

Name	City	Which group do you represent?	Public Comment
Katie Hansen	Aberdeen	K-12 Health Educator	I agree with the new health standards for the state. I see minor changes with a clearer way of presenting the information. I appreciate the time the board took to align these standards.
Denise Swartz	Hot Springs	Concerned Person	I am asking that Brain and Caregiver Health be taught in schools. My husband was diagnosed with Alzheimer's Disease in June 2023. Living with this disease is very stressful at times. I feel alone as his caregiver because of lacking support in my community .This is such a scary disease and I believe that people just don't know enough about it. If we could educate folks about what is happening when someone gets Alzheimer's maybe they wouldn't be so nervous when dealing with the disease and maybe, just maybe we can find a cure.
Acacia Deadrick	Sioux Falls	Alzheimer's Association advocate	<p>Please change the wording across all relevant standards from "intellectual health" to "cognitive health." The latter is a more appropriate term as it encompasses a broader, more functional and educational value of brain health.</p> <p>Please include a standard regarding caregiver health. In SD, there are many students who are currently caregivers, and many students will one day become caregivers (whether of someone with Alzheimer's disease or another chronic illness). Educating students about the realities of caregiving will provide them with the tools necessary to handle such a difficult and important task, and it will ultimately result in a healthier state amid the ongoing public health crisis that is Alzheimer's disease.</p>
Daniel Heinemann	Sioux Falls	Medical Physician	Dear Board Members, As a Physician and a member of the Board of Directors of the Alzheimers association I would urge you to to change the Health Education content standard from intellectual health to cognitive health. Cognition is what our brains do and how we interact with society. I more accurately represents how our brains work. It is also where our brains begin to fail in diseases like dementia. It is information that is important for students to understand. I am not sure what intellectual heath is and how it could be taught. thank you for your attention to this issue.

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			<p data-bbox="989 173 1493 196">Dear Members of the South Dakota Board of Education:</p> <p data-bbox="989 220 1963 383">I am writing on behalf of Call to Freedom, a South Dakota anti-trafficking nonprofit, to respectfully urge the South Dakota Board of Education to incorporate learning standards on human trafficking and abuse prevention into the state's health education curriculum. Trafficking is a growing threat to school-aged children across the country, including right here in South Dakota. Last year alone, Call to Freedom saw an 18% increase in youth clients (ages 0-24) from 2023. Traffickers and predators often target vulnerable youth using manipulation, coercion, or online deception—especially those who lack support or education on how to recognize and respond to such threats.</p> <p data-bbox="989 407 1963 496">Importantly, the proposed standards would not only address trafficking but also equip students with broader life skills. By teaching them how to identify unsafe situations, understand consent, and distinguish between healthy and unhealthy relationships, we are helping them build the ability to make safer, more informed decisions in all areas of their lives.</p> <p data-bbox="989 521 1963 748">This is also an urgent public health issue. One of the most alarming trends affecting youth today is the rise in sextortion—a form of online exploitation where predators coerce minors into sending explicit content and then threaten or blackmail them. Research shows that 20% of American teens have already experienced sextortion (Thorn, 2025), and the National Center for Missing and Exploited Children saw a 192% increase in online enticement reports from 2023 to 2024 (NCMEC, 2025)—crimes involving an adult communicating with a child for sexual purposes. Tragically, these cases have been directly linked to depression, anxiety, self-harm, and suicide among teens. Preventative education is one of the most effective tools we have to protect students from these long-term psychological and physical harms. As technology rapidly evolves and predators gain easier access to children online, the need for early, preventative education has never been more essential to student health and safety.</p> <p data-bbox="989 773 1963 837">By adding trafficking and abuse prevention to the health standards, South Dakota has the opportunity to take proactive steps in protecting our children and promoting long-term well-being. I would welcome the opportunity to provide further input or support for this initiative.</p> <p data-bbox="989 862 1104 885">Respectfully,</p> <p data-bbox="989 909 1341 998">Rachel Foltz Director of Impact &amp; Program Relations Call to Freedom --</p> <p data-bbox="989 1006 1963 1047">The following recommendations are proposed by Call to Freedom and adopted from existing national and state health education standards, including:</p> <ul data-bbox="989 1055 1381 1161" style="list-style-type: none"> <li>•Florida State Standards;</li> <li>•Michigan Academic Standards;</li> <li>•North Carolina Standard Course of Study;</li> <li>•Texas Essential Knowledge and Skills; and</li> <li>•The National Health Education Standards.</li> </ul> <p data-bbox="989 1169 1572 1192">Recommendations for South Dakota Health Education Standards</p> <p data-bbox="989 1200 1963 1240">Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.</p> <p data-bbox="989 1248 1171 1271">Proposed Additions:</p> <ul data-bbox="989 1279 1963 1369" style="list-style-type: none"> <li>•1.5.6: Identify types of abuse and neglect and ways to seek help from a parent or another trusted adult.</li> <li>•1.8.8: Define dating violence and the characteristics of unhealthy or harmful relationships, including anger, controlling behavior, jealousy, manipulation, and isolation.</li> <li>•1.12.5: Describe the characteristics of sex trafficking such as grooming, controlling behavior, gaslighting, exploitation, force, fraud, coercion, and violence.</li> </ul> <p data-bbox="989 1377 1963 1417">Standard 2: Students will analyze the influence of family, peers, culture, media, technology and other factors on health behaviors.</p> <p data-bbox="989 1425 1171 1448">Proposed Additions:</p> <ul data-bbox="989 1456 1963 1546" style="list-style-type: none"> <li>•2.2.4: Identify safe and unsafe examples of online/digital communications and how to take appropriate action.</li> <li>•2.5.7: Identify health impact of appropriate and inappropriate uses of technology when posting to social media, sending online/digital communications, and browsing the internet.</li> <li>•2.5.8: Recognize the different motivations that influence good and bad online/digital behaviors.</li> </ul> <p data-bbox="989 1554 1963 1594">Standard 4: Students will demonstrate interpersonal communication skills to enhance health and avoid or reduce health risk.</p> <ul data-bbox="989 1602 1860 1624" style="list-style-type: none"> <li>•4.5.4: (Amendment): Demonstrate how to ask for assistance to enhance health of self and others</li> </ul>

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			<p>On behalf of the South Dakota Alzheimer's Association, I want to thank the Board for its time and commitment in shaping the educational future of South Dakota students – it is both valued and appreciated. As this Board continues its vital work in equipping our students for future success, it is very important that our state health standards reflect the our state's health landscape and address the real-world situations our students will face. As such, I am submitting formal comment to respectfully request that the Board considers two revisions to these proposed Health Education Standards:</p> <p>The first revision to the Health Education Standards I am respectfully requesting the Board to consider is under Standard 1, which is "students will comprehend concepts related to health promotion and disease prevention to enhance health". In this standard, we respectfully request that the Board considers changing the phrase "intellectual" to "cognitive" in performance indicators 1.5.2, 1.8.2, and 1.12.2 under Standard 1.</p> <p>Performance indicator 1.5.2 is currently proposed as "identify and describe examples of emotional, intellectual, physical, and social health." The revision we are asking the Board to consider is to remove "intellectual" and replace it with "cognitive", so the performance indicator would instead read "identify and describe examples of cognitive, emotional, physical, and social health."</p> <p>Performance indicator 1.8.2 is currently proposed as "identify and describe how emotional, intellectual, physical, and social health affect adolescent development and relationships." The revision we are asking the Board to consider is to remove "intellectual" and replace it with "cognitive", so the performance indicator would instead read "Identify and describe how cognitive, emotional, physical, and social health affect adolescent development and relationships.</p> <p>Performance indicator 1.12.2 is currently proposed as "describe the interrelationships of emotional, intellectual, physical, and social health in adolescence." The revision we are asking the Board to consider is to remove "intellectual" and replace it with "cognitive" so that the performance indicator would instead read "describe the interrelationships of cognitive, emotional, physical, and social health in adolescence."</p> <p>There isn't a formal definition of "intellectual health" by public health agencies such as the Center for Disease Control and Prevention or the Department of Health and Human Services -- but a quick Google search shows a scope of definitions ranging from "the state of being mentally stimulated and engaged, involving activities that foster lifelong learning, curiosity, and creativity" to "being open to new ideas and experiences, and the desire to increase understanding, improve skills, and maximizing creative potential." Cognitive health focuses more broadly on how the brain functions, whereas intellectual health ONLY focuses on the learning function of the brain. It is more appropriate for our students to learn about ALL brain functions, not just the learning and curiosity functions of it.</p> <p>The second revision to the Health Education Standards I am respectfully requesting the Board to consider is 3 additional performance indicators under Standard 8, which is "students will demonstrate the ability to advocate for personal, family and community health".</p> <p>Under Standard 8, I am asking the Board to consider the addition of 3 performance indicators that include caregiver health. The CDC defines a caregiver is a family member or friend who provides regular, unpaid assistance to an older adult or someone with a chronic health condition, disability, or injury. Specifically, I am requesting the addition of three performance metrics under this standard that are:</p> <ol style="list-style-type: none"> <li>1) "Explain the role of a caregiver" as performance metric 8.5.3</li> <li>2) "Explain the importance of self-care and stress management for caregivers" as performance metric 8.8.5</li> <li>3) "Explain the needs of caregivers within a family or community setting" as performance metric 8.12.5</li> </ol> <p>Our state's population is aging, which means that students are more likely to have their parents or themselves become caregivers. Data shows an increasing percentage of residents aged 65 and older, with projections indicating this trend will continue. Thus, understanding caregiver health is important for our students to prepare for a future role. It could also address the current reality for many students who are likely already providing care for a family member. By adding caregiver health into our standards, we will equip our students with the skills to understand what it means to be a caregiver, and how to best provide care for their loved ones while still taking care of their own health.</p> <p>These two revisions are essential for ensuring our statewide Health Education Framework is relevant to the</p>

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Kara Hughes	Pierre	Alzheimer's advocate	<p>I support the recommendation's that the SD Alzheimer's Association is recommending. My brother in law was diagnosed with early onset dementia and passed away just a year ago. His grandchildren ranged in age from 6 to 18, and it was a scary confusing time for them. I would hope including age appropriate language about brain health, cognitive issues and caregivers would help familiarize and make them prepared for conversation. I recently read 31% of Americans have a loved one with dementia. Now seems like the perfect time to start introducing brain health conversations in curriculum. Thank you for your consideration.</p>
Leslie Morrow	Sioux Falls	Community Member	<p>Dear Members of the Board of Education Standards,</p> <p>Thank you for your time and work on reviewing our state's Health Education Standards. My name is Leslie Morrow, and I am the Executive Director of the Alzheimer's Association South Dakota Chapter. I am submitting comments to formally request two important revisions to the proposed South Dakota Health Education Standards.</p> <p>First, I ask that the Board to consider changing the phrase "intellectual health" to "cognitive health" which is currently in performance indicators 1.5.2, 1.8.2, and 1.12.2. The term "intellectual health" isn't formally defined and is often narrowly interpreted as academic capability or achievement. Cognitive health, on the other hand, is an established term that encompasses important brain functions such as memory, attention, executive function, processing speed, and emotional regulation. Teaching our students about cognitive health will provide them with concrete tools for a healthy lifestyle, such as understanding the impact of sleep, nutrition, and stress on their brain. This revision would shift the focus from measuring intelligence to teaching optimization and maintenance of the brain as a whole.</p> <p>The second revision I am asking the Board to consider is to add caregiver health as performance indicators under Standard 8. A caregiver is a family member or friend who provides regular, unpaid assistance to an older adult or someone with a chronic health condition, disability, or injury. Specifically, I am requesting the addition of:</p> <ol style="list-style-type: none"> <li>1)"Explain the role of a caregiver" as a new performance metric 8.5.3</li> <li>2) "Explain the importance of self-care and stress management for caregivers" as a new performance metric 8.8.5</li> <li>3)"Explain the needs of caregivers within a family or community setting" as a new performance metric 8.12.15</li> </ol> <p>Including caregiver health under Standard 8 would directly address an essential, yet unrecognized, pillar of South Dakota's community and health infrastructure. There are approximately 80,000 South Dakotans who serve as family caregivers, dedicating an estimated 74 million hours of unpaid care annually to friends and family. This dedication is equivalent to a workforce valued at over \$1.35 billion to the state economy. Given that a large portion of South Dakota's population resides in rural areas, where access to formal support services can be limited, the reliance on family caregivers is profound and will only increase as the state's aging population grows. Teaching students about caregiver health is not merely a social lesson; it is a lesson in systemic health and community investment. The inclusion of caregiver health into these statewide standards will equip students across South Dakota with the necessary skills to identify signs of caregiver strain, understand the stressors that come with caregiving, and practice constructive health advocacy for themselves, their loved ones and their communities.</p> <p>Thank you so much for taking the time to read and consider these two simple changes to the proposed Health Standards. These two revisions are essential for ensuring our statewide health curriculum is relevant to the needs of our communities here in South Dakota and ensuring that what we teach in our classrooms provides a comprehensive health education for our students across the state I am so grateful for the time the Board spends reviewing and advancing our state's educational standards, in both our health curriculum and beyond.</p> <p>Respectfully, Leslie Morrow</p>

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			<p>Hello, I am writing as the State Program Director for the Alzheimer's Association, South Dakota Chapter to formally request the Board to consider two changes to the Health Education Framework.</p> <p>First, I ask the Board to replace the term "intellectual" with "cognitive" under Standard 1 when describing the performance metrics within the curriculum framework. Public health research overwhelmingly uses the word "cognitive" when discussing brain development and healthy lifestyles. Using "cognitive" instead of "intellectual" under Standard 1 ensures the standards are immediately recognizable and align with the current scientific literature informing best practices. The word "intellectual" implies a narrow focus on brain function while "cognitive" is the more scientifically grounded, process-oriented, and broad term that accurately reflects the full spectrum of mental skills we seek to cultivate in all students through our curriculum.</p> <p>Second, I am asking the Board to include caregiver health as a performance metric under Standard 8. Teaching students about caregiver health, how to manage stress as a caregiver and discuss the needs of caregivers from a community standpoint offers significant benefits for students' personal health literacy and family dynamics. Our organization offers programs and services for caregivers and the most common feedback we receive is that people wish they would have been taught about caregiving before they had to experience it firsthand. Including caregiver health into these standards would do just that. Including caregiver health into the Health Education Framework would be an investment in students' future roles — whether that is a future caregiver, a supportive family member, or engaged community member. It will prepare students with the educational foundation needed to build and sustain healthy families and resilient communities across South Dakota.</p>
Michelle Kutner	Sioux Falls	Community member	Thank you so much for your time and consideration.
Renee Robbins	Canton	Health Care Professional	<p>I recommend adding brain health and cognitive wellness to the Health Education Standards, especially within the Personal and Community Health and Health Promotion/Disease Prevention sections.</p> <p>Including brain health will help students understand how daily habits—such as sleep, nutrition, physical activity, stress management, and healthy relationships—support lifelong cognitive function. It also provides an opportunity to build awareness of dementia, reduce stigma, and strengthen empathy for the many South Dakota families affected.</p> <p>Adding these concepts aligns with public health priorities and equips students with skills that benefit them throughout life.</p>
			Thank you for considering this important addition.

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			<p>Elder Voice Advocates (EVA) supports the inclusion of caregiving education within K–12 Health Education Standards. Preparing South Dakota students to understand caregiving as a normal part of the human life cycle strengthens health literacy, reduces stigma around aging, and equips young people with the skills they will need to support themselves, their families, and their communities.</p> <p>About Elder Voice Advocates (EVA)  EVA is a nonprofit advocacy organization dedicated to advancing the rights, dignity, safety, and self-determination of older adults. Through public policy advocacy, education, and community engagement, EVA works to end abuse, neglect, exploitation, and ageism while promoting systems that respect and protect elders.</p> <p>1. Caregiving Aligns Directly with the Purpose of Health Education  The South Dakota Department of Education states that the purpose of the Health Education Framework is to develop health-literate individuals who can obtain, interpret, and understand basic health information and services and use this knowledge to enhance their own health and the health of others. Caregiving education directly supports this goal. At some point in their lives, many students will serve in a caregiving role—whether for a parent, grandparent, sibling, spouse, or child. Including caregiving in health education ensures students are prepared to navigate health systems, make informed decisions, and support others responsibly and compassionately.</p> <p>2. Standard 8: Advocacy for Personal, Family, and Community Health  Caregiving education fits most appropriately within Standard 8: “Students will demonstrate the ability to advocate for personal, family, and community health.”  Caregiving is a universal human experience that affects personal, family, and community health outcomes. Including caregiving-related performance indicators under Standard 8 would ensure that students can:</p> <ul style="list-style-type: none"> <li>•Find and evaluate health-related information</li> <li>•Understand available services and supports</li> <li>•Apply decision-making skills in caregiving situations</li> <li>•Advocate effectively for themselves and others</li> </ul> <p>These competencies are foundational to responsible caregiving and community well-being.</p> <p>3. Reducing Ageism and Reframing Aging  Our society often portrays aging as decline rather than as a natural and meaningful stage of life. Introducing caregiving concepts in K–12 education helps normalize aging and dismantle stigma. Early, age-appropriate exposure to caregiving fosters empathy, respect, and intergenerational understanding. Students will learn to see caregiving not as a frightening crisis, but as a natural and often loving part of the human life cycle.</p> <p>4. Strengthening Intergenerational Connections  Including caregiver health within educational standards can help bridge generational divides. When students understand that caregiving involves providing safety, nourishment, medical coordination, and emotional support, they develop greater appreciation for elders in their lives. This understanding also encourages students to recognize caregiving roles already being carried out by parents, guardians, teachers, and community members—fostering respect, gratitude, and stronger family relationships.</p> <p>5. Supporting Young Caregivers  Many students are already “young caregivers,” providing support to younger siblings or aging relatives. The National Alliance for Caregiving and AARP estimates in 2020 that there are 5.4 million caregiving youth in the US. This indicates that there may be up to 15,000 caregiving youth in SD. Formal recognition of caregiving within health standards:</p> <ul style="list-style-type: none"> <li>•Validates their lived experiences</li> <li>•Provides practical skills and knowledge</li> <li>•Opens communication between students and educators</li> <li>•Allows schools to better identify and support students facing caregiving responsibilities</li> </ul> <p>Acknowledging young caregivers improves both educational and health outcomes.</p> <p>6. Demographic Reality: An Aging Population  Americans are living longer, and demographic data show that South Dakota’s population is aging. Estimates indicate that by 2030 approximately 20% of our population will be over 65 years of age. Caregiving is no longer a rare life event—it is a civic and personal certainty for most families. Preparing students early equips them with the confidence, literacy, and resilience to meet this reality thoughtfully and responsibly.</p> <p>7. Workforce Development and Economic Stability  Exposure to caregiving education can inspire students to pursue careers in high-demand fields such as geriatrics, nursing, social work, physical therapy, and related health professions. Youth caregiver education can be a powerful workforce development strategy — especially in a rapidly aging state like South Dakota. With nearly 18% of the population age 65+ and growing, SD will need more workers in health care, aging services, and community supports. Many youth caregivers are already doing this work informally. Education</p>