



Comprehensive
**CANCER
CONTROL**
S O U T H D A K O T A

**First Year Outcomes of a Statewide
Cancer Control Plan**



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Three Components of the Year One Evaluation of the SD CCC Plan

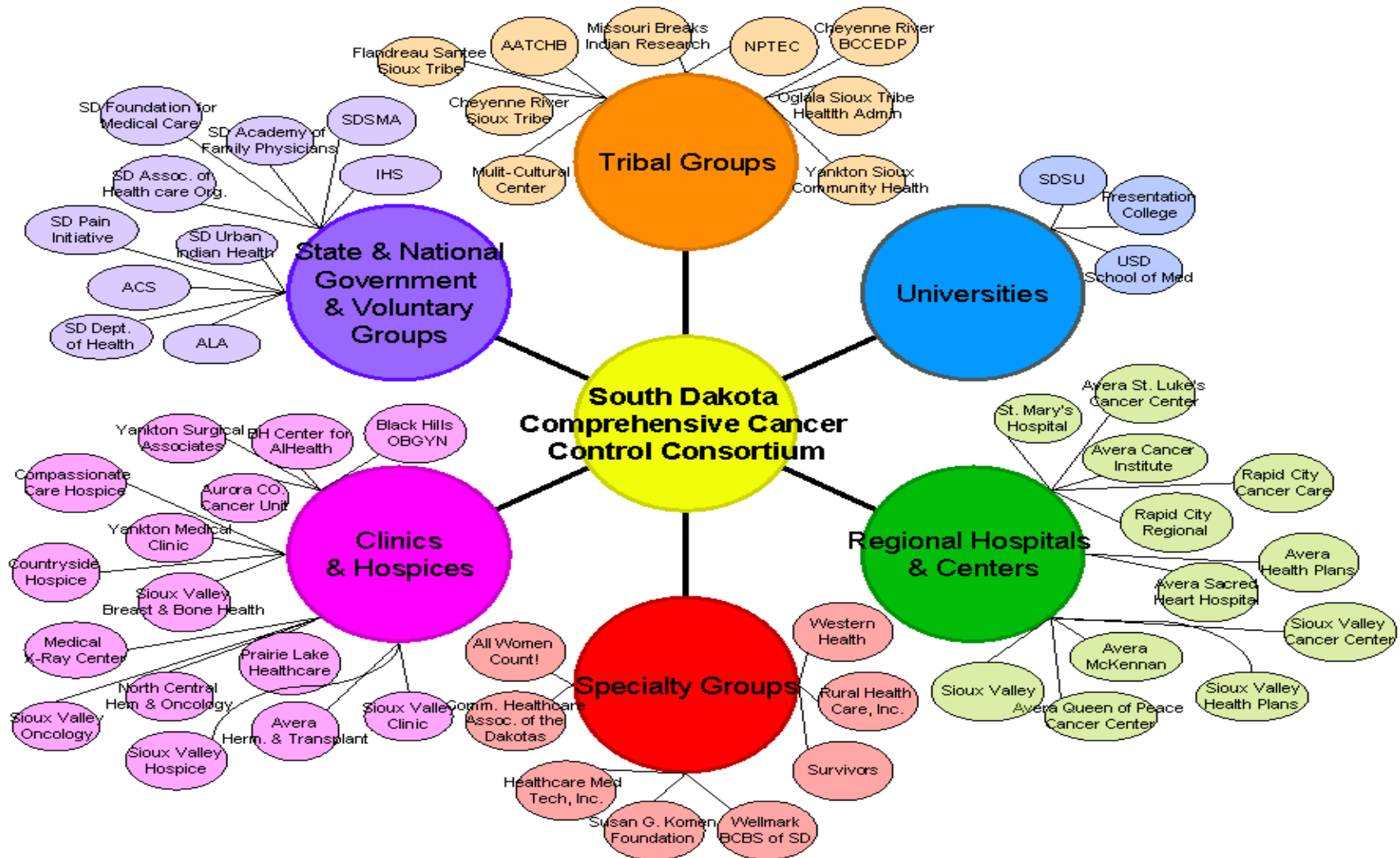
1. How did the coalition work together?
2. What activities took place?
3. What occurred that indicated progress in achieving CCC goals?



*Badlands National Park, Interior, SD
SD Dept. of Tourism*

WHO ARE WE?



South Dakota CCC Consortium-affiliated Organizations





Vision of CCC in SD

- 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.



Evaluation Component 1:

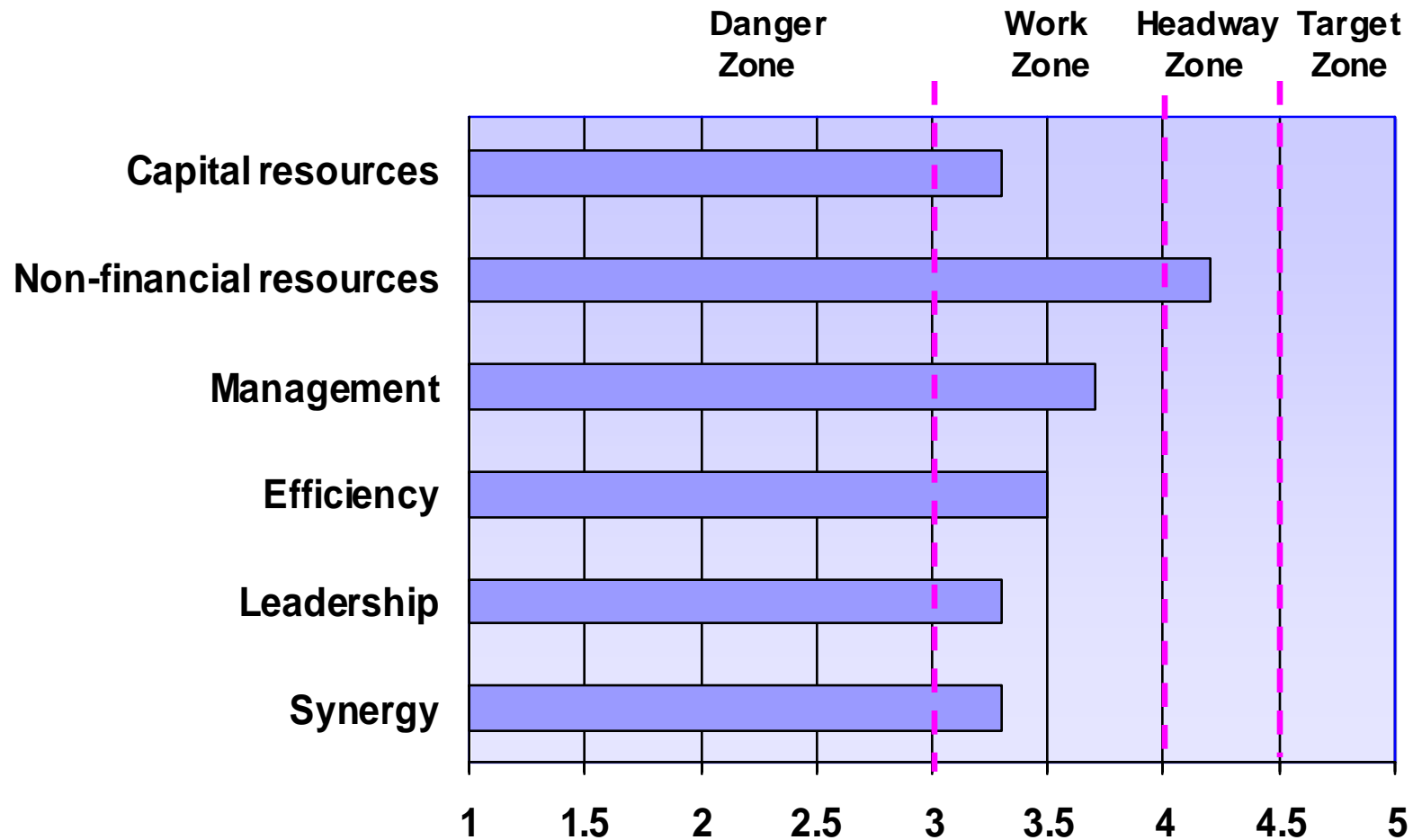
How did the group work together in year one of the CCC plan implementation?

***Measured by the
“Partnership Self-Assessment Tool”¹ &
Key Informant Interviews***

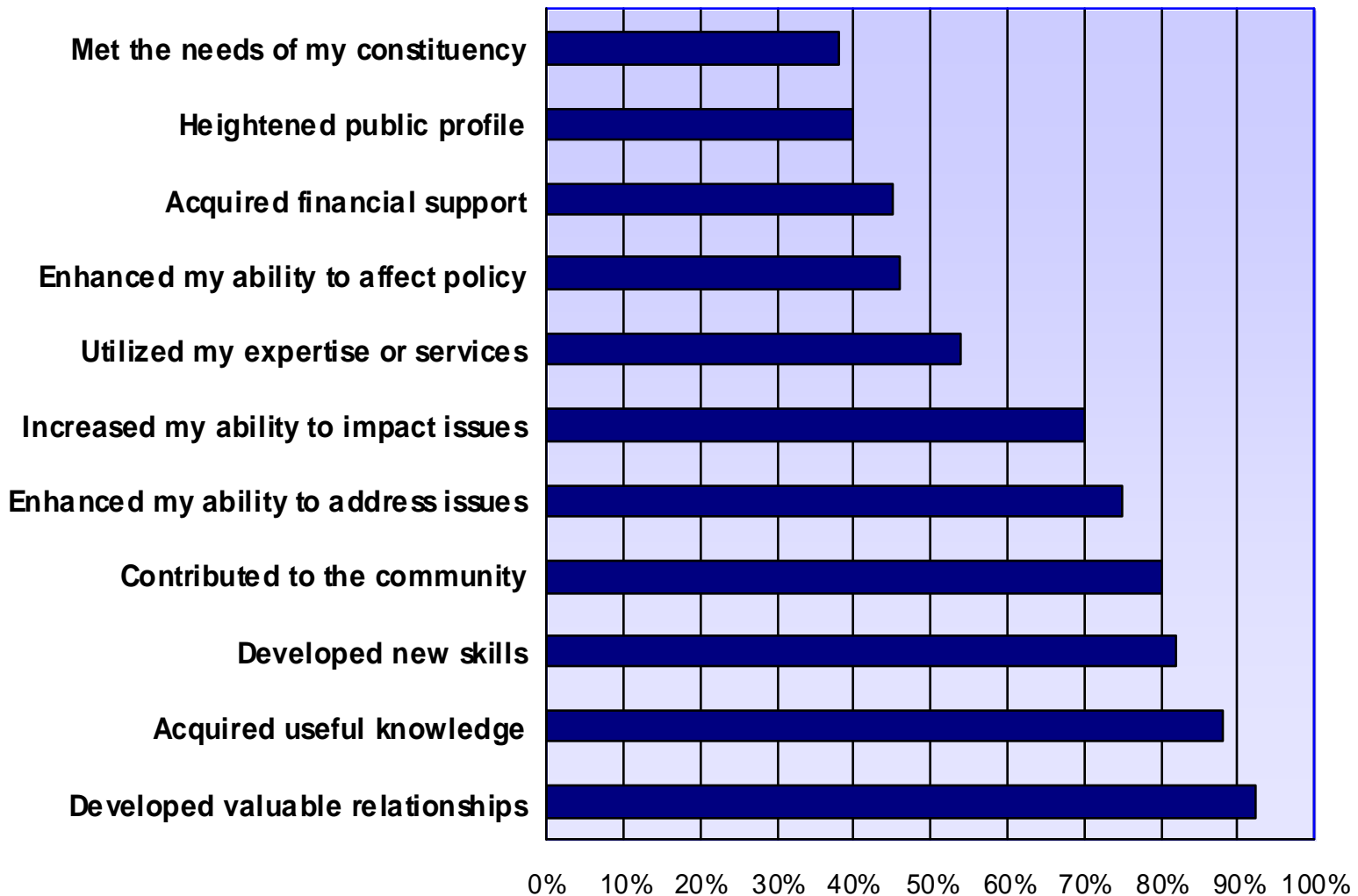
¹Center for the Advancement of Collaborative Strategies in Health at the New York Academy of Medicine



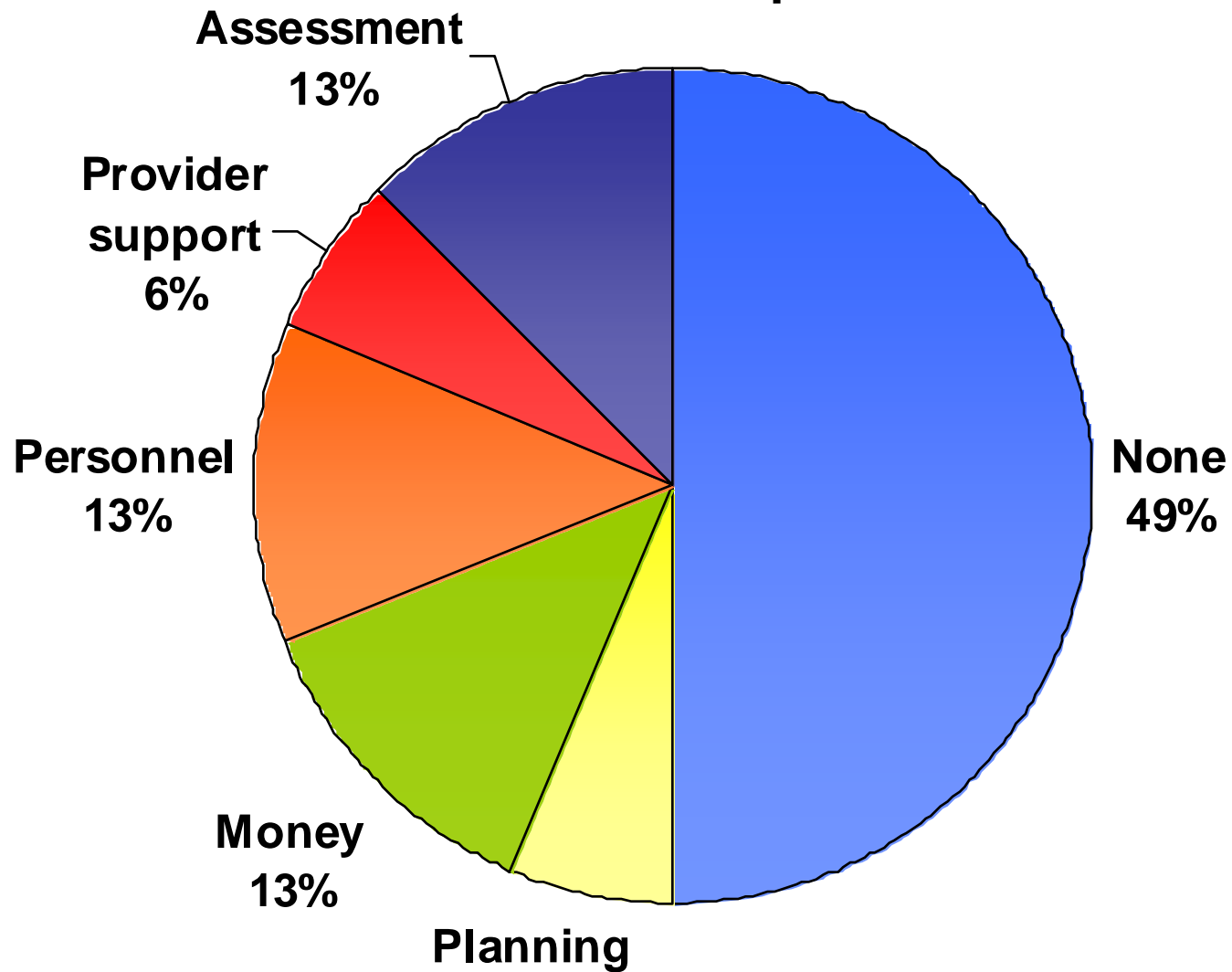
Six Components of Strong Partnerships



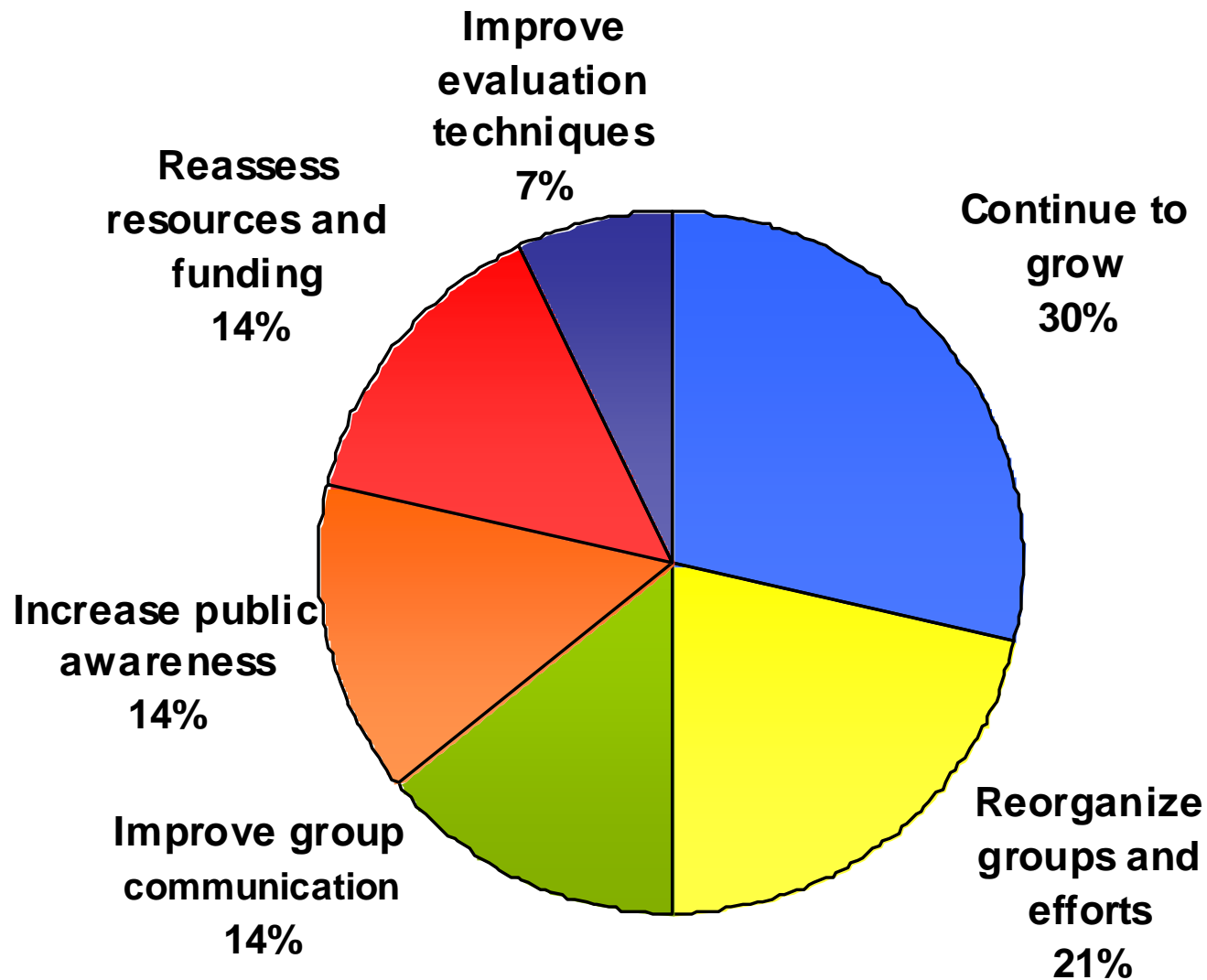
Participation Benefits Experienced by Consortium Members



What Type of Assistance Does Your Group Need?



What would you like to see happen across all CCC efforts in the next year?





Feedback from CDC consultants:

- Near the end of year one:
 - apply for CCC implementation funding
 - focus on diverse partnerships
 - collect systems level evaluation data



Feedback from SD Community Members:

- Priorities remain critical. Tobacco is #1. People want clean air.
- Skin cancer is a tremendous concern, especially for the youth.
- Alcohol use and abuse is a concern related to digestive and oral cancers.
- Treatment, end of life care and access to screenings are all prominent concerns.



What activities took place?

Evaluation component 2

Year One Plans of Comprehensive Cancer Control Workgroups

Healthy Youth Adults	<ul style="list-style-type: none"> • To complete an information project for convenience stories and nutrition stores.
Breast & Cervical Cancer	<ul style="list-style-type: none"> •To focus on increasing enrollment in the All Women Count! Program •To offer gas card incentives for women who complete mammogram and pap. smear
Colorectal Cancer: Early Detection	<ul style="list-style-type: none"> •To identify, collect, and use sources in colorectal planning and implementation. •To increase professional opportunities for health care providers that address prevention, early detection, and treatment. •To increase public awareness & enhance understanding of prevention & early detection. •To reduce barriers to screenings by increasing accessibility.
Treatment	<ul style="list-style-type: none"> •To improve access to cancer treatment facilities statewide. •To access affordable housing options and develop a transportation/housing network. •To develop of brochure that addresses needs of patients.
Survivor	<ul style="list-style-type: none"> •To work with survivors statewide to get information out to the public. •To work with PBS to air children's cancer episode. •To work directly with state health and American Cancer Society.
End of Life	<ul style="list-style-type: none"> •To change state legislation concerning End of Life (make it more readable and more concise). •To develop a guide for people to understand their choices or their family member's choices for End of Life (power of attorney, etc.).



Major Activities Related to Comprehensive Cancer Control

Group Name **Projects, Events, Publications, etc.**

Breast/Cervical Created “Breast Cancer Resource Guide,” which will complement the “Straight Talk about Breast Cancer” brochure that clinics already hand out; the guide adds additional info concerning SD contacts for counseling, financial resources, etc.

Colorectal—Early Detection Created partnership with All Women Count! Program.
Published the Colorectal Annual Burden Statement, March 2006.
Published an article in the *South Dakota Medical Association Journal*, March 2006.
Collaborated with the USD School of Medicine’s 5th Annual IN-CHECK project and continuing medicine event.
Works directly with South Dakota Colorectal Cancer.

Survivor Private funding (Lance Armstrong Foundation). Aired *A Lion in the House* episode about children’s cancer care both statewide and nationally (working to make it available on tape to public). SDPTV estimated that 6,803 SD households viewed the program.



Major Activities Related to Comprehensive Cancer Control

Group Name

Projects, Events, Publications, etc.

End of Life

Funding for geographically diverse survey on end of life issues (Wellmark Foundation). Findings available soon.

The SDSMA and the SD Bar Assoc. formed a joint committee to examine end of life care statutes (work is beginning).

Workgroup is working on educating public about advanced directives.

Statewide hospice use survey

Treatment

Working on resource brochure (CCC funded). Needs evaluation and perhaps grant funding for production.

Research and Data

Nationally recognized cancer registry met gold standard within 3 years.



Major Activities Related to Comprehensive Cancer Control

Group Name

Projects, Events, Publications, etc.

Healthy Youth & Adults

Working towards getting legislation concerning state-wide tobacco-free environments on the ballot.

2006 ballot initiative, tobacco tax (\$1.60)

June 2006, state government & 3 major health systems tobacco-free

University, public school and community mini-grants for tobacco control.

Change focus to skin cancer because of strong statewide efforts with tobacco and nutrition/physical activity.



Workgroup desires for improvement:

- Additional screening equipment in rural and reservation areas (colonoscopy)
- More direct collaborative work with hospitals/health systems.
- Buy-in from providers (through marketing, partnerships, public and provider education).
- Track outcomes, especially impact and process.
- Assure SD residents of the relevance and value of the group.
- Collaborate with Northern Plains Tribal CCC as they develop their plan.
- Locate funding.
- Competence with proposal writing.

Response to Emerging Issues

HPV vaccine (Human Papilloma Virus)

- Present in virtually all cases of cervical cancer.
- Implications of vaccine availability
- Members of the CCC consortium (Women's Cancer Network) studied the issue:
 - recommended that routine cervical cancer screening protocols be retained,
 - that a pre-exposure vaccine be administered to females once there is consensus on the priority age cohort(s) for vaccine administration,
 - and to encourage insurance company coverage of the vaccine as a way to reduce future health care costs.



New and Innovative Partnerships



i = innovation, a
creative and
relevant new idea

- Sioux River Community Health Center
- Multi-cultural Center
- SD CCC program
 - Targets minority men and women for colorectal and breast/cervical cancer screening.
 - Uses a culturally preferred of communicating information to increase accessibility of screenings

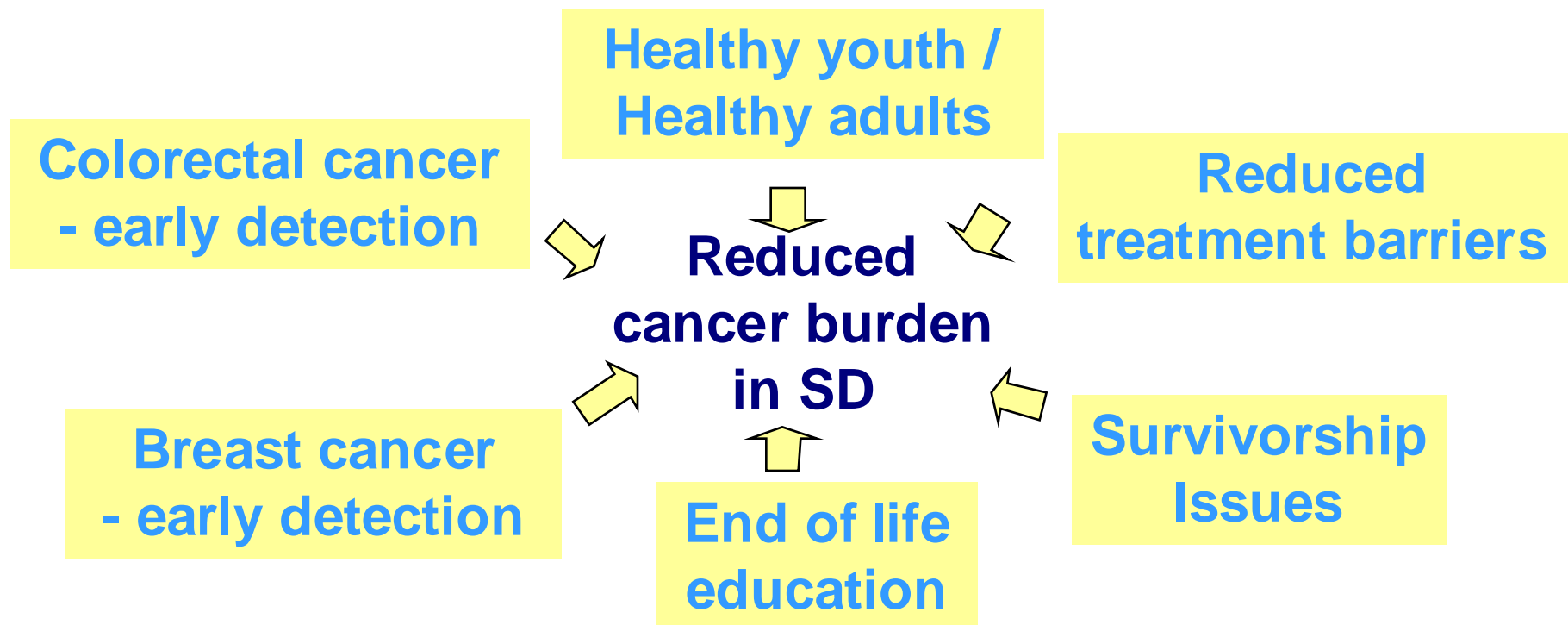


**What markers and milestones
occurred?**

Evaluation component 3

Impact Evaluation:

**examines changes in the determinants
of cancer-related issues**





Outcome Evaluation:

**examines how effective the CCC
plan strategies were at reducing
cancer morbidity and mortality.**





Impact and Outcome Data: Trends

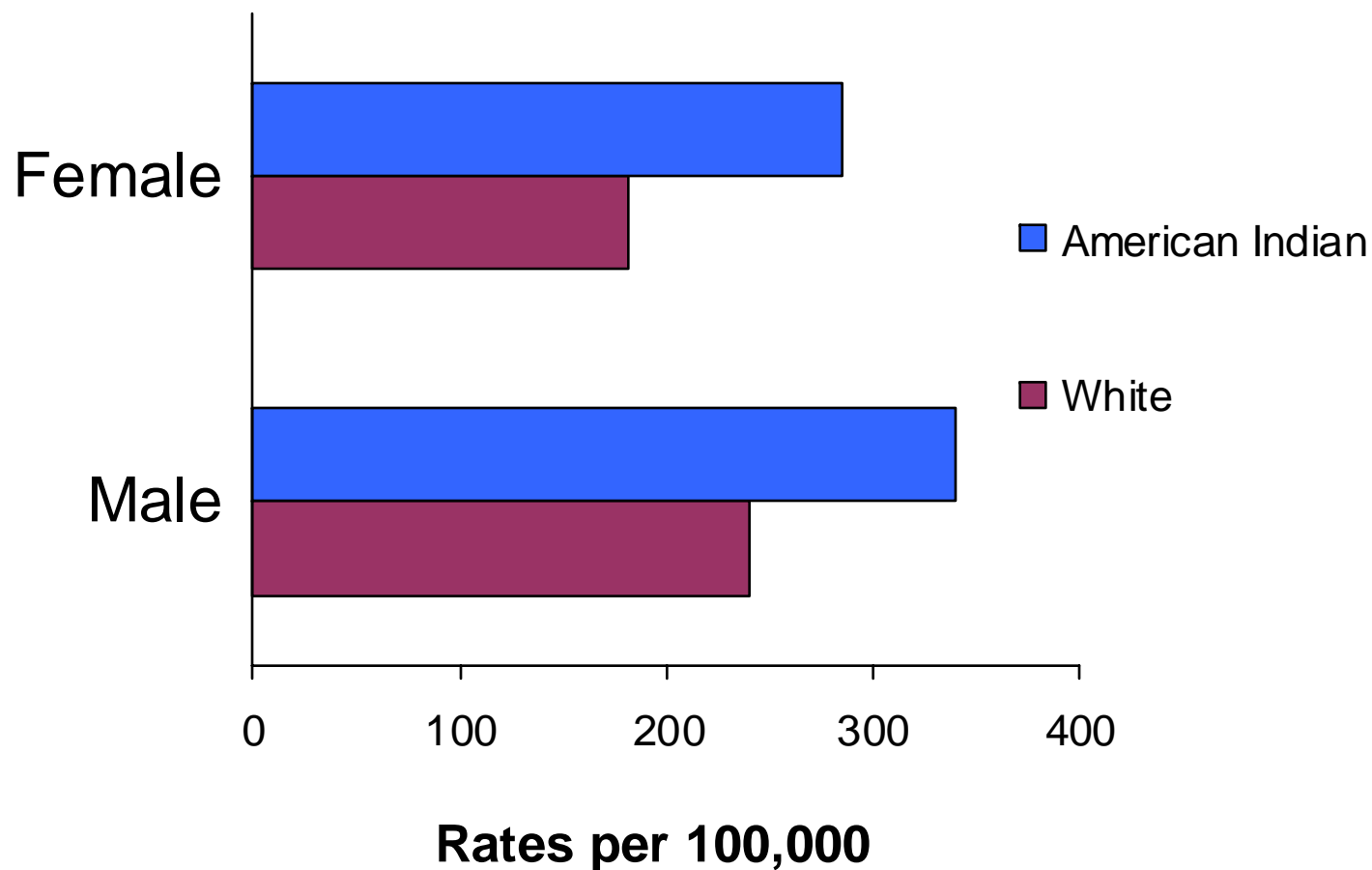
risk factor, early detection and
morbidity/mortality estimates

Estimated New Cancer Cases and Cancer Deaths in South Dakota, 2006

Source: American Cancer Society, Inc. Surveillance Research, 2006

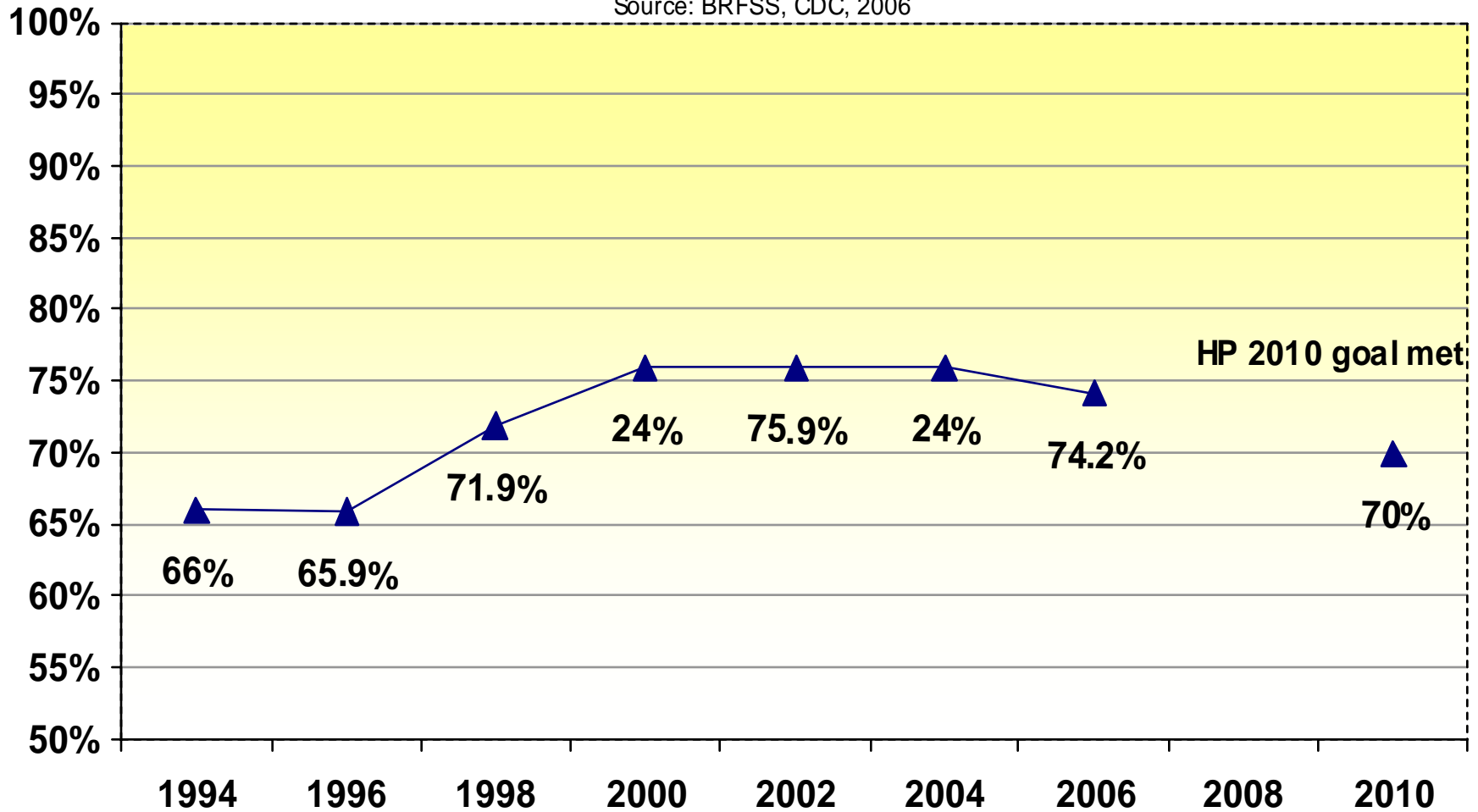
New Cancer Cases		Cancer Deaths	
Site	Cases	Site	Cases
All sites	4060	All sites	1640
Prostate	940 ←	Lung & Bronchus	410 ←
Breast	520 ←	Colon and rectum	180 ←
Colon and rectum	480 ←	Prostate	110 ←
Lung & Bronchus	440 ←	Breast	100 ←
Non-Hodgkin lymphoma	250	Pancreas	100
Melanoma	240 ←	Leukemia	80
Urinary bladder	190	Non-Hodgkin lymphoma	80
Leukemia	130	Ovary	60
Uterine corpus	110	Brain/Nervous System	50
Uterine cervix	n/a	Liver	n/a

All sites age-adjusted cancer death rates by gender and race South Dakota 2000-04



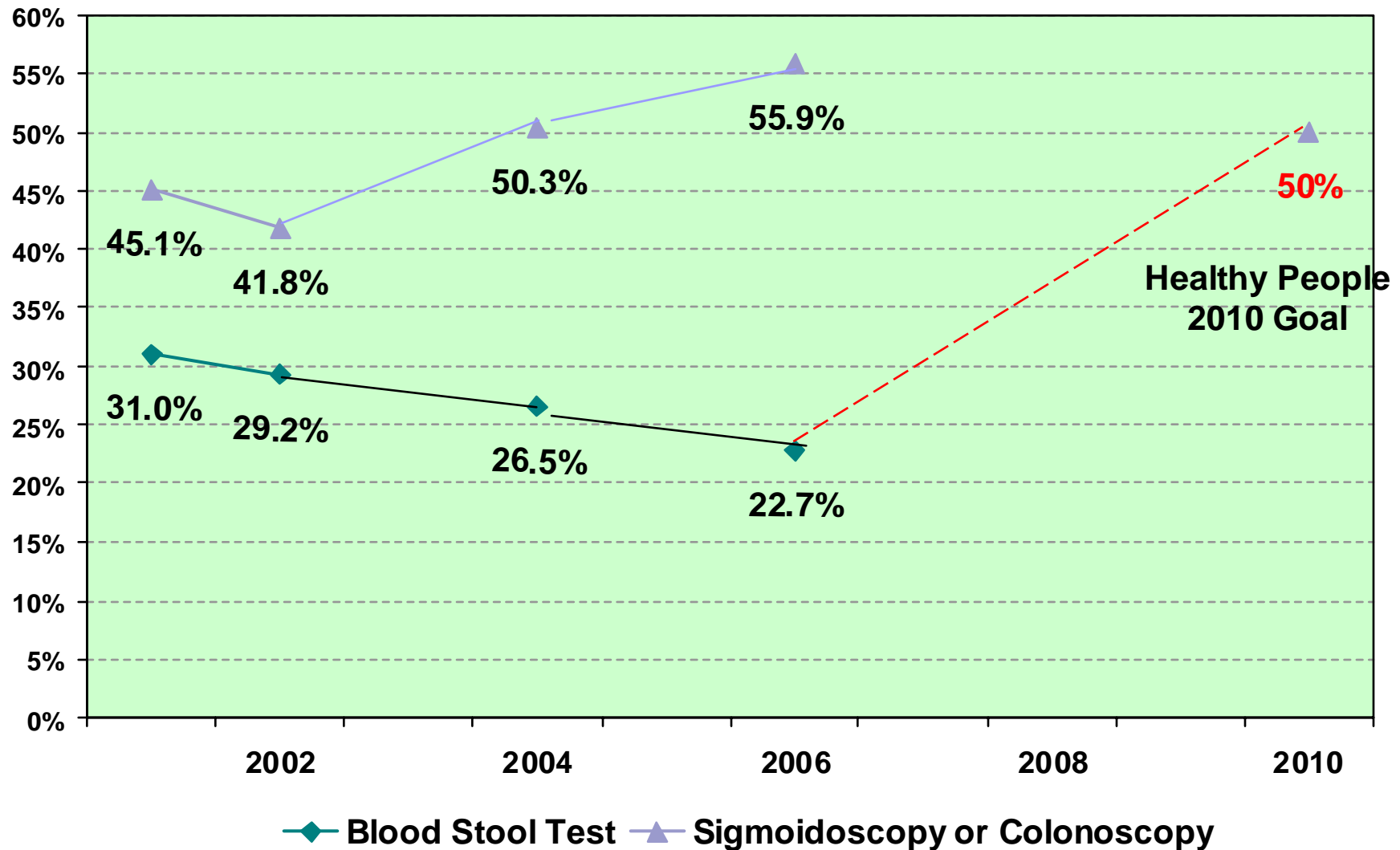
Percent of SD Women Respondents, Ages 40 and Older, Who Have Had a Mammogram in the Past 2 Years, 1994-2006

Source: BRFSS, CDC, 2006

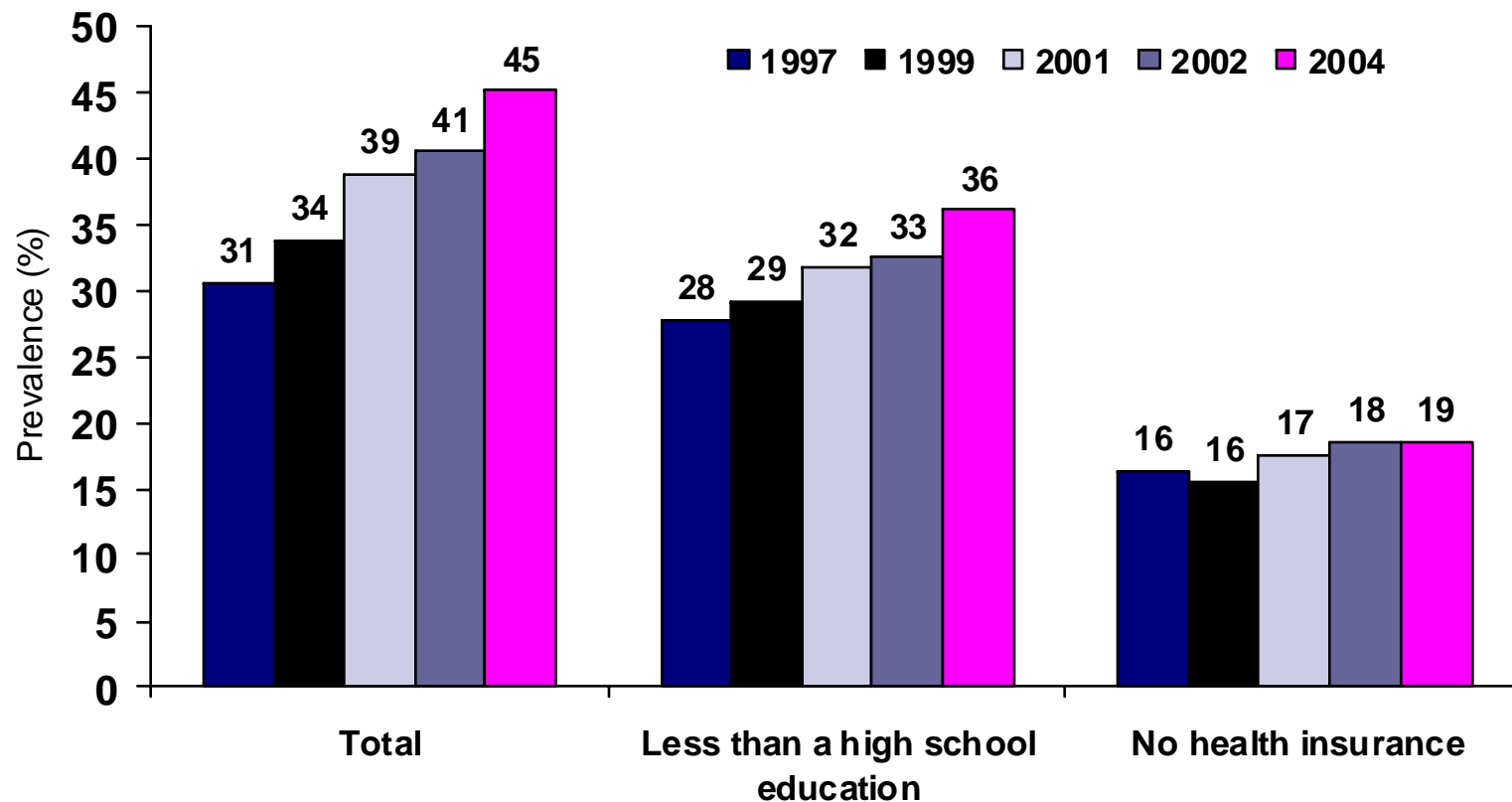


SD adults age ≥ 50 who reported a blood stool test in the past 2 years or a sigmoidoscopy or colonoscopy, BRFSS,

CDC, 2001-2002, 2004, 2006



Trends in Sigmoidoscopy or Colonoscopy by Education and Health Insurance, Adults 50 Years and Older, US, 1997-2004

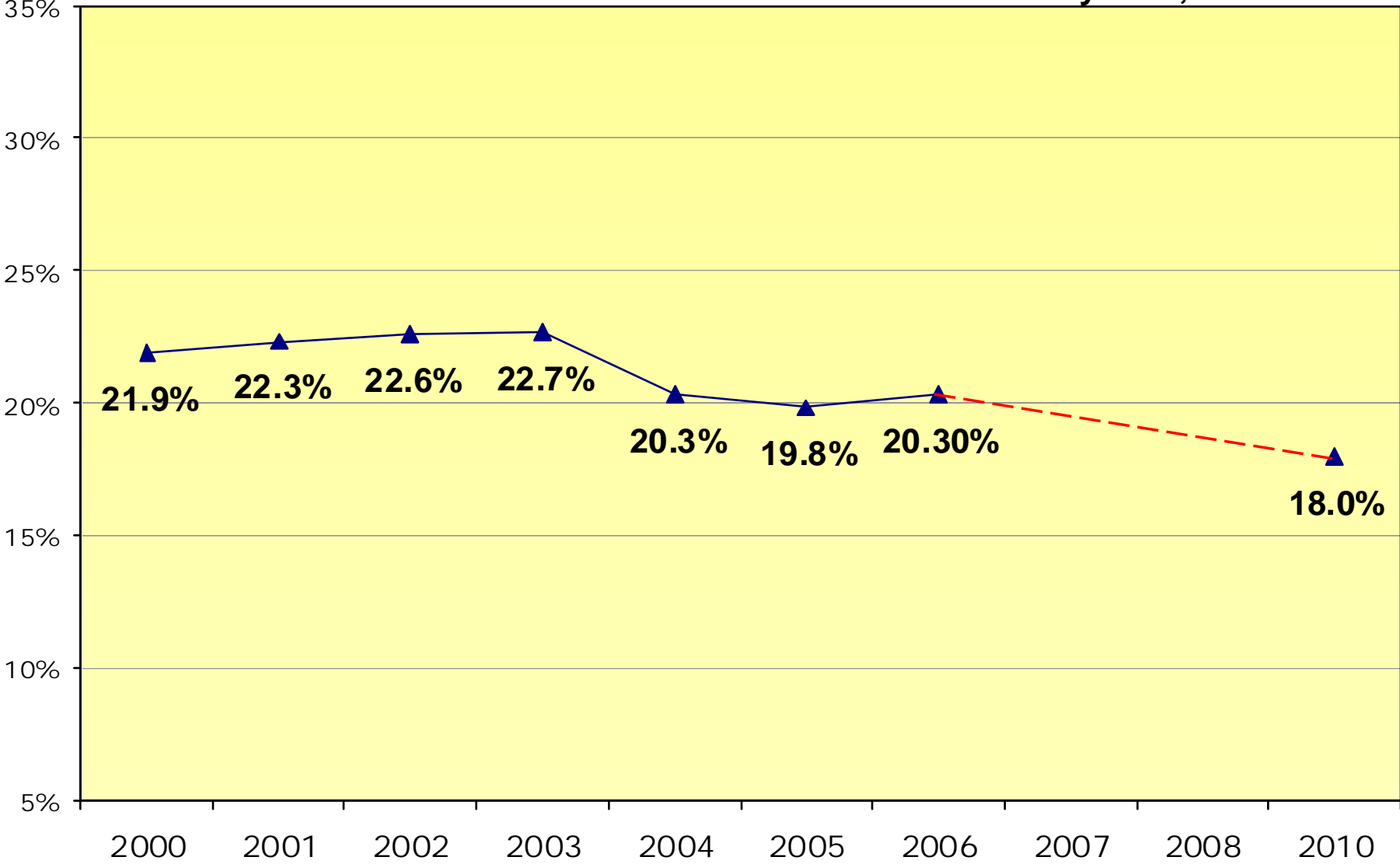


*A flexible sigmoidoscopy or colonoscopy within the past five years. Note: Data from participating states and the District of Columbia were aggregated to represent the United States.

Source: Behavioral Risk Factor Surveillance System CD-ROM (1996-1997, 1999) and Public Use Data Tape (2001, 2002, 2004), National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1999, 2000, 2002, 2003, 2005.

Cigarette Smoking: SD Adults

Source: The Behavioral Risk Factor Surveillance System, CDC






Recommendations

Communicate, celebrate and continue to evaluate so that program strengths are recognized.

- Newsletters and press releases are suggested to convey program successes.
- Consortium bulletins are recommended to update members on program activities.

Develop clear action plans for year two with very specific evaluation activities so that program accomplishments can be acknowledged and strengthened.

- Focus efforts to strengthen the CCC consortium on the opportunities for improvement identified through the evaluation process.
- Review and prioritize the named opportunities to strengthen the CCC program.
- Identify key people who can accept the challenge of addressing priorities.



Explore additional partnerships and continue to dialogue with current partners in order to strengthen programs and maximize resources.

- Brainstorm names and types of community partners who can implement programs that maximize reach and minimize cost.
- Ongoing dialogue with the leaders of the Northern Plains Tribal CCC group is needed to assure that limited resources are used effectively by both programs.



Complete annual action plans that focus efforts on priority strategies.

- Write measurable goals and action steps and plan for evaluation.
- Identify group members responsible for the action items.
- Seek consultation for evaluation.



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Year 1 of the CCC plan implementation
was successful.

This success was achieved without the
implementation level of funding from the CDC!