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 South Dakota
- Optimize South Dakotans' quality of life across the continuum of cancer
- Eliminate disparities in the burden of cancer in South Dakota

PRIORITIES

PRIORITY 1 REDUCE TOBACCO USE.	PRIORITY 2 ELIMINATE EXPOSURE TO SECONDHAND SMOKE.	PRIORITY 3 INCREASE HEALTHY, ACTIVE LIFESTYLES.	PRIORITY 4 REDUCE ULTRAVIOLET RADIATION EXPOSURE.
OBJECTIVES			
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.[a] **Progress: 70.6% (2017)** **1.2.** Reduce the percentage of adult cancer survivors that currently smoke from 17.3% to 15% by 2020.[a] **Progress: 14.7% (2017)** **1.3.** Reduce the percentage of American Indian adults that currently smoke from 47.6% to 33% by 2020.[p] **Progress: 42.3% (2015-2017)** **1.4.** Reduce the percentage of adults that currently smoke cigarettes from 19.6% to 14.5% by 2020.[a] **Progress: 19.3% (2017)** **1.5.** Reduce the percentage of adults that currently use spit tobacco every day or some days from 6.6% to 4% by 2020.[a] **Progress: 6.1% (2017)**	**2.1.** Increase the percentage of adults who report smoking is not allowed in any work areas from 88.4% to 92% by 2020.[a] **Progress: 88.1% (2017)** **2.2.** Increase the percentage of adults who report smoking is not allowed anywhere in their home from 87.6% to 93% by 2020.[a] **Progress: 89.6% (2017)**	**3.1.** Decrease the percentage of adults who are obese from 29.9% to 23% by 2020.[a] **Progress: 31.9% (2017)** **3.2.** Decrease the percentage of school-age children and adolescents who are obese from 15.8% to 14% by 2020.[b] **Progress: 16.6% (2017-2018 school year)** **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.[a] **Progress: 50.8% (2017)**	**4.1.** Increase the percentage of adults who always or nearly always wear sunscreen with an SPF of 15 or higher when outside for more than one hour on a sunny day from 28.5% to 35% by 2020.[c] **Progress: 23.8% (2016)** **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.[d] **Progress: 9.6% (2015)** **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.[d] **Progress: 12.9% (2015)**
STRATEGIES			
A. Partner with health care organizations to promote the South Dakota QuitLine. **B.** Encourage delivery of evidence-based cessation advice by health care providers. **C.** Encourage delivery of cessation services to cancer survivors.	**A.** Advocate for tobacco-free environments. **B.** Support the implementation of smoke-free multi-unit housing policies, tobacco-free parks, and outdoor area policies.	**A.** Support assessment of physical activity at every visit with a healthcare professional. **B.** Advocate for inclusion of physical activity as a patient "vital sign". **C.** Encourage chronic disease self-management referral into standards of care, care protocols, and other policies. **D.** Promote physical activity education and prescription as a preventive and treatment-focused behavior among healthcare professionals. **E.** Implement policy, system, and environmental approaches that increase access to healthy foods and beverages. **F.** Promote adoption of healthy community design principles and access to places and spaces to be physically active in communities.	**A.** Implement educational interventions and policy, systems, and environmental changes in day care, preschool, and primary and middle school settings to promote sun-protective behaviors. **B.** Implement educational interventions and policy, systems, and environmental changes in outdoor occupational and outdoor recreational and tourism settings to promote sun-protective behaviors. **C.** Educate partners, stakeholders, and the public on strategies to reduce ultraviolet radiation exposure, including placing restrictions on access to indoor tanning for minors.

PRIORITIES

	PRIORITY 5 REDUCE EXPOSURE TO ENVIRONMENTAL CARCINOGENS.	PRIORITY 6 INCREASE HPV VACCINATION RATES.	PRIORITY 7 INCREASE RISK-APPROPRIATE SCREENING FOR BREAST CANCER.	PRIORITY 8 INCREASE RISK-APPROPRIATE SCREENING FOR CERVICAL CANCER.
OBJECTIVES	**5.1.** Reduce the age-adjusted lung cancer incidence rate in South Dakota from 57.4 to 54.5 per 100,000 by 2020.[g] **Progress: 58.2 (2012 & 2016)**	**6.1.** Increase the percentage of adolescent males and females ages 13-17 in South Dakota who are up-to-date on the HPV vaccine series from 38.6% to 60% by 2020.[e] **Progress: 44.8% (2017)**	**7.1.** Increase the percentage of women ages 40 and older in South Dakota who have had a mammogram in the past two years from 73.5% to 81% by 2020.[f] **Progress: 74.9% (2016)** **7.2.** Increase the percentage of American Indian women ages 40 and older in South Dakota who have had a mammogram in the past two years from 71.0% to 75% by 2020.[o] **Progress: 71.1% (2014 & 2016)** **7.3.** Reduce the age-adjusted late-stage female breast cancer incidence rate in South Dakota from 45.1 to 41.0 per 100,000 by 2020.[g] **Progress: 41.4 (2012-2016)** **7.4.** Reduce the age-adjusted late-stage female breast cancer incidence rate among American Indian women in South Dakota from 41.9 to 39.0 per 100,000 by 2020.[g] **Progress: 49.2 (2012-2016)** **7.5.** Reduce the age-adjusted female breast cancer mortality rate in South Dakota from 20.5 to 18.5 per 100,000 by 2020.[g] **Progress: 18.9 (2012-2016)** **7.6.** Reduce the age-adjusted breast cancer mortality rate among American Indian women in South Dakota from 25.5 to 24.3 per 100,000 by 2020.[g] **Progress: 19.5 (2012-2016)**	**8.1.** Increase the percentage of women ages 21 to 65 in South Dakota who have received a Pap test within the past three years from 86.7% to 95% by 2020.[f] **Progress: 81.2% (2016)** **8.2.** Increase the percentage of American Indian women 21 to 65 in South Dakota who have received a Pap test within the past three years from 81.4% to 93% by 2020.[o] **Progress: 78.9% (2014 & 2016)** **8.3.** Reduce the age-adjusted invasive uterine cervical cancer incidence rate in South Dakota from 6.7 to 5.5 per 100,000 by 2020.[g] **Progress: 6.8 (2012-2016)** **8.4.** Reduce the age-adjusted invasive uterine cervical incidence rate among American Indian women in South Dakota from 19.3 to 17.0 per 100,000 by 2020.[g] **Progress: 17.9 (2012-2016)** **8.5.** Reduce the age-adjusted mortality rate from cancer of the uterine cervix in South Dakota from 2.1 to 1.5 per 100,000 by 2020.[g] **Progress: 1.6 (2012-2016)** **8.6.** Reduce the age-adjusted mortality rate from cancer of the uterine cervix among American Indian women in South Dakota from 10.4 to 4.0 per100,000 by 2020.[g] **Progress: 5.8 (2012-2016)**
STRATEGIES	**A.** Collect and analyze health and environmental data. **B.** Promote collaboration among organizations to raise awareness of and reduce exposure to environmental carcinogens. **C.** Educate partners, stakeholders, and the public on strategies to reduce exposure to environmental carcinogens, including restrictions requiring radon education and/or testing. **D.** Promote radon testing and mitigation within homes, schools, and worksites.	**A.** Support health systems and healthcare providers to implement policy and system changes and evidence-based interventions, such as client reminder and recall systems, provider assessment and feedback, provider reminders, immunization information systems, and standing orders. **B.** Implement and maintain vaccination programs in schools. **C.** Promote professional education for all healthcare professionals, including dental professionals, utilizing CDC's "HPV vaccine is cancer prevention" message.	**A.** Support health systems and healthcare providers to implement policy and system changes and evidence-based interventions, such as client reminders, provider assessment and feedback, and provider reminder and recall systems. **B.** Monitor and promote the use of cancer risk assessment and risk-appropriate referral for genetic services for adults in primary care clinics and cancer centers. **C.** Monitor and promote the use of current clinical practice guideline implementation. **Additional strategies specifically targeting underserved populations (American Indians, low socioeconomic status (SES), uninsured, minority):** **D.** Promote healthcare insurance coverage. **E.** Promote the use of culturally-tailored patient navigation and messaging. **F.** Promote low-or-no-cost breast cancer screening programs (e.g., All Women Count!, Cheyenne River Sioux Tribe Breast and Cervical Screening Program) to reduce client out-of-pocket expenses. **G.** Promote access to breast cancer screening by reducing structural barriers (e.g., flexible clinic hours and sites, transportation assistance, navigation).	**A.** Support health systems and healthcare providers to implement policy and system changes and evidence-based interventions, such as client reminders, provider assessment and feedback, and provider reminder and recall systems. **B.** Monitor and promote the use of cancer risk assessment for adults in primary care clinics and cancer centers. **C.** Monitor and promote the use of current clinical practice guideline implementation. **Additional strategies specifically targeting underserved populations (American Indians, low socioeconomic status (SES), uninsured, minority):** **D.** Promote healthcare insurance coverage. **E.** Promote the use of culturally-tailored patient navigation and messaging. **F.** Promote low-or-no-cost cervical cancer screening programs (e.g., All Women Count!, Cheyenne River Sioux Tribe Breast and Cervical Screening Program) to reduce client out-of-pocket expenses. **G.** Promote access to cervical cancer screening by reducing structural barriers (e.g., flexible clinic hours and sites, transportation assistance, and navigation).

PRIORITIES

PRIORITY 9

INCREASE RISK-APPROPRIATE SCREENING FOR COLORECTAL CANCER.

OBJECTIVES

9.1. Increase the percentage of adults ages 50-75 in South Dakota up-to-date[1] with recommended colorectal cancer screening from 62.5% to 80% by 2020.[f] **Progress: 65.8% (2016)**

9.2. Increase the percentage of American Indian adults ages 50-75 in South Dakota up-to-date[1] with recommended colorectal cancer screening from 54.1% to 65% by 2020.[o] **Progress: 57.8% (2014 & 2016)**

9.3. Increase the percentage of adults ages 50-75 in South Dakota who are enrolled with Avera Health Plans, DAKOTACARE, Sanford Health Plan, Wellmark Blue Cross Blue Shield, or the South Dakota Foundation for Medical Care who had appropriate screening[2] for colorectal cancer from 43.6% to 70.5% by 2020.[h] **Progress: 41% (2017)**

9.4. Increase the percentage of adults ages 50-75 in South Dakota 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.[i] **Progress: 38.9% (2016)**

9.5. Reduce the invasive colorectal cancer age-adjusted incidence rate in South Dakota from 46.1 to 43.0 per 100,000 by 2020.[g] **Progress: 41.4 (2012-2016)**

9.6. Reduce the invasive colorectal cancer age-adjusted incidence rate among American Indians in South Dakota from 60.6 to 50.0 per 100,000 by 2020.[g] **Progress: 56.5 (2012-2016)**

9.7. Reduce the colorectal cancer age-adjusted mortality rate in South Dakota from 15.5 to 15.0 per 100,000 by 2020.[g] **Progress: 16.2 (2012-2016)**

9.8. Reduce the colorectal cancer age-adjusted mortality rate among American Indians in South Dakota from 25.0 to 15.0 per 100,000 by 2020.[g] **Progress: 23.7 (2012-2016)**

[1]Fecal occult blood test (FOBT) within 1 year, or sigmoidoscopy within 5 years with FOBT within 3 years, or colonoscopy within 10 years.

[2]HEDIS numerator includes those who have received one or more of the following: (a) fecal occult blood test (FOBT) during the measurement year; (b) flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year; (c) colonoscopy during the measurement year or the nine years prior to the measurement year.

STRATEGIES

A. Support health systems and healthcare providers to implement policy and system changes and evidence-based interventions, such as client reminders, provider assessment and feedback, provider reminder and recall systems, and FluFIT/FluFOBT.

B. Monitor and promote the use of cancer risk assessment and risk-appropriate referral for genetic services for adults in primary care clinics and cancer centers.

C. Monitor and promote the use of current clinical practice guideline implementation.

Additional strategies specifically targeting underserved populations (American Indians, low socioeconomic status (SES), uninsured, minority):

D. Promote healthcare insurance coverage and colorectal cancer screening coverage through Indian Health Service.

E. Promote the use of culturally-tailored patient navigation and messaging.

F. Promote low-or-no-cost colorectal cancer screening programs to reduce client out-of-pocket expenses.

G. Promote access to colorectal cancer screening services by reducing structural barriers (e.g., flexible clinic hours and sites, transportation assistance, and navigation).

PRIORITY 10

INCREASE RISK-APPROPRIATE SCREENING FOR LUNG CANCER.

OBJECTIVES

10.1. Reduce the age-adjusted rate of lung cancer cases diagnosed at the distant stage in South Dakota from 31.0 to 29.0 per 100,000 by 2020.[g] **Progress: 29.9 (2012-2016)**

10.2. Reduce the age-adjusted rate of lung cancer cases diagnosed at the distant stage among American Indians in SD from 60.2 to 57.0 per 100,000 by 2020.[g] **Progress: 56.3 (2012-2016)**

10.3. Reduce the age-adjusted lung cancer mortality rate in South Dakota from 44.8 to 40.0 per 100,000 by 2020.[g] **Progress: 40.9 (2012-2016)**

10.4. Reduce the age-adjusted lung cancer mortality rate among American Indians in South Dakota from 75.8 to 60.0 per 100,000 by 2020.[g] **Progress: 76.1 (2012-2016)**

STRATEGIES

A. Develop and deliver appropriate lung cancer prevention messages to increase awareness of appropriate screening protocols and quality care standards.

B. Engage new and existing stakeholders to assess capacity, increase access, and ensure quality lung cancer screening for high risk individuals.

C. Ensure tobacco cessation support for cigarette smokers undergoing lung cancer screening.

PRIORITY 11

PROMOTE TIMELY, HIGH QUALITY CANCER TREATMENT.

OBJECTIVES

11.1. Reduce the percentage of South Dakotans under the age of 65 without health insurance from 13.6% to 11% by 2020.[j] **Progress: 10.4% (2016)**

11.2. Maintain the number of cancer centers accredited by the American College of Surgeons Commission on Cancer from 5 to 5 by 2020.[k] **Progress: 5 (2018)**

STRATEGIES

A. Routinely monitor and report on data and surveillance trends.

B. Support accreditation of cancer treatment centers.

C. Increase access and availability to personalized medicine for cancer treatment.

D. Enhance health insurance coverage and reimbursement for cancer care and treatment.

E. Improve access to transportation and lodging resources for cancer patients.

PRIORITIES

PRIORITY 12

INCREASE PARTICIPATION IN CANCER CLINICAL TRIALS.

OBJECTIVES

12.1. Increase the percentage of participants enrolled in cancer-related clinical trials among identified South Dakota cancer centers from 11.4[3] to 15% by 2020.[l] **Progress: 15.7% (2017)**

[3]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.

12.2. Increase the percentage of South Dakota adults reporting ever having cancer and participating in a clinical trial as part of their cancer treatment from 4.4% to 5% by 2020.[q]

STRATEGIES

A. Collect and analyze clinical trial participation data from the seven identified cancer centers in SD to determine baseline and target measures.

B. Develop a prioritized action plan with partners to address effective recruitment strategies.

C. Raise awareness among healthcare professionals and the public about clinical trial benefits and availability (e.g., promote South Dakota CCCP web-based clinical trial resources).

D. Ensure that all South Dakota cancer patients receive information about clinical trials at time of diagnosis (e.g., QI project CoC, meaningful use).

PRIORITY 13

PROMOTE PATIENT-CENTERED CARE THAT ENHANCES QUALITY OF LIFE FOR ALL CANCER SURVIVORS.

OBJECTIVES

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 38.9% to 42.8% by 2020.[r] **Progress: 48.7% (2017)**

13.2. Of those ever diagnosed with cancer, increase the percentage who have ever received written 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 53.2% to 58.5% by 2020.[r] **Progress: 60.2% (2017)**

13.3. Increase the number of healthcare professionals and health home staff who receive motivational interviewing training from 0 to 100 by 2020.[n] **Progress: 224 (2017)**

13.4. Increase the number of community health workers who receive advanced training in chronic disease from 0 to 100 by 2020.[n]

STRATEGIES

A. Utilize and maintain the BRFSS survivorship module.

B. Encourage the use of survivorship care plans for all cancer patients.

C. Promote linkages between health facilities and community resources (e.g., Reach to Recovery, Better Choices, Better Health [chronic disease self-management program], transportation assistance, support groups).

D. Support the use of patient navigation and community health workers across the cancer continuum.

E. Develop resources to increase healthcare provider awareness of survivor needs and available best practices and guidelines.

F. Support efforts by healthcare providers to establish health homes and care coordination.

PRIORITY 14

IMPROVE PALLIATIVE CARE SERVICES AND AWARENESS FOR CANCER PATIENTS.

OBJECTIVES

14.1. Maintain the number of South Dakota's hospitals with fifty or more beds reporting a palliative care team from 8 to 8 by 2020.[s]

STRATEGIES

A. Support collaborative learning opportunities to help establish new palliative care programs.

B. Promote healthcare professional training and certification in palliative and end-of-life care, particularly where programs are not currently available.

C. Integrate national palliative care standards into routine cancer care (e.g., Institute for Clinical Systems Improvement, National Consensus Project: Clinical Practice Guidelines for Quality Palliative Care, National Comprehensive Cancer Network).

D. Increase awareness and education of the general public on the benefits of palliative care.

PRIORITY 15

INCREASE THE USE OF ADVANCED CARE PLANNING.

OBJECTIVES

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.[m] **Progress: 32% (2017)**

STRATEGIES

A. Identify and reduce any disparities among population groups.

B. Educate healthcare professionals on the importance of advance care planning and facilitating culturally appropriate conversations about advance care planning.

C. Promote completion of advance directives.

D. Promote the use of electronic medical record reminders for providers to prompt provider-patient conversations about advanced care planning and advanced directive completion.

[a] *SD BRFSS, 2013*
[b] *SD School Height and Weight, 2013-2014 School Year*
[c] *SD BRFSS, 2011*
[d] *SD YRBS, 2013*
[e] *National Immunization Survey - Teen 2016*
[f] *SD BRFSS, 2012*
[g] *SD DOH: SD Cancer Registry, 2008-2012*
[h] *HEDIS, 2012*
[i] *SD BRFSS, 2014*
[j] *US Census: Small Area Health Insurance Estimates, 2012*
[k] *American College of Surgeons Commission on Cancer, 2014*
[l] *Primary Data Collection from the following SD Cancer Centers: Avera Cancer Institute Aberdeen, Avera Cancer Institute Mitchell, Avera Cancer Institute Yankton, Avera Cancer Institute Sioux Falls, John T. Vucurevich Cancer Care Institute, Prairie Lakes Cancer Center, Sanford Cancer Center Sioux Falls*
[m] *SD BRFSS, 2015*
[n] *SD DOH, 2015*
[o] *SD BRFSS, 2012 & 2014*
[p] *SD BRFSS, 2011-2013*
[q] *BRFSS, 2016 & 2017*
[r] *BRFSS, 2016*
[s] *Center to Advance Palliative Care, 2015*