on July 6th, 2022. Focus groups are semi-structured group interviews in which a small group of participants (group sizes range from six to 12 people), that are homogeneous with respect to a shared experience (in this case, epidemiologists in South Dakota), are guided through a discussion by trained moderators.

The focus group session featured questions in five categories: indicators of child well-being, system wide gaps, conceptual models and approaches, linking administrative data, and dashboard design and utilization. This discussion illuminated many aspects of the child health and welfare data landscape in South Dakota and were used to inform indicator selection for this report.

Participants & Methods

Participants were selected based on their diverse child health and welfare specialties, their knowledge of current data systems, and experience working across federal, state, county, and tribal boundaries. Twelve South Dakota epidemiologists participated in the focus group. One participant works at a tribal epidemiology center. Four participants work at a large healthcare facility, six work for the State, and one works at a private foundation. Two of the participants also hold faculty positions at a university in addition to their employment at a healthcare facility.

The focus group recording was transcribed by Daily Transcription and coded by Tracey McMahon and Beth Bruggeman using a constant comparison technique, transcripts were assigned codes to identify themes.

Findings

Focus group conversations revealed a complex data system, underlined by a variety of data contributors and users with diverse interests and needs. The following represents a summary of the discussion held by the focus group regarding indicator selection and should not be construed as a comprehensive evaluation of the South Dakota data system. For a complete summary of the focus group findings, please contact cpcm@usd.edu.

This section is organized as a series of challenges and opportunities present in the systems that collect data on child health and well-being in South Dakota. They include data indicators needed for decision making, systemwide data gaps, conceptual approaches to guide indicator selection, and other considerations.

Needed Indicators

A focus group was held in 2021 with South Dakota epidemiologists in which participants collectively identified several health indicators needed for their organizations or others to make decisions. These data topics were organized into five main categories: maternal, paternal, and caregiver health, infant and child health, environment and safety, and mental/behavioral health. In 2022, additional indicators were mentioned as significant factors influencing child well-being. These were categorized using the same themes with three additional categories: family and community, economics, and education. Below is a list of indicators identified by the focus group in 2021 as well as those selected by the focus group in 2022. Indicators followed by an asterisk (*) were noted at both focus groups.

Indicators Identified the 2021 Focus Group

- Prenatal care*
- Maternal and paternal health factors*
- Maternal substance abuse*
- Caregiver mental health
- Participation in parenting classes
- Maternity/paternity leave
- Infant mortality
- Birth defects
- Immunization rates
- Chronic illness and pain
- Suicide rates for children and youth*
- Substance use*
- Sexual assault
- Adverse childhood experiences (ACEs)*
- Human trafficking
- Missing and Murdered Indigenous Relatives (MMIR)
- Environmental exposures
- Access to care (and barriers)*
- Quality of care
- Historically disadvantaged communities

Indicators Identified at the 2022 Focus Group

- Prenatal care*
- Maternal and paternal health factors*
- Maternal substance abuse*
- Suicide rates for children and youth*
- Substance use*
- Depression
- Anxiety
- Adverse childhood experiences (ACEs)*
- Access to care (and barriers)*
- Media violence
- Homelessness
- Guns in home
- Connection to nutrition support services
- Access to formula
- Lactation support
- Family dynamics
- Social structures/relationships
- Cultural connections
- Connection to a caring adult
- Childcare
- Family income
- Family employment
- Access to healthy foods
- Education

Conceptual Models for Indicator Selection

Participants were asked about potential conceptual models to guide the selection of indicators of child well-being. Conceptual models can be thought of as a diagram of proposed causal linkages related to a specific issue. They can be used to narrow both research questions and targets of interventions.⁴ A conceptual model will provide context and rationale to the selected indicators of child well-being.

The three conceptual models recommended by participants are listed below.

- 1) [Connecting the Dots](#): A model made in partnership with the Center for Disease Control and Prevention (CDC) and VetoViolence. This model is based on Bronfenbrenner's social-ecological model and highlights risk and protective factors associated with different types of violence.⁵ An understanding of how these factors relate and influence one another can be used to prevent multiple types of violence simultaneously.
- 2) [2021-2025 South Dakota Maternal Child Health \(MCH\) Action Plan](#): The Office of Child and Family Services, in collaboration with other state partners, developed a five-year action plan, which is intended to serve as a planning tool to use in identifying key strategies, objectives, and relevant performance measures to align with the selected priority needs identified during a needs

⁴ Earp, J. A., & Ennett, S. T. (1991). Conceptual models for health education research and practice. *Health Education Research*, 6(2), 163-171. <https://doi.org/10.1093/her/6.2.163>

⁵ Bronfenbrenner, U. (2009). *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press. <https://www.hup.harvard.edu/catalog.php?isbn=9780674224575>

assessment conducted in 2019. This plan is organized by the five Maternal Child Health population health domains: 1) women/maternal health, 2) perinatal/infant health, 3) child health, 4) children and youth with special health care needs, and 5) adolescent health.

- 3) [Healthy People 2030](#): Healthy People 2030 includes 358 core objectives as well as developmental and research objectives. These core objectives were carefully chosen based on national data and cover a wide range of topics developed by workgroups made up of subject matter experts. Most Healthy People 2030 objectives are core, or measurable, objectives that are associated with targets for the decade. Core objectives reflect high-priority public health issues and are associated with evidence-based interventions. Developmental objectives represent high-priority public health issues that are associated with evidence-based interventions but don't yet have reliable baseline data. Research objectives represent public health issues with a high health or economic burden or significant disparities between population groups—but they aren't yet associated with evidence-based interventions.

Other recommendations from focus group participants included looking into models other states have used for indicator selection, prioritizing indicators with known high-quality data, and utilizing a holistic model that fits the needs of the state.

Connecting the Dots⁶

As noted above, the Connecting the Dots tool developed by the CDC and VetoViolence was used to guide indicator selection for this report. This tool was developed to allow users to connect the dots more easily between multiple types of violence and the risk and protective factors they share at each level of the social-ecological model. This model was selected given its focus on risk and protective factors for various forms of violence experienced by South Dakota youth and to avoid duplication of work already being done in South Dakota. For example, the indicators included in the 2021-2025 South Dakota MCH Action Plan are being tracked for the [South Dakota MCH Title V Block Grant](#), and many of the Healthy People 2030 indicators are being monitored by the South Dakota Department of Health (see [example](#)).

The authors of this report selected indicators that represent each of these risk and protective factors as well as the data sources for these indicators. This selection process involved reviewing all known data sources for these indicators, determining the quality and completeness of the data, ease of interpretation, and availability of data, and selecting those data sources that best met these criteria.

Social-Ecological Model⁷

Prevention requires understanding the factors that influence violence. CDC uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. It allows us to understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model illustrate how factors at one level influence factors at another level.

Besides helping to clarify these factors, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact.

⁶ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). *Connecting the Dots: An overview of the links among multiple forms of violence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and the Prevention Institute. https://www.unicef-irc.org/publications/pdf/rc7_eng.pdf

⁷ Centers for Disease Control and Prevention. (2022). *The Social-Ecological Model: A framework for prevention*. National Center for Injury Prevention and Control, Division of Violence Prevention. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

- 1) *Individual*: Biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence.
- 2) *Relationship*: Close relationships that may increase the risk of experiencing violence as a victim of perpetrator (peers, partners and family members).
- 3) *Community*: Settings such as schools, workplaces and neighborhoods in which social relationships occur and seek to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- 4) *Societal*: Broad societal factors that help create a climate in which violence is encouraged or inhibited.

Key Takeaways

To address the challenges and opportunities described above, a robust, intentional, and collaborative approach is required. Improving and investing in these data systems will have a lasting positive impact on the health and welfare of South Dakota children. Any effort to improve the existing system should involve a variety of stakeholder groups, including but not limited to researchers, service providers, policymakers, tribal leaders, and the general public.

Data Source Considerations & Limitations

While the data sources included in this report vary by indicator, two data sources often cited throughout the report are the National Survey of Children’s Health and the Youth Risk Behavior Survey. As such, there are some data considerations and limitations to keep in mind while reading the report.

National Survey of Children’s Health (NSCH). The NSCH provides rich data on multiple, intersecting aspects of children’s lives—including physical and mental health, access to quality health care, and the child’s family, neighborhood, school, and social context. The survey is designed to produce national and state-level data on the health and well-being of children under 18 years of age in the United States. The U.S. Census Bureau conducts the NSCH on the behalf of the U.S. Department of Health and Human Services under Title 13, United States Code, Section 8(b). Please note that all information collected via the NSCH regarding children's health conditions is based on parent recollection and is not independently verified. Survey results are weighted to reflect the population of children ages 0-17, not the population of parents.

Youth Risk Behavior Survey (YRBS). The YRBS is a self-report survey. The survey is administered in odd numbered years to public, tribal, and BIE students in grades 9th through 12th at scientifically selected high schools across the state. The survey is voluntary and anonymous. The South Dakota Department of Health is responsible for administration of the survey in South Dakota. Each survey cycle produces either weighted or unweighted results. Weighted results can be generalized to the entire population of 9-12 graders in South Dakota who attend a public or tribal school, while unweighted results are only representative of the students who participated in the survey. As such, unweighted results cannot be publicly reported. A high rate of participation among sampled schools is needed to obtain weighted data. Since schools scientifically selected to participate in the survey cannot be replaced by any other school in the state, participation is crucial. Historically, YRBS administration has been very successful in South Dakota. Weighted data has been obtained every administration cycle except 2017. Thus, 2017 data is not available for publication and will not be found in any published reports.⁸

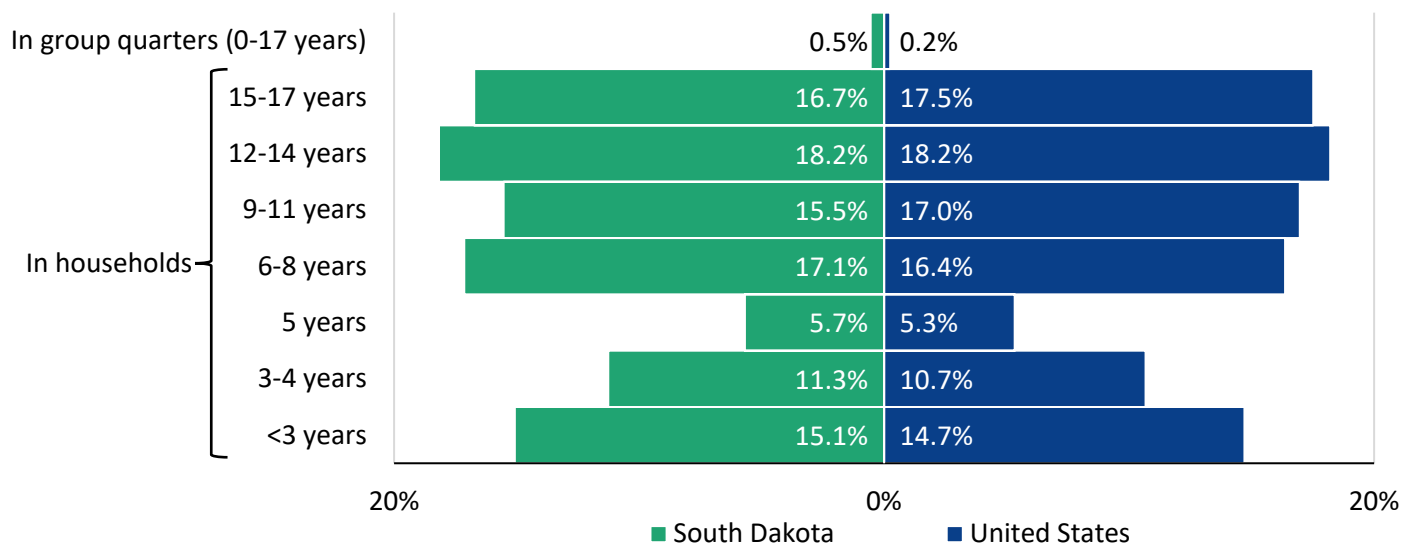
⁸ South Dakota Department of Health. (2019). *History of the Youth Risk Behavior Survey*. <https://doh.sd.gov/statistics/YRBS.aspx>

Demographic Characteristics

According to the U.S. Census Bureau, as of 2021, South Dakota had an estimated population of 881,785,⁹ which is an increase of 9.1% from 2011.⁷ Demographic characteristics of the child population in South Dakota are below.

- In 2021, 218,698 children (ages 0-18 years) were living in South Dakota, making up approximately 24.8% of the state's total population.⁷
- Females (107,056) made up approximately 49.0% of the child population in South Dakota in 2021.⁷
- In 2021, 73% of the child population in South Dakota identified as White and 20.5% identified as Native American (alone or in combination with one or more other races or ethnicities).
- In 2021, 3.2% of South Dakota children had a disability compared to 4.4% of children nationwide.
- In 2021, 15.8% of South Dakota students were enrolled in a special education program compared to 14.7% nationwide.

Figure 1. Age distribution of children (ages 0-18 years) in South Dakota and the U.S.: 2021

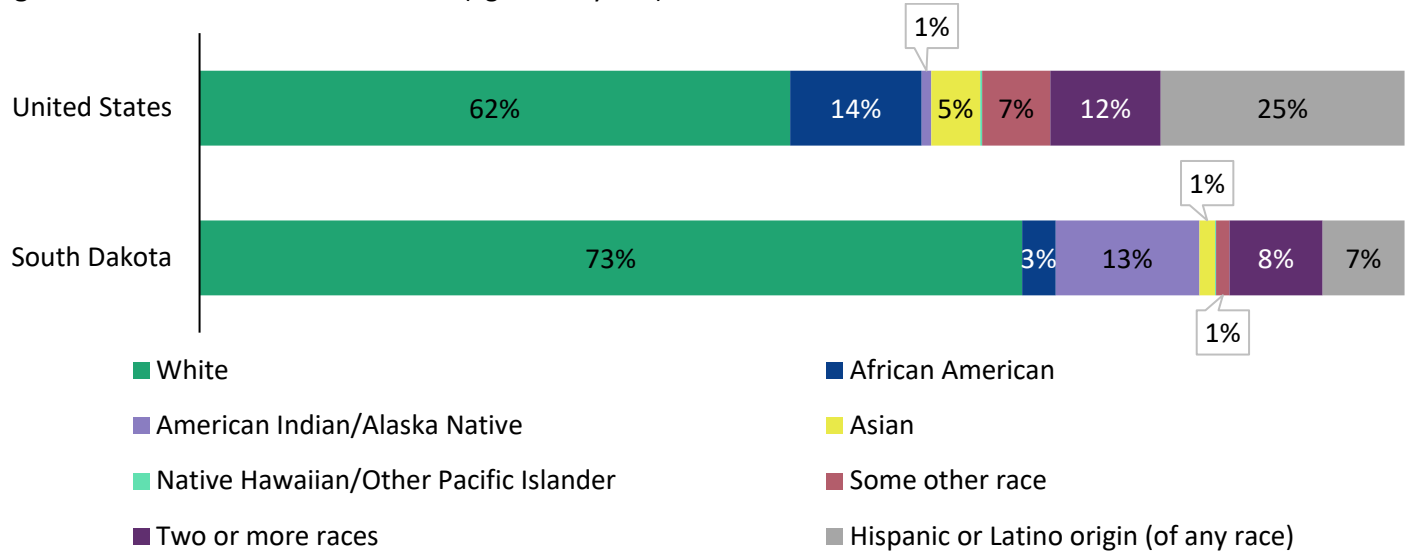


Definitions: The term "children," as used in tables on living arrangements of children under 18, are all persons under 18 years, excluding people who maintain households, families, or subfamilies as a reference person or spouse.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 1-year estimates subject tables* (Table B09001). https://data.census.gov/table?t=Age+and+Sex&g=010XX00US_040XX00US46&tid=ACSDT1Y2021.B09001

⁹ U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0101). <https://data.census.gov/table?g=040XX00US46&tid=ACSST5Y2021.S0101>

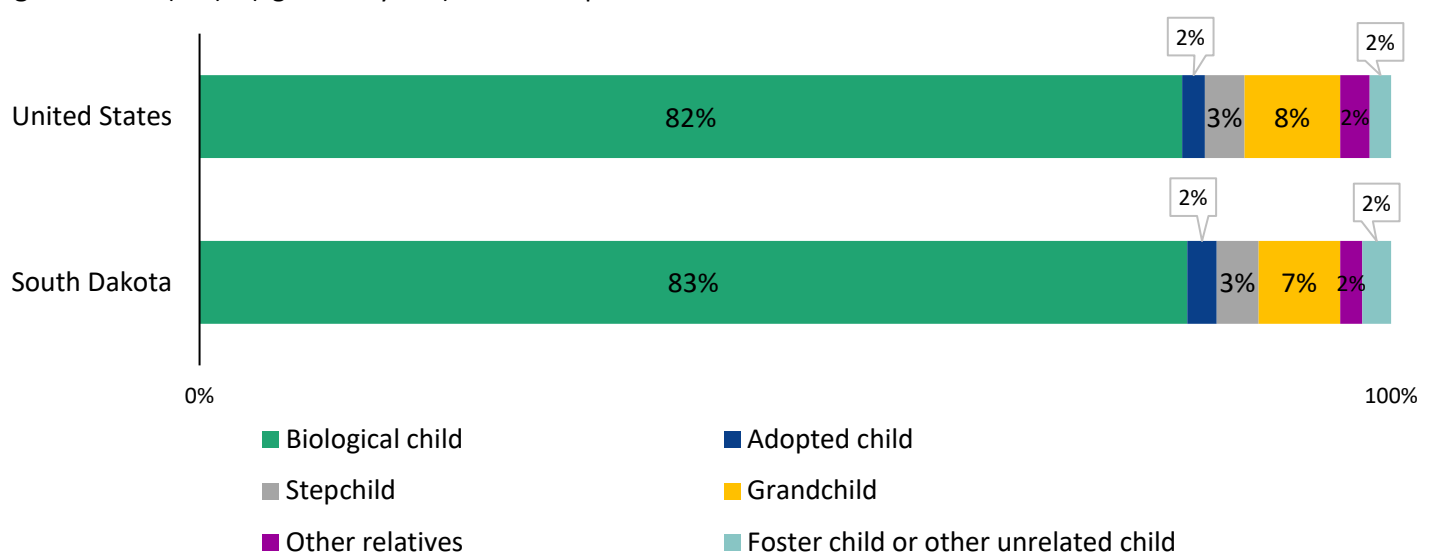
Figure 2. Racial distribution of children (ages 0-18 years) in South Dakota and the U.S.: 2021



Definitions: The U.S. Census Bureau collects race data in accordance with guidelines provided by the U.S. Office of Management and Budget (OMB), and these data are based on self-identification. The racial categories included in the census questionnaire generally reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or sociocultural groups. People may choose to report more than one race to indicate their racial mixture, such as “American Indian” and “White.” People who identify their origin as Hispanic, Latino, or Spanish may be of any race. Totals do not add up to 100% due to the inclusion of “two or more races” and “Hispanic or Latino origin (of any race)”.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0901). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACST5Y2021.S0901

Figure 3. Child(ren)’s (ages 0-18 years) relationship to householder in South Dakota and the U.S.: 2021

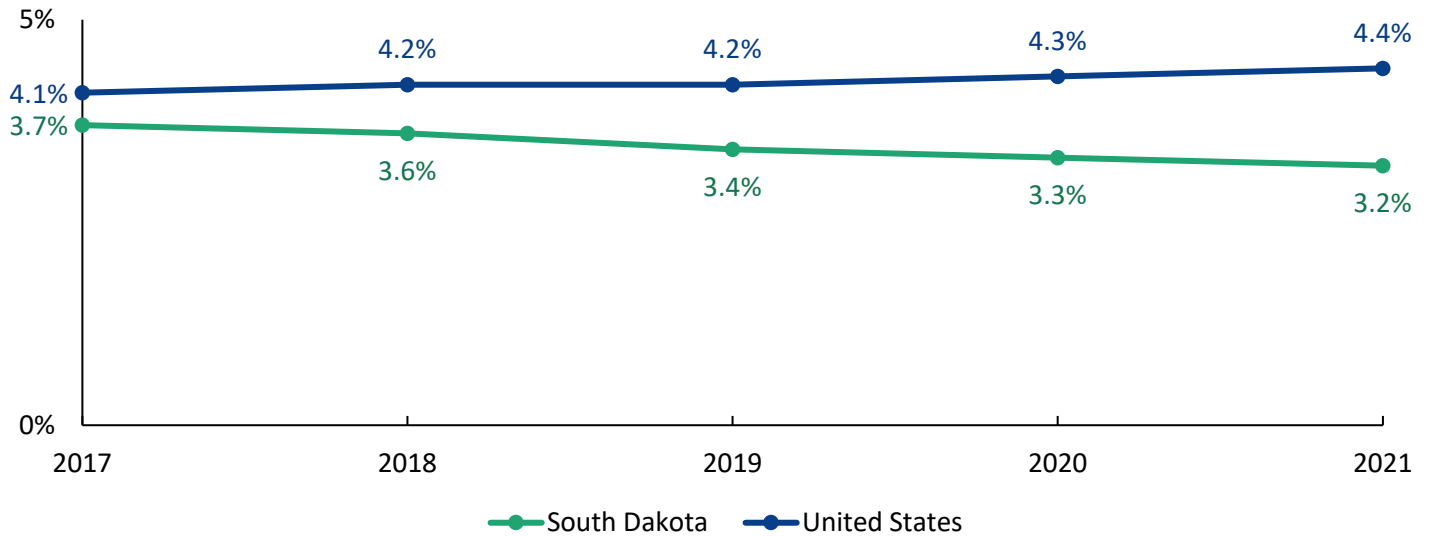


Definitions: The term "children," as used in tables on living arrangements of children under 18, are all persons under 18 years, excluding people who maintain households, families, or subfamilies as a reference person or spouse. The householder refers to the person (or one of the people) in whose name the housing unit is owned or rented (maintained) or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees. If the house is owned or rented jointly by a married couple, the householder may be either the husband or the wife. The

person designated as the householder is the "reference person" to whom the relationship of all other household members, if any, is recorded. The number of householders is equal to the number of households. Also, the number of family householders is equal to the number of families.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table B09018). https://data.census.gov/table?t=Children&g=010XX00US_040XX00US46&tid=ACSDT5Y2021.B09018

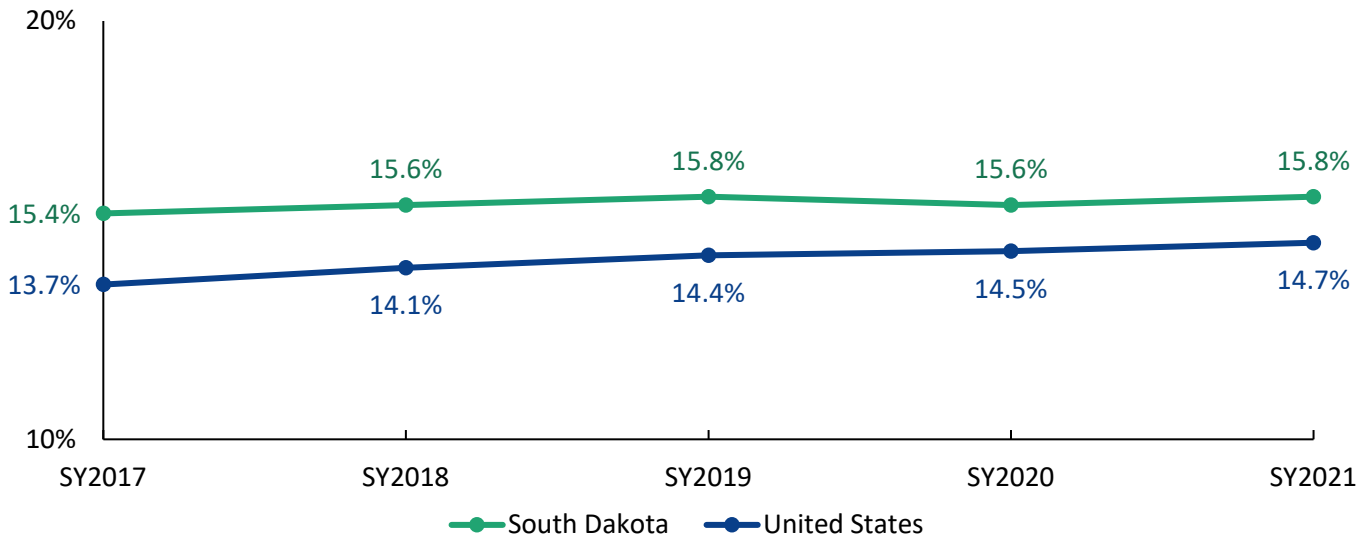
Figure 4. Percent of South Dakota and U.S. children (ages 0-18 years) with any disability: 2017-2021



Definitions: Civilian children under 18 years in households with any disability. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the previous difficulty types, also including independent living difficulty. Data is only available for the following counties in South Dakota: Brookings, Brown, Lincoln, Minnehaha, and Pennington.

Data Source: U.S. Census Bureau. (2021). *2007-2021 American Community Survey 5-year estimates subject tables* (Table S0901). [https://data.census.gov/table?g=010XX00US_040XX00US46,46\\$0500000&tid=ACSST5Y2021.S0901](https://data.census.gov/table?g=010XX00US_040XX00US46,46$0500000&tid=ACSST5Y2021.S0901)

Figure 5. Percent of South Dakota and U.S. students (ages 3-21 years) enrolled in a special education program: SY2017-SY2022



Definitions: The percentage of South Dakota students schools (in early childhood education programs through 12th grade) who are enrolled in a special education program is calculated by dividing the unduplicated count of all children (ages 3 to 18 years) with disabilities receiving special education and related services according to an individualized education program (IEP) at a public school on December 1st of each school year (SY) by the total number of students enrolled in public schools (in early childhood education programs through 12th grade) that SY. Public school enrollment counts reflect the number of students enrolled at a public school district on the last Friday in September of each year.

Data Source: U.S. Department of Education, Office of Special Education Programs. (multiple years, 2018-2022). *Annual report to Congress on the implementation of the Individuals with Disabilities Education Act*. National Center for Education Statistics, Common Core of Data (CCD), *Digest of Education Statistics* (table 204.70) https://nces.ed.gov/programs/digest/d22/tables/dt22_204.70.asp?current=yes

Individual-Level Measures

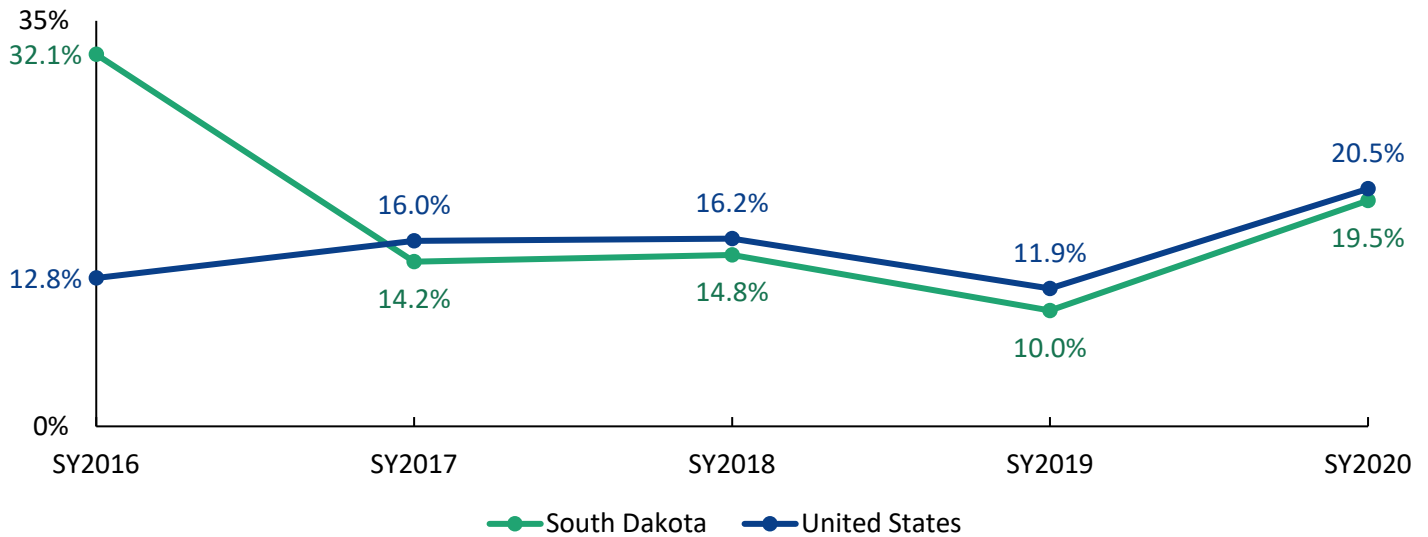
Table 1. Indicators included in this section and comparison values for South Dakota and the United States (years vary by indicator)

	Values (latest avail.)	
	SD	U.S.
Low Educational Attainment		
Figure 6a. Percent of South Dakota and U.S. students (ages 3-18 years) who attended school for more than 10 days and who missed 10% or more of enrolled days within the school year (chronic absenteeism): SY2016-SY2020	19.5%	20.5%
Figure 7a. Percent of South Dakota 7-12th grade students who dropped out and U.S. status dropouts: SY2017-SY2020	3.2%	5.3%
Lack of Non-violent Social Problem-Solving Skills		
Figure 8. Percent of South Dakota and U.S. youth (ages 6-17 years) who bullied others: 2018-2021	23.4%	15.8%
Figure 9. Percent of South Dakota and U.S. children (ages 3-5 years) who “always” or “most of the time” lose control of their temper when things do not go their way: 2017-2021	15.0%	13.5%
Figure 10. Youth (ages 0-19 years) violent crime perpetration rate per 100,000 population (ages 0-19 years) in South Dakota and the U.S.: 2017-2021	177.7	131.4
Skills in Solving Problems Non-violently		
Figure 11a. Percent of South Dakota and U.S. young children (ages 6 months to 5 years) who are flourishing: 2018-2021	81.6%	82.9%
Figure 11b. Percent of South Dakota and U.S. children (ages 6-17 years) who are flourishing: 2018-2021	62.1%	59.2%
Figure 12. Percent of South Dakota and U.S. children (ages 3-5 years) who play well with others: 2017-2021	89.0%	91.5%
Figure 13. Percent of South Dakota and U.S. children (ages 3-17 years) who have NO difficulty making or keeping friends compared to other children their age: 2017-2021	78.0%	76.6%
Behavioral Control/Impulsiveness		
Figure 14. Percent of South Dakota and U.S. children (ages 3-17 years) who currently have a behavioral or conduct problem: 2017-2021	8.6%	8.0%
History of Violent Victimization		
Figure 15a. Percent of child maltreatment victims by maltreatment type (ages 0-18 years) in South Dakota and the U.S.: 2021	varies	varies
Figure 16. Youth (ages 0-19 years) violent crime victimization rate per 100,000 population (ages 0-19 years) in South Dakota and the U.S.: 2017-2021	271.0	198.9
Figure 17. Percent of South Dakota and U.S. children (ages 6-17 years) who were bullied by other children: 2018-2021	48.5%	37.9%
Figure 18. Percent of South Dakota and U.S. high school students who were ever physically forced to have sexual intercourse: 2011-2021	7.1%	8.5%
Figure 19. Percent of South Dakota and U.S. high school students physically hurt on purpose by someone they were dating or going out with: 2013-2021	7.5%	8.5%
Figure 20. Percent of South Dakota and U.S. high school students who were in a physical fight: 2011-2021	18.3%	18.3%
Witnessing Violence		
Figure 21. Percent of South Dakota and U.S. children (ages 0-17 years) who saw or heard parents or adults slap, hit, kick, or punch one another in the home: 2017-2021	3.7%	4.4%
Figure 22. Percent of South Dakota and U.S. children (ages 0-17 years) who are a victim of violence or witnessed violence in their neighborhood: 2017-2021	3.0%	3.0%
Psychological/Mental Health Problems		

Figure 23. Percent of South Dakota and U.S. children (ages 3-17 years) with a mental, emotional, developmental, or behavioral problem: 2018-2021	23.6%	25.5%
Figure 24. Percent of South Dakota and U.S. children (ages 0-17 years) who lived with anyone who was mentally ill, suicidal, or severely depressed: 2017-2021	10.6%	9.0%
Figure 25. Percent of South Dakota and U.S. high school students who seriously considered attempting suicide: 2011-2021	21.5%	22.2%
Figure 26. Percent of South Dakota and U.S. high school students who actually attempted suicide: 2011-2021	11.8%	10.2%
Figure 27. Percent of South Dakota and U.S. high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey: 2011-2021	2.7%	2.9%
Substance Use		
Figure 28. Alcohol use among South Dakota women during pregnancy: 2017-2020	13.3%	—
Figure 29. Maternal drug use during pregnancy in South Dakota: 2017-2020	17.0%	—
Figure 30. Percent of South Dakota and U.S. high school students who have ever used methamphetamines: 2011-2021	1.0%	1.8%
Figure 31. Percent of South Dakota and U.S. high school students who ever used inhalants: 2011-2021	5.6%	8.1%
Figure 32. Percent of South Dakota and U.S. high school students who currently drink alcohol: 2011-2021	24.4%	22.7%
Figure 33. Percent of South Dakota and U.S. high school students who currently use marijuana: 2011-2021	14.6%	15.8%
Figure 34. Percent of South Dakota and U.S. high school students who currently smoke cigarettes: 2011-2021	5.5%	3.8%
Figure 35. Percent of South Dakota and U.S. high school students who used electronic vapor products: 2015-2021	15.8%	18.0%
Figure 36. Age-adjusted rate of drug overdose deaths per 100,000 by state: 2021	9.8	34.3

Low Educational Attainment

Figure 6a. Percent of South Dakota and U.S. students (ages 3-18 years) who attended school for more than 10 days and who missed 10% or more of enrolled days within the school year (chronic absenteeism): SY2016-SY2020



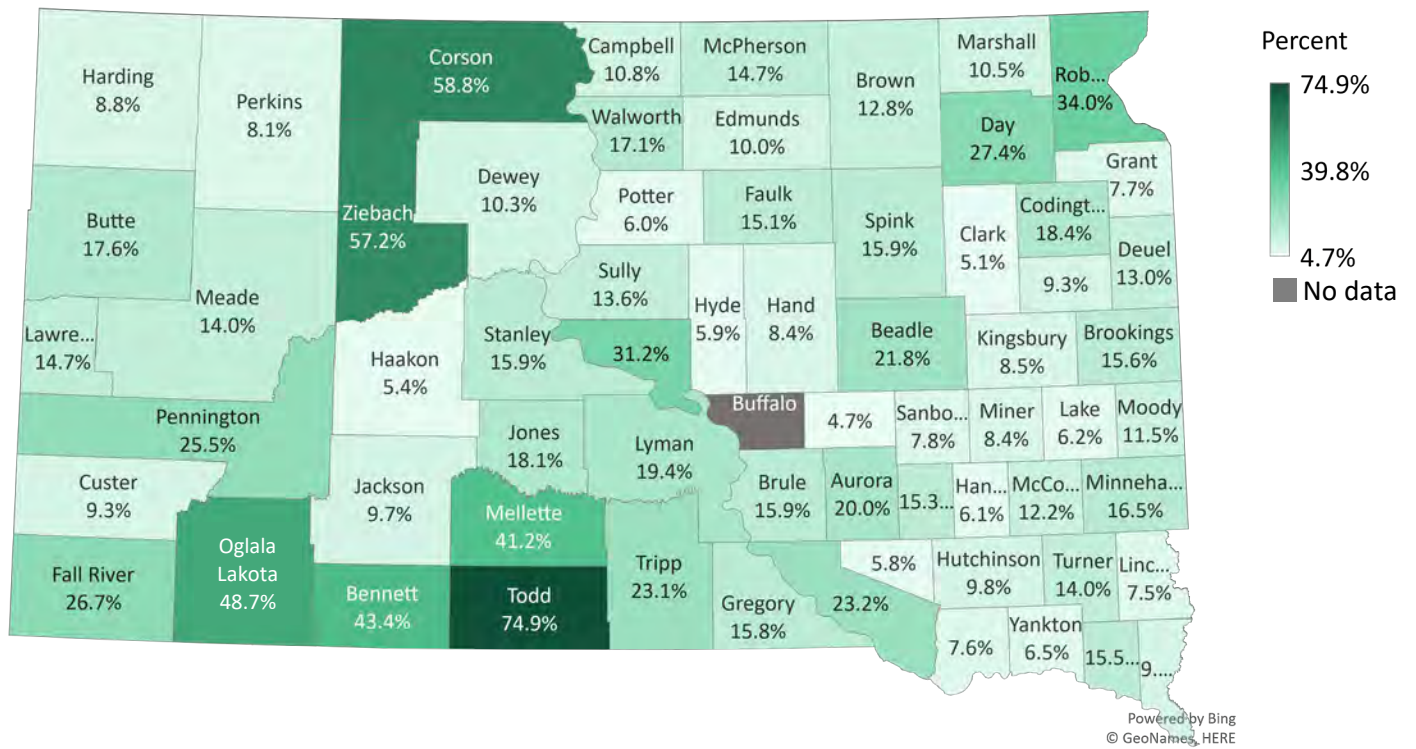
Definitions: Chronic absenteeism is calculated by dividing the number of students (in kindergarten through 12th grade) who attended school more than 10 days and who missed 10% or more of enrolled school days within the SY by the total number of students enrolled in public schools (in early childhood education programs through 12th grade) that SY. Public school enrollment counts reflect the number of students enrolled at a public school district on the last Friday in September of each year. Due to absences associated with COVID (primarily during SY2019 and SY2020), the number of students who are counted as being chronically absent rose significantly. Also note that South Dakota has experienced population growth, resulting in an influx of new students over the past few years.

Department of Education Warning: *"The COVID-19 pandemic disrupted the collection and reporting of data on EDE [ED Data Express], beginning in SY 2019-20 [referred to as SY2019 in Figure 5a above]. The Department urges abundant caution when using the data and recommends reviewing the relevant data notes prior to use or interpretation. This includes data on state assessments, graduation rates and chronic absenteeism."*

Data Sources:

- **South Dakota data:** South Dakota Department of Education (aggregate data provided upon request)
- **U.S. data:** U.S. Department of Education. (multiple years, 2017-2021). *ED Data Express*. (Data group 814). https://eddataexpress.ed.gov/download/data-builder/data-download-tool?f%5B0%5D=all_students%3AAll%20Students%20in%20SEA&f%5B1%5D=data_group_id%3A814&f%5B2%5D=level%3AState%20Education%20Agency&f%5B3%5D=state_name%3ASOUTH%20DAKOTA&f%5B4%5D=state_name%3AUNITED%20STATES

Figure 6b. Percent of students (ages 3-18 years) who attended school for more than 10 days and who missed 10% or more of enrolled days within the school year (chronic absenteeism) by South Dakota county: SY2020

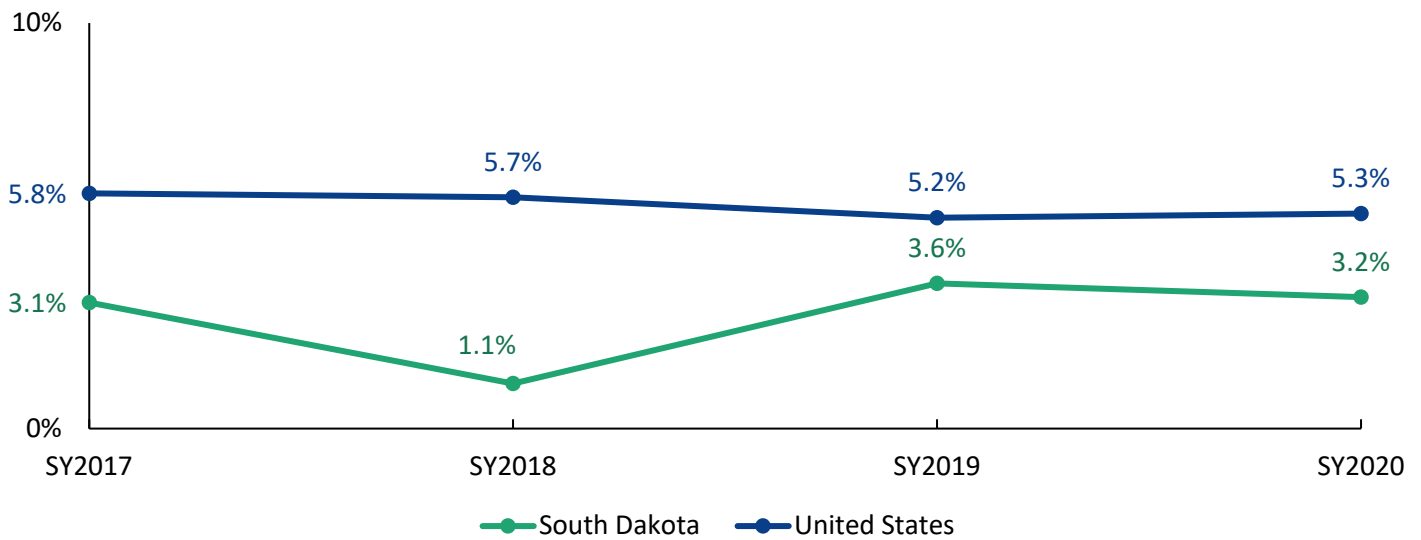


Definitions: Chronic absenteeism is calculated by dividing the number of students (in kindergarten through 12th grade) who attended school more than 10 days and who missed 10% or more of enrolled school days within the SY by the total number of students enrolled in public schools (in early childhood education programs through 12th grade) that SY. Public school enrollment counts reflect the number of students enrolled at a public school district on the last Friday in September of each year. There were no attendance or chronic absenteeism data recorded for SY2019 due to COVID.

Data Sources:

- **South Dakota data:** South Dakota Department of Education (aggregate data provided upon request)
- **School district data:** Great Schools. (n.d.). *South Dakota school districts*. https://www.greatschools.org/schools/districts/South_Dakota/SD/

Figure 7a. Percent of South Dakota 7-12th grade students who dropped out and U.S. status dropouts: SY2017-SY2020

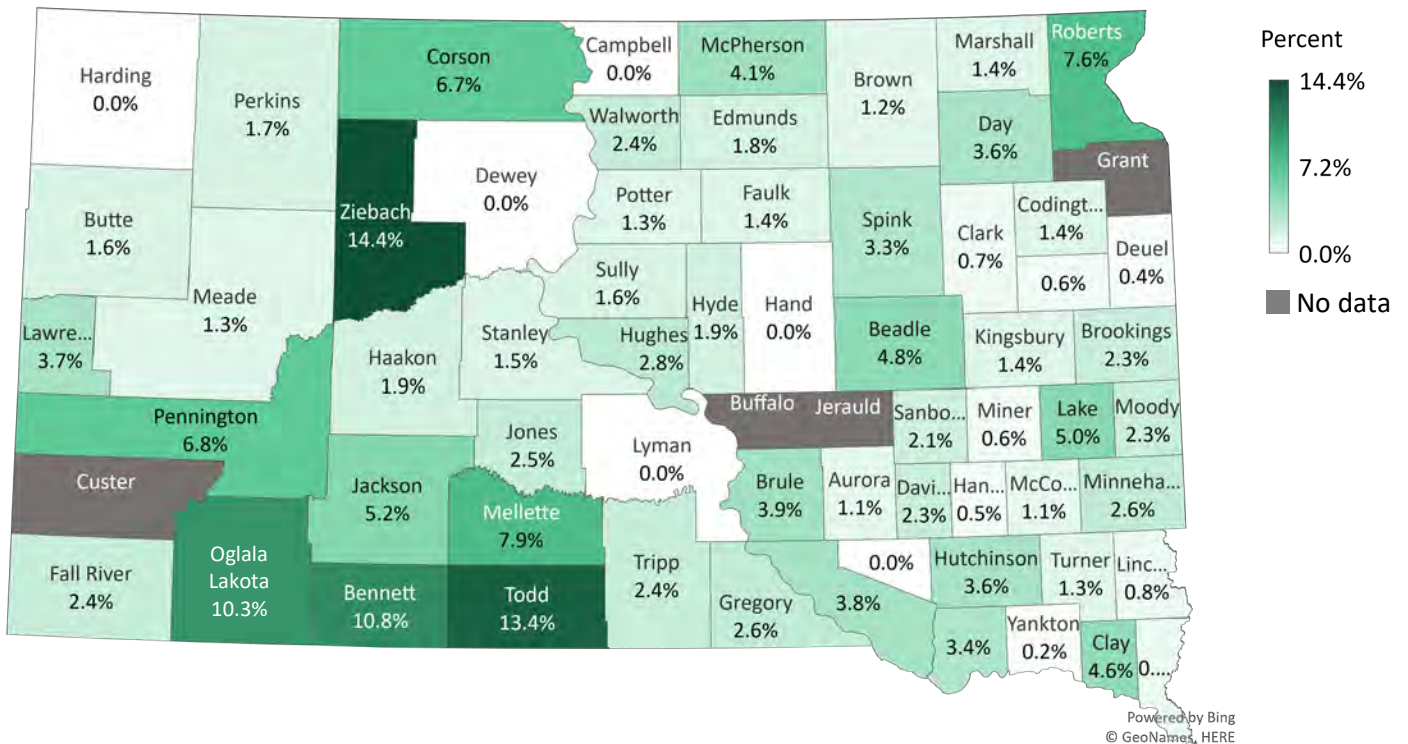


Definitions: Percentage of South Dakota 7-12th grade students who dropped out. United States status dropouts are 16- to 24-year-olds who are not enrolled in school and who have not completed a high school program, regardless of when they left school. People who have received equivalency credentials, such as the GED, are counted as high school completers. No data is readily available for South Dakota in SY2016.

Data Sources:

- **South Dakota data:** South Dakota Department of Education (aggregate data provided upon request)
- **U.S. data:** National Center for Education Statistics. (2022). *Status dropout rates*. Condition of Education. U.S. Department of Education, Institute of Education Sciences. <https://nces.ed.gov/programs/coe/indicator/coj>

Figure 7b. Percent of South Dakota 7-12th grade students who dropped out by South Dakota county: SY2020



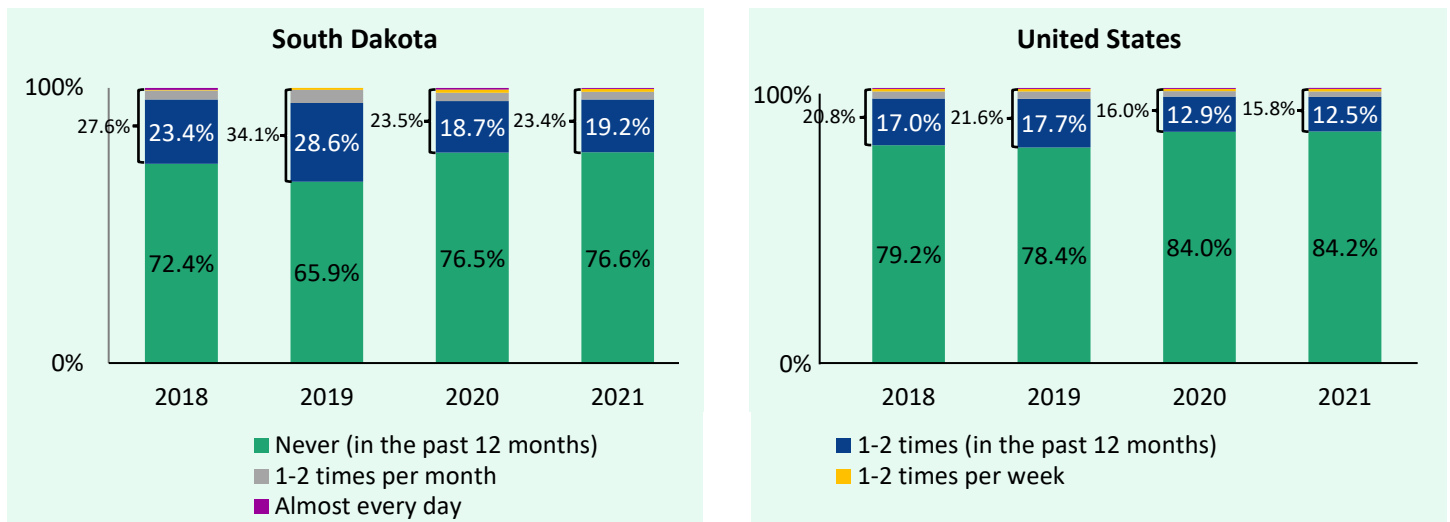
Definitions: Percentage of South Dakota 7-12th grade students who dropped out. No data is available for Buffalo County. Custer County, Jerauld County, and Grant County have suppressed values due to FERPA laws (total student count is less than 10).

Data Sources:

- **Data on dropouts:** South Dakota Department of Education (aggregate data provided upon request)
- **School district data:** Great Schools. (n.d.). *South Dakota school districts*. https://www.greatschools.org/schools/districts/South_Dakota/SD/

Lack of Non-violent Social Problem-Solving Skills

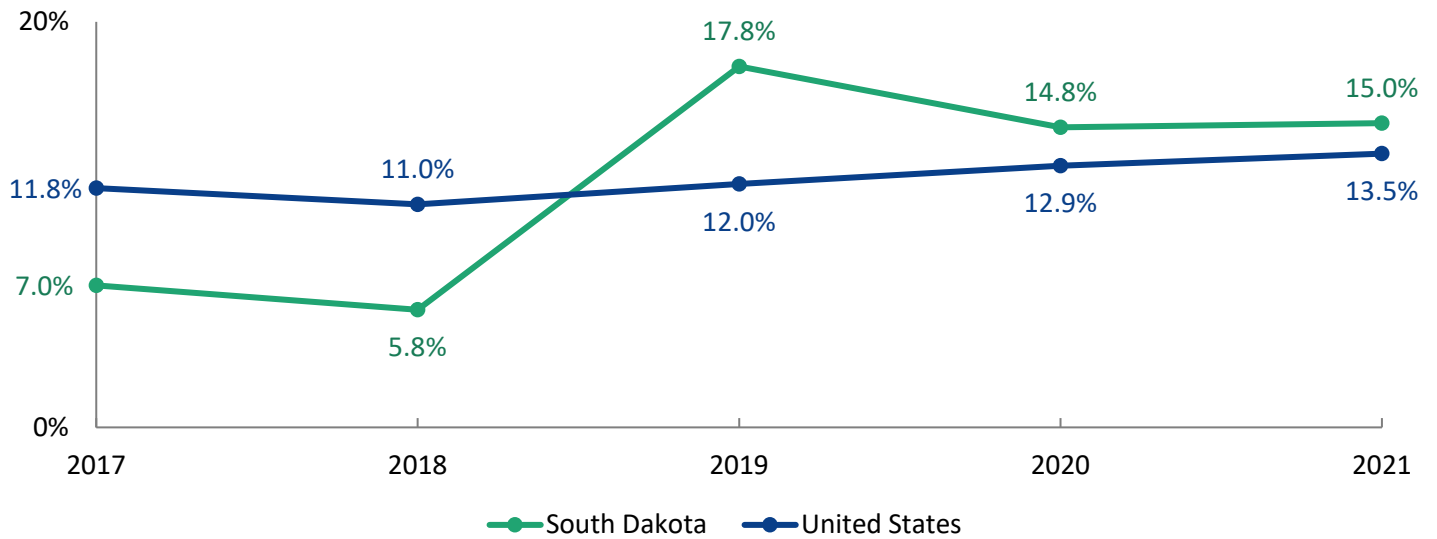
Figure 8. Percent of South Dakota and U.S. youth (ages 6-17 years) who bullied others: 2018-2021



Definitions: This survey question asked parents, "During the past 12 months, how often did this child bully others, pick on them, or exclude them?". This question is asked for children between 6 and 17 years of age. Response options of "never (in the past 12 months)", "1-2 times (in the past 12 months)", "1-2 times per month", "1-2 times per week", and "almost every day" were used to calculate this measure. In 2018, the survey question and timeframe changed to ask about frequency of occurrence during the past 12 months (how often) rather than degree of accuracy of the statement (how true). Due to this change, prior years are not comparable and are excluded from this figure.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

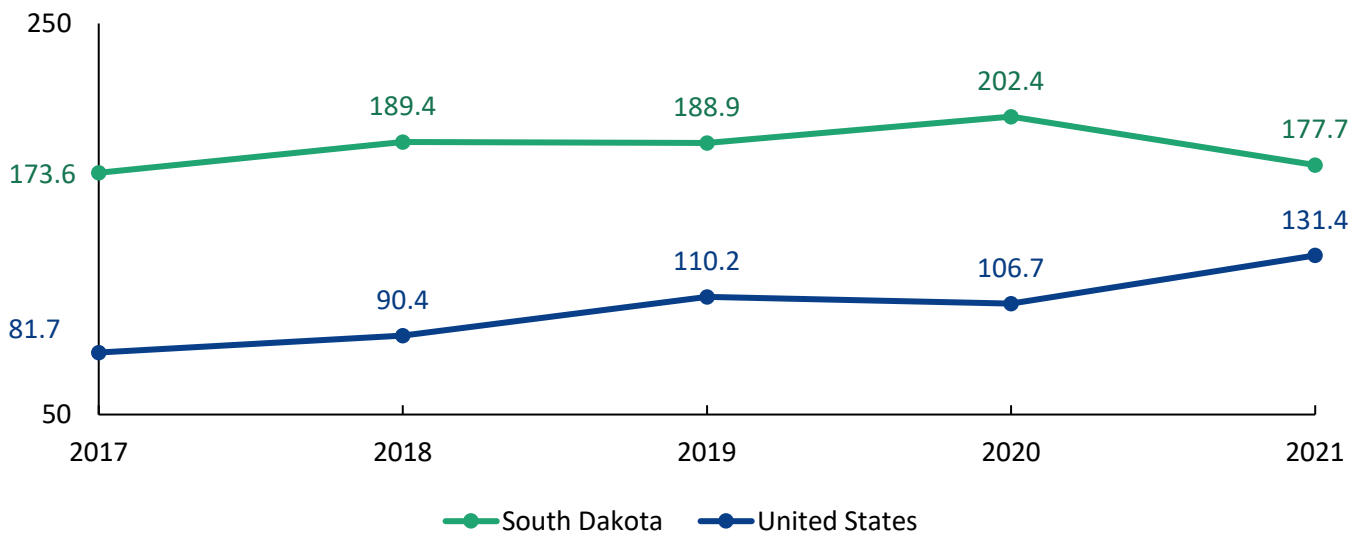
Figure 9. Percent of South Dakota and U.S. children (ages 3-5 years) who “always” or “most of the time” lose control of their temper when things do not go their way: 2017-2021



Definitions: This measure was derived from a single survey question asked only among parents with children ages 3-5 years. Parents were asked, "Does this child lose control of his or her temper when things do not go their way?". Response options include “all of the time”, “most of the time”, “some of the time”, and “none of the time”. The child meets the criteria if a response of “All of the time” or “Most of the time” was indicated. NSCH recommends caution when interpreting results for smaller population groups that are not included in post-stratification adjustment as they may not be state or nationally representative.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 10. Youth (ages 0-19 years) violent crime perpetration rate per 100,000 population (ages 0-19 years) in South Dakota and the U.S.: 2017-2021



Definitions: The youth violent crime perpetration rate was calculated for youth ages 0-19 years. Violent crime includes the offenses of murder and nonnegligent manslaughter, rape (revised definition), robbery, and aggravated assault. This data reflects the hierarchy rule, which requires that only the most serious offense in a case be counted. The descending

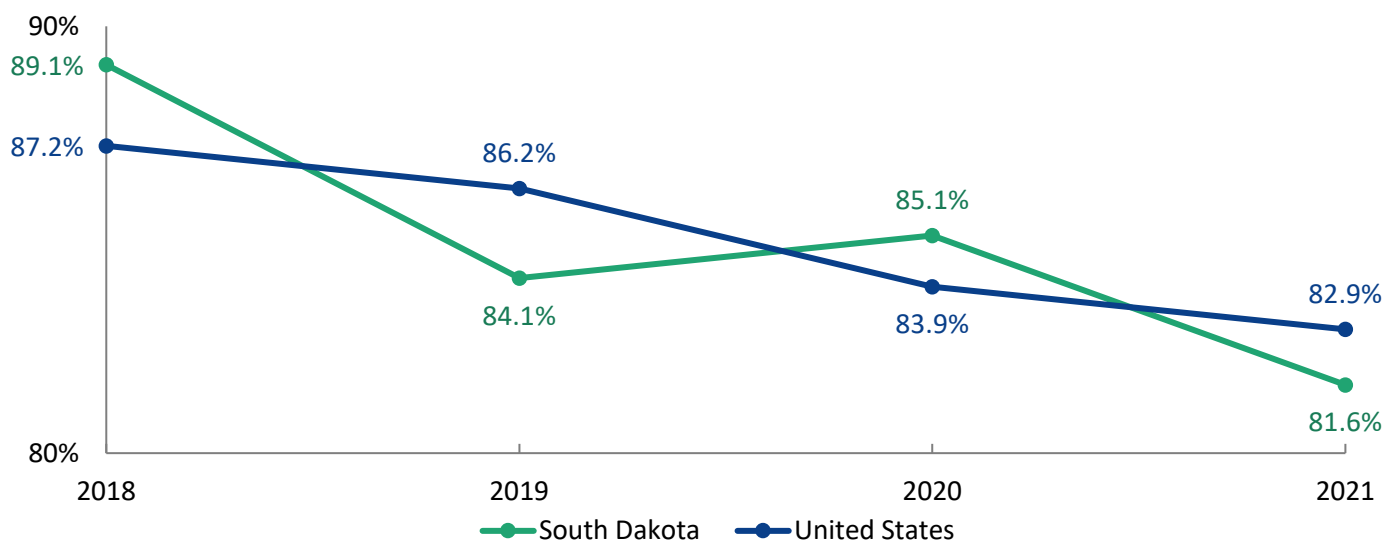
order of violent crimes are homicide, rape, robbery, and aggravated assault, followed by the property crimes of burglary, larceny-theft, and motor vehicle theft. Although arson is also a property crime, the hierarchy rule does not apply to it. In cases in which an arson occurs in conjunction with another violent or property crime, both crimes are reported.

Data Sources:

- **Crime statistics:** Federal Bureau of Investigation. (1985-2021). *Crime Data Explorer* [Data tool]. Clarksburg, WV: FBI Uniform Crime Reporting Program. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>
- **Population estimates:** U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0101). <https://data.census.gov/table?g=040XX00US46&tid=ACST5Y2021.S0101>

Skills in Solving Problems Non-violently

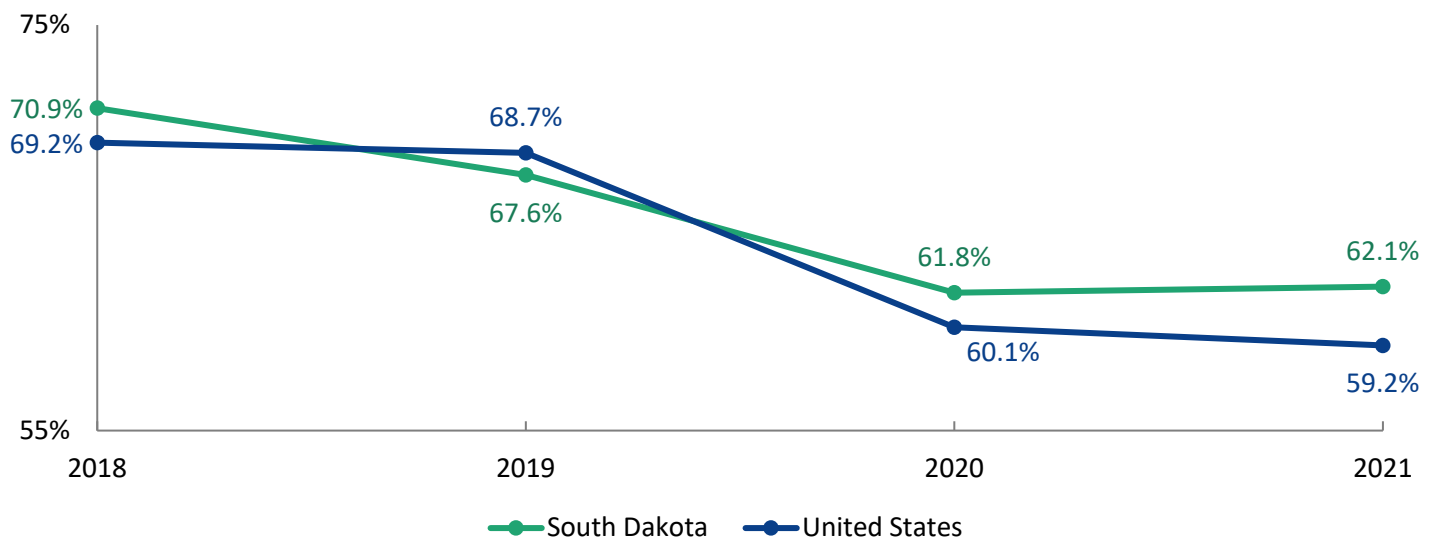
Figure 11a. Percent of South Dakota and U.S. young children (ages 6 months to 5 years) who are flourishing: 2018-2021



Definitions: Parents with children (ages six months to five years) were asked four questions that aimed to capture curiosity and discovery about learning, resilience, attachment with parent, and contentment with life. The survey questions asked, "How often: (1) is this child affectionate and tender, (2) does this child bounce back quickly when things do not go their way, (3) does this child show interest and curiosity in learning new things, and (4) does this child smile and laugh?" The "Always" or "Usually" responses to the question indicate the child meets the flourishing item criteria. Children who meet all four criteria items are considering flourishing. In 2018, the survey questions changed "How true..." to "How often..." with a corresponding change in the response options to: always, usually, sometimes, never. Due to this change, prior years are not comparable and are excluded from this figure.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

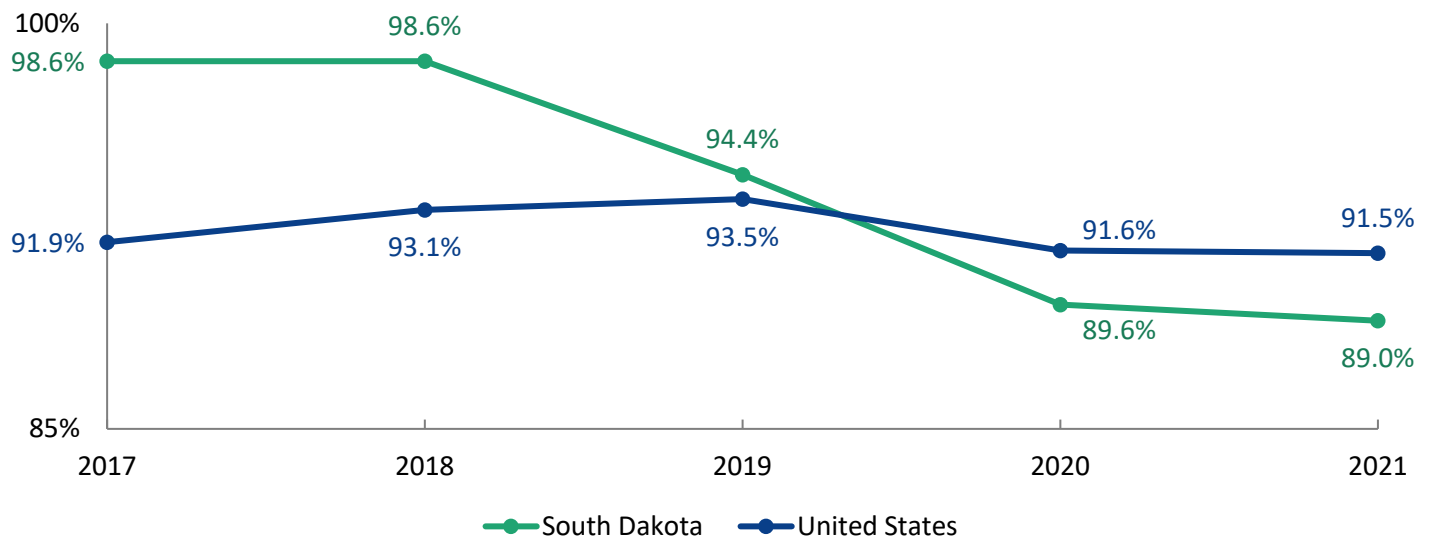
Figure 11b. Percent of South Dakota and U.S. children (ages 6-17 years) who are flourishing: 2018-2021



Definitions: Parents with children (ages 6-17 years) were asked three questions that aimed to capture curiosity and discovery about learning, resilience, and self-regulation. The survey question asked, "How often does this child: (1) show interest and curiosity in learning new things, (2) work to finish tasks they start, and (3) stay calm and in control when faced with a challenge?" The "always" or "usually" responses to the question indicate the child meets the flourishing indicator criteria. Children who meet all three criteria items are considering flourishing. In 2018, the survey question changed "How true..." to "How often..." with a corresponding change in the response options to: always, usually, sometimes, never. Due to this change, prior years are not comparable and are excluded from this figure.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

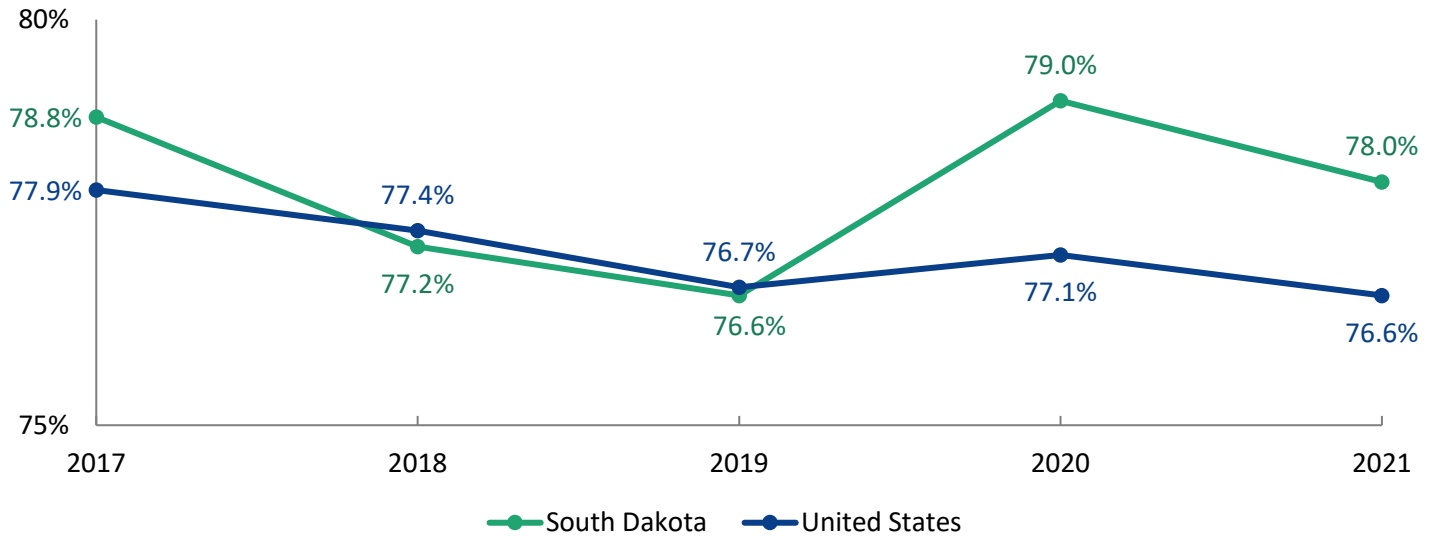
Figure 12. Percent of South Dakota and U.S. children (ages 3-5 years) who play well with others: 2017-2021



Definitions: This measure was derived from a single survey question asked only among parents with children ages 3-5 years. Parents were asked, "How often does this child play well with others?" The "always" or "most of the time" responses to the question indicate the child meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 13. Percent of South Dakota and U.S. children (ages 3-17 years) who have NO difficulty making or keeping friends compared to other children their age: 2017-2021

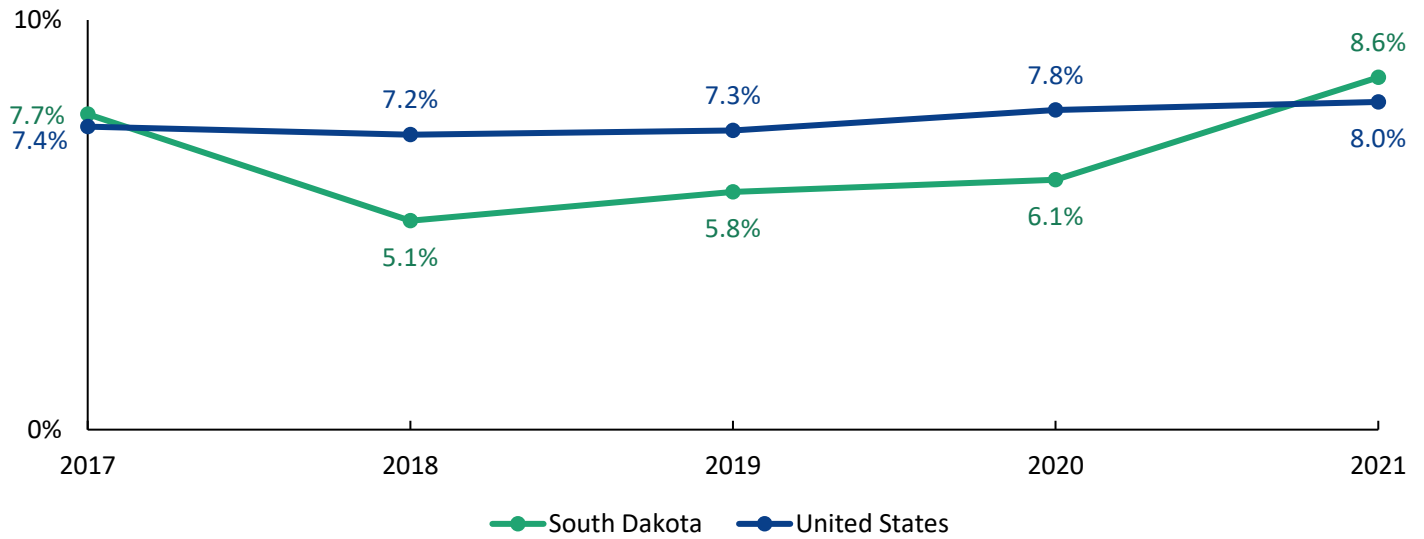


Definitions: Parents with children ages 3-17 years were asked, “Compared to other children their age, how much difficulty does this child have making or keeping friends?” A response of “No difficulty” indicates the child meets the criteria for this indicator.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Behavioral Control/Impulsiveness

Figure 14. Percent of South Dakota and U.S. children (ages 3-17 years) who currently have a behavioral or conduct problem: 2017-2021

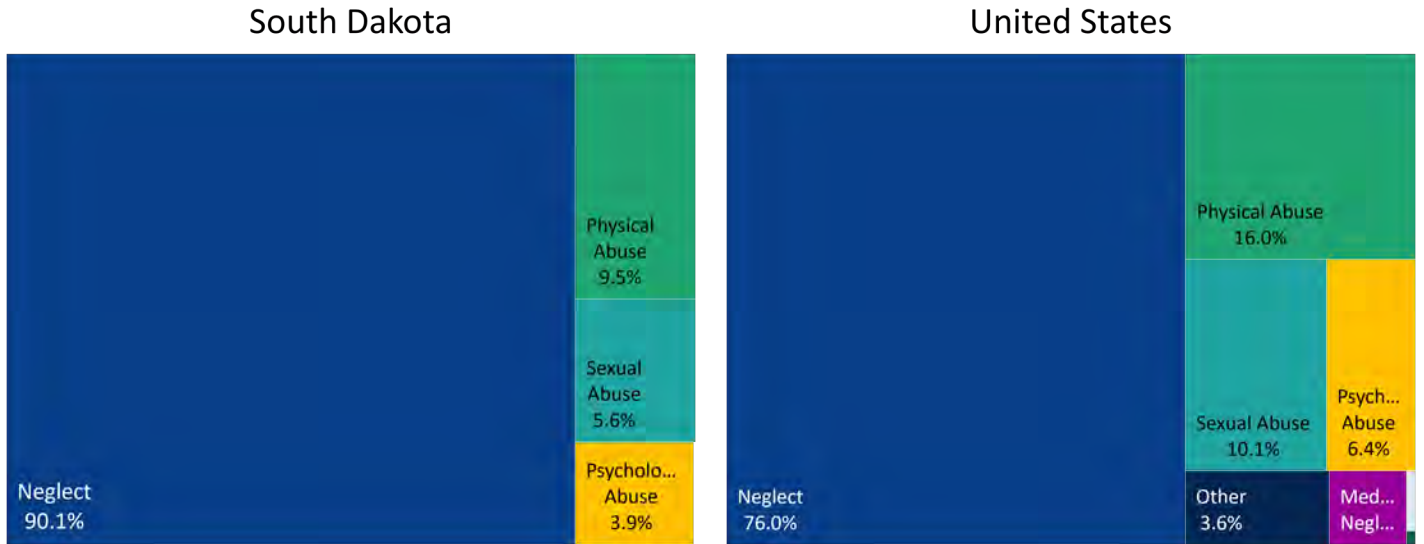


Definitions: Parents with children ages 3-17 years were asked, “Has a doctor, other health care provider, or educator EVER told you that this child has behavioral or conduct problems?”. If a response of “yes” was indicated, participants were then asked if the child currently has the condition. If “yes” was the response to this question, the child meets the criteria for this indicator.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

History of Violent Victimization

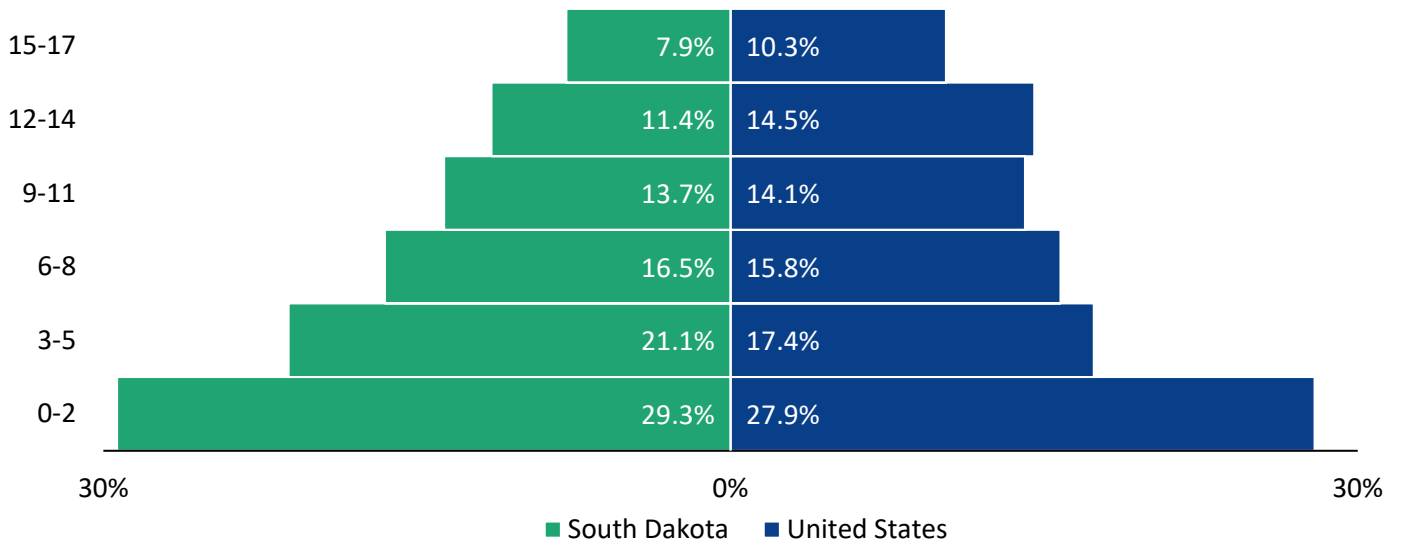
Figure 15a. Percent of child maltreatment victims by maltreatment type (ages 0-18 years) in South Dakota and the U.S.: 2021



Definitions: NCANDS collects all maltreatment type allegations; however, only those maltreatments with a disposition of substantiated or indicated are included in the annual Child Maltreatment report. A child may be determined to be a victim multiple times within the same year and up to four different maltreatment types in each victim report. In this analysis, a victim who has more than one type of maltreatment is counted once per type. The “other” maltreatment type includes threatened abuse or neglect, drug/alcohol addiction, and lack of supervision.

Data Source: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2021). Child Maltreatment 2021. Washington, D.C.: U.S. Government Printing Office. https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=program_topic%3A938&f%5B1%5D=type%3Areport

Figure 15b. Child maltreatment victims by age (ages 0-18 years) in South Dakota and the U.S.: 2021

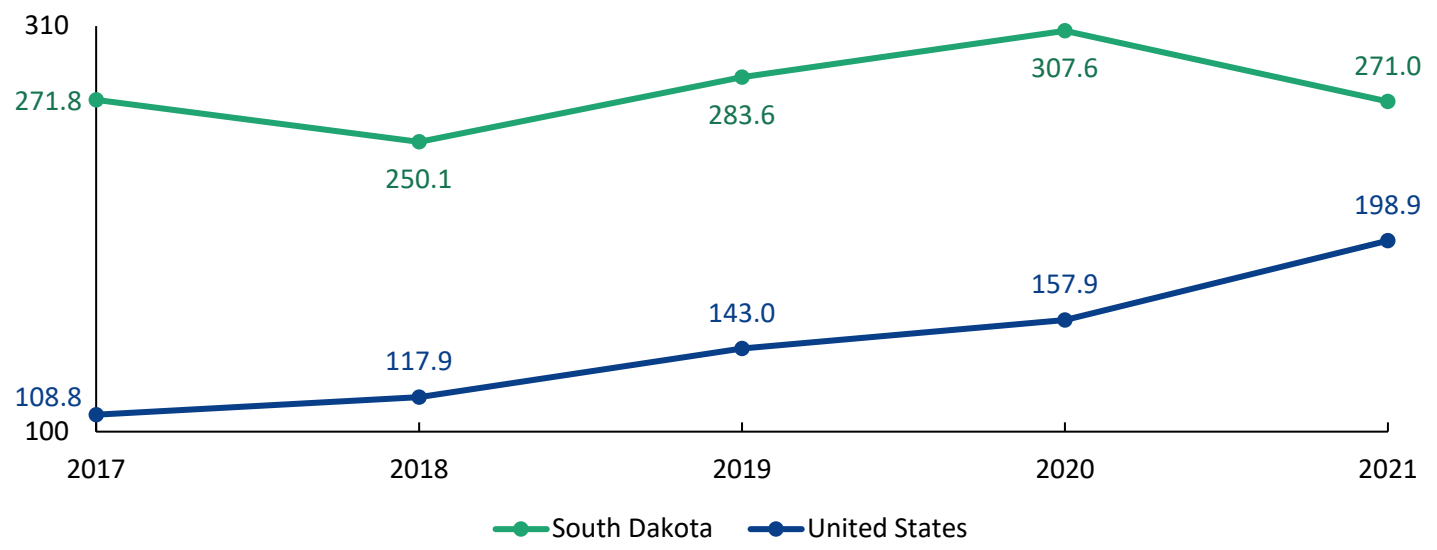


Definitions: Each state has its own definitions of child abuse and neglect that are based on standards set by federal law (see South Dakota Codified Laws, specifically Chapter [26-8A](#) and [26-7A](#), for legal definitions of child abuse and neglect). Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and

neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation []; or an act or failure to act, which presents an imminent risk of serious harm.”

Data Source: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2021). Child Maltreatment 2021. Washington, D.C.: U.S. Government Printing Office. https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=program_topic%3A938&f%5B1%5D=type%3Areport

Figure 16. Youth violent crime victimization rate per 100,000 population (ages 0-19 years) in South Dakota and the U.S.: 2017-2021

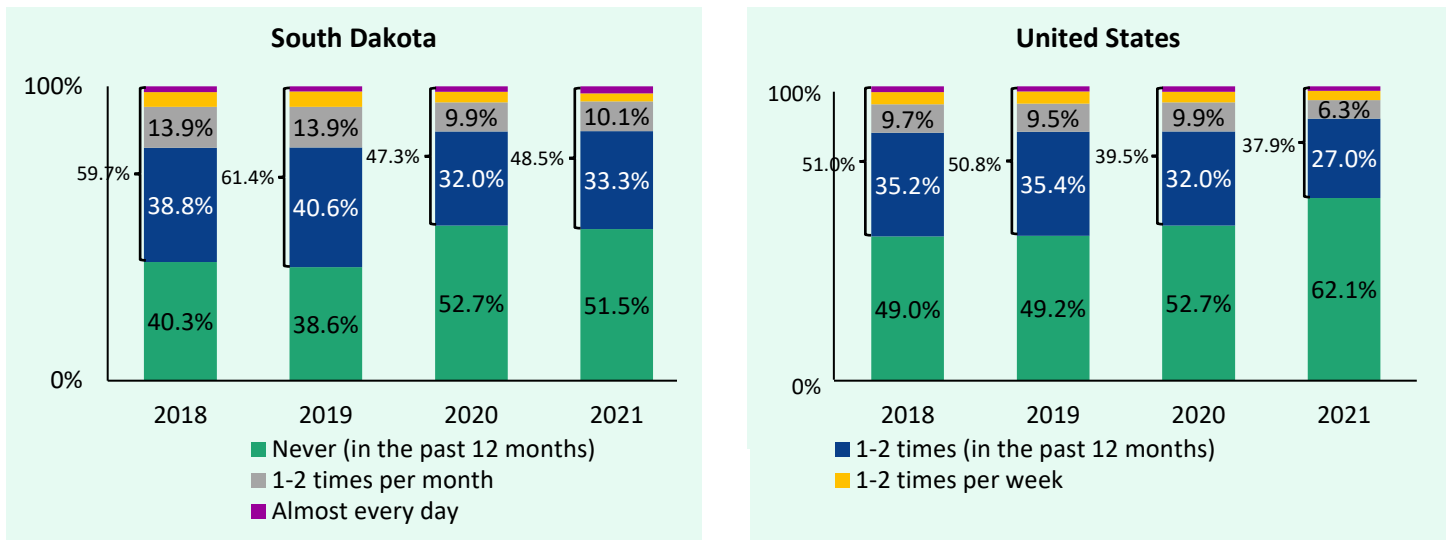


Definitions: The youth violent crime victimization rate was calculated for youth ages 0-19 years. Violent crime includes the offenses of murder and nonnegligent manslaughter, rape (revised definition), robbery, and aggravated assault. This data reflects the hierarchy rule, which requires that only the most serious offense in a case be counted. The descending order of violent crimes are homicide, rape, robbery, and aggravated assault, followed by the property crimes of burglary, larceny-theft, and motor vehicle theft. Although arson is also a property crime, the hierarchy rule does not apply to it. In cases in which an arson occurs in conjunction with another violent or property crime, both crimes are reported.

Data Sources:

- **Crime statistics:** Federal Bureau of Investigation. (1985-2021). *Crime Data Explorer* [Data tool]. Clarksburg, WV: FBI Uniform Crime Reporting Program. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>
- **Population estimates:** U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0101). <https://data.census.gov/table?g=040XX00US46&tid=ACSST5Y2021.S0101>

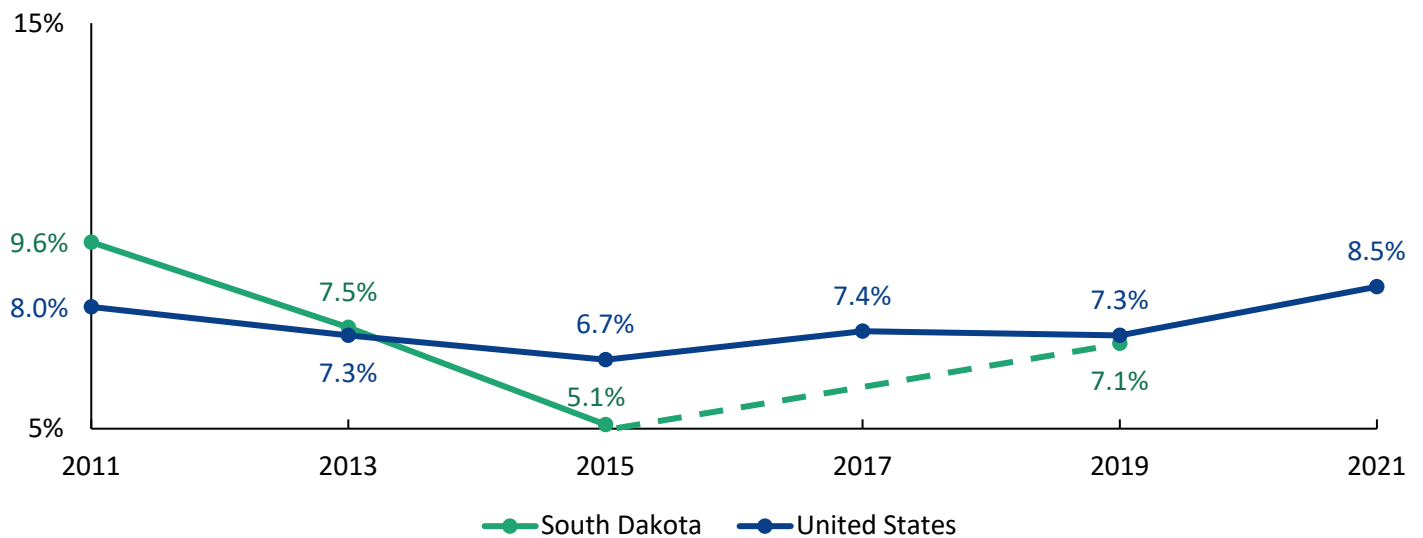
Figure 17. Percent of South Dakota and U.S. children (ages 6-17 years) who were bullied by other children: 2018-2021



Definitions: Parents with children ages 6-17 years were asked, "During the past 12 months, how often was this child bullied, picked on, or excluded by other children?". This question is asked for children between 6 and 17 years of age. Responses of "Never (in the past 12 months)", "1-2 times (in the past 12 months)", "1-2 times per month", "1-2 times per week", and "Almost every day" were used to calculate this measure. In 2018, the survey question and timeframe changed to ask about frequency of occurrence during the past 12 months (how often) rather than degree of accuracy of the statement (how true). Because of this change, data from earlier years is not comparable.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 18. Percent of South Dakota and U.S. high school students who were ever physically forced to have sexual intercourse: 2011-2021

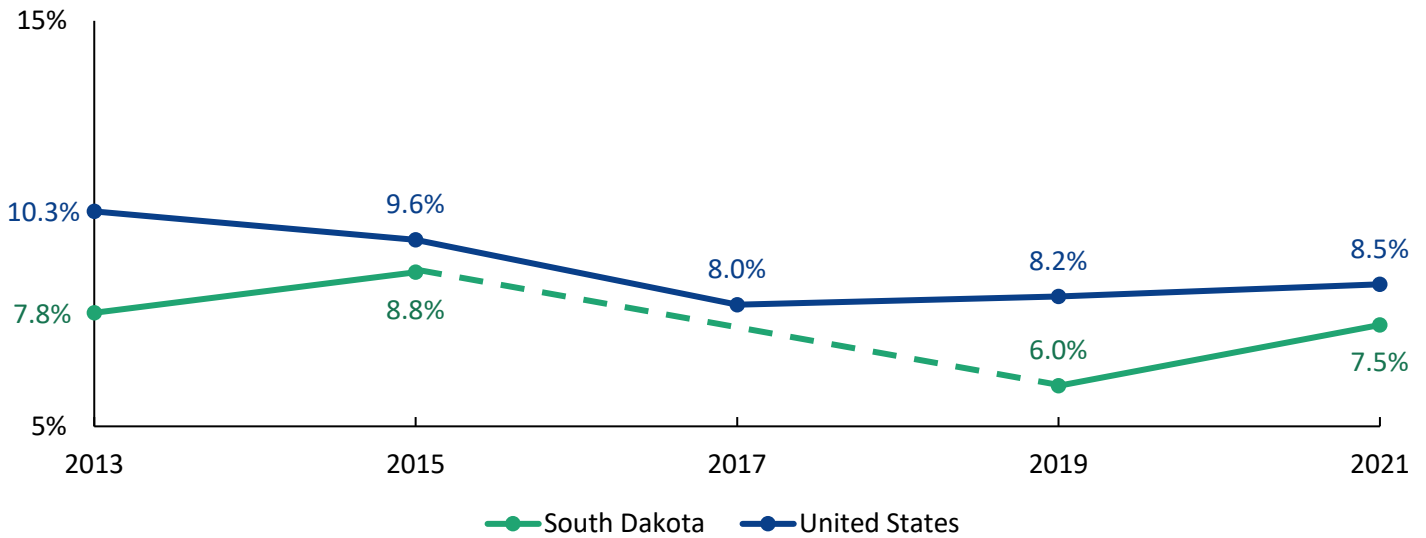


Definitions: Prevalence of forced sexual intercourse over time is measured as the percent of high school students who were ever physically forced to have sexual intercourse when they did not want to. This question was not included in the 2021 South Dakota survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 19. Percent of South Dakota and U.S. high school students who experienced dating violence in the year: 2013-2021

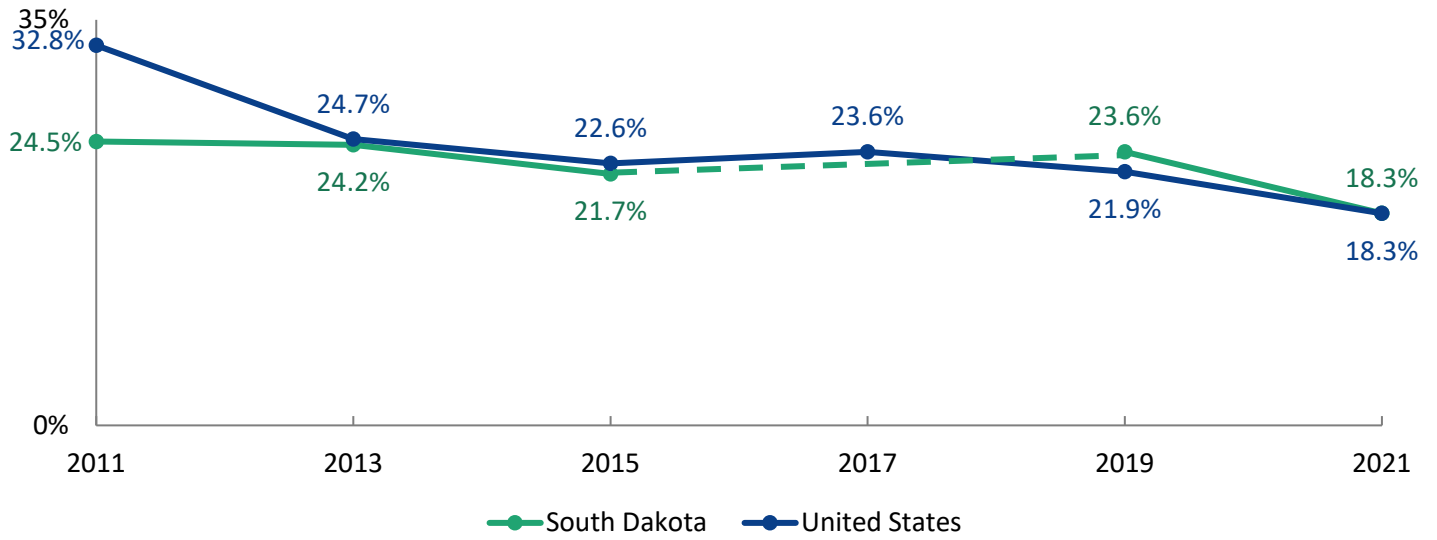


Definitions: Physical dating violence is measured as the percent of high school students who were physically hurt on purpose by someone they were dating or going out with (counting such things as being hit, slammed into something, or injured with an object or weapon) one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey. This question was not included in the 2011 survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2013-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2013-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 20. Percent of South Dakota and U.S. high school students who were in a physical fight during the past 12 months: 2011-2021



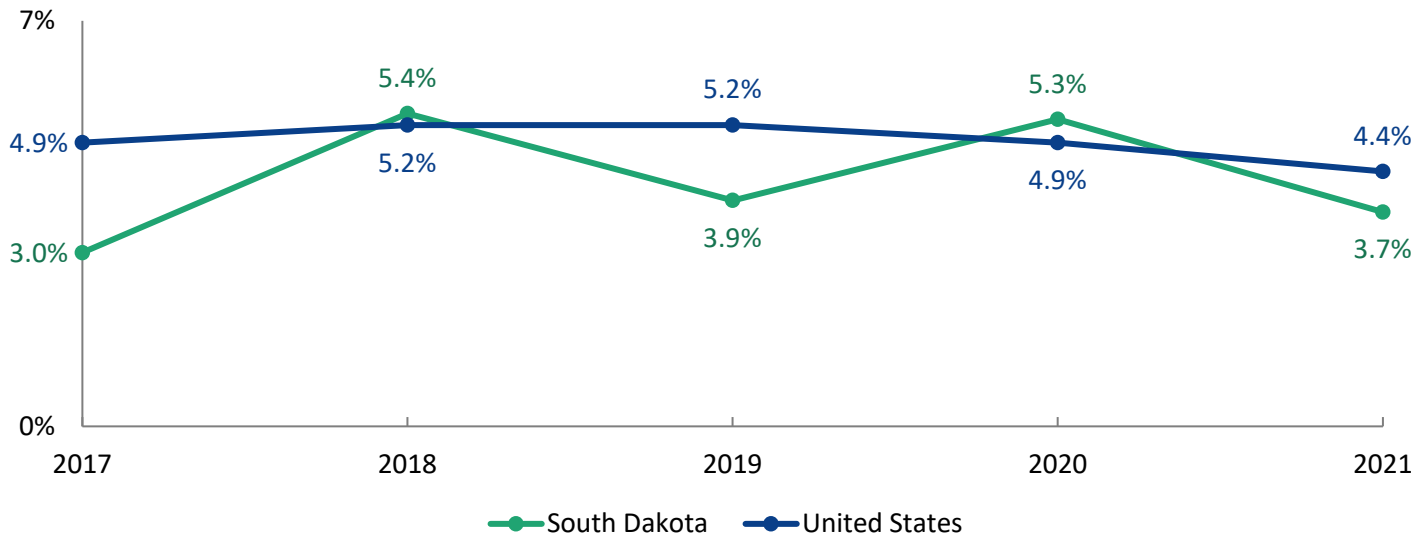
Definitions: Physical fighting is measured as the percent of high school students who were in a physical fight one or more times during the past 12 months before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Witnessing Violence

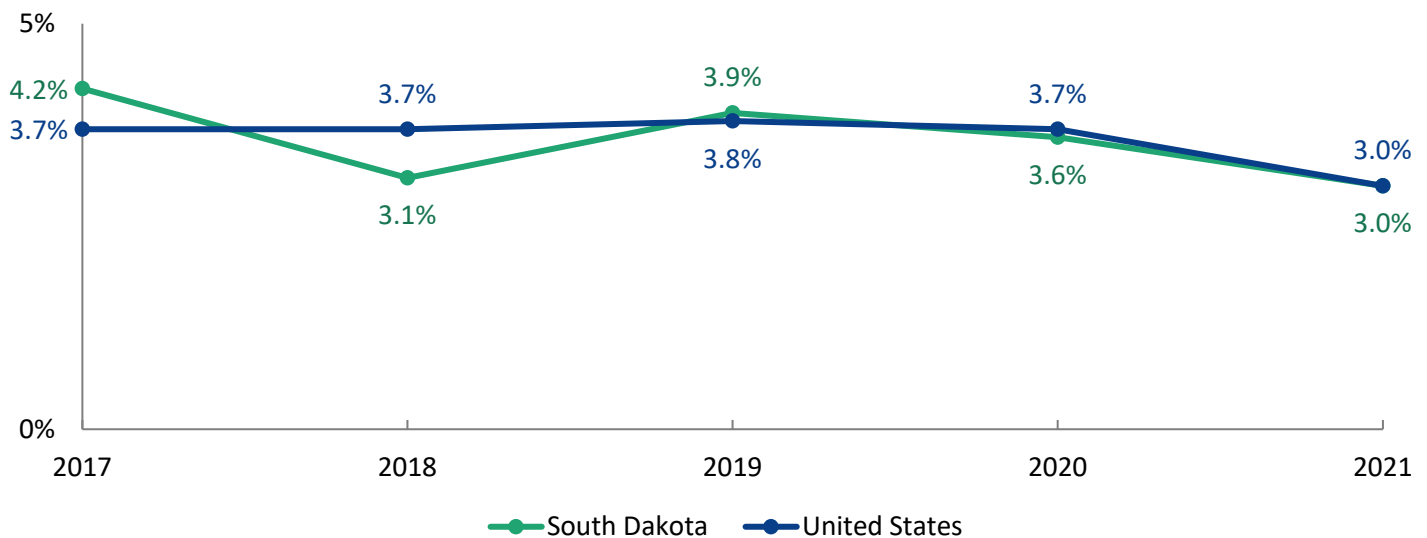
Figure 21. Percent of South Dakota and U.S. children (ages 0-17 years) who saw or heard parents or adults slap, hit, kick, or punch one another in the home: 2017-2021



Definitions: Parents with children ages 0-17 years were asked, “To the best of your knowledge, has this child EVER experienced any of the following?” One response option was, “Saw or heard parents or adults slap, hit, kick, or punch one another in the home.” A response of “yes” indicates the child meets the criteria of this indicator.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 22. Percent of South Dakota and U.S. children (ages 0-17 years) who were a victim or witnessed violence in their neighborhood: 2017-2021

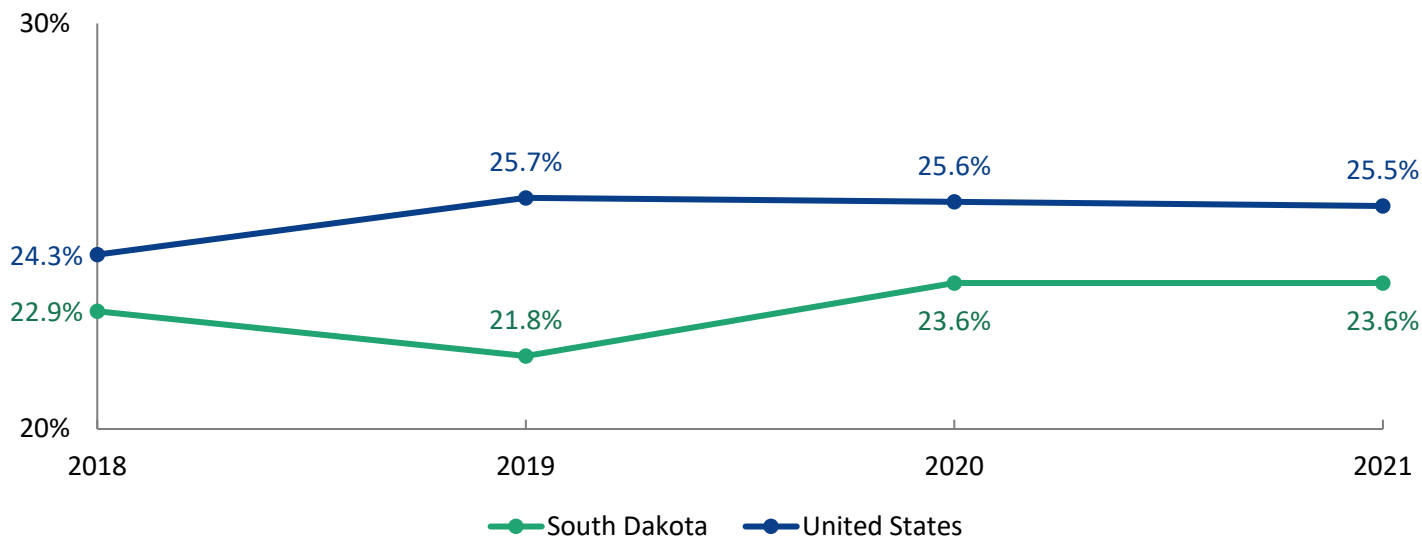


Definitions: Parents with children ages 0-17 years were asked, “To the best of your knowledge, has this child EVER experienced any of the following? One response option was, “Was a victim of violence or witnessed violence in their neighborhood.” A response of “yes” indicates the child meets the criteria for this indicator.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Psychological/Mental Health Problems

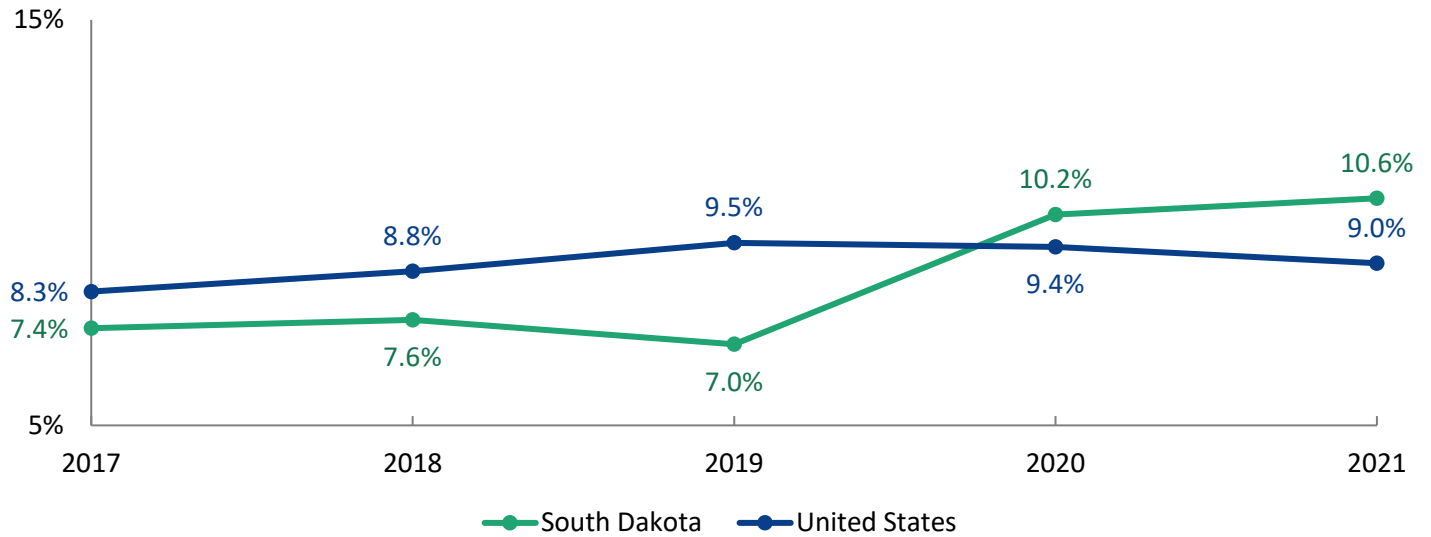
Figure 23. Percent of South Dakota and U.S. children (ages 3-17 years) with a mental, emotional, developmental, or behavioral problem: 2018-2021



Definitions: This measure was derived based on 10 conditions (Tourette Syndrome (3-17 years), anxiety problems (3-17 years), depression (3-17 years), behavioral and conduct problem (3-17 years), developmental delay (3-17 years), intellectual disability (3-17 years), speech or other language disorder (3-17 years), learning disability (also known as mental retardation) (3-17 years), Autism or Autism Spectrum Disorder (ASD) (3-17 years), Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder (ADD or ADHD) (3-17 years) and the children with special healthcare needs (CSHCN) screener questions on mental, emotional, and behavioral problems. To qualify as having a mental, emotional, developmental, or behavioral problem, the child must have any of these 10 conditions currently and/or qualify on the CSHCN screener for ongoing emotional, developmental, or behavioral conditions criteria. This measure was new in the 2018 NSCH. Therefore, prior data is not available.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

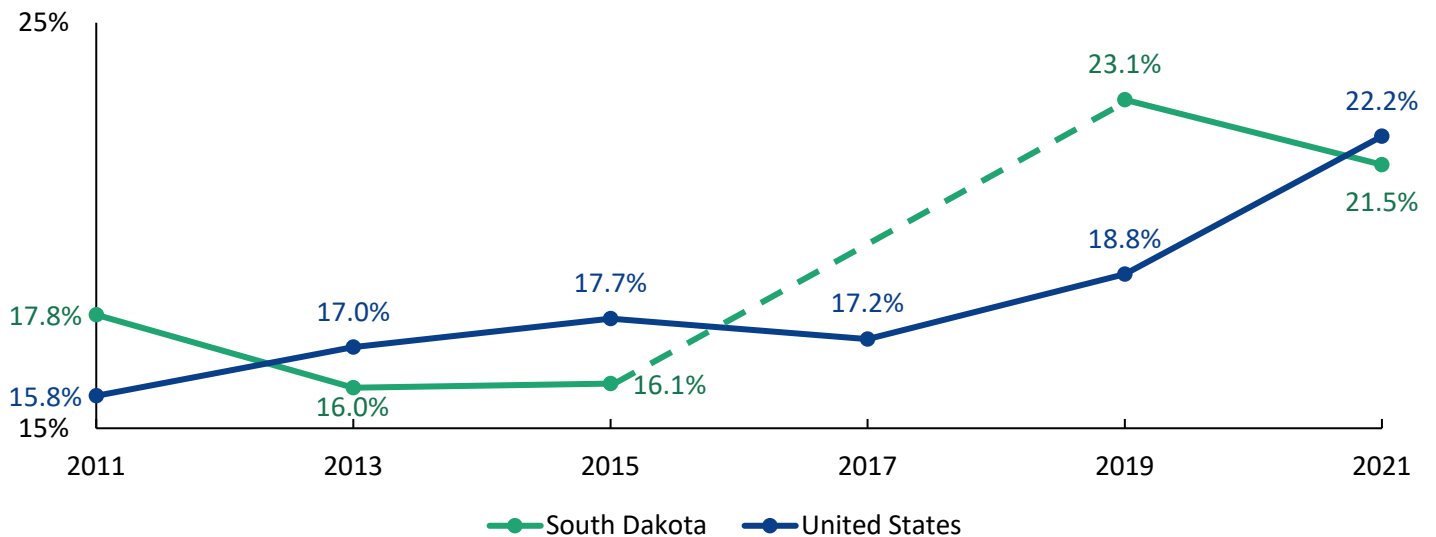
Figure 24. Percent of South Dakota and U.S. children (ages 0-17 years) who lived with anyone who was mentally ill, suicidal, or severely depressed: 2017-2021



Definitions: Parents with children ages 0-17 years were asked, “To the best of your knowledge, has this child EVER experienced any of the following?” One response option was, “lived with anyone who was mentally ill, suicidal, or severely depressed.” A response of “yes” indicates the child meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 25. Percent of South Dakota and U.S. high school students who seriously considered attempting suicide: 2011-2021



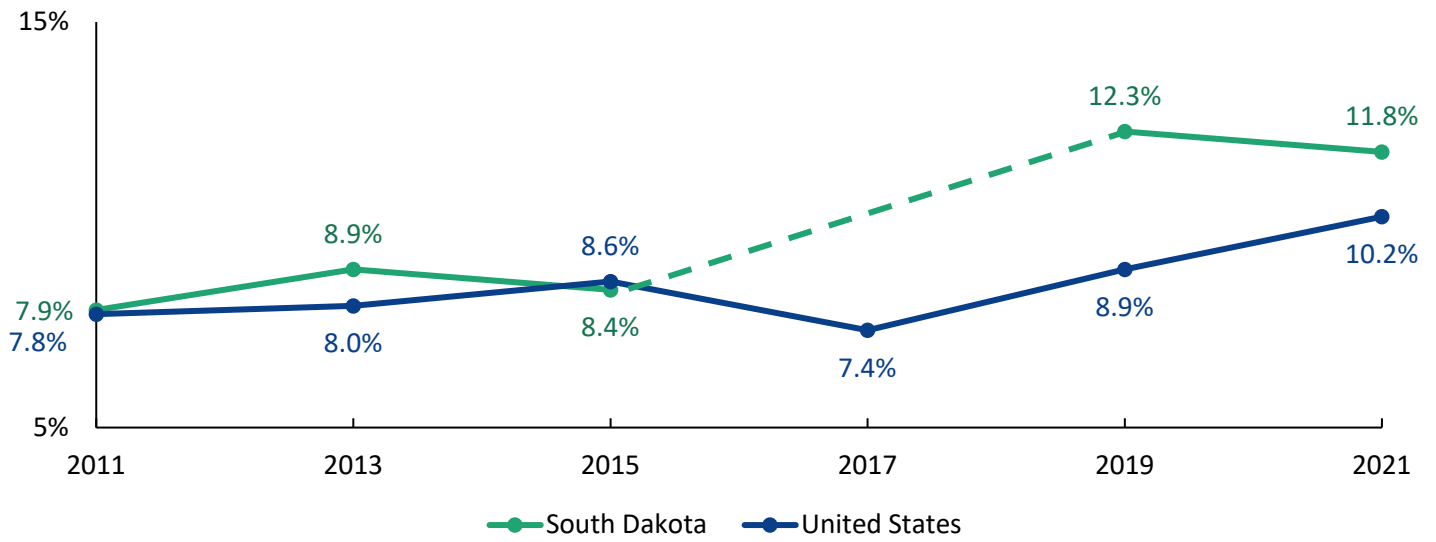
Definitions: Prevalence of considering suicide over time; the percent of high school students who seriously considered attempting suicide in the past 12 months before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf

- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 26. Percent of South Dakota and U.S. high school students who attempted suicide: 2011-2021

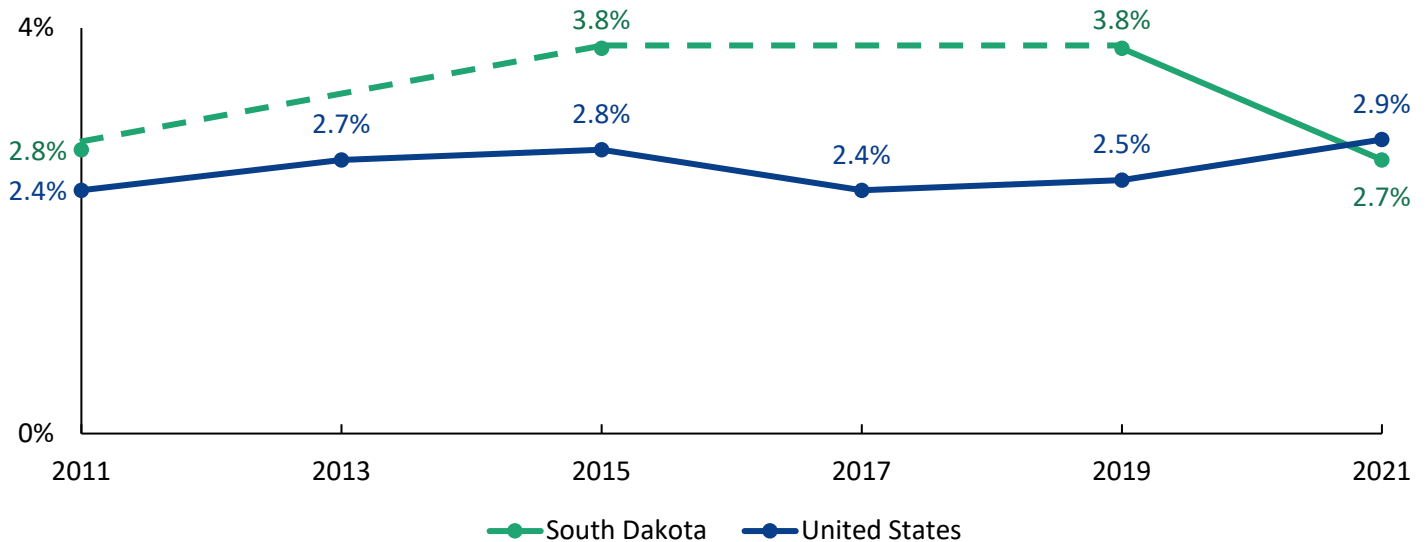


Definitions: Prevalence of attempting suicide over time; the percent of high school students who attempted suicide during the 12 months before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 27. Percent of South Dakota and U.S. high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the 12 months before the survey: 2011-2021



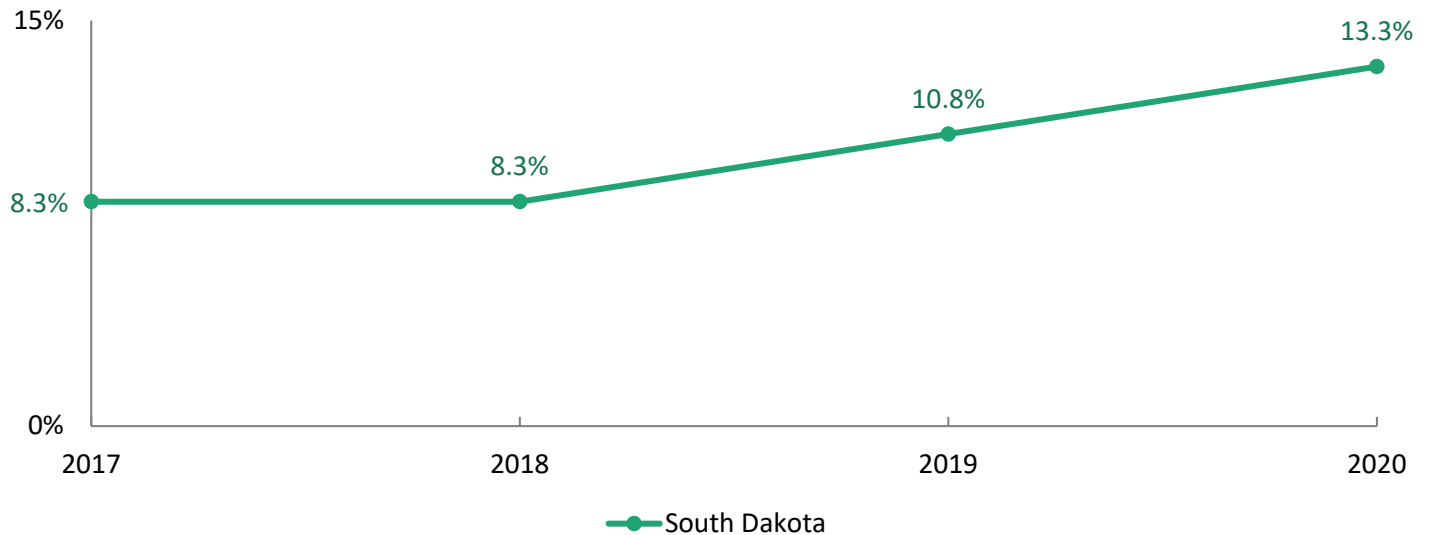
Definitions: Prevalence of injurious suicide attempts over time; the percent of high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse in the past 12 months before the survey. In 2013, this question was not included in the South Dakota survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Substance Use

Figure 28. Alcohol use among South Dakota women during pregnancy: 2017-2020

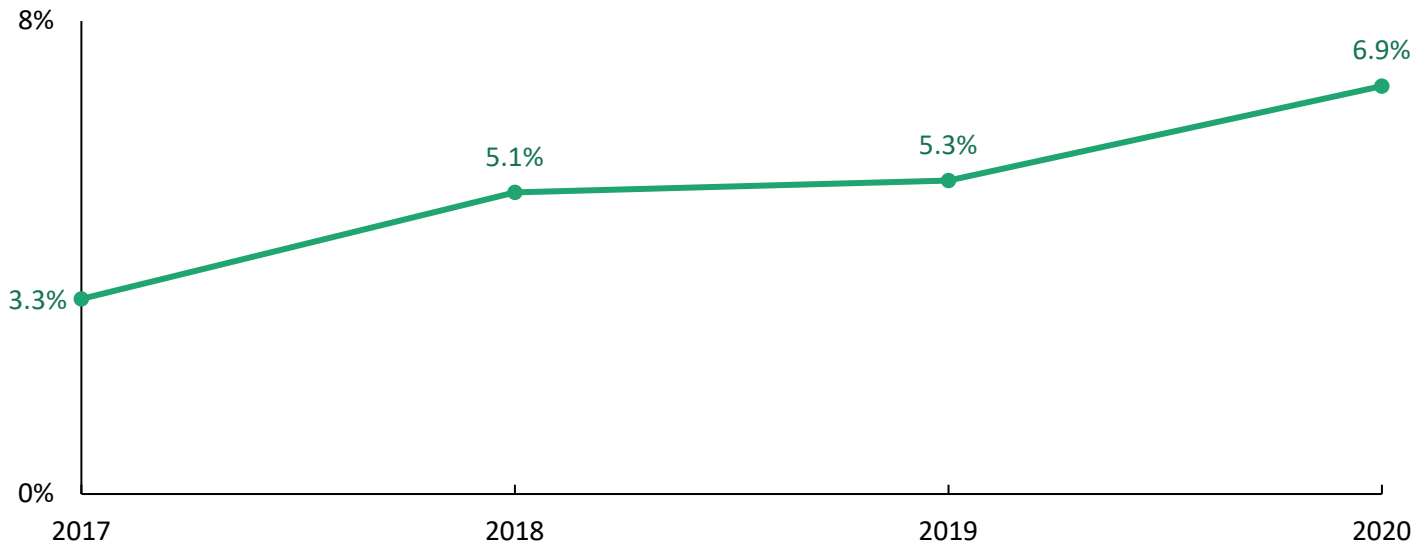


Definitions: South Dakota mothers were asked, “During your most recent pregnancy, did you have any alcoholic drinks during [the first 3 months of pregnancy (1st trimester)—this includes the time before knowing you were pregnant], [the second 3 months of pregnancy (2nd trimester)], and/or the last 3 months of pregnancy (3rd trimester)]?”

This measure is derived from PRAMS, the Pregnancy Risk Assessment Monitoring System, which is a surveillance project of the Centers for Disease Control and Prevention (CDC) and health departments. This question was added to PRAMS by the South Dakota Department of Health in 2017 and is not included in the national survey. As such, national comparison data was unavailable.

Data Source: South Dakota Department of Health. (2022). South Dakota 2020 PRAMS surveillance data report. <https://doh.sd.gov/statistics/prams.aspx>

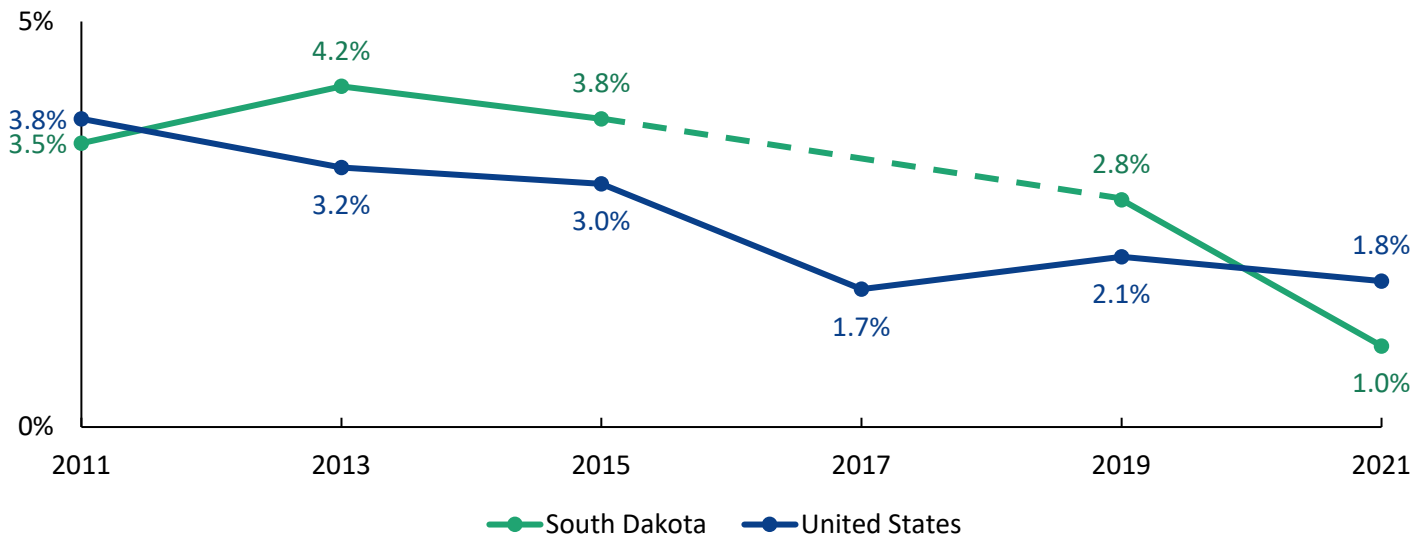
Figure 29. Maternal drug use during pregnancy in South Dakota: 2017-2020



Definitions: Illicit drug use includes marijuana, synthetic marijuana, methadone, heroin, amphetamines, cocaine, tranquilizers, hallucinogens, or sniffing gasoline, glue, etc. to get high. National data is available only upon request and is primarily used for research purposes. Therefore, U.S. data is excluded from this figure.

Data Source: South Dakota Department of Health. (2022). South Dakota 2020 PRAMS surveillance data report. <https://doh.sd.gov/statistics/prams.aspx>

Figure 30. Percent of South Dakota and U.S. high school students who have ever used methamphetamines: 2011-2021

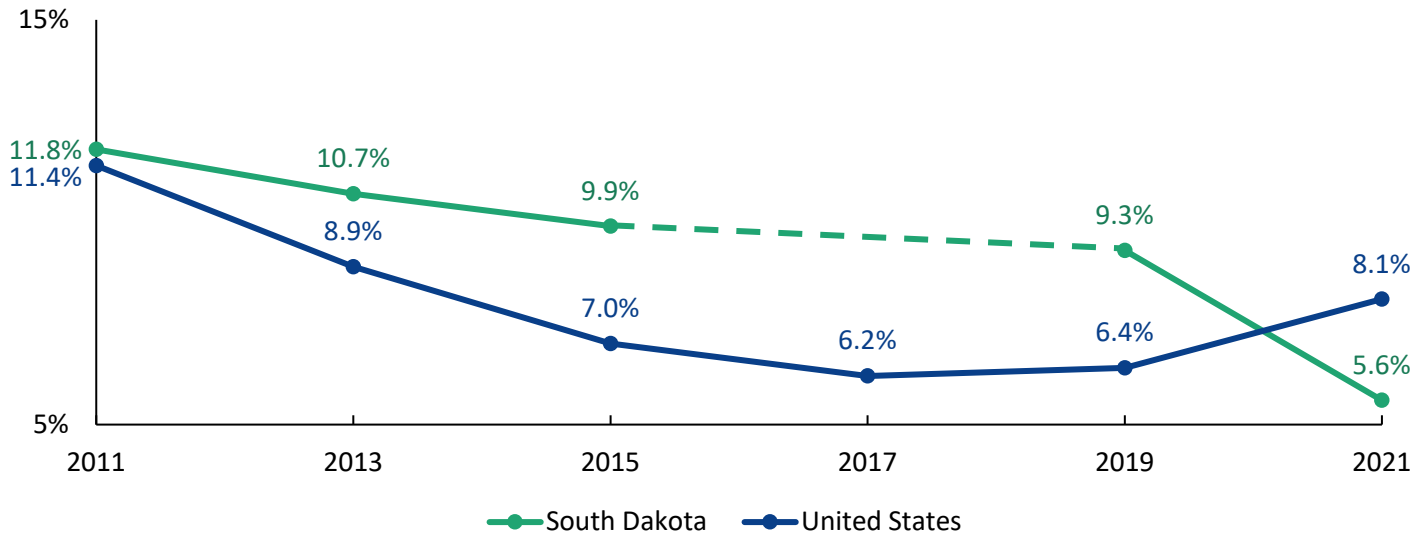


Definitions: Prevalence of lifetime methamphetamine use over time; the percent of high school students who have ever used methamphetamines (also called "speed," "crystal meth," "crank," "ice," or "meth,") one or more times during their life.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 31. Percent of South Dakota and U.S. high school students who ever used inhalants: 2011-2021

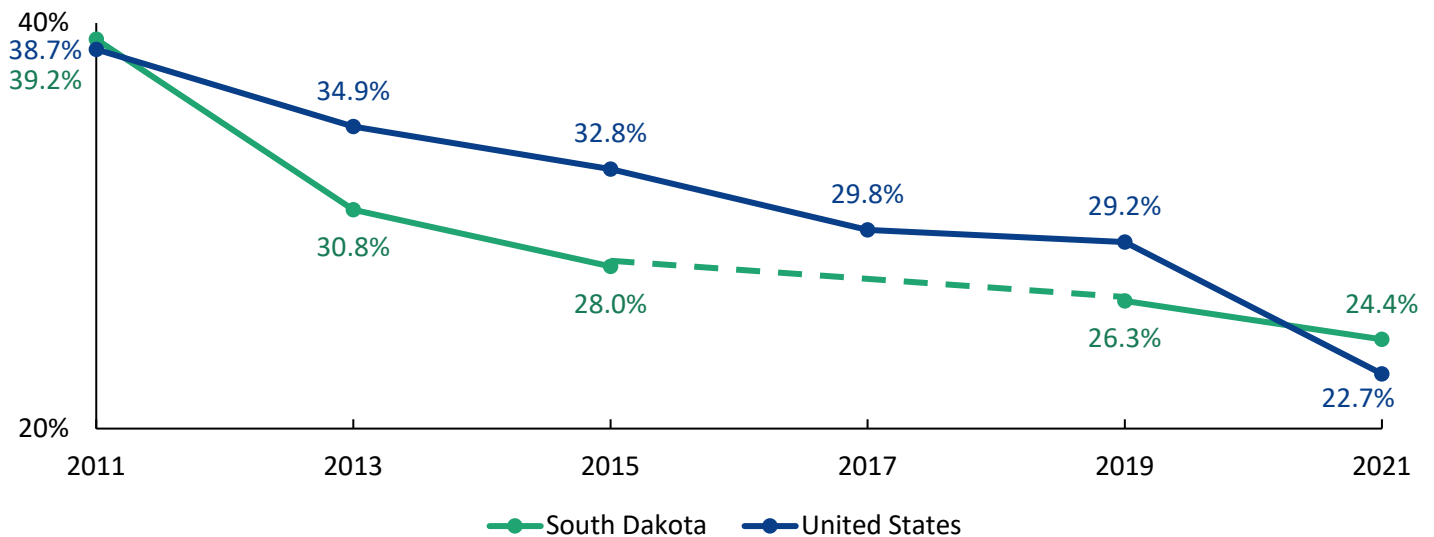


Definitions: Prevalence of lifetime inhalant use over time; the percent of high school students who ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high), one or more times during their life.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 32. Percent of South Dakota and U.S. high school students who currently drink alcohol: 2011-2021

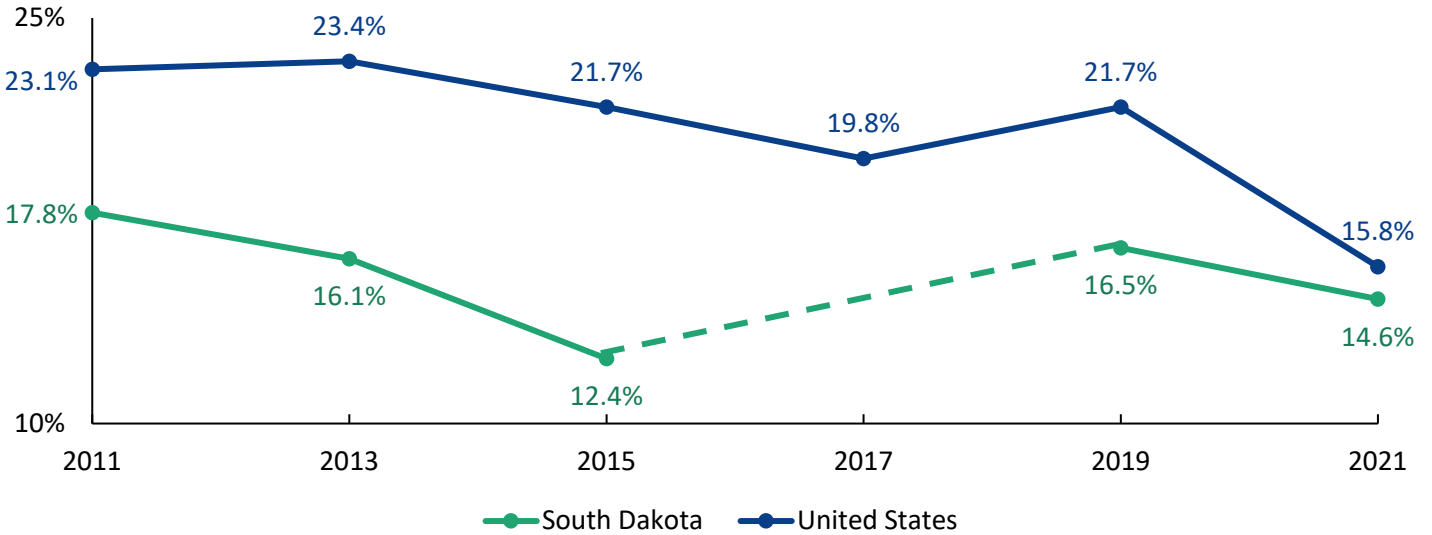


Definitions: Prevalence of current alcohol use over time; the percent of high school students who had at least one drink of alcohol, on at least one day during the 30 days before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 33. Percent of South Dakota and U.S. high school students who currently use marijuana: 2011-2021

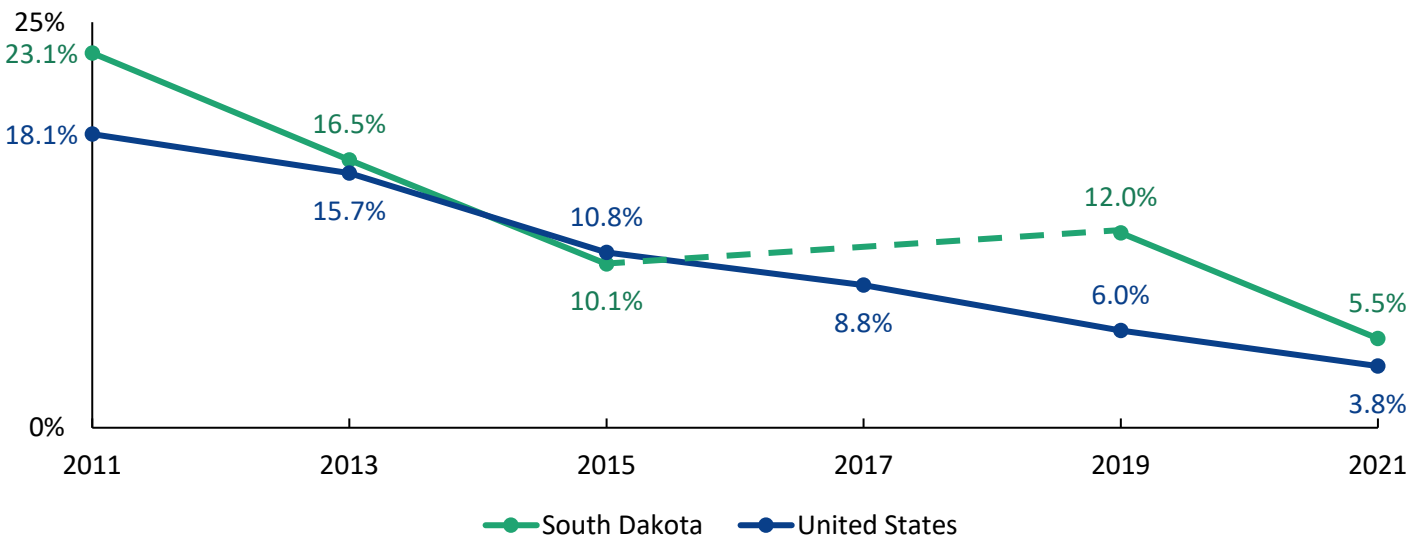


Definitions: Prevalence of current marijuana use over time is measured as the percent of high school students who used marijuana one or more times during the past 30 days before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 34. Percent of South Dakota and U.S. high school students who currently smoke cigarettes: 2011-2021

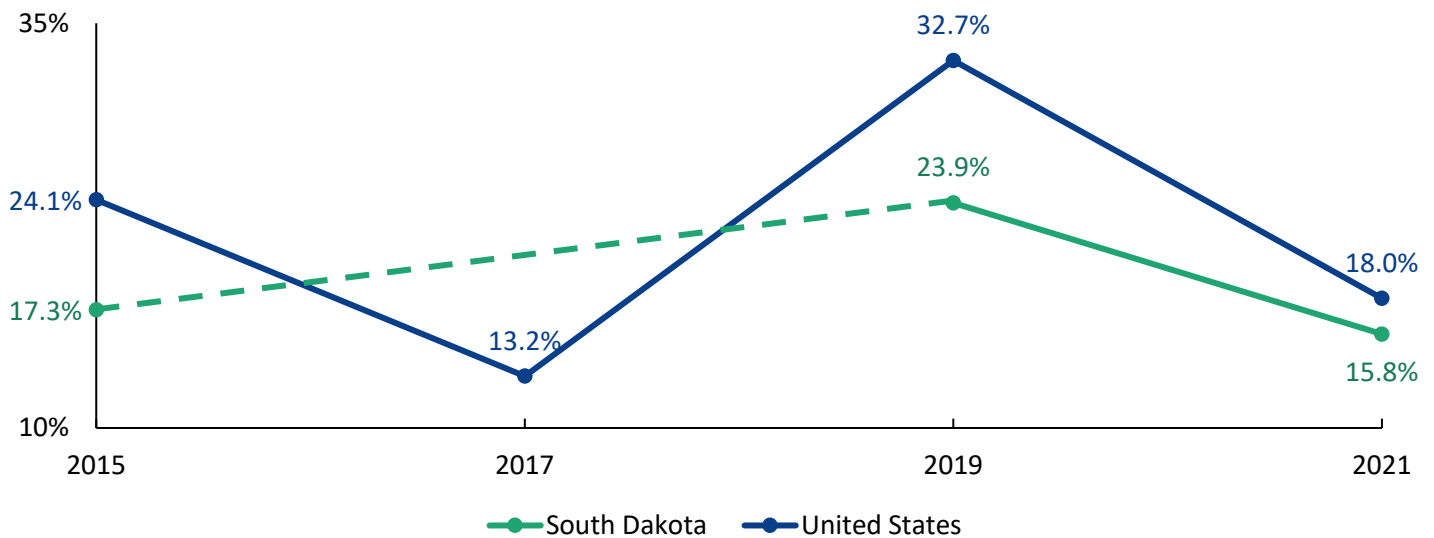


Definitions: Prevalence of current cigarette use is measured as the percent of high school students who smoked cigarettes on at least one day during the past 30 days before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 35. Percent of South Dakota and U.S. high school students who currently use electronic vapor products: 2015-2021



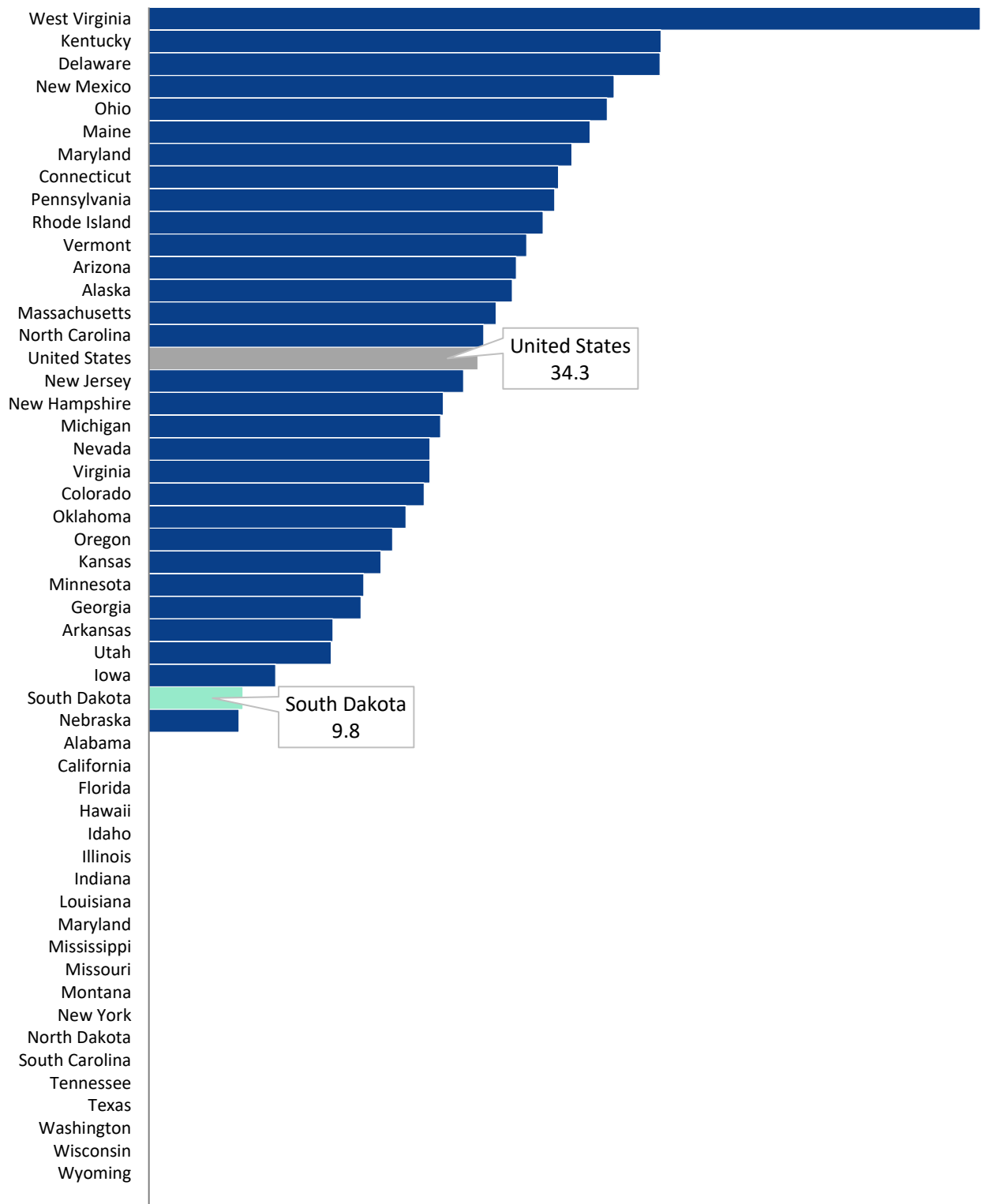
Definitions: Prevalence of current electronic vapor product use is measured as the percent of high school students who used electronic vapor products (including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods), on at least one day during the 30 days before the survey. This question was not included in the YRSB *Standard and National High School Questionnaire* until 2015.

(https://www.cdc.gov/healthyouth/data/yrbs/pdf/2019/YRBS_questionnaire_content_1991-2019.pdf)

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2015-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2015-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 36. Age-adjusted rate of drug overdose deaths per 100,000 by state: 2021



Definitions: Age-adjusted rate of drug overdose deaths per 100,000 persons. Data come from death certificate information, medical examiner or coroner reports, and forensic toxicology results entered into the State Unintentional Drug Overdose Reporting System (SUDORS). Jurisdictions report occurrent drug overdose deaths (i.e., all overdose deaths that occurred within the jurisdiction regardless of decedent residence). Jurisdictions that reported all overdose deaths in their jurisdiction for the selected year and had medical examiner/coroner reports for at least 75% of deaths in

that year, are included. Rates based on <20 drug overdose deaths are suppressed to avoid presentation of unstable rates.

Data Source: Centers for Disease Control and Prevention. (2022). *State Unintentional Drug Overdose Reporting System (SUDORS)*. Atlanta: US Department of Health and Human Services, CDC.
<https://www.cdc.gov/drugoverdose/fatal/dashboard>

Relational-Level Measures

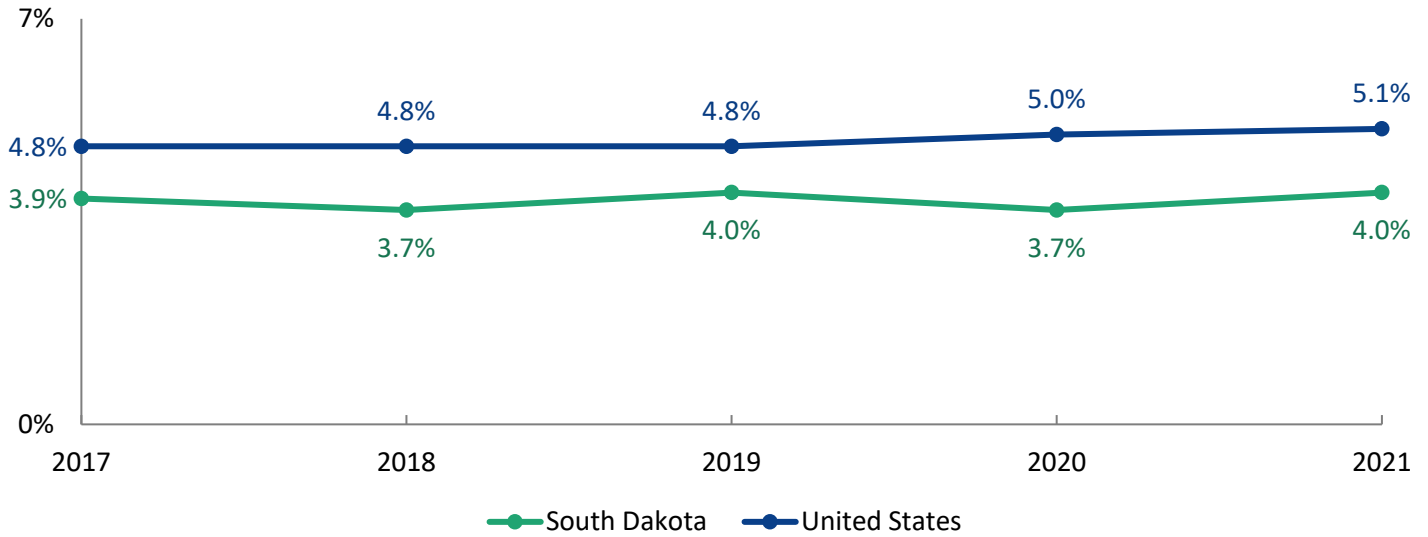
Table 2. Indicators included in this section and comparison values for South Dakota and the United States (years vary by indicator)

	Values (latest avail.)	
	SD	U.S.
Social Isolation/Lack of Social Support		
Figure 37. Percent of South Dakota and U.S. teens (ages 16-19 years) who are not enrolled in school and not in the labor force: 2017-2021	4.0%	5.1%
Figure 38. Percent of South Dakota and U.S. children (ages 3-17 years) who are not enrolled in school: 2017-2021	11.9%	10.4%
Figure 39a. Percent of South Dakota and U.S. children (ages 5-17 years) who speak a language other than English at home: 2017-2021	18.0%	17.9%
Figure 40. Percent of South Dakota and U.S. children (ages 3-17 years) who have “a lot” or “a little” difficulty making or keeping friends compared to other children their age: 2017-2021	22.0%	23.4%
Figure 41. Percent of South Dakota and U.S. children (ages 0-17 years) living with parents who did not have someone to turn to for day-to-day emotional support with parenting or raising children during the past 12 months: 2017-2021	13.6%	18.4%
Economic Stress		
Figure 42a. Percent of South Dakota and U.S. children (ages 0-18 years) experiencing food insecurity: 2016-2020	13.5%	14.2%
Figure 43. Percent of families in South Dakota and the U.S. who had problems paying for any of their child’s (ages 0-17 years) medical or health care bills: 2017-2021	12.4%	10.9%
Figure 44. Percent of families in South Dakota and the U.S. who “somewhat” or “very often” have difficulty covering the basics, like food or housing, on their family’s income since the child (ages 0-17 years) was born: 2017-2021	9.0%	9.7%
Figure 45a. Percent of families in South Dakota and the U.S. with related children of householder (under 18 years) below the poverty level: 2017-2021	12.1%	13.9%
Figure 46a. Severe housing cost burden in South Dakota and the U.S.: 2017-2021	38.9%	49.4%
Figure 47. Percent of enrolled students in South Dakota and the U.S. who experienced homelessness: SY2016-SY2020	1.1%	2.2%
Family Support/Connectedness		
Figure 48. Percent of South Dakota and U.S. children (ages 6-17 years) who can share ideas or talk about things that really matter with their parents “somewhat” or “very well”: 2017-2021	96.4%	94.8%
Figure 49. Percent of South Dakota and U.S. children (ages 0-17 years) whose family eats meals together by number of days per week: 2017-2021	97.6%	97.0%
Figure 50. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a home where the family demonstrates qualities of resilience during difficult times: 2017-2021	84.7%	86.0%

Figure 51. Percent of South Dakota and U.S. children (ages 6-17 years) whose parents “always” or “usually” attend events or activities that their children participated in: 2017-2021	91.5%	86.1%
Poor Parent-Child Relationships		
Figure 52. Percent of South Dakota and U.S. children (ages 0-17 years) whose parents handle the day-to-day demands of raising children “not very well” or “not very well at all”: 2017-2021	1.5%	2.0%
Figure 53. Child maltreatment perpetrators by relationship to their victims in South Dakota and the U.S.: 2021	81.4% (parents)	76.8% (parents)
Family Conflict		
Figure 54. Percent of South Dakota and U.S. children (ages 0-17 years) whose parents/guardians are divorced or separated: 2017-2021	18.8%	20.0%
Connection to a Caring Adult		
Figure 55. Percent of South Dakota and U.S. children (ages 6-17 years) who have at least one adult in their school, neighborhood, or community (other than a parent or other adult their home) who knows them and who they can rely on for advice or guidance: 2017-2021	93.8%	89.6%
Association with Prosocial Peers		
Figure 56. Percent of South Dakota and U.S. children (ages 6-17 years) who participated in any type of community service or volunteer work at school, church, or in the community: 2017-2021	40.1%	34.3%
Figure 57. Percent of South Dakota and U.S. children (ages 6-17 years) who participated in any organized activities or lessons, after school or on weekends: 2017-2021	79.8%	72.9%
Association with Delinquent Peers		
Figure 58. Juvenile commitments to the Department of Corrections in South Dakota: 2014-2022	66	—
Gang Involvement		
Figure 59. Number of criminal offenses associated with juvenile gang involvement in South Dakota: 2018-2022	8	—
Connection/Commitment to School		
Figure 60. Percent of South Dakota and U.S. children (ages 6-17 years) who are “usually” or “always” engaged in school: 2018-2021	81.7%	80.0%
Figure 61. Average daily attendance in public elementary and secondary schools in South Dakota and the U.S.: SY2014-SY2018	93.0%	90.1%
Figure 62. High school graduation rate in South Dakota and the U.S.: SY2015-SY2019	84.2%	86.5%
Figure 63. Students enrolled in higher education who completed high school at least 18 months ago by South Dakota county: SY2019	varies	—
Figure 64a. Percent of South Dakota and U.S. children (ages 3-4 years) enrolled in school: 2017- 2021	38.7%	45.9%
Figure 65a. Percent of South Dakota and U.S. children (ages 5-9 years) enrolled in school: 2017-2021	93.6%	94.2%
Figure 66a. Percent of South Dakota and U.S. children (ages 10-14 years) enrolled in school: 2017-2021	97.4%	97.5%
Figure 67a. Percent of South Dakota and U.S. children (ages 15-17 years) enrolled in school: 2017-2021	95.5%	96.4%

Social Isolation/Lack of Social Support

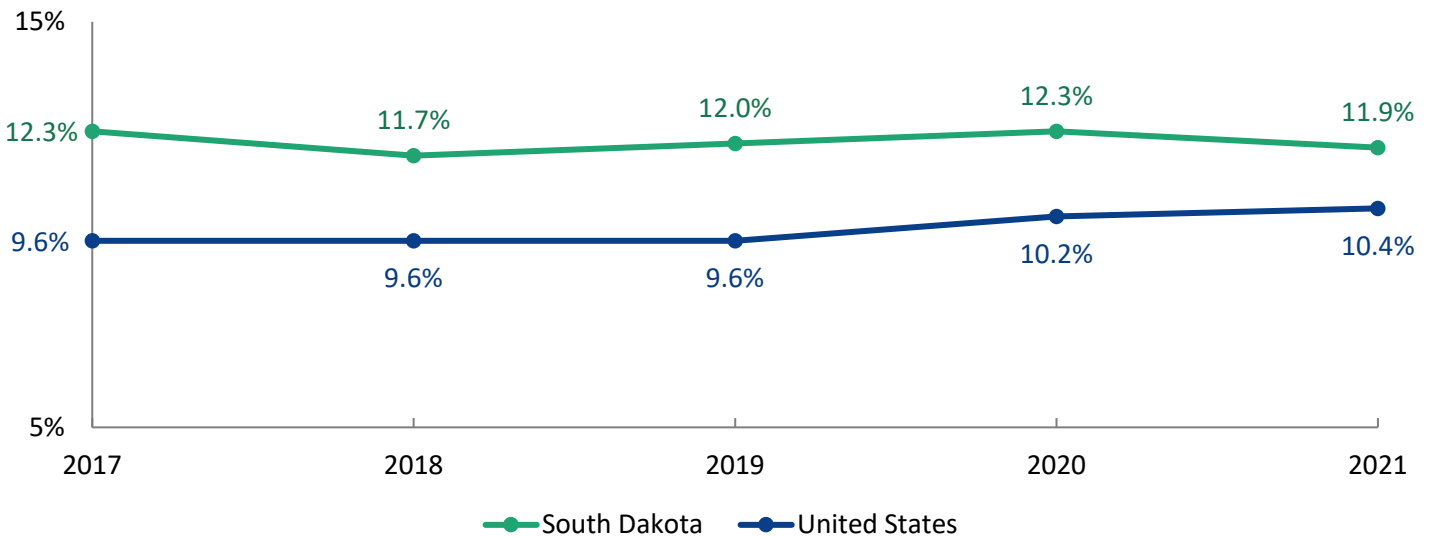
Figure 37. Percent of South Dakota and U.S. teens (ages 16-19 years) who are not enrolled in school and not in the labor force: 2017-2021



Definitions: Population 16 to 19 idleness; South Dakota and U.S. teenagers not enrolled in school and not in the labor force. People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0902). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S0902

Figure 38. Percent of South Dakota and U.S. children (ages 3-17 years) who are not enrolled in school: 2017-2021

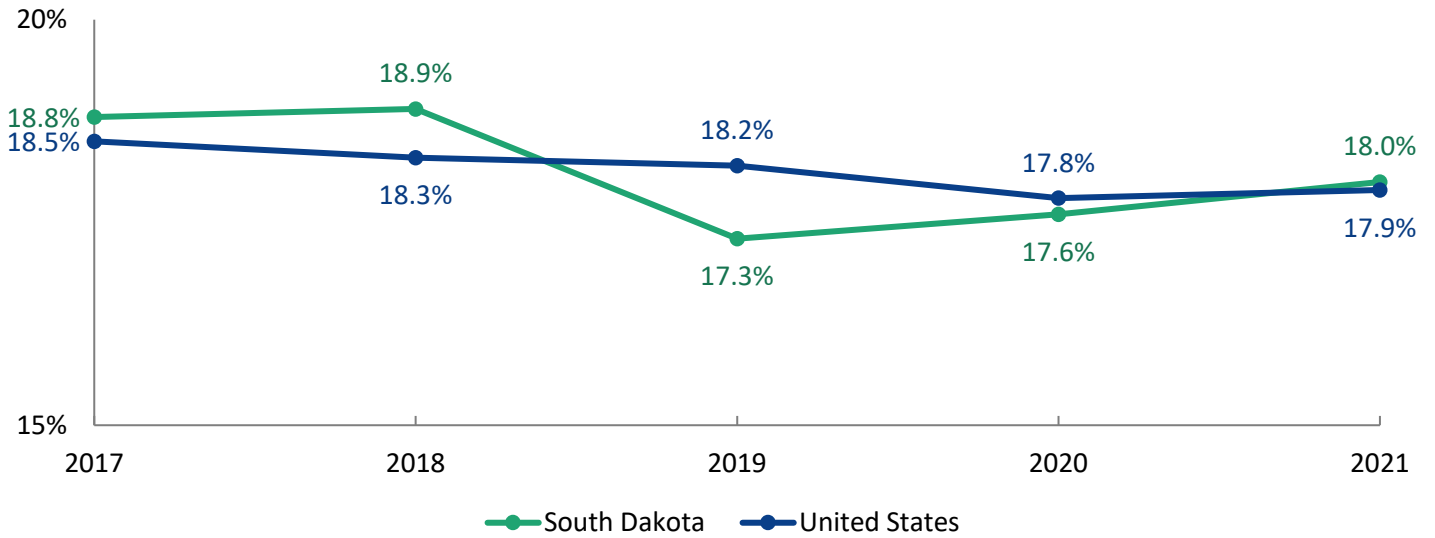


Definitions: Children (ages 3-17 years), who are not enrolled in school. People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high

school diploma, or a college, university, or professional school (such as law or medicine) degree. Data is only available for the following counties in South Dakota: Brookings, Brown, Lincoln, Minnehaha, and Pennington.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0901). [https://data.census.gov/table?g=010XX00US_040XX00US46,46\\$0500000&tid=ACSST1Y2021.S0901](https://data.census.gov/table?g=010XX00US_040XX00US46,46$0500000&tid=ACSST1Y2021.S0901)

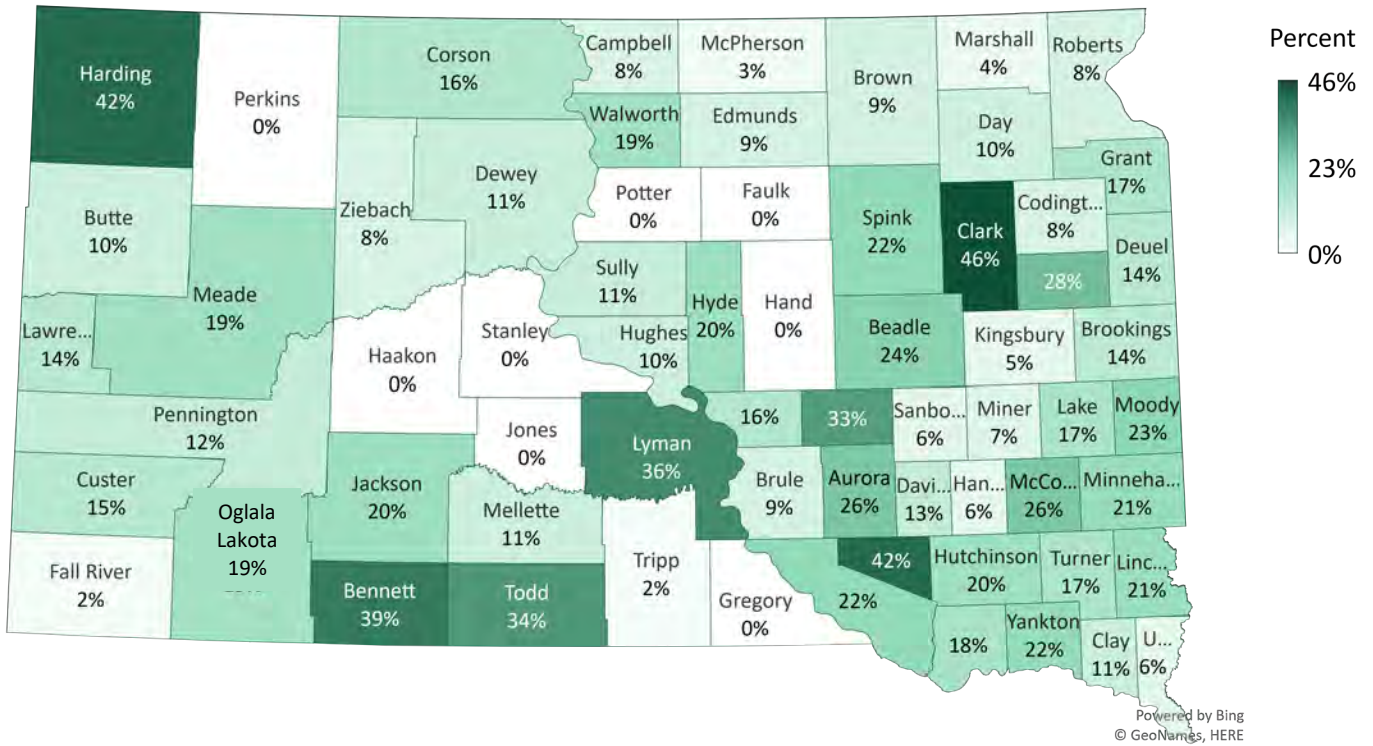
Figure 39a. Percent of South Dakota and U.S. children (ages 5-17 years) who speak a language other than English at home: 2017-2021



Definitions: Children, ages 5 to 17 years, who speak a language other than English at home.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1603). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1603

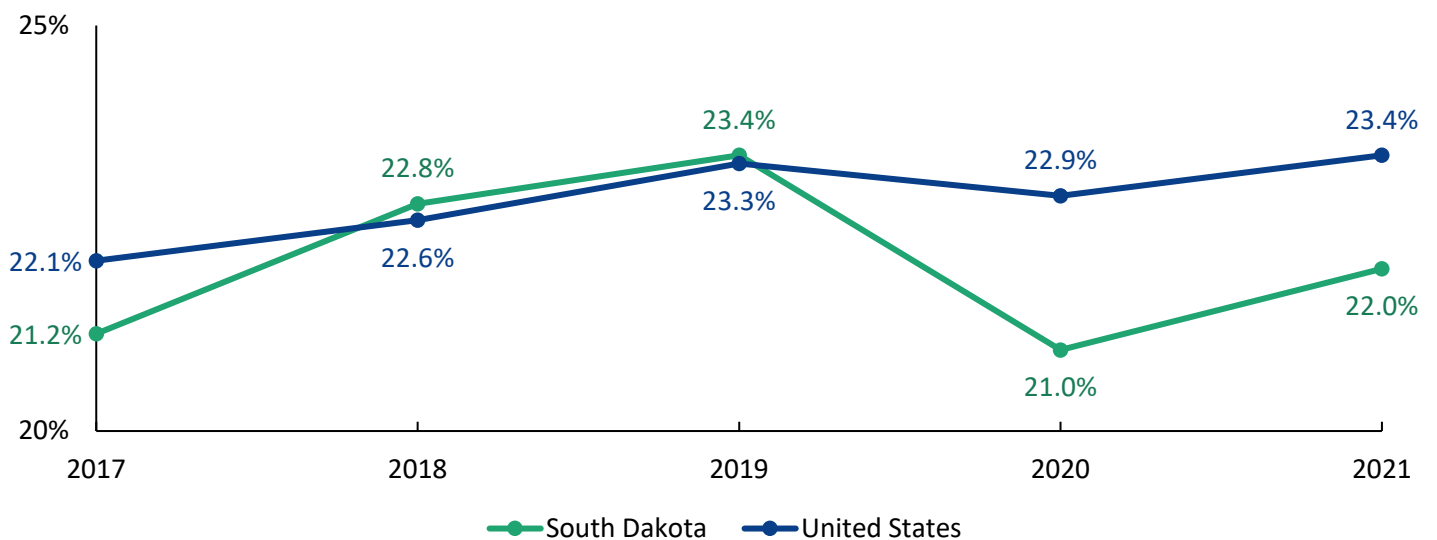
Figure 39b. Percent of children (ages 5-17 years) who speak a language other than English at home by South Dakota county: 2021



Definitions: Children, ages 5-17 years, who speak a language other than English at home.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1603). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1603

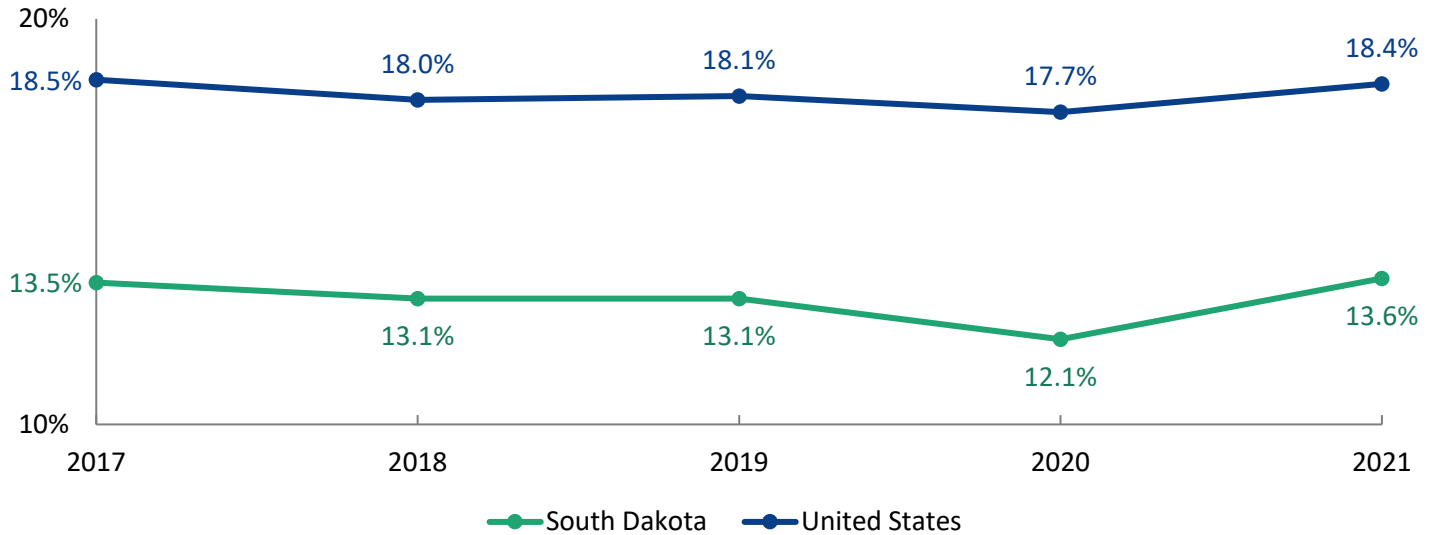
Figure 40. Percent of South Dakota and U.S. children (ages 3-17 years) who have “a lot” or “a little” difficulty making or keeping friends compared to other children their age: 2017-2021



Definitions: Parents with children between 3 and 17 years of age were asked, “Compared to other children their age, how much difficulty does this child have making or keeping friends?” The “A lot of difficulty” or “A little difficulty” responses indicate the child meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 41. Percent of South Dakota and U.S. children (ages 0-17 years) living with parents who did NOT have someone to turn to for day-to-day emotional support with parenting or raising children during the past 12 months: 2017-2021

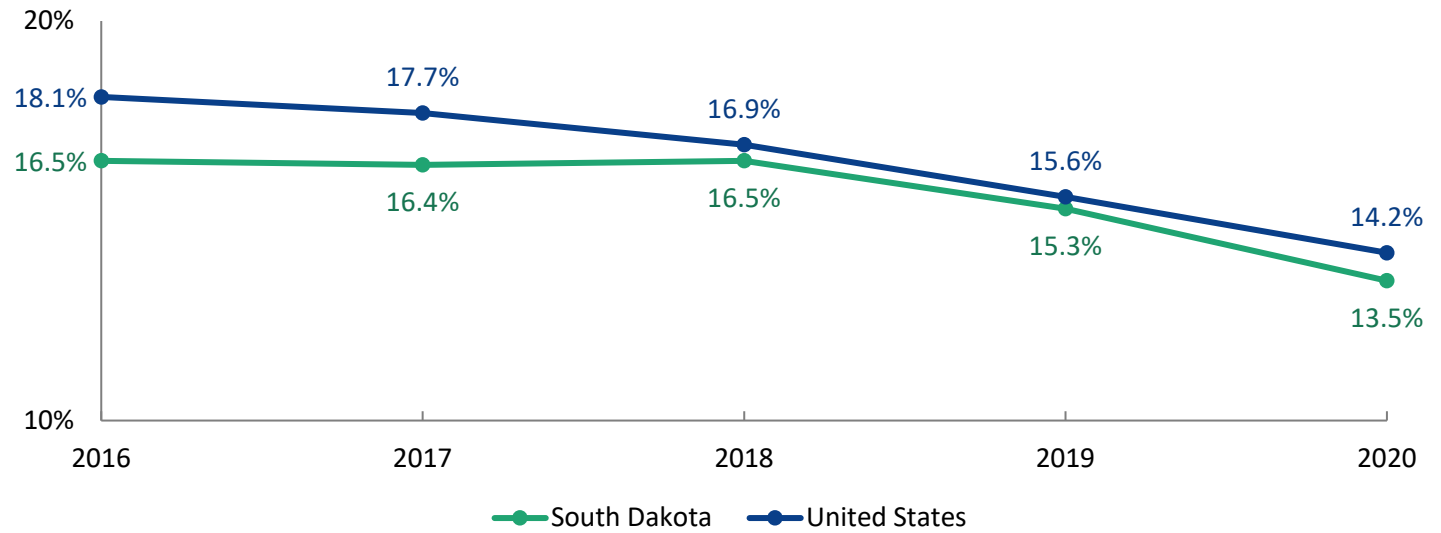


Definitions: This measure was derived from a single question. Parents were asked, “During the past 12 months, was there someone that you could turn to for day-to-day emotional support with parenting or raising children?” A response of “no” indicates the criteria is met.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Economic Stress

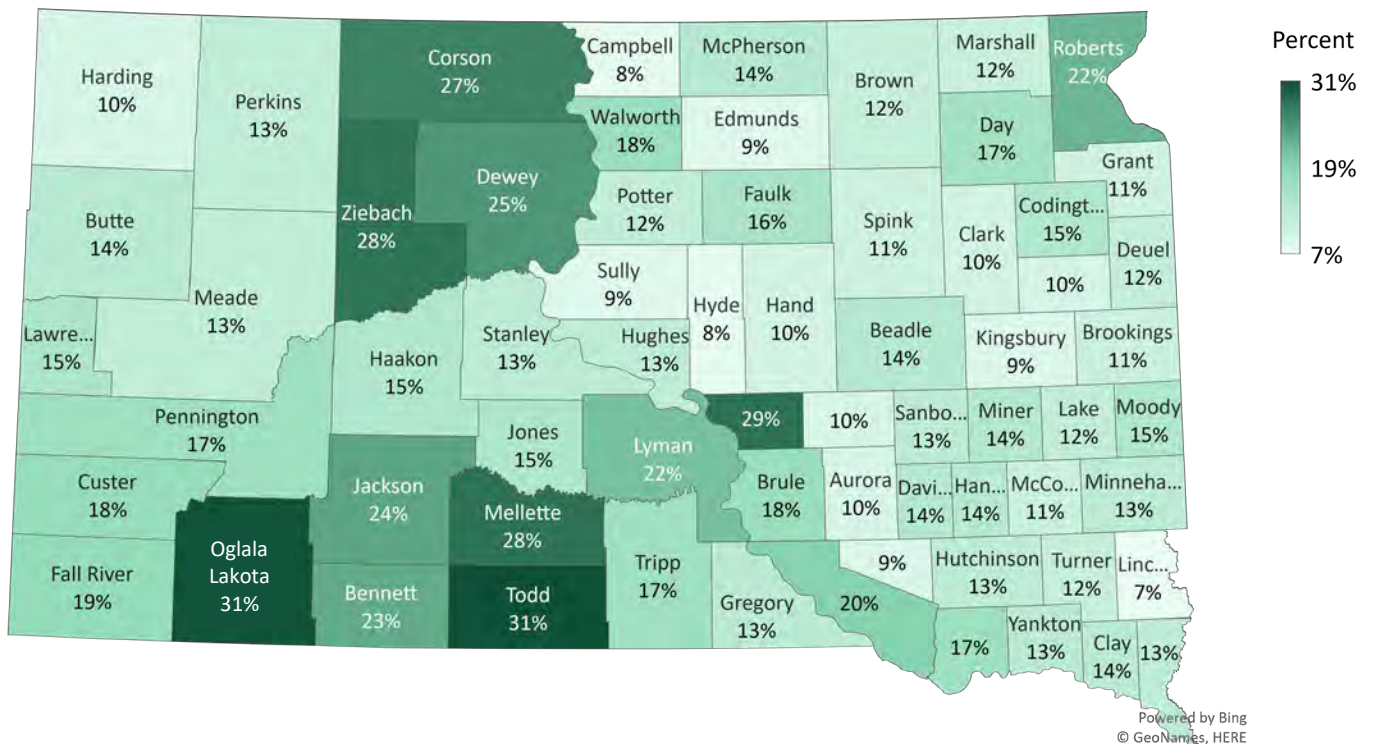
Figure 42a. Percent of South Dakota and U.S. children (ages 0-18 years) experiencing food insecurity: 2016-2020



Definitions: Percent of children (under 18) who are food insecure. Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. The estimates from the study are at the individual level - reflecting the number of individuals (or children) who live in a food-insecure household.

Data Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2022). *Map the Meal Gap: Food insecurity among child (<18 years) population in South Dakota*. Feeding America. <https://map.feedingamerica.org/>

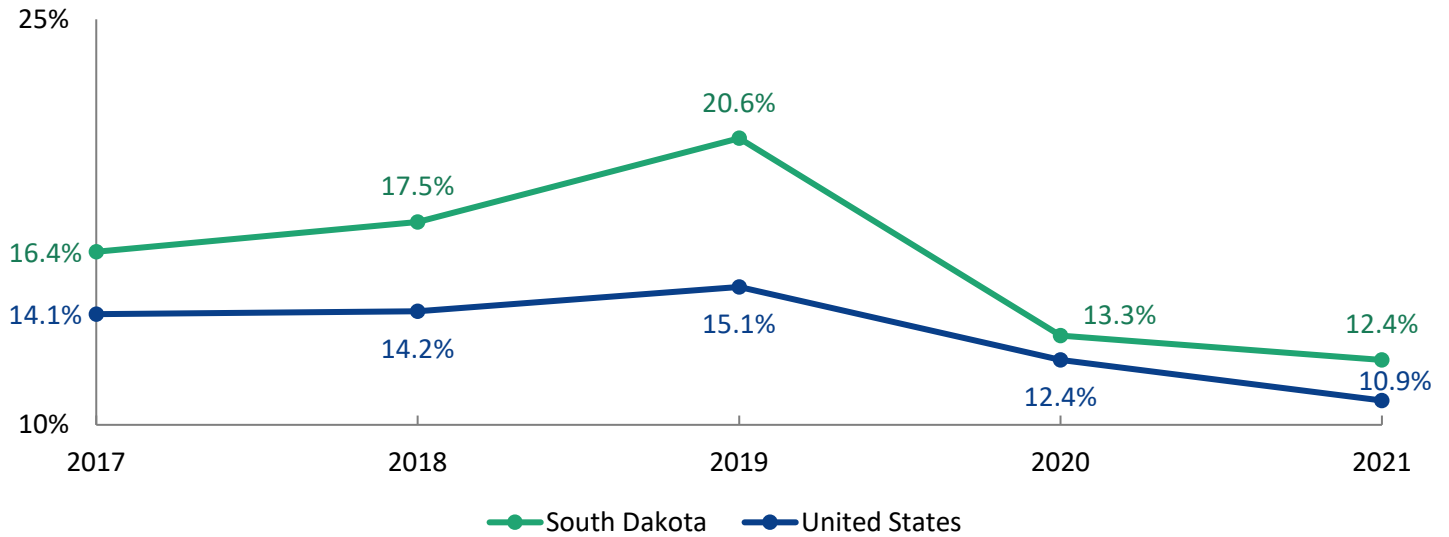
Figure 42b. Percent of children (ages 0-18 years) experiencing food insecurity by South Dakota county: 2020



Definitions: Percent of children (under 18) who are food insecure. Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. The estimates from the study are at the individual level - reflecting the number of individuals (or children) who live in a food-insecure household.

Data Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2022). *Map the Meal Gap: Food insecurity among child (<18 years) population in South Dakota*. Feeding America. <https://map.feedingamerica.org/>

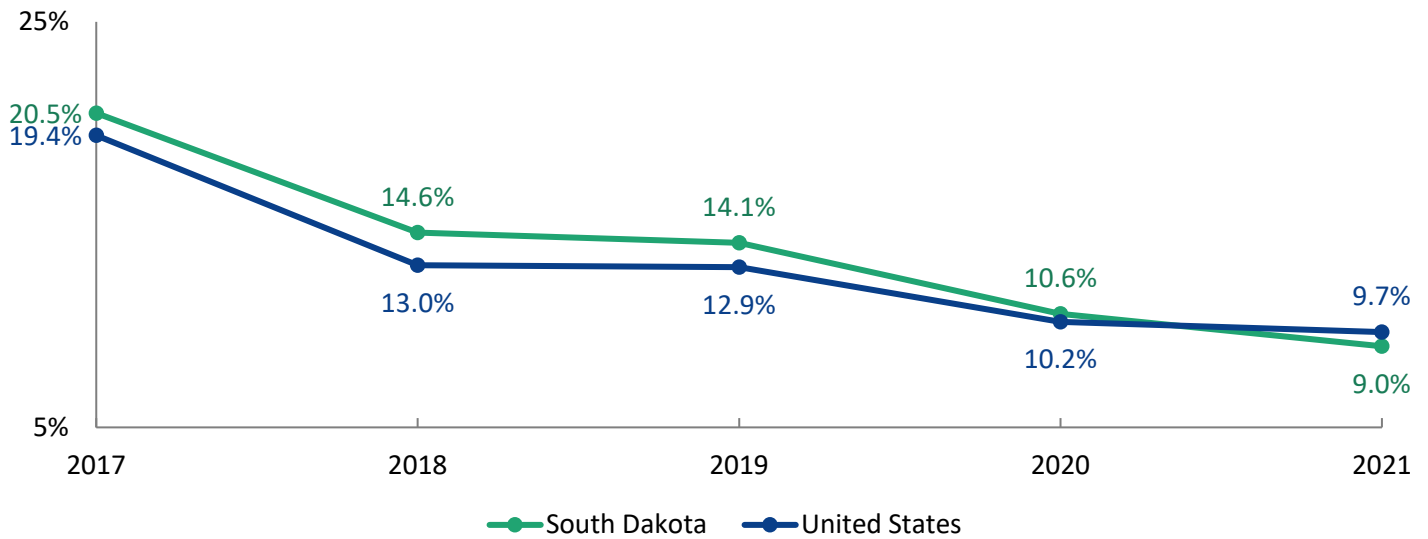
Figure 43. Percent of families in South Dakota and the U.S. who had problems paying for any of their child’s (ages 0-17 years) medical or health care bills: 2017-2021



Definitions: This question was asked only among parents with children ages 0-17 years who had out-of-pocket costs for health care during the past 12 months, “During the past 12 months, did your family have problems paying for any of this child’s medical or health care bills?” A response of “Had problems paying medical bills” indicates the family meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

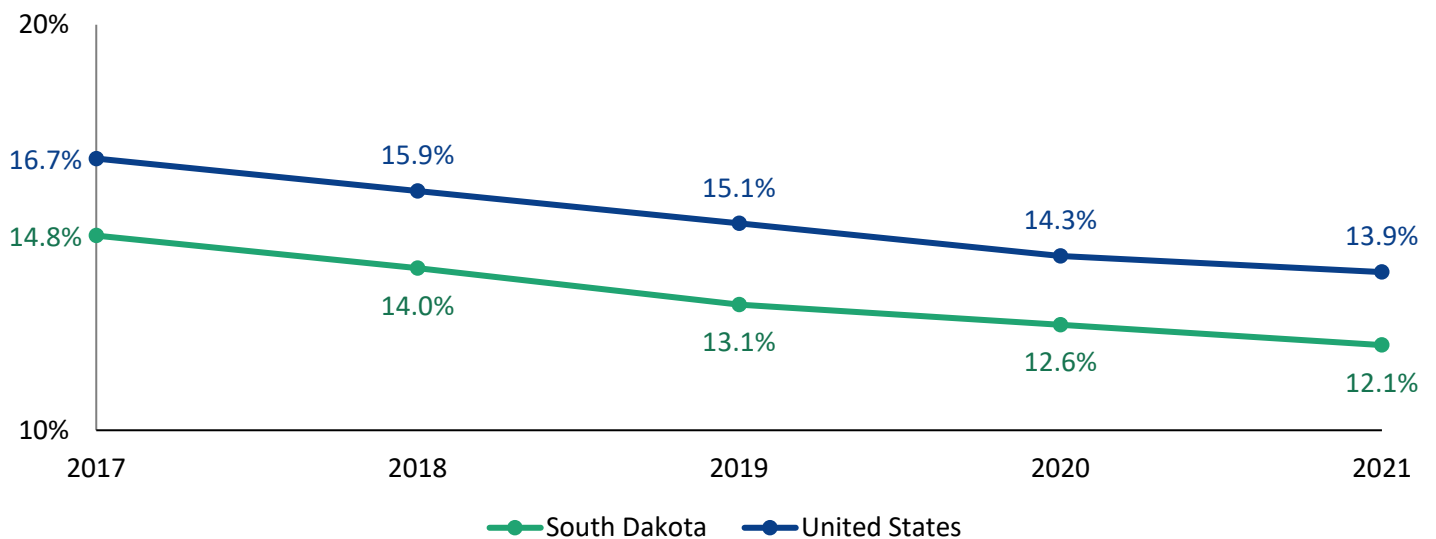
Figure 44. Percent of families in South Dakota and the U.S. who “somewhat” or “very often” have difficulty covering the basics, like food or housing, on their family's income since the child (ages 0-17 years) was born: 2017-2021



Definitions: This measure was derived from a single survey question. Parents with children ages 0-17 years were asked, "Since this child was born, how often has it been very hard to cover the basics, like food or housing, on your family's income?". Responses of "Somewhat often" and "Very often" were used to calculate this measure.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 45a. Percent of families in South Dakota and the U.S. with related children (ages 0-18 years) of householder below the poverty level: 2017-2021

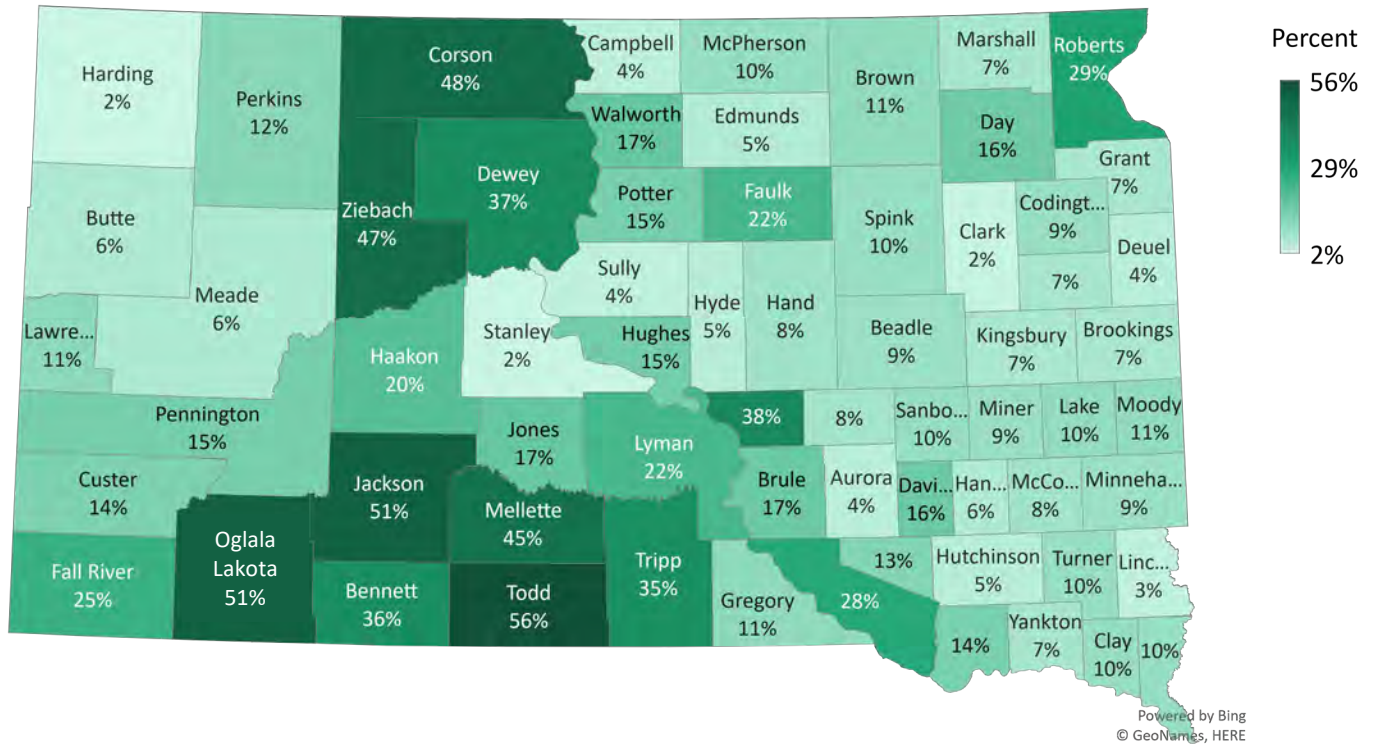


Definitions: Related children in a family include own children and all other children under 18 years old in the household who are related to the householder by birth, marriage, or adoption. Related children of the householder include ever married as well as never-married children. Children, by definition, exclude persons under 18 years who maintain households or are spouses or unmarried partners of householders. To determine a person's poverty status, one compares the person's total family income in the last 12 months with the poverty threshold appropriate for that

person's family size and composition. If the total income of that person's family is less than the threshold appropriate for that family, then the person is considered “below the poverty level,” together with every member of his or her family.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1702). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1702

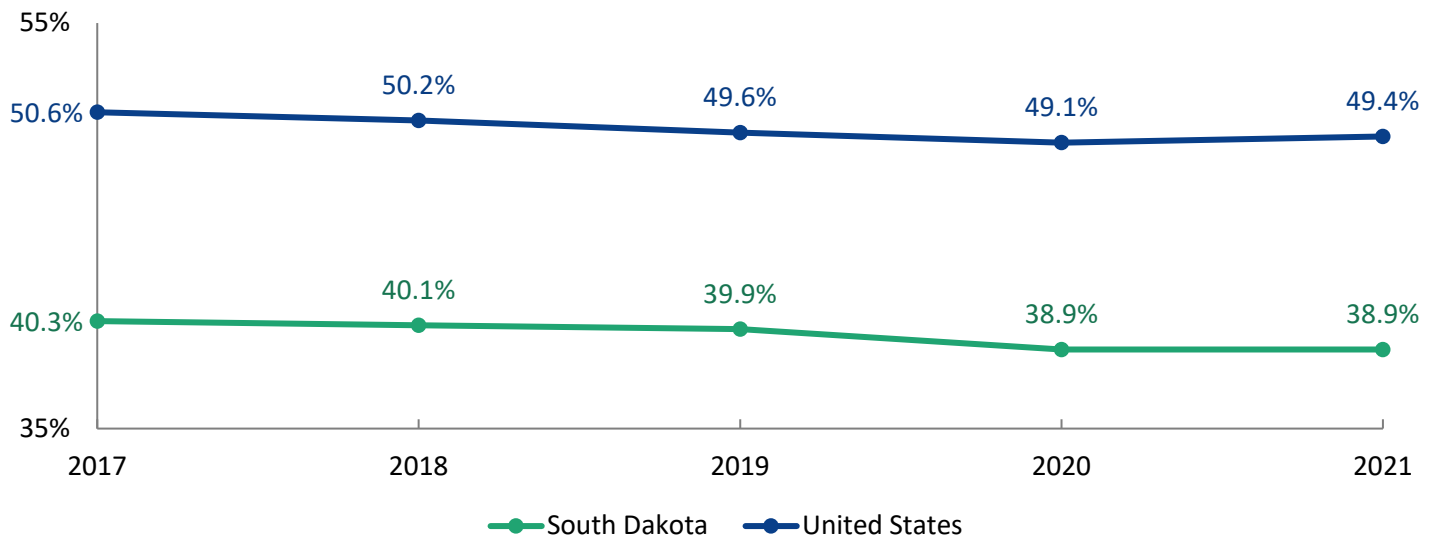
Figure 45b. Percent of families with related children (ages 0-18 years) of householder below the poverty level by South Dakota county: 2021



Definitions: Related children in a family include own children and all other children under 18 years old in the household who are related to the householder by birth, marriage, or adoption. Related children of the householder include ever married as well as never-married children. Children, by definition, exclude persons under 18 years who maintain households or are spouses or unmarried partners of householders. To determine a person's poverty status, one compares the person's total family income in the last 12 months with the poverty threshold appropriate for that person's family size and composition. If the total income of that person's family is less than the threshold appropriate for that family, then the person is considered “below the poverty level,” together with every member of his or her family.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1702). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1702

Figure 46a. Severe housing cost burden in South Dakota and the U.S.: 2017-2021

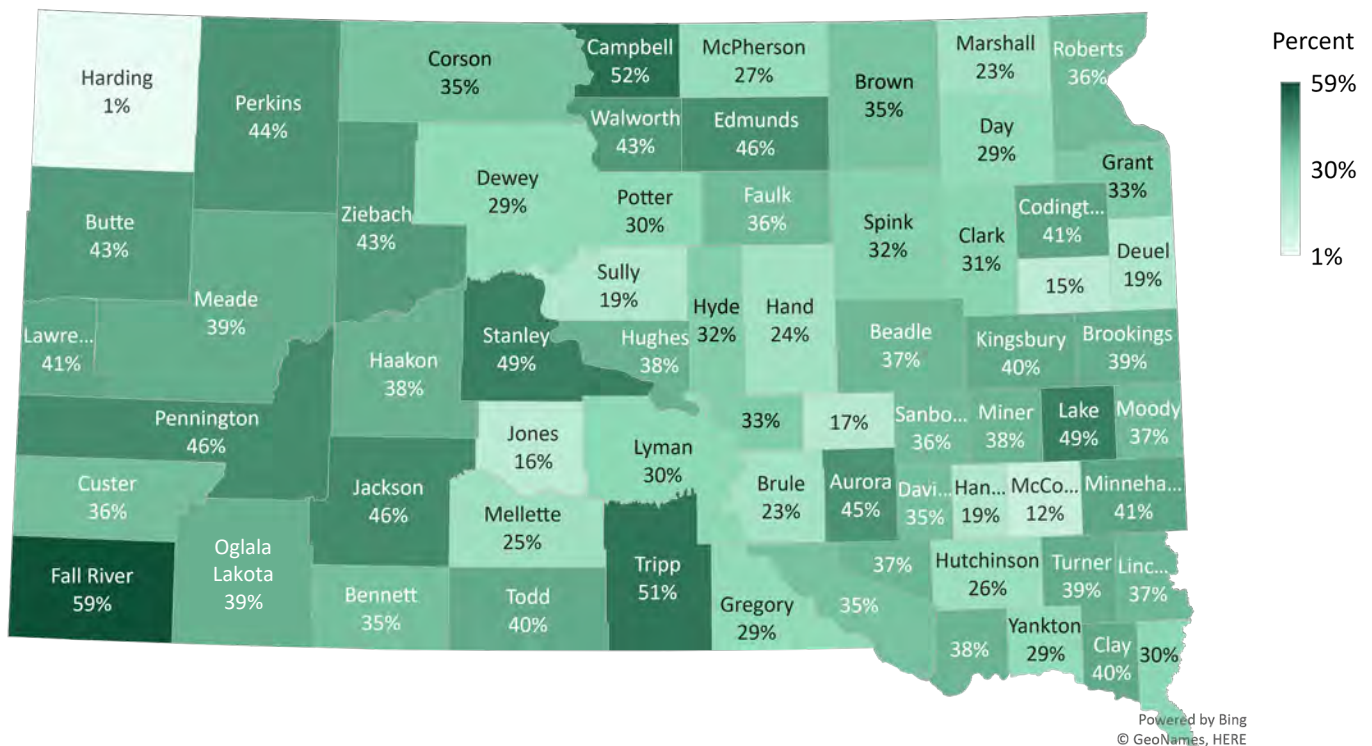


Definitions: Gross rent as a percentage of household income. Housing cost burden is defined as spending more than 30% of income on housing costs.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table DP04).

https://data.census.gov/table?t=Financial+Characteristics&g=010XX00US_040XX00US46&tid=ACSDP5Y2021.DP04

Figure 46b. Severe housing cost burden by South Dakota county: 2021

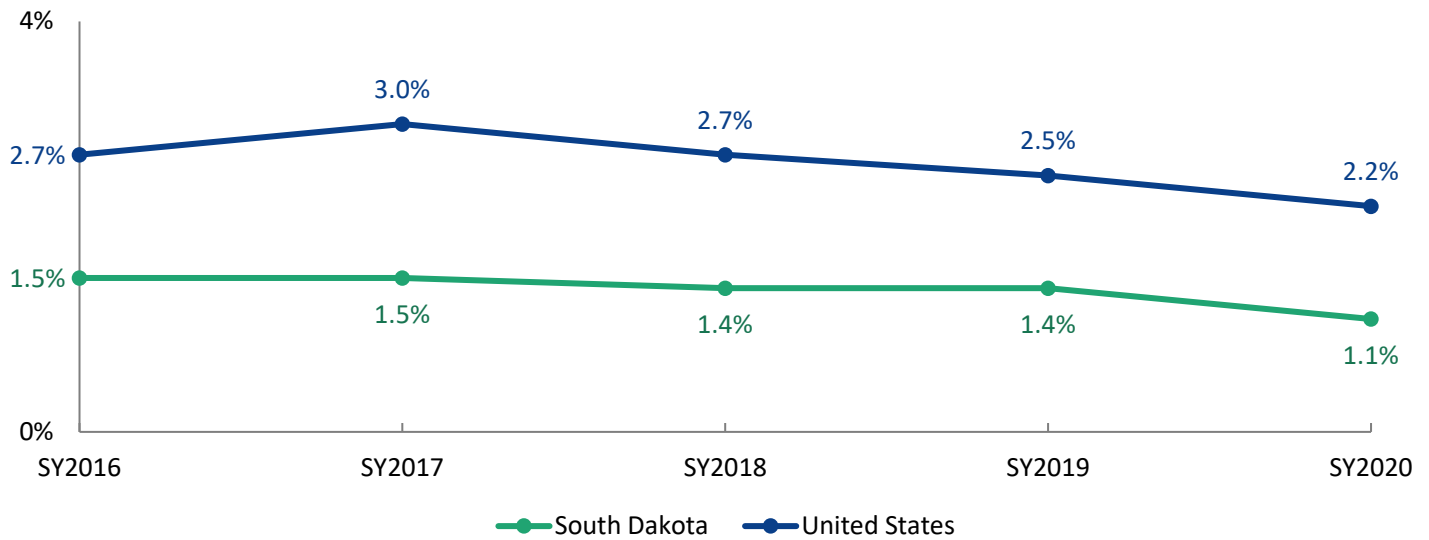


Definitions: Gross rent as a percentage of household income. Housing cost burden is defined as spending more than 30% of income on housing costs.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table DP04).

https://data.census.gov/table?t=Financial+Characteristics&g=010XX00US_040XX00US46&tid=ACSDP5Y2021.DP04

Figure 47. Percent of enrolled students in South Dakota and the U.S. who experienced homelessness: SY2016-SY2020



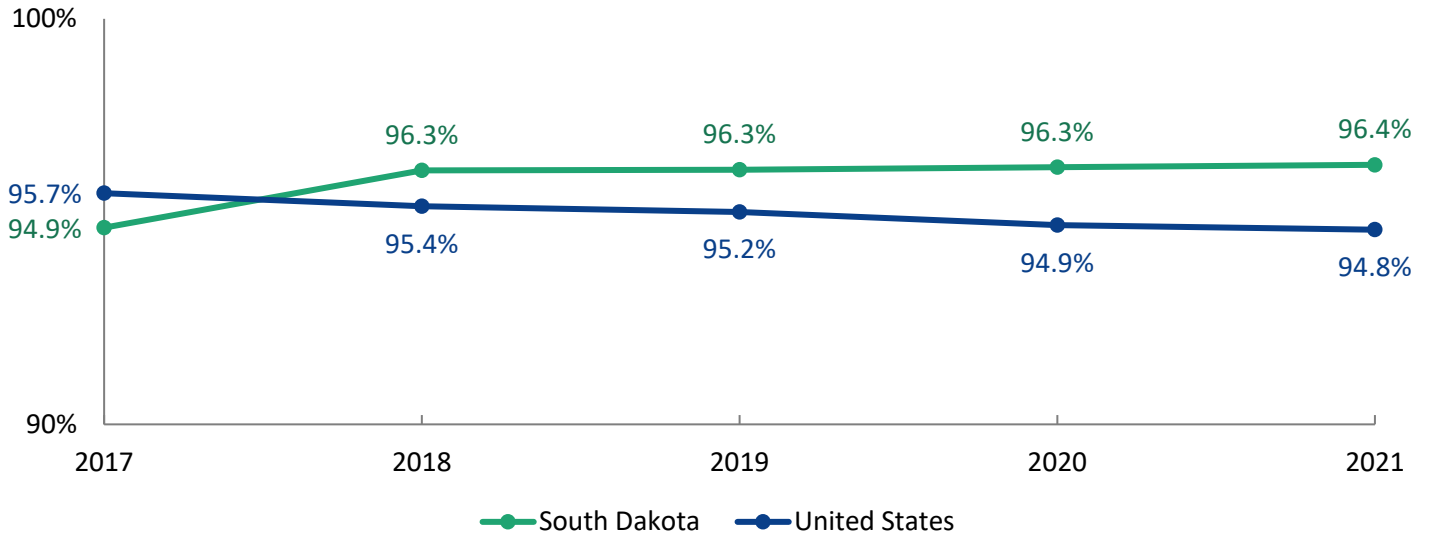
Definitions: Number of enrolled students who experienced homelessness as a percentage of all enrolled students. Enrolled students include those who were aged 3 through 5 but not in kindergarten, those enrolled in kindergarten through grade 12, and those who are ungraded.

Data Sources:

- **Homeless student counts:** National Center for Homeless Education. (2019, 2020, 2021, 2022). *Federal data summary school years 2016-17 to 2020-21: Education for homeless children and youth*. University of North Carolina, Greensboro. <https://nche.ed.gov/data-and-stats/>
- **Total student enrollment:** U.S. Department of Education. (2021). *National Center for Education Statistics, Common Core of Data, State nonfiscal survey of public elementary/secondary education survey* (1990-91 through 2019-20 and 2020-21 preliminary). Department of Defense Education Activity (DoDEA) Data Center, Enrollment Data, 2009 through 2014 and 2016 through 2020. <https://www.dodea.edu/datacenter/enrollment.cfm>

Family Support/Connectedness

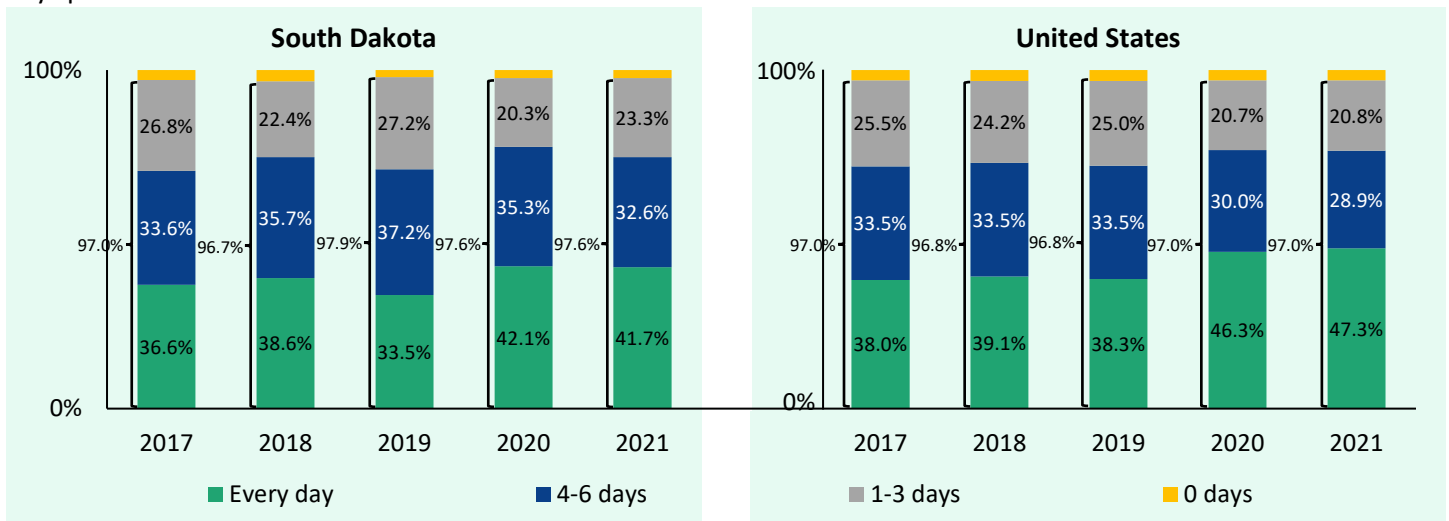
Figure 48. Percent of South Dakota and U.S. children (ages 6-17 years) who can share ideas or talk about things that really matter with their parents “somewhat” or “very well”: 2017-2021



Definitions: Parents with children ages 6-17 years were asked, “How well can you and this child share ideas or talk about things that really matter?” Responses of “Very well” and “Somewhat well” indicate the child meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

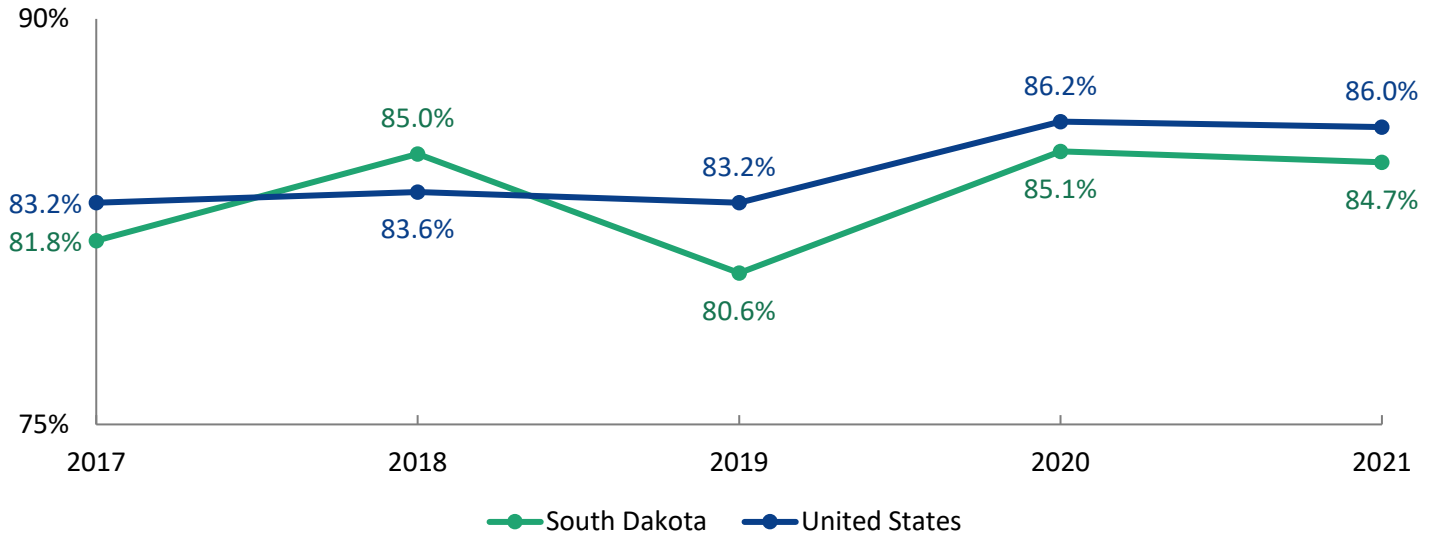
Figure 49. Percent of South Dakota and U.S. children (ages 0-17 years) whose family eats meals together by number of days per week: 2017-2021



Definitions: This measure was derived from a single survey question. Parents with children ages 0-17 years were asked, “During the past week, on how many days did all the family members who live in the household eat a meal together?” Response options included 0 days, 1-3 days, 4-6 days, and every day.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

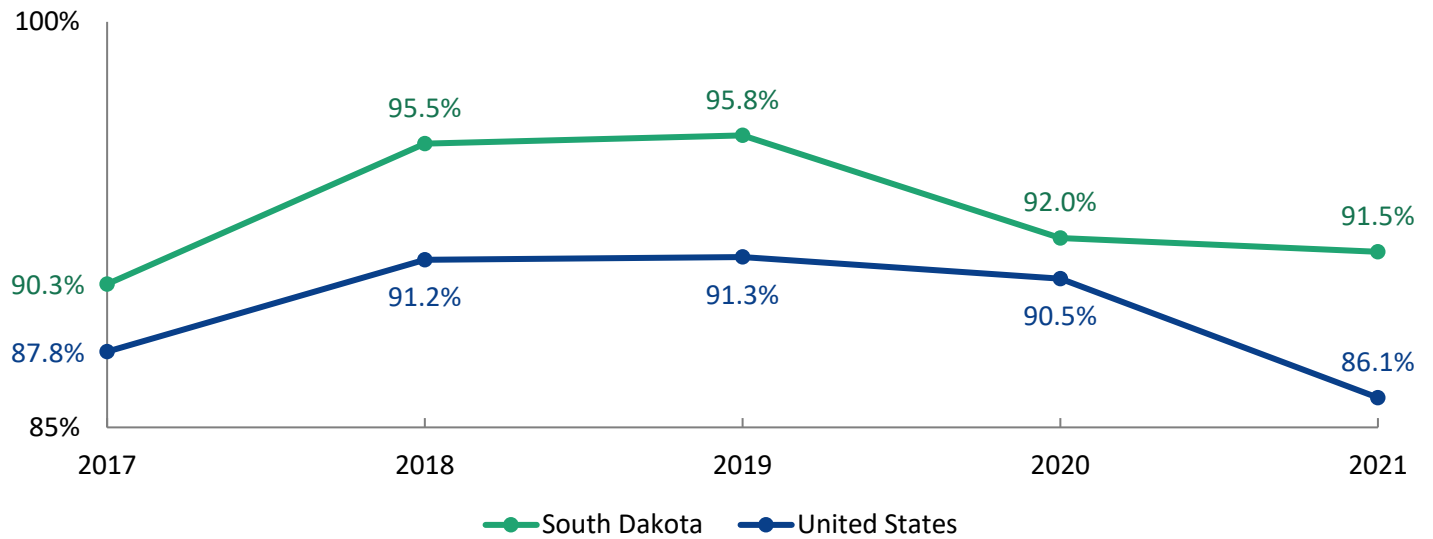
Figure 50. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a home where the family demonstrates qualities of resilience during difficult times: 2017-2021



Definitions: This is a composite measure based on responses to the following four survey items: “When your family faces problems, how often are you likely to do each of the following?” (1) Talk together about what to do, (2) Work together to solve our problems, (3) Know we have strengths to draw on, and (4) Stay hopeful even in difficult times. Response options to the four items are: none of the time, some of the time, most of the time, or all of the time. In order to meet each individual indicator, a response of either most of the time or all of the time was required. Families who meet the criteria for all four elements are considered resilient.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 51. Percent of South Dakota and U.S. children (ages 6-17 years) whose parents “always” or “usually” attend events or activities that their child(ren) participated in: 2017-2021

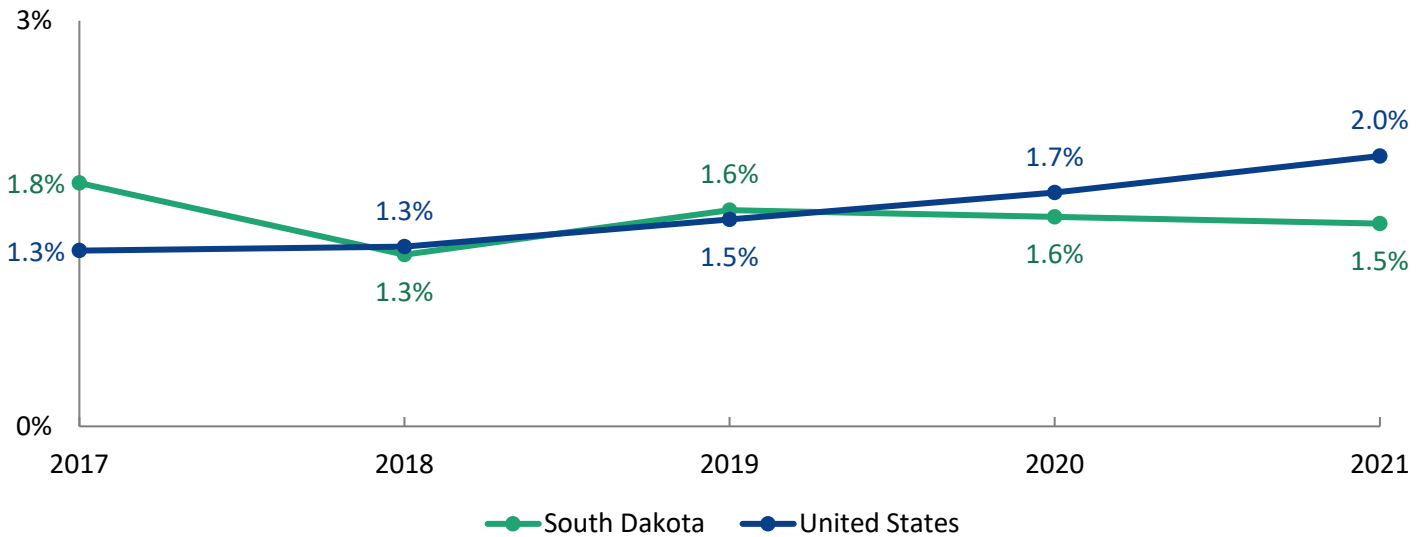


Definitions: Parents with children ages 6-17 years were asked, “During the past 12 months, how often did you attend events or activities that this child participated in?” Response options included always, usually, sometimes, or rarely/never. A response of “always” or “usually” was used to measure parental attendance of events or activities children participate in.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Poor Parent-Child Relationships

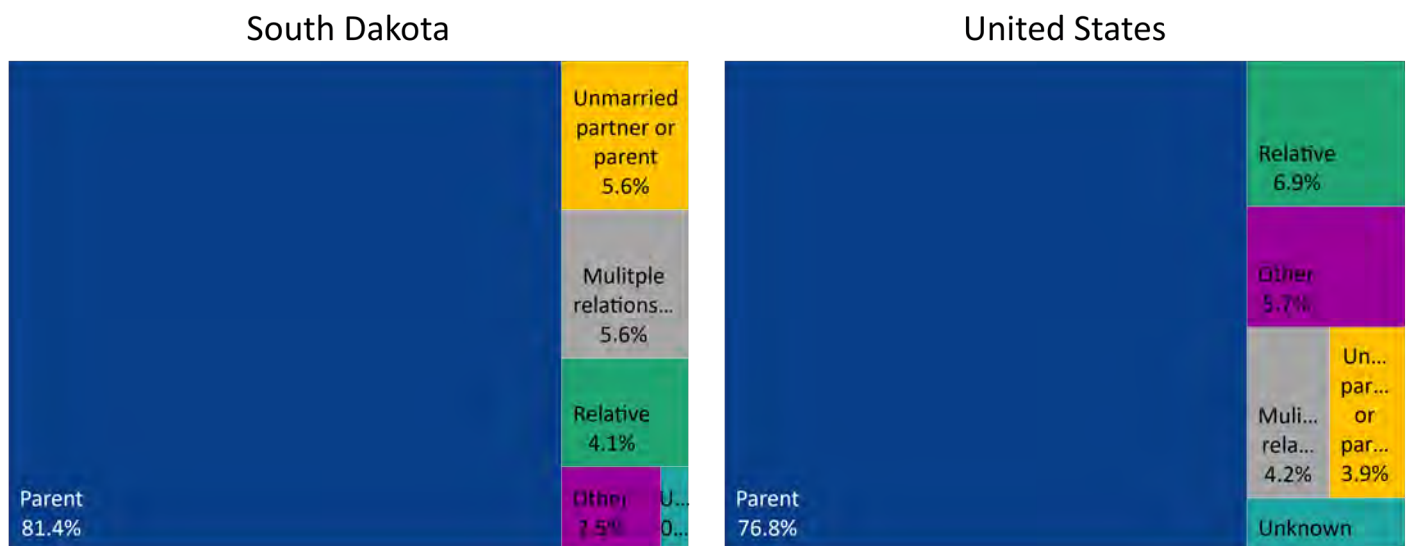
Figure 52. Percent of South Dakota and U.S. children (ages 0-17 years) whose parents handle the day-to-day demands of raising children “not very well” or “not very well at all”: 2017-2021



Definitions: This measure was derived from a single survey question. Parents with children ages 0-17 years were asked, “How well do you think you are handling the day-to-day demands of raising children?” A response of “not very well” or “not very well at all” indicates the child meets the criteria for this measure.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2016-2020 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 53. Child maltreatment perpetrators by relationship to their victims in South Dakota and the U.S.: 2021

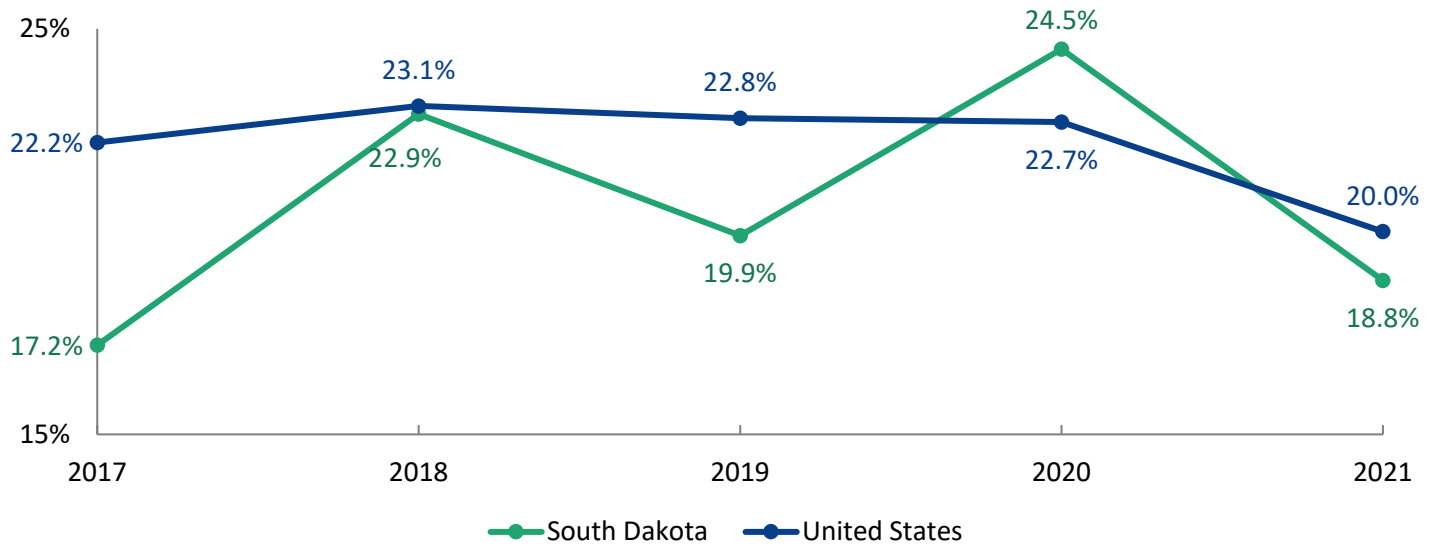


Definitions: Single relationships are counted only once per category, regardless of the number of victims. For example, if the perpetrator is a parent to two victims of child maltreatment, the perpetrator is counted only once in the parent category. Perpetrators with two or more relationships are counted in the multiple relationships category.

Data Source: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2021). Child Maltreatment 2021. Washington, D.C.: U.S. Government Printing Office. https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=program_topic%3A938&f%5B1%5D=type%3Areport

Family Conflict

Figure 54. Percent of South Dakota and U.S. children (ages 0-17 years) whose parents/guardians are divorced or separated: 2017-2021

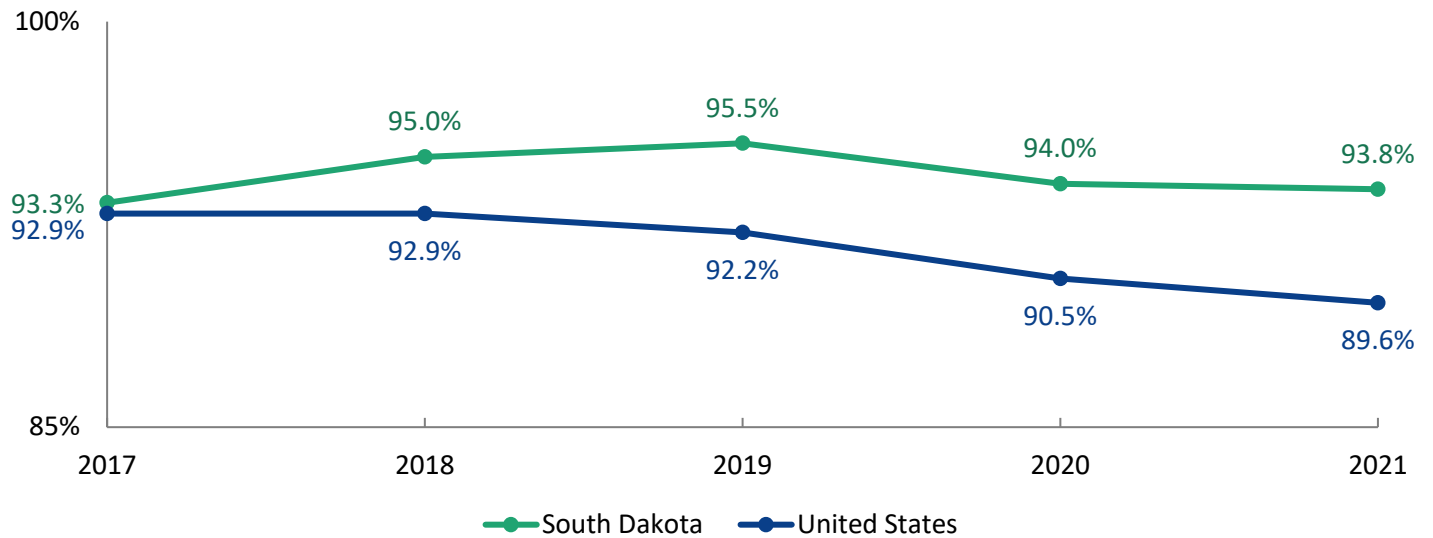


Definitions: Percent of children (ages 0-17 years) whose parents or guardians are divorced or separated. Parents were asked, “Has this child experienced one or more adverse childhood experiences?” One of the response options was, “adverse childhood experience: child’s parent or guardian divorced or separated.” A response of “yes” indicates the child meets the criteria of this indicator.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Connection to a Caring Adult

Figure 55. Percent of South Dakota and U.S. children (ages 6-17 years) who have at least one adult in their school, neighborhood, or community (other than a parent or other adult their home) who knows them and who they can rely on for advice or guidance: 2017-2021

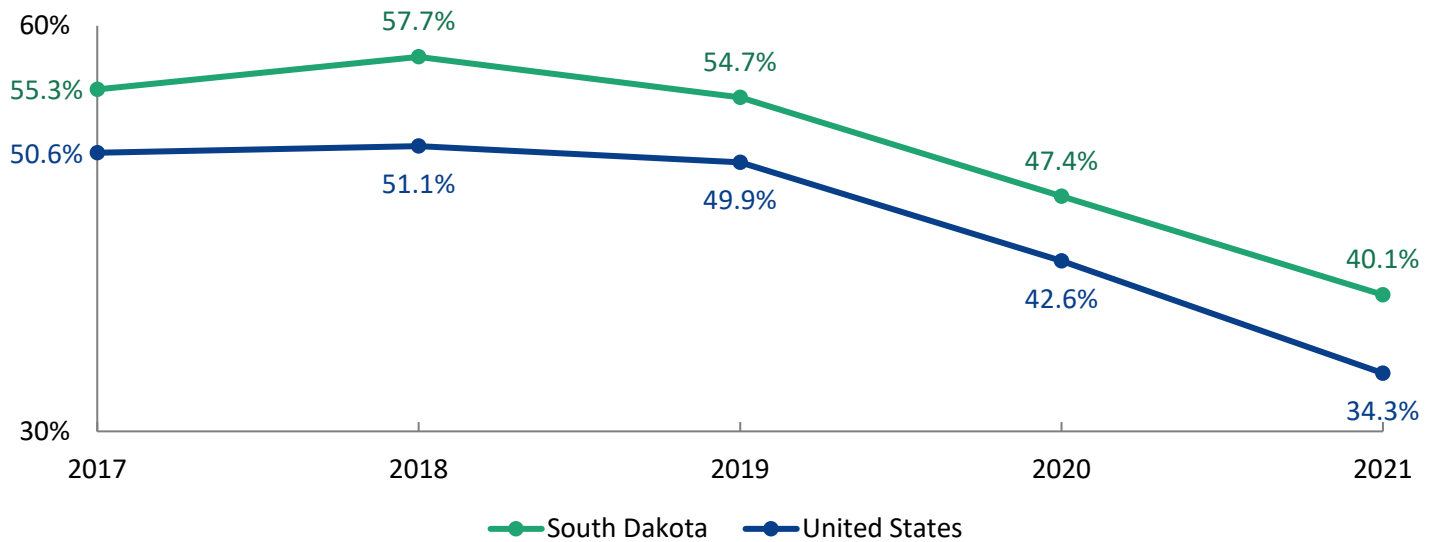


Definitions: This measure was derived from a single item. This question was asked for children between 6 and 17 years of age. Parents were asked, “Other than you or other adults in your home, is there at least one other adult in this child’s school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?” A response of “yes” indicates the child meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Association with Prosocial Peers

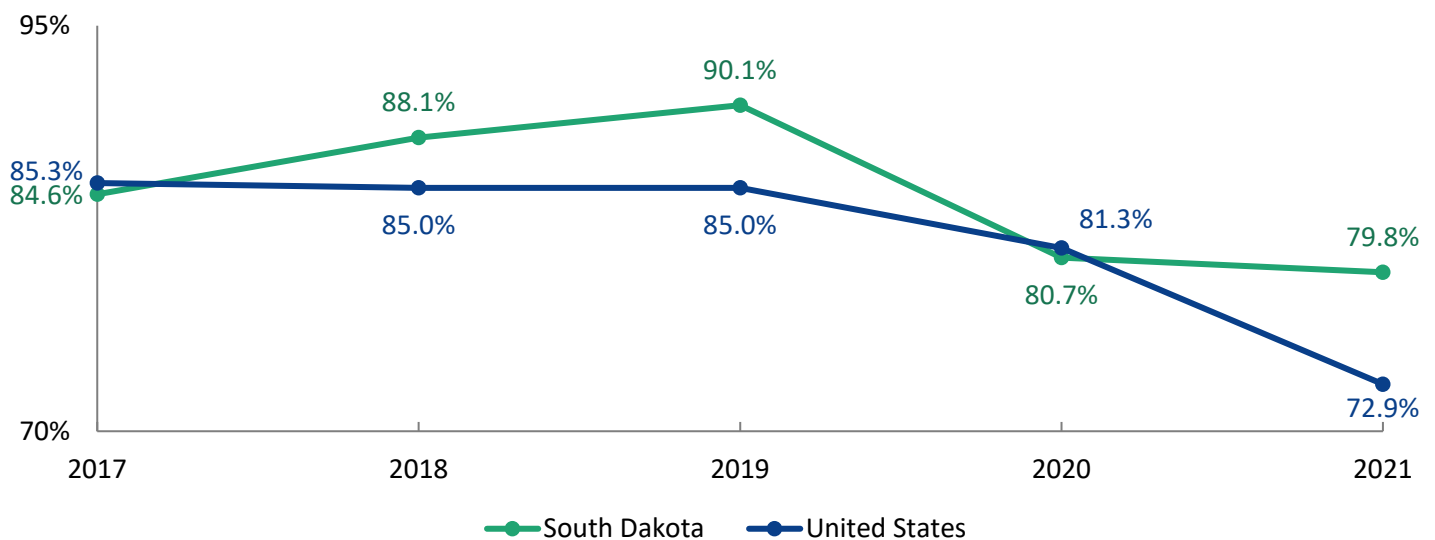
Figure 56. Percent of South Dakota and U.S. children (ages 6-17 years) who participated in any type of community service or volunteer work at school, church, or in the community: 2017-2021



Definitions: This measure was derived from a single item. This question was asked for children between 6 and 17 years of age. Parents were asked, “During the past 12 months, did this child participate in any type of community service or volunteer work at school, church, or in the community?” A response of “yes” indicates the child meets the criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 57. Percent of South Dakota and U.S. children (ages 6-17 years) who participated in any organized activities or lessons, after school or on weekends: 2017-2021

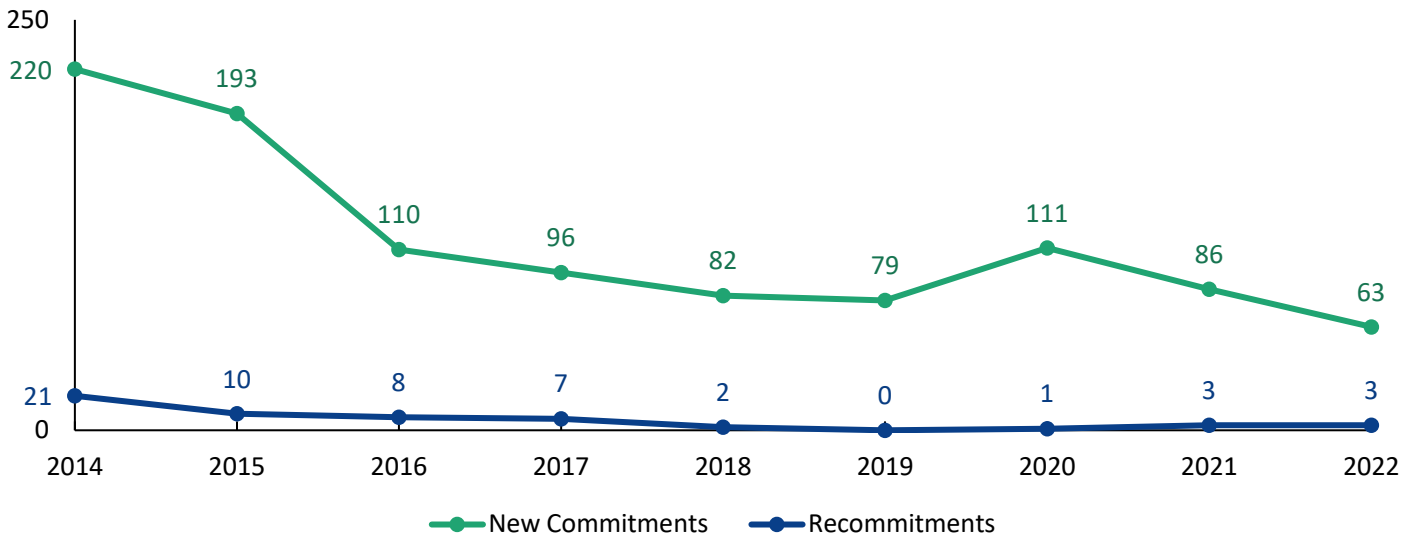


Definitions: For this measure, activities outside of school are defined as: sports teams or lessons, clubs or organizations that take place after school or on weekends or any other organized activities or lessons, such as music, dance, language, or other arts. Children who participate in any of these three activities met the measure criteria.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Associating with Delinquent Peers

Figure 58. Juvenile commitments to the Department of Corrections in South Dakota: 2014-2022

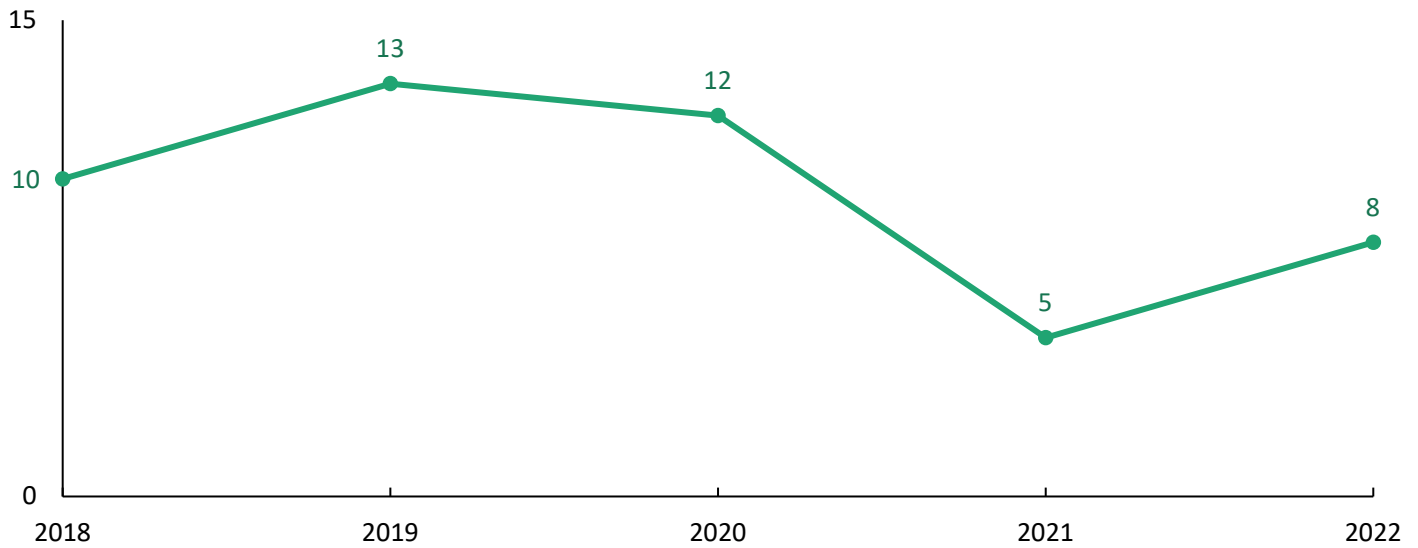


Definitions: Juveniles are committed to the Department of Corrections (DOC) by the courts as either adjudicated delinquents or as children in needs of supervision (CHINS), as allowed by law. For a child adjudicated as a delinquent in South Dakota, a judge can utilize any of the alternatives to DOC commitment listed in [SDCL 26-8C-7](#); and for a CHINS, any of the alternatives listed in [SDCL 26-8B-6](#). In South Dakota, juveniles are committed to the DOC until age twenty-one or they are discharged, as provided in [SDCL 26-11A-5](#) and [26-11A-7](#).

Data Source: South Dakota Department of Corrections. (2023). *2022 statistical report*. <https://doc.sd.gov/documents/SDDOC%202022%20Statistical%20Report.pdf>

Gang Involvement

Figure 59. Number of criminal offenses associated with juvenile gang involvement in South Dakota: 2018-2022



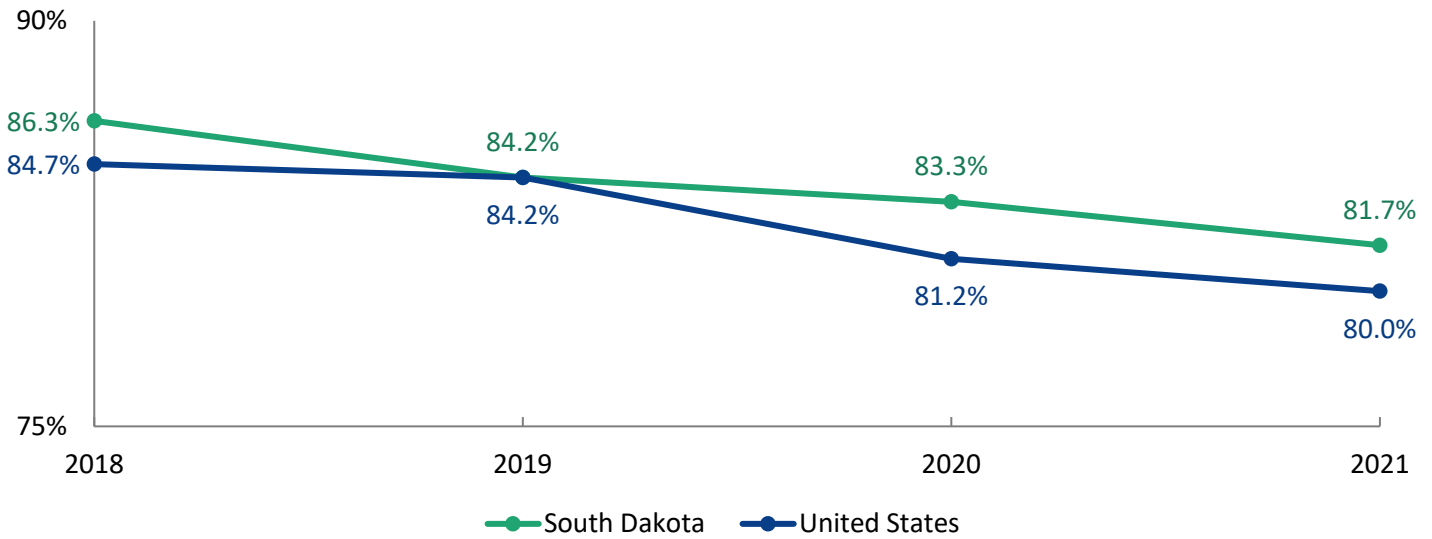
Definitions: According to South Dakota law (SL 1992, ch 159, § 1; SDCL, § 22-10-14; SL 2005, ch 120, §§ 352, 355), "street gang," is defined as "any formal or informal ongoing organization, association, or group of three or more persons who have a common name or common identifying signs, colors, or symbols and have members or associates who, individually or collectively, engage in or have engaged in a pattern of street gang activity." A "pattern of street gang activity," is defined as "the commission, attempted commission, or solicitation by any member or members of a street gang of two or more felony or violent misdemeanor offenses on separate occasions within a three-year period for the purpose of furthering gang activity."

Data Source: South Dakota Office of Attorney General, Division of Criminal Investigation, Criminal Statistical Analysis Center. (2018-2022). *Crime in South Dakota*.

<https://atg.sd.gov/OurOffice/Departments/DCI/SAC/CrimeinSouthDakota.aspx>

Connection/Commitment to School

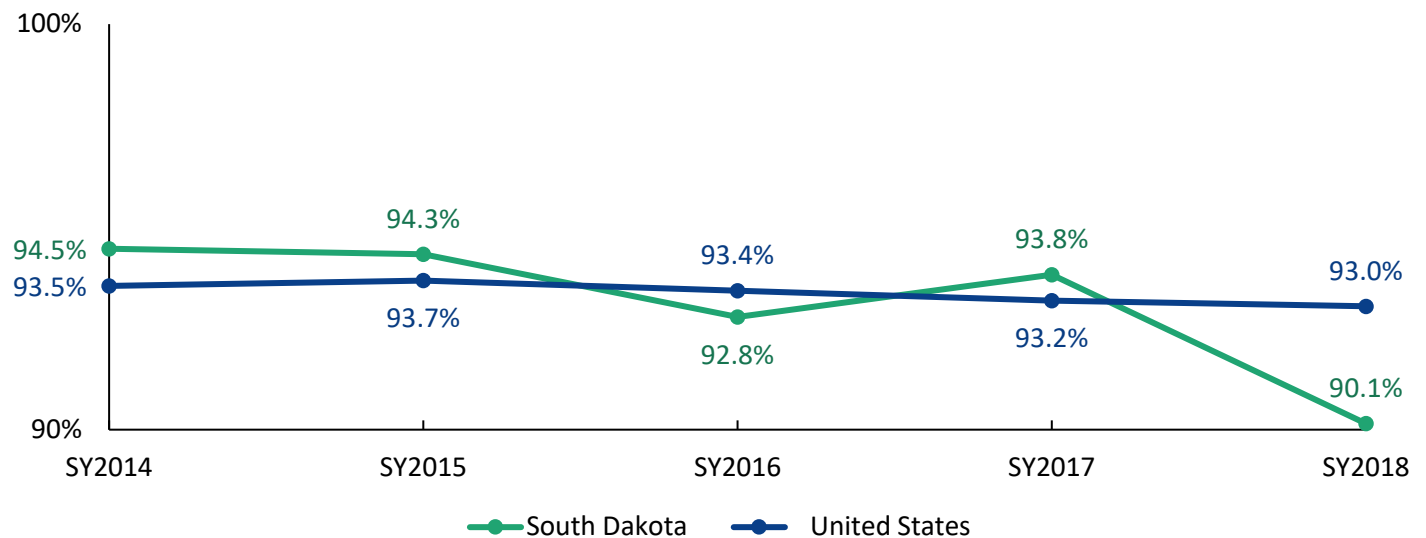
Figure 60. Percent of South Dakota and U.S. children (ages 6-17 years) who are “usually” or “always” engaged in school: 2018-2021



Definitions: Engagement in school is measured by how often a child, ages 6-17 years, cares about doing well in school and does required homework. Children whose parents reported that their child “always” cares about doing well in school AND does required homework are categorized as “always engaged in school.” Children were categorized as “usually engaged in school” if parents responded “usually” to both questions or “always” to either question and “usually” to another question. The remaining children categorized as sometimes or never engaged in school. The two items which make up this measure had changes between 2017 and 2018, therefore the prior years are not comparable.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 61. Average daily attendance in public elementary and secondary schools in South Dakota and the U.S.: SY2014-SY2018

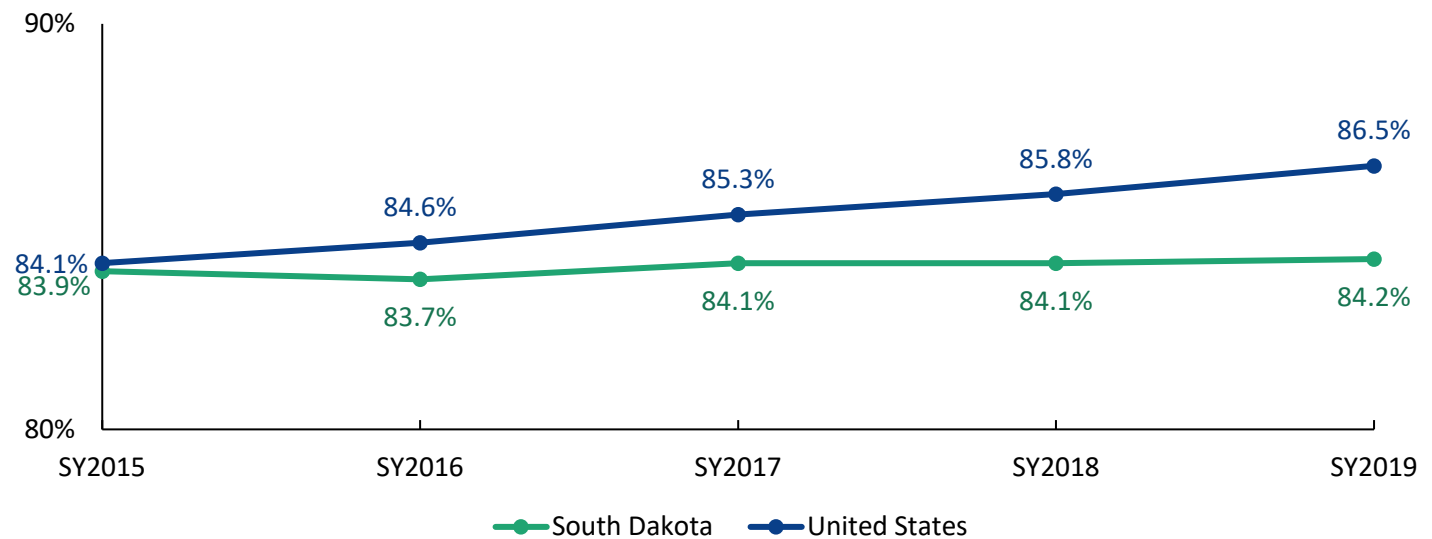


Definitions: Average daily attendance (ADA) is the total number of days of student attendance divided by the total number of days in the regular school year. A student attending every day would equal 100% ADA.

Data Source:

- **Attendance data:** U.S. Department of Education. (2021). *National public education financial survey* National Center for Education Statistics, Statistics of State School Systems, Common Core of Data (CCD), (1989-90 through 2018-19). https://nces.ed.gov/programs/digest/d21/tables/dt21_203.80.asp?current=yes
- **Total student enrollment:** U.S. Department of Education. (2021). *National Center for Education Statistics, Common Core of Data, State nonfiscal survey of public elementary/secondary education survey* (1990-91 through 2019-20 and 2020-21 Preliminary). Department of Defense Education Activity (DoDEA) Data Center, Enrollment Data, 2009 through 2014 and 2016 through 2020. <https://www.dodea.edu/datacenter/enrollment.cfm>

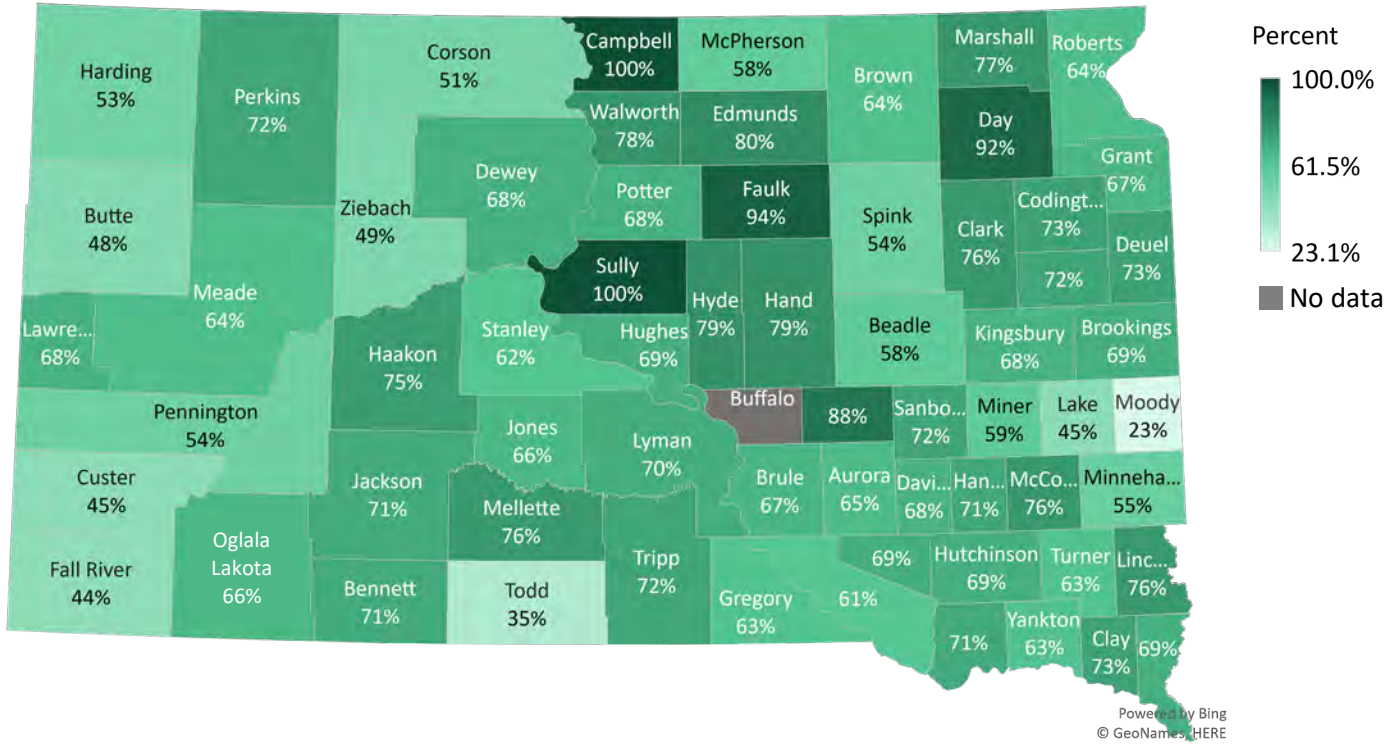
Figure 62. High school graduation rate in South Dakota and the U.S.: SY2015-SY2019



Definitions: For high school graduation rates, the adjusted cohort graduation rate (ACGR) was used. The ACGR is the percentage of public high school freshmen who graduate with a regular diploma or a state-defined alternate high school diploma for students with the most significant cognitive disabilities within 4 years of starting 9th grade. Students who are entering 9th grade for the first time form a cohort for the graduating class. This cohort is "adjusted" by adding any students who subsequently transfer into the cohort and subtracting any students who subsequently transfer out, emigrate to another country, or die. Before 2017-18, the definition of ACGR included regular high school diplomas only. Values preceded by the ">=" or "<" symbol have been "blurred" (rounded) to protect student privacy. Race categories exclude persons of Hispanic ethnicity. In 2019-20, some states may have changed their requirements for a regular high school diploma to account for the impact of the coronavirus pandemic. These changes are at the discretion of each state but may have resulted in less comparability in the ACGRs between 2019-20 and prior school years.

Data Source: U.S. Department of Education. (2021). *Consolidated state performance report* (2010-11 through 2012-13). Office of Elementary and Secondary Education; National Center for Education Statistics (EDFacts file 150, Data Group 695, and EDFacts file 151, Data Group 696, 2013-14 through 2019-20).

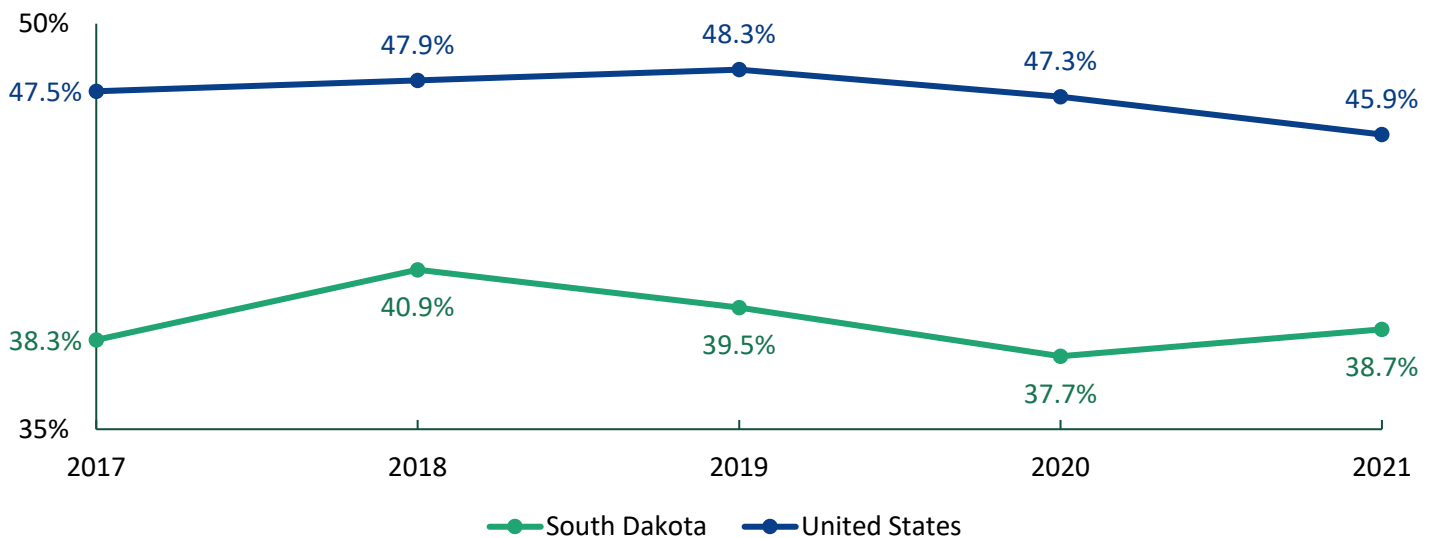
Figure 63. Students enrolled in higher education who completed high school at least 18 months ago by South Dakota county: SY2019



Definitions: Percent of high school graduates attending a higher education institution (both in and out-of-state), academic year (completer roster year).

Data Source: South Dakota Department of Education (aggregate data provided upon request)

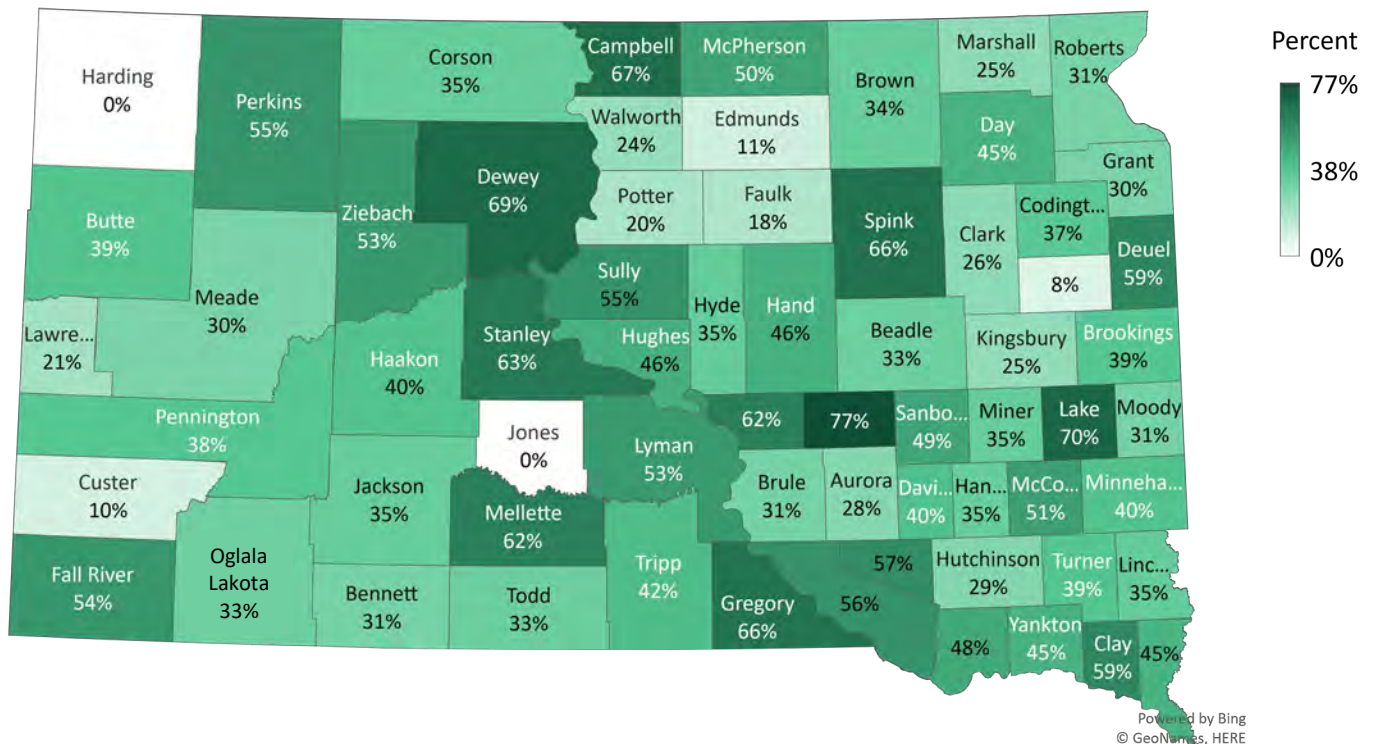
Figure 64a. Percent of South Dakota and U.S. children (ages 3-4 years) enrolled in school: 2017-2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?q=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

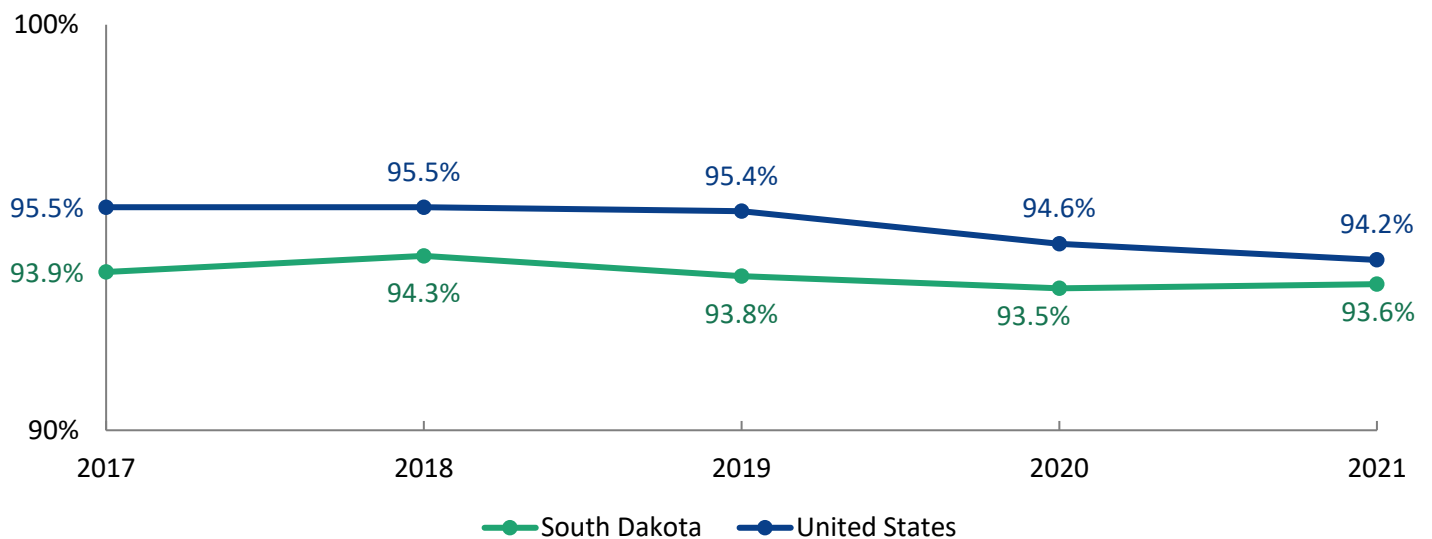
Figure 64b. Percent of South Dakota and U.S. children (ages 3-4 years) enrolled in school by South Dakota county: 2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?q=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

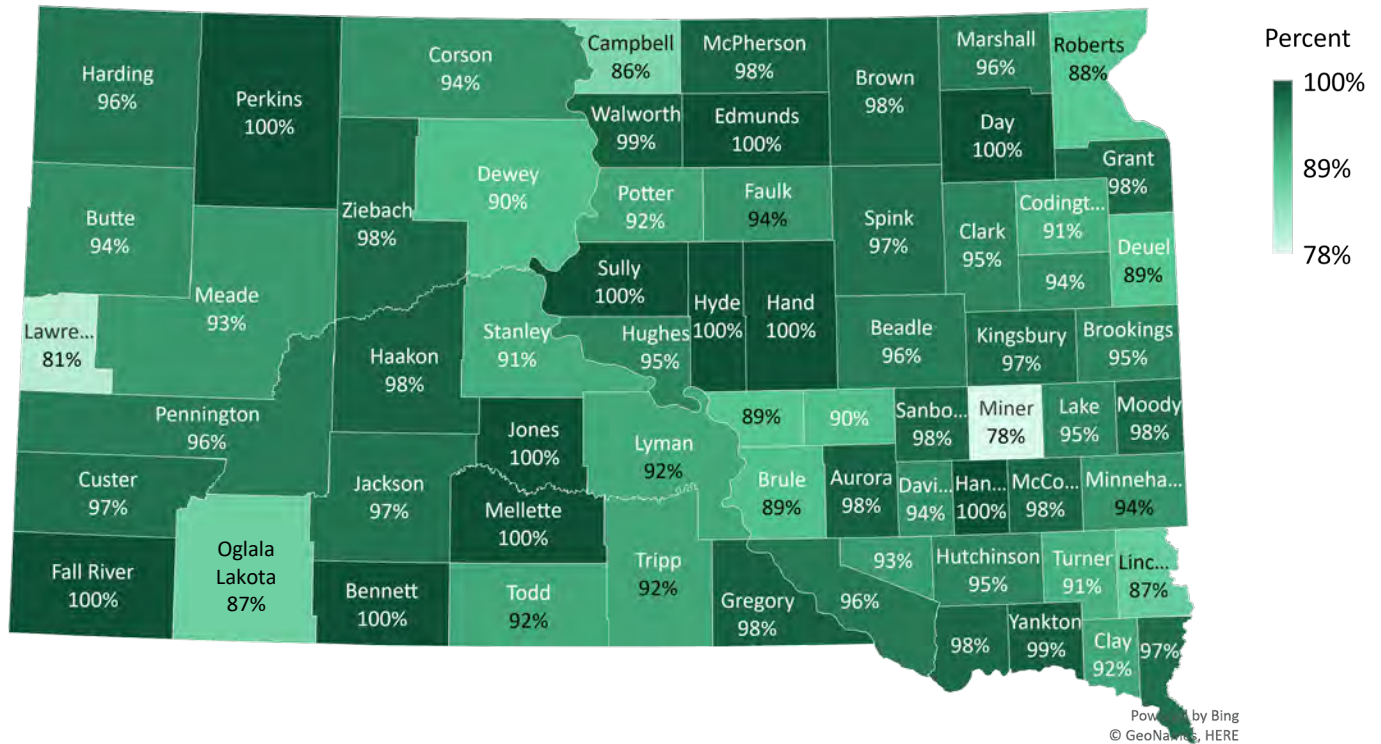
Figure 65a. Percent of South Dakota and U.S. children (ages 5-9 years) enrolled in school: 2017-2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

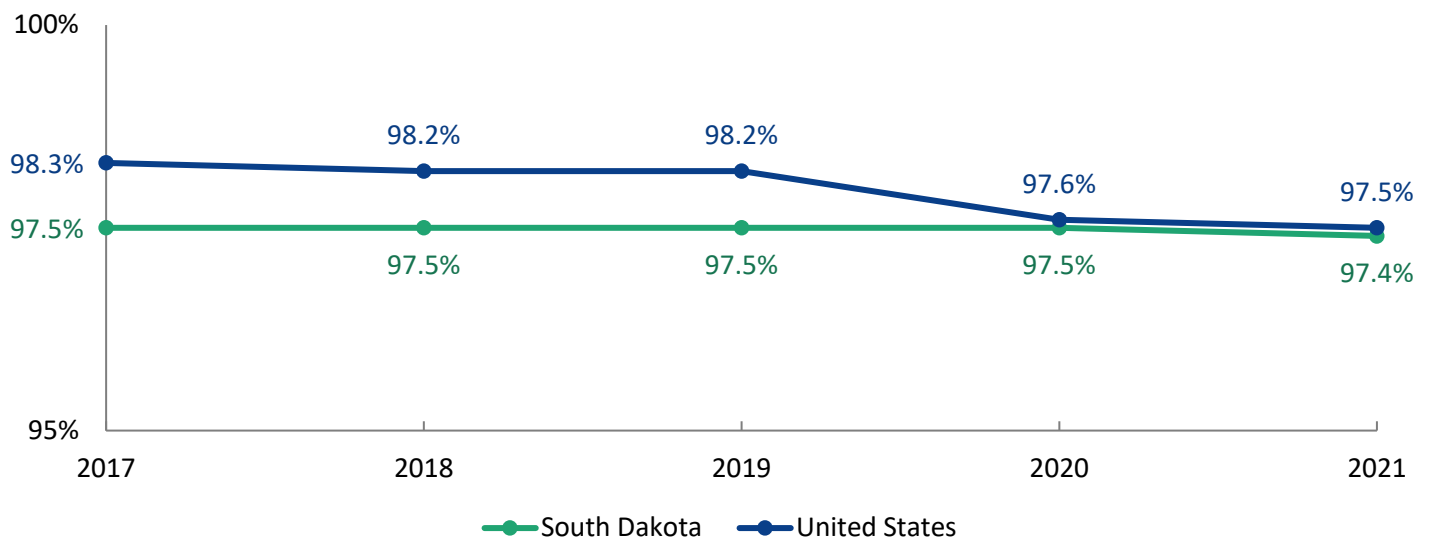
Figure 65b. Percent of South Dakota and U.S. children (ages 5-9 years) enrolled in school by South Dakota county: 2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

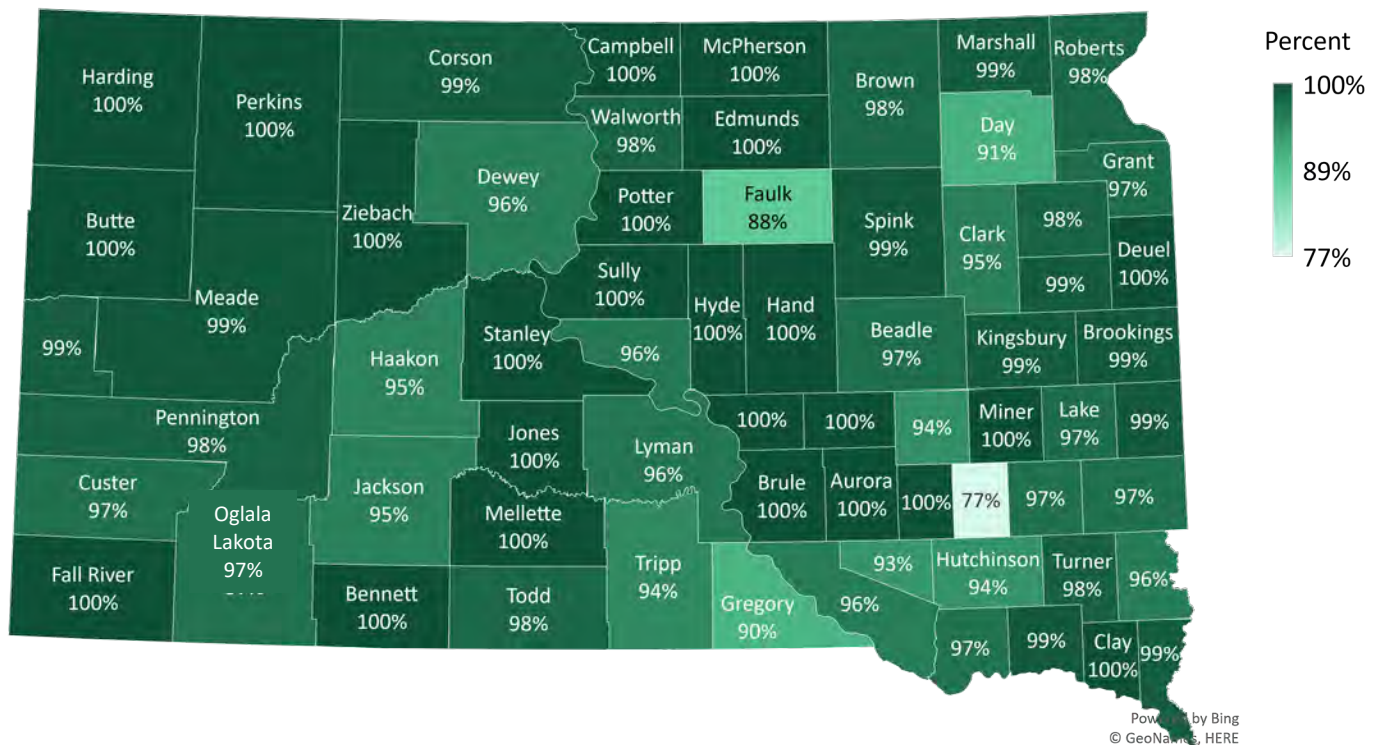
Figure 66a. Percent of South Dakota and U.S. children (ages 10-14 years) enrolled in school: 2017-2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACST5Y2021.S1401

Figure 66b. Percent of South Dakota and U.S. children (ages 10-14 years) enrolled in school by South Dakota county: 2021

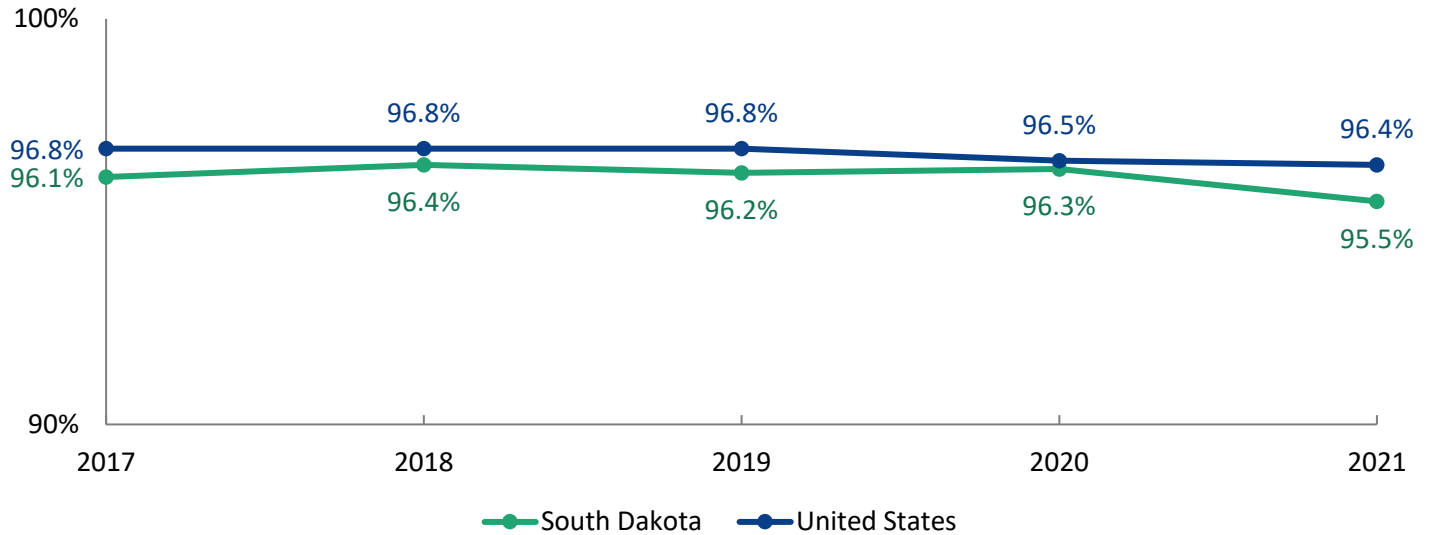


Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling

advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

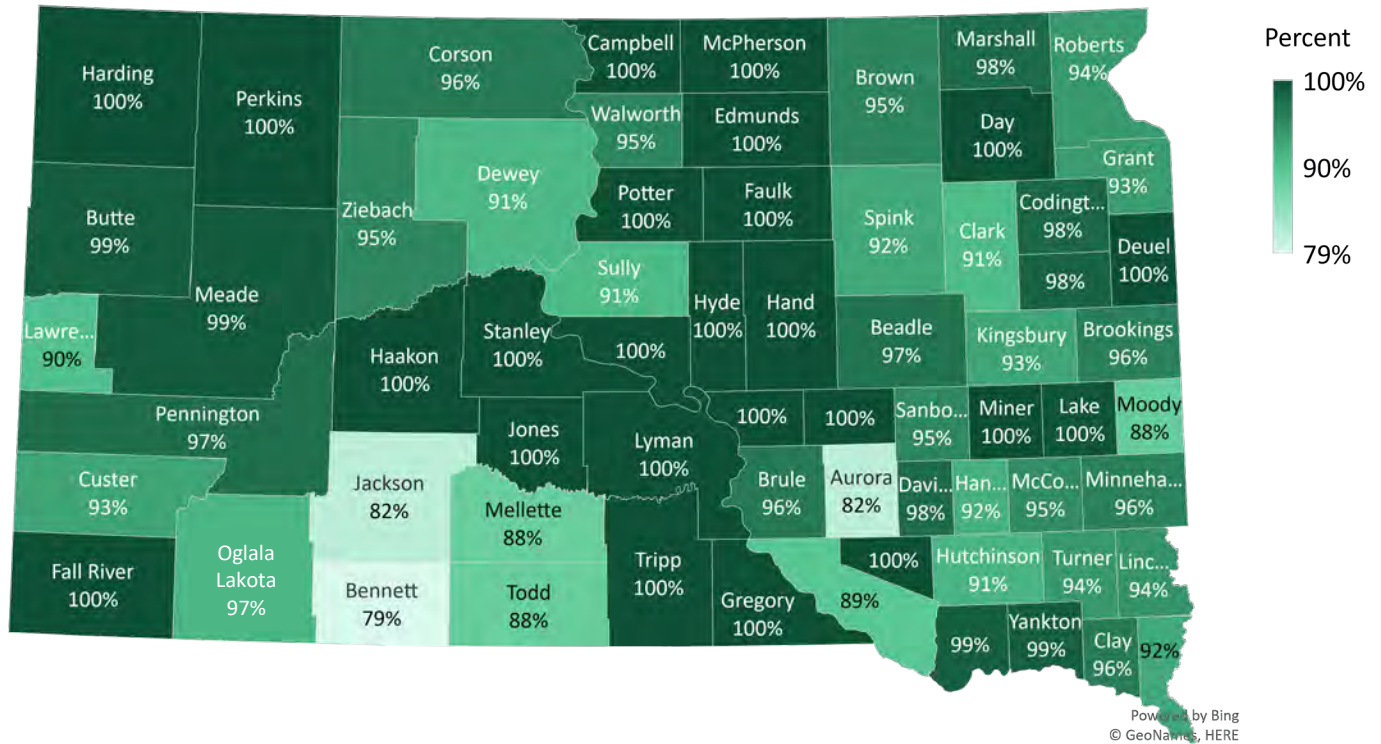
Figure 67a. Percent of South Dakota and U.S. children (ages 15-17 years) enrolled in school: 2017-2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?g=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

Figure 67b. Percent of South Dakota and U.S. children (ages 15-17 years) enrolled in school by South Dakota county: 2021



Definitions: People were classified as enrolled in school if they were attending a public or private school or college at any time during the 3 months prior to the time of interview. School enrollment is only recorded if the schooling advances a person toward an elementary school certificate, a high school diploma, or a college, university, or professional school (such as law or medicine) degree. South Dakota compulsory education laws require children between the ages of six and 18 years to attend school unless they have graduated ([SDCL § 13-27](#)).

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1401). https://data.census.gov/table?q=010XX00US_040XX00US46&tid=ACSST5Y2021.S1401

Community-Level Measures

Table 3. Indicators included in this section and comparison values for South Dakota and the United States (years vary by indicator)

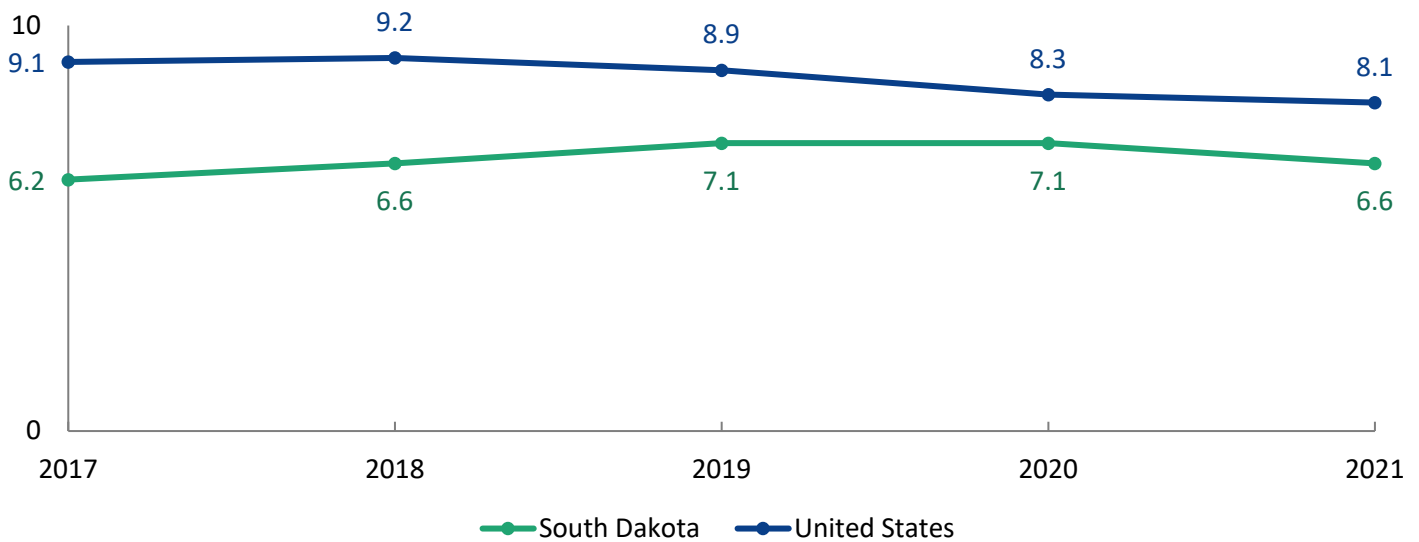
	Values (latest avail.)	
	SD	U.S.
Community Violence		
Figure 68a. South Dakota and U.S. child maltreatment rate per 1,000 children: 2017-2021	6.6	8.1
Figure 69. Violent crime rate per 100,000 population in South Dakota and the U.S.: 2016-2020	501.4	398.5
Figure 70a. Rape rates per 100,000 population in South Dakota and the U.S.: 1985-2021	67.1	38.4
Figure 71. Percent of <u>women</u> who have experienced domestic violence by state: 2023	33.7%	37.3%
Figure 72. Percent of <u>men</u> who have experienced domestic violence by state: 2023	30.2%	30.9%
Neighborhood Poverty		
See Figure 45b. Percent of families with related children of householder (under 18 years) below the poverty level by South Dakota county: 2021.	—	—
Diminished Economic Opportunities		

Figure 73a. Percent of the population in South Dakota and the U.S. under the age of 18 years below the poverty level: 2017-2021	15.8%	17.0%
Figure 74a. Unemployment rate (ages 20-64 years) in South Dakota and the U.S.: 2017-2021	2.9%	5.1%
Figure 75a. Labor force participation (ages 20-64 years) in South Dakota and the U.S.: 2017-2021	82.5%	78.0%
High Alcohol Outlet Density		
The South Dakota Department of revenue does not release this data to the public. As such, this data is not included in this report.	—	—
Access to Mental Health and Substance Abuse Services		
Figure 76. Percent of South Dakota and U.S. children (ages 3-17 years) with a mental/behavioral condition who receive treatment or counseling: 2017-2021	9.3%	10.5%
Figure 77. Percent of South Dakota and U.S. children (ages 3-17 years) who did NOT have difficulty getting the mental health treatment or counseling that the child needed: 2018-2021	51.8%	48.4%
Figure 78. Percent of South Dakota and U.S. children (ages 3-17 years) whose health insurance always/usually offers benefits or cover services that meet the child’s mental or behavioral health needs: 2016-2019	13.0%	15.3%
Figure 79. Mental health providers ratio per person by South Dakota county: 2021	varies	—
Figure 80a. Percent of South Dakota and U.S. youth (ages 12-17 years) with severe depression who received some consistent treatment: 2019-2023	58.1%	28.2%
Figure 81. Substance abuse treatment utilization rate in South Dakota and the U.S.: 2015-2020	86.2%	79.0%
Coordination of Resources and Services Among Community Agencies		
Figure 82. Percent of South Dakota and U.S. children who did NOT have difficulty getting referrals when needed to see any doctors or receive any services: 2018-2021	85.3%	81.0%
Figure 83. Percent of South Dakota and U.S. children who completed a preventive health check-up in the past year: 2017-2021	79.9%	76.0%
Figure 84. Percent of South Dakota and U.S. children (ages 0-17 years) who receive care in a well-functioning system: 2016-2020	20.8%	19.5%
Figure 85. Percent of South Dakota and U.S. children (ages 0-17 years) whose family members spent less than 1 hour per week, in an average week, arranging or coordinating health or medical care for this child: 2017-2021	6.5%	8.0%
Figure 86. Percent of South Dakota and U.S. children (ages 0-17 years) who receive effective care coordination: 2017-2021	31.3%	34.6%
Figure 87. Percent of South Dakota and U.S. children (age 12-17 years) who receive services needed for transition to adult health care: 2017-2021	22.3%	20.2%
Figure 88. Percent of South Dakota and U.S. children (ages 0-17 years) with special health care needs (SHCN), who receive care in a well-functioning system: 2017-2021	17.7%	15.3%
Figure 89. Percent of South Dakota and U.S. children (ages 0-17 years) currently receiving special services to meet their developmental needs such as speech, occupational, or behavioral therapy: 2017-2021	7.8%	8.5%
Figure 90. Number of safety responses for victims of child maltreatment in South Dakota: 2018-2022	599	—
Poor Neighborhood Support and Cohesion		
Figure 91. Percent of South Dakota and U.S. children (ages 0-17 years) who do NOT live in a supportive neighborhood: 2017-2021	32.4%	39.6%
Figure 92. Percent of South Dakota and U.S. children (ages 0-17 years) who do NOT live in a safe neighborhood: 2017-2021	2.6%	3.7%

Figure 93. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a neighborhood where there is litter or garbage on the street or sidewalk, poorly kept or rundown housing, AND vandalism such as broken windows and graffiti: 2017-2021	2.6%	3.7%
Community Support/Connectedness		
Figure 94. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a supportive neighborhood: 2017-2021	67.6%	60.4%
Figure 95. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a safe neighborhood: 2017-2021	97.4%	96.3%
Figure 96. Percent of South Dakota and U.S. children who live in a neighborhood where there is NO litter or garbage on the street or sidewalk, poorly kept or rundown housing, or vandalism such as broken windows and graffiti: 2017-2021	82.1%	76.3%

Community Violence

Figure 68a. South Dakota and U.S. child maltreatment rate per 1,000 children: 2017-2021

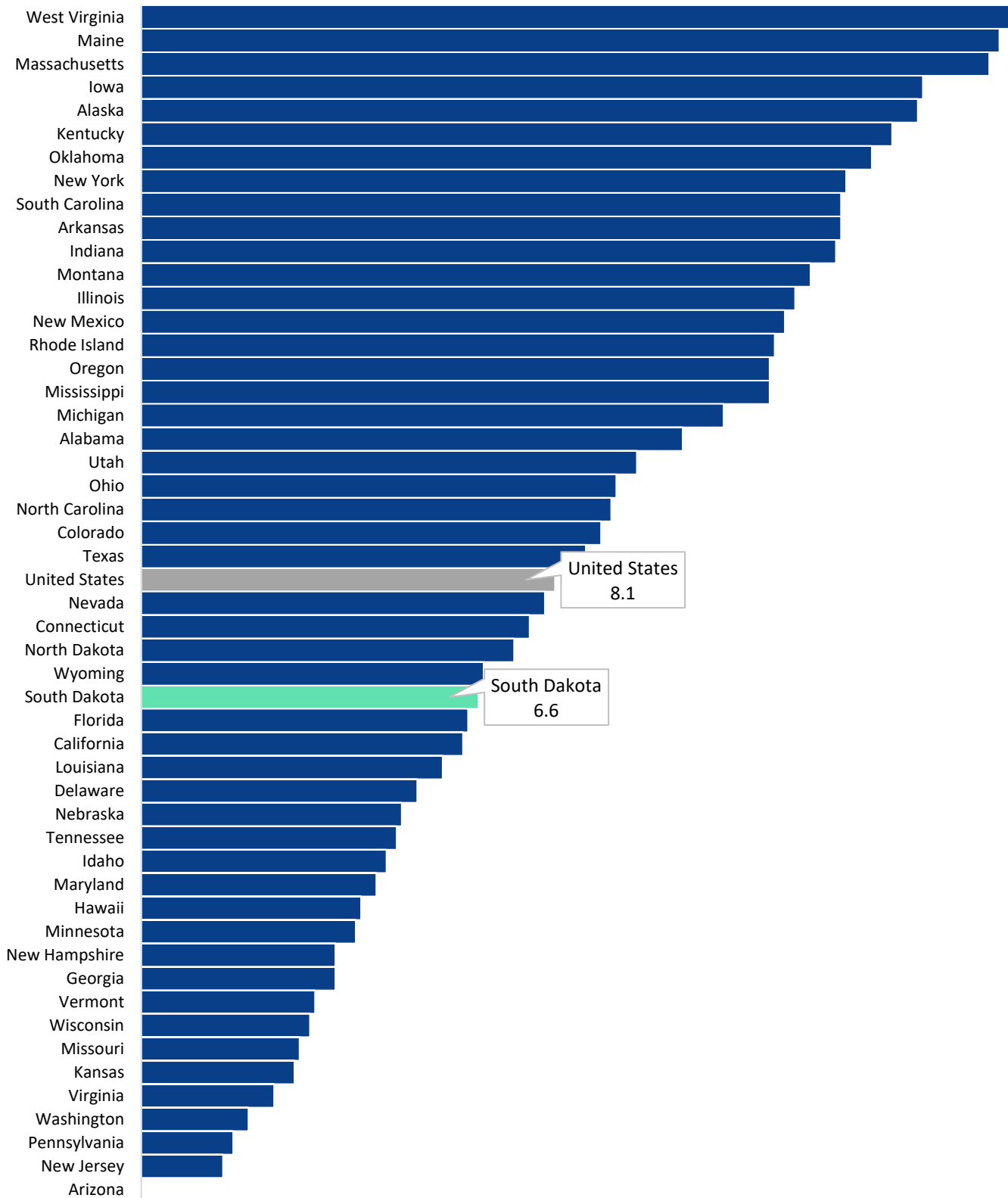


Definitions: Rates are calculated per 1,000 children (ages 0-18 years). Each state has its own definitions of child abuse and neglect that are based on standards set by federal law (see South Dakota Codified Laws, specifically Chapter [26-8A](#) and [26-7A](#), for legal definitions of child abuse and neglect). Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA), (P.L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation []; or an act or failure to act, which presents an imminent risk of serious harm.”

Data Source: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2019-2023). Child maltreatment 2017-2021. Washington, D.C.: U.S. Government Printing Office.

https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=program_topic%3A938&f%5B1%5D=type%3Areport

Figure 68b. Child maltreatment rate per 1,000 children by state: 2021

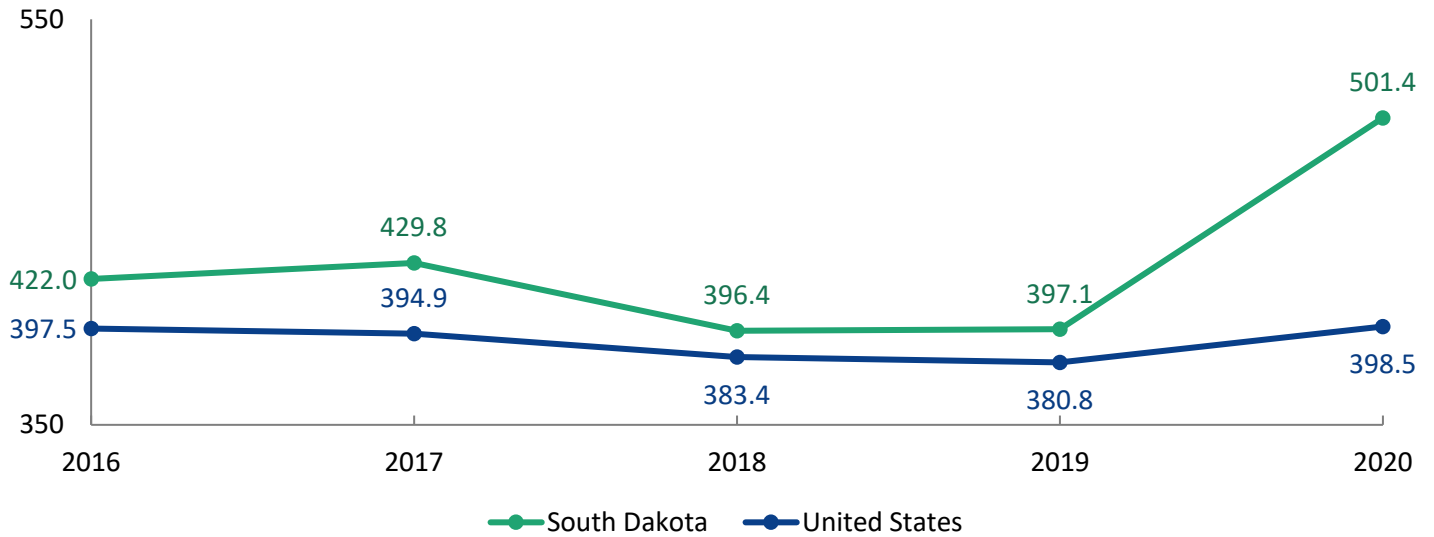


Definitions: Rates are calculated per 1,000 children (ages 0-18 years). Each state has its own definitions of child abuse and neglect that are based on standards set by federal law (see South Dakota Codified Laws, specifically Chapter [26-8A](#) and [26-7A](#), for legal definitions of child abuse and neglect). Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act

(CAPTA), (P.L. 100–294), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation []; or an act or failure to act, which presents an imminent risk of serious harm.”

Data Source: U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2023). Child maltreatment 2017-2021. Washington, D.C.: U.S. Government Printing Office.
https://www.acf.hhs.gov/cb/resource-library?f%5B0%5D=program_topic%3A938&f%5B1%5D=type%3Areport

Figure 69. Violent crime rate per 100,000 population in South Dakota and the U.S.: 2016-2020

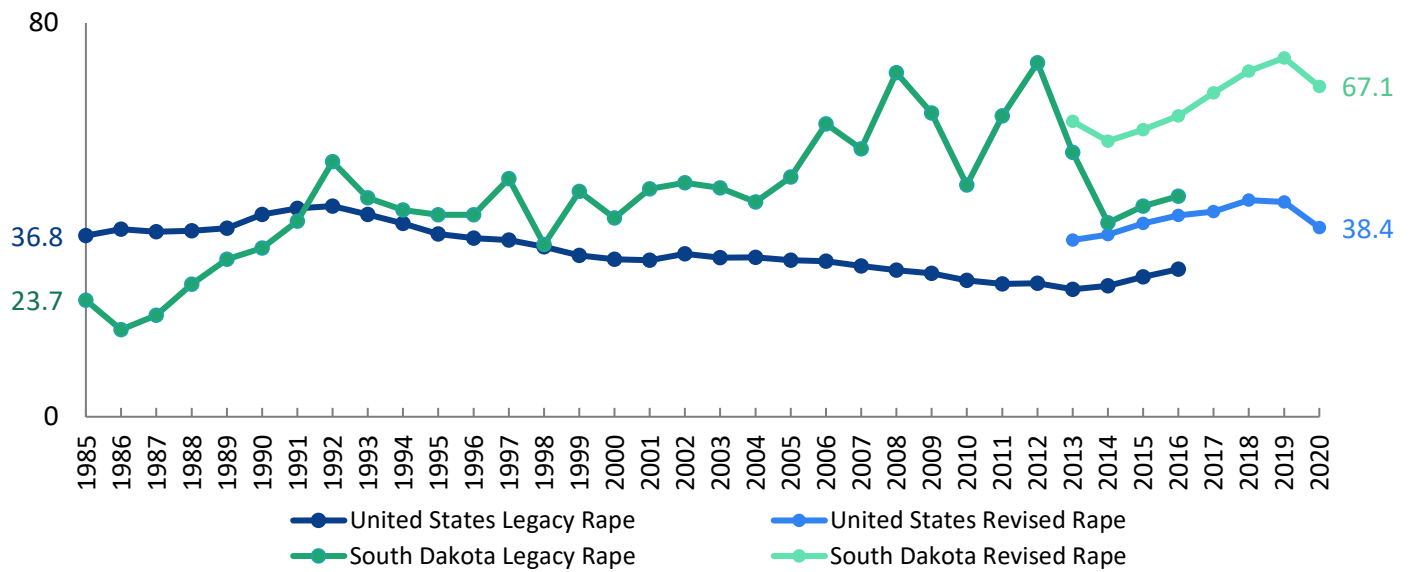


Definitions: Rate of violent crime offenses per 100,000 people (entire population) by year. Violent crime includes the offenses of murder and nonnegligent manslaughter, rape (revised definition), robbery, and aggravated assault.

Data Sources:

- **Crime statistics:** Federal Bureau of Investigation. (2017-2021). *Crime Data Explorer* [Data tool]. Clarksburg, WV: FBI Uniform Crime Reporting Program. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>
- **Population estimates:** U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0101). <https://data.census.gov/table?g=040XX00US46&tid=ACST5Y2021.S0101>

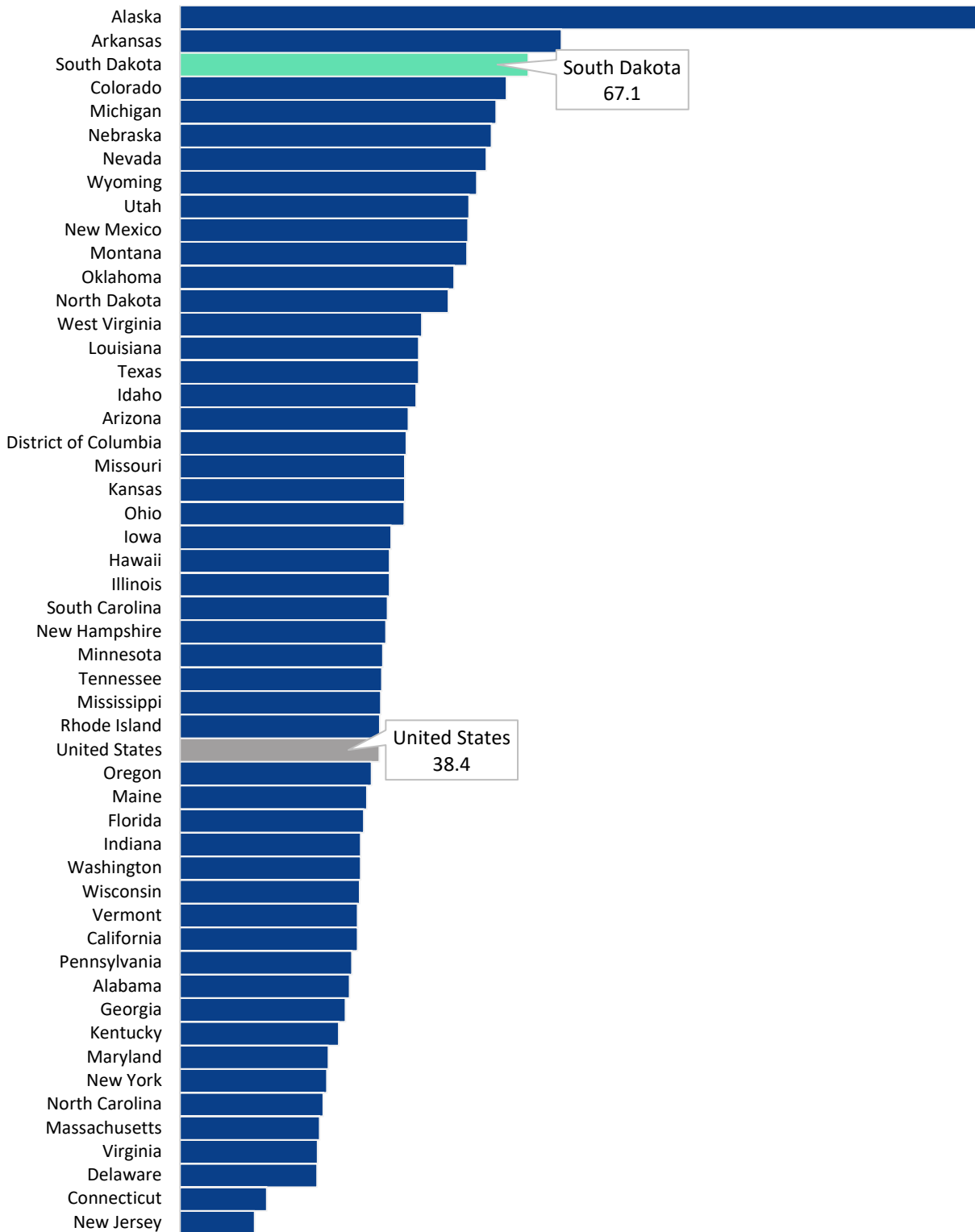
Figure 70a. Rape rates per 100,000 population in South Dakota and the U.S.: 1985-2021



Definitions: Annual rape offenses in South Dakota and the United States per 100,000 people (entire population) from 1985-2020. In 2013, the FBI started collecting rape data under a revised definition and removed “forcible” from the offense name. All reported rape incidents—whether collected under the revised definition or the legacy definition—are presented here. Due to the full transition to NIBRS and the lack of data for agencies that are not fully transitioned, the 2021 data year cannot be added to the 5-, 10- or 20-year trend presentations that are based in traditional methodologies used with summary data.

Data Source: Federal Bureau of Investigation. (1986-2021). *Crime Data Explorer* [Data tool]. Clarksburg, WV: FBI Uniform Crime Reporting Program. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>

Figure 70b. Rape rate per 100,000 population by state: 2020



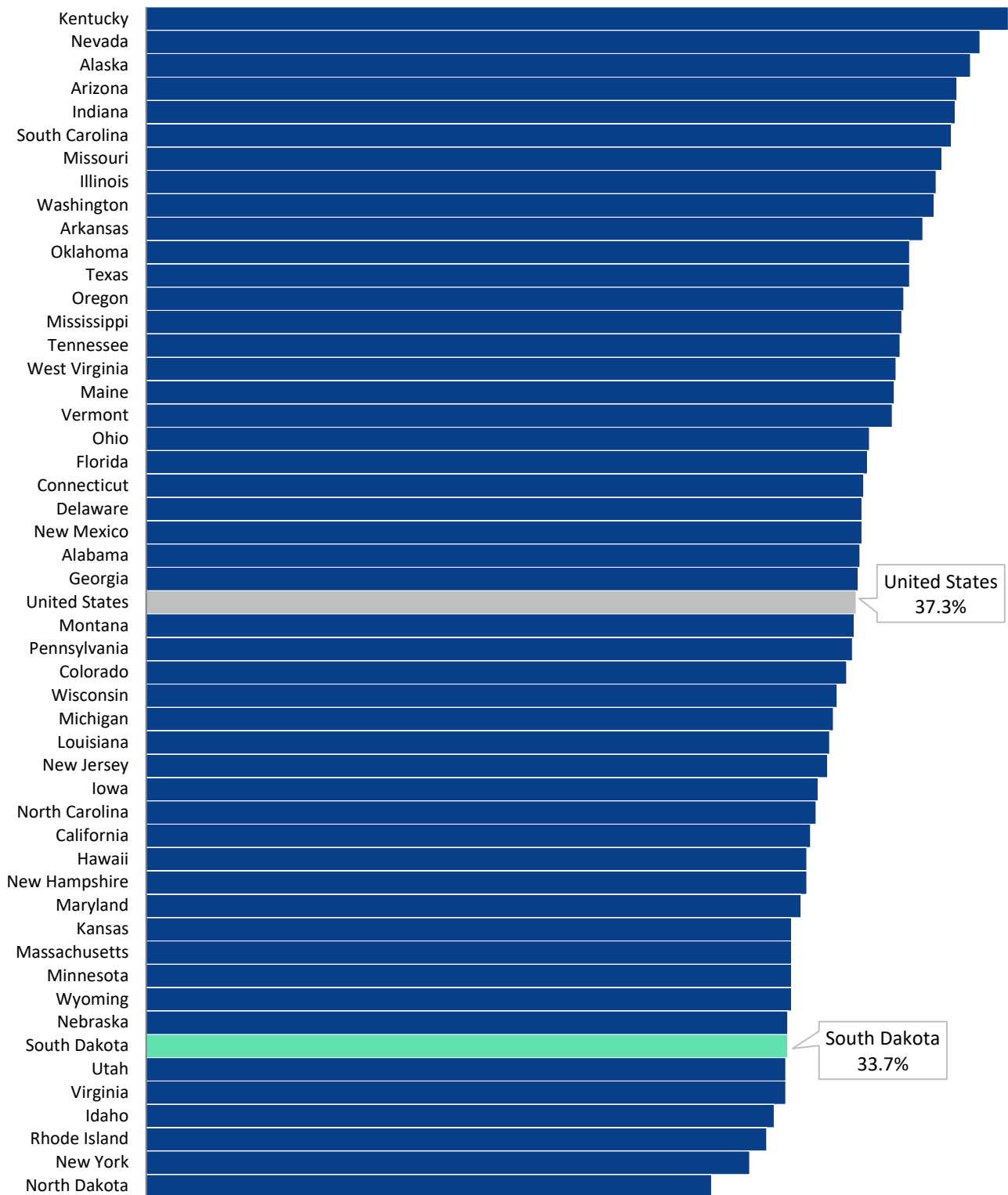
Definitions: A county’s rape rate is the number of rape incidents per 100,000 inhabitants of the county. Rape is defined by the South Dakota Office of the Attorney General as “the carnal knowledge of a person, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental or physical incapacity.” It must be noted that Indian Reservations are not included as they do not report crime statistics to the Criminal Statistical Analysis Center (SAC). Indian Reservation crime data is

collected directly by the FBI. Comparing data year to year gives a good picture of crime trends; however, keep in mind when comparing these figures to previous years that there is a difference in the number of agencies reporting each year. Also, these figures cannot be compared to data released by the FBI, as the FBI uses estimations for non-reported data.

Rape incidents reported at the state-level per 100,000 people (entire population) in 2020. Due to the full transition to NIBRS and the lack of data for agencies that are not fully transitioned, the 2020 data is reported here rather than the 2021 data.

Data Source: Federal Bureau of Investigation. (1986-2021). *Crime Data Explorer* [Data tool]. Clarksburg, WV: FBI Uniform Crime Reporting Program. <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/explorer/crime/crime-trend>

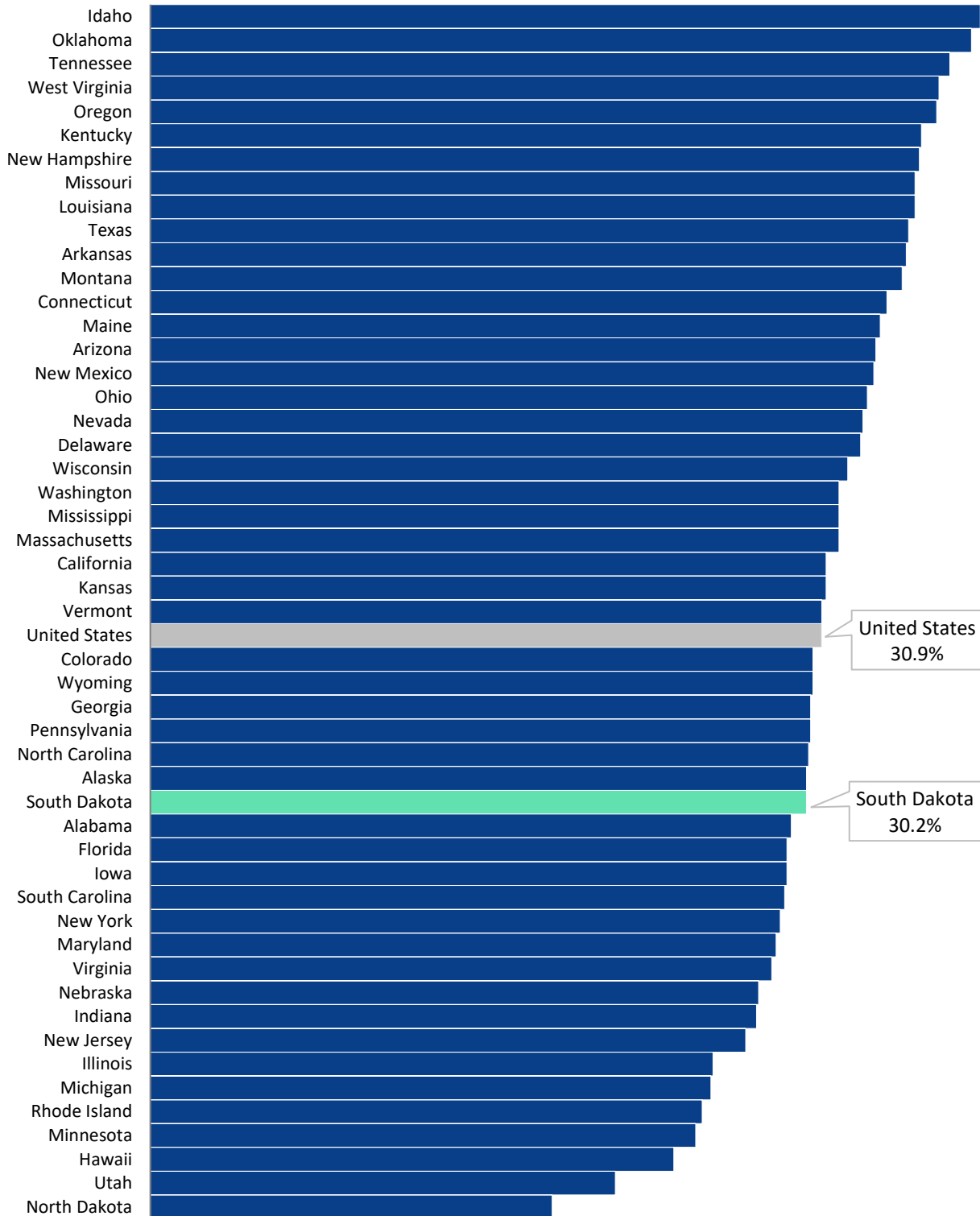
Figure 71. Percent of women who have experienced domestic violence by state: 2023



Definitions: Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, economic, and emotional/psychological abuse (NCADV, 2021)

Data Source: World Population Review. (2023). *Domestic violence by state 2023*. <https://worldpopulationreview.com/state-rankings/domestic-violence-by-state>

Figure 72. Percent of men who have experienced domestic violence by state: 2023



Definitions: Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, economic, and emotional/psychological abuse (NCADV, 2021)

Data Source: World Population Review. (2023). *Domestic violence by state 2023*.

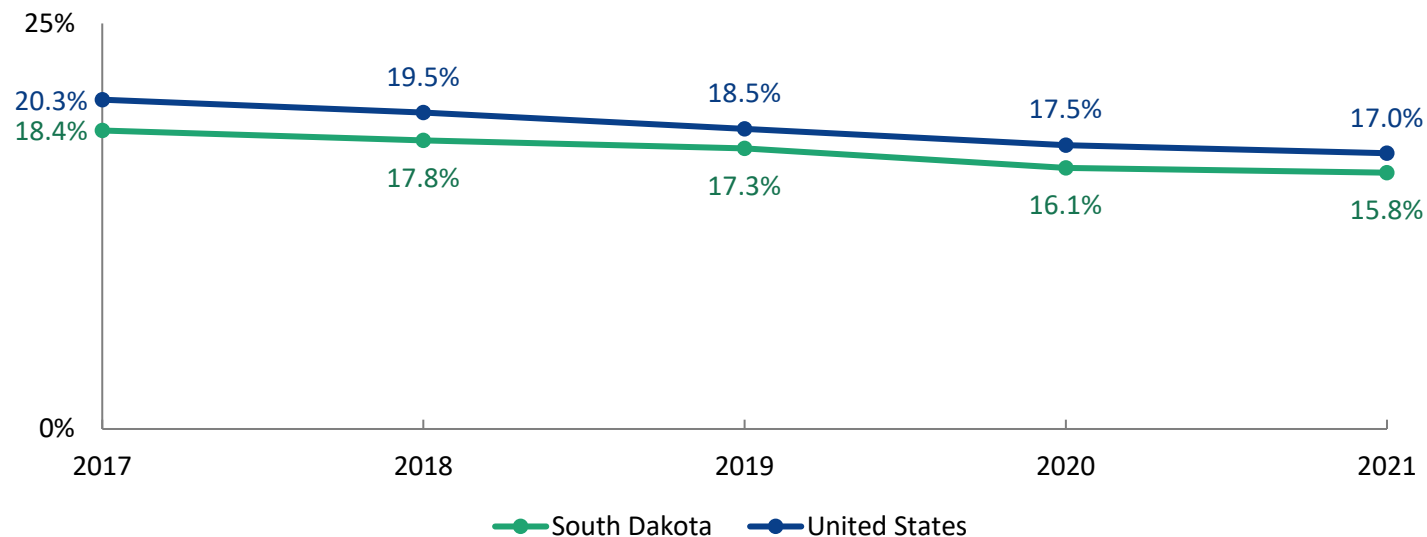
<https://worldpopulationreview.com/state-rankings/domestic-violence-by-state>

Neighborhood Poverty

See [Figure 45b. Percent of families with related children of householder \(under 18 years\) below the poverty level by South Dakota county: 2021](#).

Diminished Economic Opportunities

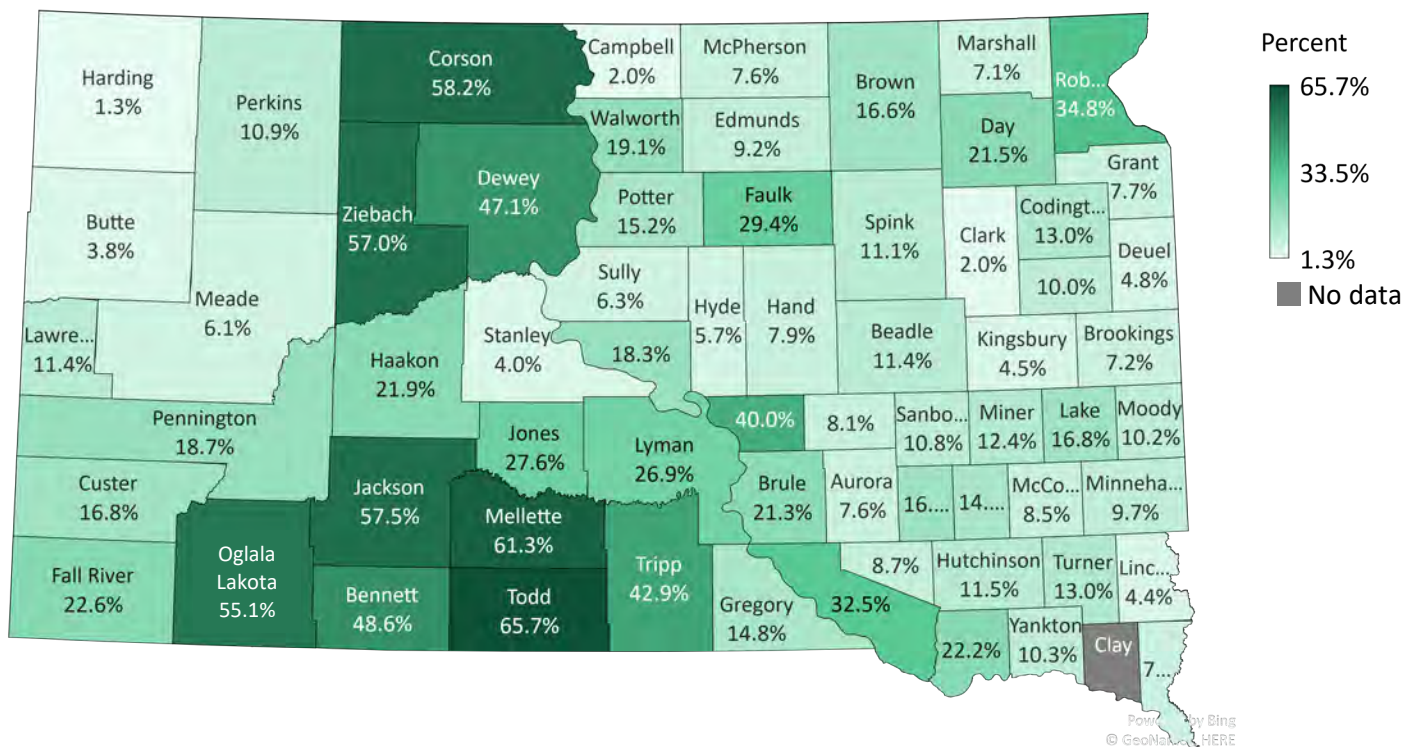
Figure 73a. Percent of the children (ages 0-18 years) in South Dakota and the U.S. below the poverty level: 2017-2021



Definitions: Poverty statistics in American Community Survey (ACS) products adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty.

Data Source: U.S. Census Bureau. (2021). *2017-2021 American Community Survey 5-year estimates subject tables* (Table S1701). https://data.census.gov/table?t=Official+Poverty+Measure:Poverty&g=010XX00US_040XX00US46

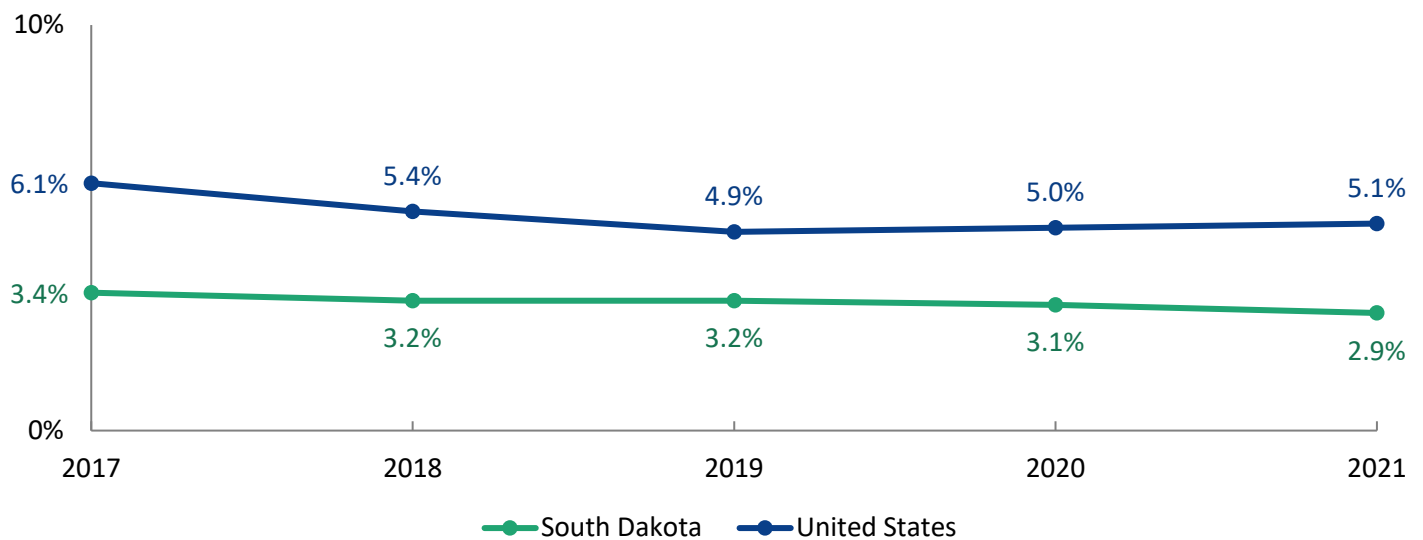
Figure 73b. Percent of the children (ages 0-18 years) below the poverty level by South Dakota county: 2021



Definitions: Poverty statistics in American Community Survey (ACS) products adhere to the standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family’s total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual’s total income is less than the appropriate threshold, then that individual is considered to be in poverty.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S1701). [https://data.census.gov/table?t=Official+Poverty+Measure:Poverty&g=010XX00US_040XX00US46,46\\$0500000&tid=ACSST5Y2021.S1701](https://data.census.gov/table?t=Official+Poverty+Measure:Poverty&g=010XX00US_040XX00US46,46$0500000&tid=ACSST5Y2021.S1701)

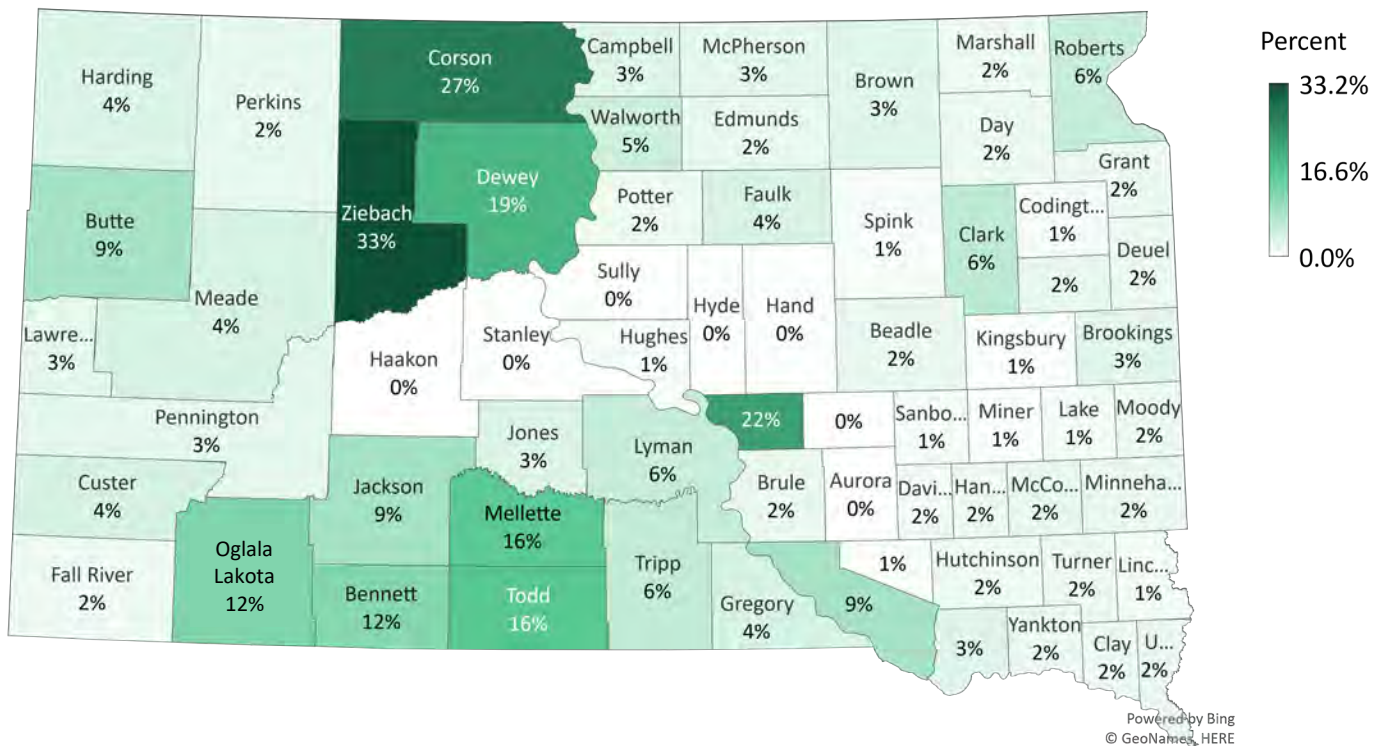
Figure 74a. Unemployment rate (ages 20-64 years) in South Dakota and the U.S.: 2017-2021



Definitions: Represents the number of unemployed people as a percentage of the civilian labor force.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S2301). [https://data.census.gov/table?g=010XX00US_040XX00US46_46\\$0500000&tid=ACST5Y2021.S2301](https://data.census.gov/table?g=010XX00US_040XX00US46_46$0500000&tid=ACST5Y2021.S2301)

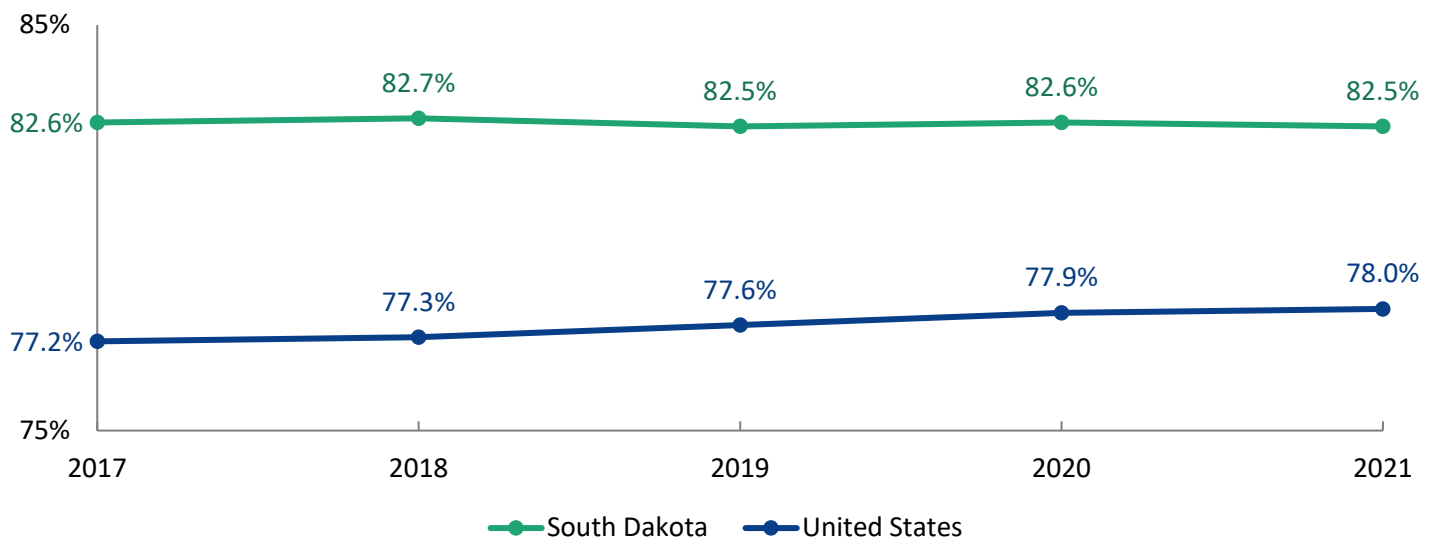
Figure 74b. Unemployment rate (ages 20-64 years) by South Dakota county: 2021



Definitions: Represents the number of unemployed people as a percentage of the civilian labor force.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S2301). [https://data.census.gov/table?g=010XX00US_040XX00US46_46\\$0500000&tid=ACST5Y2021.S2301](https://data.census.gov/table?g=010XX00US_040XX00US46_46$0500000&tid=ACST5Y2021.S2301)

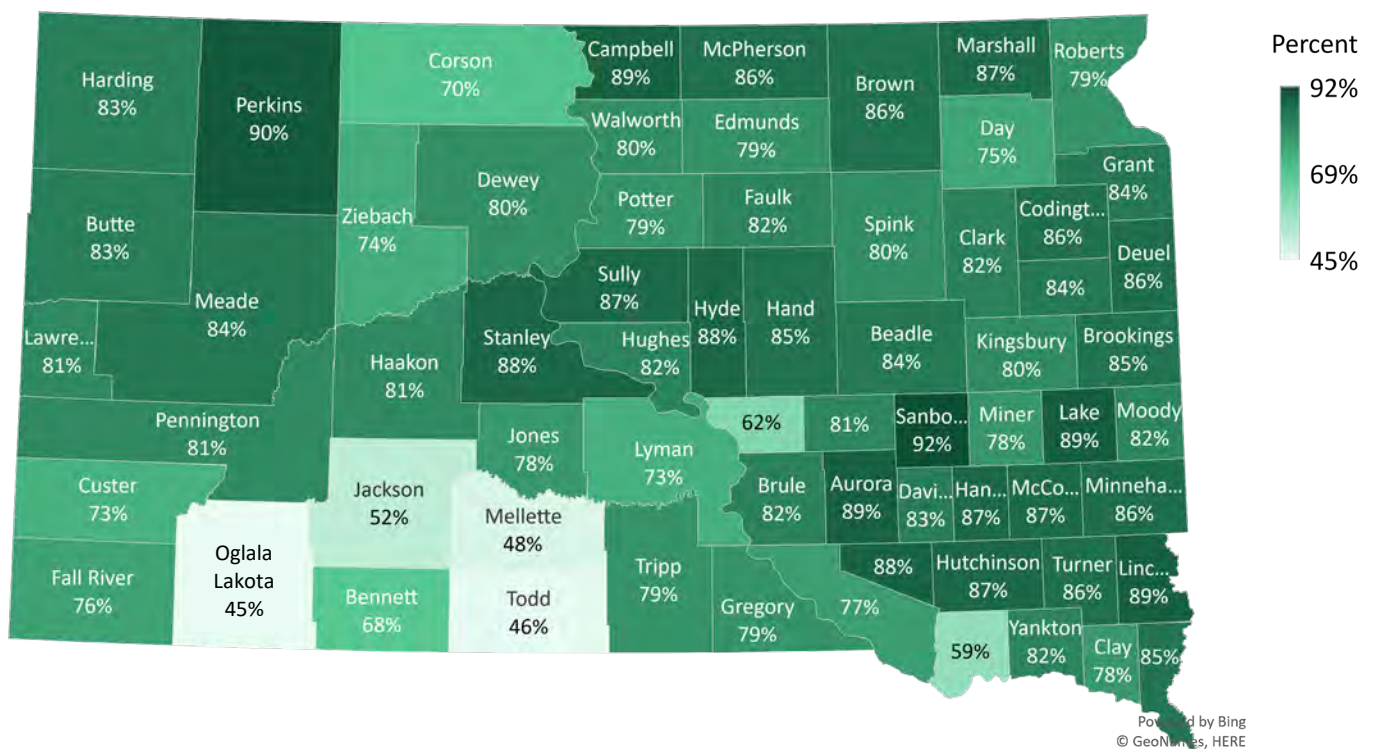
Figure 75a. Labor force participation (ages 20-64 years) in South Dakota and the U.S.: 2017-2021



Definitions: Represents the proportion of the total population, age 20 to 64 years, that is in the labor force.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S2301). [https://data.census.gov/table?g=010XX00US_040XX00US46_46\\$0500000&tid=ACSST5Y2021.S2301](https://data.census.gov/table?g=010XX00US_040XX00US46_46$0500000&tid=ACSST5Y2021.S2301)

Figure 75b. Labor force participation (ages 20-64 years) by South Dakota county: 2021



Definitions: Represents the proportion of the total population, age 20 to 64 years, that is in the labor force.

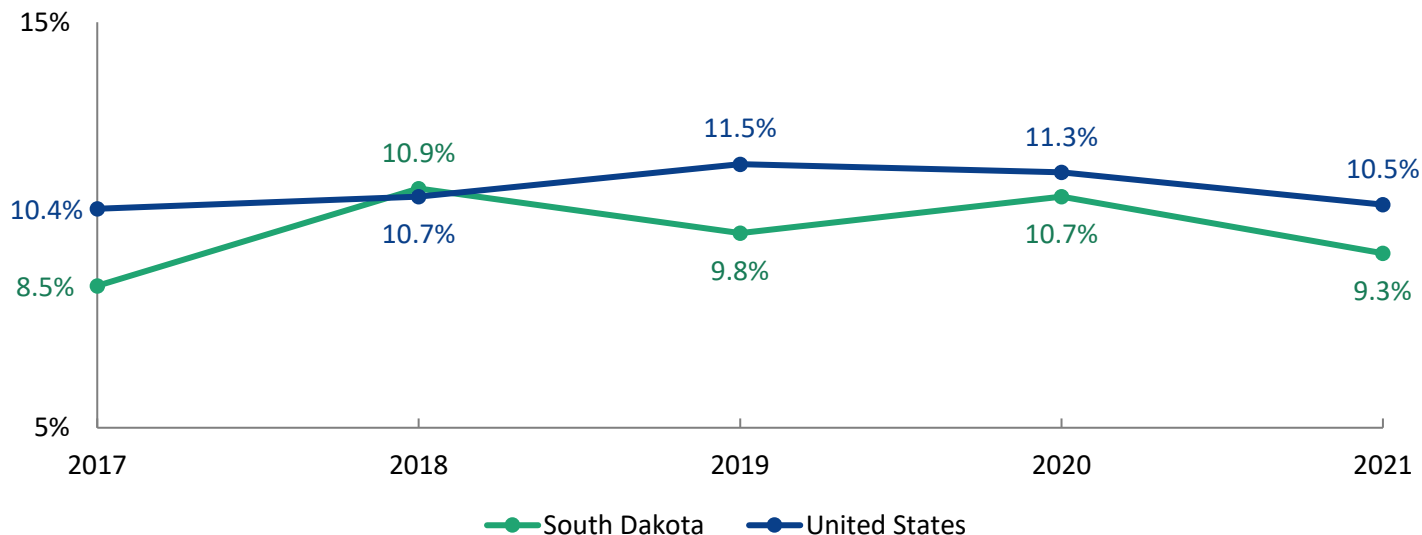
Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S2301). [https://data.census.gov/table?g=010XX00US_040XX00US46_46\\$0500000&tid=ACSST5Y2021.S2301](https://data.census.gov/table?g=010XX00US_040XX00US46_46$0500000&tid=ACSST5Y2021.S2301)

High Alcohol Outlet Density

The South Dakota Department of Revenue does not release information on licensed retail alcohol outlets to the public.

Access to Mental Health and Substance Abuse Services

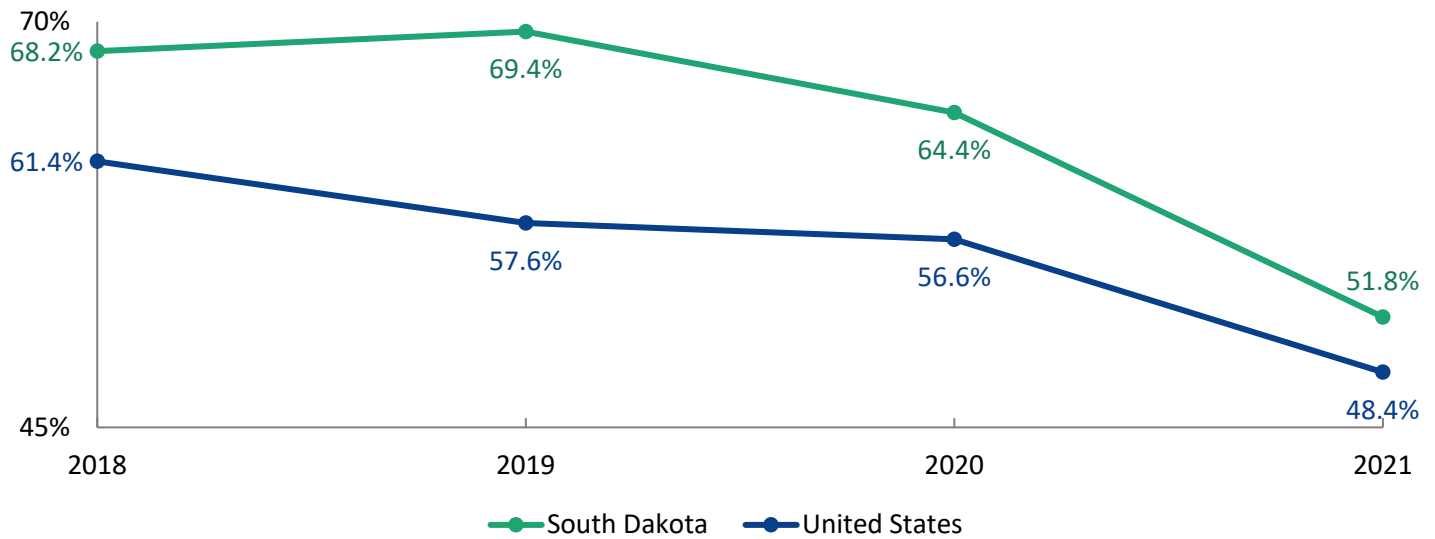
Figure 76. Percent of South Dakota and U.S. children (ages 3-17 years) with a mental/behavioral condition who receive treatment or counseling: 2017-2021



Definitions: The denominator of this measure is children ages 3-17 years who currently have one of the three diagnosed conditions: depression, anxiety problems, or behavioral or conduct problems. These children are grouped according to whether or not they received treatment from a mental health professional during the past 12 months. Two response options “Did not receive mental health care, but needed”, and “Did not receive mental health care, but did not need” were combined to identify children who did not receive mental health care. A response of “yes” indicates the child did receive needed treatment or counseling.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

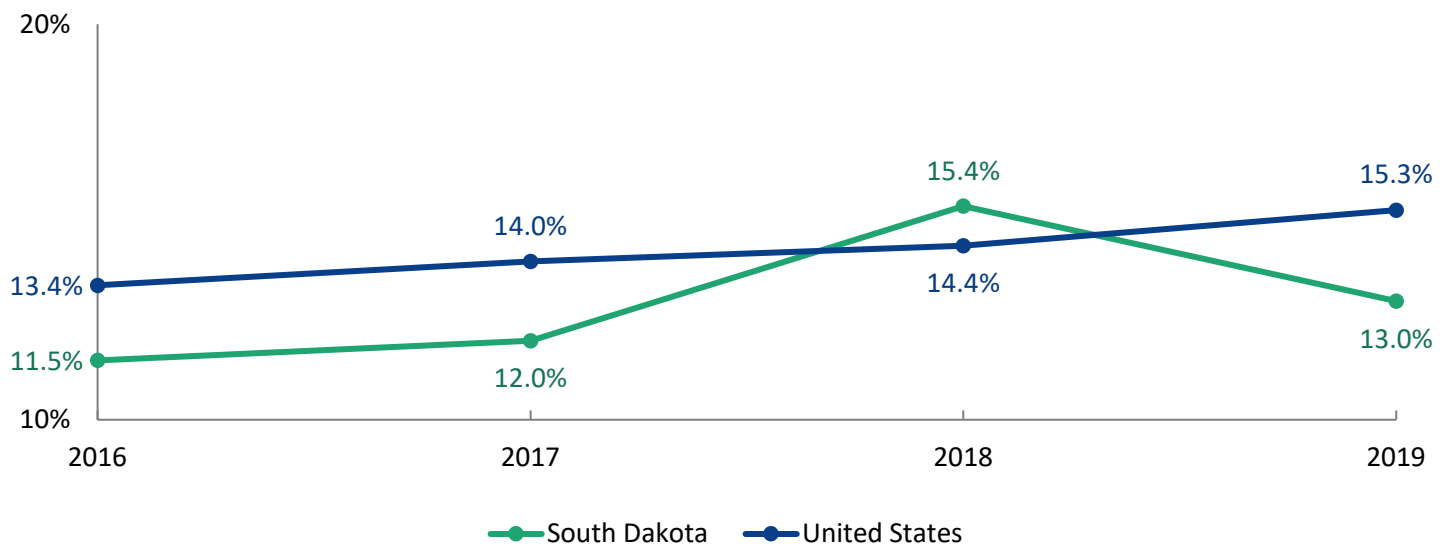
Figure 77. Percent of South Dakota and U.S. children (ages 3-17 years) who did NOT have difficulty getting the mental health treatment or counseling they needed: 2018-2021



Definitions: The denominator of this measure is based on the response to the question that asks whether the child received mental health care or not. The children whose response was "Did not receive care from a mental health professional, the child did not need to see a mental health professional" are not included in the denominator. In 2018, the question changed from "how much of a problem" to "how difficult" it was to get mental health treatment or counseling with a corresponding change in the response options to: not difficult, somewhat difficult, very difficult, it was not possible to obtain care/get a referral. Due to this change, earlier data is not comparable and are excluded from this figure.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 78. Percent of South Dakota and U.S. children (ages 3-17 years) whose health insurance "always" or "usually" offers benefits or cover services that meet the child's mental or behavioral health needs: 2016-2019

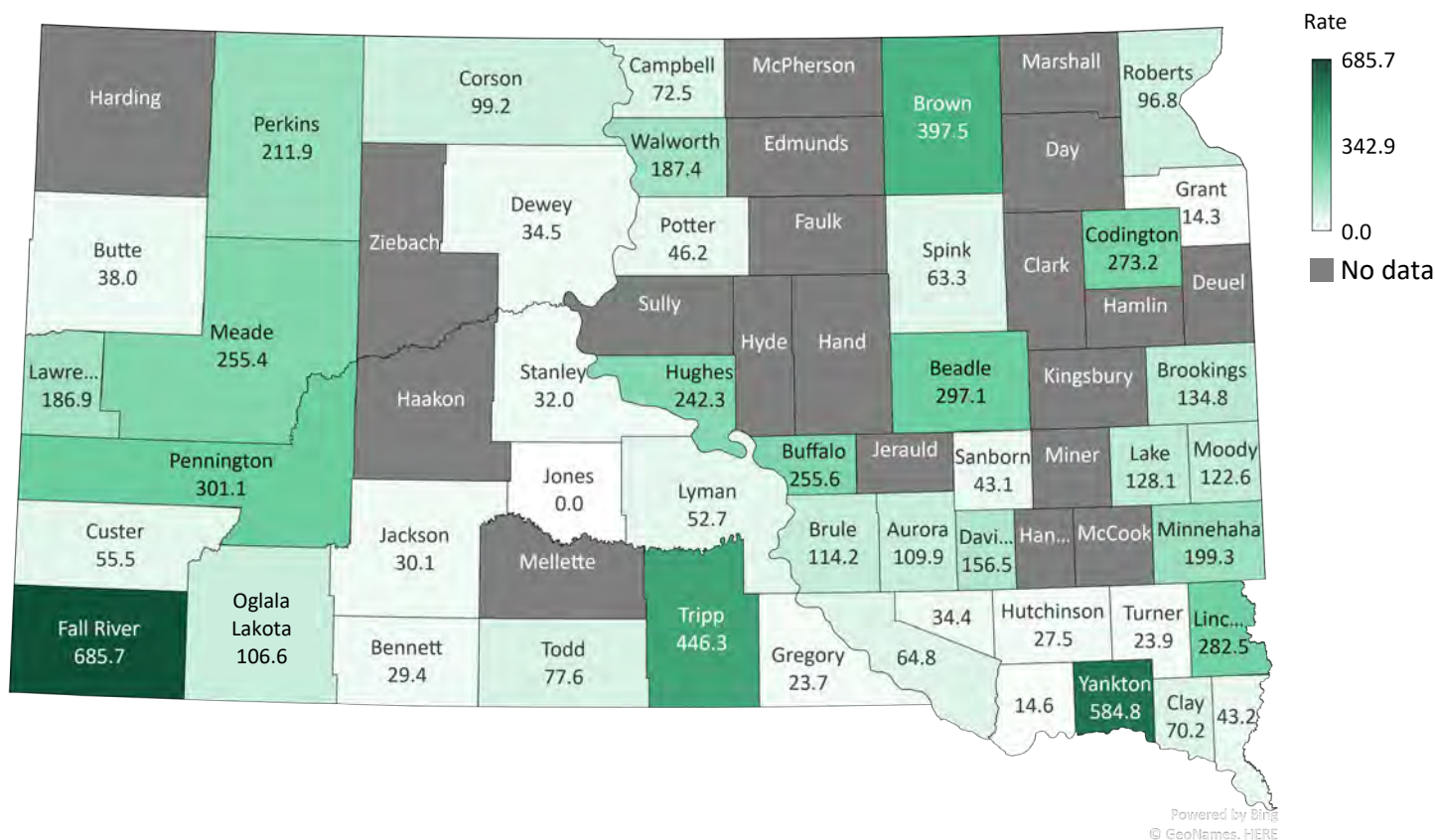


Definitions: This measure was derived from a single item. The NSCH asked this question among all children, including children <3 years old. However, the denominator of this measure is children ages 3-17 years. Parents were asked,

“Thinking specifically about this child’s mental or behavioral health needs, how often does this child’s health insurance offer benefits or cover services that meet these needs?” In 2020, there was a change to the ordering of response options with "This child does not use mental or behavioral health services" moving from the first choice to the last choice. As a result of this change, 2020 and 2021 data is not comparable with previous years and is excluded from this figure.

Data Source: Child and Adolescent Health Measurement Initiative. (2016-2019). *2016-2019 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

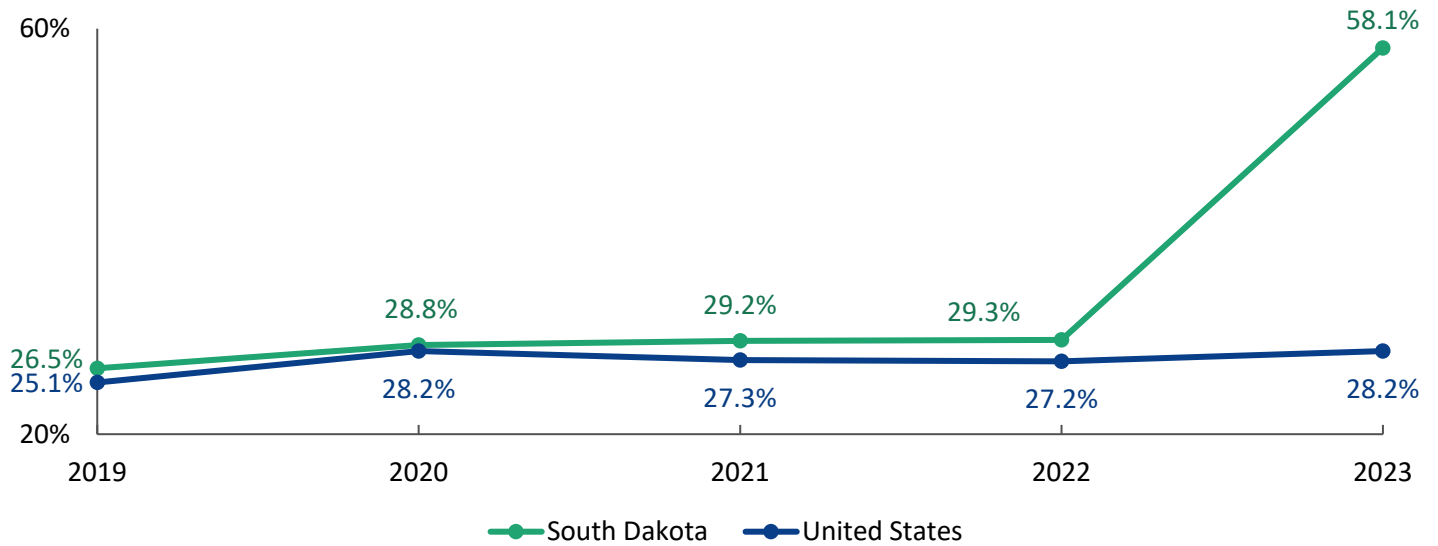
Figure 79. Mental health providers rate (per 100,000 population) by South Dakota county: 2022



Definitions: The mental health providers rate is the number of mental health providers per 100,000 population. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care. A missing value is reported for counties with a population greater than 1,000 and 0 mental health providers. This measure should not be used to track progress. These data come from the National Provider Identification data file, which has some limitations. Providers who transmit electronic health records are required to obtain an identification number, but very small providers may not obtain a number. While providers have the option of deactivating their identification number, some mental health professionals included in this list may no longer be practicing or accepting new patients. This may result in an overestimate of active mental health professionals in some communities. It is also true that mental health providers may be registered with an address in one county, while practicing in another county.

Data Source: University of Wisconsin Population Health Institute. (2023). County Health Rankings & Roadmaps 2022. <https://www.countyhealthrankings.org/explore-health-rankings/south-dakota?year=2022&measure=Mental+Health+Providers>

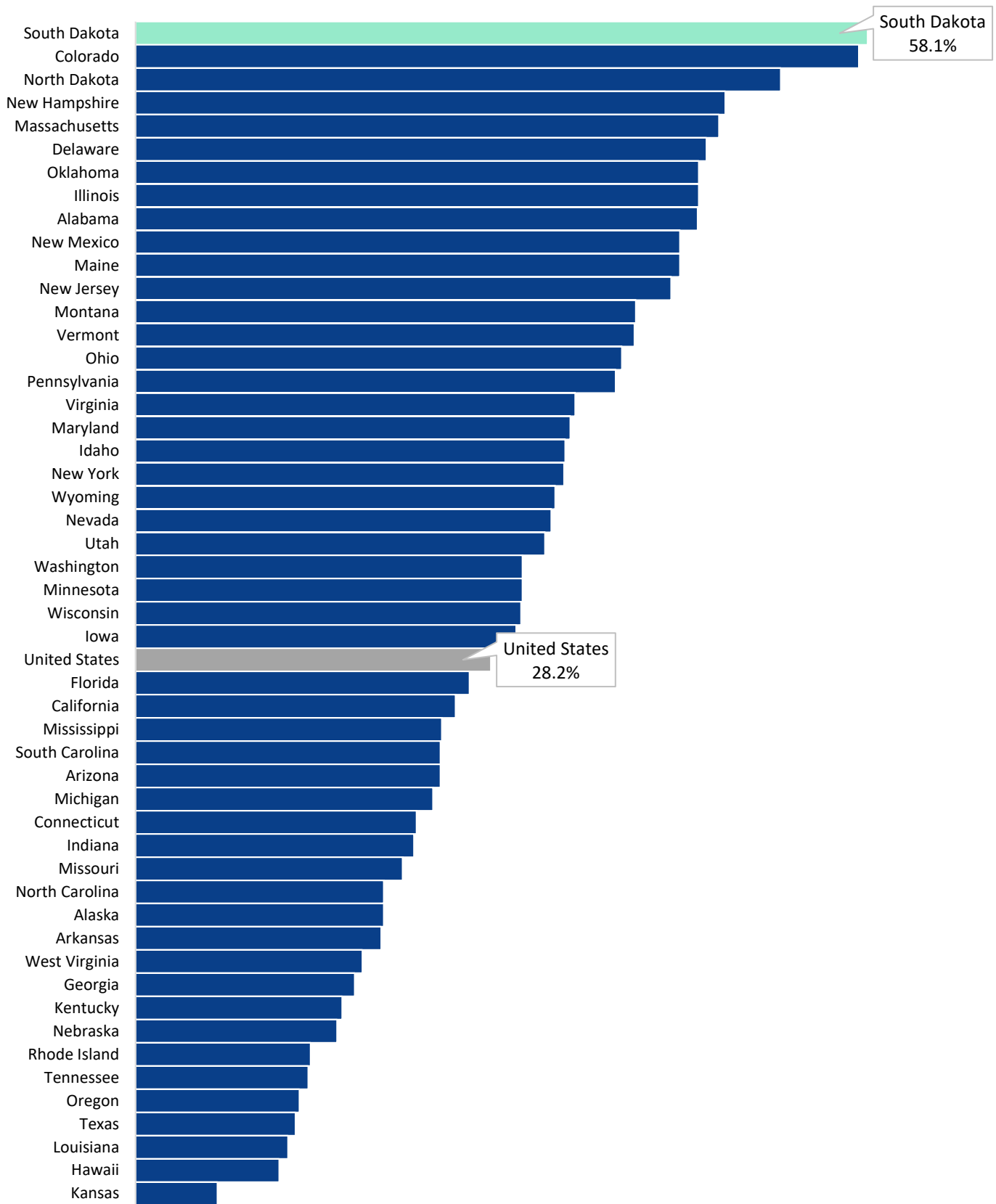
Figure 80a. Percent of South Dakota and U.S. youth (ages 12-17 years) with severe depression who received some consistent treatment: 2019-2023



Definitions: Percent of youth with severe major depressive episode who received some consistent treatment. Consistent treatment is determined if a youth visits a specialty outpatient mental health service, including a day treatment facility, mental health clinic, private therapist or in-home therapist, more than 7 times in the previous year. It does not consider the quality of the care – for example, whether the mental health service was specialized toward youth, what the outcomes of treatment were, or whether the child was offered a continuum of supports. South Dakota measures were collected from annual averages based on 2010-2013. National measures were collected from annual averages based on 2010-2015. Factors to consider include geography and size. For example, California and New York are similar. Both are large states with densely populated cities. They are less comparable to less populous states like South Dakota, North Dakota, Alabama, or Wyoming. Keep in mind that the size of states and populations matter, both New York City and Los Angeles alone have more residents than North Dakota, South Dakota, Alabama, and Wyoming combined. SAMHSA has determined that the results of the 2020 NSDUH cannot be compared to those of previous years. This means that the rankings presented throughout this year’s State of Mental Health in America report cannot be reliably compared to the rankings of previous years’ reports, and therefore should be interpreted as a snapshot in time ranking rather than a reflection of trends over time.

Data Source: Mental Health America. (2019-2023). *The state of mental health in America*. <https://mhanational.org/issues/state-mental-health-america>

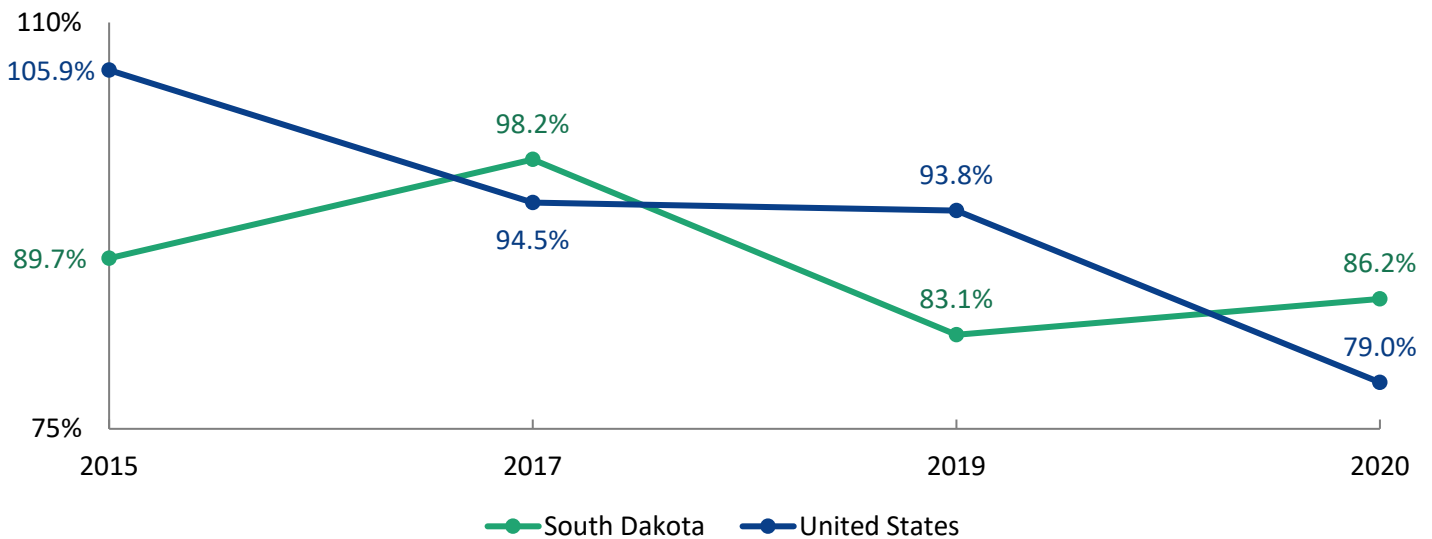
Figure 80b. Percent of youth (ages 12-17 years) with severe depression who received some consistent treatment by state: 2023



Definitions: Percent of youth with severe major depressive episode who received some consistent treatment. Consistent treatment is determined if a youth visits a specialty outpatient mental health service, including a day treatment facility, mental health clinic, private therapist or in-home therapist, more than 7 times in the previous year. It does not consider the quality of the care – for example, whether the mental health service was specialized toward youth, what the outcomes of treatment were, or whether the child was offered a continuum of supports. South Dakota measures were collected from annual averages based on 2010-2013. National measures were collected from annual averages based on 2010-2015. Factors to consider include geography and size. For example, California and New York are similar. Both are large states with densely populated cities. They are less comparable to less populous states like South Dakota, North Dakota, Alabama, or Wyoming. Keep in mind that the size of states and populations matter, both New York City and Los Angeles alone have more residents than North Dakota, South Dakota, Alabama, and Wyoming combined. SAMHSA has determined that the results of the 2020 NSDUH cannot be compared to those of previous years. This means that the rankings presented throughout this year’s State of Mental Health in America report cannot be reliably compared to the rankings of previous years’ reports, and therefore should be interpreted as a snapshot in time ranking rather than a reflection of trends over time.

Data Source: Mental Health America. (2019-2023). *The state of mental health in America*. <https://mhanational.org/issues/state-mental-health-america>

Figure 81. Substance abuse treatment utilization rate in South Dakota and the U.S.: 2015-2020

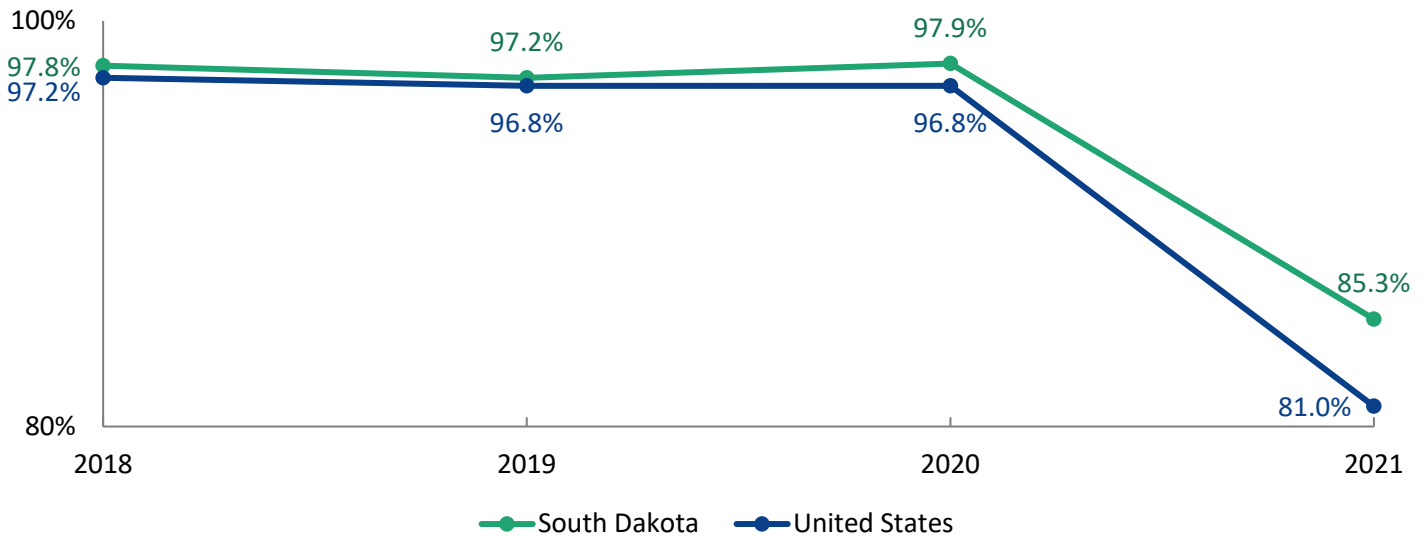


Definitions: Facilities were asked to report the number of residential (non-hospital) and hospital inpatient beds designated for substance abuse treatment. Utilization rates were calculated by dividing the number of residential (non-hospital) or hospital inpatient clients by the number of residential (non-hospital) or hospital inpatient designated beds. Because substance abuse treatment clients may also occupy non-designated beds, utilization rates could be more than 100 percent. The utilization rate was not included in the 2016 and 2018 N-SSATS reports.

Data Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2015-2020). *National Survey of Substance Abuse Treatment Services (N-SSATS) state profiles (N-SSATS 2015-2020)*. <https://www.samhsa.gov/data/data-we-collect/n-ssats-national-survey-substance-abuse-treatment-services>

Coordination of Resources and Services Among Community Agencies

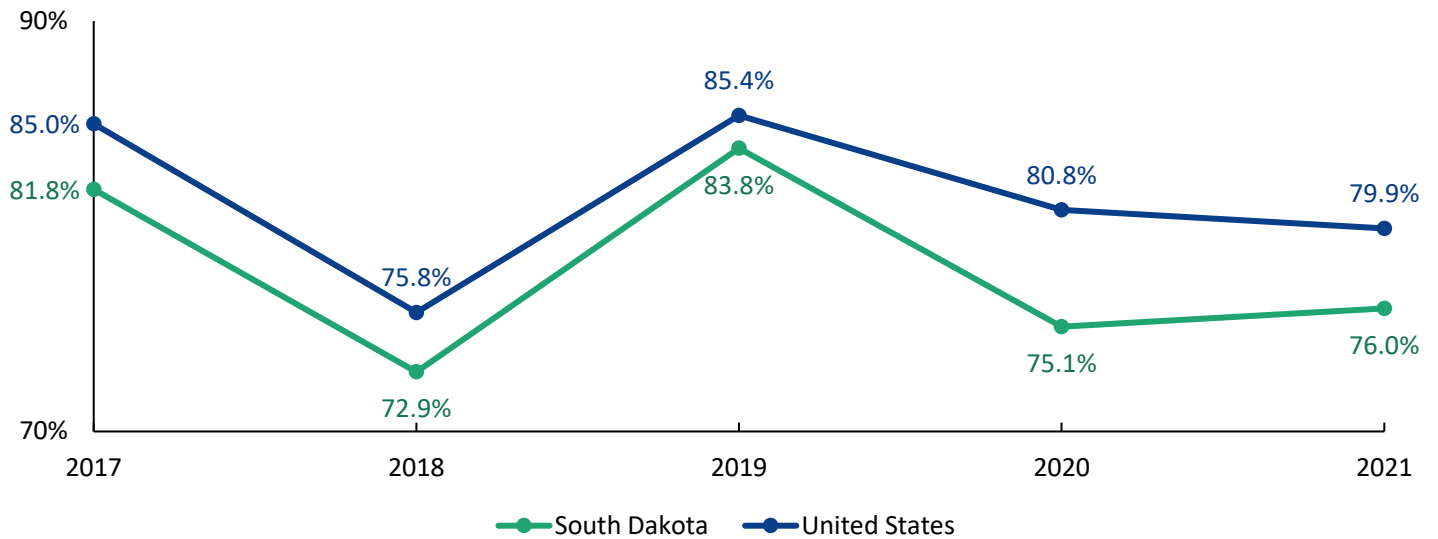
Figure 82. Percent of South Dakota and U.S. children who did NOT have difficulty getting referrals when needed to see any doctors or receive any services: 2018-2021



Definitions: This measure is one of the five components of the composite Medical Home measure and was derived based on two questions: "Needed referral to see doctors or receive any services during the past 12 months" and "How difficult was it to get referrals to see any doctors or receive any services?". Those who needed referrals were coded according to whether it was "not difficult", "somewhat difficult", "very difficult" or "not possible" to get them. Children whose response was "no" were coded as not needing referrals. In 2017 the item was worded to ask how much of a problem it was to get referrals. The answer options were "no problem", "somewhat of a problem" or "big problem". The question was reworded in 2018 to ask how difficult it was to receive a referral, with corresponding response options changed. Because of this change, this measure is not comparable across prior years.

Data Source: Child and Adolescent Health Measurement Initiative. (2018-2021). *2018-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 83. Percent of South Dakota and U.S. children who completed a preventive health check-up in the past year: 2017-2021

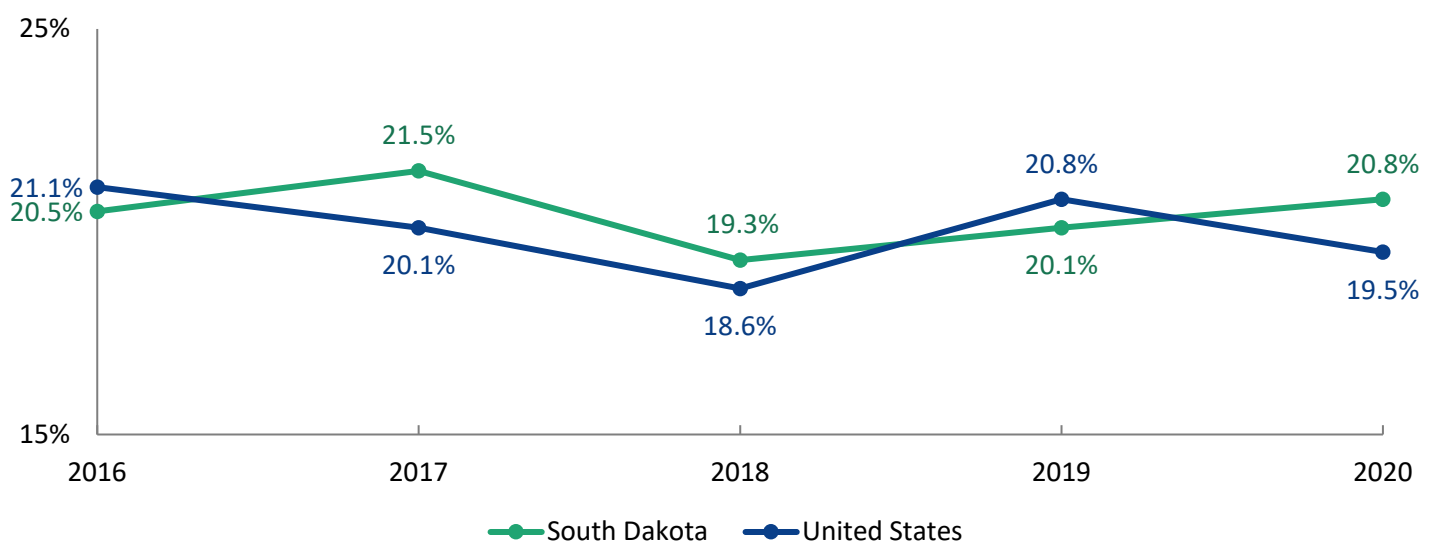


Definitions:

This measure was derived from a single item. Parents with children ages 0-17 years were asked, “During the past 12 months, how many times did this child visit a doctor, nurse, or other health care professional to receive a preventive check-up?” This survey defines a preventive check-up as a check-up when the child was not sick or injured, such as an annual or sports physical, or well-child visit. A response of “1 visit” or “2 or more visits” indicates the criteria for this indicator is met.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 84. Percent of South Dakota and U.S. children (ages 0-17 years) who receive care in a well-functioning system: 2016-2020

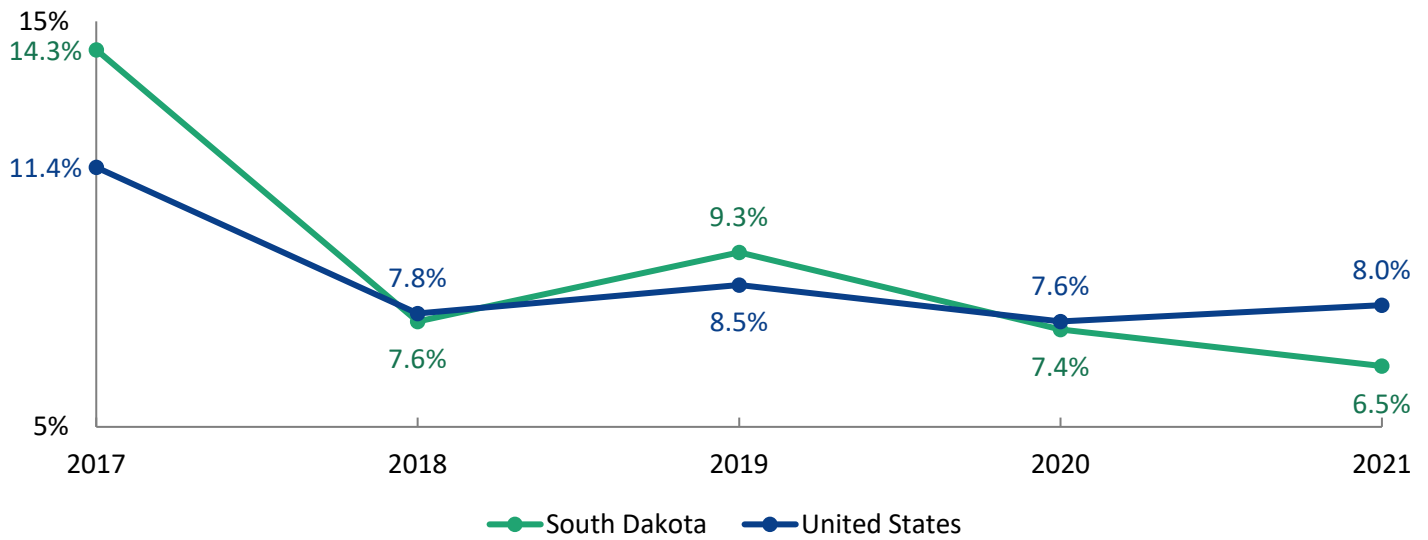


Definitions: There are five age-relevant core measures for children ages 0-11 years, and six age-relevant core measures for children ages 12-17 years. Those five measures for ages 0-11 years include: the family feels like a partner in their

child’s care, child has a medical home, child receives early screening, child has adequate insurance, and child has no unmet need or barriers to access services. For adolescents ages 12- 17 years, preparation for transition to adult healthcare is included in addition to the five measures. If a child has at least one valid positive response to any of these measures and the remainder of the components were missing or legitimately skipped, this child was categorized as receiving care in a well-functioning system in the scoring of this measure. In 2021, a component of this measure which asked about receipt of any medical care in the past 12 months changed to include health care visits done by video or phone. Due to this change, 2021 data is not comparable to prior years.

Data Source: Child and Adolescent Health Measurement Initiative. (2016-2020). *2016-2020 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

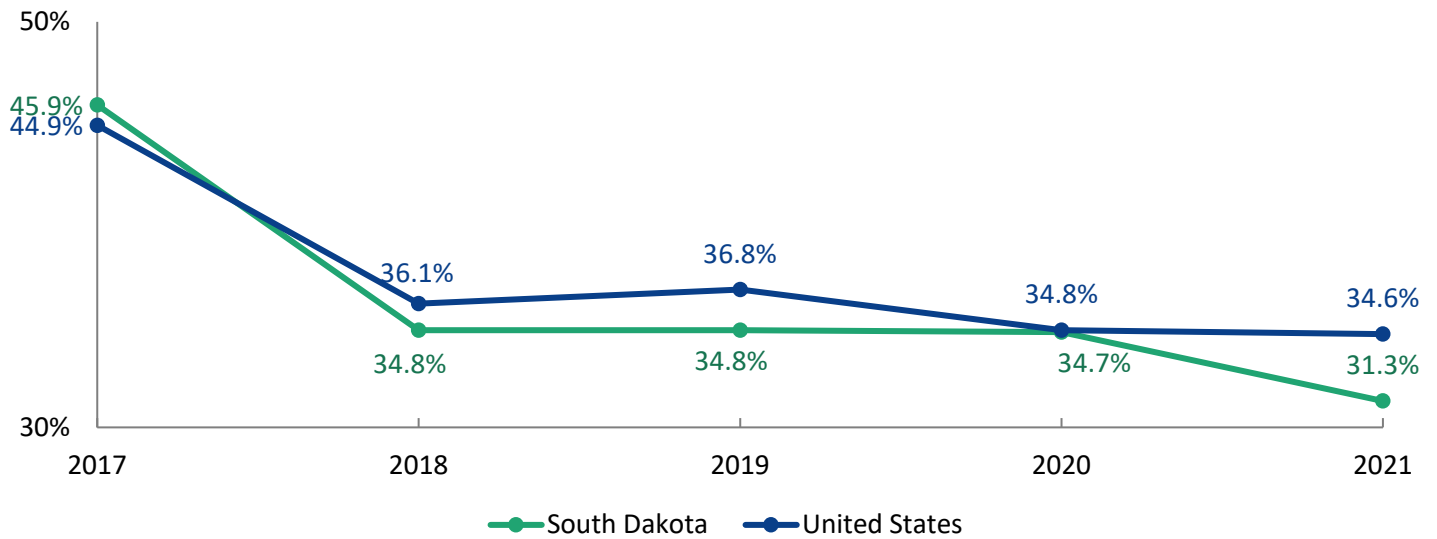
Figure 85. Percent of South Dakota and U.S. children (ages 0-17 years) whose family members spent less than 1 hour per week, in an average week, arranging or coordinating health or medical care for them: 2017-2021



Definitions: This measure was derived from a single item. Parents were asked, “In an average week, how many hours do you or other family members spend arranging or coordinating health or medical care for this child?” This survey question defines “arranging or coordinating health care” as making appointments and locating services. A response of “less than 1 hour per week” indicates the criteria for this indicator is met.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

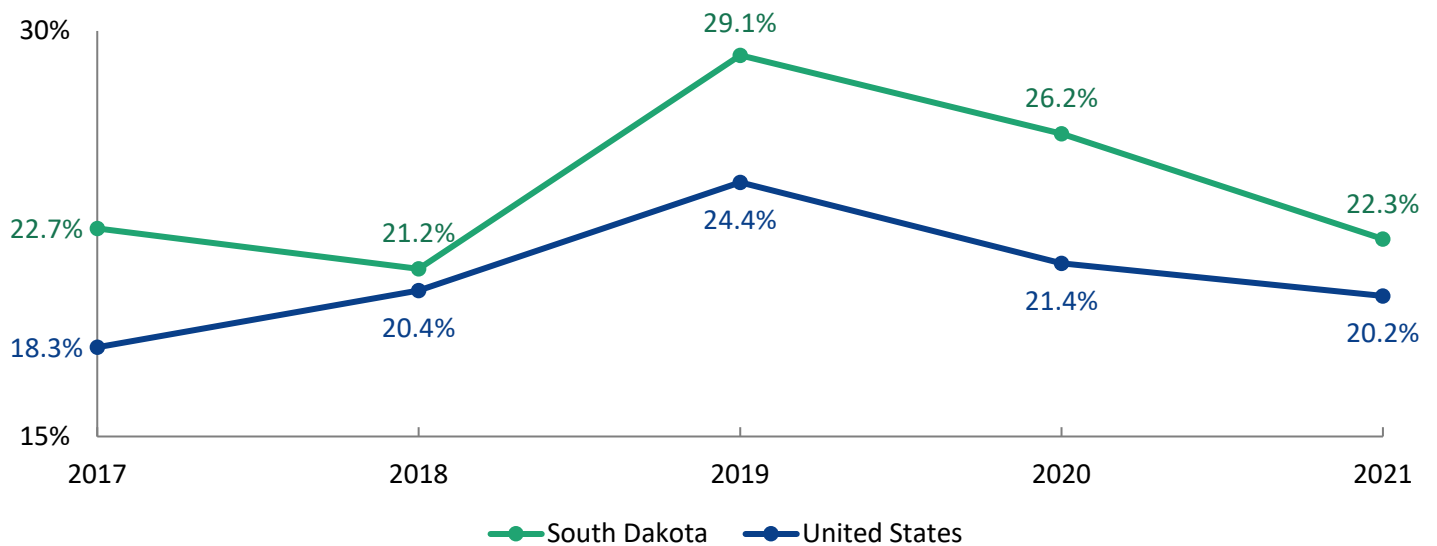
Figure 86. Percent of South Dakota and U.S. children (ages 0-17 years) who receive effective care coordination: 2017-2021



Definitions: All questions used to create the measure were asked among children who had a health care visit in the past 12 months. The effective care coordination measure is constructed by assessing communication between doctors when needed, communication between doctors and schools when needed; and getting needed help coordinating care. Children who did not see more than one health care provider were coded as not needing care coordination. The composite care coordination measure is only considered missing if all components are missing. Therefore, children with a valid, positive response to at least one component and the remainder of the components were missing or legitimately skipped are categorized as received effective care coordination.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 87. Percent of South Dakota and U.S. children (age 12-17 years) who receive services needed for transition to adult health care: 2017-2021

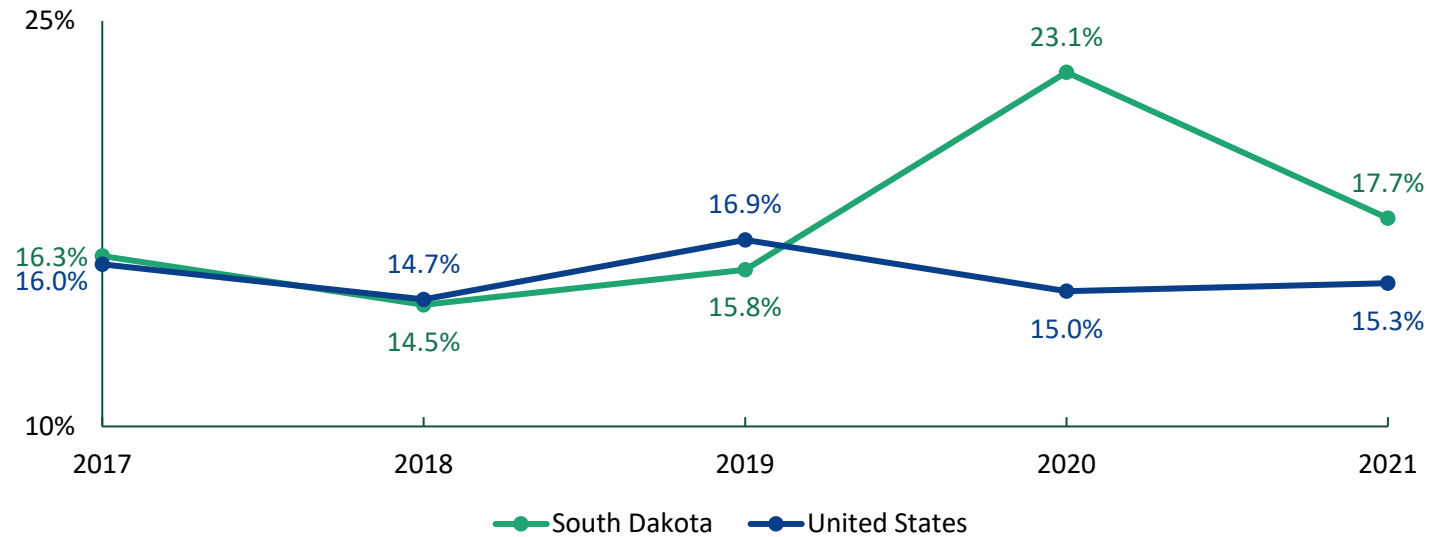


Definitions: In order to meet the criteria for this measure, youth with special health care needs 12-17 years old must meet three components: 1) doctor spoke with child privately without an adult in the room during last preventive check-

up; 2) if a discussion about transitioning to adult care was needed it must have happened; and 3) doctors actively worked with child to gain skills and understand changes in their health care. If a child has at least one valid positive response to any of these components and the remainder of the components were missing or legitimately skipped, these children were categorized as receiving adequate transition to adult healthcare.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

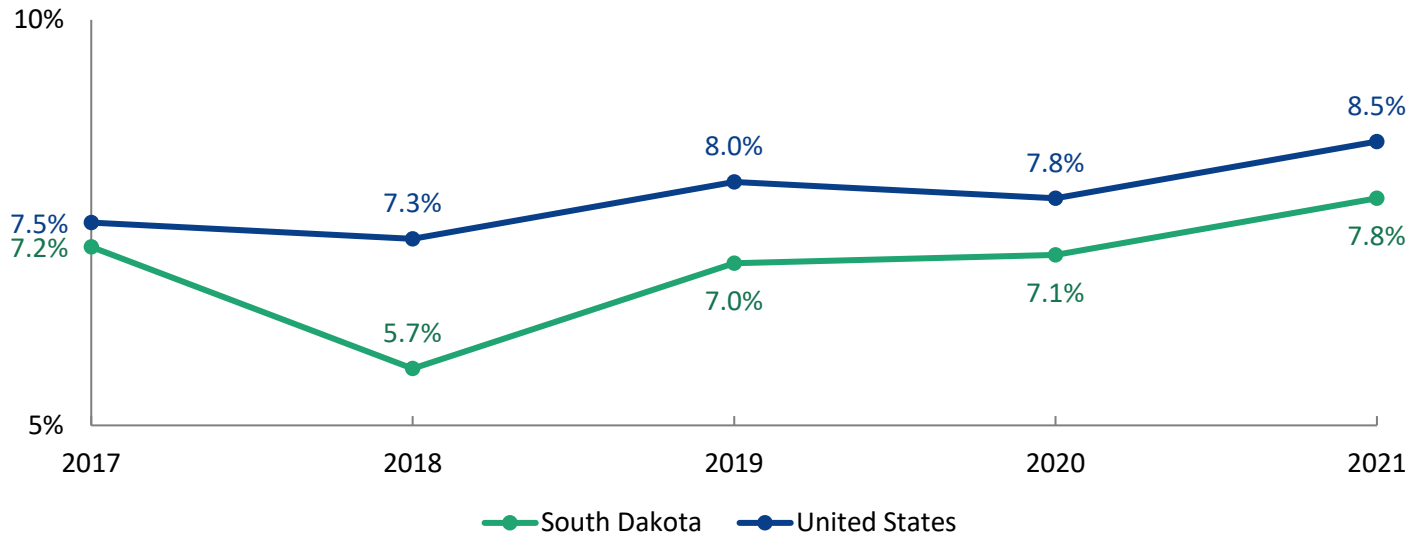
Figure 88. Percent of South Dakota and U.S. children (ages 0-17 years) with special health care needs (CSHCN), who receive care in a well-functioning system: 2017-2021



Definitions: This measure is comprised of five age-relevant measures for children ages 0-11 years, and six age-relevant measures for children ages 12-17 years. Those five measures for children ages 0-11 years include: family feels like they are a partner in their child’s care, child receives care within a medical home, child had a past-year preventive medical and dental visit, child has adequate insurance, and child did not have a time when they needed health care that was not received and was not frustrated in receiving health care. For adolescents ages 12-17 years, preparation for adult transition is included in addition to these five measures. If a child has at least one valid positive response to any of these measures and the remainder of the components were missing or legitimately skipped, this child was categorized as receiving care in a well-functioning system. The denominator for this outcome measure is children with special health care needs identified by the standardized CSHCN screener.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

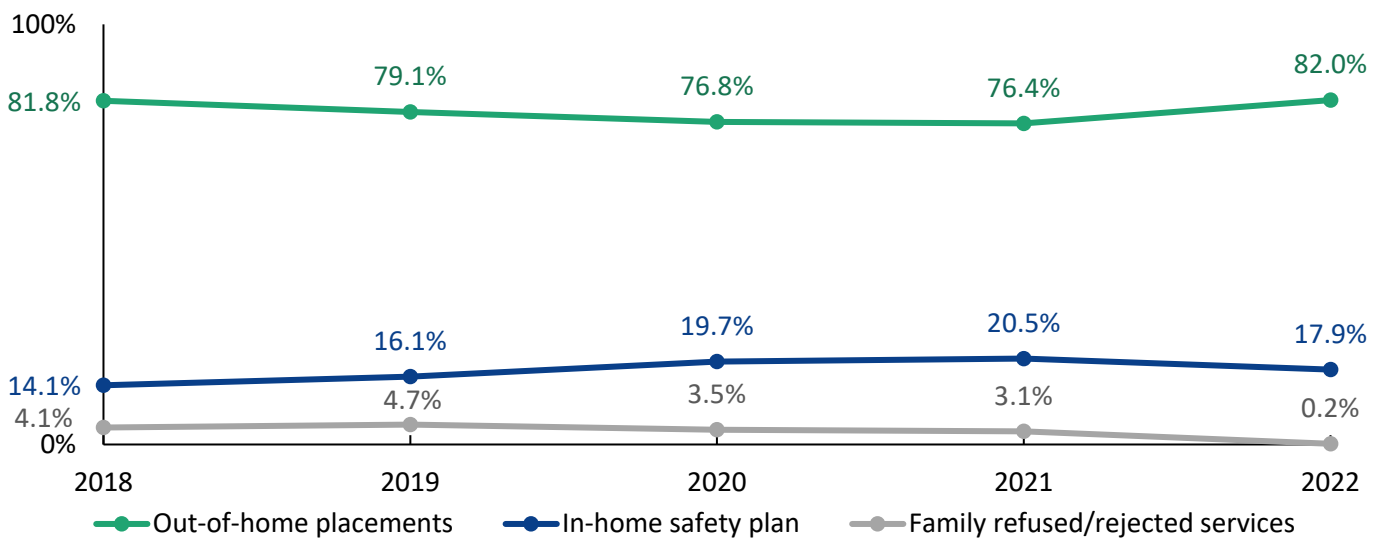
Figure 89. Percent of South Dakota and U.S. children (ages 0-17 years) currently receiving special services to meet their developmental needs such as speech, occupational, or behavioral therapy: 2017-2021



Definitions: Parents with children ages 0-17 years were asked, “Is this child currently receiving special services to meet their developmental needs such as speech, occupational, or behavioral therapy?” Children who currently are meet the criteria of this measure.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 90. Safety responses for victims of child maltreatment in South Dakota: 2018-2022

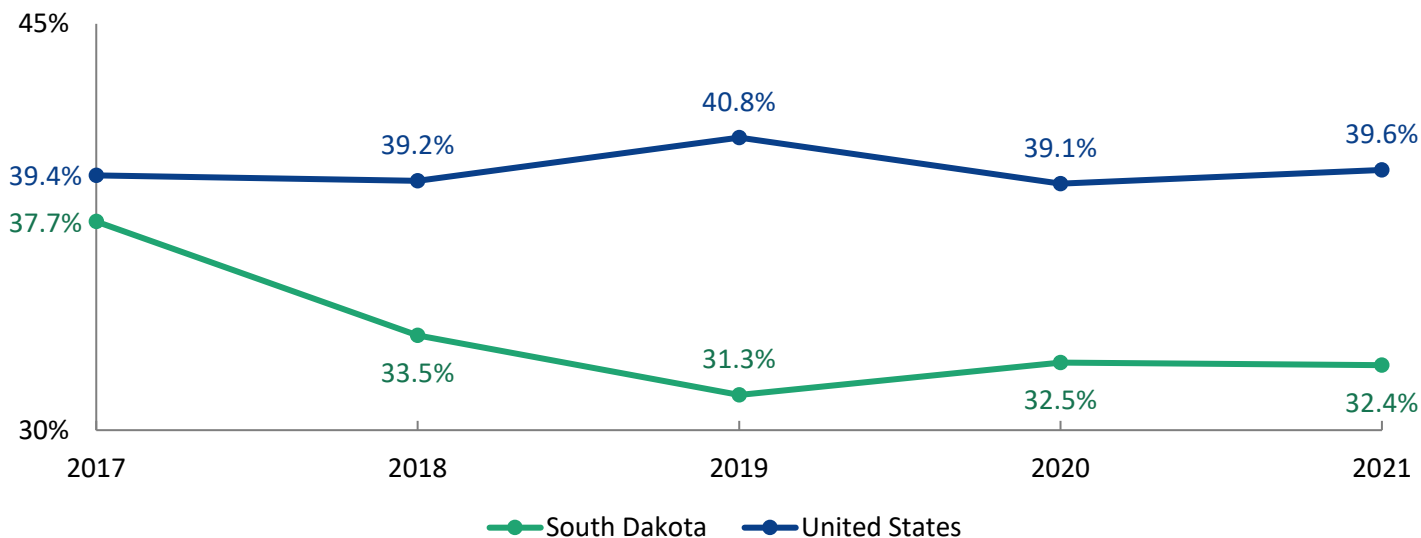


Definitions: Safety responses for victims of child maltreatment. Safety response options include the following: child placed out of home, family refuses/rejects services, and in home safety plan.

Data Source: South Dakota Department of Social Services (aggregate data provided upon request)

Poor Neighborhood Support and Cohesion

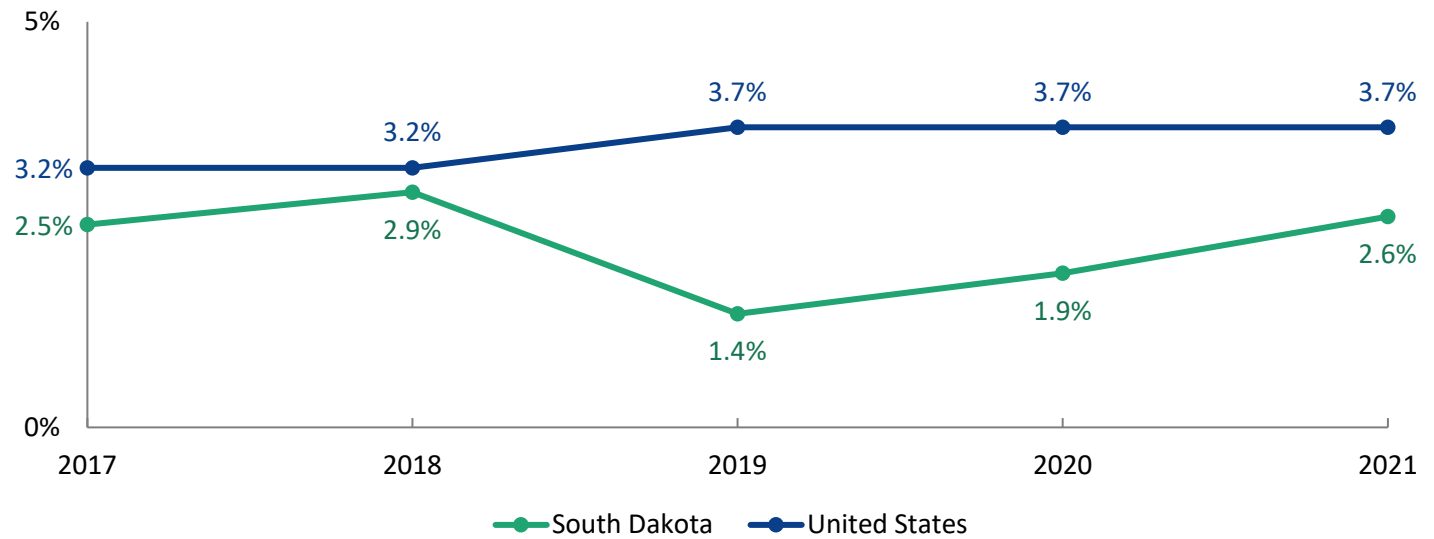
Figure 91. Percent of South Dakota and U.S. children (ages 0-17 years) who do NOT live in a supportive neighborhood: 2017-2021



Definitions: This measure is referred to in various contexts as “neighborhood support,” “neighborhood cohesion,” and “social capital” – and is derived from responses to three statements: 1) People in this neighborhood help each other out; 2) We watch out for each other’s children in this neighborhood; and 3) When we encounter difficulties, we know where to go for help in our community. Respondents were asked whether they definitely agree, somewhat agree, somewhat disagree, or definitely disagree with each statement. Only children with valid responses on all three items are included in the denominator. In the NSCH, children are considered to live in supportive neighborhoods if their parents reported “definitely agree” to at least one of the items above and “somewhat agree” or “definitely agree” to the other two items.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

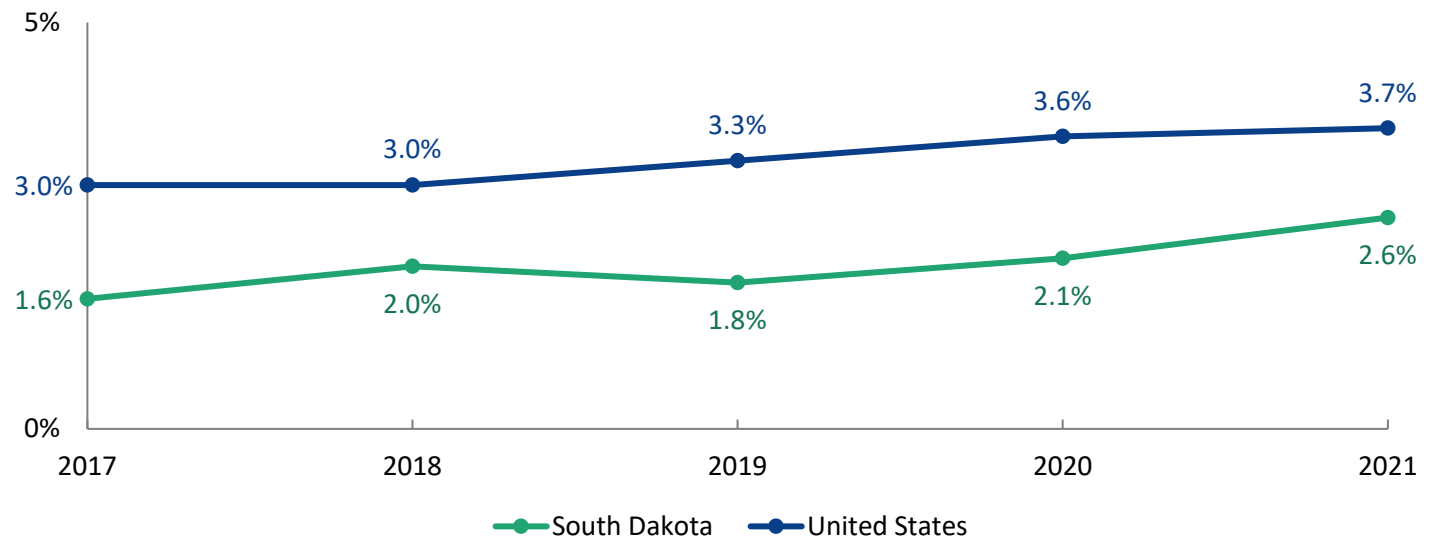
Figure 92. Percent of South Dakota and U.S. children (ages 0-17 years) who do NOT live in a safe neighborhood: 2017-2021



Definitions: Parents with children ages 0-17 years were asked, “To what extent do you agree with this statement about your neighborhood or community? This child is safe in our neighborhood.” A response of “Definitely disagree” or “Somewhat disagree” indicates the child meets the criteria of living in an unsafe neighborhood.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 93. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a neighborhood where there is litter or garbage on the street or sidewalk, poorly kept or rundown housing, AND vandalism such as broken windows and graffiti: 2017-2021



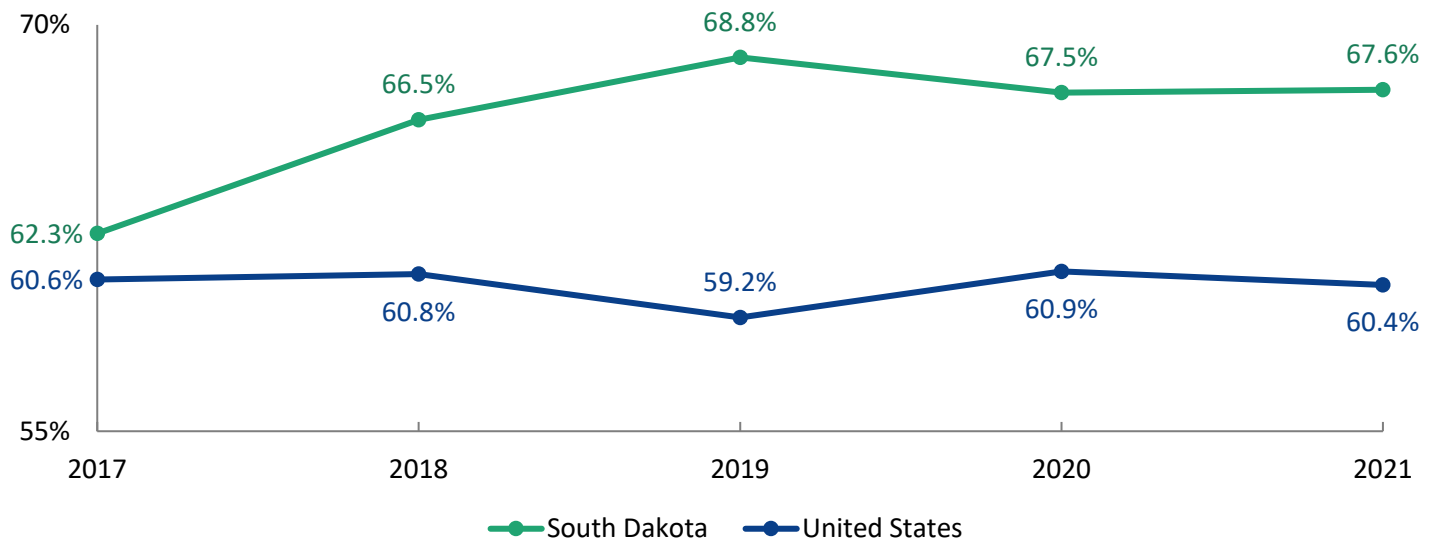
Definitions: The presence of detracting neighborhood elements was measured by asking parents the following survey question “In your neighborhood, is/are there: (1) “litter or garbage on the street or sidewalk?”, (2) “poorly kept or rundown housing?”, (3) “vandalism such as broken windows and graffiti?” A response of “Yes” to all three elements indicates the child lives in a neighborhood with detracting elements.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Community Support/Connectedness

This section covers the same indicators in the previous section (Poor Neighborhood Support and Cohesion) but in order to capture measures of community support and connectedness, the inverse values of those included in the previous section are also listed here.

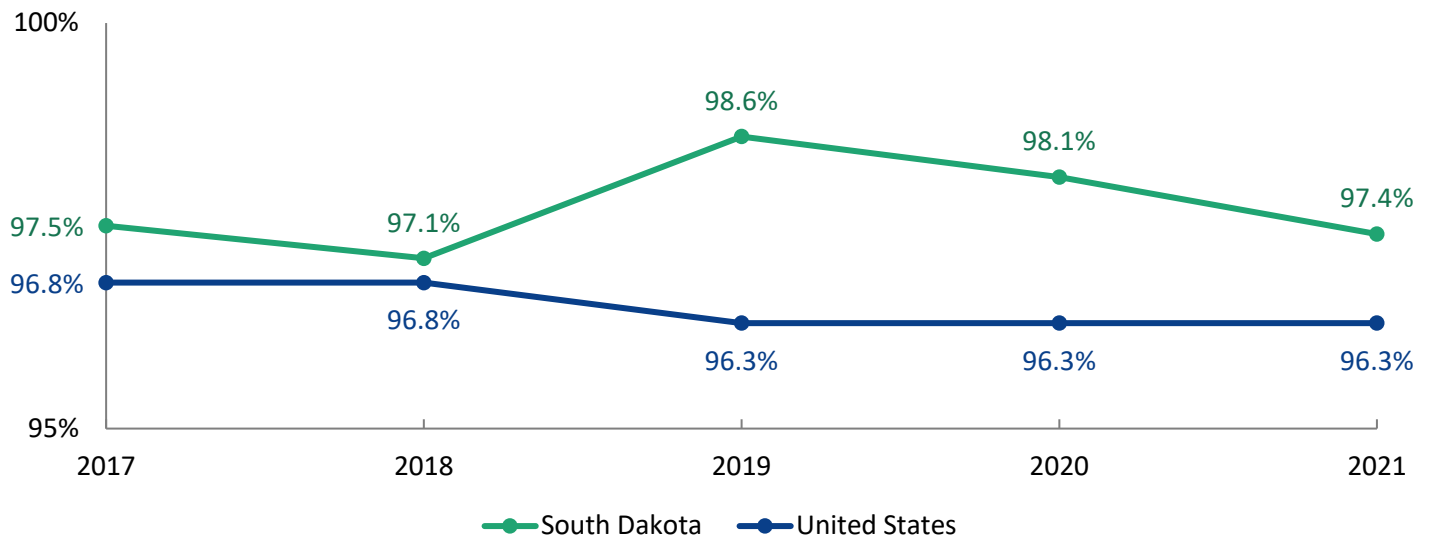
Figure 94. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a supportive neighborhood: 2017-2021



Definitions: This measure is referred to in various contexts as “neighborhood support,” “neighborhood cohesion,” and “social capital” – and is derived from responses to three statements: 1) People in this neighborhood help each other out; 2) We watch out for each other's children in this neighborhood; and 3) When we encounter difficulties, we know where to go for help in our community. Respondents were asked whether they definitely agree, somewhat agree, somewhat disagree, or definitely disagree with each statement. Only children with valid responses on all three items are included in the denominator. Children are considered to live in supportive neighborhoods if their parents reported “definitely agree” to at least one of the items above and “somewhat agree” or “definitely agree” to the other two items.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children's Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

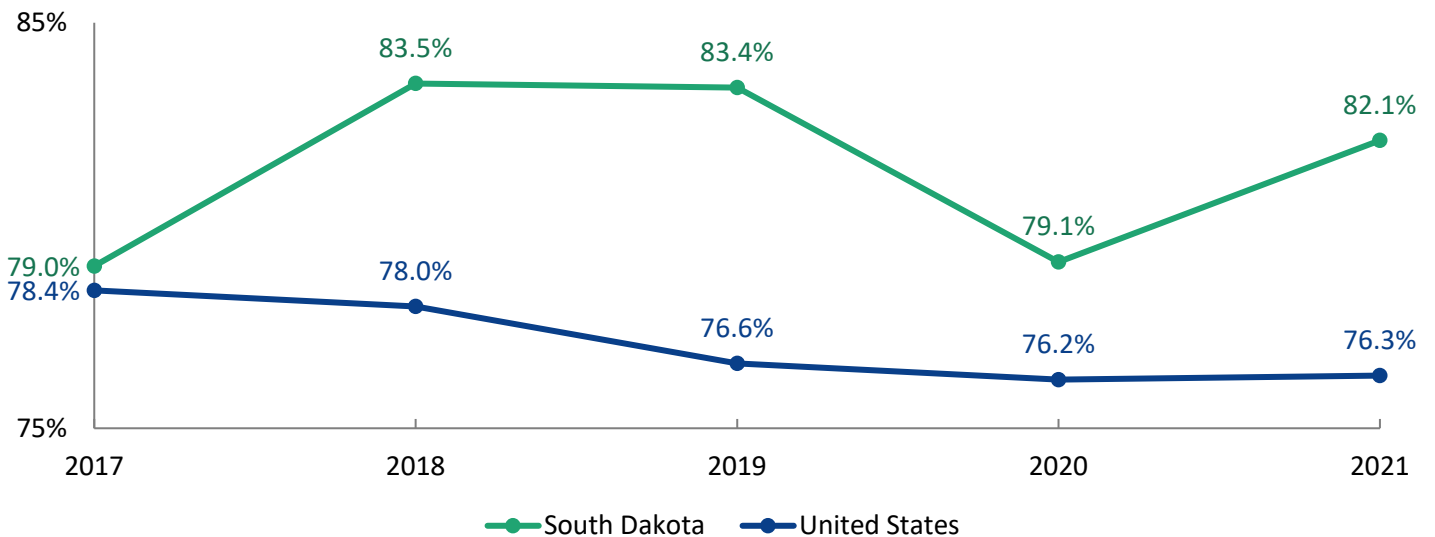
Figure 95. Percent of South Dakota and U.S. children (ages 0-17 years) who live in a safe neighborhood: 2017-2021



Definitions: Parents with children (ages 0-17 years) were asked the survey question, “To what extent do you agree with these statements about your neighborhood or community?” One statement was “This child is safe in our neighborhood.” A response of “Definitely agree” or “Somewhat agree” indicates the child meets the criteria of living in a safe neighborhood.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Figure 96. Percent of South Dakota and U.S. children who live in a neighborhood where there is NO litter or garbage on the street or sidewalk, poorly kept or rundown housing, or vandalism such as broken windows and graffiti: 2017-2021



Definitions: The absence of detracting neighborhood elements was measured by asking parents the following survey question, “In your neighborhood, is/are there: (1) “litter or garbage on the street or sidewalk?”, (2) “poorly kept or rundown housing?”, (3) “vandalism such as broken windows and graffiti?” A response of “No” to all three elements indicates the child lives in a neighborhood without detracting elements.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

Societal-Level Measures

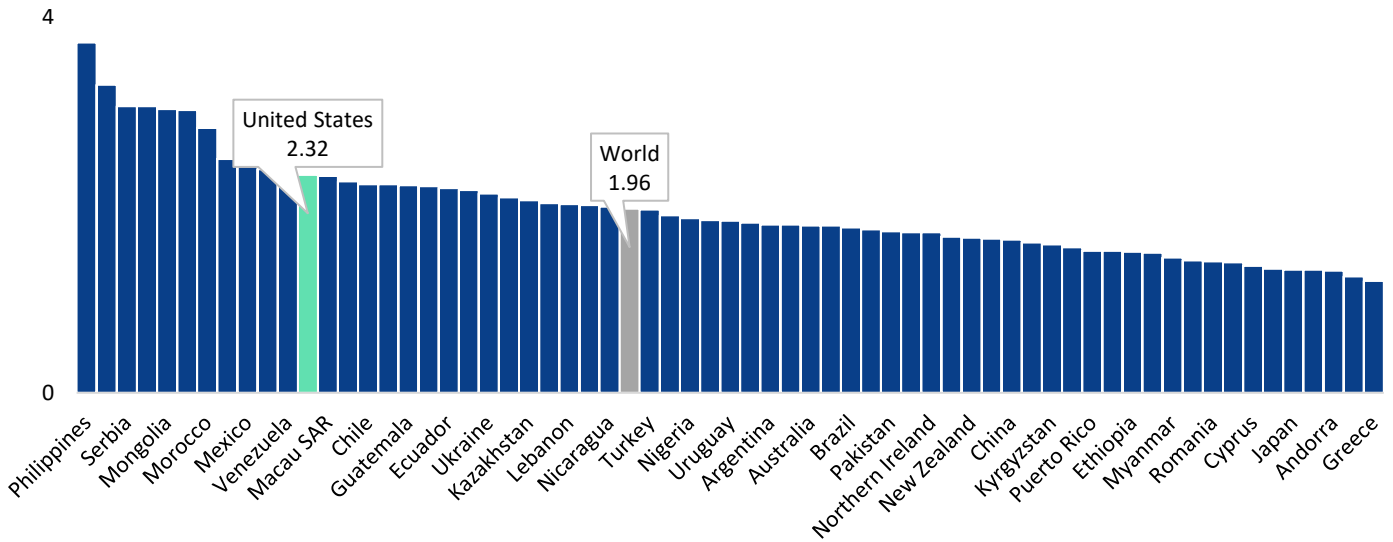
Due to a lack of state-level data for most of the indicators in this section, only U.S. data is reported here. However, state-level data was included when available.

Table 4. Indicators included in this section and comparison values for United States as well global averages (years vary by indicator)

	Values (latest avail.)		
	SD	U.S.	World
Cultural Norms that Support Aggression Toward Others			
Figure 97. Justifiable—violence against other people: 2017-2022	-	2.32	1.96
Figure 98. Justifiable—parents beating children: 2017-2022	-	2.01	2.82
Figure 99. Justifiable—for a man to beat his wife: 2017-2022	-	1.40	1.85
Figure 100. Justifiable—political violence: 2017-2022	-	2.22	1.87
Media Violence			
Figure 101. Percent of South Dakota and U.S. high school students who were electronically bullied: 2011-2021	17.4%	15.9%	-
Figure 102. Rate of child victims of internet crime per 100,000 population: 2018-2022	23.8	-	-
Societal Income Inequity			
Figure 103a. Women's earnings as a percentage of men's earnings in South Dakota and the U.S.: 2016-2021	79.7%	81.5%	-
Figure 104. Human Development Index by country: 2021	-	0.921	0.732
Weak Health, Educational, Economic, and Social Policies/Laws			
Figure 105. Per capita rate of child marriage (actual + estimated) by state: 2000-2018	0.10%	0.12%	
Figure 106. Discriminatory family code—attitudes toward working mothers by country: 2019	-	21%	46%
Figure 107. Social and economic factors (sum of weighted z-scores of ranked social and economic measures): 2022	-0.197	-	-
Harmful Norms Around Masculinity and Femininity			
Figure 108. Gender Social Norms Index by country: 2021	-	50.7%	89.7%
Figure 109. Gender Inequality Index by country: 2021	-	0.179	0.465
Figure 110. Gender Development Index by country: 2021	-	1.001	0.958

Cultural Norms that Support Aggression Toward Others

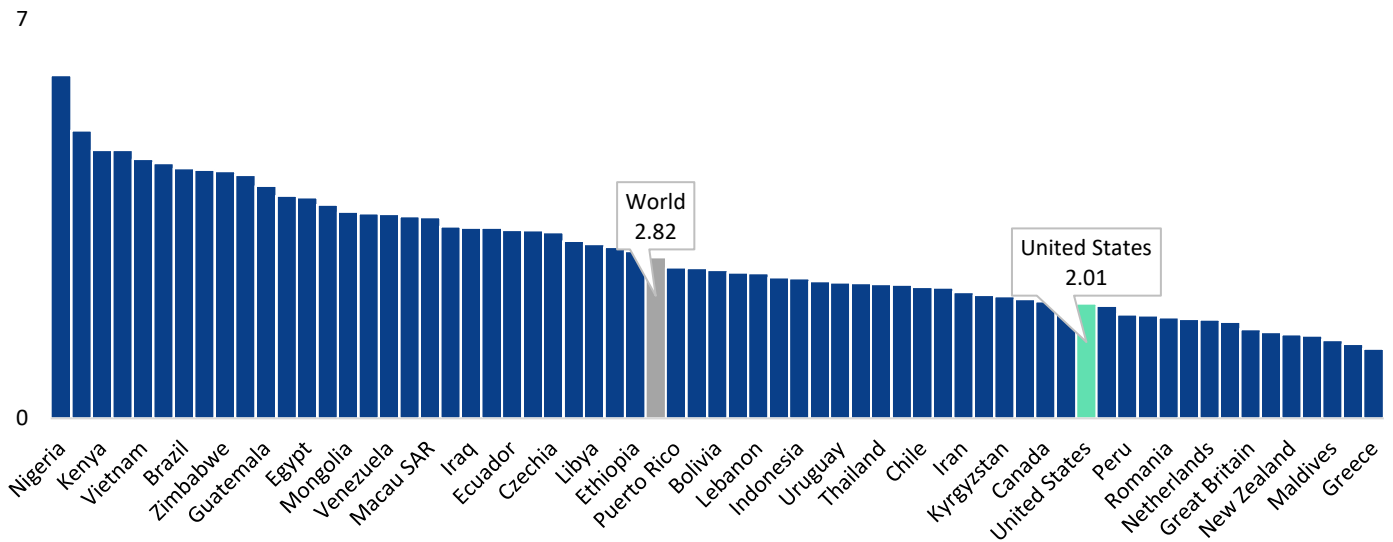
Figure 97. Justifiable—violence against other people: 2017-2022



Definitions: The survey question asked was, "Please tell me for each of the following statements whether you think it can always be justified (10), never be justified (1), or something in between, using this card: Violence against other people". The average value of the question, excluding missing values, is presented.

Data Source: Haerpfer, C., Inglehart, R., Moreno, A., Welzel, C., Kizilova, K., Diez-Medrano J., M. Lagos, P. Norris, E. Ponarin & B. Puranen et al. (eds.). (2020). *World Values Survey: Round seven – country-pooled datafile*. Madrid, Spain & Vienna, Austria: JD Systems Institute & WWSA Secretariat. <https://doi.org/10.14281/18241.1>

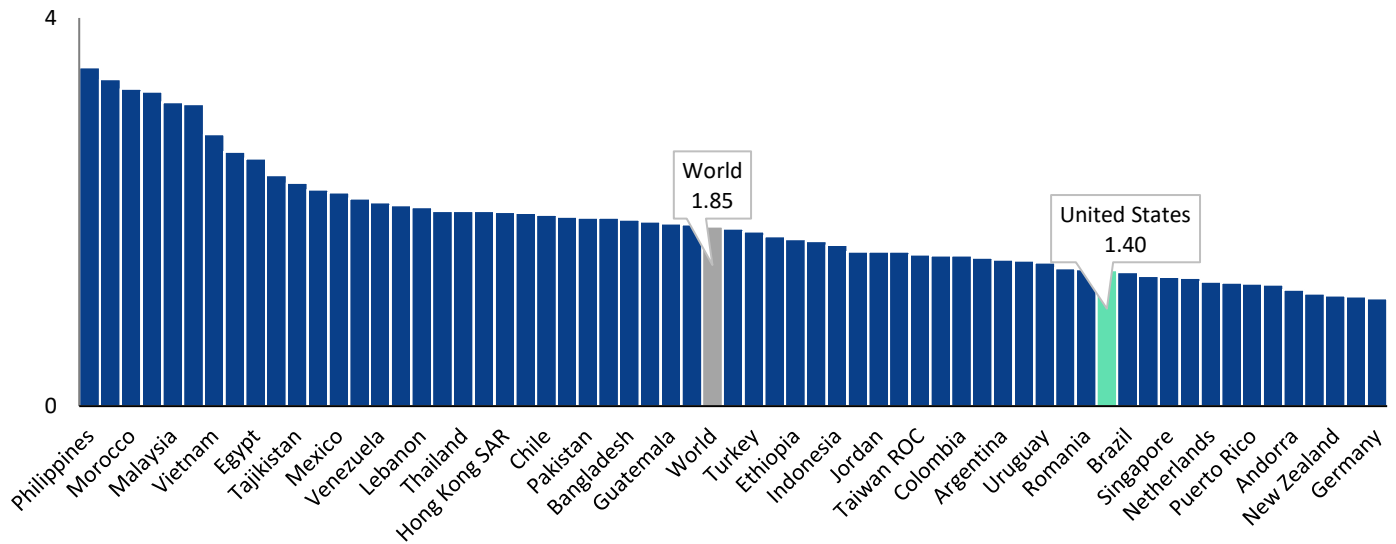
Figure 98. Justifiable—parents beating children: 2017-2022



Definitions: The survey question asked was, "Please tell me for each of the following statements whether you think it can always be justified (10), never be justified (1), or something in between, using this card: Parents beating children". The average value of the question, excluding missing values, is presented.

Data Source: Haerpfer, C., Inglehart, R., Moreno, A., Welzel, C., Kizilova, K., Diez-Medrano J., M. Lagos, P. Norris, E. Ponarin & B. Puranen et al. (eds.). (2020). *World Values Survey: Round seven – country-pooled datafile*. Madrid, Spain & Vienna, Austria: JD Systems Institute & WWSA Secretariat. <https://doi.org/10.14281/18241.1>

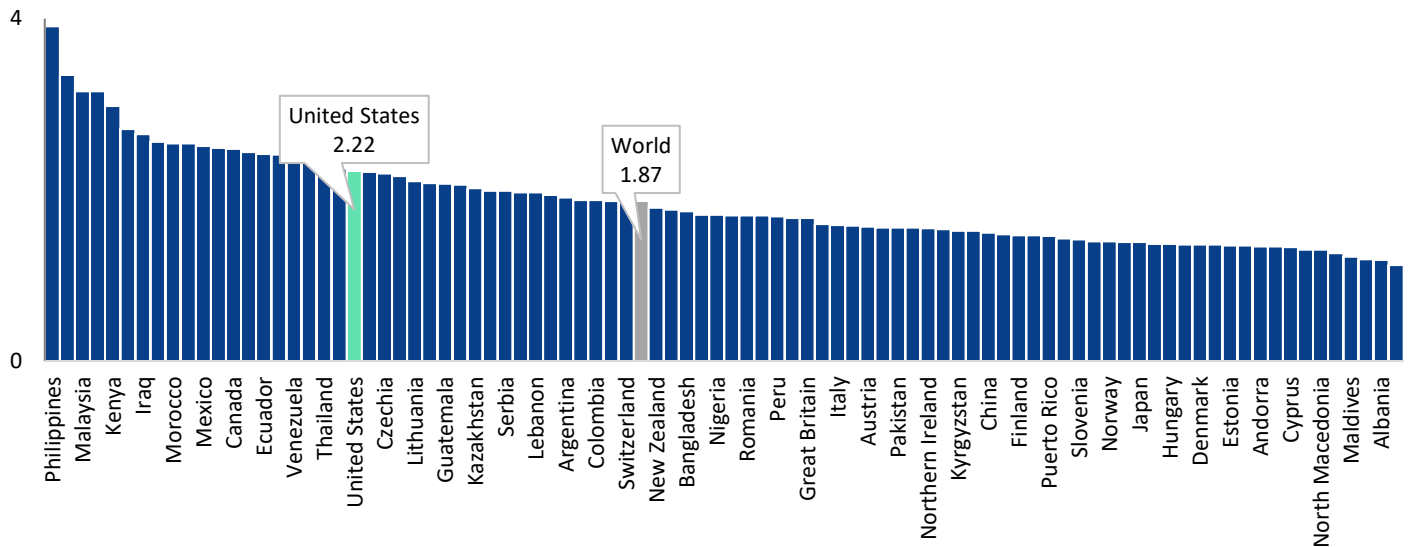
Figure 99. Justifiable—for a man to beat his wife: 2017-2022



Definitions: The survey question asked was, "Please tell me for each of the following statements whether you think it can always be justified (10), never be justified (1), or something in between, using this card: For a man to beat his wife". The average value of the question, excluding missing values, is presented.

Data Source: Haerpfer, C., Inglehart, R., Moreno, A., Welzel, C., Kizilova, K., Diez-Medrano J., M. Lagos, P. Norris, E. Ponarin & B. Puranen et al. (eds.). (2020). *World Values Survey: Round seven – country-pooled datafile*. Madrid, Spain & Vienna, Austria: JD Systems Institute & WWSA Secretariat. <https://doi.org/10.14281/18241.1>

Figure 100. Justifiable—political violence: 2017-2022

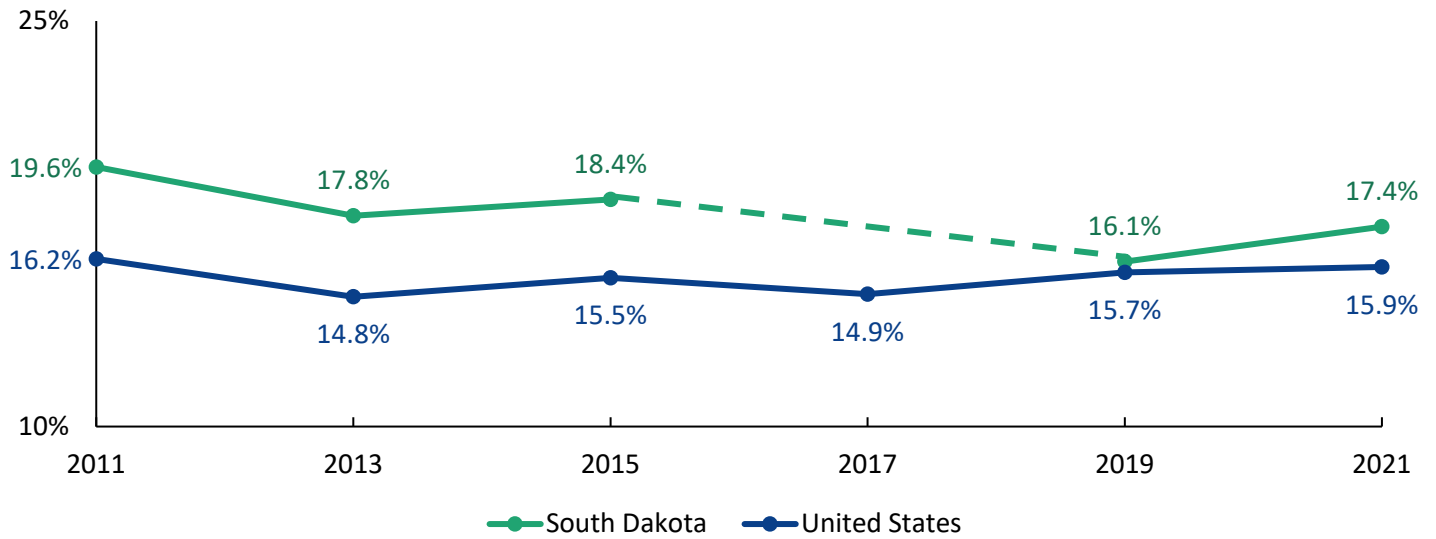


Definitions: The survey question asked was, "Please tell me for each of the following statements whether you think it can always be justified (10), never be justified (1), or something in between, using this card: Political violence". The average value of the question, excluding missing values, is presented.

Data Source: Haerpfer, C., Inglehart, R., Moreno, A., Welzel, C., Kizilova, K., Diez-Medrano J., M. Lagos, P. Norris, E. Ponarin & B. Puranen et al. (eds.). (2020). *World Values Survey: Round seven – country-pooled datafile*. Madrid, Spain & Vienna, Austria: JD Systems Institute & WWSA Secretariat. <https://doi.org/10.14281/18241.1>

Media Violence

Figure 101. Percent of South Dakota and U.S. high school students who were electronically bullied: 2011-2021

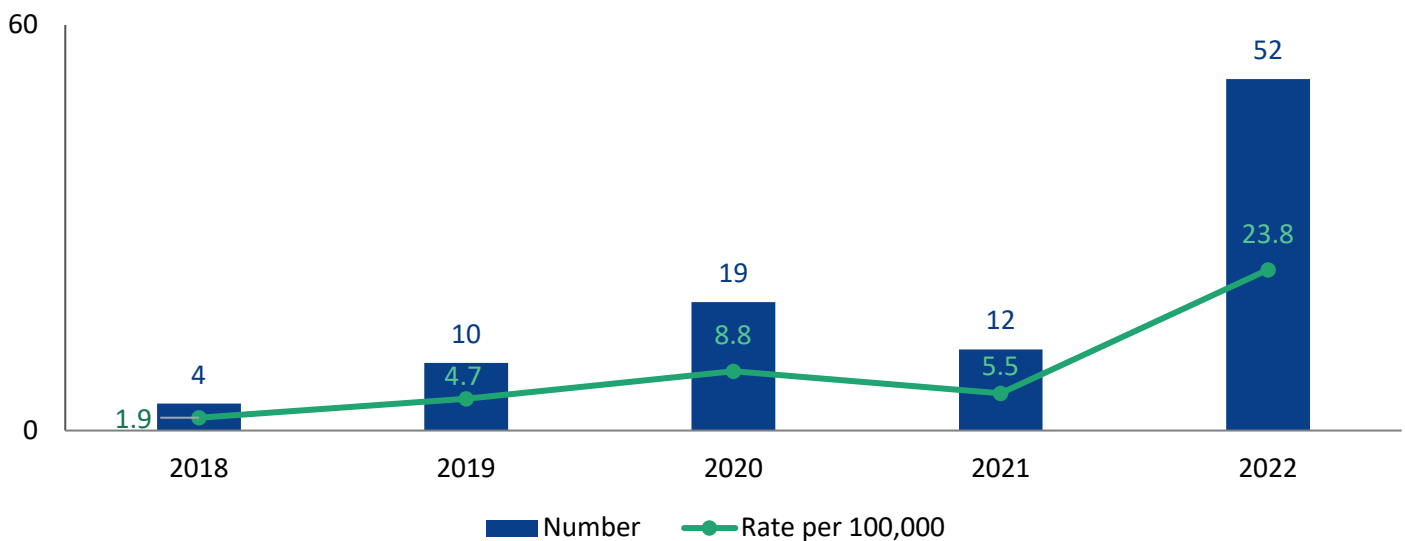


Definitions: Prevalence of electronic bullying over time; the percent of high school students who were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media), during the 12 months before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (multiple years, 2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 102. Rate of child victims of internet crime per 100,000 population in South Dakota: 2018-2022



Definitions: Child victims of internet crimes per 100,000 population (under 18) in South Dakota. Because 2022 population estimates are not yet available, 2021 population estimates were used to calculate the rate in 2022.

Data Source: South Dakota Division of Criminal Investigation, Internet Crimes Against Children Task Force Program (aggregate data provided upon request)

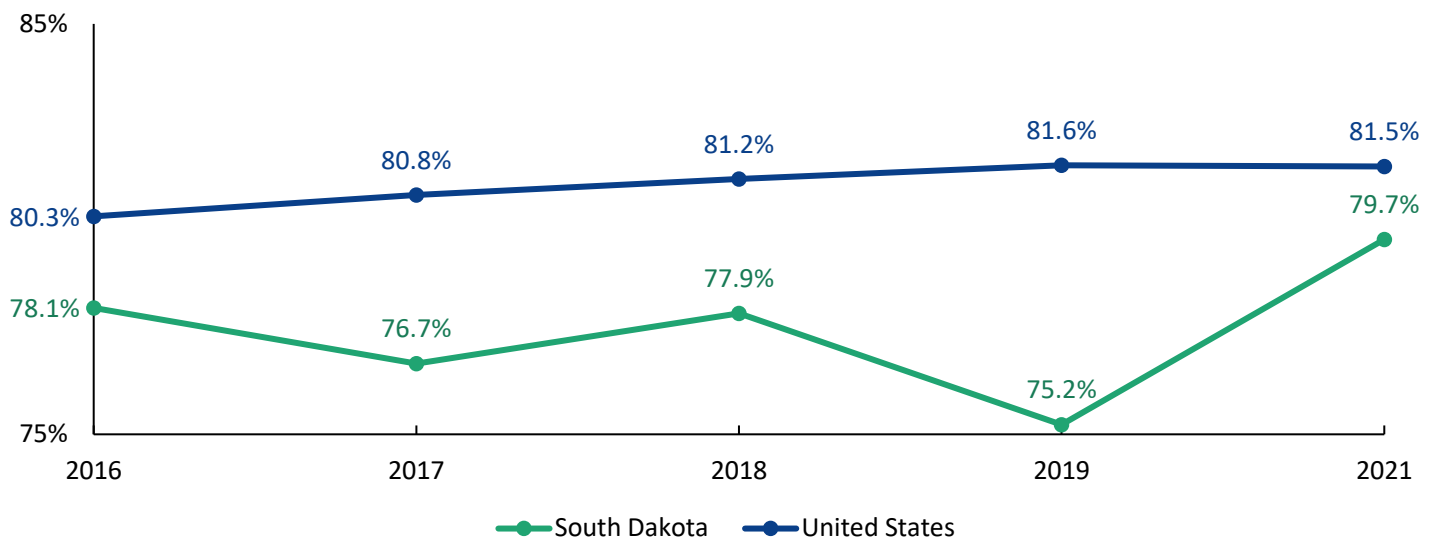
Population estimates: U.S. Census Bureau. (2021). *2021 American Community Survey 5-year estimates subject tables* (Table S0101). <https://data.census.gov/table?q=S0101&g=040XX00US46&tid=ACSSST5Y2021.S0101>

Children's Media Usage

According to the National Survey of Children's Health¹¹, on most weekdays, 14.5% of South Dakota children spend (on average) 4 or more hours in front of a TV, computer, cellphone or other electronic device, not including schoolwork, compared to, 20.7% of children nationally.

Societal Income Inequity

Figure 103a. Women's earnings as a percentage of men's earnings in South Dakota and the U.S.: 2016-2021

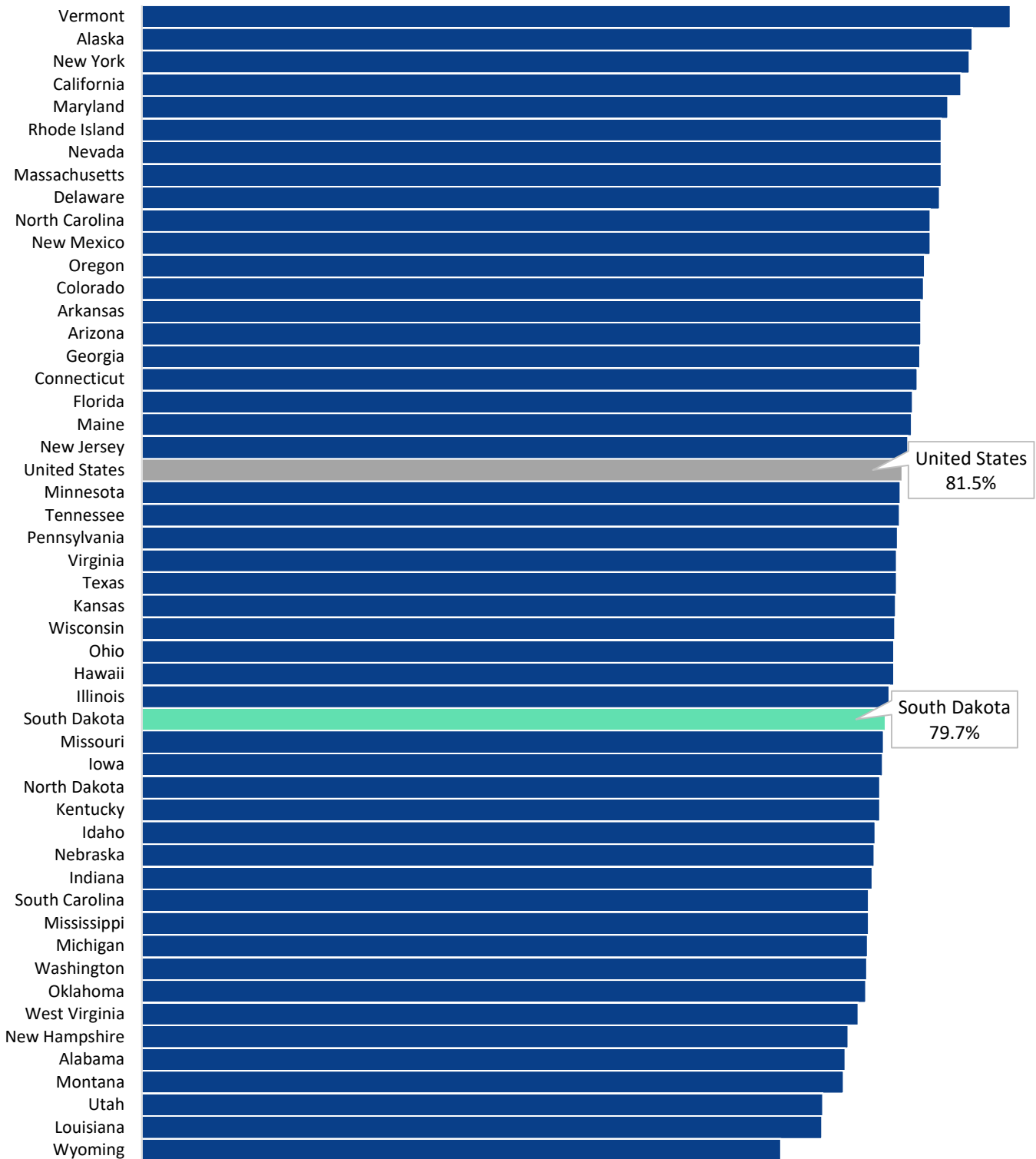


Definitions: Women's median earnings (dollars) of full-time, year-round workers as a percentage of men's median earnings. There was no data reported in 2020 and no data notes to explain the exclusion.

Data Source: U.S. Census Bureau. (2016-2021). *2016-2021 American Community Survey 1-year estimates subject tables* (Table S0201). https://data.census.gov/table?q=S0201&g=010XX00US_040XX00US46&tid=ACSSPP1Y2021.S0201

¹⁰ Child and Adolescent Health Measurement Initiative. 2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). <https://www.childhealthdata.org/browse/survey/results?q=9878&r=1&r2=43>

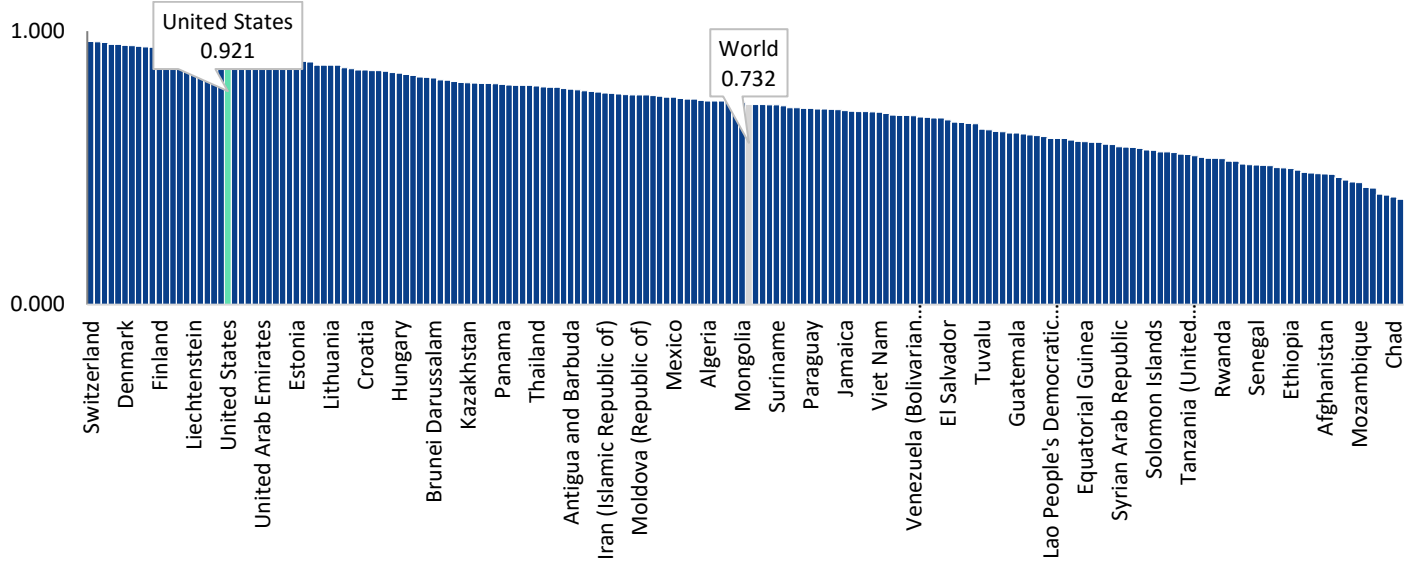
Figure 103b. Women's earnings as a percentage of men's earnings by state: 2021



Definitions: Women’s median earnings (dollars) of full-time, year-round workers as a percentage of men’s median earnings. There was no data reported in 2020 and no data notes to explain the exclusion.

Data Source: U.S. Census Bureau. (2021). *2021 American Community Survey 1-year estimates subject tables* (Table S0201). https://data.census.gov/table?q=S0201&g=010XX00US_040XX00US46&tid=ACSSPP1Y2021.S0201

Figure 104. Human Development Index by country: 2021



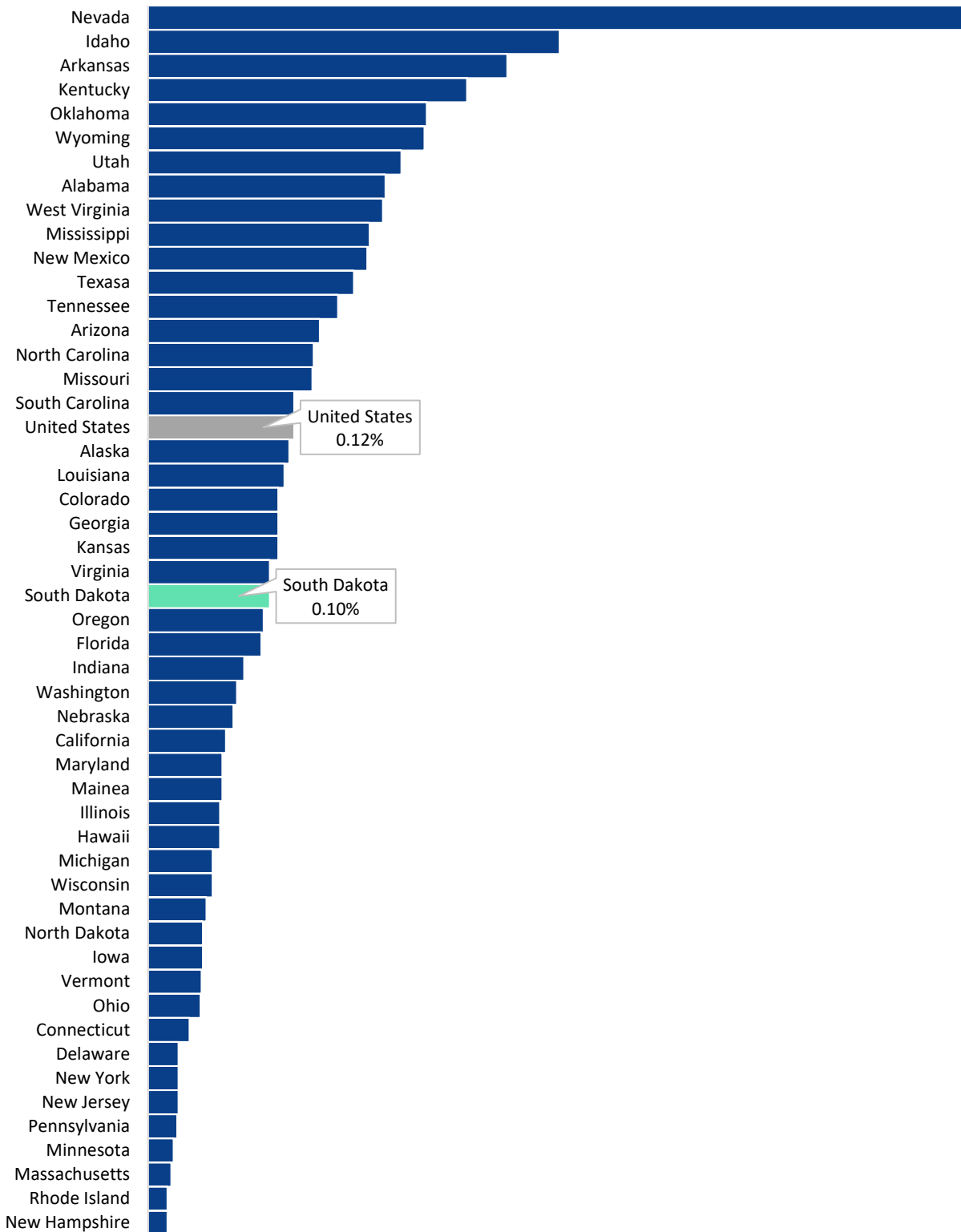
Definitions: The Human Development Index (HDI) is a summary measure of achievements in three key dimensions of human development: a long and healthy life, access to knowledge and a decent standard of living. The HDI is the geometric mean of normalized indices for each of the three dimensions. Very high human development ≥ 0.800 ; high human development = $0.700-0.799$; medium human development = $0.550-0.699$; and low human development ≤ 0.499 . Data was available for 191 of the world's 195 countries (98%). The global HDI in 2021 was 0.732.

Data Source: UNDP. (2022). *Human development report 2021-22: Uncertain times, unsettled lives: Shaping our future in a transforming world*. New York, NY: United Nations Development Programme (UNDP).

<https://hdr.undp.org/content/human-development-report-2021-22>

Weak Health, Educational, Economic, and Social Policies/ Laws

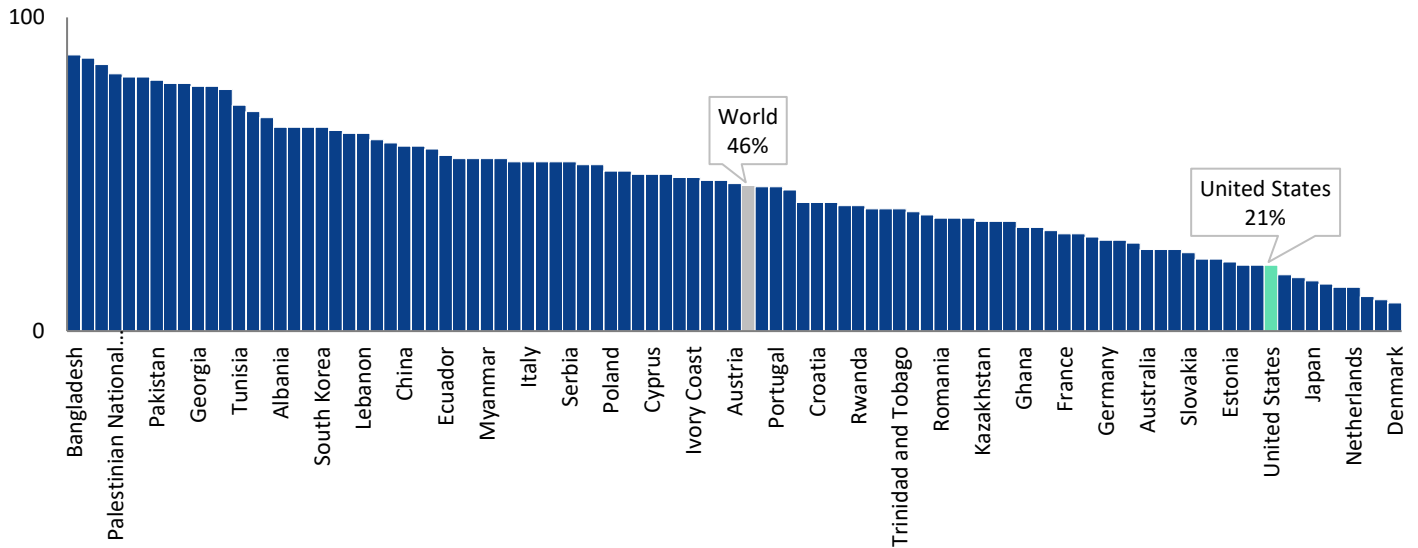
Figure 105. Per capita rate of child marriage (actual + estimated) by state: 2000-2018



Definitions: Per capita rate of child marriage 2000-2018 (actual + estimated). No central repository in the U.S. collects marriage-age data from all 50 states. Retrieving marriage-certificate data from each state individually and compiling the results is the best alternative. Not all states systematically track or make available these data, therefore data is based on estimates for ten states. The United States per capita rate was not reported. The value included is an average of the states.

Data Source: Reiss, F. (2021). Child marriage in the United States: Prevalence and implications. *Journal of Adolescent Health* 69(6). <https://doi.org/10.1016/j.jadohealth.2021.07.001>

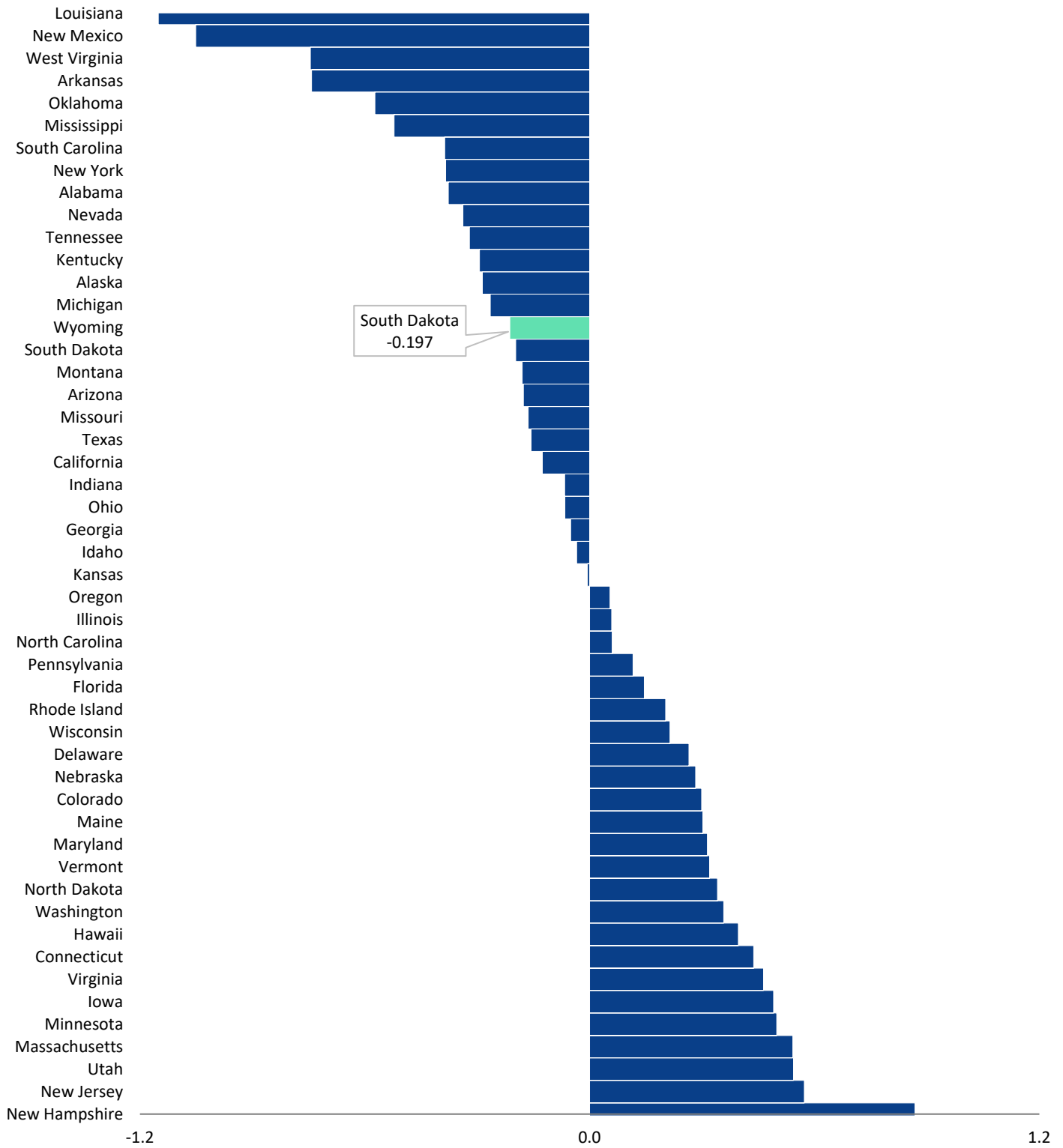
Figure 106. Discriminatory family code—attitudes toward working mothers by country: 2019



Definitions: Attitudes towards working mothers is measured as the percentage of the adult population agreeing or strongly agreeing that "when a mother works for pay, the children suffer". Attitudes toward working mothers is one of two sub-categories of discriminatory family code (the other is child marriage). Data was available for 96 of the world's 195 countries (49%).

Data Source: OECD. (2023). *Discriminatory family code* (indicator). <https://doi.org/10.1787/7f420b4b-en>

Figure 107. Social and economic factors—sum of weighted z-scores of ranked social and economic measures (data is not reported at the national level): 2022

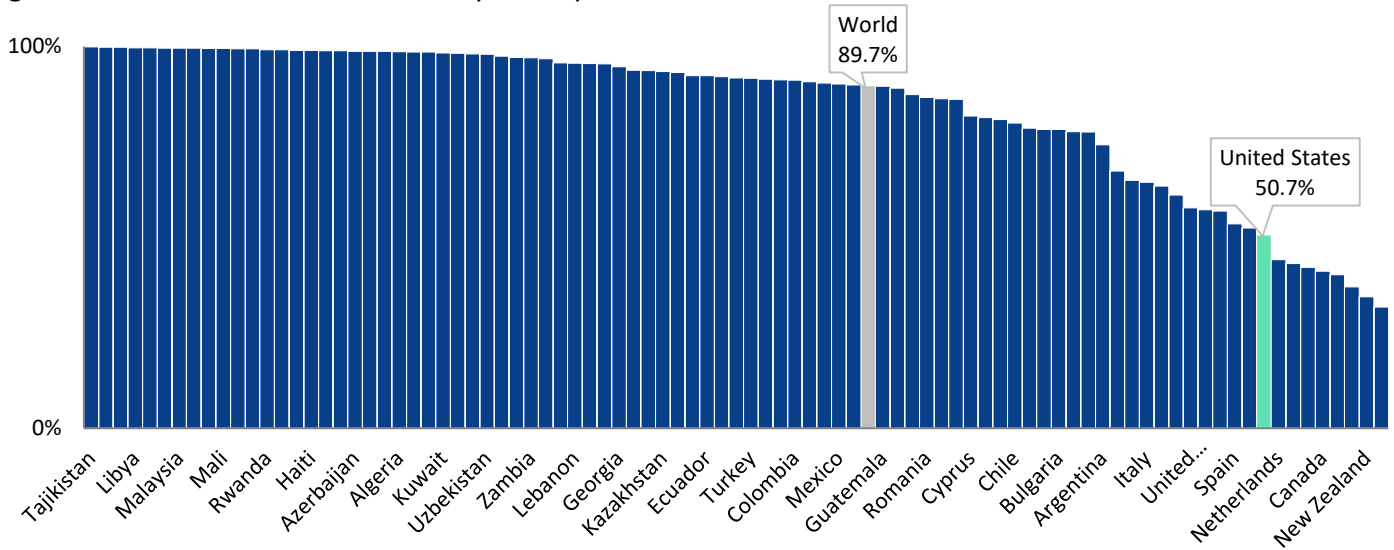


Definitions: Sum of weighted z-scores of ranking social and economic measures. The social and economic factors category represents the broader impact the society and economy have on an individual or community’s ability to make healthy choices. Topics in this category are community and family safety, economic resources, education and social support and engagement. This is one of five categories that make up the America’s Health Rankings model. The other four categories are behaviors, physical environment, clinical care, and health outcomes.

Data source: America’s Health Rankings. (2022). *2022 America’s Health Rankings Annual Report*. The United Health Foundation. https://assets.americashealthrankings.org/app/uploads/ahr_2022annualreport.pdf

Harmful Norms Around Masculinity and Femininity

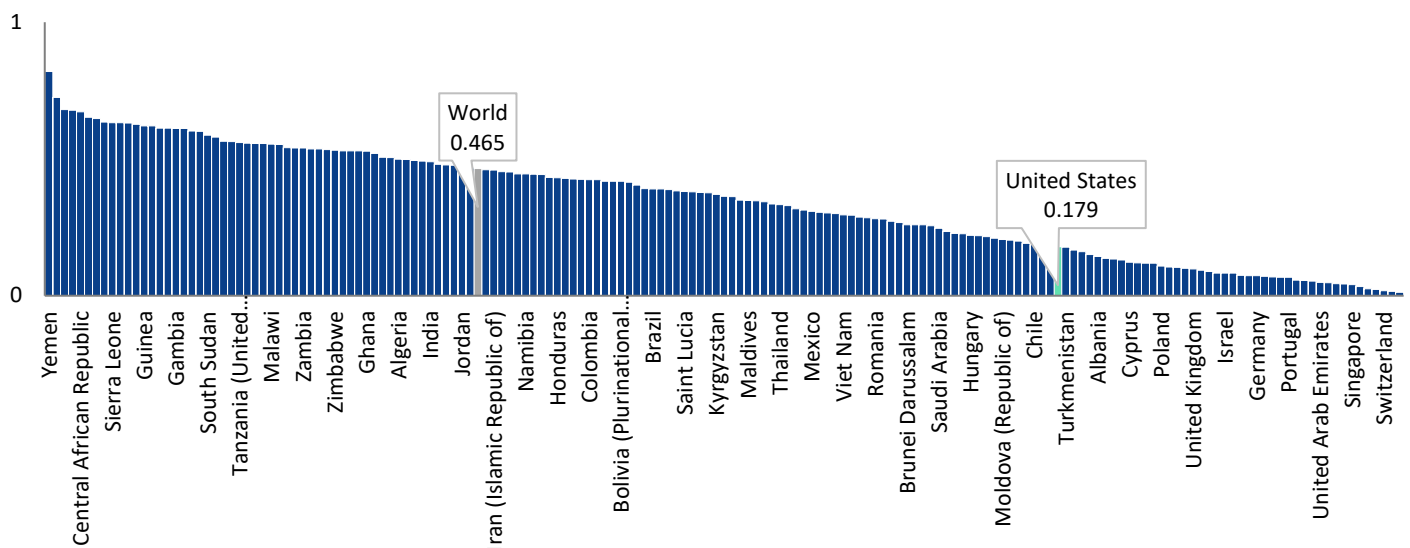
Figure 108. Gender Social Norms Index by country: 2021



Definitions: Gender Social Norms Index (GSNI): Percentage of people with at least one bias amongst seven indicators. The GSNI measures how social beliefs obstruct gender equality in areas like politics, work, and education. Averages are weighted based on the population age 15 and older from United Nations Department of Economic and Social Affairs population data.

Data Source: UNDP. (2022). *Human development report 2021-22: Uncertain times, unsettled lives: Shaping our future in a transforming world*. New York, NY: United Nations Development Programme (UNDP). <https://hdr.undp.org/content/human-development-report-2021-22>

Figure 109. Gender Inequality Index by country: 2021

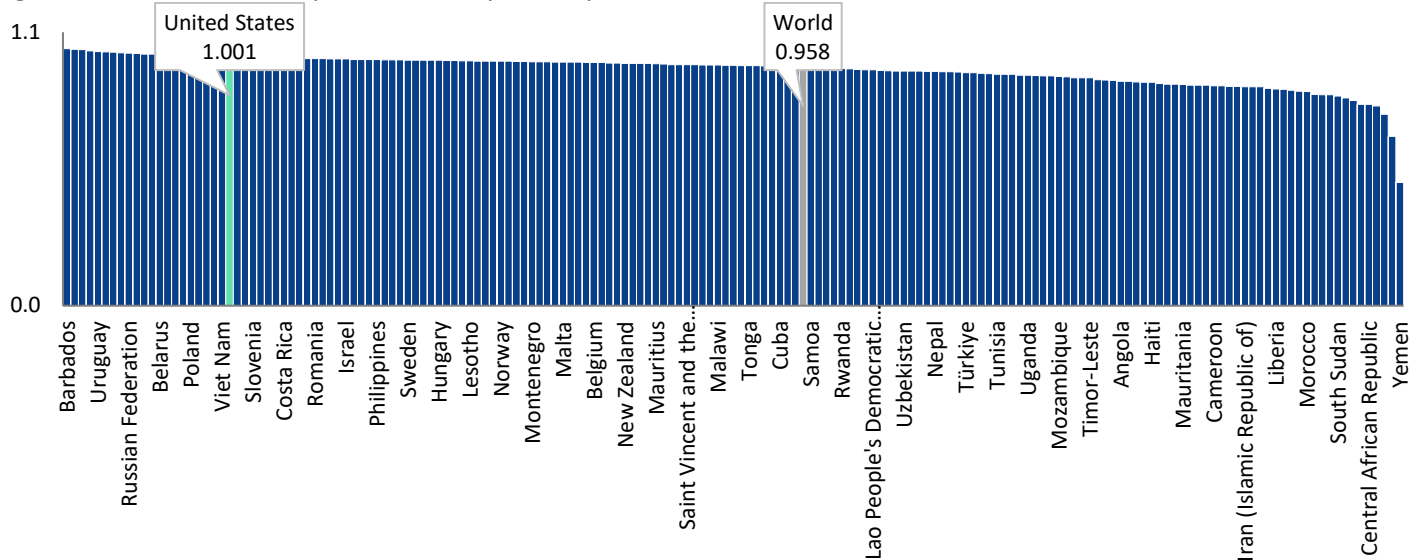


Definitions: The Gender Inequality Index (GII) is a composite measure of gender inequality using three dimensions: reproductive health, empowerment, and the labor market. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. Data was available for 170 (87%) of the world’s 195 countries. The global GII in 2021 was 0.465.

Data Source: UNDP. (2022). *Human development report 2021-22: Uncertain times, unsettled lives: Shaping our future in a transforming world*. New York, NY: United Nations Development Programme (UNDP).

<https://hdr.undp.org/content/human-development-report-2021-22>

Figure 110. Gender Development Index by country: 2021



Definitions: The Gender Development Index (GDI) is the ratio of female to male HDI values. It measures gender inequalities in achievement in three basic dimensions of human development: health (measured by female and male life expectancy at birth), education (measured by female and male expected years of schooling for children and female and male mean years of schooling for adults ages 25 years and older), and command over economic resources (measured by female and male estimated earned income). Data was available for 172 (88%) of the world’s 195 countries. The global GDI in 2021 was 0.958.

Data Source: UNDP. (2022). *Human development report 2021-22: Uncertain times, unsettled lives: Shaping our future in a transforming world*. New York, NY: United Nations Development Programme (UNDP).

<https://hdr.undp.org/content/human-development-report-2021-22>

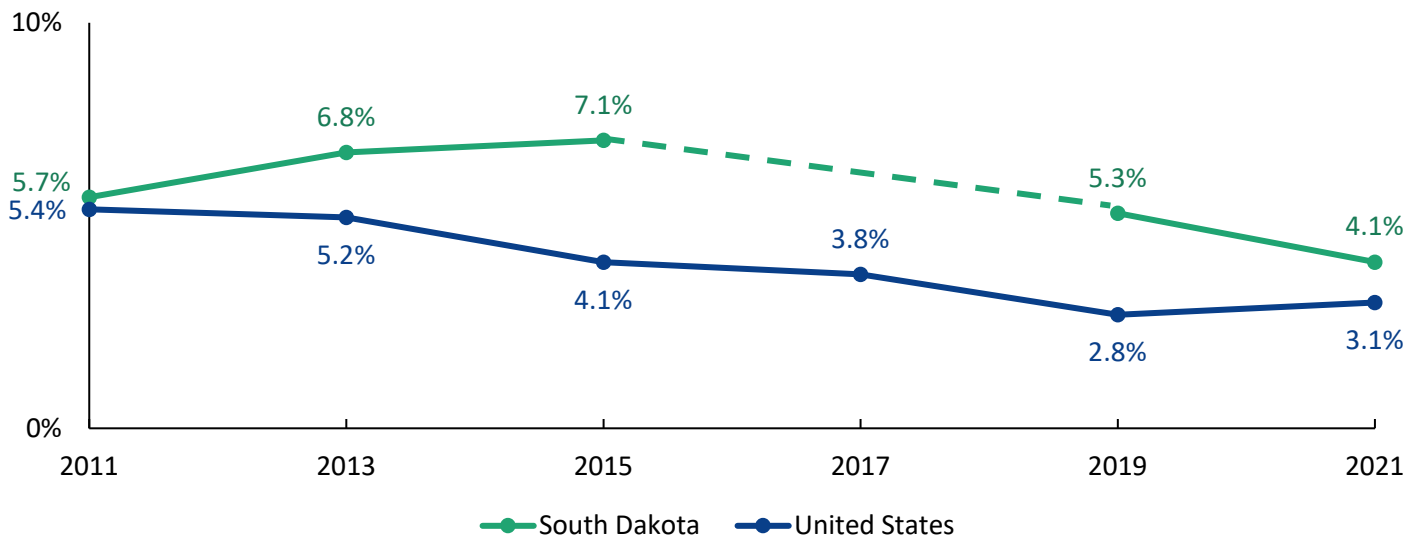
Other Measures

Table 5. Indicators included in this section and comparison values for South Dakota and the United States (years vary by indicator)

	Values (latest avail.)	
	SD	U.S.
Gun Safety and Use		
Figure 111. Percent of South Dakota and U.S. high school students who carried a weapon on school property: 2011-2021	4.1%	3.1%
Figure 112. Percent of South Dakota and U.S. high school students threatened or injured with a weapon on school property: 2011-2021	6.9%	6.6%
Other		
Figure 113. Percent of South Dakota and U.S. children whose parent/guardian served time in jail: 2017-2021	6.0%	5.3%

Gun Safety and Use

Figure 111. Percent of South Dakota and U.S. high school students who carried a weapon on school property: 2011-2021

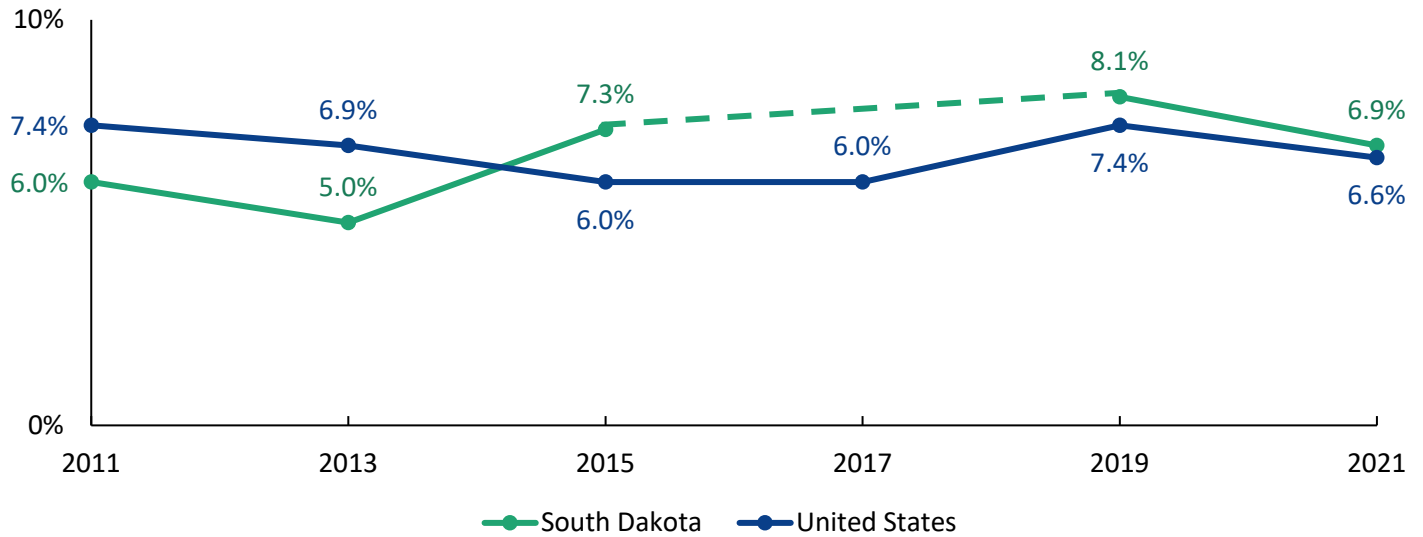


Definitions: Prevalence of weapon carrying at school over time; the percent of high school students who carried a weapon on school property (such as a gun, knife, or club) on at least one day during the 30 days before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (multiple years, 2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Figure 112. Percent of South Dakota and U.S. high school students threatened or injured with a weapon on school property: 2011-2021



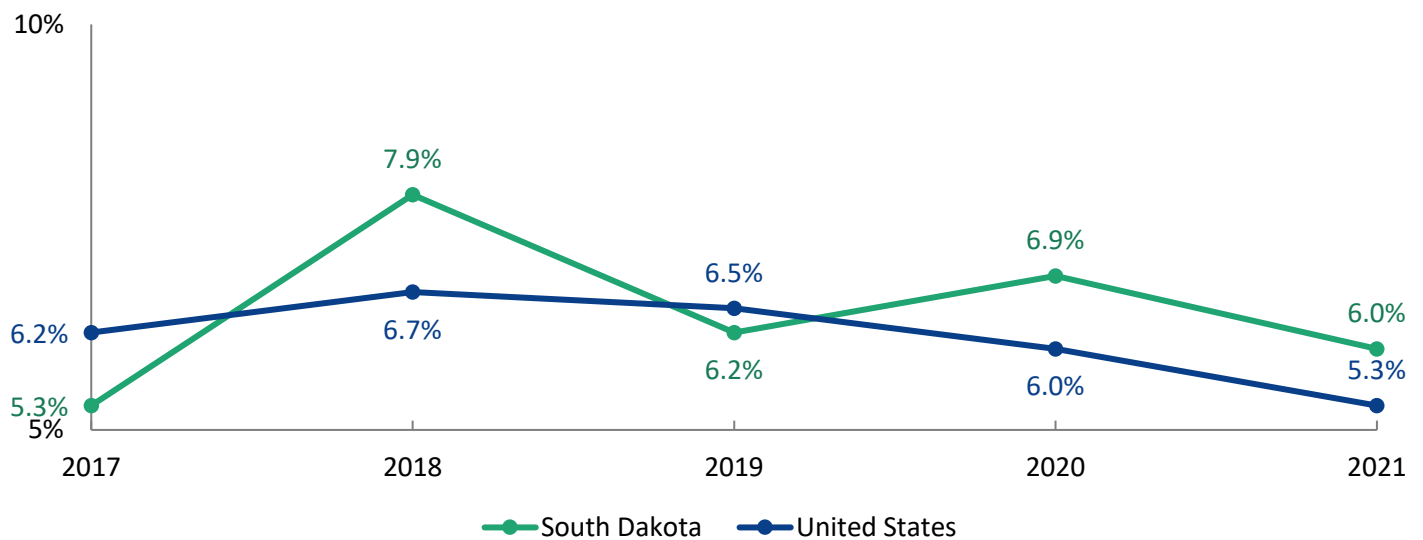
Definitions: Prevalence of being threatened at school over time; the percent of high school students threatened or injured with a weapon on school property one or more times during the past 12 months before the survey.

Data Sources:

- **South Dakota data:** South Dakota Department of Health. (2011-2021). *South Dakota Youth Risk Behavior Survey summary*. https://doh.sd.gov/documents/statistics/YRBS_2011-2021_Summary.pdf
- **U.S. Data:** Centers for Disease Control and Prevention. (2011-2021). *Youth Risk Behavior Survey data*. www.cdc.gov/yrbs

Parent/Guardian Spent Time in Jail

Figure 113. Percent of South Dakota and U.S. children (ages 0-17 years) whose parent/guardian served time in jail: 2017-2021



Definitions: This measure was derived from a single survey question. Parents with children ages 0-17 years were asked, “Has this child experienced one or more adverse childhood experiences?” One response option was “Adverse childhood

experience: parent or guardian served time in jail.” A response of “yes” indicates the child meets the criteria for this measure.

Data Source: Child and Adolescent Health Measurement Initiative. (2017-2021). *2017-2021 National Survey of Children’s Health (NSCH) data query*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). www.childhealthdata.org

