2018 SD Cancer Coalition Fall Meeting

September 26, 2018
The South Dakota Comprehensive Cancer Control Program (SD CCCP) aims to reduce the impact of cancer on South Dakotans through the promotion and support of collaborative, innovative, and effective programs and policies for cancer prevention and control. Through the SD Cancer Coalition, the SD CCCP brings together diverse organizations and individuals to monitor and assess cancer related issues in the state. The SD CCCP determines priority areas of focus on an annual basis and mobilizes resources that can impact outcomes. In this report, Coalition activities and outcomes are highlighted to review the progress made in 2017-2018 towards achieving the goals and priorities of the SD Comprehensive Cancer Control State Plan 2015-2020.

SD Cancer Plan 2015-2020 Goals
- 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
2017-2018 Organizational Structure

SD DOH: Office of Chronic Disease Prevention and Health Promotion

SD CCCP

Steering Committee

SD Cancer Coalition

Coalition Task Forces
- Cancer Prevention
- HPV Vaccination
- Early Detection Health Equity
- Colorectal Cancer Screening

Cross Cutting Committees
- Data, Surveillance and Evaluation
- Policy, System and Environmental Change
- Communication and Membership

SD CCC Plan

Implementation Grantees
2017-2018 Coalition Structure

Coalition Task Forces

- Cancer Prevention
  - Chair: Sandra Melstad
- Increase HPV vaccination rates.
  - Chair: Sarah Quail
- Early Detection Health Equity (Priorities 7-10)
  - Chair: Stacey Burnette
- Priority 9: Increase risk-appropriate screening for colorectal cancer.
  - Chair: Jill Ireland

Cross-Cutting Committees:

- Data, Surveillance, and Evaluation Committee
  - Co-Chaired by Ashley Miller, Chronic Disease Epidemiologist and Kay Dosch, SD Cancer Registry Coordinator
- Policy, System, and Environmental (PSE) Change Committee
  - Chaired by Lexi Pugsley
- Communication and Membership
  - Chaired by Sarah Quail
# SD Cancer Coalition: 2017-2018 Year in Review

## 2017-2018 SD Cancer Coalition Task Force Outcomes

<table>
<thead>
<tr>
<th>Task Force Name</th>
<th>Key Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer Prevention</strong></td>
<td>- Educate health care providers on strategies to prevent cancer</td>
<td>- Cancer prevention rack card</td>
</tr>
<tr>
<td>11 Members</td>
<td></td>
<td>- Cancer prevention content for the cancersd.com website</td>
</tr>
<tr>
<td><strong>HPV Vaccination</strong></td>
<td>- Increase vaccination rates by promoting system level changes within healthcare systems</td>
<td>- Someone You Love film with panel discussion screening at 25 locations across the state</td>
</tr>
<tr>
<td>15 Members</td>
<td>- Provider-focused education on HPV vaccination</td>
<td>- Presented information about HPV vaccination at the SD School Nurse Association Meeting</td>
</tr>
<tr>
<td></td>
<td>- Provide education on the importance of the HPV vaccine to K-12 and post-secondary schools</td>
<td>- Submitted a journal article and infographic in SDMA</td>
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<tr>
<td></td>
<td></td>
<td>- Utilized social media to promote Cervical Health Awareness Month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Partnered with the immunization program to provide HPV vaccine to underserved adults aged 19-26 in SD</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Screening</strong></td>
<td>- Promote access to colonoscopy for FIT (fecal immunochemical test) positive and high-risk patients</td>
<td>- In partnership with ACS, the task force developed a community assessment to understand colonoscopy access barriers and partnership opportunities for community health centers and specialty care providers. The assessment findings will be presented on November 7, 2018, at a Stakeholder Meeting in Sioux Falls.</td>
</tr>
<tr>
<td>21 Members</td>
<td>- Conduct a community assessment to understand access barriers</td>
<td>- SD Colorectal Cancer Screening Achievement Awards honored Dr. Daniel Hainsmann, MD and Falls Community Health for their colorectal cancer screening achievements.</td>
</tr>
<tr>
<td></td>
<td>- Promote colorectal cancer screening messages to priority populations</td>
<td>- The task force promoted the educational inflatable colonos available in the state and identified key messages to reach under-screened populations</td>
</tr>
<tr>
<td></td>
<td>- Recognize screening success with 2018 CRC Screening Awards</td>
<td></td>
</tr>
<tr>
<td><strong>Early Detection Health Equity</strong></td>
<td>- Promote access to breast, cervical and colorectal cancer screening by reducing structural barriers for disparate populations</td>
<td>- Conducted a statewide screening data review on breast, cervical, and colorectal cancer in order to identify pockets of disparities</td>
</tr>
<tr>
<td>20 Members</td>
<td>- Develop and deliver appropriate lung cancer prevention messages to increase awareness of appropriate screening protocols and quality care standards</td>
<td>- Created a lung cancer screening rack card to be distributed by the SD QuitLine to approximately 4,500 participants over the next year</td>
</tr>
</tbody>
</table>
HPV Vaccination Task Force
Colorectal Cancer Task Force

Dr. Daniel Heinemann
2018 Champion of the Year

Falls Community Health
2018 Organization of the Year
ARE YOU AT RISK FOR LUNG CANCER?

Lung cancer is the leading cause of cancer death in both men and women.

Every year in the United States about 200,000 people are diagnosed with lung cancer and 150,000 people die from it.

Cigarette smoking is the #1 cause of lung cancer in the United States. It is linked to 80% to 90% of all lung cancers.

Lung Cancer Screening Guidelines

The U.S. Preventive Services Task Force recommends yearly, low-dose CT (LDCT) lung cancer screening for adults at high risk of the disease who meet ALL of the following criteria:

- 55 to 80 years old*
- currently smoke or quit within the past 15 years
- history of heavy smoking**
- asymptomatic (no signs or symptoms of lung cancer)

*Excludes those screened up to age 75

**Heavy smoking means a smoking history of 30 pack-years or more. A pack-year is smoking an average of one pack of cigarettes per day for a year. A person could have 20 pack-year history by smoking one pack a day for 10 years or two packs a day for 5 years. One pack equals 20 cigarettes.

What’s an LDCT Scan?

An LDCT scan, or low-dose computed tomography scan, is the test used to screen for lung cancer. The goal of screening is to identify cancer at an early stage so that it can be successfully treated. LDCT scan exposes people to a small amount of radiation with each test.

What Changes Can I Make?

Talk with your health care professional to determine if lung cancer screening is appropriate for you!

Keep active, eat a healthy diet, and if you still smoke, QUIT! People who quit smoking greatly reduce their risk of developing and dying from lung cancer. If you need help quitting, talk to your doctor or contact the South Dakota QuitLine.

1-866-SD-QUITS | SDQuitLine.com


South Dakota quitline wonderfullifeoutside www.southdakotaquitline.com/quitnow
SD Cancer Coalition: 2017-2018 Year in Review

Implementation Partnerships, 2017-2018
The implementation funding structure has continued as recommended. All implementation grantees implemented evidence-based activities that lead to policy, system or environmental changes that will last beyond the funding period. Data was gathered from program records. Detailed information about the grantee projects is described below.

Priority 6: Reduce ultraviolet radiation exposure.
Worksite UV Protection Policy for Outdoor Workers
Grantee: Britton Swimming Pool
Award: $1,790.40
In 2017, the Britton City Pool received implementation funding and technical assistance to develop and implement a UV protection policy for employees and sun safety interventions to support adoption of the policy. The worksite UV protection policy project successfully supported the Britton City Pool to promote a sun-safe workforce through implementation of policy, system, and environmental approaches. Strategies implemented to support adoption of a worksite UV protection policy showed small improvements in uptake of sun protective equipment and certain sun safety practices. While not statistically significant, employees did show improvements in their use of SPF 30 or higher sunscreen. The uptake of wide brimmed hats and sunglasses by outdoor workers showed a statistically significant improvement.

Worksite UV Protection Policy for Child Care Programs
Grantee: Angie Moon, Mitchell; Boys and Girls Club, Brookings; Discovery Center, Sioux Falls; Doland Community Daycare; Little Blessings, Watertown; Little Blessings, Belle Fourche; M & M Daycare; and The Jungle After School Program, Huron; Shining Star Academy, Wagner; Sioux Falls YMCA; and the YMCA, Mitchell
Award: Home-based child care programs could request up to $250 and center-based child care programs could request up to $500.
SD CCCP released a child care sun safety funding opportunity to implement child care sun safety policies and UV protection strategies. Ten child care programs were awarded funding out of 34 applications. All awardees were required to adopt a sun safety policy and at least one educational or environmental strategy to support the policy. All programs chose to implement more than one sun safety practice in addition to policy implementation. Eight of the 10 programs chose to install a shade structure on the playground areas of the facility. Two programs, which had not required sunscreen, elected to provide and make sunscreen use mandatory. All 10 sites provided education to staff and parents, and five chose to provide education on sun safety to the children as part of the program’s curriculum. Six chose to provide sunglasses and/or hats to children for outside time. All of the grantee child care programs implemented a sun safety policy, education, and evidenced-based strategies to increase sun safe practices. Over 7,100 children across 10 child care locations statewide were impacted with grant funding totaling less than $4,000.
# SD Cancer Coalition: 2017-2018 Year in Review

## SD Comprehensive Cancer Control State Plan: 2017-2018 Activities

<table>
<thead>
<tr>
<th>Priority</th>
<th>Activities</th>
<th>Partners</th>
</tr>
</thead>
</table>
| **PRIORITY 1: Reduce tobacco use.** | - ACS Cancer Action Network & SDMA supported proposed legislation to increase tobacco tax and age of purchase to 21.  
- The Great Plains Tobacco Prevention Project provided education and tobacco awareness.  
- Sanford Health implemented system processes to screen and advise patient smokers to quit.  
- Training was provided to medical professionals on cessation assessment and referral.  
- Sixteen community/school partnership coalitions and thirteen organizations were funded by the Tobacco Control Program in 2017 to promote tobacco use prevention and cessation.  
- According to the North American Quitline Consortium, the South Dakota QuitLine had the highest quit rate among reporting quitlines in 2017 (41.8%).  
- The South Dakota Quitline launched a new service, a two-week Kickstart Kit.  
- Cancer survivors identified as tobacco users were referred to tobacco cessation resources. | American Cancer Society Cancer Action Network  
SD Medical Association (SDMA)  
Great Plains Tribal Chairmen’s Health Board (GPTCHB)  
Sanford Health  
SD Tobacco Control Program  
SD QuitLine  
SD Cancer Survivorship Program |
| **PRIORITY 2: Eliminate exposure to secondhand smoke.** | - The City of Sioux Falls passed a smoke free ordinance in June 2017. The ordinance includes all city-owned buildings, city-owned property during youth activities and events requiring a permit.  
- The Delta Dental of South Dakota Foundation provided secondhand smoke education in SD.  
- The Sioux Empire Tobacco Free Coalition hosted a Smoke Free Multi-Unit Housing Workshop.  
- SDSU passed a tobacco free campus policy that went into effect in January.  
- Teddy Bear Den, a tobacco disparities grantee, expanded their smoking cessation rewards program to include family members and caregivers.  
- Volunteers of America, Dakotas passed a tobacco-free organizational policy. | City of Sioux Falls  
Delta Dental of South Dakota  
Sioux Empire Tobacco Free Coalition  
South Dakota State University (SDSU)  
SD Tobacco Control Program  
Teddy Bear Den  
Volunteers of America, Dakotas |
| **PRIORITY 3: Increase healthy, active lifestyles.** | - AARP supported the Livable Communities Initiative.  
- ACS supported Relay Recess at schools.  
- GPTCHB developed the Great Plains Good Health and Wellness program, providing sub-awards to communities to promote healthy lifestyles.  
- The Prevention Task Force developed and disseminated a cancer prevention rack card and updated the prevention page of cancersd.com.  
- Sanford Health implemented patient screening questions and activity recommendations, including referrals to RN Health Coaches and Behavioral Health Triage Therapists to assist patients.  
- The Breastfeeding-Friendly Business Initiative has a total of 579 businesses that have taken the pledge to show support for their breastfeeding employees and customers.  
- The Park Rx program has 108 healthcare providers and 25 clinics that have issued park Rx prescription passes to their patients.  
- A total of 24 mini grants were issued to workplaces across the state to implement policy and environmental changes to improve nutrition and increase physical activity in their workplace.  
- Cancer survivors received nutrition and physical activity referrals. | AARP  
American Cancer Society (ACS)  
Great Plains Tribal Chairmen’s Health Board (GPTCHB)  
Prevention Task Force  
Sanford Health  
SD Cancer Survivorship Program  
SD Nutrition and Physical Activity Program |

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Did we miss the work your organization is doing to reduce the burden of cancer in SD? Submit your activities at [https://www.cancersd.com/state-plan-activities/](https://www.cancersd.com/state-plan-activities/)

Interested in getting involved with the SD Cancer Coalition? Email [info@cancersd.com](mailto:info@cancersd.com) today!
STATE PLAN ACTIVITIES

Please list any activities that have occurred in 2018 that support the priorities of the SD Cancer Plan. These should be activities that occurred outside of SD Cancer Coalition efforts. We are asking that you include the organization name that led each activity with the understanding that it will be publicly recognized in our annual report. Your name is only collected in case follow-up is needed for clarification.

Name *

First:  Last:  

Email *

Priority 1:
Reduce tobacco use

Example: Community/School Partnership Grants (SD DOH)

Priority 2:
Reduce exposure to secondhand smoke

Priority 3:
Increase healthy, active lifestyles

Priority 4:
Reduce ultraviolet radiation exposure

Priority 5:
Reduce exposure to environmental carcinogens

Priority 6:
Increase HPV vaccination rates
In-Kind Tracking Form

This form tracks non-federal in-kind contributions of time and travel costs incurred and also goods and services donated by the South Dakota Comprehensive Cancer Control Coalition members. This is a self-disclosure form on the honor system.

Please document in-kind donations of time and travel costs that individuals or organizations incurred while working on SD CCCP business outside of scheduled workgroup meetings, or time and travel costs incurred while attending SD CCCP in-person meetings such as Statewide, Leadership, and Steering Committee.

**DO NOT** count the workgroup conference calls and teleconference steering committee calls you participated in. Individual time for these calls is reported by the workgroup chairs who take attendance at those meetings.

Name: _____________________________________________

Organization (if applicable): __________________________

Signature: ___________________________________________ Date: _____________

### Time and Travel

<table>
<thead>
<tr>
<th>Meeting or Activity Name</th>
<th>Date</th>
<th>Working Time (in Hrs)</th>
<th>Travel Time (in Hrs)</th>
<th>Round Trip Miles Traveled</th>
<th>Total Lodging Cost</th>
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</table>
SD Cancer Survivorship Program

- Project Period: 9/30/15-9/29/18

- Clinical Partners:
  - Avera Cancer Institutes: Aberdeen, Mitchell, Sioux Falls, and Yankton, Sanford Cancer Center, Urology Specialists

- Focus Areas:
  1) Patient Navigation
  2) Surveillance
  3) Survivorship Care Plans
  4) Health Status and Knowledge of Cancer Survivors
  5) Healthcare Provider Knowledge
  6) Dissemination of Evidence via Publications
Patient Navigation

- Tobacco Cessation Referrals
- Nutrition/Physical Activity Referrals
- CRC Screening Referrals
- SCP Identification and Dissemination

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>Tobacco Cessation Referrals</td>
<td>21 survivors</td>
<td>39 survivors</td>
</tr>
<tr>
<td></td>
<td>66% of eligible population</td>
<td>85% of eligible population</td>
</tr>
<tr>
<td>Nutrition/Physical Activity Referrals</td>
<td>232 survivors</td>
<td>353 survivors</td>
</tr>
<tr>
<td>CRC Screening Referrals</td>
<td>33 survivors</td>
<td>62 survivors</td>
</tr>
<tr>
<td></td>
<td>65% of eligible population</td>
<td>85% of eligible population</td>
</tr>
</tbody>
</table>
Surveillance

**SOUTH DAKOTA BRFSS SURVEILLANCE BRIEF: CANCER STATUS AND HEALTH INDICATORS**

**Background:**
The American Cancer Society estimates over 10.5 million Americans alive today have a history of cancer. Cancer typically occurs in older adults, with 62% of all cancers diagnosed among those aged 60 and older. Practicing healthy behaviors such as maintaining a healthy weight, completing the HPV vaccine series, avoiding tobacco, limiting or eliminating alcohol intake, and practicing skin protection can reduce a person’s risk of developing cancer. However, some risk factors such as getting older and genetics cannot be modified.

**Methods:**
The South Dakota Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey of residents aged 18 and older and is conducted as a combined effort between the South Dakota Department of Health (DOH) and the Centers for Disease Control and Prevention. Further details on the BRFSS methodology can be found at https://www.cdc.gov/Brfss/2018/SouthDakota/Methodology.pdf.

Two questions related to lifetime cancer prevalence were included within the CDC core portion of the 2015 and 2016 SD BRFSS. The BRFSS does not allow differentiation between basal and squamous cell carcinoma of the skin and melanoma of the skin. Since basal and squamous cell carcinomas of the skin are not reportable by law to the SEI Cancer Registry, this report compares respondents who indicated having been told by a doctor, nurse, or other health professional that they had any other type(s) of cancer, other than skin cancer, to those respondents who reported they had never been told they had cancer. These respondent groups are identified as cancer survivors and no cancer history, however, the no cancer history group may include respondents with a history of skin cancer. Results from the 2015 and 2016 BRFSS survey were combined to give more stable estimates. Data was age-adjusted using the 2000 Census population and the following age groups: 18-24, 25-34, 35-44, 45-54, 55-64, 65-74, and 75+. Data analysis was conducted using SAS V9.3.

This report utilizes data from the 2015 and 2016 SD BRFSS to compare demographics, physician status, health behaviors, and quality of life indicators between those with a history of cancer and those with no cancer history. All questions were asked in both years, with the exception of questions on muscle strengthening guidelines and quality of life limitations due to physical, mental, or emotional problems. Those questions were only asked in 2015.

**Results:**
In 2015 and 2016 combined, 7.1% of the South Dakota adult population stated that they had ever been told by a doctor or other health professional that they had cancer, other than skin cancer. When adjusted for age, the prevalence is 6.2%. Table 1 shows the age-adjusted prevalence rates for the demographics of the cancer survivorship population compared with those who have no history of cancer. Among cancer survivors, 64.4% were female while only 35.6% were male.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Cancer Survivor</th>
<th>No Cancer History</th>
<th>Cancer Status Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>11.0 (7.5-14.6)</td>
<td>4.85 (4.1-5.6)</td>
<td>2.15</td>
</tr>
<tr>
<td>45-54</td>
<td>10.0 (7.4-12.8)</td>
<td>4.85 (4.1-5.6)</td>
<td>1.75</td>
</tr>
<tr>
<td>55-64</td>
<td>21.0 (19.2-22.9)</td>
<td>17.2 (15.1-19.3)</td>
<td>1.65</td>
</tr>
<tr>
<td>65-74</td>
<td>24.7 (22.0-27.5)</td>
<td>16.9 (14.8-19.2)</td>
<td>1.5</td>
</tr>
<tr>
<td>75+</td>
<td>32.5 (29.3-35.8)</td>
<td>10.9 (5.8-16.0)</td>
<td>3.1</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>35.8 (28.4-46.6)</td>
<td>10.9 (5.2-25.5)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>39.4 (30.5-50.3)</td>
<td>9.7 (5.1-17.7)</td>
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</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>94.7 (89.5-97.4)</td>
<td>82.1 (68.0-96.0)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>5.3 (2.6-10.1)</td>
<td>6.4 (0.8-36.4)</td>
<td>0.8</td>
</tr>
</tbody>
</table>

**SOUTH DAKOTA BRFSS SURVEILLANCE BRIEF: CANCER SURVIVORSHIP**

**Background:**
The American Cancer Society (ACS) estimates there are 39,330 cancer survivors residing in SD. The National Cancer Institute identifies, “In cancer, a person is considered to be a survivor from the time of diagnosis until the end of life.” However, survivorship is often considered as the period after conclusion of active treatment for survivorship care plan delivery. Cancer survivors are at greater risk for developing secondary cancers and often have unique needs related to long-term treatment effects, follow-up care, and surveillance for reoccurrence. An Institute of Medicine report identified failures in the U.S. healthcare system in providing coordinated and comprehensive follow-up care for cancer survivors. The report also identified a lack of guidelines and system failures for assisting cancer survivors with the care transition from oncology care and overcoming psychosocial or medical problems that they may face.

Survivorship Care Plans were identified as an opportunity to help improve communication and the quality of care for cancer survivors. Currently, two accreditation programs from the American College of Surgeons – the Commission on Cancer and National Accreditation Program for Breast Cancers – include standards on cancer survivorship care plans.

**Methods:**
The South Dakota Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey of residents aged 18 and older and is conducted as a combined effort between the South Dakota Department of Health (DOH) and the Centers for Disease Control and Prevention. Further details on the SD BRFSS methodology can be found at https://www.cdc.gov/Brfss/2018/SouthDakota/Methodology.pdf.

The full-thirteen question CDC cancer survivorship optional module was included on the 2016 SD BRFSS. This report utilizes data from this optional module to evaluate cancer survivorship care plan receipt, clinical trial participation, and other relevant indicators for cancer survivorship.

**Results:**
In 2016, 11.8% of South Dakota adults reported ever having cancer for any reason, including skin cancer. Among cancer survivors, 84.5% reported having one type of cancer, 13.9% reported having two types, and 1.6% reported having three or more. As outlined in Table 1, the cancer type most frequently reported was skin cancer, followed by breast, male reproductive, female reproductive, and gastrointestinal. For respondents with two or more cancer types, their most recent type of cancer diagnosis was reported. The mean age at diagnosis was 63, and the age range at diagnosis was from 3 years to 89 years old. When asked to identify who provided the majority of their health care, 56% of cancer survivors reported family practitioner and 28% reported general practitioner. Most survivors (50.5%) reported having health insurance that covered all or part of their treatment. Clinical trial participation as part of cancer treatment was reported by 4.5% of cancer survivors. Only 4.9% of cancer survivors reported current physical pain due to cancer treatment. Due to a low number of events (LNE), pain control is not able to be reported.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>% (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>48.7 (42.4-55.0)</td>
</tr>
<tr>
<td>Breast</td>
<td>12.8 (8.5-17.5)</td>
</tr>
<tr>
<td>Male Reproductive</td>
<td>11.1 (2.1-21.1)</td>
</tr>
<tr>
<td>Female Reproductive</td>
<td>10.6 (5.3-16.5)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>3.7 (1.5-7.9)</td>
</tr>
<tr>
<td>All Others*</td>
<td>26.1 (18.7-33.5)</td>
</tr>
</tbody>
</table>

*All others include, but are not limited to, urinary, abdominal, eye, and thyroid.

August 2018
Survivorship Care Plans

CoC Standards:
• End of 2015: ≥10%
• End of 2016: ≥25%
• End of 2017 and on: ≥50%

2015: 481 SCPs Delivered (23% of eligible survivors)
2016: 606 SCPs Delivered (34% of eligible survivors)
2017: 992 SCPs Delivered (58% of eligible survivors)
Health Status and Knowledge of Cancer Survivors

- N=190
- Cancer Diagnosis: Breast 40.5%, Female Reproductive 28.3%, Male Reproductive 11.2%
- 42.5% indicated that they had received patient navigation services during cancer treatment
- 9% increase in respondents who understand their cancer treatment history
- 11% increase in respondents who know what their follow-up care should be
- 97.2% recommend that other patients receive a similar care plan after cancer treatment
94.2% had already made at least one lifestyle behavior change (eat healthier, stop smoking, get regular checkups, etc.) by the time of the 3-month follow up.
Healthcare Provider Knowledge

- In-Person
  - Cancer Survivorship Training- May 2016
  - Motivational Interviewing- June 2018

- Webinars
  - Palliative Care in Oncology
  - ACS Survivorship Webinar Series
  - SD QuitLine and Tobacco Assessment and Referral
  - Incorporating Cancer Survivorship Into Primary Care

- Online Training
  - Cancer Survivorship E-Learning Series for Primary Care Providers
Dissemination of Evidence via Publications

- **White Papers**
  - Implementation of Survivorship Care Plans at Three Health System-Based Cancer Centers in a Rural State
  - Population-Based Patient Navigation
  - Provision of Survivorship Care Plans in Hard-to-Reach Patient Populations

- **Journal Articles**
  - Published: Cancer survivorship care plans: Processes, effective strategies, and challenges in a Northern Plains rural state, *Public Health Nursing*
  - Submitted: Patient Knowledge of Cancer Treatment History and Follow-Up Care after Receipt of a Survivorship Care Plan, *Journal of Cancer Survivorship*
  - Undergoing Internal Review & Approval: Making the Case for Optimal Use of Survivorship Care Plans, *Oncology Nursing Forum*

- **Presentations**
  - Panel Discussion: South Dakota Cancer Coalition Fall Meeting, September 20, 2016, Mitchell, SD
  - Poster Presentation: American Society of Clinical Oncology 2017 Cancer Survivors Symposium: Advancing Care and Research, San Diego, CA, January, 2017
  - Poster Presentation: Sigma Theta Tau International local chapters Phi and Zeta Zeta's Twenty-Eighth Annual Nursing Research Symposium Living Nursing Scholarship: Research, Theory, and Practice, Brookings, SD, March 31, 2017
  - Oral Presentation: 2017 Sanford Nursing Research and Evidence Based Practice Conference, Sioux Falls, SD, October 6, 2017
  - Poster Presentation: Avera/SDSU Research Symposium, Brookings, SD, October 25, 2017
  - Poster Presentation: SD Public Health Association, Sioux Falls, SD, June 19, 2018
  - Poster Presentation: SD Cancer Coalition Fall Meeting, Mitchell, SD, September 26, 2018
  - Oral Presentation: SD Chronic Disease Partner’s Meeting, Mitchell, SD, October 16, 2018
  - Poster Presentation: American Public Health Association, San Diego, CA, November, 2018
Future Opportunities:  
2018-2019 Implementation Efforts
Priority Areas Selected by the Coalition

- Increase HPV Vaccination Rates (Priority 6)
  - Chair: Sarah Quail

- Early Detection Health Equity (Priorities 7-9)
  - Chair: Stacey Burnette

- Promote Patient-Centered Care to Enhance Quality of Life for Cancer Survivors (Priority 13)
  - Chair: Lexi Pugsley
Funding Available to Implement Cancer Prevention and Control Efforts

The South Dakota Department of Health’s Cancer Programs are pleased to announce the release of the Implementation Grant Request for Applications (RFA). The programs are soliciting applications that support the 2015-2020 South Dakota Cancer Plan, focus on evidence-based intervention implementation, and promote cancer prevention, early detection, or cancer survivorship efforts in South Dakota.

Eligibility Criteria: Eligible applicants include organizations that have the capacity to implement the required interventions. Eligibility includes, but is not limited to, federally qualified healthcare centers, health plans, healthcare clinics, healthcare systems, cancer treatment centers, healthcare professional organizations, Indian Health Service, non-profits, quality improvement organizations, school-based healthcare clinics, tribal health centers, universities, coalitions, and worksites.

Application Deadline: 5:00pm CT on Thursday, November 1st, 2018

Anticipated Award Amount: Applicants may request up to $20,000. It is anticipated that 3-4 applicants will be funded.

Project Period: January 1, 2019 – December 31, 2019

Application Procedure: Applications are due via electronic submission to lexi.pugsley@state.sd.us.

Questions: Staff will be available to answer questions, review grant applications, and provide recommendations for revisions until 5:00pm on October 30th, 2018.

View the Full Instructions and Application
Opportunity to Join the National HPV Learning Collaborative, Earn MOC, and Receive Funding

The National Improvement Partnership Network and the Academic Pediatric Association are collaborating on a national initiative starting in November 2018, funded by the Centers for Disease Control and Prevention, to recruit health care practices that serve adolescents to participate in a 9-month, virtual, quality improvement project. Practices that enroll in this multi-state project will receive training in QI methodology and implement evidence-based practice changes to increase immunization rates and reduce missed opportunities for HPV vaccine administration.

Given the importance of reducing the burden of HPV-associated cancers, the SD DOH will provide $3,000 per site for up to ten SD clinic sites who successfully complete project requirements. Applicants will be awarded on a first come, first serve basis. For more information, view the funding application below or contact Lexi at lexi.pugsley@state.sd.us or 605-626-2660.

Enroll in the learning collaborative by October 15, 2018 at https://www.surveymonkey.com/r/NIPA_5_Enrollment. Clinic sites must also complete and submit the below application by October 15, 2018 to be eligible for funding.

Funding Application | Learning Collaborative Flyers

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5 reasons to sign up for NIPA

1. **Prevent Cancer**
   - Each year, an estimated 32,500 new cases of HPV-related cancer are diagnosed in the U.S.

2. **Earn MOC**
   - Participants earn credit towards professional certifications:
     - ABPI Part 4 MOC
     - ABFM Part IV MC-FP
     - Performance Improvement CME

3. **Get Results**
   - HPV series initiation rates increased by 20% and series completion rates increased by 15% in past cohorts.

4. **Experience**
   - NIPA has run 4 cohorts with 219 practices in 23 states

5. **PCMH**
   - Project meets criteria for Patient Centered Medical Home recognition.

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**Project Details**

**Who**
- Pediatrics
- Family Medicine
- School-based health centers
- Public health clinics
- Community health centers
- FQHCs

**What**
- Attend 6 webinars
- Complete 3 project surveys & 6 PDGA Logs
- Submit pre- and post- project HPV vaccination rate data
- Audit 16 patient visits per month for 9 months
- Test strategies to reduce missed opportunities for HPV vaccine

**When**
- November 2018 through August 2019.
- Enrollment deadline: October 15, 2018

**How** Enroll online at https://www.surveymonkey.com/r/NIPA_5_Enrollment
Any Questions?
HPV Vaccination Coverage Among Adolescents 13-17 years, 2017

≥1 dose HPV Vaccination

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>62.6</td>
<td>58.8</td>
</tr>
<tr>
<td>Female</td>
<td>68.6</td>
<td>67.9</td>
</tr>
<tr>
<td>Total</td>
<td>65.5</td>
<td>63.2</td>
</tr>
</tbody>
</table>

Up-To-Date with HPV Vaccination

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>South Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>44.3</td>
<td>40.9</td>
</tr>
<tr>
<td>Female</td>
<td>53.1</td>
<td>48.8</td>
</tr>
<tr>
<td>Total</td>
<td>48.6</td>
<td>44.8</td>
</tr>
</tbody>
</table>

Source: National Center for Immunization and Respiratory Diseases, National Immunization Survey, Teen, 2017

**Incidence**

- **United States**
  - White: 128.6
  - American Indian: 82.6
  - Total: 144

- **South Dakota**
  - White: 135.4
  - American Indian: 126
  - Total: 134.2

**Mortality**

- **United States**
  - White: 20.3
  - American Indian: 14.3
  - Total: 19.9

- **South Dakota**
  - White: 20.9
  - American Indian: 19.6
  - Total: 19.9

Rates are age-adjusted, South Dakota Cancer Registry.

Rates are age-adjusted, South Dakota Cancer Registry

**Incidence**

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>South Dakota</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>38.8</td>
<td>42</td>
<td>42.6</td>
</tr>
<tr>
<td>American Indian</td>
<td>41.8</td>
<td>58.9</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>39.4</td>
<td></td>
<td>42.6</td>
</tr>
</tbody>
</table>

**Mortality**

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>South Dakota</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>14.1</td>
<td>15.4</td>
<td>15.9</td>
</tr>
<tr>
<td>American Indian</td>
<td>16.5</td>
<td>28.9</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14.5</td>
<td></td>
<td>15.9</td>
</tr>
</tbody>
</table>

Rates are age-adjusted, South Dakota Cancer Registry
Women Age 40 and Older Who Have Had a Mammogram in the Past 2 Years, 2014 & 2016

- White: 75.2%
- American Indian: 71.1%
- Total: 74.9%

SDDOH BRFSS 2014 & 2016
Women Age 21-65 Who Have Received a Pap Test in the Past 3 Years, 2014 & 2016

SDDOH BRFSS 2014 & 2016
Adults Age 50-75 Up to Date with Colorectal Cancer Screening Recommendations, 2014 & 2016

- **White**: 67.5%
- **American Indian**: 57.8%
- **Total**: 66.3%

Source: SDOH BRFSS 2014 & 2016
SURVIVORSHIP
Survivorship- Module, 2016

- 11.8% reported ever having cancer in their lifetime

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>% (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td>48.7 (42.6-54.9)</td>
</tr>
<tr>
<td>Breast</td>
<td>11.8 (8.5-15.2)</td>
</tr>
<tr>
<td>Male Reproductive</td>
<td>11.1 (7.2-15.1)</td>
</tr>
<tr>
<td>Female Reproductive</td>
<td>10.1 (6.5-13.6)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>3.7 (1.7-5.6)</td>
</tr>
<tr>
<td>All Other</td>
<td>Low number of events</td>
</tr>
</tbody>
</table>

- Majority of Survivors Report ever having 1 type of cancer

Includes Skin Cancer. SDDOH, BRFSS, 2016
<table>
<thead>
<tr>
<th></th>
<th>Received a Written Cancer Treatment Summary % (95% CI)</th>
<th>Received a Written Summary of Routine Cancer Check-ups % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>38.9 (33.0-44.8)</td>
<td>53.2 (47.2-59.2)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-64</td>
<td>41.2 (31.5-50.9)</td>
<td>59.6 (49.9-69.2)</td>
</tr>
<tr>
<td>65 +</td>
<td>37.2 (29.8-44.6)</td>
<td>48.0 (40.6-55.3)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>33.5 (24.5-42.5)</td>
<td>53.1 (43.8-62.4)</td>
</tr>
<tr>
<td>Female</td>
<td>42.9 (35.2-50.7)</td>
<td>53.3 (45.4-61.1)</td>
</tr>
<tr>
<td>Household Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;$25,000</td>
<td>32.4 (18.0-46.8)</td>
<td>45.7 (31.2-60.3)</td>
</tr>
<tr>
<td>$25,000-$49,999</td>
<td>42.5 (30.7-54.4)</td>
<td>54.9 (43.7-66.0)</td>
</tr>
<tr>
<td>$50,000+</td>
<td>40.2 (30.9-49.5)</td>
<td>57.9 (48.2-67.6)</td>
</tr>
</tbody>
</table>

Includes Skin Cancer. SDDOH BRFSS 2016
Prevalence of Smoking Among Adults

SDDOH, BRFSS, 2011-2017
Adults Who Have tried to Quit Smoking

Cancer Survivors vs Total

SDDOH, BRFSS, 2011-2016
Fair or Poor Health Status

<table>
<thead>
<tr>
<th>Year</th>
<th>Cancer Survivor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>30.4</td>
<td>14.6</td>
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<tr>
<td>2012</td>
<td>26.3</td>
<td>13.1</td>
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<tr>
<td>2013</td>
<td>28.9</td>
<td>12.7</td>
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<tr>
<td>2014</td>
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<td>14</td>
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<tr>
<td>2015</td>
<td>31.5</td>
<td>13.7</td>
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<tr>
<td>2016</td>
<td>32.2</td>
<td>13</td>
</tr>
<tr>
<td>2017</td>
<td>29.9</td>
<td>14.3</td>
</tr>
</tbody>
</table>

SDDOH, BRFSS, 2011-2016
Adults Not Participating in Physical Activity Outside Their Regular Job in the Past 30 Days

SDDOH, BRFSS, 2011-2016
Met USPSTF Colorectal Cancer Screening Guidelines

![Graph showing the met USPSTF colorectal cancer screening guidelines from 2012 to 2016. The graph compares the percentage of cancer survivors and the total population meeting the guidelines. The data shows a slight increase in 2014 and then a decrease by 2016.]

SDDOH, BRFSS, 2011-2016
THANK YOU