VISION

Every South Dakotan free from the burden of cancer.

MISSION

Working together to reduce cancer incidence and mortality while improving quality of life for cancer survivors.

GOALS

1. Prevent cancer among South Dakotans
2. Detect cancer in the earliest stages for all South Dakotans
3. Ensure timely and appropriate access and treatment for all cancer patients in South Dakota
4. Optimize quality of life for South Dakota cancer patients, survivors, and caregivers
5. Promote health equity as it relates to cancer control in South Dakota
6. Support collaboration among stakeholders in South Dakota to reduce duplication and maximize impact

PRIORITY POPULATIONS

- American Indians
- Low Socioeconomic Status Populations
- Rural and Frontier Populations
- Uninsured/Underinsured Populations

SOUTH DAKOTA CANCER COALITION

SOUTH DAKOTA DEPARTMENT OF HEALTH

PRIORITIES

PRIORITY 1
REDUCE TOBACCO USE AND EXPOSURE
1 5 6

OBJECTIVES

Objective	PROGRESS UPDATE
1.1 Decrease the percentage of tobacco use (cigarettes, cigars, smokeless, and electronic) by 2025.	
1.1.A: High School Students: 29.7%[1] to 20%	16.5% (2021)
1.1.B: Adults: 28%[2] to 23%	27.0% (2021)
1.1.C: American Indian Adults: 47.8%[2] to 43%	52.3% (2019-21)
1.1.D: Adult Cancer Survivors: 20.8%[2] to 18%	19.8% (2019-21)
1.1.E: Adults with an income less than $25,000: 39.5%[2] to 35.5%	34.1% (2021)
1.1.F: Adults with no insurance: 57.8%[2] to 52%	41.1% (2020-21)
1.2 Increase the percentage of adults who have been advised by a doctor, nurse, or other health professional to quit using tobacco from 65.5% to 70%[1] using a 2 year percentage.	--
1.3 Increase the percentage of adults who report smoking is not allowed anywhere in their home from 85.8%[2] to 94% by 2025.	88.1% (2021)

STRATEGIES

A. Increase referrals to equitable and culturally appropriate evidenced-based tobacco cessation services, such as the South Dakota QuitLine.

B. Advocate for tobacco-free environments.

C. Promote equitable and culturally appropriate evidence-based policy, system, and environmental changes that reduce tobacco use.

D. Support efforts by the SD Tobacco Prevention and Control Program to implement the SD Tobacco Control State Plan to reduce the impact of tobacco use and exposure on cancer risk.

PRIORITY 2
INCREASE HEALTHY, ACTIVE LIFESTYLES
1 5 6

OBJECTIVES

Objective	PROGRESS UPDATE
2.1 Decrease the percentage of adults and school-age children and adolescents who are obese by 2025.	
2.1.A: Adults: 30.1%[2] to 28.6%	38.4% (2021)
2.1.B: Adults with an income less than $25,000: 35.3%[2] to 33.5%	42.1% (2021)
2.1.C: School-age children and adolescents: 16.4%[3] to 15.5%	18.2% (2021-22)
2.2 Increase the percentage of adults who have been physically active within the last month from 76% to 80%[1].	76.8% (2021)

STRATEGIES

A. Implement evidence-based policy, system, and environmental approaches that increase equitable access to healthy and affordable foods and beverages.

B. Promote adoption of healthy community design principles and equitable access to safe places and spaces to be physically active.

C. Engage and support healthcare professionals in counseling and referral of patients on healthy eating and physical activity.

D. Implement school, worksite, and community policies that support healthy, active lifestyles.

E. Encourage cross-collaboration and consistent promotion of the 2018 Physical Activity Guidelines for Americans through equitable platforms.

F. Promote enrollment into evidence-based physical activity programs for priority populations.

G. Support healthy eating and physical activity opportunities among early childhood education and school-aged youth.

H. Implement worksite and community policies that support breastfeeding.

PRIORITY 3
REDUCE ULTRAVIOLET RADIATION EXPOSURE
1 5 6

OBJECTIVES

Objective	PROGRESS UPDATE
3.1 Increase the percentage of adults and youth in grades 9-12 who always or nearly always wear sunscreen with a SPF of 15 or higher when outside for more than one hour on a sunny day by 2025.	
3.1.A: Adults: 23.5%[2] to 26%	25.0% (2020)
3.1.B: Youth in Grades 9-12: 13.9%[1] to 15.3%	15.0% (2021)
3.2 Decrease the percentage of youth in grades 9-12 who used an indoor tanning device during the past 12 months from 9.2%[1] to 8% by 2025.	7.3% (2021)

STRATEGIES

A. Implement educational interventions and equitable and culturally appropriate evidence-based policy, systems, and environmental changes in early childhood education, school, outdoor occupational, and outdoor recreational and tourism settings to promote sun-protective behaviors.

B. Promote educational interventions and equitable evidence-based policy, system, and environmental chages that reduce ultraviolet radiation exposure from tanning beds.

1 Prevention 2 Early Detection 3 Treatment 4 Quality of Life 5 Health Equity 6 Collaboration

SOUTH DAKOTA CANCER COALITION | SOUTH DAKOTA DEPARTMENT OF HEALTH

PRIORITIES

OBJECTIVES

PRIORITY 4 REDUCE EXPOSURE TO ENVIRONMENTAL CARCINOGENS 1 5 6	PROGRESS UPDATE	PRIORITY 5 INCREASE HPV VACCINATION RATES 1 5 6	PROGRESS UPDATE	PRIORITY 6 INCREASE RISK-APPROPRIATE SCREENING FOR BREAST CANCER 2 5 6	PROGRESS UPDATE
4.1 Decrease the age-adjusted lung cancer incidence rate in South Dakota from 58.3[4] to 53.0 per 100,000 by 2025.	55.2 (2016-20)	**5.1** 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 49.5%[5] to 80% by 2025.	74.7% (2021)	**6.1** Increase the percentage of women ages 50-74 in South Dakota up-to-date with USPSTF recommended breast cancer screening by 2025.	
				6.1.A: Women: 82%[2] to 86%	80.1% (2020)
				6.1.B: American Indian Women: 79.9%[2] to 86%	71.3% (2016-20)
				6.1.C: Women with an income less than $25,000: 67.3%[2] to 74%	67.0% (2018-20)
				6.2 Decrease the age-adjusted late-stage female breast cancer incidence rate in South Dakota from 38.8[4] to 35.0 per 100,000 by 2025.	36.5 (2016-20)
				6.2.A: American Indian Women: 54.2[4] to 48.8 per 100,000	42.2 (2016-20)
				6.3 Decrease the age-adjusted female breast cancer mortality rate in South Dakota from 18.6[4] to 16.5 per 100,000 by 2025.	18.9 (2016-20)
				6.3.A: American Indian Women: 16.8[4] to 15 per 100,000	24.8 (2016-20)

STRATEGIES

Priority 4

A. Educate about radon and other environmental carcinogens, including equitable strategies to reduce exposure.

B. Promote radon testing and mitigation within homes, schools, and worksites.

Priority 5

A. Implement equitable and culturally appropriate evidence-based policy and system changes, such as client reminder and recall systems, provider assessment and feedback, provider reminders, immunization information systems, reducing barriers to vaccination, and standing orders.

B. Collaborate with schools and universities to provide education and offer equitable and affordable access to the HPV vaccine.

C. Increase public awareness and education.

D. Promote professional education for healthcare providers and dental professionals.

Priority 6

A. Implement equitable and culturally appropriate evidence-based policy and system changes, such as client reminders, provider assessment and feedback, and provider reminder and recall systems.

B. Monitor and promote professional education and the use of current screening guideline implementation.

C. Promote the use of culturally appropriate public education, patient navigation, messaging, and health equity strategies.

D. Promote low or no cost screening programs to improve affordability of screening for vulnerable populations.

E. Reduce structural barriers to improve equitable and affordable access to screening for vulnerable populations.

F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

1 Prevention | 2 Early Detection | 3 Treatment | 4 Quality of Life | 5 Health Equity | 6 Collaboration

PRIORITIES

OBJECTIVES

PRIORITY 7 — INCREASE RISK-APPROPRIATE SCREENING FOR CERVICAL CANCER (2, 5, 6)

Objective	Progress Update
7.1 Increase the percentage of women ages 21-65 in South Dakota up-to-date with USPSTF recommended cervical cancer screening by 2025.	
7.1.A: Women: 80.7%[2] to 85%	86.8% (2020)
7.1.B: American Indian Women: 91.8%[2] to 95%	91.3% (2020)
7.1.C: Women with an income less than $25,000: 71%[2] to 78%	73.6% (2018-20)
7.2 Decrease the age-adjusted invasive uterine cervical cancer incidence rate in South Dakota from 7.3[4] to 6.0 per 100,000 by 2025.	4.5 (2016-20)
7.2.A: American Indian Women: 16.6[4] to 16.0 per 100,000	12.3 (2016-20)
7.3 Decrease the age-adjusted mortality rate from cancer of the uterine cervix in South Dakota from 1.6[4] to 1.4 per 100,000 by 2025.	1.8 (2016-20)
7.3.A: American Indian Women: 3.7[4] to 3.5 per 100,000	5.5 (2016-20)

PRIORITY 8 — INCREASE RISK-APPROPRIATE SCREENING FOR COLORECTAL CANCER (2, 5, 6)

Objective	Progress Update
8.1 Increase the percentage of adults ages 50-75 in South Dakota up-to-date with USPSTF recommended colorectal cancer screening by 2025.	
8.1.A: Adults: 69.1%[2] to 80%	76.2% (2020)
8.1.B: American Indians: 55.9%[2] to 65%	60.5% (2018-20)
8.1.C: Adults with an income less than $25,000: 61.4%[2] to 70%	68.6% (2020)
8.1.D: Adults with no insurance: 36%[2] to 45%	41.6% (2016-20)
8.2 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 26.9%[2] to 40% by 2025.	29.8% (2020)
8.3 Decrease the invasive colorectal cancer age-adjusted incidence rate in South Dakota from 41.4[4] to 37.3 per 100,000 by 2025.	37.3 (2016-20)
8.3.A: American Indians: 58.4[4] to 53.0 per 100,000	58.1 (2016-20)
8.4 Decrease the colorectal cancer age-adjusted mortality rate in South Dakota from 15.8[4] to 14.0 per 100,000 by 2025.	14.3 (2016-20)
8.4.A: American Indians: 25.8[4] to 23.0 per 100,000	26.3 (2016-20)

PRIORITY 9 — INCREASE RISK-APPROPRIATE SCREENING FOR LUNG CANCER (2, 5, 6)

Objective	Progress Update
9.1 Increase the percentage of adults ages 55-80, at high risk for lung cancer, in South Dakota up-to-date with USPSTF recommended lung cancer screening from 14.9%[2] to 16.4% by 2025.	12.9% (2020)
9.2 Decrease the age-adjusted rate of lung cancer cases diagnosed at the distant stage in South Dakota from 28.8[4] to 23.0 per 100,000 by 2025.	25.5 (2016-20)
9.2.A: American Indians: 53.5[4] to 34.0 per 100,000	37.2 (2016-20)
9.3 Decrease the age-adjusted lung cancer mortality rate in South Dakota from 39.9[4] to 34.0 per 100,000 by 2025.	36.2 (2016-20)
9.3.A: American Indians: 70.0[4] to 51.0 per 100,000	54.3 (2016-20)

STRATEGIES

Priority 7

A. Implement equitable and culturally appropriate evidence-based policy and system changes, such as client reminders, provider assessment and feedback and provider reminder and recall systems.

B. Monitor and promote professional education and the use of current screening guideline implementation.

C. Promote the use of culturally appropriate public education, patient navigation, messaging, and health equity strategies.

D. Promote low or no cost screening programs to improve affordability of screening for vulnerable populations.

E. Reduce structural barriers to improve equitable and affordable access to screening for vulnerable populations.

F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

Priority 8

A. Implement equitable and culturally appropriate evidence-based policy and system changes, such as client reminders, provider assessment and feedback, provider reminder and recall systems, and FluFIT/FluFOBT.

B. Monitor and promote professional education and the use of current screening guideline implementation.

C. Promote the use of culturally appropriate public education, patient navigation, messaging, and health equity strategies.

D. Promote low or no cost screening programs to improve affordability of screening for vulnerable populations.

E. Reduce structural barriers to improve equitable and affordable access to screening for vulnerable populations.

F. Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.

Priority 9

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

B. Assess capacity, increase equitable access, and ensure affordable and quality lung cancer screening for high risk individuals and vulnerable populations.

C. Ensure equitable and culturally appropriate tobacco cessation support for smokers undergoing lung cancer screening.

D. Promote the use of culturally appropriate patient navigation, messaging, and health equity strategies.

1 Prevention | 2 Early Detection | 3 Treatment | 4 Quality of Life | 5 Health Equity | 6 Collaboration

SOUTH DAKOTA CANCER COALITION
SOUTH DAKOTA DEPARTMENT OF HEALTH

PRIORITIES

	PRIORITY 10 INCREASE PARTICIPATION IN CANCER CLINICAL TRIALS 3 5 6	PROGRESS UPDATE	PRIORITY 11 PROMOTE QUALITY CANCER CARE AND SUPPORTIVE SERVICES 3 4 5 6	PROGRESS UPDATE	PRIORITY 12 IMPROVE AVAILABILITY AND USE OF ADVANCE CARE PLANNING, PALLIATIVE CARE, AND END-OF-LIFE CARE SERVICES FOR CANCER PATIENTS 4 5 6	PROGRESS UPDATE
OBJECTIVES	**10.1** Increase the percentage of South Dakota cancer patients who report participating in a clinical trial as part of their cancer treatment from 4.2%[2] to 4.6% by 2025.	3.3% (2020-21)	**11.1** Decrease the percentage of South Dakotan's under the age of 65 without health insurance from 11.2%[6] to 9.4% by 2025.	11.6% (2020)	**12.1** Maintain the number of South Dakota hospitals with 50 or more beds reporting a palliative care team from 8[8] to 8 by 2025.	--
			11.2 Maintain the number of cancer centers accredited by the American College of Surgeon's Commission on Cancer from 2[7] to 2 by 2025.	2 (2021)	**12.2** Increase the percentage of adults who reported having an advanced directive in place by 2025.	
					12.2.A: Adults: 32%[2] to 35%	26.1% (2021)
					12.2.B: Adults with an income less than $25,000: 26.3%[2] to 30%	22.8% (2021)
					12.2.C: Adults with no insurance: 13.2%[2] to 20%	14.5% (2019,21)
			11.3 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 51%[2] to 56% by 2025.	53.6% (2020)		
			11.4 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 76.7%[2] to 85% by 2025.	78.7% (2020)		

STRATEGIES

Priority 10

A. Implement policy and system changes to expand equitable access to and promote participation in cancer clinical trials.

B. Increase public awareness, education, and resource promotion.

C. Promote culturally competent professional education.

D. Support translation of research findings into practice.

E. Conduct data collection and reporting regarding cancer clinical trial participation in SD.

Priority 11

A. Increase equitable and affordable access to financial, transportation, and lodging resources for vulnerable populations.

B. Enhance health insurance coverage and reimbursement for cancer care, treatment, and supportive services.

C. Promote adoption of evidence-based practices and accreditation among cancer treatment centers.

D. Increase access and availability to personalized medicine and cell-based therapies for cancer treatment.

E. Support the use of equitable and culturally appropriate patient navigation, care coordination, and community health workers across the cancer continuum.

F. Support clinical and community-based programs and resources that address the needs of cancer patients and their caregivers.

G. Increase awareness and use of survivorship care plans.

H. Support the unique needs of childhood, adolescent, and young adult cancer populations.

I. Promote technology and innovative practice models, such as telemedicine and telehealth, to increase equitable access to health care.

Priority 12

A. Promote culturally competent professional education.

B. Increase public awareness, education, and resource promotion.

C. Promote completion of advance directives.

D. Promote community-based services, appropriate referrals, technology, and other innovative practice models, to increase equitable access for rural and other vulnerable populations.

E. Support healthcare professional certification.

F. Promote adoption of best practices and national standards into routine cancer care.

[1] *YRBS*
[2] *BRFSS*
[3] *School Height and Weight*
[4] *SD Cancer Registry*
[5] *National Immunization Survey – Teen*
[6] *US Census*
[7] *American College of Surgeons: Commission on Cancer*
[8] *Center to Advance Palliative Care*

Relative change is 2% or greater from baseline in the right direction
Current rate remained largely unchanged
Relative change is 2% or greater from baseline in the wrong direction
Data Not Available (–)

1 Prevention | 2 Early Detection | 3 Treatment | 4 Quality of Life | 5 Health Equity | 6 Collaboration