2016 Evaluation Outcomes of the South Dakota Comprehensive Cancer Control Program

A Report to the SD Comprehensive Cancer Control Program

Submitted on: January 12, 2017

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Acknowledgements

The South Dakota (SD) Department of Health supported this program evaluation. Guidance was provided by SD Department of Health staff including Lexi Pugsley, Comprehensive Cancer Control Program Coordinator; Sarah Quail, Cancer Programs Coordinator; Ashley Miller, Chronic Disease Epidemiologist; and Karen Cudmore, Cancer Programs Director. Members of the SD Cancer Coalition participated in the evaluation and shared their enthusiasm and efforts to implement the SD Comprehensive Cancer Control Plan 2015-2020.

Suggested citation:
The purpose of the South Dakota Comprehensive Cancer Control Program (SD CCCP) is to impact cancer outcomes by connecting individuals and statewide organizations working in cancer control. The program is also charged with developing and revising the state cancer plan, which guides cancer control activities in SD. Each year, the SD CCCP conducts an intentional evaluation to analyze program functioning and impact. The 2016 evaluation included the following broad objectives: a) assess participation and satisfaction of SD CCCP stakeholders, b) engage the Data, Surveillance and Evaluation Committee and the Steering Committee in evaluation efforts, c) monitor the implementation of Year 2 activities in the *SD Comprehensive Cancer Control Plan 2015-2020*, and d) provide evaluation support to assess the outcomes of task force and grantee activities. Staff and members of the SD CCCP provided input and thoughtful consideration to develop targeted cancer control activities aimed at reducing the burden of cancer in our state. All of us thank you for your dedication. Key findings from the 2016 evaluation include:

| Partnerships | • The SD Cancer Coalition is comprised of over 180 members representing more than 70 organizations including cancer centers, medical facilities, health advocacy groups, government programs, academia, and research institutions.  
|             | • Thirty-one new members joined the coalition in 2016.  
|             | • Leadership of the coalition is stable, and member satisfaction remains strong.  
|             | • The action-oriented structure of the coalition is welcomed by responding members. |
| Plan        | • Coalition task forces or implementation grantees are carrying out activities under seven of the fifteen priority areas of the *SD CCC Plan*.  
|             | • Involvement in the task forces is stable, with an average of 14 members per task force. Assessment of the priority selection process and task force structure demonstrates high satisfaction among responding members.  
|             | • Task forces from the selected four priority areas for 2016-2017 are meeting, have created action plans, and are beginning to implement those plans.  
|             | • Evidence of activities were identified under all 15 of the 15 priority areas of the *SD CCC Plan*, and significant activity was noted in screening and early detection of cancer. Limited activities were identified under Priority 5: Reduce exposure to environmental carcinogens and Priority 11: Promote timely, high quality cancer treatment. |
| Program     | • The implementation funding structure has been vital to producing measurable outcomes through policy and system level changes. Health system implementation of client and provider reminders for cancer screening and vaccination are exemplars.  
|             | • Four model policies targeting cancer prevention and screening were developed and promoted for adoption within health systems and worksites.  
|             | • Task forces are actively carrying out evidence-based activities in the selected priority areas. |
Evaluation Procedures, Findings and Implications

The National Comprehensive Cancer Control Program (CCCP) requires three evaluation components for grantees in each 5 year grant cycle. These evaluative components are defined as: a) Partnerships: the quality, contributions, and impacts of the South Dakota (SD) Cancer Coalition, b) Plan: the quality and implementation of the *SD Comprehensive Cancer Control Plan 2015-2020 (SD CCC Plan)*, and c) Program: the extent to which activities (funded and non-funded) of the SD CCCP yield intended results as measured by trends in cancer related outcomes.1 The three components are inter-related and overlapping. Each area was evaluated in the first three years of the grant cycle, with results available in separate reports from the SD CCCP Coordinator.2-4 Evaluation focused on dissemination and implementation of the objectives within the new state cancer plan in 2015.5

The 2016-2017 Evaluation Plan follows the guidelines outlined in the Centers for Disease Control and Prevention’s (CDC) framework for public health program evaluation6, and was developed to monitor program implementation and examine impact of program activities. Coalition activities were prioritized and structured, and a high emphasis was placed on implementation grantees and engaging other statewide partners to carry out the goals of the *SD CCC Plan* over the past year. The 2016 evaluation included the following broad objectives: a) assess participation and satisfaction of the SD CCCP stakeholders, b) engage the Data, Surveillance and Evaluation Committee and the Steering Committee in evaluation efforts, c) monitor the implementation of activities in the *SD CCC Plan* in Year 2, and d) provide evaluation support to assess the outcomes of task force and grantee activities. The full evaluation plan is available in Appendix A. The evaluation was designed to answer the following questions:

- Are members’ contributions (time and resources) sufficient to carry out coalition activities?
- Are partnerships being maintained and expanded?
- How have members been engaged in evaluation activities?
- Are partners satisfied with participation?
- Are SD CCCP and other SD cancer prevention and control efforts yielding the desired results?
- Have priority areas been selected, task forces formed, and activities implemented?
- How many and which objectives from the SD CCC Plan are addressed by implementation grant funding?
- Have the grantee implementation projects resulted in policy, system or environmental (PSE) changes?

The 2016-2017 Evaluation Plan was reviewed by the Steering Committee in June 2016, with feedback solicited on the evaluation questions and activities. Feedback did not identify any revisions or additions to the evaluation plan, and activities proceeded as outlined. The SD Department of Health SD CCCP Program Coordinator, Lexi Pugsley, and Cancer Programs Coordinator, Sarah Quail, provided valuable input and evaluative materials. Table 1 outlines the information used to conduct the 2016 evaluation. An analysis of progress in addressing the 2015 evaluation recommendations was also completed.5 Recommendations for future development are offered.
Table 1. Documents Accessed in 2016 Evaluation Efforts

<table>
<thead>
<tr>
<th>Data Sources</th>
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<td><strong>Partnerships</strong></td>
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<td>- Membership roster</td>
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<td>- SD CCCP member survey data</td>
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<td>- Task force agendas and minutes (2016)</td>
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<tr>
<td>- Steering Committee Gap Analysis Report</td>
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<tr>
<td><strong>Plan</strong></td>
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<td>- <em>SD CCC Plan 2015-2020</em></td>
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<td>- Task force action plans (2015 and 2016)</td>
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<td>- SD CCCP member survey data</td>
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<td>- Steering Committee minutes</td>
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<td><strong>Program</strong></td>
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<td>- SD CCCP member survey data</td>
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<td>- <em>SD CCC Plan 2015-2020</em></td>
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<td>- Data, Surveillance and Evaluation Committee’s indicator tracking data</td>
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<td>- 2015 Evaluation Report recommendations</td>
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<td>- Task force meeting agendas and minutes (2016)</td>
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<td>- Program records</td>
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<td>- Steering Committee Gap Analysis Report</td>
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<td>- SWOT Analysis Report</td>
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**Program Description**

Despite advances in treatment, cancer remains one of the leading causes of death in the United States and SD. In 2013, 4,417 SD residents were diagnosed with cancer, with 1,574 deaths. The most common type of cancer diagnosis in SD is breast (female) cancer, followed by lung, prostate, and colorectal cancer.

The purpose of the SD CCCP is to bring together organizations to address a multitude of cancer-related issues. The SD CCCP is one of five cancer-specific programs in the South Dakota Department of Health. The SD CCCP is funded by the CDC to implement a collaborative and strategic approach for communities and their partners to combine, share, and coordinate resources to reduce the burden of cancer. Across the nation, comprehensive cancer control programs are expected to monitor cancer-related data to determine priority activities to reduce the burden (particularly among disparate population groups), build partnerships across sectors to carry out these activities, leverage available resources, and provide the infrastructure necessary to manage and support these efforts, as well as evaluate the effectiveness. To accomplish this, the SD CCCP oversees three main tasks: a) to connect diverse organizational partners in a cancer control and prevention coalition (SD Cancer Coalition), b) to create, promote, implement and evaluate the *South Dakota Comprehensive Cancer Control Plan 2015-2020 (SD CCC Plan)*, and c) to monitor and assess cancer-related data and issues in the state and use this information to determine priorities and mobilize resources.

The third statewide plan, the *SD CCC Plan 2015-2020 (SD CCC Plan)*, was released in May 2015, after extensive stakeholder input and critical review. An electronic copy of the *SD CCC Plan* is publically available at: [www.cancersd.com](http://www.cancersd.com). Five overarching *SD CCC Plan* goals were identified:

- Prevent cancer among South Dakotans
- Detect cancer in the earliest stages for all South Dakotans
- Ensure timely and appropriate access and treatment for all cancer patients in SD
- Optimize South Dakotans’ quality of life across the continuum of cancer
- Eliminate disparities in the burden of cancer in SD
The SD Cancer Coalition is comprised of individuals and organizations throughout the state who have an interest in cancer prevention and control activities. The coalition currently has more than 180 members representing over 70 organizations including cancer centers, medical facilities, government entities, advocacy groups, educational organizations and research institutions. To more effectively disperse resources and promote coordination between partner organizations statewide, the Steering Committee voted to shift the structure of the program in 2015. Priority areas of focus for the year are selected by the Steering Committee and approved during the annual Fall Coalition Meeting. Task forces are created around each priority area, and charged with developing and implementing an action plan for the year. Implementation grants continued, and focused on policy or system changes within healthcare systems and worksites. Figures 1 and 2 outline the structure approved for the past and current grant years.

Figure 1. SD CCCP Organizational Structure, 2015-2016

Figure 2. SD CCCP Organizational Structure, 2016-2017
In September 2015, the CDC awarded the SD Department of Health additional funding to develop the South Dakota Survivorship Program (SDSP). The SDSP supports cancer survivors through the expansion of cancer survivorship surveillance systems, facilitation of community/clinical linkages, education to survivors and healthcare providers on cancer survivor best practices and enhancement of the evidence related to survivorship practices. Although this program exists outside of the SD CCCP, activities focused on cancer survivors are intended to be synergistic. The SDSP completed the first year grant cycle in September 2016, with evaluation results available in a separate report from the SD CCCP Coordinator.\textsuperscript{10}
Section 1: Partnerships

Partnerships are essential to the SD CCCP fulfilling its mission. The 2016-2017 partnership evaluation was designed to answer the following questions:

a) Are members’ contributions (time and resources) sufficient to carry out coalition activities?
b) Are partnerships being maintained and expanded?
c) Are members satisfied with participation?
d) What steps can be taken to increase member satisfaction and involvement?

SD Cancer Coalition Membership

The SD Cancer Coalition has successfully identified and targeted diverse partners that contribute to the overall success of the program. The coalition is currently comprised of more than 180 members representing over 70 different organizations including cancer centers, medical facilities, government entities, advocacy groups, educational organizations and research institutions. Nearly 80 individuals participated in a task force or committee over the past year. The SD Cancer Coalition gained 31 new members from 22 organizations in 2016.

SD Cancer Coalition Member Satisfaction Survey Results

Members of the SD Cancer Coalition were asked to participate in a survey using selected questions from the Partnership Self-Assessment Tool designed to assess member satisfaction and perception of partnership functioning. Specifically, members were asked questions regarding organizational decision-making, communication, partner involvement, and overall benefits and drawbacks of participation.

Procedures

Anyone involved in SD Cancer Coalition activities (or asked to be added to the distribution list) since 2011 were invited to participate in an online survey (n = 207). Two reminder emails were sent to encourage participation. Data collection was conducted in November 2016. The overall response rate was just 16.4% (n=34/207). Response rate among individuals who participated in a committee or task force in the past year was 36.7% (n=29/79). Due to the low response rate, results may not accurately reflect the coalition as a whole.

Findings

The full report outlining the results of the member survey is available from the SD CCCP Coordinator. Results indicate that members are overall quite satisfied with participation in the SD Cancer Coalition. Ninety-one percent indicated they felt like their concerns and suggestions were heard and addressed by coalition leadership. Comfort with decision-making of the coalition remained high, with 78.1% being very or extremely comfortable with the way decisions are made, an improvement of 10% over 2015 scores. Satisfaction with partnership collaboration within the coalition is high as well, with 78% stating that they are mostly or completely satisfied with the way people and organizations work together within the coalition (Figure 3).
Leadership effectiveness is a core assessment area of the member survey. The average score for each of the areas assessed remained in the good to very good range. Scores are similar across the three years assessed (Figure 4).

Members were also asked to provide ideas for change that would improve the effectiveness of the SD Cancer Coalition. Ideas centered around two main themes: increasing and diversifying membership (e.g., “More involvement from community partners.” and “Increase diversity of membership and collaboration of all coalition members to reduce silos.”) and greater engagement among partners (e.g., “More ownership by individuals. Ideas are great, hard to carry through implementation plans.” and “More participation and engagement on the calls.”)
Summary and Implications for Partnership Evaluation

Membership of the SD Cancer Coalition is strong with over 70 partner organizations involved. The revised action-based structure appears to prompt new membership, with over 50 new members in the past two years. Members who responded to the survey are very satisfied with participation in coalition activities, the task force structure, and decision-making. Overall, 80% of coalition members perceive that their involvement in the SD Cancer Coalition is time well spent. The SD CCCP has made significant progress in addressing members’ concerns over the past two years, reflected in the high satisfaction scores on the member survey in both years. Members also appreciate the valuable relationships and partnerships that they are able to build through involvement in the SD Cancer Coalition.

However, the low response rate to the survey should not be overlooked. The overall response rate was just 16%, and even among members actively participating in coalition activities, the response rate was just 37%. Most coalition members are busy professionals, and may have simply not had the time to respond to the survey. However, the lack of response could also be indicative of low investment in the program by members. The high level of satisfaction found among the survey respondents may not accurately reflect the coalition as a whole. As such, efforts need to focus on member engagement and retention over the next year. The coalition simply cannot function without the commitment of dedicated partners.

Results from evaluation of SD CCCP partnerships over the past year suggest the following:

- New members joined the coalition, and continued engagement of these members in SD Cancer Coalition activities is vital.
- The action-oriented structure of the coalition is welcomed by survey respondents.
- Low response rate to the member survey is a concern, and efforts need to be incorporated to improve this rate to ensure results are reflective of the coalition as a whole.
- Leadership of the coalition is stable, and member satisfaction remains strong.
- Coalition members’ investment in the program should be monitored closely, and efforts should be considered to enhance involvement and leadership opportunities.
Section 2: Plan

This section of the report describes the evaluation of the activities implemented in the SD CCC Plan. The SD CCC Plan was released in May 2015, and was designed to be a statewide plan – a “blueprint” to guide the activities of not only the SD Cancer Coalition and partners, but other organizations statewide toward reducing the burden of cancer. This shift to a statewide focus allowed the coalition to conduct an annual priority selection process for activities. Plan evaluation was designed to answer the following questions:

a) Are members satisfied with the priority selection process?
b) Have priority areas been selected, task forces formed and activities started?
c) How many and which objectives from the cancer plan are addressed by implementation grant funding?

Priority Area Selection

A priority selection process was implemented in 2015 to focus coalition activities towards a small number of evidence-based, measurable and achievable activities that would best facilitate action, leading to quantifiable improvements in performance measures by 2020. The intent was to allow for greater impact with fewer activities within the coalition, and to continue implementation funding to external organizations to implement evidence-based interventions within the SD CCC Plan. Five of the 15 priority areas in the SD CCC Plan were selected for concentrated efforts in the first year of the plan based on a coalition-wide vote at the 2015 Fall Coalition Meeting:

- Priority 6: Increase HPV vaccination rates.
- Priority 7: Increase risk-appropriate screening for breast cancer.
- Priority 9: Increase risk-appropriate screening for colorectal cancer.
- Priority 12: Increase participation in cancer clinical trials. (This priority was selected in order to allow completion of a funded project of the prior treatment workgroup.)
- Priority 14: Improve availability of palliative and end-of-life care services.

The priority selection process was used again in September 2016, with four priority areas from the SD CCC Plan selected by a coalition-wide vote at the 2016 Fall Coalition Meeting. Selected priority areas for the 2016-2017 grant year are:

- Priority 4: Reduce ultraviolet radiation exposure.
- Priority 6: Increase HPV vaccination rates.
- Priority 7: Increase risk-appropriate screening for breast cancer.
- Priority 9: Increase risk-appropriate screening for colorectal cancer.

Member Feedback on Priority Selection

Member feedback was solicited to assess satisfaction with the priority selection process and the related task force structure, which are both processes in the second year of implementation. A member survey conducted in November 2016 asked for feedback in these two areas. Survey results were compared between 2014 (prior to process development), 2015 and 2016. Figure 5 shows that satisfaction with the priority selection process remains stable to even improving in the past year, with 78% of responding members completely or mostly satisfied with the process.
Member perception of the action-oriented task forces was also evaluated in 2015 and 2016. A strong majority of members (80% and 90%, respectively) felt the shift has proved beneficial in carrying out the priority objectives of the state cancer plan (Figure 6). A few members offered comments directly on this topic:

- *Having a determined priority to work on for each task force has helped tremendously in the past few years.*
- *I like how the task forces have a focus.*
- *Focused activities in a specific area.*
- *We have great representation in our task force, both in terms of several different organizations from across the state and a diverse group of individuals including advocacy groups, health care providers, etc.*

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### Figure 5. Satisfaction with Priority Selection Processes, 2014 - 2016

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>48%</td>
<td>51%</td>
<td>47%</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>25%</td>
<td>15%</td>
<td>31%</td>
</tr>
<tr>
<td>Neutral</td>
<td>23%</td>
<td>21%</td>
<td>13%</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>4%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* 2016 survey uses a modified 5-pt Likert scale, with the following response options: completely satisfied, mostly satisfied, somewhat satisfied, a little satisfied, and not at all satisfied.

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### Figure 6. Is the Task Force and Committee Structure Beneficial in Carrying Out the Priority Objectives of the State Cancer Plan? 2014 - 2016

- Yes
- No
- Unsure
**SD CCC Plan Objectives Addressed through Task Force Activities, 2016**

Four priority areas were selected by a coalition-wide vote for the 2016-2017 grant year. The coalition structure dictates formation of task forces around each priority area. Three task forces from the prior grant year continued into the new grant year, to both complete and expand existing efforts. The clinical trials and palliative care task forces accomplished the intended activities within the allocated grant year (2015-2016). A new task force on UV protection was formed and a leader selected to facilitate the development of action plans.

To assess the quality of implementation of activities in the selected priority areas, meeting minutes and action plans of the six task forces in existence in calendar year 2016 were reviewed. As of December 2016, an action plan has been developed for each of the four active task forces.

**Priority 4: Reduce ultraviolet radiation exposure.**

**UV Task Force**

Priority 4 was selected as a new priority area for the 2016-2017 grant year, with Sandra Melstad of SLM Consulting leading the task force as a paid contractor. The task force has nine members representing five organizations. The group has met four times since the priority area was selected in September 2016, and an action plan has been developed and approved. The strategies focus on policy, systems and environmental changes in outdoor occupational and outdoor recreational and tourism settings, as well as educational interventions that promote sun-protective behaviors among youth and adults, with the long-term goal of reducing skin cancer incidence. The task force will release a Request for Funding Applications (RFA) in January 2017 providing $1,000 to worksites to implement a policy that protects outdoor workers, replicating a successful pilot model used in the summer of 2016. The implementation grant will fund up to five worksites. The SD Game, Fish and Parks Department will also collaborate to implement a policy using the same model.

**Priority 6: Increase HPV vaccination rates.**

**HPV Task Force**

Stacie Fredenburg, Health Systems Manager Primary Care, American Cancer Society Midwest Division, led the HPV task force as a paid contractor through October 2016, at which time the facilitation of the task force shifted to SD CCCP program staff. Twenty-three individuals have been involved with the task force over the past year, representing 14 unique organizations. The full task force met eleven times in the past year, implementing activities outlined in the action plan. The plan focuses on three strategies to increase vaccination including education for diverse healthcare professionals, system level changes (e.g., client or provider reminders) within healthcare systems, and implementation of vaccination programs in schools.

The HPV task force provided numerous educational opportunities over the past year. In partnership with the American Cancer Society, a six-part webinar series was offered on a variety of HPV vaccine topics. Twenty-four health professionals attended the *Adolescent Vaccination Roundtable: A Focus on HPV Vaccination* in June 2016. All educational events focused on HPV vaccine as cancer prevention. This group also supported Sanford Health as an implementation grantee of the SD CCCP in the HPV Implementation Project. Finally, a four-member team attended the Comprehensive Cancer Control National Partnership HPV Workshop May 3-4, 2016.

Priority 6 was selected as a continuing priority for the SD CCCP. In November 2016, the task force revised their action plan to include five focus areas: capacity building, evidence-based intervention implementation, professional education, recognition, and community/school outreach. The group plans to replicate the success of the Sanford Health HPV Implementation Project by releasing...
additional funding opportunities to health systems in January 2017, and providing mentorship to selected grantees on successful practices.

**Priority 7: Increase risk-appropriate screening for breast cancer.**

*Breast Cancer Screening Task Force*

Mary Kolsrud, Executive Director, Susan G. Komen South Dakota, leads the breast cancer screening task force as an in-kind contribution. The task force consists of 25 individuals, representing 14 organizations. The full task force met six times over the past year, implementing the activities outlined in the action plan. A brief video for healthcare providers promoting risk-based screening for breast cancer was developed along with a supplementary infographic. The task force also released an RFA to provide funds to health systems to implement evidence-based practices related to breast and cervical cancer screening. The task force also provides support to the two health system grantees awarded funding to implement evidence-based interventions.

Priority 7 was also selected as a continuing priority for the SD CCCP. In October 2016, the task force revised their action plan to include dissemination of the developed materials targeting healthcare providers, as well as increasing screening rates among uninsured women. Specific strategies are yet to be determined.

**Priority 9: Increase risk-appropriate screening for colorectal cancer.**

*Colorectal Cancer Task Force*

The Priority 9 task force is led by Jill Ireland, Health Systems Manager, American Cancer Society Midwest Division, as a paid contractor. Sixteen individuals have been involved with the task force over the past year, representing eleven unique organizations. The group has been meeting regularly (six meetings this year). The 2015-2016 action plan developed by the colorectal cancer screening task force focuses on coordinating the implementation of the 80% by 2018 action plan, and bringing together partners to discuss best practice issues surrounding policy and system changes, current clinical practice guideline implementation, and promotion of healthcare insurance coverage as related to colorectal cancer screening. Three webinars on FluFIT implementation were held, and a variety of educational opportunities offered by partners were promoted on topics such as Research to Reality, provider reminders, and the role of primary care providers in screening promotion. Members of the task force also provided technical assistance in implementing FluFIT/FOBT clinics. Finally, the group compiled a diverse set of data measures on CRC screening rates to assess the impact of the work carried out not only by the task force, but many dedicated partners across the state.

Priority 9 was selected as a continuing priority for the SD CCCP in 2016-2017. A revised action plan is complete, continuing the focus on supporting health systems and providers to implement evidence-based interventions by sharing best practices. FluFIT/FOBT implementation resources and technical assistance will continue. New for the year are recognition awards for the organizations that have put forth the effort to implement CRC screening strategies. Much of the proposed work aligns very closely with the American Cancer Society organizational efforts to improve CRC screening rates.

**Priority 12: Increase participation in cancer clinical trials.**

*Clinical Trials Task Force*

Charlene Berke, Director, Avera Cancer Institute Mitchell, and Lora Black, Director of Operations, Oncology Clinical Research, Sanford Health, co-led the clinical trials task force as an in-kind contribution. This task force was selected as a priority area in 2015-2016 with the goal of completing informational videos on clinical trial participation targeting cancer patients and loved ones. In partnership with the University of South Dakota Contemporary Media and Journalism Lab,
ten brief videos were developed using the identified messaging from surveys commissioned by the group to increase clinical trial awareness and participation in SD. The videos, finalized in July 2016, are available on the SD CCCP website (www.cancersd.com).

**Priority 14: Improve availability of palliative and end-of-life care services.**

**Palliative Care Task Force**

Lexi Pugsley, SD CCCP Program Coordinator, led the palliative care task force. The task force had strong membership with 19 individuals representing 12 unique organizations. The group met on ten occasions from June 2015 to June 2016. The group spent the initial months focused on assessment of services and training needs. To facilitate planning, a *Cancer Center Services Brief* was developed in partnership with the SDSU College of Nursing to describe the services offered to patients at the cancer centers in South Dakota, including patient navigation, palliative care and advance care planning. The task force then selected one priority action for 2016, "Providing a palliative care training opportunity for healthcare interprofessionals who serve people facing cancer and other serious illnesses". The members reviewed numerous palliative care educational programs through the first half of 2016. In September 2016, the task force, in partnership with the American Cancer Society and the SD Department of Health, offered a webinar titled, *Palliative Care in Oncology*. The webinar addressed improving proficiency in explaining palliative care and its benefits across the care continuum, assessing the capacity of palliative care programs, improving collaboration within settings and with community stakeholders, securing/maintaining accreditation, and reviewed available resources to support palliative care efforts. Seventeen professionals attended and the webinar is available on demand at [https://acs200.webex.com/acs200/ldr.php?RCID=2ec6347237b20d690a1c026f4be4e8aa](https://acs200.webex.com/acs200/ldr.php?RCID=2ec6347237b20d690a1c026f4be4e8aa).

**SD CCC Plan Objectives Addressed by Implementation Grantees, 2016**

**Priority 4: Reduce ultraviolet radiation exposure.**

**Worksite UV Protection Policy for Outdoor Workers**

**Grantees:** Rapid City Aquatics Center and City of Huron  
**Award:** $1,000 per awardee  
In 2016, two worksites were awarded funding to implement a UV Protection Policy for employees who work outdoors. On-site assessment and policy implementation were a required component of the funding. SD CCCP contract staff offered education to employees through a one-hour session and small media. Each site also selected sun protection equipment to offer employees (e.g., sunscreen, hats), purchased with the grant funding. Knowledge, attitude and behavior of employees was assessed pre and post-project implementation. Both sites implemented policy within the project period, and analysis of survey results is underway.

**Priority 6: Increase HPV vaccination rates.**

**Implementing Evidence-Based Strategies to Increase HPV Vaccination Rates in SD**

**Grantee:** Sanford Health  
**Award:** Year 1: $10,000, funded in partnership with the All Women Count! Program  
Year 2: $45,000, funded in partnership with the All Women Count! Program  
In July 2015, Sanford Health received implementation funding to develop and implement HPV vaccination client reminders and provider assessment and feedback within seven family medicine clinics in the state. Over the one year of implementation, more than 40,000 client reminders were distributed. Rates of zero dose HPV vaccination in adolescents decreased 12.8% across the 7 sites, as well as a 6.6% increase in 3-dose series completion. An estimated 7,000 doses of HPV vaccine were administered in the first year of the project.
In addition to the evidence-based intervention required by the funding, extensive education was offered to providers and staff at the seven participating facilities. Community outreach was a component of the vaccination campaign as well, with staff reaching out to the community through social media, webinars, college events, community fair booths, and hosting the video *Someone You Love: The HPV Epidemic*. To build on the successful implementation across the seven participating sites, Sanford Health was awarded a second year of funding to expand the client reminders and provider assessment and feedback to 29 Sanford SD clinic sites.

**Priority 7: Increase risk-appropriate screening for breast cancer.**
**Priority 8: Increase risk-appropriate screening for cervical cancer.**

**Implementing Evidence-Based Strategies to Increase Breast and Cervical Cancer Screening Rates in SD**

**Grantees:** Horizon Health Care, Inc. and Platte Medical Clinic  
**Award:** $22,663 ($15,000 to Horizon Health Care Inc. and $7,663 to Platte Medical Center), funded in partnership with the All *Women Count!* Program  

In July 2016, two healthcare organizations were awarded funding to implement evidence-based interventions to increase breast and cervical cancer screening. Horizon Health Care, Inc. has implemented client reminders at three locations serving a high population of Medicaid or uninsured women. Provider assessment and feedback is also planned using a monthly provider-level feedback report on percent of patients compliant with screening, accessible by both providers and support staff. Platte Medical Center implemented client reminders, expanded mammography to a once weekly evening clinic, and established a process for provider reminders for both breast and cervical cancer screening. Both facilities provide quarterly progress reports, which are used to track progress and examine the impact of these efforts on overall screening rates.

**Priority 7: Increase risk-appropriate screening for breast cancer.**
**Priority 8: Increase risk-appropriate screening for cervical cancer.**

**Health Plan Implementation Funding**

**Grantee:** DakotaCare  
**Award:** $8,936  

DakotaCare was awarded funding in December 2016 to offer client reminders for breast and cervical cancer screening, and mobile mammography to women living within twelve Hutterite colonies in SD. The project period is January 1, 2017-December 31, 2017.

**Partnership Projects Related to the SD CCC Plan 2015-2020**

Using the model of the state plan as a blueprint for cancer control activities in the state, activities in each of the 15 *SD CCC Plan* priority areas were compiled, and listed in Appendix B. Activities were identified for every priority area. A significant amount of activity was noted over the past two years on Priority 6: Increase HPV vaccination rates, Priority 7: Increase risk-appropriate screening for breast cancer, Priority 9: Increase risk-appropriate screening for CRC, and Priority 13: Promote patient-centered care. Three of these were selected priority areas for the SD Cancer Coalition, and Priority 13 received additional funding from the CDC for dedicated activities in survivorship. Outside of these priority areas, Priority 1: Reduce tobacco use and Priority 8: Increase risk-appropriate screening for cervical cancer also had notable activity. Limited activities were identified under Priority 5: Reduce exposure to environmental carcinogens and Priority 11: Promote timely, high quality cancer treatment.
Summary and Implications for Plan Evaluation

The *SD CCC Plan 2015-2020* was designed to incorporate strategies that shape health policies and focus on system and environmental level change. In calendar year 2016, seven of the fifteen priority areas have specified action plan activities occurring either through the work of a coalition task force or a grantee agency under the implementation funding mechanism. Activities in four of these priority areas continue in 2017.

Assessment of the priority selection process and task force structure demonstrates high satisfaction among responding members. Involvement in the task forces is stable, with an average of 14 members per task force. Implementation grant funding is an avenue to recruit new partner organizations, and extends the activities of the *SD CCC Plan* outside the direct work of the coalition.

Results from the evaluation efforts of the *SD CCC Plan* over the past year suggest the following:

- Task forces from each of the selected four priority areas for 2016-2017 are meeting, have created action plans, and are beginning to implement those plans.
- Most members are satisfied with the priority selection process, and the action-oriented task force structure.
- Evidence of activities were identified under all 15 of the 15 priority areas.
- Statewide activities in the areas of colorectal cancer screening, breast cancer screening, HPV vaccination, and patient-centered care are numerous.
- Few activities are occurring under Priority 5: Reduce exposure to environmental carcinogens and Priority 11: Promote timely, high quality cancer treatment.
Section 3: Program

Program evaluation is multi-faceted, looking at both the function and structure of the program, as well as outcomes. Program evaluation was designed to answer the following questions:

a) **Who makes up the leadership of the program?**

b) **Have the grantees implementation projects resulted in policy, system or environmental (PSE) change?**

c) **Are the SD CCCP and other SD cancer prevention and control efforts yielding the desired results?**

d) **Have the prior year’s evaluation recommendations been addressed?**

Efficiency of the SD CCCP was evaluated using information from the Cancer Programs Director, SD CCCP Program Coordinator, and Cancer Programs Coordinator, input from coalition members, and meeting data. In partnership with the Data, Surveillance and Evaluation Committee, recent data on cancer-related mortality, disparities, screening, and treatment in SD was obtained through the following data sources to examine outcomes: American College of Surgeons Commission on Cancer\(^\text{14}\), Behavioral Risk Factor Surveillance System (BRFSS)\(^\text{15}\), Healthcare Effectiveness Data and Information Set (HEDIS)\(^\text{16}\), National Teen Immunization Survey\(^\text{17}\), School Height and Weight data\(^\text{18}\), SD Cancer Registry\(^\text{19}\), SD Cancer Centers (Avera Cancer Institute Aberdeen, Avera Cancer Institute Mitchell, Avera Cancer Institute Sioux Falls, Avera Cancer Institute Yankton, John T. Vucurevich Cancer Care Institute, Prairie Lakes Cancer Centers, and Sanford Cancer Center Sioux Falls), SD Department of Health Program records, United States Census: Small Area Health Insurance Estimates\(^\text{20}\), and Youth Risk Behavior Survey (YRBS)\(^\text{21}\).

**Program Structure and Processes**

**Leadership of the SD CCCP**

All SD CCCP staff positions were filled at the time of this report, and include:

- Kiley Hump, Administrator, Office of Chronic Disease Prevention and Health Promotion
- Karen Cudmore, Cancer Programs Director
- Lexi Pugsley, SD CCCP Program Coordinator
- Sarah Quail, Cancer Programs Coordinator
- Ashley Miller, Chronic Disease Epidemiologist

All five staff positions serve on the SD CCCP Steering Committee. Additional Steering Committee members in 2016 included Charlene Berke, Tracy Bieber, Lora Black, Kay Dosch, Wade Dosch, Jean Hunhoff, Jill Ireland, Mary Kolsrud, Sandra Melstad, Mary Milroy, Mary Minton and Tori Whipple. Additional information regarding Steering Committee members' organizational affiliation and roles within the SD Cancer Coalition is available on the program website at [www.cancersd.com](http://www.cancersd.com).

**Steering Committee Gap Analysis**

To fully evaluate partnerships within the SD CCCP, assessment should focus on not only if members are satisfied, but also if the right people, and the right organizations are at the table to carry out the efforts of the SD CCCP. To this end, program leadership conducted a gap analysis of the membership of the Steering Committee in the fall of 2016. The findings showed representation by sector is strong overall, yet a need continues to add more cancer survivors among the coalition, and a cancer survivor as a Steering Committee member. Additionally, as SD is unique in that only three major
health systems provide the majority of care in the state, all three need representation on the Steering Committee. Adding a representative from Regional Health would ensure that SD CCCP efforts are applied statewide. Recruitment efforts are already underway to add these positions early in 2017.

**SD Cancer Coalition Committees**

As of December 2016, three over-arching committees support the operation of the SD Cancer Coalition. The Data, Surveillance and Evaluation Committee is chaired by Ashley Miller, Chronic Disease Epidemiologist and Kay Dosch, SD Cancer Registry Coordinator. The group is charged with three tasks, with the primary task to review and monitor all data related to the objectives of the SD CCCP Plan, and report the findings to the coalition. In addition to this, the committee also reviews the yearly evaluation plan and all evaluation documents, providing guidance to the Steering Committee on actions based on findings, as well as assisting with dissemination of data and evaluation reports to the public. The Data, Surveillance and Evaluation Committee meets on an ad hoc basis as data becomes available and evaluation information is shared.

The Policy, System and Environmental Change Committee was formed as a requirement of the CDC cooperative agreement, with the purpose of reviewing strategies and activities of the coalition task forces. The group is chaired by Jill Ireland, Health Systems Manager, American Cancer Society Midwest Division. Following the selection of priority areas, the group meets to review task force actions plans to ensure projects are evidence-based, and intend to impact policy, system or environmental level changes. The committee is also available to consult with task force chairs.

The Coalition Communication and Membership Committee was formed in September 2016 to provide an avenue to support communication efforts and member recruitment and retention. The committee is chaired by Sarah Quail, Cancer Programs Coordinator. The first tasks of the new committee are to refresh the cancersd.com website, facilitate re-branding of the SD Cancer Coalition, and conduct a member recommitment campaign. The group has met monthly since forming in September, and plans to launch the updated website in January 2017.

**SWOT Analysis**

At the September 2016 Fall Meeting of the SD CCCP, members provided feedback on one area of a brief SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. Together, program leadership, the evaluation team, and the Steering Committee reviewed and prioritized items to assess development areas for the coalition. A full report on findings is available from the SD CCCP Program.  Four areas for enhancement were identified:

1. **Recruitment.** Gaps in membership were identified as a weakness of the coalition, including a lack of diversity, missing geographic representation, and few cancer survivors. With the addition of the Cancer Programs Coordinator, an opportunity to conduct targeted recruitment exists.

2. **Retention.** Members viewed priority selection as both a strength and a weakness. Although the limited number of activities each year allows for more individuals to be involved, concern about losing members who are interested in specific areas was noted. A member suggested, “Get all committee members more involved, maybe subcommittees with specific assignments and reports.” Member engagement is essential to carrying forward the mission of the SD CCCP.
3. **Promotion.** Members identified a need to promote the SD CCCP to a broader audience. A rebranding of the coalition is already underway. Capitalize on partnerships to promote the SD CCCP through media, education, and networking opportunities.

4. **Synergy.** Implementation grants have demonstrated success in policy, system and environmental changes within health systems. Consider replicating successful projects in other areas of the state.

Promotion, recruitment and retention are addressed through the new Cancer Programs Coordinator role, with regular reports to the Steering Committee. A restructure of the implementation funding opportunity is underway to provide a structure to allow grantees to replicate and receive guidance from program staff and former grantee agencies, as available.

**Program Activities and Funding**

Appendix B outlines the cancer prevention and control activities that have taken place in the past year, both within the task forces and among partners statewide. All 15 state plan priority areas have meaningful activities identified.

**Projects Supported by the SD CCCP: Task Force Activities**

Funds expended in the 2015-2016 grant year totaled $33,663. Direct funding to the task forces to implement activities amounted to $11,000, and an additional $22,663 was provided to release implementation funding for breast and cervical cancer screening using evidenced-based interventions within healthcare systems (Table 3).

**Table 3. Task Force Expenditures, 2015-2016**

<table>
<thead>
<tr>
<th>Task Force</th>
<th>Funding Requested</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>$5,500</td>
<td>To develop a brief video aimed at healthcare providers, reviewing practice guidelines, and promoting the availability of funding for low-income women for breast and cervical cancer screening.</td>
</tr>
<tr>
<td></td>
<td>$22,663</td>
<td>In partnership with the SD Department of Health, a request for funding application was released to fund health system to implement evidence-based interventions to increase breast and cervical cancer screening through policy and system changes.</td>
</tr>
<tr>
<td>HPV Vaccination</td>
<td>$5,000</td>
<td>To host a roundtable event for health care professionals to provide education and develop a statewide action plan to improve HPV vaccination rates. Development and printing of an HPV vaccination infographic.</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>$500</td>
<td>Provide a palliative care training for professionals who serve cancer patients.</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$33,663</strong></td>
<td></td>
</tr>
</tbody>
</table>

In December 2016, the SD CCCP Steering Committee approved the 2016-2017 activities of the task forces, and allocated funding requests at a total of $43,030. Direct funding to the task forces to implement activities amounted to $8,030, and an additional $35,000 was provided to release implementation funding for evidence-based interventions to increase HPV vaccination, and sun safety policy, system and environmental changes (Table 4).
Table 4. Task Force Funding Awarded by the Steering Committee, 2016-2017

<table>
<thead>
<tr>
<th>Task Force</th>
<th>Funding</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td>$530</td>
<td>Promote the breast cancer provider video and infographic with two full page ads in SD Medicine.</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>$150</td>
<td>Recognize a CRC champion and partner organization with plaques.</td>
</tr>
<tr>
<td>HPV Vaccination</td>
<td>$30,000</td>
<td>Release a Request for Funding Applications targeting health systems to implement evidence-based interventions to increase HPV vaccination rates.</td>
</tr>
<tr>
<td></td>
<td>=$5,000</td>
<td>Develop and promote professional development related to HPV vaccination through HPV publications and best practice documents.</td>
</tr>
<tr>
<td></td>
<td>$500</td>
<td>Recognize high performers in HPV vaccination at the SD Immunization Conference, August 2017.</td>
</tr>
<tr>
<td>UV Protection</td>
<td>$5,000</td>
<td>Release a Request for Funding Application to worksites interested in promoting a sun safety environment through PSE changes.</td>
</tr>
<tr>
<td></td>
<td>$1,850</td>
<td>Develop and disseminate a sun safety education poster promoted and branded by the South Dakota Cancer Coalition.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$43,030</td>
<td></td>
</tr>
</tbody>
</table>

Projects Supported by SD CCCP: Grantees

Over the two-year grant period covered by this report, implementation grant funding totaled approximately $88,500, through funds provided directly by the SD CCCP and partnerships with other SD Department of Health programs (Table 5). All implementation grantees implement evidence-based activities that lead to policy, system or environmental changes. Detailed information about the grantee projects is provided in Section 2 of this report.

Table 5. Implementation Grant Funding Awarded, 2015-2017

<table>
<thead>
<tr>
<th>Area</th>
<th>Grantee(s)</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV Vaccination</td>
<td>Sanford Health</td>
<td>Implement a client reminder system and a provider assessment intervention (7 clinics); replicate established process system wide with 29 clinic sites.</td>
</tr>
<tr>
<td>Worksite UV Protection</td>
<td>City of Huron &amp; Rapid City Aquatics Center</td>
<td>Implement a worksite UV protection policy to reduce the burden of skin cancer.</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Screening</td>
<td>Horizon Healthcare Inc. &amp; Platte Medical Center</td>
<td>Implement client reminder process for breast and cervical cancer screening, as well as a provider reminder or feedback process.</td>
</tr>
<tr>
<td>Health Plan: Breast Cancer Screening</td>
<td>Dakotacare</td>
<td>Implement client reminders and mobile mammography to women living within Hutterite colonies in SD.</td>
</tr>
</tbody>
</table>

Program Outcomes

Policy, System or Environmental Changes in SD CCCP Supported Projects

On a national level, comprehensive cancer control programs are charged with bringing together partners to implement evidence-based activities that will reduce the burden of cancer. The intent of the activities is ultimately to produce long-lasting impact through implementation of policy, system or environmental level changes. Across all projects directly supported by the SD CCCP, either through implementation funding or task force funding, or through direct technical assistance provided by program staff, PSE impact was assessed. The following PSE changes were found:
• Worksite UV Protection Model Policy developed and available at http://goodandhealthysd.org/workplaces/policies/. With the support of SD CCCP funding and technical assistance, the policy was adopted by the City of Huron and Rapid City Aquatics, along with offering sun protection equipment (e.g., hats, sunscreen) to employees, an environmental change.

• Tobacco-free model policy for healthcare systems was developed and available at http://goodandhealthysd.org/healthcare/practice-guidelines/.

• Sanford Health implemented system level changes for HPV vaccination including client reminders processes, and provider assessment and feedback using vaccination data from the electronic health record. Over the course of the project year, 40,000 client reminders were distributed. Rates of zero dose HPV vaccination in adolescents decreased 12.8% across the 7 sites, as well as a 6.6% increase in 3-dose series completion. An estimated 7,000 doses of HPV vaccine were administered in the first year of the project.

• Survivorship care plan policies adopted at five cancer treatment centers in SD ensure that every oncology patient who completes active therapy with a curative intent will be given a survivorship care plan at the end of active treatment. Survivorship care plan templates were integrated into existing electronic health records, procedures were implemented to identify eligible survivors, and processes established to provide the SCP to survivors at the Sanford Cancer Center and the four Avera Cancer Institute locations in partnership with the South Dakota Survivorship Program.

• Cancer Screening Model Policy developed and available at http://goodandhealthysd.org/healthcare/practice-guidelines/.

• HPV Immunization Model Policy developed and available at http://goodandhealthysd.org/healthcare/practice-guidelines/.

Progress on Objectives in the SD CCC Plan 2015-2020
The Data, Surveillance, and Evaluation Committee provided updated data for each objective of the SD CCC Plan, as outlined in the table in Appendix C. This table shows the progress in 2016 towards reaching the 2020 goals of the SD CCC Plan. Significant and important progress has been made on many of the objectives in the plan. Of the 48 indicators in the state plan, 12 show progress in the right direction towards reaching the 2020 goals.

Another nine indicators show movement in the wrong direction, and 16 are unchanged. Indicators not showing improvement are potential focus areas for activities of the SD Cancer Coalition in the upcoming years, and include tobacco use among cancer survivors, nonuse of sunscreen, female HPV vaccination, late-stage breast cancer incidence among American Indian women, invasive cervical cancer among all women, and colorectal and lung cancer mortality among American Indians.

Progress on 2015 Evaluation Recommendations
The 2015 evaluation recommendations focused on the program structure for implementing activities that can make a meaningful impact. Evaluation recommendations from 2015 were analyzed for associated actions and changes during the evaluation period. Evidence exists to support that all evaluation recommendations for 2015 were considered, and important actions have been taken. Specific progress is noted below:

Recommendation Area 1: SD CCC Program Structure
The priority selection process identified in 2015 was again applied to the 2016-2017 grant year. Four priority areas were selected for implementation based on data indicators highlighting the highest need areas, as well as a coalition-wide vote for selection. The PSE committee reviewed all
action plans to ensure evidence-based activities were planned, and to provide feedback on scope and feasibility with existing partnerships. The recommendation to add educational or networking groups was considered by program leadership but determined not to be implemented in 2016-2017. Moving forward, the leadership team plans to assess the coalition structure on an annual basis, with guidance and input from the steering committee.

The implementation funding structure has continued as recommended, and resulted in five funded entities across three funded priority areas in 2016. Implementation grantees have made an impact through policy and system level changes that will last beyond the funding period.

**Recommendation Area 2: Dissemination**
Dissemination was a recommendation in 2015. Two grantees presented at the 2016 Fall Meeting. Sandra Melstad, SLM Consulting, presented on the Worksite UV projects, including a review of the model worksite policy, implementation methods, sun safe resources and lessons learned. Tracy Bieber, Immunization Strategy Manager at Sanford Health, presented on system changes implemented to increase HPV vaccination and the impact these changes had on vaccination rates. As of December 2016, two success stories are in development for submission to the National CCCP. Avenues of written dissemination could be enhanced, both on a regional and national level. Submission of Success Stories to the National CCCP, articles in the SD healthcare professional publications (e.g., SD Medicine, SD Nurse, Dakota Nurse Connection) and journal publications are encouraged.

**Recommendation Area 3: Partnerships**
Further enhancement of partnership recruitment and retention was recommended in 2015, and was a noted opportunity in the SWOT analysis conducted in September 2016. To address this key aspect, the SD CCCP hired a new Cancer Programs Coordinator, Sarah Quail, in August 2016. This role focuses on strategic recruitment and engaging key members in providing needed skills and expertise to coalition activities. Promotion through media, education and networking is another component of the role. Additionally, a communication and membership cross cutting committee was added to the coalition to support partnership efforts.

**Summary and Implications for Program Implementation**
The implementation evaluation for 2016 demonstrates success. All leadership positions within the program are filled by individuals with diverse professional backgrounds. This provides the necessary partner relationships and level of skill needed to implement the coalition activities as intended. Adding a cancer survivor to coalition leadership is needed and planned. The structural composition of the program makes it possible to carry out the activities necessary to keep the program functioning at a high level.

Activities across all SD CCC Plan priorities were found. Implementation grants have been awarded in four areas in 2016, including Priority 4: Reduce ultraviolet radiation exposure, Priority 6: Increase HPV vaccination rates, Priority 7: Increase risk-appropriate screening for breast cancer, and Priority 8: Increase risk-appropriate screening for cervical cancer. In December 2016, a total of $43,030 was allocated by the Steering Committee to fund activities aligned with the state plan. Funding in the amount of $8,030 has been assigned to the five priority area task forces to carry out activities and an additional $35,000 was allocated to release a request for funding applications to health systems to implement evidence-based activities under Priority 6: Increase HPV vaccination rates and to worksites for Priority 4: Reduce ultraviolet radiation exposure.
The Implementation Grant funding mechanism has provided an avenue to implement evidence-based projects, resulting in policy and system-level changes that will continue to have an impact beyond the availability of funds. The funding structure has been vital to this progress, and could be used to promote activities under additional priorities of the *SD CCC Plan*. The funding also provides an avenue to increase visibility of the SD CCCP, a recommended area for development from the SWOT analysis. Evaluation recommendations from 2015 have been fully addressed.

Results from the evaluation of the SD CCCP Program over the past year suggest the following:

- Task forces are actively carrying out evidence-based activities in the priority areas with support of SD CCCP funding.
- Implementation funding has resulted in policy and system level changes, and should be continued.
- Of the 48 indicators in the state plan, 12 show progress in the right direction towards reaching the 2020 goals.
- Nine indicators demonstrate progress in the wrong direction, potential focus areas for activities of the coalition in the upcoming years.
2016 Summary and Recommendations

This report is a synopsis of the accomplishments of the SD CCCP in calendar year 2016, which covers two grant periods (July 1, 2015 – June 30, 2016 and July 1, 2016 – June 30, 2017). Evaluation efforts focused on monitoring program implementation and examining the impact of program activities. Numerous activities were identified, covering all 15 SD CCC Plan priority areas. Partner organizations across the state continue to carry out activities, validating the need to continue the collaborative, statewide focus of the cancer plan.

Within SD CCCP funded projects, a review shows nearly all activities are evidence-based, and many policy and system level changes have been implemented. Members completing the annual survey are satisfied with the program structure, shared decision-making and priority selection of activities. The number of members involved in the task force meetings is sufficient; however, member action in implementing evidence-based activities is limited. Membership gaps were identified as few cancer survivors on the coalition and no representation from Regional Health.

Many evidence-based activities have been implemented over the past year, and these successes should be celebrated. Recommendations for consideration are listed below.

- **Continue partnership and promotion efforts.** Gaps in membership were identified, including a lack of diversity, missing geographic representation, and few cancer survivors. The addition of a paid staff member to focus on membership recruitment and retention provides a critical opportunity to conduct targeted recruitment. Consider hosting a SD CCCP sponsored event (e.g., roundtable session, summit) on the west side of the state to raise awareness of the program. Seize opportunities to promote the SD CCCP through media, education, and networking opportunities as an avenue to recruitment. Capitalize on project successes as a means to promote the SD CCCP program through television and social media.

- **Monitor statewide activities under the 15 priority areas of the SD CCC Plan.** A variety of diverse organizations statewide carry out cancer control activities. Publicize and promote the planned Activity Tracking Tool on the new SD Cancer Coalition website to track partner activities, and gather outcomes and lessons learned. This data is needed to monitor the impact of the statewide cancer plan. In addition, a unified record would aid the program in determining where efforts might be duplicative, and would assist in identifying cases where SD CCCP funds and effort could be better utilized towards priorities with fewer activities.

- **Align evaluation with the grant cycle.** Under the new coalition structure, priority planning begins in the summer with task force implementation in late fall. Evaluation celebrates success and enhances program processes through provision of data and information to guide the planning process. Although evaluation activities are ongoing throughout the year, the annual report falls at the beginning of the calendar year, not aligned with planning processes. Shift the annual evaluation to summer to better align with both the grant cycle and coalition structure.

- **Improve member survey response rates.** The coalition relies on feedback from members for continuous process improvement. The response rate to the survey has declined over the past few years, and needs to increase to ensure results are reflective of the coalition as a whole. The reason for the declining response rate is not clear. Most coalition members are busy professionals, and may have simply not had the time to respond to the survey.
However, the lack of response could also be indicative of low investment in the program by members. To address the low response rate, program staff should determine if the coalition membership roster (used for the member survey) accurately reflects active members of the coalition. A first step might be delineating between an active coalition member and individuals who simply request to receive information via the listserv. Evaluation staff also need to develop strategies for improving the response rate of the member survey over the course of the next year.

- **Continue implementation funding.** The most significant impact in policy, system and environmental changes are through projects funded by implementation grants. Funding opportunities draw interest around specific cancer control issues, capitalize on the skills of the members, and allows the SD CCCP to have a greater impact statewide. These opportunities should continue. Encourage and facilitate publication of project findings and promising practices. Consider adding the implementation grant RFA release and review of proposals to one of the SD CCCP committees. Structured, rolling deadlines may also further enhance the process, and allow organizations to anticipate and plan for future projects.

- **Provide clarity by distinguishing between task forces that carry out evidence-based activities and those that provide education or convene to share best practices.** The shift to data-driven decision-making and focused activities through the task forces, along with a statewide focus facilitated by implementation grants, has resulted in tremendously improved PSE outcomes and positive member feedback over the past two years. Consider renaming some task forces as “networks” for education and best practice sharing. This would aid in defining role expectations for members when participating in an organized aspect of the coalition. It could also appeal to a broader audience by refining the variety of opportunities to be involved with the SD Cancer Coalition. Interested members may not always have the ability to implement actionable change within their organizations, while other members may be keenly positioned to implement changes and may be frustrated with educational or networking only task forces. Both are needed within the coalition.
References


The South Dakota Comprehensive Cancer Control Program (SD CCCP) is committed to providing stakeholders with an annual evaluation report demonstrating the effectiveness and impact of program activities. The overall purpose of the evaluation is to: (a) monitor program implementation, (b) discern the long-term impact on the citizens of SD, and (c) disseminate this information to improve SD CCCP efforts. The Centers for Disease Control and Prevention (CDC) requires all grantees to evaluate three key areas of cancer control work: (a) **Partnerships:** the quality, contributions, and impacts of the SD CCCP coalition; (b) **Plan:** the quality and implementation of the statewide 2015-2020 South Dakota Comprehensive Cancer Control State Plan; and (c) **Program:** the extent to which interventions outlined in the SD CCCP action plan are executed and yield intended results. This Evaluation Plan follows the guidelines and steps outlined in CDC’s framework for public health program evaluation:

![Diagram of Evaluation Process]


**Program Context**

The release and implementation of the **2015-2020 South Dakota Comprehensive Cancer Control State Plan** (SD Cancer Plan) and changes in the structure of the SD CCC Coalition frame the context for this annual evaluation plan. The SD Cancer Plan was released in May of 2015, and includes new objectives and strategies designed to reduce the burden of cancer in our state, particularly for disparate populations. To maximize the impact of these activities, the Steering Committee of the SD CCC Coalition selects 3-5 priorities from the plan to be implemented each year. Task forces are developed to implement the selected priorities, developing an annual action plan that corresponds with the state plan priority objectives and strategies. Additionally, two cross cutting committees, a data, surveillance and evaluation committee and a policy, system and environmental change committee were also developed in 2015. New organizational members with specific expertise are recruited as needed to assist in the action plan implementation and objective attainment. Implementation funding is allocated to the task forces by the Steering Committee to carry out the action plans for each selected priority. Additional implementation funding will be available for organizational partners to implement additional priorities from the SD Cancer Plan.
Evaluation Activities

Evaluation activities for the final year of the 5 year cooperative agreement will focus on partnership engagement and the impact of program activities by the coalition task forces and implementation grantees. The evaluation activities are coordinated by a contracted evaluation team at the South Dakota State University College of Nursing.

The intended evaluation questions and methods are outlined below in Table 1. In spring of 2016, the evaluation team will solicit input from key stakeholders to further shape this evaluation plan. Key stakeholders include the SD CCCP Coordinator, Cancer Programs Director, OCDPHP Administrator and other OCDPHP program staff, Steering Committee members, and CDC Program Officers. All stakeholders will be asked what questions they would like answered in the evaluation process this year. To the extent feasible, additional evaluation questions and methods will be added to address stakeholder interests.

The evaluation plan currently addresses the following objectives:

Objective 1: Assess participation and satisfaction of SD CCCP stakeholders.

Intended Outcomes:

a. Provide a list of stakeholders by sector with participation frequency and assess for gaps.
b. Provide a member rating of SD CCCP leadership effectiveness.
c. Assess partners' satisfaction with role in SD CCCP activities and task forces.
d. Identify benefits and barriers to SD CCCP participation.

Strategies:

- Obtain a current membership roster and task force meeting minutes.
- Compile a matrix of participation frequency by sector and contributions to activities by sector.
- Conduct a partnership self-assessment survey. This survey was utilized in 2014 and 2015 and will be repeated to compare change over time in member perception and satisfaction. SD CCCP members will receive a request by email to complete the survey electronically.
- Results of these strategies will be provided in a Member Survey Report to the SD CCCP Leadership and Steering Committee, presented at a Steering Committee meeting in early 2017, and will be included in the Annual Evaluation Report, as outlined in Table 1.

Objective 2: Engage members from the data, surveillance and evaluation committee, the SD CCCP Steering Committee and the cancer coalition to actively engage in evaluation efforts.

Intended Outcomes:

a. Diverse stakeholders actively engage in the development of evaluation planning, implementation, and continuous program improvement.
b. Increased capacity for evaluation across SD CCCP activities.

Strategies:

- Provide opportunities for stakeholders to assist in refining the 2016-2017 evaluation plan.
- Engage stakeholders to take an active involvement in program evaluation activities.
- Ensure stakeholders routinely review evaluation findings and develop and implement recommendations for program improvement.
- Disseminate evaluation findings.
Objective 3: Monitor the implementation of the 2015-2020 South Dakota Comprehensive Cancer Control State Plan.

Intended Outcomes:
- Priority objectives have been selected in 2016-2017, action plans created for each priority area and task forces formed to carry out activities.
- Implementation grant funding awarded to organizations to carry out targeted objectives in the new state plan.
- Evidence-based interventions have been implemented as planned by task forces and grantees of the implementation funding.

Strategies:
- Obtain program records, including action plans, steering committee and task force meeting minutes, and implementation funding awardees project plans.
- Track the number of evidence-based projects activities carried out by the coalition task forces, grantees, and partnership organizations under each objective of the state plan.
- Report any policy, system and environmental level outcomes associated with these evidence-based projects.
- Evaluate the extent to which the objectives in the new state plan were met and make recommendations for future priority selection and implementation, plan revisions, and structural and process revisions for future implementation.
- Results of the state plan implementation evaluation will be provided in the Annual Evaluation Report, as outlined in Table 1.

Objective 4: Provide evaluation support and technical assistance to assess the implementation and outcomes of the coalition task forces and implementation grantees of the SD CCCP.

Intended Outcomes:
- Ensure task forces and implementation grantees utilize appropriate evaluation methods for projects and implementation efforts.

Strategies:
- Develop project evaluation tools.
- Develop and implement training evaluation tools that measure quality, knowledge gain, and satisfaction.
- Provide opportunities for stakeholders to assist in refining evaluation tools.
- Provide recommendations for dissemination by SD CCCP.

Evaluation results and recommendations will be provided to SD CCCP Program staff, the CDC, SD CCC Coalition members, and all other interested community partners. The evaluation team will share the annual report electronically with the SD CCCP Coordinator and Cancer Programs Director. A copy of the annual evaluation report will be shared with the CDC program officers by the SD CCCP Coordinator. The Program Coordinator will also share the report with the SD CCCP Steering Committee, and the evaluation team will present the key findings and recommendations at a scheduled meeting of the Steering Committee. An abbreviated version of the evaluation report will also be created by the evaluation team and shared with all SD CCC Coalition members and community partners by email. This version of the report will be posted on the SD CCCP website for public access.
<table>
<thead>
<tr>
<th>Focus</th>
<th>Evaluation Question</th>
<th>Indicators</th>
<th>Data Collection Sources</th>
<th>Data Collection Methods</th>
<th>Data Collection Timing</th>
<th>Dissemination</th>
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</thead>
</table>
| Partnership | Are members’ contributions (time and resources) sufficient to carry out coalition activities? | • Meeting participation  
• Type and number of sectors represented  
• Type and number of partner contributions  
• Key stakeholders represented | • Meeting minutes  
• Program records | • Evaluation team will review and compile | Monthly | Annual Evaluation Report |
| Partnership | Are partnerships being maintained and expanded? | • Number of new partners  
• Sector of new partners | • Meeting minutes  
• Program records | • Evaluation team will review and compile  
• List of new members from program coordinator | Monthly | Annual Evaluation Report |
| Partnership | How have members been engaged in evaluation activities? | • Number of opportunities provided to members to provide input on evaluation plan  
• Number of evaluation summaries distributed | • Meeting minutes  
• Program records | • Evaluation team will review and compile | Quarterly | Annual Evaluation Report |
| Partnership | Are partners satisfied with participation? | • Provide a member rating of leadership effectiveness.  
• Assess role clarity for partners.  
• Identify benefits and barriers to participation.  
• Solicit ideas for improvement. | • Annual member survey | • Evaluation team will survey Coalition members electronically | November 2017 | Member Survey Report; Presentation at Steering Committee Meeting in Quarter 1 2017 |
<table>
<thead>
<tr>
<th>Focus</th>
<th>Evaluation Question</th>
<th>Indicators</th>
<th>Data Collection Sources</th>
<th>Data Collection Methods</th>
<th>Data Collection Timing</th>
<th>Dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Are SD CCCP and other SD cancer prevention and control efforts yielding desired results?</td>
<td>• SD Cancer Plan Objectives</td>
<td>• 15 Data Sources Indicated in the SD Cancer Plan</td>
<td>• Data and Evaluation Committee will coordinate efforts to collect data annually from identified sources</td>
<td>September - January 2017</td>
<td>Annual Evaluation Report</td>
</tr>
<tr>
<td></td>
<td>Have priority areas been selected, task forces formed, and activities implemented?</td>
<td>• Task forces created for each of the 3-4 priorities selected by the Steering Committee</td>
<td>• Meeting minutes of Steering Committee and task forces</td>
<td>• Task force action plans</td>
<td>Quarterly</td>
<td>Annual Evaluation Report; quarterly updates at Steering Committee meetings</td>
</tr>
<tr>
<td>Program</td>
<td>How many and which objectives from the cancer plan are addressed by implementation grant funding?</td>
<td>• Number of objectives in the state plan associated with evidence-based projects conducted by task forces, partners or grantees</td>
<td>• State plan</td>
<td>• Task force action plans</td>
<td>• Meeting minutes of task forces</td>
<td>• Grantee project plans</td>
</tr>
<tr>
<td></td>
<td>Have the grantee implementation projects resulted in policy, system or environmental (PSE) changes?</td>
<td>• PSE outcomes from grantee projects.</td>
<td>• Grantee project plans</td>
<td>• Grantee quarterly reports</td>
<td>• Interviews with project directors</td>
<td>• Evaluation team will review reports and conduct interviews as needed.</td>
</tr>
</tbody>
</table>
# APPENDIX B:
SD Comprehensive Cancer Control State Plan: Activities 2016

## Priority Areas Selected for 2016-2017

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIORITY 4:</td>
<td>Reduce ultraviolet radiation exposure.</td>
</tr>
<tr>
<td>Worksite UV Protection Model Policy disseminated.</td>
<td></td>
</tr>
<tr>
<td>Rapid City Aquatics Center and the City of Huron implemented UV protection policies and offered sun protection equipment to employees through implementation grant funding.</td>
<td></td>
</tr>
<tr>
<td>PRIORITY 6:</td>
<td>Increase HPV vaccination rates.</td>
</tr>
<tr>
<td>Sanford Health distributed 40,000 patient reminders, and decreased zero dose vaccinations among adolescents by 12.8% across 7 sites with implementation funding. A second year of funding was awarded to implement processes system wide.</td>
<td></td>
</tr>
<tr>
<td>The HPV task force in partnership with the American Cancer Society offered a 6-part HPV vaccine webinar series.</td>
<td></td>
</tr>
<tr>
<td>Adolescent Vaccine Roundtable: A Focus on HPV Vaccination held in June 2016.</td>
<td></td>
</tr>
<tr>
<td>HPV Immunization Model Policy developed to promote implementation of best practices.</td>
<td></td>
</tr>
<tr>
<td>A four-member team attended the Comprehensive Cancer Control National Partnership HPV Workshop May 3-4.</td>
<td></td>
</tr>
<tr>
<td>Developed an HPV infographic promoting vaccination is cancer prevention.</td>
<td></td>
</tr>
<tr>
<td>PRIORITY 7:</td>
<td>Increase risk-appropriate screening for breast cancer.</td>
</tr>
<tr>
<td>Risk-appropriate screening is the focus of a video and infographic targeting healthcare providers. The breast cancer task force is developing a dissemination plan for materials.</td>
<td></td>
</tr>
<tr>
<td>Horizon Healthcare Inc. and Platte Medical Center were awarded funding to implement patient reminders and provider assessment and feedback reports for breast and cervical cancer screening.</td>
<td></td>
</tr>
<tr>
<td>Cancer screening magnets distributed in 9 tribal communities and urban areas throughout the state.</td>
<td></td>
</tr>
<tr>
<td>The SD CCCP continues to promote the All Women Count! program among partners and at events.</td>
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</tr>
<tr>
<td>Cancer screening model policy developed.</td>
<td></td>
</tr>
<tr>
<td>PRIORITY 9:</td>
<td>Increase risk-appropriate screening for colorectal cancer (CRC).</td>
</tr>
<tr>
<td>The CRC Task Force shifted to coordinating CRC screening efforts across partners within the state.</td>
<td></td>
</tr>
<tr>
<td>The SD CCCP continued to support the SD 80% by 2018 action plan, facilitated across multiple organizations.</td>
<td></td>
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<tr>
<td>A three-part webinar series on FluFIT implementation held in August 2016. Over 40 attendees participated.</td>
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</tr>
<tr>
<td>The SD CCCP promoted the Colorectal (CRC) Cancer monograph released in March 2016.</td>
<td></td>
</tr>
<tr>
<td>Lewis Drug implemented a FluFIT clinic for the first time.</td>
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</tr>
<tr>
<td>The NP CCCP supported partners in offering FIT and iFOBT screenings, as well as Rollin Colon patient education.</td>
<td></td>
</tr>
</tbody>
</table>

## CDC-funded Priority 2015-2018

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIORITY 13:</td>
<td>Promote patient-centered care for all South Dakotans affected by cancer.</td>
</tr>
<tr>
<td>SD Survivorship Program:</td>
<td></td>
</tr>
<tr>
<td>A BRFSS module was added to assess cancer survivor needs.</td>
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<tr>
<td>Avera Cancer Institute established a Patient Navigation Center.</td>
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</tr>
<tr>
<td>Avera Center Institutes and Sanford Cancer Center enhancing processes to identify and distribute survivorship care plans.</td>
<td></td>
</tr>
<tr>
<td>Through the SDSP, the GW Cancer Institute provided a full day synchronous training on cancer survivorship and patient navigation.</td>
<td></td>
</tr>
<tr>
<td>A white paper outlining the development and distribution of survivorship care plans in six SD cancer centers was released in September 2016.</td>
<td></td>
</tr>
</tbody>
</table>

---

**PARTNERS**

- Office of Chronic Disease Prevention and Health Promotion’s Statewide Policy Workgroup
- WorkWell Partnership
- American Cancer Society
- Northern Plains Comprehensive Cancer Control Program
- Sanford Health
- SD Immunization Program
- SD Immunization Coalition
- SD CCCP HPV Task Force members
- All Women Count! Program
- Horizon Healthcare Inc.
- Northern Plains Comprehensive Cancer Control Program
- Platte Medical Center
- SD CCCP Breast Cancer Screening Task Force members
- SD Department of Health Cancer Programs
- Susan G. Komen South Dakota
- American Cancer Society Get Screened SD Program
- Great Plains Tribal Chairmans Health Board
- Northern Plains Comprehensive Cancer Control Program
- SD Cancer Registry
- SD CCCP CRC Cancer Screening Task Force members
- SD Council on Colorectal Cancer Quality Improvement Network
- American Cancer Society Avera Cancer Institute Aberdeen
- Avera Cancer Institute Mitchell
- Avera Cancer Institute Sioux Falls
- Avera Cancer Institute Yankton
- John T. Vucurevich Cancer Care Institute
- Sanford Cancer Center
- SD Office of Health Statistics SDSU College of Nursing

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Did we miss the work your organization is doing to reduce or control cancer in our state? Interested in getting involved with our Coalition? If so, please contact Lexi Pugsley, SD CCCP Program Coordinator at (605) 626-2660 or email info@cancersd.com today! We would love to include your work in our next summary.
### PRIORITY 1: Reduce tobacco use
SDSP funding includes tobacco assessment and cessation referral protocols for cancer survivors at partner cancer centers.

Fifteen community/school partnership coalitions and six organizations were funded by the Tobacco Control Program in 2016 to promote tobacco use prevention and cessation at the community-level.

The SD CCCP continues to promote the SD QuitLine among partners and at events.

**PARTNERS**
- Avera Cancer Institute
  - Aberdeen
  - Mitchell
  - Sioux Falls
- Avera Cancer Institute Yankton
- John T. Vucurevich Cancer Care Institute
- Sanford Cancer Center
- SD Tobacco Control Program
- SDSU College of Nursing

### PRIORITY 2: Eliminate exposure to secondhand smoke
Basic Tobacco Cessation for Native Communities training held in Sisseton and Sioux Falls with 27 participants.

The Sioux Empire Tobacco Free Coalition hosted a Smoke-Free Multi-Unit Housing Workshop in June 2016 for property owners and managers to learn more about smoke-free policies.

**PARTNERS**
- Northern Plains Comprehensive Cancer Control Program
- SD Tobacco Control Program
- Sioux Empire Tobacco Free Coalition

### PRIORITY 3: Increase healthy, active lifestyles
Support the SD Nutrition and Physical Activity Program as requested.

The South Dakota Department of Health funded 25 grants focused on worksite wellness.

Worksite wellness summits were held in May 2015 and September 2015.

**PARTNERS**
- Good and Healthy South Dakota
- SD Nutrition and Physical Activity Program
- Work Well Partnership

### PRIORITY 5: Reduce exposure to environmental carcinogens
Continued partnership to collect data on a volunteer basis for radon testing and mitigation in SD.

**PARTNERS**
- SD Department of Energy and Natural Resources
- Statewide radon mitigation contractors

### PRIORITY 8: Increase risk-appropriate screening for cervical cancer
Promotion of the All Women Count! program.

Horizon Healthcare Inc. and Platte Medical Center were awarded funding to implement patient reminders and provider assessment and feedback reports for breast and cervical cancer screening.

Cancer screening magnets distributed in 9 tribal communities and urban areas throughout the state.

**PARTNERS**
- All Women Count! Program
- Horizon Healthcare Inc.
- Northern Plains Comprehensive Cancer Control Program
- Northern Plains Comprehensive Cancer Control Program
- SD CCCP Breast Cancer Screening Task Force

### PRIORITY 10: Increase risk-appropriate screening for lung cancer
SD Cancer Registry developed a Lung Cancer Monograph, released in January 2016.

Cancer screening magnets distributed in 9 tribal communities and urban areas throughout the state.

**PARTNERS**
- SD Cancer Registry
- Northern Plains Comprehensive Cancer Control Program
- SD Tobacco Control Program

### PRIORITY 11: Promote timely, high quality cancer treatment
Five cancer centers maintained Commission on Cancer accreditation.

**PARTNERS**
- Avera Cancer Institute
  - Aberdeen
  - Mitchell
  - Sioux Falls
  - Yankton
  - Sanford Cancer Center

### PRIORITY 12: Increase participation in cancer clinical trials
A series of videos designed to provide education on clinical trials and address key questions were developed in June 2016 partnership with the University of South Dakota Contemporary Media and Journalism Lab.

The SD Cancer Registry established a system to track the number of cancer patients who participate in a clinical trial at any of the seven SD cancer centers.

**PARTNERS**
- SD Cancer Registry
- SD CCCP Clinical Trials Task Force members
- USD Contemporary Media and Journalism Lab

### PRIORITY 14: Improve availability of palliative and end-of-life care services
In September 2016, the task force, in partnership with the American Cancer Society and the SD Department of Health offered a webinar titled, Palliative Care in Oncology.

**PARTNERS**
- American Cancer Society
- SD CCCP Palliative Care Task Force members

### PRIORITY 15: Increase the use of advanced care planning
Advance directive question added to the 2017 BRFSS survey.

Supported the USD Advance Care Planning group which is working to expand the Respecting Choices Model of Advance Care planning in SD.

SD DOH worked with SDSU and the Pine Ridge Indian Reservation to provide culturally specific advance directive educational sessions for elders on the Pine Ridge Indian Reservation.

**PARTNERS**
- Oglala Sioux Tribe
- SD Office of Health Statistics
- SDSU College of Nursing
- USD Advance Care Planning Group
## APPENDIX C: SD CCC Plan 2015-2020 Progress

**Scale:**

<table>
<thead>
<tr>
<th>Moving in the right direction!</th>
<th>The current rate of change is 5% or greater over baseline, in the right direction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unchanged</td>
<td>The current rate remained largely unchanged (less than 5% change over baseline)</td>
</tr>
<tr>
<td>Moving in the wrong direction!</td>
<td>The current rate of change is 5% of greater over baseline, in the wrong direction.</td>
</tr>
</tbody>
</table>

### Objectives

<table>
<thead>
<tr>
<th>Priority 1: Reduce Tobacco Use</th>
<th>Data source</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>2020 Goal</th>
<th>Direction of change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Increase the percentage of adults who have been advised by a doctor, nurse, or other health professional to quit smoking in the past 12 months from 64.6% to 80% by 2020.</td>
<td>SD BRFSS</td>
<td>64.6% (2013)</td>
<td>72.0% (2014)</td>
<td>70.9% (2015)</td>
<td>80%</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>1.2. Reduce the percentage of adult cancer survivors that currently smoke from 17.3% to 15% by 2020.</td>
<td>SD BRFSS</td>
<td>17.3% (2013)</td>
<td>16.1% (2014)</td>
<td>20.6% (2015)</td>
<td>15%</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>1.3. Reduce the percentage of American Indian adults that currently smoke from 44% to 33% by 2020.</td>
<td>SD BRFSS</td>
<td>44.0% (2013)</td>
<td>43.0% (2014)</td>
<td>41.7% (2015)</td>
<td>33%</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>1.4. Reduce the percentage of adults that currently smoke cigarettes from 19.6% to 14.5% by 2020.</td>
<td>SD BRFSS</td>
<td>19.6% (2013)</td>
<td>18.6% (2014)</td>
<td>20.1% (2015)</td>
<td>14.5%</td>
<td>Unchanged</td>
</tr>
<tr>
<td>1.5. Reduce the percentage of adults that currently use spit tobacco every day or some days from 6.6% to 4% by 2020.</td>
<td>SD BRFSS</td>
<td>6.6% (2013)</td>
<td>5.4% (2014)</td>
<td>6.5% (2015)</td>
<td>4%</td>
<td>Unchanged</td>
</tr>
</tbody>
</table>

### Priority 2: Eliminate exposure to secondhand smoke.

| 2.1. Increase the percentage of adults who report smoking is not allowed in any work areas from 88.4% to 92% by 2020. | SD BRFSS | 88.4% (2013) | 90.4% (2014) | 90.1% (2015) | 92% | Unchanged |
| 2.2. Increase the percentage of adults who report smoking is not allowed anywhere in their home from 87.6% to 93% by 2020. | SD BRFSS | 87.6% (2013) | 85.6% (2014) | 87.6% (2015) | 93% | Unchanged |

### Priority 3: Increase healthy, active lifestyles.

| 3.1. Decrease the percentage of adults who are obese from 29% to 23% by 2020. | SD BRFSS | 29.9% (2013) | 29.8% (2014) | 30.4% (2015) | 23% | Unchanged |
| 3.2. Decrease the percentage of school-age children and adolescents who are obese from 15.8% to 14% by 2020. | SD School Height and Weight | 15.8% (2013-2014 school year) | 16.0% (2014-2015 school year) | 16.1% (2015-2016 school year) | 14% | Unchanged |
| 3.3. Increase the percentage of adults who meet the current guideline of 150 minutes of aerobic physical activity per week from 53.7% to 59% by 2020. | SD BRFSS | 53.7% (2013) | not available | 53.6% (2015) | 59% | Unchanged |
**Objectives**

**Priority 4: Reduce ultraviolet radiation exposure.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data source</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>2020 Goal</th>
<th>Direction of change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1. Increase the percentage of adults who always or nearly always wear sunscreen with an SPF of 15 or higher when outside for &gt; 1 hour on a sunny day from 28.5% to 35% by 2020.</td>
<td>SD BRFSS</td>
<td>28.5% (2011)</td>
<td>23.8% (2014)</td>
<td>not available</td>
<td>35%</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>4.2. Increase the percentage of youth in grades 9-12 who most of the time or always wear sunscreen with an SPF of 15 or higher when they are outside for more than one hour on a sunny day from 12.9% to 15% by 2020.</td>
<td>SD YRBS</td>
<td>12.9% (2013)</td>
<td>not available</td>
<td>9.6% (2015)</td>
<td>15%</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>4.3. Decrease the percentage of youth in grades 9-12 who used an indoor tanning device during the past 12 months from 19.8% to 15% by 2020.</td>
<td>SD YRBS</td>
<td>19.8% (2013)</td>
<td>not available</td>
<td>12.9% (2015)</td>
<td>15%</td>
<td>Moving in the right direction!</td>
</tr>
</tbody>
</table>

**Priority 5: Reduce exposure to environmental carcinogens.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data source</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>2020 Goal</th>
<th>Direction of change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1. To be determined</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Priority 6: Increase HPV vaccination rates.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data source</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>2020 Goal</th>
<th>Direction of change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1. Increase the percentage of females ages 13-17 in SD who have completed the three-dose HPV vaccine series from 40.9% to 80% by 2020.</td>
<td>National Immunization Survey Teen</td>
<td>40.9% (2013 revised)</td>
<td>33.1% (2014)</td>
<td>32.4% (2015)</td>
<td>80%</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>6.2. Increase the percentage of males ages 13-17 in SD who have completed the three-dose HPV vaccine series from 7.7% to 40% by 2020.</td>
<td>National Immunization Survey Teen</td>
<td>7.7% (2013 Revised)</td>
<td>23.5% (2014)</td>
<td>22.0% (2015)</td>
<td>40%</td>
<td>Moving in the right direction!</td>
</tr>
</tbody>
</table>

**Priority 7: Increase risk-appropriate screening for breast cancer.**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data source</th>
<th>Baseline</th>
<th>Year 1</th>
<th>Year 2</th>
<th>2020 Goal</th>
<th>Direction of change from baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1. Increase the percentage of women ages 40 and older in SD who have had a mammogram in the past two years from 73.5% to 81% by 2020.</td>
<td>SD BRFSS</td>
<td>73.5% (2012)</td>
<td>74.9% (2014)</td>
<td>not available</td>
<td>81%</td>
<td>Unchanged</td>
</tr>
<tr>
<td>7.2. Increase the percentage of American Indian women ages 40 and older in SD who have had a mammogram in the past two years from 71.0% to 75% by 2020.</td>
<td>SD BRFSS</td>
<td>71.0% (2012 &amp; 2014)</td>
<td>not available</td>
<td>not available</td>
<td>75%</td>
<td>--</td>
</tr>
<tr>
<td>7.3. Reduce the age-adjusted late-stage female breast cancer incidence rate in SD from 45.1 to 41.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>45.1 (2008-2012)</td>
<td>45.2 (2009-2013)</td>
<td>43.8 (2010-2014)</td>
<td>41.0</td>
<td>Unchanged</td>
</tr>
<tr>
<td>7.4. Reduce the age-adjusted late-stage female breast cancer incidence rate among American Indian women in SD from 41.9 to 39.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>41.9 (2008-2012)</td>
<td>50.5 (2009-2013)</td>
<td>57.4 (2010-2014)</td>
<td>39.0</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>7.5. Reduce the age-adjusted female breast cancer mortality rate in SD from 20.5 to 18.5 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>20.5 (2008-2012)</td>
<td>19.7 (2009-2013)</td>
<td>19.9 (2010-2014)</td>
<td>18.5</td>
<td>Unchanged</td>
</tr>
<tr>
<td>7.6. Reduce the age-adjusted breast cancer mortality rate among American Indian women in SD from 25.5 to 24.3 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>25.5 (2008-2012)</td>
<td>20.6 (2009-2013)</td>
<td>18.2 (2010-2014)</td>
<td>24.3</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>Objectives</td>
<td>Data source</td>
<td>Baseline</td>
<td>Year 1</td>
<td>Year 2</td>
<td>2020 Goal</td>
<td>Direction of change from baseline</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Priority 8: Increase risk-appropriate screening for cervical cancer.</strong></td>
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</tr>
<tr>
<td>8.1. Increase the percentage of women ages 21 to 65 in SD who have received a Pap test within the past three years from 86.7% to 95% by 2020.</td>
<td>SD BRFSS</td>
<td>86.7% (2012)</td>
<td>84.7% (2014)</td>
<td>not available</td>
<td>95%</td>
<td>Unchanged</td>
</tr>
<tr>
<td>8.2. Increase the percentage of American Indian women ages 21 to 65 in SD who have received a Pap test within the past three years from 81.4% to 93% by 2020.</td>
<td>SD BRFSS</td>
<td>81.4% (2012 &amp; 2014)</td>
<td>not available</td>
<td>not available</td>
<td>93%</td>
<td>--</td>
</tr>
<tr>
<td>8.3. Reduce the age-adjusted invasive uterine cervical cancer incidence rate in SD from 6.7 to 5.5 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>6.7 (2008-2012)</td>
<td>6.8 (2009-2013)</td>
<td>7.1 (2010-2014)</td>
<td>5.5</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>8.4. Reduce the age-adjusted invasive uterine cervical cancer incidence rate among American Indian women in SD from 19.3 to 17.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>19.3 (2008-2012)</td>
<td>18.0 (2009-2013)</td>
<td>21.6 (2010-2014)</td>
<td>17.0</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>8.5. Reduce the age-adjusted mortality rate from cancer of the uterine cervix in SD from 2.1 to 1.5 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>2.1 (2008-2012)</td>
<td>1.8 (2009-2013)</td>
<td>1.7 (2010-2014)</td>
<td>1.5</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>8.6. Reduce the age-adjusted mortality rate from cancer of the uterine cervix among American Indian women in SD from 10.4 to 4.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>10.4 (2008-2012)</td>
<td>9.3 (2009-2013)</td>
<td>7.4 (2010-2014)</td>
<td>4.0</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td><strong>Priority 9: Increase risk-appropriate screening for colorectal cancer.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1. Increase the percentage of adults ages 50-75 in SD up-to-date with recommended colorectal cancer screening from 62.5% to 80% by 2020.</td>
<td>SD BRFSS</td>
<td>62.5% (2012)</td>
<td>66.7% (2014)</td>
<td>not available</td>
<td>80%</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>9.2. Increase the percentage of American Indian adults ages 50-75 in SD up-to-date with recommended colorectal cancer screening from 54.1% to 65% by 2020.</td>
<td>SD BRFSS</td>
<td>54.1% (2012 &amp; 2014)</td>
<td>not available</td>
<td>not available</td>
<td>65%</td>
<td>--</td>
</tr>
<tr>
<td>9.3. Increase the percentage of adults ages 50-75 in SD who are enrolled with Avera Health Plans, DAKOTACARE, Sanford Health Plan, Wellmark Blue Cross Blue Shield, or the SD Foundation for Medical Care who had appropriate screening for colorectal cancer from 43.6% to 70.5% by 2020.</td>
<td>HEDIS</td>
<td>43.6% (2012)</td>
<td>40.9% (2013, with 1 site not reporting)</td>
<td>43.7% (2014)</td>
<td>70.5%</td>
<td>Unchanged</td>
</tr>
<tr>
<td>9.4. Increase the percentage of adults ages 50-75 in SD who had a doctor, nurse, or other health professional recommend they be tested for colorectal or colon cancer from 36.5% to 41.0% by 2020.</td>
<td>SD BRFSS</td>
<td>36.5% (2014)</td>
<td>not available</td>
<td>not available</td>
<td>41%</td>
<td>--</td>
</tr>
<tr>
<td>9.5. Reduce the invasive colorectal cancer age-adjusted incidence rate in SD from 46.1 to 43.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>46.1 (2008-2012)</td>
<td>45.1 (2009-2013)</td>
<td>44.8 (2010-2014)</td>
<td>43</td>
<td>Unchanged</td>
</tr>
<tr>
<td>9.6. Reduce the invasive colorectal cancer age-adjusted incidence rate among American Indians in SD from 60.6 to 50.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>60.6 (2008-2012)</td>
<td>58.6 (2009-2013)</td>
<td>60.2 (2010-2014)</td>
<td>50</td>
<td>Unchanged</td>
</tr>
<tr>
<td>Objectives</td>
<td>Data source</td>
<td>Baseline</td>
<td>Year 1</td>
<td>Year 2</td>
<td>2020 Goal</td>
<td>Direction of change from baseline</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>9.7. Reduce the colorectal cancer age-adjusted mortality rate in SD from 15.5 to 15.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>15.5 (2008-2012)</td>
<td>15.6 (2009-2013)</td>
<td>16.0 (2010-2014)</td>
<td>15.0</td>
<td>Unchanged</td>
</tr>
<tr>
<td>9.8. Reduce the colorectal cancer age-adjusted mortality rate among American Indians in SD from 25.0 to 15.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>25.0 (2008-2012)</td>
<td>27.0 (2009-2013)</td>
<td>27.7 (2010-2014)</td>
<td>15.0</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>Priority 10: Increase risk-appropriate screening for lung cancer.</td>
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</tr>
<tr>
<td>10.1. Reduce the age-adjusted lung cancer mortality rate in SD from 44.8 to 40.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>44.8 (2008-2012)</td>
<td>43.5 (2009-2013)</td>
<td>43.7 (2010-2014)</td>
<td>40.0</td>
<td>Unchanged</td>
</tr>
<tr>
<td>10.2. Reduce the age-adjusted lung cancer mortality rate among American Indians in SD from 75.8 to 60.0 per 100,000 by 2020.</td>
<td>SD Cancer Registry</td>
<td>75.8 (2008-2012)</td>
<td>75.7 (2009-2013)</td>
<td>83.4 (2010-2014)</td>
<td>60.0</td>
<td>Moving in the wrong direction!</td>
</tr>
<tr>
<td>Priority 11: Promote timely, high quality cancer treatment.</td>
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<tr>
<td>11.1. Reduce the percentage of South Dakotans under the age of 65 without health insurance from 13.6% to 11% by 2020.</td>
<td>US Census: Small Area Health Insurance Estimates</td>
<td>13.6% (2012)</td>
<td>12.8% (2013)</td>
<td>11.6% (2014)</td>
<td>11%</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>Priority 12: Increase participation in cancer clinical trials.</td>
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</tr>
<tr>
<td>12.1. Increase the percentage of participants enrolled in cancer-related clinical trials among identified SD cancer centers from 11.4% to 15% by 2020.</td>
<td>Primary data collection from SD cancer centers a</td>
<td>11.4% b (2013)</td>
<td>19.3% b (2014)</td>
<td>24.9% b (2015)</td>
<td>15%</td>
<td>Moving in the right direction!</td>
</tr>
<tr>
<td>12.2. Increase the percentage of SD cancer patients who report participating in a clinical trial as part of their cancer treatment from TBD to TBD by 2020.</td>
<td>SD BRFSS</td>
<td>Available in 2017</td>
<td>--</td>
<td>--</td>
<td>TBD</td>
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</tr>
<tr>
<td>Objectives</td>
<td>Data source</td>
<td>Baseline</td>
<td>Year 1</td>
<td>Year 2</td>
<td>2020 Goal</td>
<td>Direction of change from baseline</td>
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<tr>
<td>Priority 13: Promote patient-centered care for all South Dakotans affected by cancer.</td>
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<tr>
<td>13.1. Of those ever diagnosed with cancer, increase the percentage who have ever been given a written summary, by a doctor, nurse, or other health professional, of the cancer treatments they received from TBD to TBD by 2020.</td>
<td>SD BRFSS</td>
<td>Available in 2017</td>
<td>--</td>
<td>--</td>
<td>TBD</td>
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<tr>
<td>13.2. Of those ever diagnosed with cancer, increase the percentage who have ever received instructions from a doctor, nurse, or other health professional about where they should return or who they should see for routine cancer check-ups after completing treatment for cancer from TBD to TBD by 2020.</td>
<td>SD BRFSS</td>
<td>Available in 2017</td>
<td>--</td>
<td>--</td>
<td>TBD</td>
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<tr>
<td>13.3. Increase the number of healthcare professionals and health home staff who receive motivational interviewing training from 0 to 100 by 2020.</td>
<td>SD DOH</td>
<td>0 (2014)</td>
<td>124 (2015)</td>
<td>0 (2016)</td>
<td>100</td>
<td>Goal met!</td>
</tr>
<tr>
<td>13.4. Increase the number of community health workers who receive advanced training in chronic disease from 0 to 100 by 2020.</td>
<td>SD DOH</td>
<td>0 (2015)</td>
<td>not available</td>
<td>not available</td>
<td>100</td>
<td>--</td>
</tr>
<tr>
<td>Priority 14: Improve availability of palliative and end-of-life care services.</td>
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<tr>
<td>To be determined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TBD</td>
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</tr>
<tr>
<td>Priority 15: Increase the use of advanced care planning.</td>
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<tr>
<td>15.1. Increase the percentage of adults 18 and older who reported having an advanced directive in place from 31.4% to 35% by 2020.</td>
<td>SD BRFSS</td>
<td>31.4% (2015)</td>
<td>not available</td>
<td>not available</td>
<td>35%</td>
<td>--</td>
</tr>
</tbody>
</table>

a Primary data collection from the following SD Cancer Centers: Avera Cancer Institute Aberdeen, Avera Cancer Institute Mitchell, Avera Cancer Institute Sioux Falls, Avera Cancer Institute Yankton, John T. Vucurevich Cancer Care Institute, Prairie Lakes Cancer Centers, Sanford Cancer Center Sioux Falls.

b This data was collected using a standard set forth by the CoC for accreditation of cancer facilities. Patients participating in more than one clinical trial are counted for each trial they participated in during the specified time period.