

## 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

# PRIORITIES

OBJECTIVES

STRATEGIES

<b>PRIORITY 1</b> REDUCE TOBACCO USE AND EXPOSURE 1 5 6		PROGRESS UPDATE	<b>PRIORITY 2</b> INCREASE HEALTHY, ACTIVE LIFESTYLES 1 5 6		PROGRESS UPDATE	<b>PRIORITY 3</b> REDUCE ULTRAVIOLET RADIATION EXPOSURE 1 5 6		PROGRESS UPDATE
<b>1.1</b> Decrease the percentage of tobacco use (cigarettes, cigars, smokeless, and electronic) by 2025. 1.1.A: High School Students: 29.7% <sup>1</sup> to 20% 1.1.B: Adults: 28% <sup>2</sup> to 23% 1.1.C: American Indian Adults: 47.8% <sup>2</sup> to 43% 1.1.D: Adult Cancer Survivors: 20.8% <sup>2</sup> to 18% 1.1.E: Adults with an income less than \$25,000: 39.5% <sup>2</sup> to 35.5% 1.1.F: Adults with no insurance: 57.8% <sup>2</sup> to 52%  <b>1.2</b> 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% <sup>1</sup> using a 2 year percentage.  <b>1.3</b> Increase the percentage of adults who report smoking is not allowed anywhere in their home from 85.8% <sup>2</sup> to 94% by 2025.		16.5% (2021) 22.2% (2022) 47.7% (2020-22) 18.7% (2020-22) 24.8% (2022)  43.4% (2021-22)  66.0% (2021-22)  89.2% (2022)	<b>2.1</b> Decrease the percentage of adults and school-age children and adolescents who are obese by 2025. 2.1.A: Adults: 30.1% <sup>2</sup> to 28.6% 2.1.B: Adults with an income less than \$25,000: 35.3% <sup>2</sup> to 33.5% 2.1.C: School-age children and adolescents: 16.4% <sup>3</sup> to 15.5%  <b>2.2</b> Increase the percentage of adults who have been physically active within the last month from 76% to 80% <sup>1</sup> .		36.8% (2022) 36.2% (2022)  18.7% (2022-23)  76.6% (2022)	<b>3.1</b> 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% <sup>2</sup> to 26% 3.1.B: Youth in Grades 9-12: 13.9% <sup>1</sup> to 15.3%  <b>3.2</b> Decrease the percentage of youth in grades 9-12 who used an indoor tanning device during the past 12 months from 9.2% <sup>1</sup> to 8% by 2025.		24.6% (2022) 15.0% (2021)  7.3% (2021)
<b>A.</b> Increase referrals to equitable and culturally appropriate evidenced-based tobacco cessation services, such as the South Dakota QuitLine.  <b>B.</b> Advocate for tobacco-free environments.  <b>C.</b> Promote equitable and culturally appropriate evidence-based policy, system, and environmental changes that reduce tobacco use.  <b>D.</b> 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.		<b>A.</b> Implement evidence-based policy, system, and environmental approaches that increase equitable access to healthy and affordable foods and beverages.  <b>B.</b> Promote adoption of healthy community design principles and equitable access to safe places and spaces to be physically active.  <b>C.</b> Engage and support healthcare professionals in counseling and referral of patients on healthy eating and physical activity.  <b>D.</b> Implement school, worksite, and community policies that support healthy, active lifestyles.  <b>E.</b> Encourage cross-collaboration and consistent promotion of the 2018 Physical Activity Guidelines for Americans through equitable platforms.  <b>F.</b> Promote enrollment into evidence-based physical activity programs for priority populations.  <b>G.</b> Support healthy eating and physical activity opportunities among early childhood education and school-aged youth.  <b>H.</b> Implement worksite and community policies that support breastfeeding.		<b>A.</b> 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>B.</b> Promote educational interventions and equitable evidence-based policy, system, and environmental changes that reduce ultraviolet radiation exposure from tanning beds.				

# PRIORITIES

OBJECTIVES

STRATEGIES

	<b>PRIORITY 4</b> REDUCE EXPOSURE TO ENVIRONMENTAL CARCINOGENS 1 5 6	PROGRESS UPDATE	<b>PRIORITY 5</b> INCREASE HPV VACCINATION RATES 1 5 6	PROGRESS UPDATE	<b>PRIORITY 6</b> INCREASE RISK-APPROPRIATE SCREENING FOR BREAST CANCER 2 5 6	PROGRESS UPDATE
<b>4.1</b> Decrease the age-adjusted lung cancer incidence rate in South Dakota from 58.3 <sup>4</sup> to 53.0 per 100,000 by 2025.	54.2 (2018-21)	<b>5.1</b> 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% <sup>5</sup> to 80% by 2025.	68.3% (2022)	<b>6.1</b> 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% <sup>2</sup> to 86% 6.1.B: American Indian Women: 79.9% <sup>2</sup> to 86% 6.1.C: Women with an income less than \$25,000: 67.3% <sup>2</sup> to 74%  <b>6.2</b> Decrease the age-adjusted late-stage female breast cancer incidence rate in South Dakota from 38.8 <sup>4</sup> to 35.0 per 100,000 by 2025. 6.2.A: American Indian Women: 54.2 <sup>4</sup> to 48.8 per 100,000  <b>6.3</b> Decrease the age-adjusted female breast cancer mortality rate in South Dakota from 18.6 <sup>4</sup> to 16.5 per 100,000 by 2025. 6.3.A: American Indian Women: 16.8 <sup>4</sup> to 15 per 100,000	72.8% (2022) 57.5% (2018-22) 69.6% (2020-22)  39.4 (2017-21)  49.5 (2017-21)  19.6 (2017-21)  24.2 (2017-21)	
<b>A.</b> Educate about radon and other environmental carcinogens, including equitable strategies to reduce exposure.  <b>B.</b> Promote radon testing and mitigation within homes, schools, and worksites.	-	<b>A.</b> 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>B.</b> Collaborate with schools and universities to provide education and offer equitable and affordable access to the HPV vaccine.  <b>C.</b> Increase public awareness and education.  <b>D.</b> Promote professional education for healthcare providers and dental professionals.		<b>A.</b> 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>B.</b> Monitor and promote professional education and the use of current screening guideline implementation.  <b>C.</b> Promote the use of culturally appropriate public education, patient navigation, messaging, and health equity strategies.  <b>D.</b> Promote low or no cost screening programs to improve affordability of screening for vulnerable populations.  <b>E.</b> Reduce structural barriers to improve equitable and affordable access to screening for vulnerable populations.  <b>F.</b> Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.		

# PRIORITIES

OBJECTIVES

STRATEGIES

	<b>PRIORITY 7</b> INCREASE RISK-APPROPRIATE SCREENING FOR CERVICAL CANCER 2 5 6	PROGRESS UPDATE	<b>PRIORITY 8</b> INCREASE RISK-APPROPRIATE SCREENING FOR COLORECTAL CANCER 2 5 6	PROGRESS UPDATE	<b>PRIORITY 9</b> INCREASE RISK-APPROPRIATE SCREENING FOR LUNG CANCER 2 5 6	PROGRESS UPDATE
	<p><b>7.1</b> Increase the percentage of women ages 21-65 in South Dakota who have had a cervical cancer screening test within the last 1-5 years.*</p> <p>7.1.A: Women: 70.8% to 74%</p> <p>7.1.B: American Indian Women: 57.9%<sup>2</sup> to 60%</p> <p>7.1.C: Women with an income less than \$25,000: 58%<sup>2</sup> to 61%</p> <p><b>7.2</b> Decrease the age-adjusted invasive uterine cervical cancer incidence rate in South Dakota from 7.3<sup>4</sup> to 6.0 per 100,000 by 2025.</p> <p>7.2.A: American Indian Women: 16.6<sup>4</sup> to 16.0 per 100,000</p> <p><b>7.3</b> Decrease the age-adjusted mortality rate from cancer of the uterine cervix in South Dakota from 1.6<sup>4</sup> to 1.4 per 100,000 by 2025.</p> <p>7.3.A: American Indian Women: 3.7<sup>4</sup> to 3.5 per 100,000</p>	<p>--</p> <p>4.3 (2017-21)</p> <p>12.7 (2017-21)</p> <p>2.4 (2017-21)</p> <p>7.7 (2017-21)</p>	<p><b>8.1</b> Increase the percentage of adults ages 45-75 in South Dakota up-to-date with USPSTF recommended colorectal cancer screening by 2025.</p> <p>8.1.A: Adults: 69.1%<sup>2</sup> to 80%</p> <p>8.1.B: American Indians: 55.9%<sup>2</sup> to 65%</p> <p>8.1.C: Adults with an income less than \$25,000: 61.4%<sup>2</sup> to 70%</p> <p>8.1.D: Adults with no insurance: 36%<sup>2</sup> to 45%</p> <p><b>8.2</b> Increase the percentage of adults ages 45-75 in South Dakota who had a doctor, nurse, or other health professional recommend they be tested for colorectal or colon cancer from 26.9%<sup>2</sup> to 40% by 2025.</p> <p><b>8.3</b> Decrease the invasive colorectal cancer age-adjusted incidence rate in South Dakota from 41.4<sup>4</sup> to 37.3 per 100,000 by 2025.</p> <p>8.3.A: American Indians: 58.4<sup>4</sup> to 53.0 per 100,000</p> <p><b>8.4</b> Decrease the colorectal cancer age-adjusted mortality rate in South Dakota from 15.8<sup>4</sup> to 14.0 per 100,000 by 2025.</p> <p>8.4.A: American Indians: 25.8<sup>4</sup> to 23.0 per 100,000</p>	<p>65.5% (2022)</p> <p>35.8% (2022)</p> <p>66.6% (2022)</p> <p>41.6% (2016-20)</p> <p>28.1% (2022)</p> <p>39.6 (2017-21)</p> <p>59.1 (2017-21)</p> <p>14.8 (2017-21)</p> <p>28.1 (2017-21)</p>	<p><b>9.1</b> Increase the percentage of adults ages 50-80, at high risk for lung cancer, in South Dakota up-to-date with USPSTF recommended lung cancer screening from 14.9%<sup>2</sup> to 16.4% by 2025.</p> <p><b>9.2</b> Decrease the age-adjusted rate of lung cancer cases diagnosed at the distant stage in South Dakota from 28.8<sup>4</sup> to 23.0 per 100,000 by 2025.</p> <p>9.2.A: American Indians: 53.5<sup>4</sup> to 34.0 per 100,000</p> <p><b>9.3</b> Decrease the age-adjusted lung cancer mortality rate in South Dakota from 39.9<sup>4</sup> to 34.0 per 100,000 by 2025.</p> <p>9.3.A: American Indians: 70.0<sup>4</sup> to 51.0 per 100,000</p>	<p>11.4% (2022)</p> <p>25.0 (2017-21)</p> <p>37.6 (2017-21)</p> <p>37.0 (2017-21)</p> <p>50.3 (2017-21)</p>
	<p><b>A.</b> 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.</p> <p><b>B.</b> Monitor and promote professional education and the use of current screening guideline implementation.</p> <p><b>C.</b> Promote the use of culturally appropriate public education, patient navigation, messaging, and health equity strategies.</p> <p><b>D.</b> Promote low or no cost screening programs to improve affordability of screening for vulnerable populations.</p> <p><b>E.</b> Reduce structural barriers to improve equitable and affordable access to screening for vulnerable populations.</p> <p><b>F.</b> Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.</p>		<p><b>A.</b> 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.</p> <p><b>B.</b> Monitor and promote professional education and the use of current screening guideline implementation.</p> <p><b>C.</b> Promote the use of culturally appropriate public education, patient navigation, messaging, and health equity strategies.</p> <p><b>D.</b> Promote low or no cost screening programs to improve affordability of screening for vulnerable populations.</p> <p><b>E.</b> Reduce structural barriers to improve equitable and affordable access to screening for vulnerable populations.</p> <p><b>F.</b> Encourage discussion and documentation of family history to inform risk assessment, screening recommendations, and risk-appropriate referral for genetic services.</p>		<p><b>A.</b> Develop and deliver equitable and culturally appropriate lung cancer prevention and screening messages to increase awareness of appropriate screening guidelines and quality care standards.</p> <p><b>B.</b> Assess capacity, increase equitable access, and ensure affordable and quality lung cancer screening for high risk individuals and vulnerable populations.</p> <p><b>C.</b> Ensure equitable and culturally appropriate tobacco cessation support for smokers undergoing lung cancer screening.</p> <p><b>D.</b> Promote the use of culturally appropriate patient navigation, messaging, and health equity strategies.</p>	

# PRIORITIES

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STRATEGIES

<b>PRIORITY 10</b> INCREASE PARTICIPATION IN CANCER CLINICAL TRIALS 3 5 6	PROGRESS UPDATE	<b>PRIORITY 11</b> PROMOTE QUALITY CANCER CARE AND SUPPORTIVE SERVICES 3 4 5 6	PROGRESS UPDATE	<b>PRIORITY 12</b> IMPROVE AVAILABILITY AND USE OF ADVANCE CARE PLANNING, PALLIATIVE CARE, AND END-OF-LIFE CARE SERVICES FOR CANCER PATIENTS	PROGRESS UPDATE
<p><b>10.1</b> Increase the percentage of South Dakota cancer patients who report participating in a clinical trial as part of their cancer treatment from 4.2%<sup>2</sup> to 4.6% by 2025.</p>	5.2% (2020-22)	<p><b>11.1</b> Decrease the percentage of South Dakotans under the age of 65 without health insurance from 11.2%<sup>6</sup> to 9.4% by 2025.</p> <p><b>11.2</b> Maintain the number of cancer centers accredited by the American College of Surgeons' Commission on Cancer from 2<sup>7</sup> to 2 by 2025.</p> <p><b>11.3</b> 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%<sup>2</sup> to 56% by 2025.</p> <p><b>11.4</b> 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%<sup>2</sup> to 85% by 2025.</p>	11.5% (2022)  2.0 (2022)  46.3% (2022)    73.3% (2022)	<p><b>12.1</b> Maintain the number of South Dakota hospitals with 50 or more beds reporting a palliative care team from 8<sup>8</sup> to 8 by 2025.</p> <p><b>12.2</b> Increase the percentage of adults who reported having an advanced directive in place by 2025.</p> <p>12.2.A: Adults: 32%<sup>2</sup> to 35%</p> <p>12.2.B: Adults with an income less than \$25,000: 26.3%<sup>2</sup> to 30%</p> <p>12.2.C: Adults with no insurance: 13.2%<sup>2</sup> to 20%</p>	--       26.1% (2021) 22.8% (2021)  14.5% (2019,21)
<p><b>A.</b> Implement policy and system changes to expand equitable access to and promote participation in cancer clinical trials.</p> <p><b>B.</b> Increase public awareness, education, and resource promotion.</p> <p><b>C.</b> Promote culturally competent professional education.</p> <p><b>D.</b> Support translation of research findings into practice.</p> <p><b>E.</b> Conduct data collection and reporting regarding cancer clinical trial participation in SD.</p>		<p><b>A.</b> Increase equitable and affordable access to financial, transportation, and lodging resources for vulnerable populations.</p> <p><b>B.</b> Enhance health insurance coverage and reimbursement for cancer care, treatment, and supportive services.</p> <p><b>C.</b> Promote adoption of evidence-based practices and accreditation among cancer treatment centers.</p> <p><b>D.</b> Increase access and availability to personalized medicine and cell-based therapies for cancer treatment.</p> <p><b>E.</b> Support the use of equitable and culturally appropriate patient navigation, care coordination, and community health workers across the cancer continuum.</p> <p><b>F.</b> Support clinical and community-based programs and resources that address the needs of cancer patients and their caregivers.</p> <p><b>G.</b> Increase awareness and use of survivorship care plans.</p> <p><b>H.</b> Support the unique needs of childhood, adolescent, and young adult cancer populations.</p> <p><b>I.</b> Promote technology and innovative practice models, such as telemedicine and telehealth, to increase equitable access to health care.</p>		<p><b>A.</b> Promote culturally competent professional education.</p> <p><b>B.</b> Increase public awareness, education, and resource promotion.</p> <p><b>C.</b> Promote completion of advance directives.</p> <p><b>D.</b> Promote community-based services, appropriate referrals, technology, and other innovative practice models, to increase equitable access for rural and other vulnerable populations.</p> <p><b>E.</b> Support healthcare professional certification.</p> <p><b>F.</b> Promote adoption of best practices and national standards into routine cancer care.</p>	

<sup>1</sup> YRBS

<sup>3</sup> School Height and Weight

<sup>5</sup> National Immunization Survey – Teen

<sup>7</sup> American College of Surgeons: Commission on Cancer

Relative change is 2% or greater from baseline in the right direction  
 Current rate remained largely unchanged

<sup>2</sup> BRFS

<sup>4</sup> SD Cancer Registry

<sup>6</sup> US Census

<sup>8</sup> Center to Advance Palliative Care

Relative change is 2% or greater from baseline in the wrong direction  
 Data Not Available (--)