



SIECUS

Sexuality Information and Education
Council of the United States

State Profiles FISCAL YEAR 2016

SOUTH DAKOTA

In Fiscal Year 2016,¹ the state of South Dakota received:

- Division of Adolescent and School Health funds totaling \$60,000

In Fiscal Year 2016, local entities in South Dakota received:

- Teen Pregnancy Prevention Program funds totaling \$749,999
- Tribal Personal Responsibility Education Program funds totaling \$638,410

SEXUALITY EDUCATION LAW AND POLICY

South Dakota law ([§§ 13-33-1](#) and [13-33-6.1](#)) does not specifically mention sexuality education; however, public schools must substantially conform to the educational standards established by the state Board of Education.² Furthermore, the law requires that “character development instruction” be given in all schools unless the governing body elects to do otherwise. Character development instruction “impress[es] upon the minds of the students the importance of citizenship, patriotism, honesty, self discipline, self respect, sexual abstinence, respect for the contributions of minority and ethnic groups to the heritage of South Dakota, regard for the elderly, and respect for authority.”³

STATE STANDARDS

The [South Dakota Health Education Standards](#), which guide curricula development, do not provide additional guidance on character development instruction and only mention sexuality as potential examples of larger benchmarks, such as describing “short- and long-term effects of risky behavior on health, e.g., alcohol/[fetal alcohol syndrome] (FAS); sexual activity/[sexually transmitted diseases] (STDs); smoking/lung disease” or analyzing “types of peer pressure which result in risky behaviors, e.g., use of alcohol, other drugs, sexual activity.”⁴

STATE LEGISLATIVE SESSION ACTIVITY

SIECUS tracks all state legislative session activity in our state legislative reports. For more information on bills related to school-based sexuality education that were introduced or passed in 2016, please see [SIECUS’ 2016 Sex Ed State Legislative Year-End Report: Top Topics and Takeaways](#).

YOUTH SEXUAL HEALTH DATA

The following sexual health behavior and outcome data represent the most recent information available on adolescent sexual health in South Dakota. While data can be a powerful tool to demonstrate the sexuality education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that can and often do affect an

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individual's sexual health and wellbeing. Additionally, there are significant limitations as to how and what data are currently collected. Young people are more than outcomes; for advocates, it is important to utilize the data in a manner that tracks our progress and pushes policies forward in a way that respects and supports the dignity of all young lives.

SOUTH DAKOTA YOUTH RISK BEHAVIOR SURVEY (YRBS) DATA⁵

Reported ever having had sexual intercourse

- In 2015, 34.9% of female high school students and 39.4% of male high school students in South Dakota reported ever having had sexual intercourse, compared to 39.2% of female high school students and 43.2% of male high school students nationwide.
- In 2015, 33.8% of white high school students in South Dakota reported ever having had sexual intercourse, compared to 39.9% of white high school students nationwide.

Reported having had sexual intercourse before age 13

- In 2015, 2.6% of female high school students and 3.8% of male high school students in South Dakota reported having had sexual intercourse before age 13, compared to 2.2% of female high school students and 5.6% of male high school students nationwide.
- In 2015, 2.2% of white high school students in South Dakota reported having had sexual intercourse before age 13, compared to 2.5% of white high school students nationwide.

Reported being currently sexually active

- In 2015, 26.6% of female high school students and 28.1% of male high school students in South Dakota reported being currently sexually active, compared to 29.8% of female high school students and 30.3% of male high school students nationwide.
- In 2015, 25.7% of white high school students in South Dakota reported being currently sexually active, compared to 30.3% of white high school students nationwide.

Reported not using a condom during last sexual intercourse

- In 2015, 38.2% of female high school students and 36.5% of male high school students in South Dakota reported not using a condom during their last sexual intercourse, compared to 48% of female high school students and 38.5% of male high school students nationwide.
- In 2015, 37.3% of white high school students in South Dakota reported not using a condom during their last sexual intercourse, compared to 43.2% of white high school students nationwide.

Reported not using any method to prevent pregnancy during last sexual intercourse

- In 2015, 12.6% of female high school students and 11.9% of male high school students in South Dakota reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 15.2% of female high school students and 12.2% of male high school students nationwide.

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- In 2015, 10.1% of white high school students in South Dakota reported not using any method to prevent pregnancy during their last sexual intercourse, compared to 10.4% of white high school students nationwide.

Reported never having been tested for human immunodeficiency virus (HIV)

- In 2015, 92.7% of female high school students and 92.7% of male high school students in South Dakota reported never having been tested for HIV, compared to 88.9% of female high school students and 90.7% of male high school students nationwide.
- In 2015, 94% of white high school students in South Dakota reported never having been tested for HIV, compared to 92% of white high school students nationwide.

Reported having been physically forced to have sexual intercourse

- In 2015, 6.1% of female high school students and 4.2% of male high school students in South Dakota reported having been physically forced to have sexual intercourse, compared to 10.3% of female high school students and 3.1% of male high school students nationwide.
- In 2015, 4.7% of white high school students in South Dakota reported having been physically forced to have sexual intercourse, compared to 6% of white high school students nationwide.

Reported experiencing physical dating violence

- In 2015, 9.8% of female high school students and 7.8% of male high school students in South Dakota reported experiencing physical dating violence in the prior year, compared to 11.7% of female high school students and 7.4% of male high school students nationwide.
- In 2015, 6.1% of white high school students in South Dakota reported experiencing physical dating violence in the prior year, compared to 9% of white high school students nationwide.

Reported experiencing sexual dating violence

- In 2015, 10.1% of female high school students and 6.2% of male high school students in South Dakota reported experiencing sexual dating violence in the prior year, compared to 15.6% of female high school students and 5.4% of male high school students nationwide.
- In 2015, 7.1% of white high school students in South Dakota reported experiencing sexual dating violence in the prior year, compared to 10.1% of white high school students nationwide.

Visit the Centers for Disease Control and Prevention's (CDC) [Youth Online](#) database for additional information on youth risk behaviors.

SOUTH DAKOTA TEEN PREGNANCY, HIV/ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS), AND OTHER STD DATA

Teen Pregnancy, Birth, and Abortion

- In 2011, South Dakota had the 34th highest teen pregnancy rate in the United States, with a rate of 46 pregnancies per 1,000 young women ages 15–19, compared to the national rate of 52 per 1,000.⁶ There were a total of 1,300 pregnancies among young women ages 15–19 reported in South Dakota in 2011.⁷

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- In 2015, South Dakota had the 14th highest teen birth rate in the United States, with a rate of 26.4 births per 1,000 young women ages 15–19, compared to the national rate of 22.3 per 1,000.⁸ There were a total of 735 live births to young women ages 15–19 reported in South Dakota in 2014, the most recent year of available data.⁹
- In 2011, South Dakota had the 48th highest teen abortion rate in the United States, with a rate of 5 abortions per 1,000 young women ages 15–19, compared to the national rate of 14 per 1,000.¹⁰ There were a total of 130 abortions among young women ages 15–19 reported in South Dakota in 2011.¹¹

HIV and AIDS

- In 2015, the rate of diagnoses of HIV infection among adolescents ages 13–19 in South Dakota was 1.3 per 100,000, compared to the national rate of 5.8 per 100,000.¹²
- In 2015, the rate of AIDS diagnoses among adolescents ages 13–19 in South Dakota was 0.0 per 100,000, compared to the national rate of 0.7 per 100,000.¹³
- In 2015, the rate of diagnoses of HIV infection among young adults ages 20–24 in South Dakota was 6.5 per 100,000, compared to the national rate of 31.1 per 100,000.¹⁴
- In 2015, the rate of AIDS diagnoses among young adults ages 20–24 in South Dakota was 3.3 per 100,000, compared to the national rate of 5.6 per 100,000.¹⁵

STDs

- In 2015, South Dakota had the 26th highest rate of reported cases of chlamydia among young people ages 15–19 in the United States, with an infection rate of 1,727.7 cases per 100,000, compared to the national rate of 1,857.8 per 100,000. In 2015, there were a total of 999 cases of chlamydia among young people ages 15–19 reported in South Dakota.¹⁶
- In 2015, South Dakota had the 23rd highest rate of reported cases of gonorrhea among young people ages 15–19 in the United States, with an infection rate of 309.6 cases per 100,000, compared to the national rate of 341.8 per 100,000. In 2015, there were a total of 179 cases of gonorrhea among young people ages 15–19 reported in South Dakota.¹⁷
- In 2015, South Dakota had the 20th highest rate of reported cases of primary and secondary syphilis among young people ages 15–19 in the United States, with an infection rate of 5.2 cases per 100,000, compared to the national rate of 5.4 per 100,000. In 2015, there were a total of 3 cases of syphilis reported among young people ages 15–19 in South Dakota.¹⁸

Visit the Office of Adolescent Health's (OAH) [South Dakota Adolescent Health Facts](#) for additional information.

FEDERAL FUNDING FOR SEXUALITY EDUCATION, UNINTENDED TEEN PREGNANCY, HIV AND OTHER STD PREVENTION, AND ABSTINENCE-ONLY-UNTIL-MARRIAGE PROGRAMS

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FISCAL YEAR 2016 FEDERAL FUNDING IN SOUTH DAKOTA

Grantee	Award
Division of Adolescent and School Health (DASH)	
South Dakota Department of Health	\$60,000
TOTAL	\$60,000
Teen Pregnancy Prevention Program (TPPP)	
TPPP Tier 1B	
Rural America Initiatives	\$749,999
TOTAL	\$749,999
Personal Responsibility Education Program (PREP)	
Tribal Personal Responsibility Education Program	
Great Plains Tribal Chairmen's Health Board	\$638,410
TOTAL	\$638,410
GRAND TOTAL	
	\$1,448,409

DIVISION OF ADOLESCENT AND SCHOOL HEALTH

The Division of Adolescent and School Health (DASH), within the CDC, provides funding to state and local education agencies through several funding streams to better student health, implement HIV/STD prevention programs, collect and report data on young people's risk behaviors, and expand capacity-building partnerships.

In FY 2016, DASH provided funding to 18 state and 17 local education agencies to help districts and schools strengthen student health through exemplary sexual health education (ESHE) that emphasizes HIV and other STD prevention, increases access to key sexual health services (SHS), and establishes safe and supportive environments (SSE) for students and staff. DASH funded seven national, non-governmental organizations (NGOs) to help state and local education agencies achieve these goals.

- In FY 2016, there were no DASH grantees in South Dakota funded to strengthen student health through ESHE, SHS, and SSE (1308 Strategy 2).

In addition, DASH funds local education agencies and NGOs to implement multiple program activities to meet the HIV/STD prevention needs of young men who have sex with men (YMSM) and to develop strategic partnerships and collaborations between schools and community-based, mental health, and social services organizations to accomplish this work.

- In FY 2016, there were no DASH grantees in South Dakota funded to deliver YMSM programming (1308 Strategy 4).

DASH also provides funding for state, territorial, and local education agencies and state health agencies to establish and strengthen systematic procedures to collect and report Youth Risk Behavior Surveillance (YRBS) and School Health Profiles data for policy and program improvements.

- In FY 2016, there was one DASH grantee in South Dakota funded to collect and report YRBS and School Health Profiles data (1308 Strategy 1): The South Dakota Department of Health (\$60,000).

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TEEN PREGNANCY PREVENTION PROGRAM

The Office of Adolescent Health (OAH), within the U.S. Department of Health and Human Services (HHS), administers the Teen Pregnancy Prevention Program (TPPP), which funds evidence-based (or innovative evidence-informed), medically accurate, and age-appropriate programs to reduce teen pregnancy. OAH provides program support, implementation evaluation, and technical assistance to grantees. In FY 2016, total funding for TPPP was \$101 million, with an additional \$6.8 million authorized for evaluation purposes, supporting a total of 84 states, cities, non-profit organizations, school districts, universities, community-based organizations, and tribal organizations that were in year two of five TPPP funding tiers' five-year cooperative agreements in 33 states and territories, including the District of Columbia and the Marshall Islands. OAH provides program support, implementation evaluation, and technical assistance to grantees and receives an additional \$6.8 million in funding for evaluation purposes. There are five TPPP funding tiers:

Tier 1A: Capacity building to support replication of evidence-based TPP programs.

- In FY 2016, there were no TPPP Tier 1A grantees in South Dakota.

Tier 1B: Replicating evidence-based TPP programs to scale in communities with the greatest need.

- In FY 2016, there was one TPPP Tier 1B grantee in South Dakota: Rural America Initiatives (RAI) (\$749,999).

RAI, \$749,999 (FY 2016)

RAI, serving the Native American population of Rapid City, is the longest operating private, non-profit, Native American-community organization in the country. The organization is dedicated to “strengthen the development of healthy, sober, self-sufficient lifestyles” and help Native American children “to thrive in a contemporary environment and to support Native cultural values.”¹⁹ Its programs include a development and educational program for infants and toddlers, fatherhood mentoring, and substance abuse treatment. The organization previously received federal abstinence-only-until-marriage (AOUM) funding through the now-defunct Community-Based Abstinence Education (CBAE) and Adolescent Family Life Act grant programs. In 2008, the organization was awarded a five-year CBAE grant and received nearly \$1.5 million in funding before the program was eliminated in 2010.

With its TPPP funding, RAI strives to reduce sexual risk behaviors among young, low-income Native Americans in Pennington County. RAI implements [*Project AIM*](#) in middle schools and [*Making Proud Choices!*](#) in high schools and alternative schools throughout Pennington County Public Schools. RAI aims to serve 725 young people per year and a total of 3,625 young people over the course of the five-year grant period.²⁰

Tier 2A: Supporting and enabling early innovation to advance adolescent health and prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2A grantees in South Dakota.

Tier 2B: Rigorous evaluation of new or innovative approaches to prevent teen pregnancy.

- In FY 2016, there were no TPPP Tier 2B grantees in South Dakota.

Tier 2C: Effectiveness of TPP programs designed specifically for young males.

- In FY 2016, there were no TPPP Tier 2C grantees in South Dakota.

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PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Family and Youth Services Bureau (FYSB), within the Administration for Children and Families (ACF) division of HHS, administers the Personal Responsibility Education Program (PREP), which includes \$75 million for the state-grant program; local entities through the competitively awarded Personal Responsibility Education Innovative Strategies (PREIS) program; and the Tribal PREP, which funds tribes and tribal organizations. In addition, provisions within the PREP statute enable a competitive application process for community- and faith-based organizations within states and territories that do not directly seek PREP state grants to apply for funding. Details on the state grants, PREIS, Tribal PREP, and CPREP are included below.

PREP State-Grant Program

State-grant PREP supports evidence-based programs that provide young people with medically accurate and age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. In FY 2016, 43 states, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the Virgin Islands received PREP state-grant funds. The grant does not require states to provide matching funds. Funded programs must discuss abstinence and contraception and place substantial emphasis on both. Programs must also address at least three of the following adulthood preparation subjects: healthy relationships, positive adolescent development, financial literacy, parent-child communication skills, education and employment skills, and healthy life skills.

- In FY 2016, South Dakota declined PREP funds.

Personal Responsibility Education Innovative Strategies (PREIS)

PREIS supports research and demonstration programs to develop, replicate, refine, and test innovative models for preventing unintended teen pregnancy.

- In FY 2016, there were no PREIS grantees in South Dakota.

Tribal Personal Responsibility Education Program (Tribal PREP)

Tribal PREP supports the development and implementation of teen pregnancy prevention programs within tribes and tribal communities. Tribal PREP programs target young people ages 10–19 who are in or are aging out of foster care, young people experiencing homelessness, young people living with HIV/AIDS, young people who live in areas with high rates of adolescent births, and young people under age 21 who are pregnant and/or parenting. In FY 2016, eight tribes and tribal organizations from seven states received a total of \$3,436,621.

- In FY 2016, there was one Tribal PREP grantee in South Dakota: The Great Plains Tribal Chairmen's Health Board (\$638,410).²¹

THE GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD, \$638,410 (FY 2016)

The Great Plains Tribal Chairmen's Health Board (GPTCHB), which represents the 18 tribal communities in South Dakota, North Dakota, Nebraska, and Iowa, works to improve the health of the American Indian peoples through public health support and health care advocacy.²² GPTCHB uses its Tribal PREP funds for its Sexually Transmitted Infection/Teen Pregnancy Prevention Initiative (STITPPI), which “promotes and supports community awareness of sexually-transmitted infections [STIs] and how to prevent them, as well as reduction of teen pregnancy and associated risk behaviors.”²³ From 2011-2016, STITPPI implemented [*Draw the Line/Respect the Line \(DTL/RTL\)*](#) curriculum for students in grades 6-8.²⁴

Competitive Personal Responsibility Education Program (CPREP)

CPREP grants support evidence-based programs that provide young people with medically accurate and

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age-appropriate information for the prevention of unintended pregnancy, HIV/AIDS, and other STDs. Only organizations and institutions in states and territories that did not apply for PREP state grants in either of the first two fiscal years after the call for PREP state-grant applications were eligible to submit competitive applications for CPREP grants. In FY 2016, 21 CPREP grants, totaling \$10.3 million, were awarded to 21 organizations in Florida, Indiana, North Dakota, Texas, and Virginia, as well as in American Samoa, Guam, and the Northern Mariana Islands.

- In FY 2016, South Dakota chose not to apply for CPREP funds.

TITLE V STATE ABSTINENCE EDUCATION GRANT PROGRAM

The Title V state abstinence education grant program for abstinence-only-until-marriage (AOUM) programming, or the Title V AOUM program, is administered by FYSB, within ACF of HHS, and was funded at \$75 million in FY 2016. The Title V AOUM program requires states to provide three state-raised dollars, or the equivalent in services, for every four federal dollars received. The state match may be provided in part or in full by local groups. All programs funded by Title V AOUM must exclusively promote abstinence from sexual activity and may provide mentoring, counseling, and adult supervision toward this end. Programs must be medically accurate and age-appropriate and must encourage abstinence as an expected outcome.

- In FY 2016, South Dakota chose not to apply for Title V AOUM funds.

“SEXUAL RISK AVOIDANCE EDUCATION” GRANT PROGRAM

Administered by FYSB within ACF of HHS, the “sexual risk avoidance education” (SRAE), i.e., the AOUM grant program, provides competitive funding for programs that “teach young people to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors.” These programs are also required by statute to “teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity.” In FY 2016, \$10 million was appropriated for the SRAE grant program and \$8.98 million was awarded to 21 grantees in 12 states through a competitive application process.

- In FY 2016, there were no SRAE grantees in South Dakota.

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¹ This refers to the federal government's fiscal year, which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, FY 2016 began on October 1, 2015, and ended on September 30, 2016.

² S.D. Codified Laws § 13-33-1, <http://legis.sd.gov/statutes/DisplayStatute.aspx?Type=Statute&Statute=13-33-1>.

³ S.D. Codified Laws § 13-33-1.6,

http://sdlegislature.gov/Statutes/Codified_Laws/DisplayStatute.aspx?Type=Statute&Statute=13-33-6.1

⁴ *South Dakota Health Education Standards*, http://doe.sd.gov/schoolhealth/documents/HealthEd_Standards.pdf.

⁵ "High School YRBS," Centers for Disease Control and Prevention, <https://nccd.cdc.gov/youthonline/App/Default.aspx>.

⁶ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

⁷ *Ibid.*, Table 1.2.

⁸ "Teen Birth Rate Comparison, 2015 Among Girls Age 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, <https://thenationalcampaign.org/data/compare/1701>.

⁹ "Teen Births in South Dakota, Girls 15-19," The National Campaign to Prevent Teen and Unplanned Pregnancy, https://thenationalcampaign.org/data/state/South_Dakota.

¹⁰ Kost, K., and Maddow-Zimet, I., *U.S. Teenage Pregnancies, Births, and Abortions, 2011: State Trends by Age, Race, and Ethnicity* (New York: Guttmacher Institute, 2014), www.guttmacher.org/sites/default/files/report_pdf/us-teen-pregnancy-state-trends-2011_4.pdf, Table 1.1.

¹¹ *Ibid.*, Table 1.2.

¹² Slide 17: "Rates of Diagnoses of HIV Infection among Adolescents Aged 13–19 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹³ Slide 20: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Adolescents Aged 13–19 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁴ Slide 18: "Rates of Diagnoses of HIV Infection among Young Adults Aged 20–24 Years 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

¹⁵ Slide 21: "Rates of Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Young Adults Aged 20–24 Years, 2015—United States and 6 Dependent Areas," *HIV Surveillance in Adolescents and Young Adults* (Atlanta, GA: Centers for Disease Control and Prevention), www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-surveillance-adolescents-young-adults-2015.pdf.

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¹⁶ NCHHSTP Atlas, “STD Surveillance Data” (Atlanta, GA: Centers for Disease Control and Prevention), <http://gis.cdc.gov/GRASP/NCHHSTPAtlas/main.html>.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ “Home,” Rural America Initiatives, www.ruralamericainitiatives.org.

²⁰ “Rural America Initiatives,” Grantees (SD) – TPP Tier 1B, U.S. Department of Health and Human Services, Office of Adolescent Health, www.hhs.gov/ash/oah/grant/grantees/tpp/1b/rural-america-initiative.html.

²¹ “2016 Tribal Personal Responsibility Education Program (PREP) Grant Awards,” Family and Youth Services Bureau, Administration for Children & Families, U.S. Department of Health & Human Services, www.acf.hhs.gov/fysb/resource/2016-tribal-prep-awards.

²² “About GPTCHB,” Great Plains Tribal Chairmen’s Health Board, <http://gptchb.org/about/>.

²³ “STITPPI,” Great Plains Tribal Chairmen’s Health Board, <http://nptec.gptchb.org/programs/stitppi/>.

²⁴ Ibid.