

South Carolina Cancer Plan

**2017-2021
FINAL EVALUATION**



SOUTH CAROLINA
CANCER ALLIANCE

Overview

The 2017-2021 South Carolina Cancer Plan (the Cancer Plan) was developed to guide the state through the fight against cancer and address disparities impacting equitable cancer outcomes among South Carolinians. It was organized by evidence-based priority areas such as prevention, early detection, treatment and survivorship, and health policy and advocacy. These priority areas were coupled with associated measurable objectives to assess change and impact overtime.

Over the past five years, the South Carolina Cancer Alliance and its members were committed to carrying out the mission of this Cancer Plan. This evaluation report details selected outcomes of the Cancer Plan objectives and the work that was delivered by The Alliance, its partners and collaborators to decrease the burden of cancer in South Carolina.

Workgroups

The Alliance strategically organized its volunteers into cancer site-specific workgroups in support of achieving objectives aligned with the Cancer Plan. These workgroups were responsible for developing and implementing projects and strategies that addressed cancer control initiatives of its respective focus.

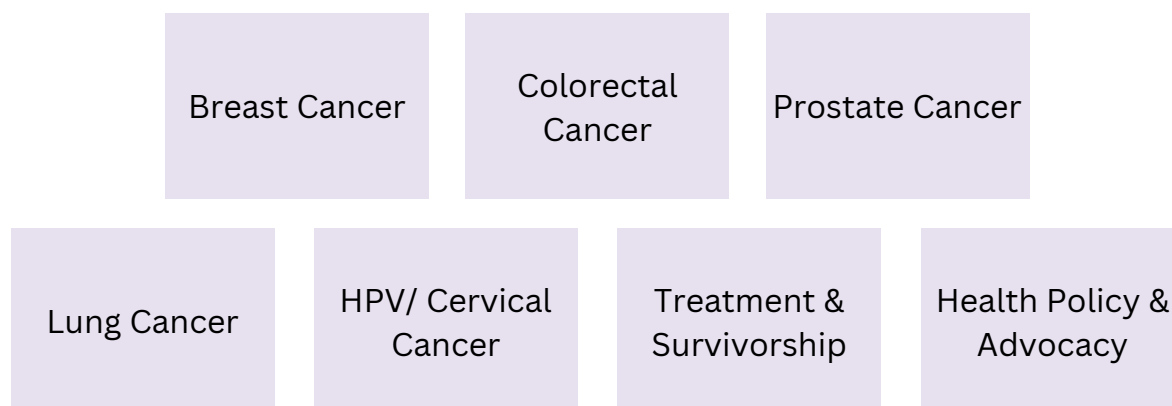


Diagram 1: Initial Workgroup Names

During the course of this cancer plan cycle, workgroups were restructured to provide additional infrastructure for the initiatives and projects being conducted.



The Cancer Plan Evaluation

A mid-cycle evaluation was conducted in 2019 which reported that over two-thirds (69%) of the cancer plan objectives were met at that time. Since that evaluation, majority of its objectives were met related to knowledge, policy, and improved cancer outcomes.

At the end of this cancer plan cycle

81%

of objectives
were met

11%

of objectives
were unmet



Screening and preventative testing rates across the state experienced declines nearing the end of the Cancer Plan which accounted for majority of the unmet objectives.



Outcomes of the remaining objectives, one policy and two colorectal cancer objectives, are unknown due to limitations of data availability at the time of this report.

Cancer Plan Objectives

Unmet Objectives

Details into the statuses of objectives that were unmet at the close of the cancer plan cycle are provided on this page.

- Unmet but going in the desired direction
- Unmet and going in the undesired direction

Colorectal Cancer	Goal	Actual	Change
The percentage of up to date colorectal cancer (CRC) screenings increased among adults aged 50-75 in South Carolina by 5.5% (BRFSS)	80%	76.5%	+5.5% ●

Breast Cancer	Goal	Actual	Change
Increase breast cancer screenings rates among Black and Hispanic women (BRFSS)	Increase	82.2%	-1.4% ●

HPV	Goal	Actual	Change
Increase the percentage of women aged 21 to 65 who have received a Pap test in the previous three years (BRFSS)	Increase	78.6%	-3.9% ●
Increase the percentage of Black women diagnosed with cervical cancer in its earliest stage from 37% to 40% (SCCCR)	40%	35.6%	-1.4% ●

Cancer Data

8%

reduction in overall state cancer **incidence rates**

11%

reduction in overall state cancer **mortality rates**



Lung Cancer¹

17%

average decrease in **incidence** rates across all racial and gender groups

30%

average decrease in **mortality** rates across all racial and gender groups

Colorectal Cancer¹

11%

average decrease in incidence rates among White and Black men

14%

average decrease in **mortality** rates across all racial and gender groups

Screening Rates²

Adults aged 50-75 that met the recommendations for colorectal cancer screenings increased

10%

White



25%

Black

Cancer Data cont.

Breast Cancer ¹

<1%

average decrease in **incidence** rates across White and Black females

-4%

average decrease in **mortality** rates across White and Black females

-4%

reduction of in the difference in late-stage diagnosis between non-Hispanic White and Black women

+16%

Females of other* racial groups mortality rates increased significantly, compared to White and Black females.

Cervical Cancer ¹

-7%

average decrease in incidence rates among Non-Hispanic women

-11%

average decrease in **mortality** rates among Non-Hispanic women

Prostate Cancer ¹

19%

average decrease in incidence rates across Non-Hispanic males

23%

average decrease in **mortality** rates among Black men

*The race category Other includes American Indian/Alaska Native and Asian/Pacific Islander



The Alliance Spotlight

The following section spotlights a select few of projects implemented by the workgroups over the course of the plan cycle.³

» Housing Authority

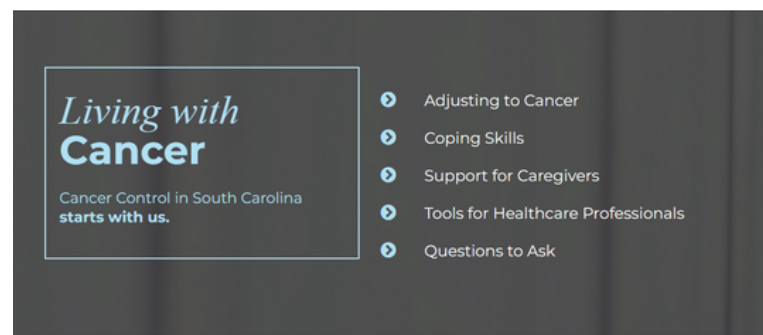
The Alliance partnered with South Carolina's housing authority to provide breast health education to over 300 women in government subsidized low-income housing. Women were also provided referrals to appropriate screening providers.

» Cancer in African American Men in South Carolina

The Alliance, in partnership with South Carolina Department of Health and Environmental Control, issued a report highlighting alarming cancer disparities experienced by African American men living in the state. As a result of this extensive report, various calls to actions were made to drive change, as well as multiple resources created to assist providers and communities with policy, environmental and systematic strategies to address these disparities.

» Living with Cancer

A webpage and application were built called *Living with Cancer* to provide curated resources for people living with cancer. Resources ranged from video messages, conversation prompts for healthcare professionals, to tips for creating health lifestyle choices and mental health support.





Health Equity

A cross-cutting priority area of the Cancer Plan was identifying and addressing health disparities related to cancer in the state to strengthen the possibility of equitable cancer outcomes. Through this priority area, the Alliance utilized data-informed strategies to address barriers to reduce cancer and other health disparities experienced by certain populations groups.

Progress towards equitable cancer outcomes

» Cancer Outcomes among Black people

At the close of this Cancer Plan, there was a reduction in the gap in late-stage diagnoses and cancer mortality rates among Black population compared to White populations.

» Rural-focused Initiatives

The Alliance implemented initiatives and supported grassroot organizations that focused on providing services and resources for rural communities with significant cancer disparities.

Summary

- At the close of this Cancer Plan, the Alliance was able to meet majority of the desired objectives outcomes to reduce the burden of cancer in the South Carolina. Incidence and mortality rates observed significant decreases across racial and gender groups.
- The Alliance utilized cancer and health behavior data which allowed for continuous monitoring and reassessments to focus strategies and drive action.
- The power of community engagement and multi-disciplinary collaboration was demonstrated throughout the planning, implementation, and close of this plan. The Alliance, its Board, workgroups and partners persevered to initiative and sustain policy, system and environmental changes toward equitable cancer outcomes

COVID-19

The global pandemic, COVID-19, shook the world starting in 2019, and its impact was felt nationally and statewide in 2020, nearing the end of this Cancer Plan. Notably, there were observed declines in screening and incidence rates across the state, however, details into the impact COVID-19 on these outcomes are not fully known at the time of this report and additional years of data and research are needed.

This report was written and developed by **Cultured Evaluation, LLC**.

References

1. All cancer incidence and mortality data were provided by the South Carolina Central Cancer Registry (SCCCR) at South Carolina Department of Health and Environment Control. The percent differences were reported of the 5-year age adjusted rates for 2009-2013 and 2016-2020.
2. Cancer screening and testing data were provided by Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online].
3. Details into the Alliance workgroup outcomes were provided by the Alliance.