



FALL MEETING 2026

INSPIRED BY PLACE,
UNITED IN PURPOSE

October 29
Highland Conference Center
Mitchell



Shannon Park
Megan Myers

Cancer Coalition



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FOUNDATION
MEDICINE



Mission Statement



To ensure that all South Dakotans have access to quality cancer prevention and control information and services in order to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer and for survivors to live the best quality of life possible.



Highlights



Regular Email Updates

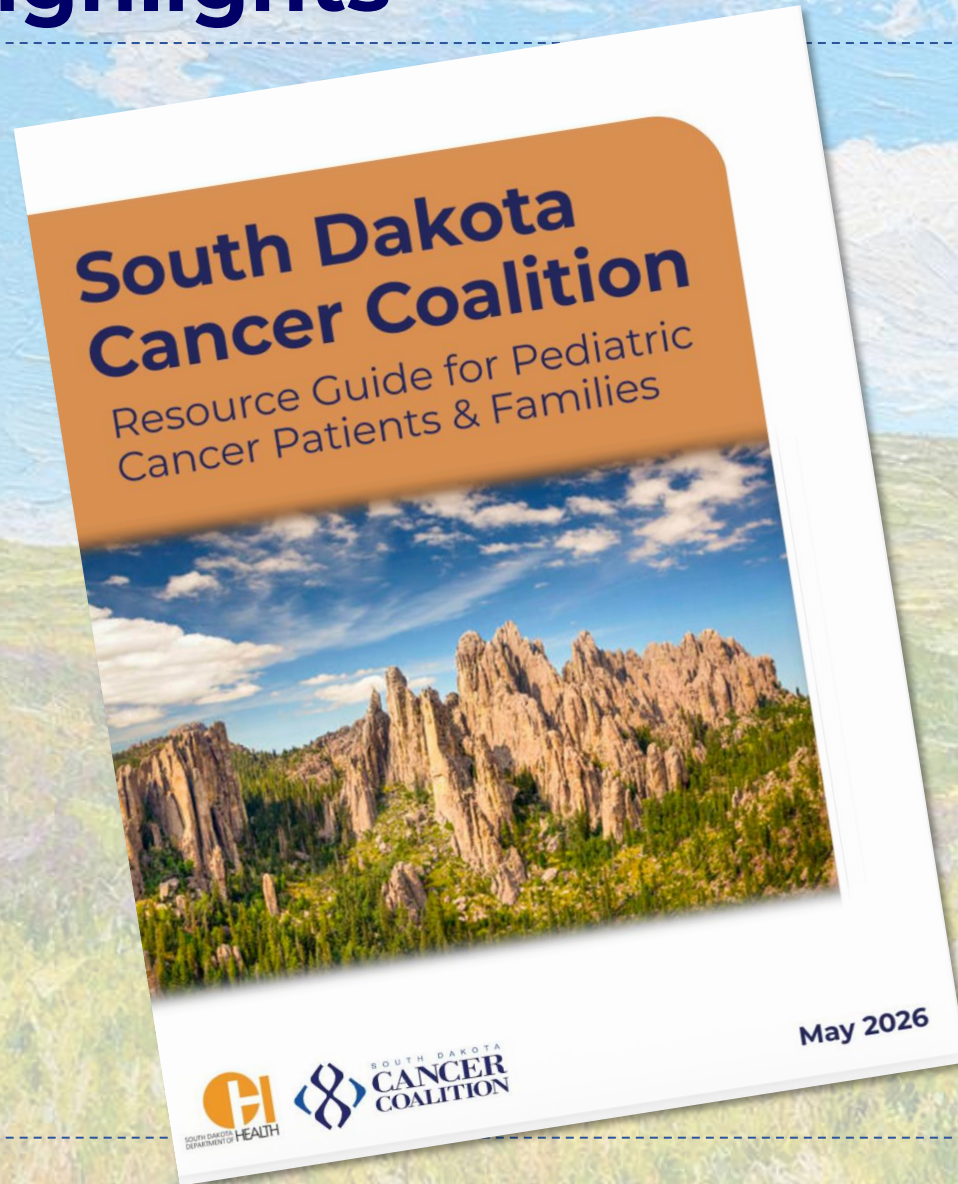
Quarterly Newsletter

Reports & Outcomes

Year In Review



Highlights



PEDIATRIC CANCER RESOURCE GUIDE

Information and support for South Dakota families affected by childhood cancer.

<http://bit.ly/pedcancersd>



LOOKING FOR INFORMATION?



Scan the QR code to explore the guide and find resources for children with cancer, their families and caregivers.



Partnership Commitment Card



Partnership Commitment

Working together to reduce the burden of cancer in South Dakota.

The Cancer Coalition unites people and organizations committed to preventing and controlling cancer across our state. You're helping advance the goals of the South Dakota Cancer Plan 2026-2030 through our collaboration, education, and action.

As a Coalition partner, I (and/or my organization) commit to:

- Support the Coalition's mission.
- Participate in meetings, task forces, and/or activities as I'm able.
- Share relevant coalition information and opportunities.
- Contribute expertise, perspective, and/or resources that strengthen coalition efforts.

I would also like to (check all that apply):

☐ Join a 2025-2026 task force:

Prevention

Screening

Survivorship

- ☐ Serve on an ad-hoc cross-cutting committee
- ☐ Apply to serve on the Steering Committee
- ☐ Contribute educational materials or public outreach support
- ☐ Provide in-kind goods, services, or facilities for coalition events
- ☐ Help make connections to key partners or organizations
- ☐ Provide financial sponsorship of coalition activities or events

Name: _____ Date: _____

Title: _____

Organization: _____

Email Address: _____

Phone: _____ Signature: _____

South Dakota Cancer Coalition

1501 S Highline Ave, Sioux Falls, SD

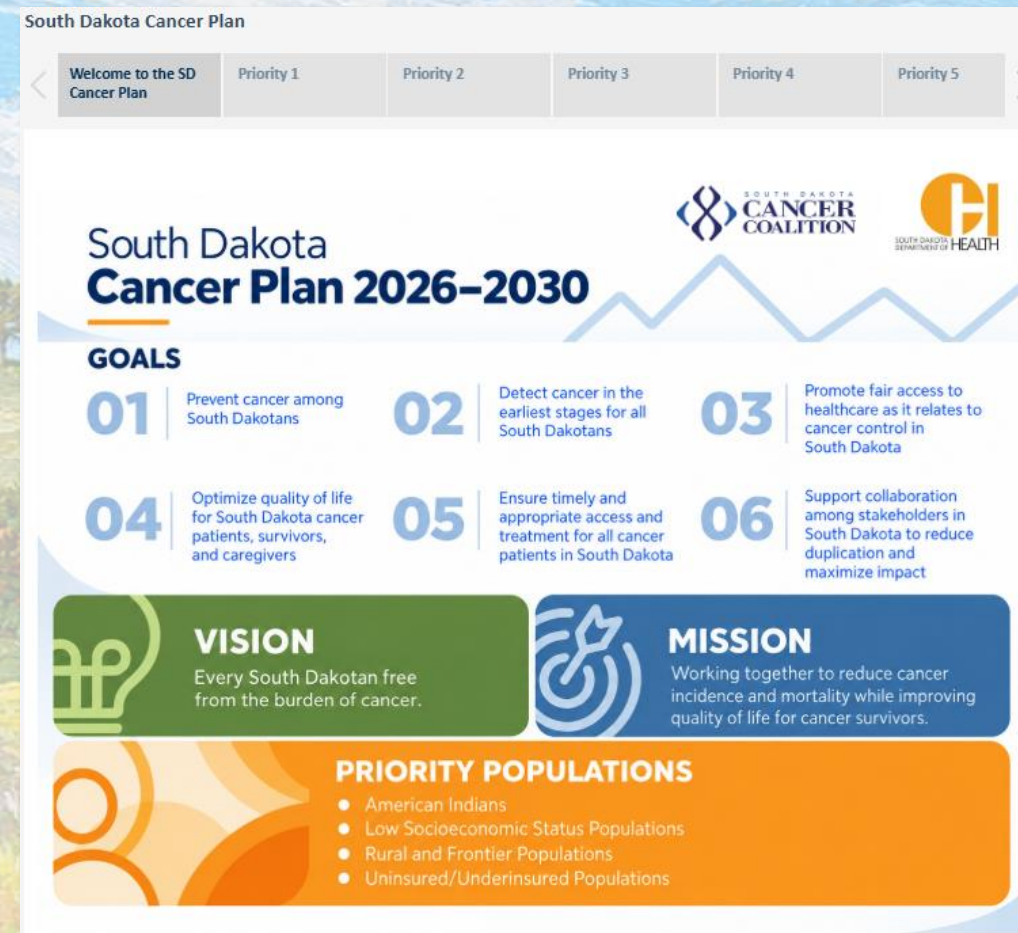
info@cancersd.com



CCCP Highlights



- ▶ **2026-2030 SD Cancer Plan**
 - ▶ Summarized Year 1 Report in folders
 - ▶ New SD Cancer Plan Dashboard
- ▶ **Dashboard Updates**
 - ▶ **Colorectal Cancer Dashboard:** March 2026
 - ▶ **Breast Cancer Dashboard:** May 2026
 - ▶ **Lung Cancer Dashboard:** September 2026
 - ▶ **HPV Dashboard:** November 2026
- ▶ **Female Breast Cancer Monograph**
 - ▶ June 2026
- ▶ **New website development: Coming Soon!**



Meeting Evaluation



Hard copies also available at registration table



Presentation



Wiconi Wašté: A Nurse- and CHW-Led Cancer Patient Navigation Program in Rural South Dakota

- ▶ **Haden Merkel, MURP, CFRM**
- ▶ **Ibilola Elias-Hulm, CHW**
- ▶ **Carol Stewart, DNP, FNP, PMHNP**
 - ▶ Mobridge Regional Hospital



WICONI WASTÉ

(A GOOD LIFE)

A NURSE- AND CHW-LED CANCER PATIENT
NAVIGATION PROGRAM IN RURAL SOUTH DAKOTA

SOUTH DAKOTA CANCER COALITION
2026 FALL MEETING

CAROL STEWART, CNO, DNP; LOLA ELIAS-HULM, MSC, CHW;
HADEN MERKEL, CFRM



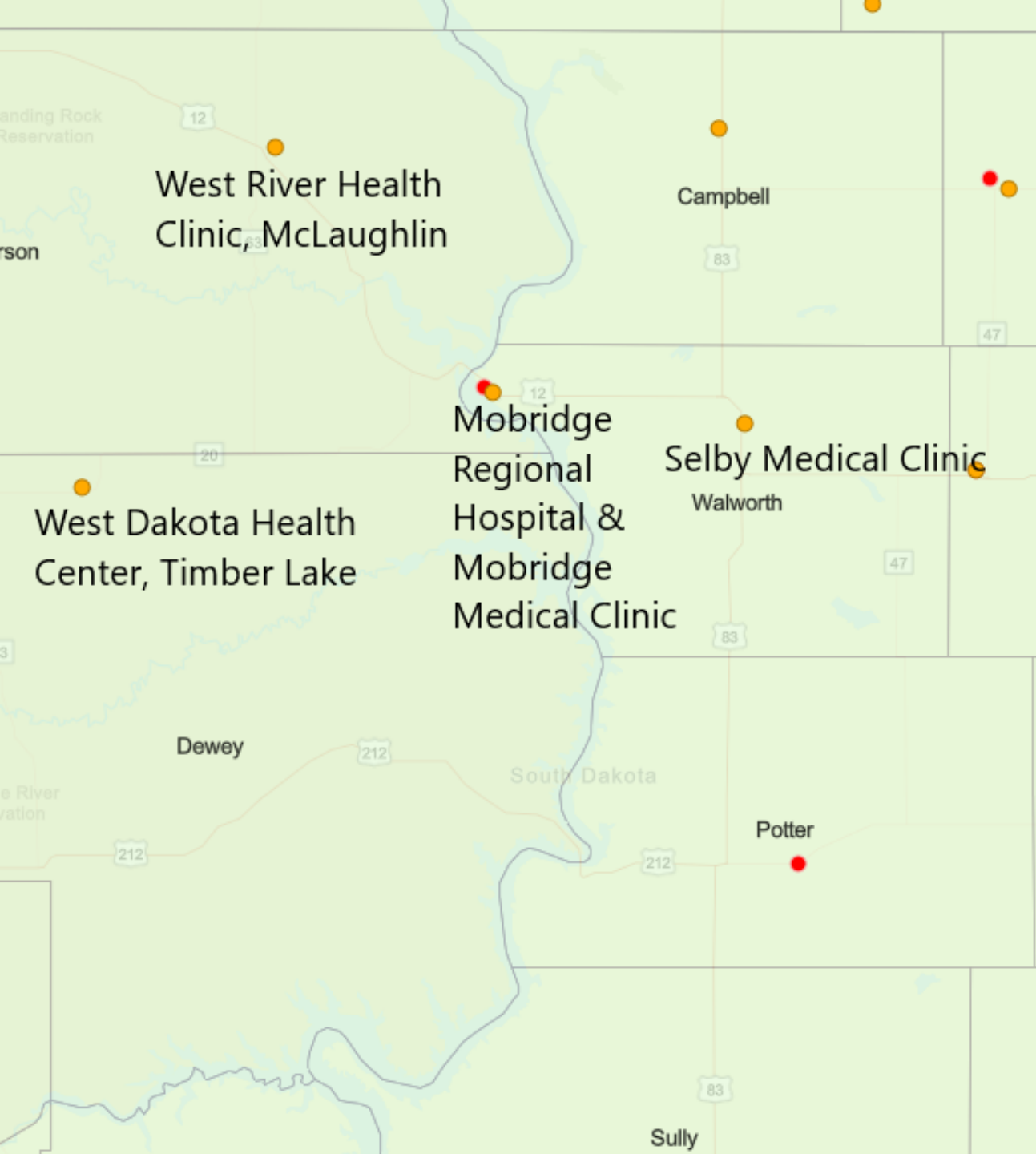
BACKGROUND

- Who we are
- What we do
- Who we serve
- Where it began



TARGET POPULATION

- Demographics
- Relatively low screening rates
- High cancer incidence and death rates
- Addressing inequities



ADVISORY COUNCIL

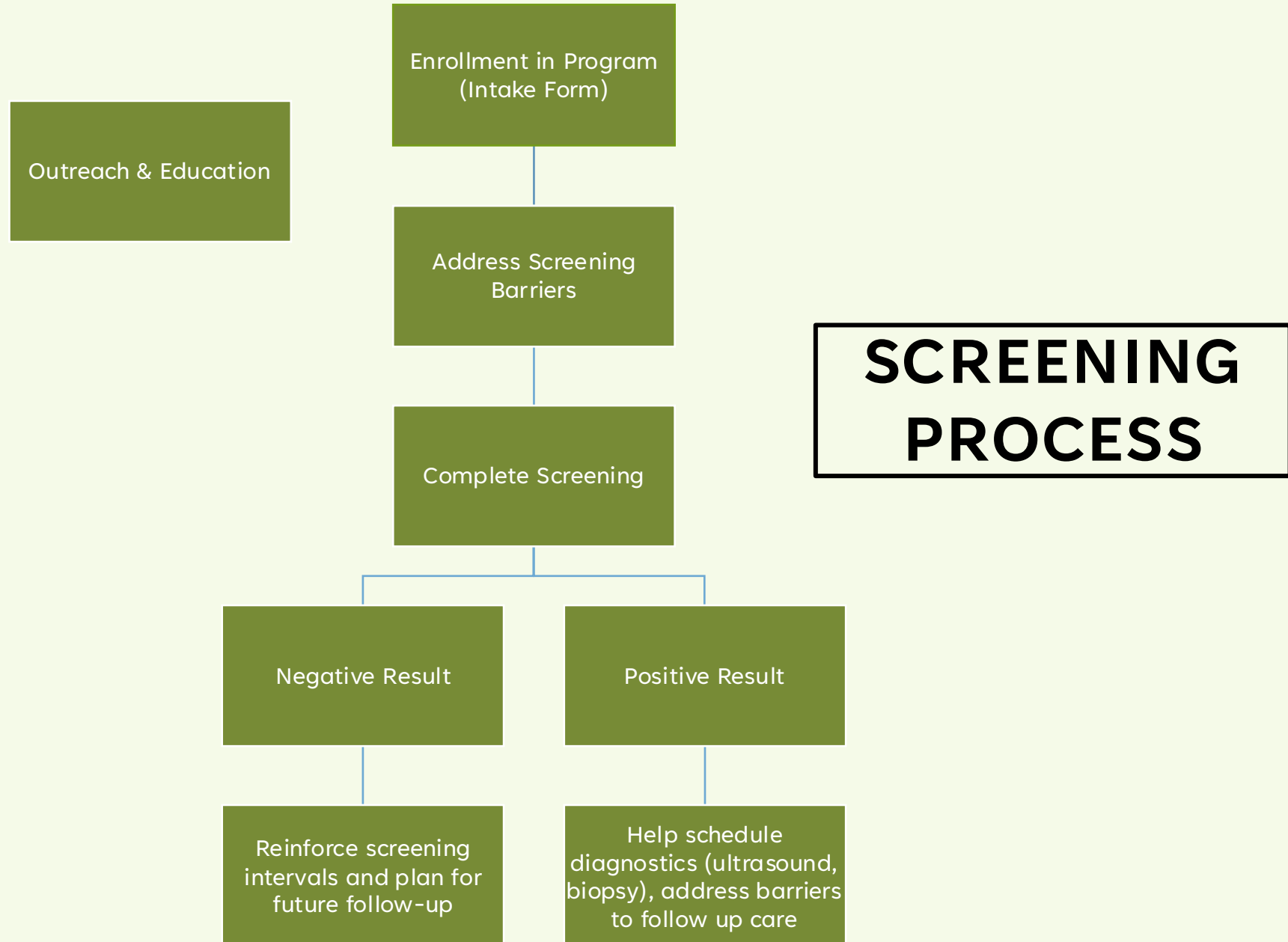
- Standing Rock-based organizations
- Cheyenne River-based organizations
- Regional organizations



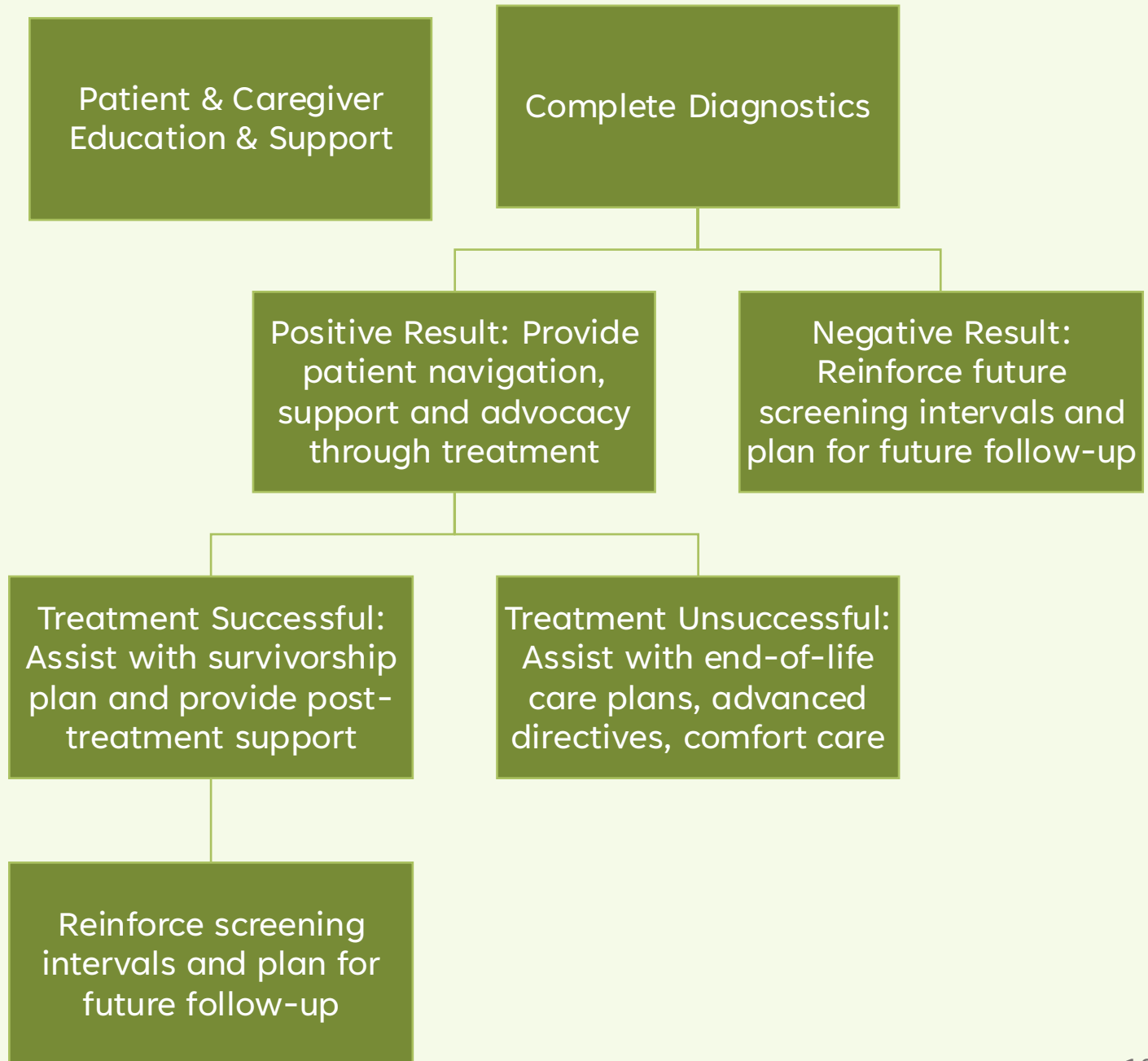


OUR PROGRAM

- Nurse & CHW Team
- Patient enrollment
- Patient reminders
- Patient navigation



TREATMENT PROCESS





CELEBRATING FAST FAILS

- Mailings
- Phone calls
- Transportation
- Program awareness



LONG-TERM SUSTAINABILITY

- 4,168 mailed reminders
- 150+ patients called/mo
- 40 annual exams
- 14 mammos
- 17 paps
- 11 colonoscopies
- 1 Low Dose CT scan

WHAT'S NEXT?

- Expanding scope and access
- Improving and awareness prevention
- Continue collaborating internally and externally



Speed Networking



- ▶ **Fun, fast-paced way to build work/coalition relationships**
- ▶ **Maximizing conversations, creating meaningful connections**
- ▶ **Because you only get a few minutes, you need to make the most of them!**



Speed Networking

How it Works

- ▶ **5-6 people per table**
- ▶ **7 minutes per round**
- ▶ **3 questions per round**
- ▶ **3 rounds total**
- ▶ **Each round starts with quick introductions**



Speed Networking



Round 1

▶ **Introduce yourself:**

- ▶ Name
- ▶ Organization
- ▶ How many years have you been part of the Coalition?

▶ **Morning person or night owl?**

▶ **Is cereal a soup?**

▶ **What inspired you to get into the work you're doing?**



Speed Networking



Round 2

▶ **Introduce yourself:**

- ▶ Name
- ▶ Organization
- ▶ How many years have you been part of the Coalition?

▶ **Road trip or staycation?**

▶ **What (or who) is on your cell phone wallpaper?**

▶ **What's one project you're working on right now?**



Speed Networking



Round 3

▶ **Introduce yourself:**

- ▶ Name
- ▶ Organization
- ▶ How many years have you been part of the Coalition?

▶ **Spring or fall?**

▶ **Is a Pop-Tart a ravioli?**

▶ **What's something you want to accomplish before 2027?**



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Presentation



When Treatment Ends: Listening to What Survivors Need Next

▶ **Doris Cardwell**

▶ Monument Health Cancer Care Institute



When Treatment Ends

Listening to What Survivors Need Next

Doris Cardwell · Survivorship Consultant, Monument Health Cancer Care Institute
Fall Cancer Coalition Meeting · Mitchell, South Dakota

The last day of treatment

What the care team sees

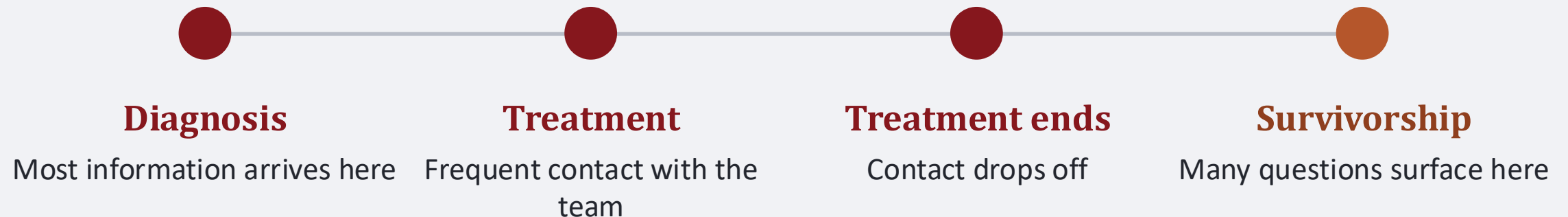
- Treatment complete
- Scans clear or stable
- Fewer appointments
- The bell rung
- A milestone reached

What many survivors feel

- What do I do now?
- My care team that held me is no longer available.
- I will have questions, but who will I ask?
- I am supposed to be relieved, but I feel uncertain of my future.

Questions come after treatment ends

Across cancer care, most information comes during treatment when survivors can absorb the least.



Four needs after treatment

Physical

Fatigue, long-term effects, lymphedema, nutrition, and how much exercise is safe and enough

Emotional

Fear of recurrence, stress, isolation, and permission to say “I’m a survivor”

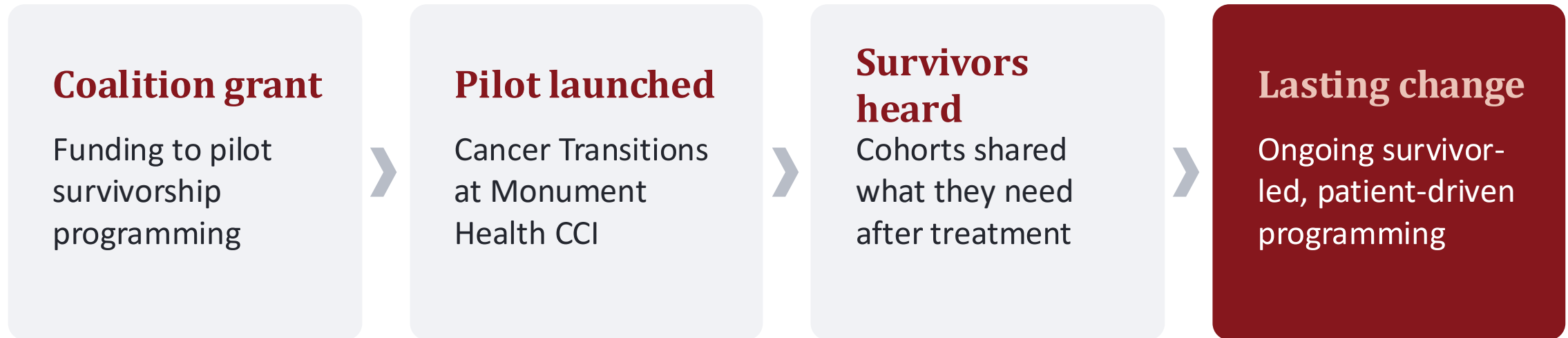
Informational

What my follow-up plan is, what to watch for, and what questions to ask

Navigation

Who to call now: the oncologist? the primary care doctor?

Coalition funding made this possible



Cancer Transitions: Moving Beyond Treatment



3

cohorts at CCI

4

weekly sessions

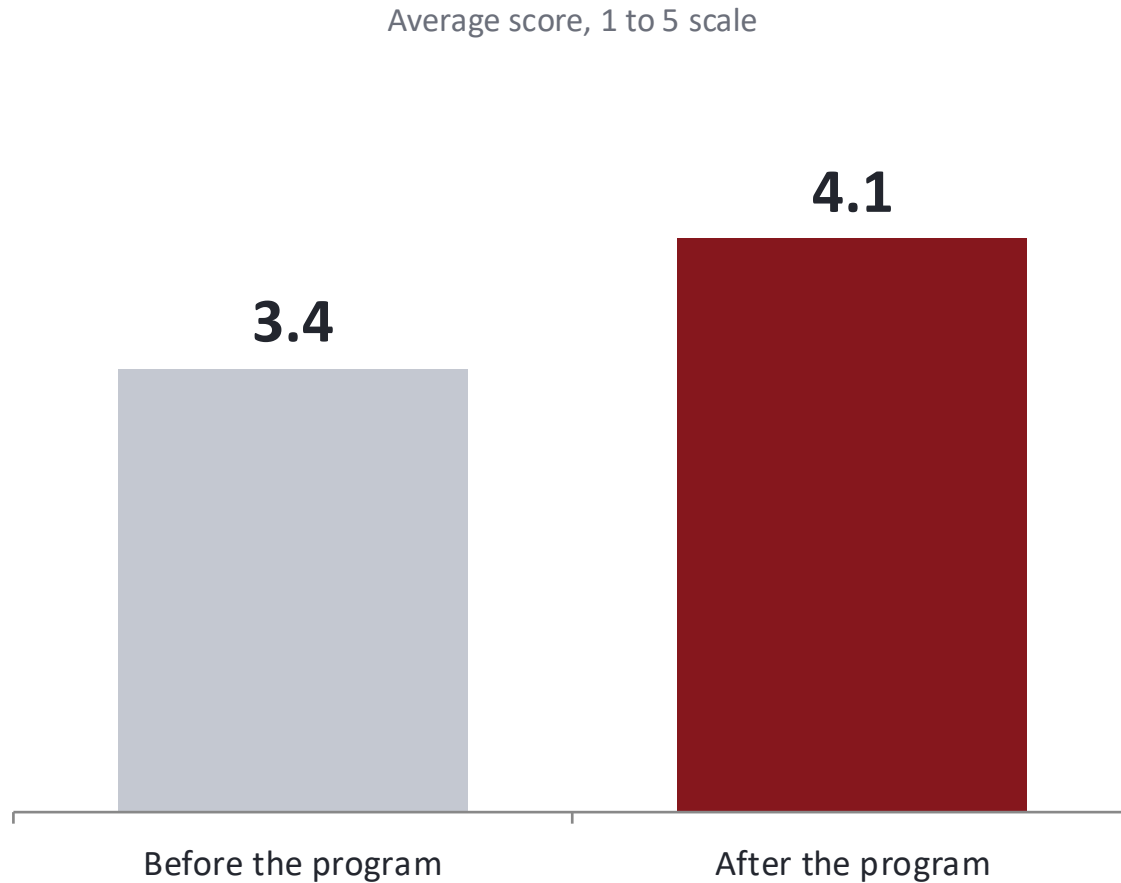
23

survivors surveyed
before and after

Topics each cohort covered

- Follow-up care and survivorship care plans
- Talking with the oncologist and primary care team
- Nutrition and healthy eating
- Physical activity
- Stress, emotions, and coping
- Time with other survivors

Survivors reported gains in every area



11 of 11 Areas improved

23 Survivors completed both surveys

100% Would recommend it to another survivor

Biggest gains: talking with the care team

**I can talk to my
doctor about
what I need now**

3.1 → 4.2 out of 5 (+1.1)

**I know what
questions to ask
my care team**

3.2 → 4.2 out of 5 (+1.0)

**I know whether
to call my
oncologist or my
PCP**

3.1 → 4.0 out of 5 (+0.9)



“We feel not alone.”

— Cancer Transitions participant

In their own words



I've become comfortable saying I'm a survivor. I felt like I was whining or making a big deal out of nothing before this group.



Know I'm not alone and my feelings are legitimate.



It's been helpful being with other cancer survivors.



Gave me food and room for thought to grow and to know I am NOT ALONE — would like someone to reach out when alone.

Where uncertainty remains

Coping with stress

Improved, but still the area survivors felt least sure about. Emotional recovery takes longer than four weeks.

Exercise as a survivor

Survivors asked for more guidance on what kind and how much is right for their body now.

Everyday food choices

Knowing what to eat is easier than doing it. Survivors want help cooking and eating well on a budget.

What survivors' feedback set in motion

Survivors spoke

Cohorts shared what they needed after treatment

CCI responded

A contract for survivor-led, patient-driven programming



What's growing from it

More classes

Nutrition and emotional support

Events calendar

Year-round ways to stay connected

Holiday activities

Connection through the season

Expanded Survivors Day

A fun, practical education day, plus shopping

Ways survivor voices can be heard



I hope feedback from survivors, re: frustrations/concerns/etc. goes back to the care teams so they can have better patient experiences.

Cancer Transitions participant

1

Build feedback into every program

Pre- and post-surveys with open-ended questions, as in Cancer Transitions

2

Curated conversations with leadership

Hand-selected survivors share their experiences over dinner with cancer center leaders

3

A survivor outreach liaison

A non-clinical survivor who listens, troubleshoots, and problem-solves alongside the care team

4

Close the loop

Act on what survivors say, and let them see the changes



I have gotten bad news every time I have come here this week, but tonight I had fun.

A patient, in tears, at a survivorship activity night



Sip and paint



Card making



Tai chi



Mindfulness

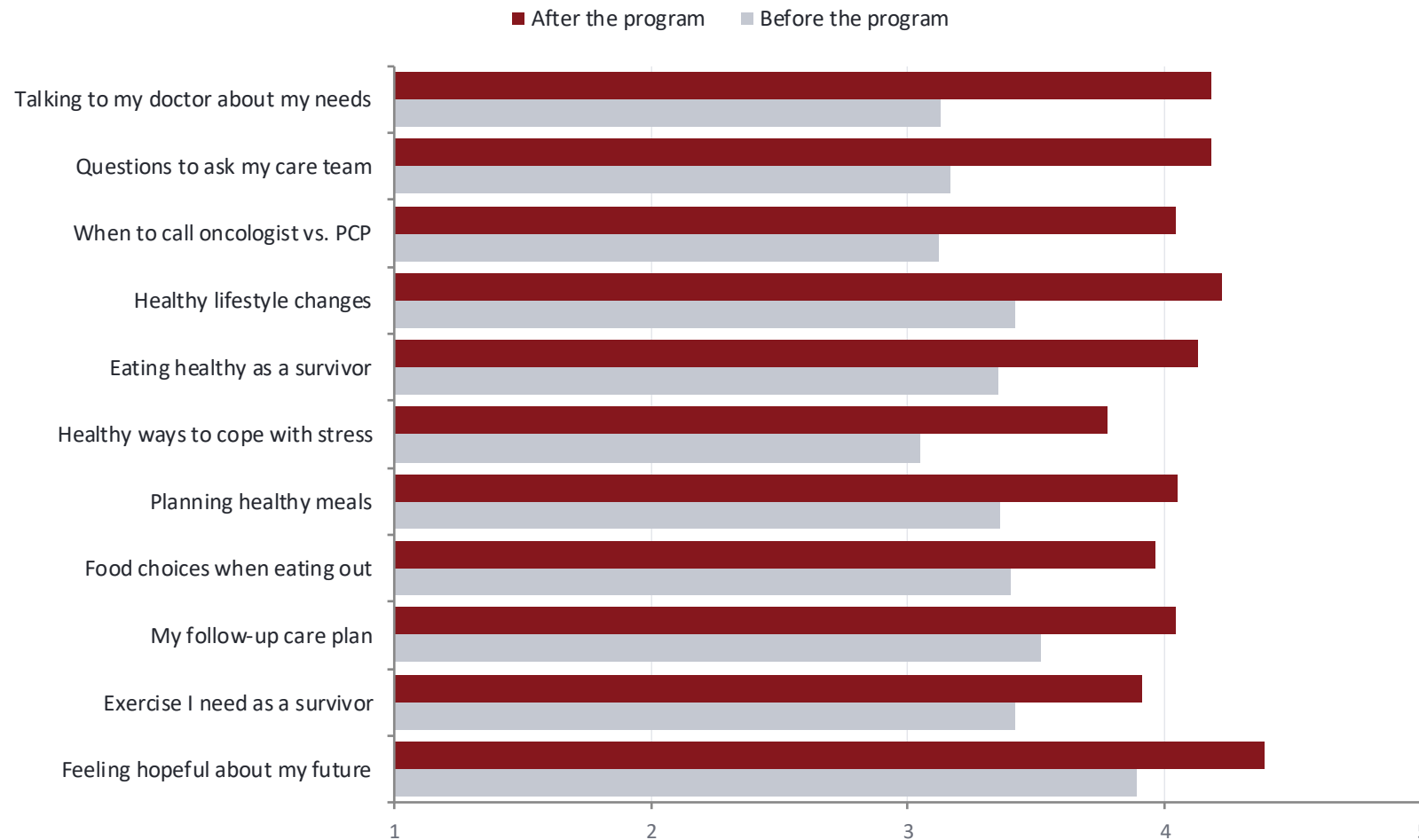
Survivorship care that listens

Survivorship care works best when survivors help shape it.

Thank you · Doris Cardwell · dcardwell@monument.health



Backup: all 11 survey items



3.35 → 4.08

Average score across all 11 items, on a 1–5 scale

5.0 / 5

Every participant would recommend it to another survivor

Presentation



Targeted Skin Cancer Education Improves Agricultural Workers' Safe Sun Practices and Knowledge in South Dakota

▶ **Leah Naasz MD**

▶ University of South Dakota



Targeted skin cancer education for agricultural workers

A farm show pre- and post-intervention survey

Leah Naasz, MD | University of South Dakota Sanford School of Medicine

Co-authors: Kianna Thelen, MD; Emily Eisenbraun, MS4; Candace Zeigler, MD

Agricultural work creates a prevention challenge

LONG EXPOSURE

Outdoor work can mean many hours in UV exposure.

LOW SUNSCREEN USE

Prior research found only 23% of farmers reported sunscreen use when outdoors ≥ 15 minutes.

REAL-WORLD BARRIERS

Inconvenience and discomfort with protective clothing can make prevention harder.

Opportunity: bring brief sun-protection education to a setting agricultural workers already attend.

A local need, addressed in a familiar setting



Prior South Dakota research identified:

- Outdoor work for 8–10 hours daily during much of the year
- Limited sunscreen use and other sun-protective practices
- Infrequent skin self-examinations

PROJECT OBJECTIVE

Evaluate whether brief, on-site education improves skin cancer knowledge and reported intentions to use sun protection.

Vermillion + Sioux Falls Farm Shows

Study design at a glance



01

PRE-SURVEY

Seven questions on exposure, history, current practices, and knowledge.

02

10-MINUTE TUTORIAL

AAD-based education on risk, protection, self-exams, and melanoma ABCDEs.

03

POST-SURVEY

Assessed knowledge and intended preventive behaviors; participants received take-home materials.

Setting: Vermillion and Sioux Falls Farm Shows • Adults (18+) working in or employed in agriculture • USD Sanford School of Medicine IRB-approved

Education focused on practical actions



RECOGNIZE

Common skin cancers and the ABCDE warning signs of melanoma



REDUCE EXPOSURE

Broad-spectrum sunscreen and sun-protective clothing, including wide-brimmed hats



CHECK SKIN

Skin self-examination and when to seek evaluation

Materials adapted from American Academy of Dermatology Association educational handouts.

How to Spot Skin Cancer

The ABCDEs of Melanoma

Melanoma is the deadliest form of skin cancer. However, when detected early, melanoma can be effectively treated. You can identify the warning signs of melanoma by looking for the following:

- A** stands for **ASYMMETRY**. One half of the spot is unlike the other half.
- B** stands for **BORDER**. The spot has an irregular, scalloped, or poorly defined border.
- C** stands for **COLOR**. The spot has varying colors from one area to the next, such as shades of tan, brown or black, or areas of white, red, or blue.
- D** stands for **DIAMETER**. While melanomas are usually greater than 6 mm, or about the size of a pencil eraser, when diagnosed, they can be smaller.
- E** stands for **EVOLVING**. The spot looks different from the rest or is changing in size, shape, or color.
Example: 

Other Types of Skin Cancer

When checking your skin, please look for signs of these other suspicious spots.

Precancerous Growth

Actinic Keratoses (AK)¹



- Dry, scaly, rough patches or bumps
- Can be red, pink, the same color as your skin, gray, yellow, brown, tan, or white.

Skin Cancer

Basal Cell Carcinoma (BCC)^{2,3}



- Dome-shaped growth with visible blood vessels
- Shiny, pinkish patch
- Black or brown growth
- White or yellow waxy growth that looks like a scar
- Sore that heals then returns



Squamous Cell Carcinoma (SCC)^{4,5}



- Crusted or rough bump
- Red, rough flat patch
- Dome-shaped bump that grows and bleeds
- Sore that does not heal, or heals and returns



Skin Cancer Self-Examination

How to Check Your Spots:

Checking your skin means taking note of all the spots on your body, from moles to freckles to age spots. Ask someone for help when checking your skin, especially in hard-to-see places.



- 1 Examine your body front and back in a mirror, then look at the right and left sides with your arms raised.
- 2 Examine the back of your neck and scalp with a hand mirror. Part your hair for a closer look at your scalp.
- 3 Bend your elbows and look carefully at your forearms, underarms, fingernails, and palms.
- 4 Check your back and buttocks with a hand mirror.
- 5 Finally, look at the backs of your legs and feet, the spaces between your toes, your toenails, and the soles of your feet.

If you wear nail polish, remember to check your nails when the polish is removed.

If you notice a new spot or an existing spot that changes, itches, or bleeds, make an appointment to partner with a board-certified dermatologist.

Practice Safe Sun

Here's how to protect yourself from the sun:



Seek shade. The sun's rays are strongest between 10 a.m. and 2 p.m. If your shadow is shorter than you are, seek shade.



Wear sun-protective clothing, such as a lightweight and long-sleeved shirt, pants, a wide-brimmed hat and sunglasses with UV protection, when possible. For more effective protection, choose clothing with an ultraviolet protection factor (UPF) number on the label.



Apply a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher to all skin not covered by clothing. Broad-spectrum sunscreen provides protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays. Reapply every two hours, even on cloudy days, and after swimming or sweating.



Use extra caution near water, snow, and sand, as they reflect and intensify the damaging rays of the sun, which can increase your chance of skin cancer.



Do not tan — indoors or out. If you want to look tan, consider using a self-tanning product, but continue to use sun protection outdoors.

1 in 5 Americans will develop skin cancer in their lifetime.



Anyone can get skin cancer, regardless of skin tone.



When caught early, skin cancer is highly treatable.



At a minimum, most adults need about **1 ounce of sunscreen** — roughly the amount to fill a **shot glass** — to fully cover skin not covered by clothing. Depending on your body size, you may need **more sunscreen** to protect your **exposed skin** from the sun's harmful rays.



When applying sunscreen to your face, use at least **1 teaspoon** (about the amount needed to cover the length of your index and middle fingers).

To learn more about skin cancer detection and prevention, partner with a board-certified dermatologist or visit aad.org/skincancer.



How responses were analyzed



- Pre- and post-intervention responses were compared for each survey item.
- Paired t-tests were used for approximately normally distributed continuous outcomes.
- Wilcoxon signed-rank tests were used for ordinal or non-normally distributed data.
- Likert-scale responses captured reported likelihood of adopting sun-protection behaviors.
- Statistical significance was defined as two-tailed $p < 0.05$.

Knowledge improved after a brief tutorial

MELANOMA WARNING SIGNS

+0.90

Mean score change

$p < 0.001$

COMMON SKIN CANCERS

+0.65

Mean score change

$p < 0.001$

Both knowledge outcomes improved significantly; the largest gain was in recognizing melanoma warning signs.

Intentions improved, but not across every behavior

SUNSCREEN INTENTION

+0.38

p = 0.009

HATS

No significant change

PROTECTIVE CLOTHING

No significant change

Post-intervention likelihood of adopting sun-protection behaviors

4.38 / 5

Mean (SD 0.82)

What the findings mean, and what they do not



WHAT THIS SUPPORTS

- A brief tutorial can improve short-term knowledge.
- Farm shows may be a practical place to reach workers with occupational UV exposure.
- Sunscreen-use intention may be responsive to targeted education.

IMPORTANT LIMITATIONS

- Small sample size of 20 participants.
- Self-reported outcomes may be affected by recall or social-desirability bias.
- Short-term assessment; long-term behavior was not measured.
- English-speaking participants at two South Dakota events may not represent all agricultural workers.

TAKE-HOME MESSAGE

Meet agricultural workers where they are.

Brief, accessible education can improve skin cancer knowledge and strengthen sunscreen-use intentions.

NEXT STEPS

- Evaluate whether knowledge and behaviors persist over time
- Expand to larger and more diverse agricultural populations
- Test practical strategies to increase protective clothing use

References



1. Bormann JL, Vetos DA, Bahnson AB, Riswold KJ, Anderson SM. Skin Cancer Prevention and Screening Behaviors among Agricultural Workers: A Survey of the Attendees of the Sioux Falls Farm Show. *SD Med*. 2020;73(10):452–456.
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5. American Academy of Dermatology Association. How to spot skin cancer, 2026. <https://www.aad.org/public/diseases/skin-cancer/how-to-spot-skin-cancer>
6. OpenAI, 2026. ChatGPT. <https://chatgpt.com/share/68a77b60-0ee4-800c-9acc-cd3fd573c311>

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Lunch in Winchester



2026 Cancer Coalition Champion



- ▶ Recognizing cancer control leadership efforts and quality improvement
- ▶ Individual who works to reduce cancer incidence and mortality and/or improving quality of life



2026 Cancer Coalition Champion



Belén Madrigal

**Avera Cancer Institute
Sioux Falls**



Nominated by:

Tara Kocourek
Avera Breast Center



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Group Photo Time!



Presentation



ACS CAN Policy Briefing

▶ **Emily Wilson**

▶ ACS CAN



ACS CAN Policy Priorities



Emily Wilson

Grassroots Manager of ND/SD

SD Cancer Coalition

ACS CAN Policy Areas



Access
to Care



Access
to Cures



Tobacco
Control

Eliminating health disparities + building health equity

Our Impact



62.7%
of the U.S.
population protected from
secondhand smoke exposure by
local or statewide smoke-free
laws.



34%
decline in cancer death rates from
1991-2023



33.5 million
people benefited from
expanded access to health
insurance

Key Priorities

**Clinical Trials
Moderanization
Act**



**Action
through
advocacy**



**Cancer
Research
and
Prevention**



For the past 50 years...

every major scientific advancement in the fight against cancer has been in some way funded by the federal government.



Funding for Cancer Research and Prevention

Funding for Cancer Research and Prevention



ACS CAN Volunteers connected with officials requesting the highest possible increases for cancer research & prevention programs in the FY27 funding bill.

- \$51.3 billion for the National Institutes of Health (NIH), including \$7.99 billion for cancer research at the National Cancer Institute (NCI);
- \$1.5 billion for the Advanced Research Projects Agency for Health (ARPA-H);
- \$482.9 million for the Centers for Disease Control and Prevention's (CDC) cancer programs, including \$230 million for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and \$310 million for the Office on Smoking and Health (OSH).



Clinical Trial Modernization Act

Patient Barriers to Clinical Trial Participation

- **89%** would be more likely to enroll with financial support
- **93%** say trial location affects participation
- Rural patients are **2x more likely** to lack local trial access
- Rural patients travel **2.5x farther** for trials



CTMA addresses barriers

1	Awareness
2	Everyday & Medical Costs
3	Time and Travel
4	Financial Security

What the Bill Does

- Supports enrollment among historically underrepresented populations
- Allows coverage of **essential participation costs** (food, transportation, lodging)
- Permits payment of **copays and co-insurance** tied to trial participation
- Enables **remote monitoring**, reducing unnecessary travel
- Makes up to **\$2,000 in trial payments tax-exempt** while preserving Medicaid eligibility



South Dakota

South Dakota Priorities

- Cancer Action Day
- Statewide discussions around Amendment I and L
- Following implementation of HR 1, specifically as it relates to Medicaid
- Grow Volunteer Base
- Grow awareness and participation with Lights of Hope





Thank you!

Presentation



Medicaid in South Dakota Update

▶ **Heather Petermann**

▶ South Dakota Department of Social Services





DSS: Medicaid Changes Coming Soon



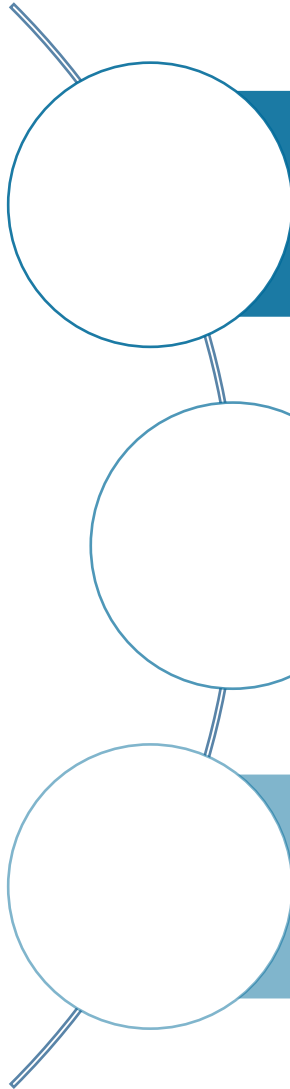
October 2026



DSS' guiding principles



Agenda



Medicaid Changes Overview

Community Engagement

Customer Support & Online
Resources

Medicaid Changes Overview and Timeline

1

July 2025 – HR 1 becomes law

Federal law contains many changes related to Medicaid financing and eligibility – impacts vary by state
DSS and partners begin actively preparing systems, communications, staff training, and documentation/materials

2

Summer/Fall 2026 – Communications to beneficiaries; some changes begin

Community Engagement information letter sent to all Adult Expansion recipients
October 1, 2026: changes for some qualified noncitizens

3

January 1, 2027 – Implementation of most changes (new applicants)

More limited retroactive coverage
Renewals every 6 months for Adult Expansion
Community Engagement requirements apply to NEW applicants for Adult Expansion.

4

2027 forward – Monitor and implement with renewals

Community Engagement requirements applied to existing Adult Expansion enrollees at the time of their renewal

Retroactive Coverage

Current Eligibility Rules

Coverage can begin up to three (3) months prior to the application date.

Changes Effective January 1, 2027

Coverage can begin up to one (1) month prior to the application date for Adult Expansion applicants and two (2) months for all other applicants.

Renewal Changes

Current Eligibility Rules

Renewals occur once every 12 months for all coverage groups.

Changes Effective January 1, 2027

Renewals occur once every 6 months for Adult Expansion, unless Native American, tribally enrolled, or eligible for Indian Health Services.

Renewals remain once every 12 months for all other coverage groups.

How will the renewal changes go into effect?

Effective Date of Change: January 1, 2027

New Applicants

New applicants approved for Adult Expansion on or after January 1, 2027, will have 6-month renewals **immediately**.

Ongoing Beneficiaries

Adult Expansion beneficiaries enrolled on January 1, 2027, will transition to 6-month renewals at their **first regularly scheduled renewal starting March 2027**.



Community Engagement

Community Engagement (“Work Requirements”)

WHO is impacted?

Some adults ages 19 through 64 with income up to 138% of the federal poverty level.

WHEN?

New Applicants – January 1, 2027

Ongoing Adult Expansion Beneficiaries –
First regularly scheduled renewal starting March 2027

Which Adult Expansion beneficiaries are excluded? (1 of 2)

- People who are Native American, enrolled in a tribe, or eligible for Indian Health Services
- People who are already required to comply with SNAP or TANF work requirements
- People who are in drug addiction or alcohol treatment or rehabilitation
- People who are current or recent inmates of public institutions
- People who are pregnant, people who are eligible for postpartum Medicaid
- Veterans with total disability ratings, whether temporary or permanent

Which Adult Expansion beneficiaries are excluded? (2 of 2)

- People who provide regular care to a child age 13 or younger or a person with a disability of any age (individuals may meet this exclusion even if they aren't related to or don't live with the child or person with a disability)
- People who are medically frail or have special medical needs (like a disability or serious or complex medical condition) that impair their ability to complete community engagement activities

What if someone is not excluded?

Qualifying Activities (one or more)

For How Long?

New Applicants – 1 Month
Prior to Application Date

Beneficiaries – 1 Month
Since Last Renewal

**\$580 Countable
Household Income**

**Half-Time
Educational
Enrollment**

**80 Hours of Paid,
Unpaid, or In-Kind
Work**

**80 Hours of
Community Service**

**80 Hours of Work
Program
Participation**

Community Engagement Customer Form Preview

DSS-EA-401 01/2027

Case Number:

Community Engagement Customer Form

Please answer all questions completely and accurately to the best of your knowledge. See below to understand which months are the community engagement review months:

- For **new applicants**, the review month is the month *before* you turned in your application (last month).
- For **ongoing recipients**, the review months are those *between now and your last Medicaid renewal*.

Who are you completing this form for?

Me (complete your information below) Someone Else (complete their information below)

Full Name:

Date of Birth:

Address:

City, State, Zip:

SECTION 1: EXCLUSION SCREENING Answer these questions from the perspective of the person for whom you are completing the form (the name above). Refer to the top of this page to identify which months are this person's review months.

4. Did you care for a person with a disability on a regular basis and not just once in a while during your review month(s)?

Yes (complete below) No (go to next question)

What is your relationship to the person with a disability? This can be by birth, adoption, or through stepfamily.

Parent Grandparent Sibling Aunt Uncle First Cousin Nephew Niece

Other or Unrelated – what is your relationship to the individual?

Does the person have a physical or mental impairment that limits one or more major life activities? Yes No

Do you live in the same home as the person with a disability? Yes No

During which months did you provide regular care?

How many hours per month did you provide care?

If the person with a disability chooses, they may write a statement supporting this attestation form and provide their name. It is not required. You should not release their name or information unless they consent.

Community Engagement Customer Form Preview

SECTION 2: QUALIFYING ACTIVITY SCREENING Answer these questions from the perspective of the person for whom you are completing the form (the name above). Refer to the top of page 2 to identify which months are this person's review months.

1. Did you volunteer or complete community service in your community engagement review month(s)?

Yes (complete below) No (go to next question)

What months did you volunteer or complete community service?

How many hours per month did you volunteer or complete community service?

Organization Name:

Organization Address:

Organization Contact Name and Phone Number:

Type of organization (check one or more):

Nonprofit Government School Faith-Based

Other (complete):

2. Did you participate in a work program (WIOA, Vocational Rehabilitation, Job Corps, Ticket to Work, Veterans Affairs, other supervised job search, etc.) in your community engagement review month(s)?

Yes (complete below) No (go to next question)

Type of Work Program (check one or more):

WIOA Title I

Vocational Rehabilitation

Job Corps

Career or Employment/Training Services - Department of Labor Veterans Affairs

Ticket to Work

Other, including supervised job search – what is the program name/type?

What months did you participate in a work program?

Section 3: Signature

I'm signing this form under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. I am completing this form because I am unable to provide documentation, either because it does not exist or for any other reason.

If signing electronically: I understand that an electronic signature has the same legal effect and enforceability as a written signature.

Applicant or Recipient Name – PRINTED

Name of Person Signing (if not applicant or recipient) – PRINTED

SIGNATURE of Person Signing

DATE

This document may be submitted through mail, e-mail, fax, or printed and submitted in person. Original copy not required. Find your local office information at dss.sd.gov/findyourlocaloffice.

Top Customer Questions

How do I know if I'm an Adult Expansion beneficiary?

Notices from DSS, the BEES Customer Portal starting January 1, 2027, or contact with your local office.

How will I know if DSS needs something from me?

DSS will send a Request for Information. Respond within 30 days.

DSS will only ask if information is not electronically available.

What documentation might I need to provide?

The applicable forms will be included in the Request for Information and available on-line.

DSS will host a webinar on medical frailty on November 4, 2026.



Customer Support & Online Resources

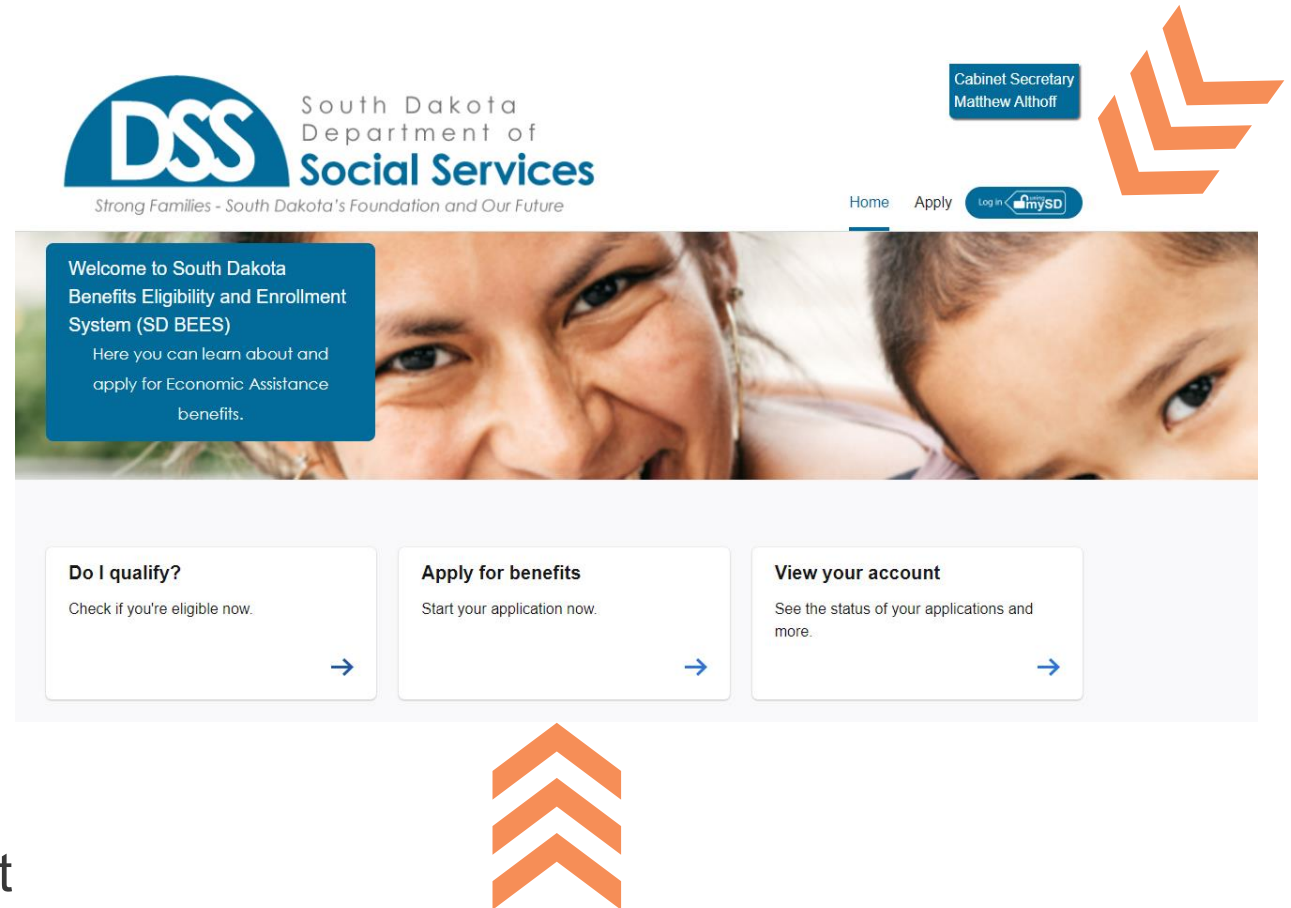
Benefits Eligibility & Enrollment System (BEES)

The **BEES Customer Portal** helps South Dakotans:

- Apply for Medicaid/CHIP, SNAP, and/or Child Care Assistance (CCA),
- Report changes,
- Complete renewals,
- Check coverage/application status,
- View notices,
- Request appeals, and
- Find local office contact information.

The site is optimized to work on a desktop computer as well as any other mobile device (e.g., scales to laptop, cell phone, or tablet).

Sign up or log into the BEES Customer Portal at <https://eaportal.sd.gov/>.



Provider & Stakeholder Resources

What Providers and Stakeholders Can Do Now

- *Encourage enrollees to keep their preferred mailing address and phone number up to date with DSS and to read all notices and mail from DSS.*
- Encourage enrollees to sign up for email and/or text alert notifications when we send them mail in the SD BEES Customer Portal. Sign up or login here: <https://eaportal.sd.gov/>
- Frequently visit the South Dakota Medicaid Changes Coming Soon website at <https://dss.sd.gov/medicaid/HR1.aspx>
 - ✓ ***Take advantage of the Partner Tip Sheet to Help Someone Renew Medicaid & CHIP Coverage and the Social Media Toolkit available now on our site***
- Access the Community Engagement Fact Sheet in English and Spanish at <https://dss.sd.gov/formsandpubs/>
- Sign up for applicable Listservs:
 - Recipient communication: <https://dss.sd.gov/medicaid/recipients/>
 - Provider communications: <https://dss.sd.gov/medicaid/providers/communication.aspx>
- Follow DSS on Facebook at <https://www.facebook.com/SouthDakotaDSS/>
- Follow DSS on Instagram at <https://www.instagram.com/southdakotadss/>



Thank You!

<https://dss.sd.gov/findyourlocaloffice/>



MedElig@State.SD.US



Active Break



Grab a snack and be back in this room in 5 minutes!



Active Break



KORY BILLINGS

2x Cancer Survivor & Spinal Fusion Vet
In-Home & Online Personal Trainer
Injury & Health Issue Specialist
ACE CPT, B.S. Kinesiology UMD



ABOUT ME

- Diagnosed at 4 years old, relapsed at 8
- Treated at Georgetown University & Duke
- Bone Marrow Transplant from older sister
- 20-year Post BMT Survivorship last year
- Exercise and working out healed my body

THINGS TO KEEP IN MIND!

- BREATHE! Fill up your chest and inhale deep from your lungs!
- Don't fight the stretch! Embrace it and breathe through it.
- Connect with tight muscles and "let go" of any tension.
- Seated at a desk for more than 2 hours a day = STRETCH!

If you have any questions or would like to learn more, please stop by my booth!

I welcome the opportunity to help in any way I can!

Presentation



The Role of Caregivers in Cancer Survivorship

▶ **Meghan Clark MSW**

▶ Center for Active Generations



THE ROLE OF CAREGIVERS IN CANCER SURVIVORSHIP

Supporting caregivers from diagnosis through survivorship

Meghan Clark, MSW

Caregiver Services Coordinator

Active Generations

Why this conversation matters

Patients rarely travel alone

Family members and friends often coordinate care, manage symptoms, and provide day-to-day support.

Caregiving has consequences

Care can affect physical health, emotional well-being, work, finances, and relationships.

Support can be part of care

Identifying caregivers and connecting them with resources can strengthen the support around the patient.

Key question: Are we assessing the caregiver's needs as intentionally as we assess the patient's?

Cancer survivorship is growing

18.6 MILLION

people in the U.S. were living with a history of cancer as of January 1, 2025

OVER 22 MILLION

projected number of U.S. cancer survivors by 2035

More survivors means more people and families navigating treatment effects, follow-up care, and life after cancer.

Who are cancer caregivers?

A caregiver may be a spouse, partner, adult child, parent, sibling, friend, or neighbor.

Often unpaid

Care is commonly provided outside formal paid services.

Not always identified

Caregivers may not see themselves as caregivers — they may simply be “helping.”

Needs can be hidden

They may be exhausted, worried, or financially strained while focusing on the patient.

Roles change

Needs shift from diagnosis and treatment through recovery, recurrence, or end-of-life care.

What does a cancer caregiver actually do?

- Coordinate appointments, transportation, and communication with the care team
- Track medications, symptoms, side effects, and follow-up instructions
- Help with meals, household tasks, personal care, and daily routines
- Provide emotional support and advocate for the patient
- Manage insurance, bills, work schedules, and family responsibilities
- Continue supporting the person after active treatment ends

The impact of caregiving

Emotional

Worry, uncertainty, sadness, anxiety, or feeling overwhelmed.

Physical

Fatigue, disrupted sleep, less time for exercise or appointments.

Social

Less time for friends, family, hobbies, and community life.

Financial

Lost wages, out-of-pocket costs, travel, or reduced work hours.

Caregiving can be meaningful, rewarding, and demanding.

Caregiver health matters, too

Only 16% of 111 surveyed community oncology clinics routinely screened caregivers for distress. Fewer than 13% had a referral strategy.

Watch for

Persistent exhaustion, sleep disruption, anxiety, low mood, or isolation.

Ask directly

“How are you holding up?”
and “What feels hardest right now?”

Normalize help

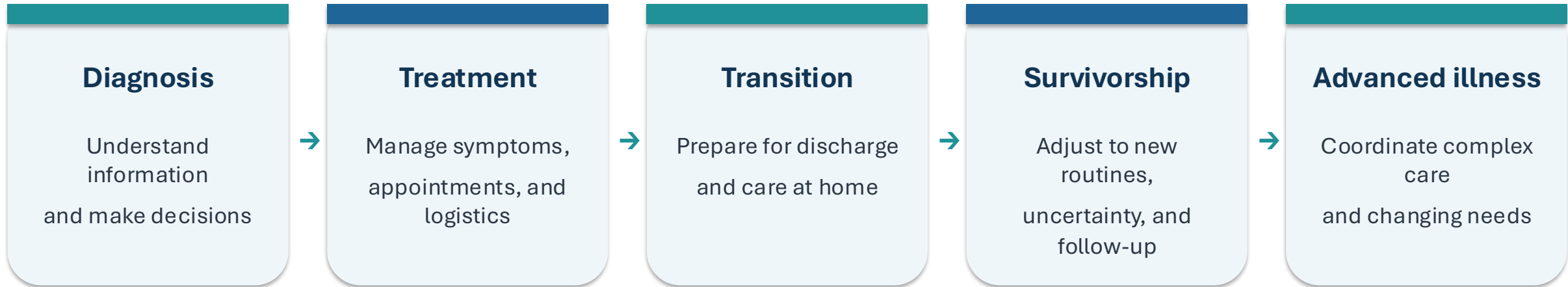
Offer support early and connect persistent distress with clinical care.

Financial and employment strain

- Caregivers may miss work, reduce hours, or leave employment to provide care.
- Costs can include travel, parking, meals, supplies, and unpaid time away from work.
- Insurance, benefits, and medical bills can be difficult to navigate.
- Financial pressure may make it harder to access respite, counseling, or other supports.

Useful referral question: “How are caregiving responsibilities affecting your work or finances?”

Caregiver needs change across the journey



Ask again over time: a caregiver's needs today may be different next month.

Caregiver well-being and patient survivorship

Emotional adjustment

Patient and caregiver distress can be linked over time. Each person needs support.

Care at home

Fatigue and competing demands may make daily care harder to sustain.

Life after treatment

Shared routines and practical support remain important during follow-up.

Caregiver support is part of supporting the patient's survivorship.

Patient and caregiver emotional health are linked

244 pairs

Colorectal cancer patients
receiving chemotherapy
and their family caregivers

Four assessments over six months

Caregiver anxiety and depression predicted later patient depressive symptoms at some intervals. Patient symptoms also predicted later caregiver symptoms.

Clinical implication: assess both people and follow up over time.

How caregiver strain can affect care at home

**Sleep loss or
poor health**

May limit energy for medication routines and daily care.

Emotional distress

May make communication and shared problem-solving harder.

Work or financial pressure

May reduce flexibility for transport and follow-up visits.

**Limited backup
support**

May leave gaps when the primary caregiver needs a break.

The care team shares responsibility for a workable care plan.

What effective caregiver support looks like

- Practical education: caregiving skills, symptom communication, and navigating care
- Emotional support: peer connection, counseling, and validation
- Resource navigation: financial assistance, transportation, respite, and community services
- Individualized help: time to ask questions and identify next steps
- Self-care that is realistic: small, specific ways to protect the caregiver's well-being

National caregiver support resources

CancerCare

Oncology social workers,
support groups, and
educational workshops.
cancercares.org/caregiving

American Cancer Society

Cancer information and
connections to resources.
800-227-2345
cancer.org

National Cancer Institute

Caregiver education and
practical coping guidance.
cancer.gov
Search: caregiver support

Match the resource to the need, preferences, and eligibility.

Healthcare providers can make a difference

- 1 Identify** “Who is helping you manage care at home?”
- 2 Assess** “What is hardest for you right now?”
- 3 Inform** Explain available caregiver resources and supports.
- 4 Refer** Make a warm handoff when possible; don’t rely on a brochure alone.
- 5 Revisit** Check in at transitions and as needs change.

*Any member of the care team can help identify caregivers in need. Providers, nurses, social workers, chaplains and ancillary staff. Educate **all** staff on signs identify need and next steps.*

Cancer centers with dedicated caregiver support

Memorial Sloan Kettering

New York, NY

Caregivers Clinic

Individual, group, and family counseling for caregivers of MSK patients.

City of Hope

Duarte, CA

Caregivers Connect

Virtual peer support and stress-reduction skills. Open to caregivers and the community across diagnoses.

Dana-Farber Cancer Institute

Boston, MA

Caregiver groups and programs

Support for caregivers of adults, parents of pediatric patients, and caregivers of young adults.

Different models address caregivers' own support needs.

South Dakota Cancer Caregiver Support Program

Free, statewide support for unpaid caregivers of people with cancer.

Support groups

Connection with others who understand the caregiving experience.

Educational classes

Topics can include communication, finances, self-care, and caregiving skills.

1:1 sessions

Resource referrals, caregiving questions, individualized assistance, and case management.

Phone: (605) 336-6722, option 3

Email: caregivers@activegen.org



Referral to the SD Cancer Caregiver Program

- Tell the caregiver why support may be useful.
- Ask permission to share their contact information or help them connect.
- Agree on the next step and who will check that the connection happened.
- Let them know support can be useful even if they are coping well today.
- Caregivers may also self-refer.

Phone: (605) 336-6722, option 3
Email: caregivers@activegen.org

Key takeaways

1. Caregivers are essential

They help make day-to-day care and survivorship possible.

2. Their needs are real

Caregiving can affect emotional, physical, social, and financial well-being.

3. Support is practical

Identify caregivers, ask what they need, and connect them with help.

When we support caregivers, we strengthen the circle of support around the patient.

THANK YOU

Questions & discussion

What is one change your team could make
to identify and support caregivers earlier?

Meghan Clark, MSW

Caregiver Services Coordinator

Active Generations

Phone: (605) 336-6722, option 3

Email: caregivers@activegen.org

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5. CancerCare. Caregiving resources and services. cancercare.org/caregiving
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Looking Ahead to 2027

Megan Myers & Shannon Park



Comprehensive Cancer Control Program: Looking Ahead



▶ **CDC's Cooperative Agreement: Year 5**

- ▶ Approaching the final year of the five-year CDC cooperative agreement.
- ▶ Key priority areas: HPV vaccination, breast cancer screening, and survivorship care plans.
- ▶ Preparing for the next funding cycle through a competitive application process.
- ▶ New priority areas will be identified and addressed for the next funding cycle.

▶ **Cancer Implementation RFA**

- ▶ Funding opportunities open to partners statewide to support implementation of the South Dakota Cancer Plan.
- ▶ Tentative release date: Early February



Task Force Selection



Prevention

Screening

Survivorship



Partnership Commitment

Working together to reduce the burden of cancer in South Dakota.

The Cancer Coalition unites people and organizations committed to preventing and controlling cancer across our state. You're helping advance the goals of the South Dakota Cancer Plan 2026-2030 through our collaboration, education, and action.

As a Coalition partner, I (and/or my organization) commit to:

- Support the Coalition's mission.
- Participate in meetings, task forces, and/or activities as I'm able.
- Share relevant coalition information and opportunities.
- Contribute expertise, perspective, and/or resources that strengthen coalition efforts.

I would also like to (check all that apply):

☐ Join a 2025-2026 task force:

Prevention Screening Survivorship

- ☐ Serve on an ad-hoc cross-cutting committee
- ☐ Apply to serve on the Steering Committee
- ☐ Contribute educational materials or public outreach support
- ☐ Provide in-kind goods, services, or facilities for coalition events
- ☐ Help make connections to key partners or organizations
- ☐ Provide financial sponsorship of coalition activities or events

Name: _____ Date: _____

Title: _____

Organization: _____

Email Address: _____

Phone: _____ Signature: _____

South Dakota Cancer Coalition

1501 S Highline Ave, Sioux Falls, SD

info@cancersd.com



The Role of Evaluation in the South Dakota Cancer Coalition

Jenna Cowan and Katy Saker
SDSU Evaluation



The Role of Evaluation in the South Dakota Cancer Coalition

Population Health Evaluation Center



PROCESS INDICATORS

Are activities being implemented as planned?

- ✓ Have the South Dakota Department of Health (DOH) and its partners successfully fulfilled the activities outlined in the grant funding documents?
- ✓ In what ways?
- ✓ What has worked well, and what has not?
- ✓ How are barriers being addressed?

OUTCOME INDICATORS

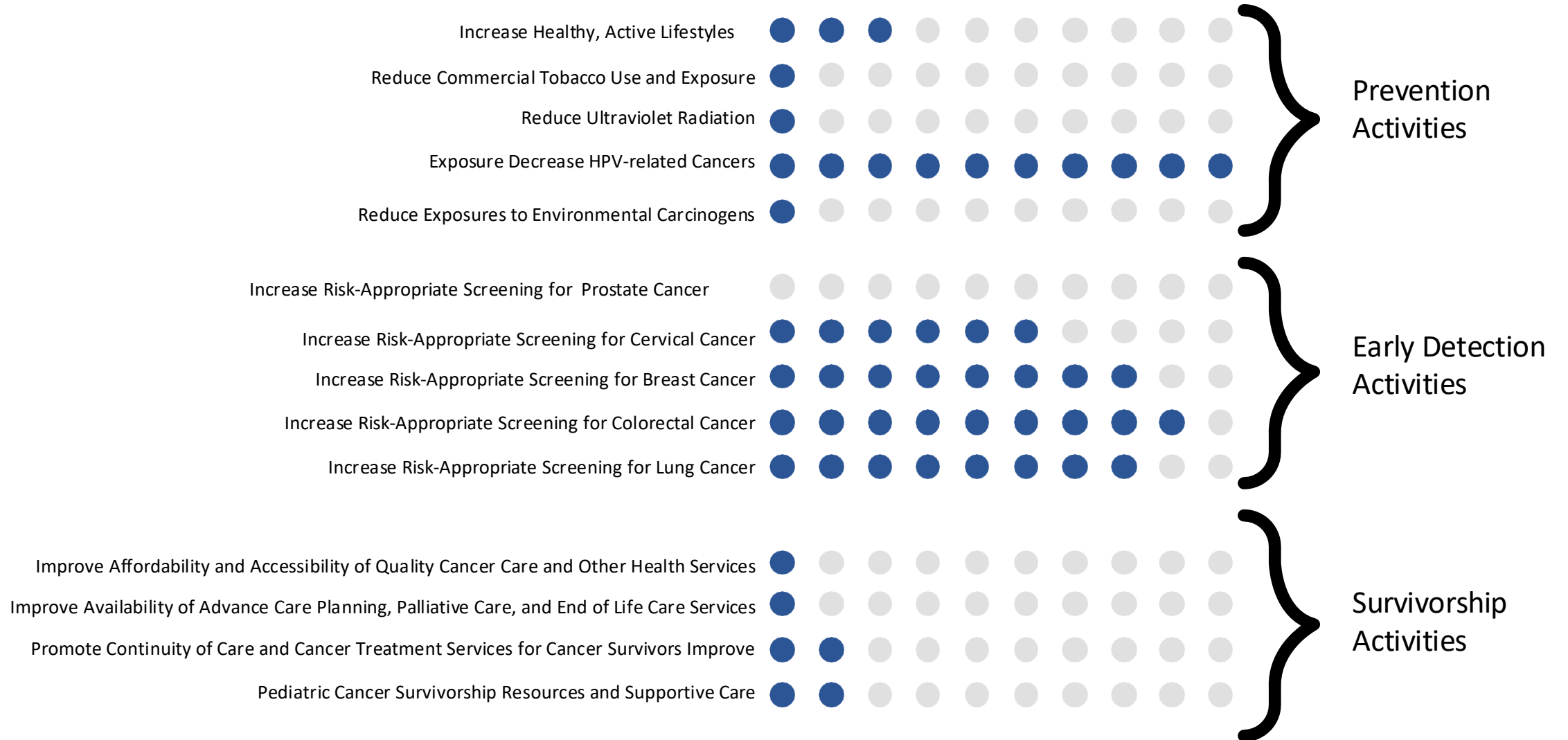
Have program activities made a difference?

- ✓ What has been done?
- ✓ Who was reached or not reached?
- ✓ What happened?
- ✓ What changes occurred?
- ✓ Who benefitted and who did not?



Task Force Focus

Period of Review: 2016-2026





Task Force Focus

Period of Review: 2016-2026

Prevention
Activities

30.2%

Early Detection
Activities

58.5%

Survivorship
Activities

11.3%



Discussion



- ▶ **In which priority areas should the Coalition continue its focus?**
- ▶ **Where should we do more?**
- ▶ Use brown paper & markers
- ▶ Discuss at tables for 15 minutes and report out



Cancer Plan Activity Reporting



<https://bit.ly/cancersdactivity>



Meeting Evaluation



Hard copies also available at registration table



Thank you to our Presenting Sponsor!



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FOUNDATION
MEDICINE





Thank you for coming!

Travel safely!

