



**NORTH DAKOTA
CANCER COALITION**

Planning for a cancer-free future

Steering Committee Meeting

Wednesday, October 19, 2022 | 12:00-1:00 p.m.

Julie Garden-Robinson, Chair

WELCOME!

- Ice breaker

On a scale of 1-10, how “FALL” are you?
(10=“LOVE fall” and 1=“don’t like fall at all”)

Please type your response in chat.



- Call to order

- Approval of [August 17, 2022, Meeting Minutes](#)

Comprehensive Cancer Control Program Updates

Jesse Tran, Program Director

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES

Core Functions of the SHO

1. Governor's Cabinet Member
2. Lead Tribal Engagement
3. Health Liaison to the Legislature
4. External Stakeholder Engagement
5. Advisor to specify HHS focus areas, including:
 - A. Health Equity
 - B. Health Care Workforce Development
 - C. Emergency Preparedness and Response
6. Developer of Wellness Strategies for North Dakota

Governor's Office
Doug Burgum

State Health Officer
Dr. Nizar Wehbi

HHS Commissioner
Chris Jones

Deputy Commissioner
Sara Stolt

Core Functions of the DC

1. Day-to-Day Operations
 - A. Constituent Services / Appeals Review
 - B. Facilities Planning and Operations Management
 - C. Criminal Background Check Services
 - D. Document Management
 - E. Contact Center Operations Coordination
 - F. Refugee Support Services
 - G. DD Council
2. Transformation Centers
 - A. Portfolio and Project Management
 - B. Process Improvement and Quality Management
 - C. Change Management
 - D. Customer Experience Management
 - E. IT and Data Governance

PROGRAMMATIC DIVISIONS

Executive Director Public Health Dirk Wilke	Executive Director Medical Services Caprice Knapp	Executive Director Behavioral Health Pamela Sagness	Executive Director Human Services Jessica Thomasson
Disease Control and Forensic Pathology	Medicaid	State Hospital / Human Service Centers*	Disability Determination Services
Healthy & Safe Communities		Behavioral Health Policy	Human Service Zone Operations
Health Response and Licensure			Economic Assistance
Laboratory Services			Vocational Rehabilitation
Health Statistics and Performance			Children & Family Services
			Child Support
			Early Childhood
			Life Skills and Transition Center
			Aging Services
			Developmental Disabilities

*This organizational change is still in process and will take effect post-9/1/22

BUSINESS DIVISIONS

Chief Financial Officer Arnold Strebe	Chief Human Resources Officer Marcie Wuitschick	Chief Communications Officer Lynn Bargmann	Chief Legal Officer Jonathan Alm
Assistant CFOs for each Division	HR Business Partners for each Division	Communications Managers for each Division	Legal Counsel
Budget Management	Operations and Digital	Internal Communications	Professional and Administrative Support
Audit Management	Talent Acquisition	External Communications	
Procurement and Contracts	Talent Management and Development	Marketing, Outreach, and Education	
Logistics Management	Total Rewards	Multi-Media Support	
Performance and Data Management	Risk Management/ Employee Health		
Supply Chain Operations	Safety/Disaster Preparedness		

Please note: The boxes under each of the Green divisions indicate future state functions, not sections

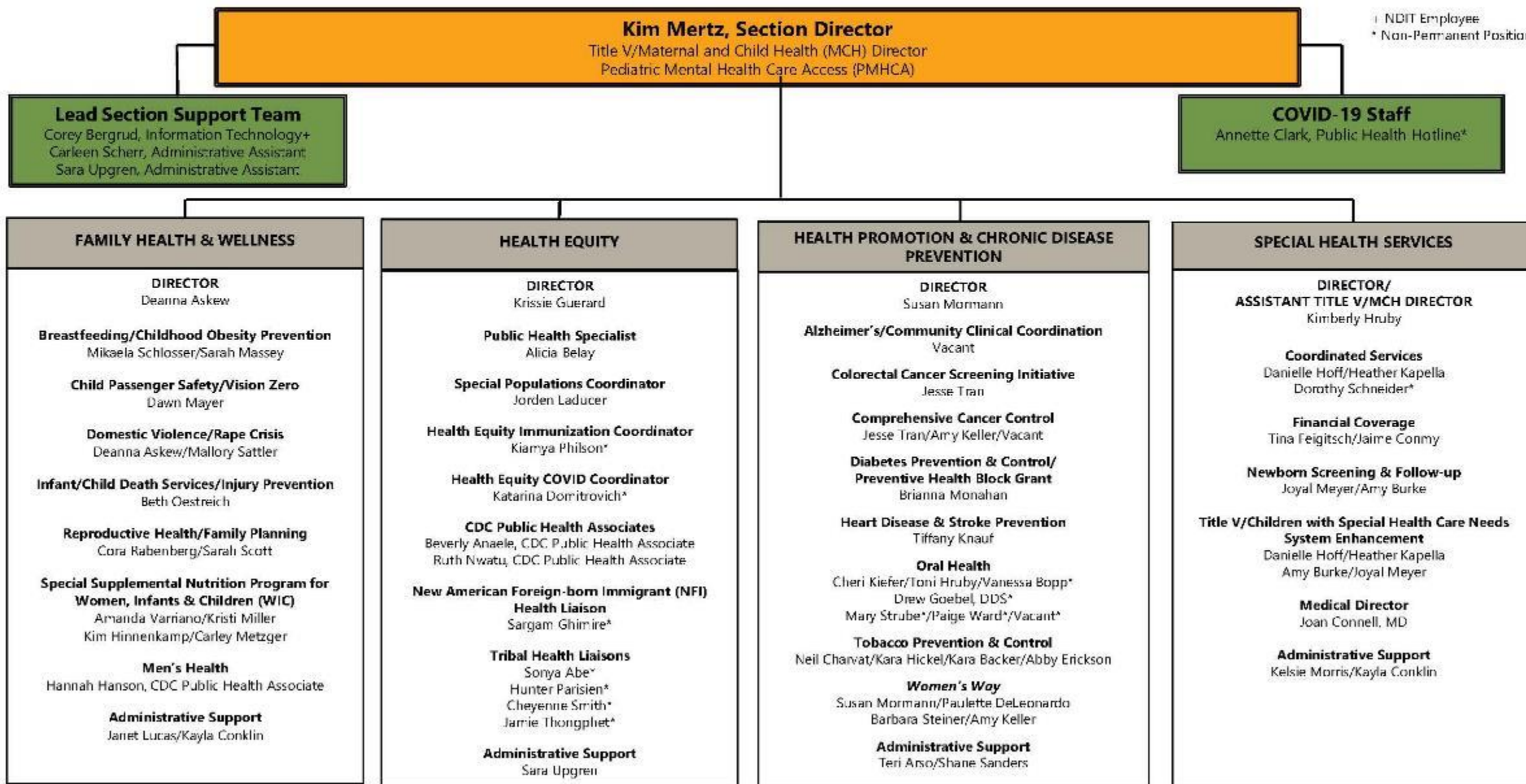
Healthy & Safe Communities Section

Mission: The purpose of the Healthy & Safe Communities Section is to support individuals, families and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans.

Organizational Chart

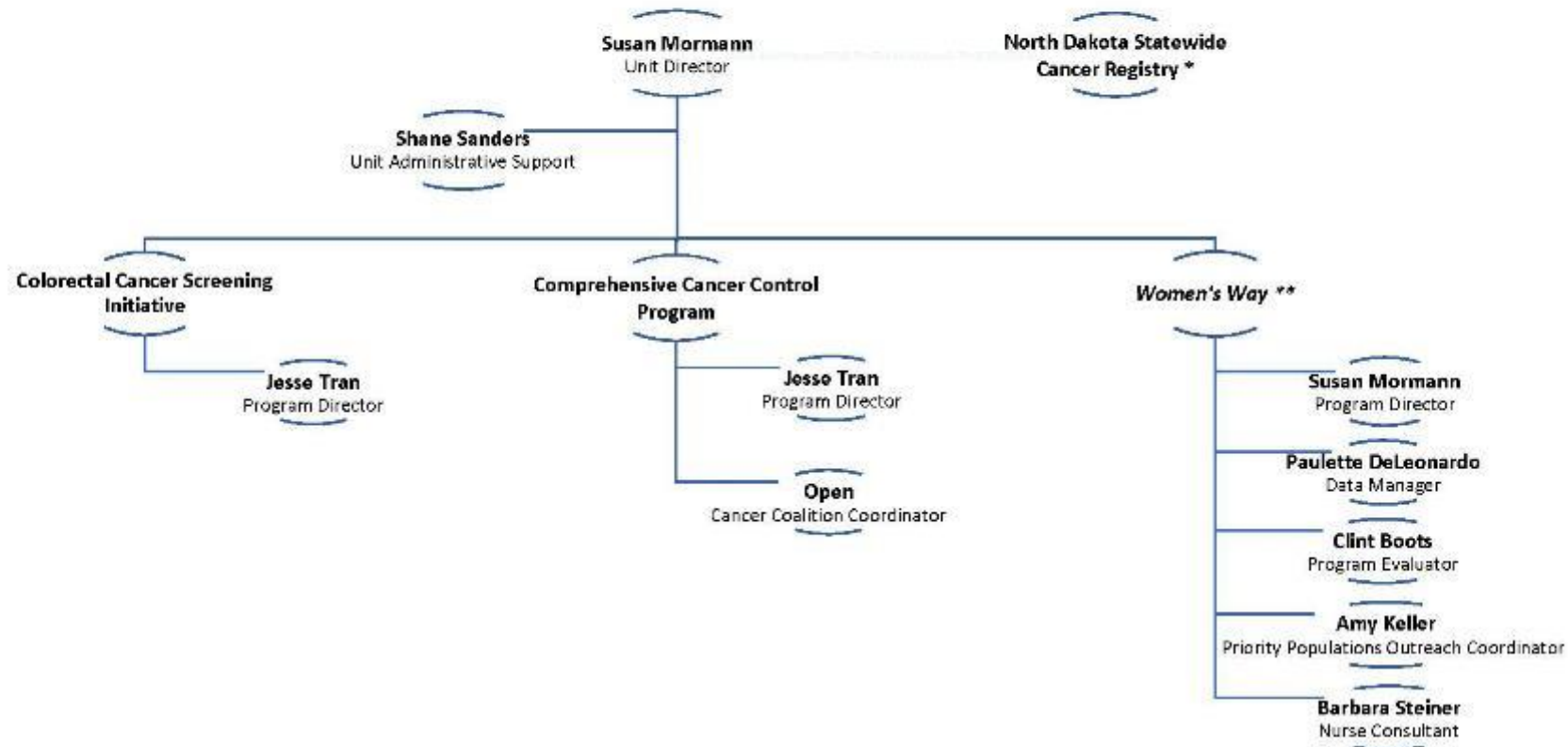
September 27, 2022

† NDIT Employee
* Non-Permanent Positions



Health Promotion & Chronic Disease Prevention Unit

Works to prevent disease and promote health at every stage of life through evidence-based and culturally responsive strategies.



* The Department of Pathology located at the University of North Dakota School of Medicine and Health Sciences serves as the Bona Fide Agent and operates the cancer registry on the behalf of the Department.

** The North Dakota Breast and Cervical Cancer Program

Great Plains Tribal Leaders Health Board

Richard Mousseau and Ruth Allery



Community Health Prevention Programs

Honor Every Woman:

Program Director: TBD

Program Manager: Kelley Le Beaux

Program Coordinator: Dawn Arkinson Red Cloud

Patient Navigator: Julie Heesacker

Data Manager: Richard Mousseau

Administrative Assistant: Deanna Swan

Great Plains Comprehensive Cancer Control Program:

Program Director: TBD

Program Manager: TBD

Program Coordinator: TBD

Policy Lead: Richard Mousseau

Administrative Assistant: Deanna Swan

National Native Network:

Program Director: TBD

Program Coordinator: Richard Mousseau

Administrative Assistant: Deanna Swan

IHS Cancer Support Leadership:

Program Director: TBD

Program Coordinator: Richard Mousseau

Administrative Assistant: Deanna Swan

Smoke Free Homes Project

Program Director: TBD

Program Coordinator: Richard Mousseau

Research Assistant : Delnita Traversie

Approaches to COVID-19 Testing Project:

Program Director: TBD

Program Manager: Gina Johnson

Administrative Assistant: Deanna Swan

Living Well With Serious Illness Project:

Program Director: TBD

Program Manager: Gina Johnson

Administrative Assistant: Deanna Swan

Stand Up to Cancer Project:

Program Director: TBD

Program Manager: Gina Johnson

Research Assistant: Delnita Traversie

Administrative Assistant: Deanna Swan

Cheyenne River Sioux Tribe

Crow Creek Sioux Tribe

Flandreau Santee Sioux Tribe

Lower Brule Sioux Tribe

Mandan, Hidatsa, & Arikara
Nation
(Three Affiliated Tribes)

Oglala Sioux Tribe

Omaha Tribe of Nebraska

Ponca Tribe of Nebraska

Rosebud Sioux Tribe

Sac & Fox Tribe of the
Mississippi in Iowa
(Meskwaki Nation)

Santee Sioux Tribe of
Nebraska

Sisseton-Wahpeton Oyate of
the Lake Traverse Reservation

Spirit Lake Tribe

Standing Rock Sioux Tribe

Trenton Indian Service Area

Turtle Mountain Band of
Chippewa Indians

Winnebago Tribe of Nebraska

Yankton Sioux Tribe

National Breast & Cervical Cancer Early Detection Program Funding

- 🎗️ Five- year Cooperative Agreement with the Centers for Disease Control and Prevention (June 2022– June 2027)
- 🎗️ Provide breast and cervical cancer screening, diagnostic, and treatment referral services to low-income American Indian/Alaska Native women in the Great Plains Area



Honor Every Women Program Goals

Short Term

- 🎗 To increase breast and cervical cancer screenings, rescreening and surveillance among American Indian/Alaska Native Women in the Great Plains Area
- 🎗 Increase use of Evidence Based Interventions in clinical settings
- 🎗 Increase healthy lifestyle behaviors to reduce cancer risk
- 🎗 Increase informed decision making around breast and cervical cancer screening

Long Term

- 🎗 Reduce breast and cervical cancer morbidity and mortality among American Indian/Alaska Native Women in the Great Plains Area
- 🎗 Reduce disparities in breast and cervical cancer incidence and mortality in the Great Plains Area

Honor Every Woman



Honor Every Woman Eligibility Criteria:

Honor Every Woman



- 🎀 American Indian/Alaska Native
- 🎀 Income \leq 250% of the federal poverty level
- 🎀 Uninsured or underinsured
- 🎀 Ages 40-64 years old for breast cancer screening
- 🎀 Ages 21-64 years old for cervical cancer screening

*****High priority for women ages 50 and older for breast cancer and for women who have never been screened for cervical cancer*****



Honor Every Woman Program Components:

DIRECT SCREENING



Providing no-cost mammograms, pap tests, clinical breast exams (CBEs), and diagnostic testing for eligible women

PATIENT NAVIGATION



Promote timely movement of an individual client through a complex healthcare continuum with the elimination of barriers and help coordinate client access to resources.

EVIDENCE BASED INTERVENTIONS (EBIs)

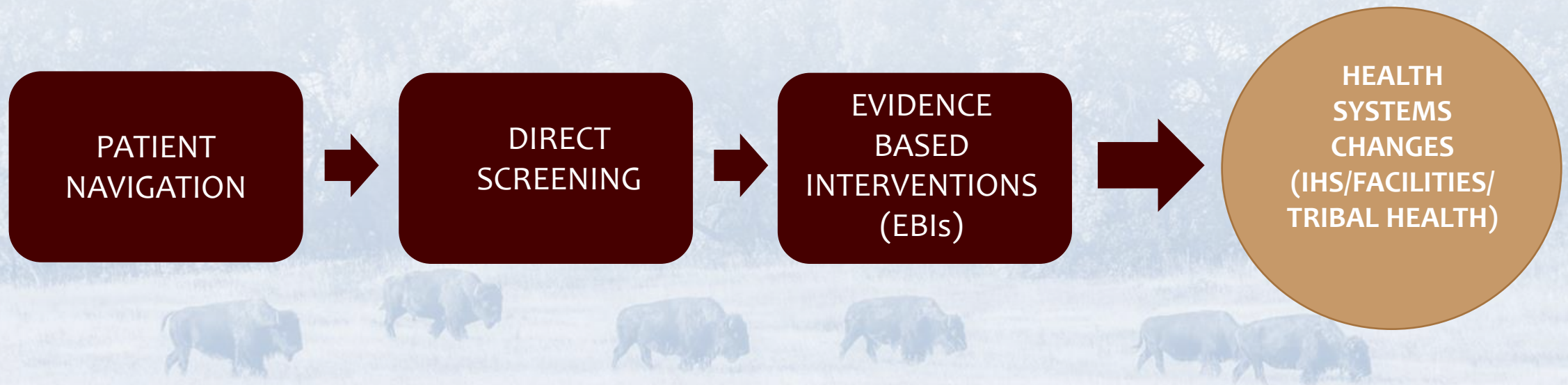


Reducing structural barriers such as providing transportation, implementing provider reminder systems, and increasing client demand by providing client reminders, group education, and one on one education



Health Systems Changes

Our goal is to implement these three components to facilitate Health Systems Changes at the IHS facilities and Tribal Health clinics in the Great Plains Area to increase screening rates for prevention and decrease breast and cervical cancer diagnoses among our Native women.



Great Plains Comprehensive Cancer Control Program

5-year cooperative agreement with the Center for Disease Control and Prevention (CDC) for the Great Plains Comprehensive Cancer Control Program (GPCCCP) is from June 30, 2022- June 29, 2027. The funding is to advance cancer priorities through evidence based-interventions (EBIs) that include:

- Emphasizing Primary Prevention of Cancer
- Promoting Early Detection and Treatment of Cancer
- Supporting Cancer Survivors and Caregivers
- Cross-Cutting Priorities
 - Implementing policy, systems, and environmental (PSE) approaches; Promoting health equity; Demonstrating outcomes through evaluation.



National Native Network

5-year cooperative agreement with the Center for Disease Control and Prevention (CDC) for the National Native Network (NNN) is from Oct 1, 2018- Sept 30, 2023. The Network provides technical assistance, culturally relevant resources, and a place to share up-to-date information and lessons learned, as part of a community of tribal and tribal-serving public health programs. NNN is administered by the Inter-Tribal Council of Michigan and has contracts with their board composed of three partner tribal organizations:

- Great Plains Tribal Leader's Health Board
- California Rural Indian Health Board
- Southeast Alaska Regional Health Consortium

For more information visit: <https://keepitsacred.itcmi.org>



IHS Cancer Support Leadership Training

The IHS Cancer Support Leadership Training in partnership with Indian Health Service (IHS) is offered twice a year. The 5-year funding is from October 1, 2021-September 30, 2026. The funds are managed through the Great Plains Tribal Epidemiology Center (GPTEC) and activities carried out by the Community Health Prevention Programs (CHPP).



IHS Cancer Support Leadership Training

The virtual or in-person training offers a unique opportunity for those interested in helping individuals and families in their community who are affected by cancer. The training intends to specifically address the gaps in community survivorship support, infrastructure, culturally-appropriate cancer education and information, and lack of awareness and sensitivity about AI cancer survivorship issues. Curriculum Examples:

- Cancer 101
- Peer Support (the facilitator role, how to start up cancer support in your community)
- Native American Health Resource List
- Wellness from a Native American Perspective



Smoke Free Homes

The Smoke Free Homes project in partnership with Emory University is funded for 5 years from February 10, 2022-January 31, 2027. The Smoke-Free Homes Program will build on previous successful collaborations to promote smoke-free homes and reduce second hand smoke (SHS) in AI/AN non-smokers and children. Smoke-Free Homes staff will conduct community readiness assessments, hold regional meetings, provide collaborative small research grants to seven tribal partners, and receive intervention training.



Approaches to COVID-19 Testing Project

Funding Agency: National Institutes of Health

Project Period Period: 09/01/2020 – 08/31/2022

Project Partners:

- Massachusetts General Hospital
- Avera McKennan
- South Dakota State University
- Great Plains Tribal Leaders Health Board



MASSACHUSETTS
GENERAL HOSPITAL



SOUTH DAKOTA
STATE UNIVERSITY



Avera



Approaches to COVID-19 Testing Project



Goal 1: To assess the social, cultural, and economic factors that affect the affordability, availability, and acceptability of COVID-19 testing among Lakota communities in Western South Dakota.



Goal 2: To determine how alternative approaches to test delivery will influence the likelihood that tribal members will undergo testing.



Goal 3: To expand the Great Plains Lakota Health Research Collaboration (GPLHRC) to develop a sustainable platform for creating evidence to support the COVID-19 response among Lakota tribes. Create strategies to increase the acceptability and accessibility of testing in Lakota communities informed by community needs and experiences and to expand avenues for tribal engagement in testing responses.



Living Well With Serious Illness

Funding Agency: National Institutes of Health

Project Period: 09/01/2019 – 08/31/2024

Project Partners:

- Massachusetts General Hospital
- Avera McKennan – Walking Forward
- South Dakota State University
- Great Plains Tribal Leaders Health Board



Living Well With Serious Illness



Aim 1: Through interviews with cancer patients, their caregivers, tribal leaders, and tribal healers to identify their needs and concerns regarding how to live well with cancer.



Aim 1 cont.: We will speak with health care providers providing care on and around reservations to understand the challenges they face in delivering palliative care.



Aim 2: Characterize the barriers to living well faced by cancer patients living in tribal communities.



Aim 3: To use the information we learn to create an educational program for providers that is culturally tailored and community-driven for the Lakota people as well as to help us create other interventions that can increase access to palliative care services for tribal communities.



Stand Up to Cancer Project

Funding Agency: Stand Up to Cancer

Project Period Period: 09/01/2019 – 08/31/2024

Project Partners:

- Massachusetts General Brigham
- UCLA Health
- Dana- Farber Cancer Ins
- Great Plains Tribal Leaders Health Board



Stand Up to Cancer Project



Aim 1: Develop an organized colorectal cancer screening program. Develop and conduct a two-arm, multi-level, multi-component pragmatic trial randomized at the community health center level to compare two population mailed outreach approaches to increase colorectal cancer screening uptake among screening eligible adults



Aim 2: Follow-up Care: Increase completion of diagnostic colonoscopy evaluation after abnormal Cologuard or FIT through virtual patient navigation to address barriers to follow-up



Aim 2: Mentoring the Next Generation: Mentor a new generation of under represented in medicine and under represented in public health scientists and career researchers.





Community Health Prevention Programs

Cheyenne River Sioux Tribe

Crow Creek Sioux Tribe

Flandreau Santee Sioux Tribe

Lower Brule Sioux Tribe

Mandan, Hidatsa, & Arikara
Nation
(Three Affiliated Tribes)

Oglala Sioux Tribe

Omaha Tribe of Nebraska

Ponca Tribe of Nebraska

Rosebud Sioux Tribe

Sac & Fox Tribe of the
Mississippi in Iowa
(Meskwaki Nation)

Santee Sioux Tribe of
Nebraska

Sisseton-Wahpeton Oyate of
the Lake Traverse Reservation

Spirit Lake Tribe

Standing Rock Sioux Tribe

Trenton Indian Service Area

Turtle Mountain Band of
Chippewa Indians

Winnebago Tribe of Nebraska

Yankton Sioux Tribe

Thank you!



Improving Colorectal Cancer Screening Rates in North Dakota

North Dakota Cancer Coalition Steering Committee Meeting

October 19, 2022

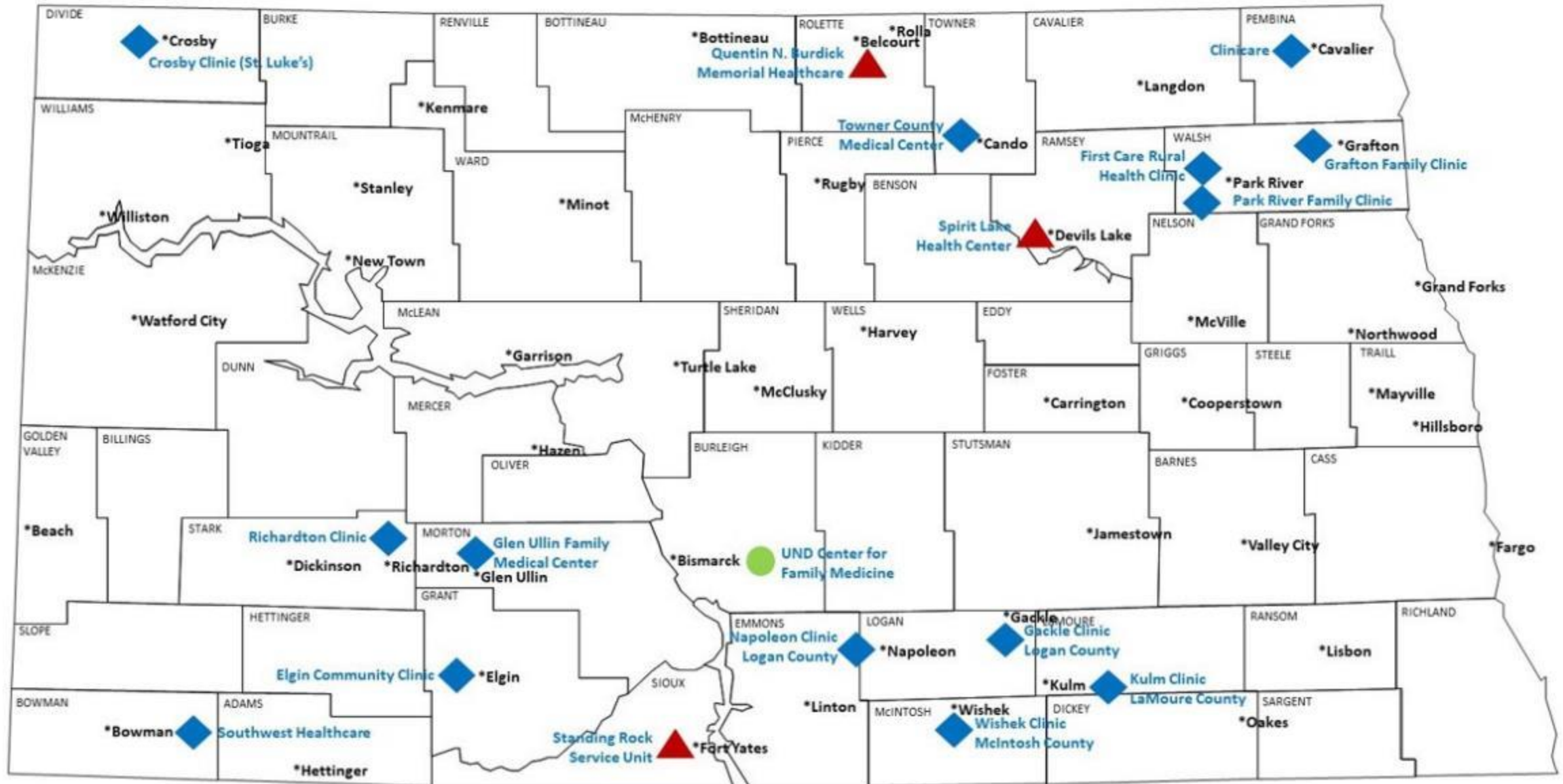


Quality Health Associates
of North Dakota

Target Population to Reach: Rural and American Indian to Address Health Equity



SCREEND | Recruited Clinics



 Rural Health Clinics
  Tribal Clinics
  Primary Care Clinic

Partnering with 18 rural and tribal clinics; 3 of these clinics were recruited in PY3

Assisting participating clinics using the following strategies:



- Facilitate completion of a comprehensive readiness assessment
- Provide individual technical assistance
- Lead a rapid-action collaborative with small groups to target specific needs
- Conduct site visits and coaching calls to assess progress, identify barriers, and develop mitigation strategies
- Guide the development of clinic-specific action plans for implementing evidence-based interventions
- Advise clinic staff in leveraging their electronic health records to collect and report CRC screening program measures
- Share resources, tools and material

Readiness Assessments

- Used Likert Scale

- To better gauge the clinic's efforts towards CRC screening
- Allows for re-measurement to determine progress/confidence of EBI implementation

- Two-part Approach

- Initial Assessment – Practice completes via REDCap survey tool
- Detail Assessment – Practice completes with ScreeND team on-site with results entered in REDCap survey tool; provides opportunity to validate responses
 - ✓ Initiates Action Plans
 - ✓ Select at least two evidence-based interventions (EBIs)

Rapid Action Learning Collaborative Curriculum

- Module 1: Discovery through Data
- Module 2: Practical Policy
- Module 3: Resources
- Module 4: Patient Navigation
- Module 5: Crappy Communication/No Crappy Communication Here!
- Module 6: Measuring Practice Progress

Also offering additional peer-to-peer sharing events!

Milestone Program – Recognize and Reward Facility Improvement



Copper

- ☐ Signed commitment letter
- ☐ Form multidisciplinary innovation team
- ☐ Completed Clinic Readiness Assessment
- ☐ Completed introductory meeting
- ☐ Submitted Action Plan and set goal for year 1
- ☐ Submitted baseline data



Bronze

- ☐ Data submission is current.
- ☐ Initiated two (2) evidence-based interventions defined in Action Plan
- ☐ Submit current clinic policy for CRC Screening



Silver

- ☐ Team members participate in scheduled coaching calls and rapid action collaborative
- ☐ Implement at least 2 evidence-based interventions specific to improving CRC screening rates
- ☐ Achieve 1st year goal for improving CRC Screening rate
- ☐ Share SCREEND performance with Clinic Board or Leadership



Gold

- ☐ Annual review and update of Action Plan
- ☐ Submit at least one success story or lesson learned related to the interventions selected.
- ☐ Achieve 2nd year goal for improving CRC Screening rate
- ☐ Distribute clinician level data to medical staff



Platinum

- ☐ Achieve 3rd year goal for improving CRC Screening rate.
- ☐ Using EHR to fullest potential to sustain EBIs such as flagging for follow-up, tracking screening results, pulling reports, generating and sending reminders to both providers and patients.

Milestone Achievements for PY1 and PY2 Clinics (15)

Program Year 1



Program Year 2



Communication and Feedback

- Monthly *Snapshot* – Electronic newsletter highlighting clinic successes (printable one-page edition gets attached to email)
- Annual Feedback Reports
 - Shows progress - # of individuals screened
 - Highlights team efforts
 - Identify new goals for upcoming year
- Monthly Technical Assistance (TA)/Coaching Calls
 - Action plans used for all TA calls – TA agendas and Action Plans are shared with the clinic teams and ScreeND using OneNote
 - Allows clinics to document their action steps at any time
 - All team members contribute toward developing and completing action plans
 - Focus on data collection and validation – Use of electronic health record
 - Clinics submit data through REDCap
 - Clinic data automatically populates our Internal Quality Control (IQC) which tracks all program evaluation measures
 - Frequency of meetings reduced based on clinic's progress and sustainability with EBI implementation



Implementation of Evidence-Based and Supporting Interventions (PY1 & PY2 Clinics – 15)

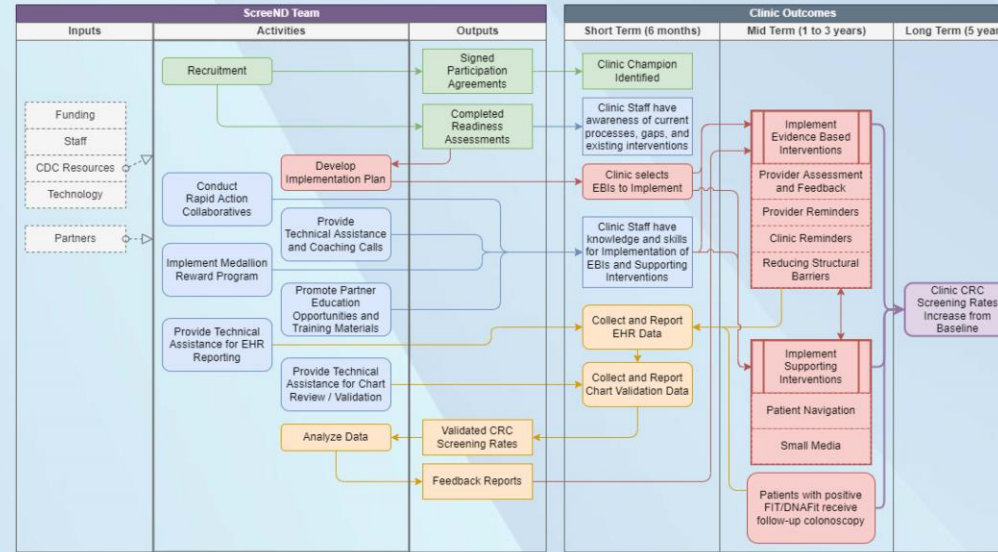
EBIs	# Clinics
Provider Assessment and Feedback	4
Provider Reminders	15
Clinic/Patient Reminders	13
Reducing Structural Barriers	4
Small Media	15
Patient Navigation	3

Colorectal cancer is the...

**2ND MOST DIAGNOSED CANCER
AND
LEADING CAUSE OF
CANCER-RELATED DEATHS**
(among cancers that affect both men and women)
in North Dakota.

Despite strong evidence of their effectiveness, stool tests for CRC screening are underused. Through a grant from the Centers for Disease Control and Prevention, Quality Health Associates of North Dakota (QHA) is partnering with primary care clinics in ND to increase CRC screening rates for rural, frontier and Native American populations. These efforts will work to reduce the incidence and late-stage diagnosis of colorectal cancer, increase the number of lives saved, and potentially impact 6,500 ND residents who have not been screened for CRC.

Plan



Act

- Development of a Rapid Action Collaborative where cohorts could share barriers and develop solutions on specific topics.
- Peer-to-peer education for providers
- Epic users webinar to demonstrate data tools
- Monthly TA calls
- Development of an annual survey and report
- CRC Awareness Month Social Media Toolkit
- External Evaluation Team, meets semi-annually

Results



Overall CRC screening rate improvement



additional patients with up-to-date CRC screening

Participants

Cohort 1

Quentin N. Burdick Memorial
Spirit Lake Health Center
Standing Rock Service Unit

Cohort 2

First Care Health Center
CliniCare
Towner County Medical Center
UND Family Practice

Cohort 3

South Central Health Clinics
Jacobsen Memorial Clinics
Southwest Health Care

Cohort 4

St. Luke's Crosby Clinic
Grafton Family Clinic
Park River Family Clinic

Do

ScreenND Clinics implement the following:

Provider Interventions

- ✓ Reminders/recall systems
- ✓ Assessment/feedback
- ✓ Improved recommendation to patient

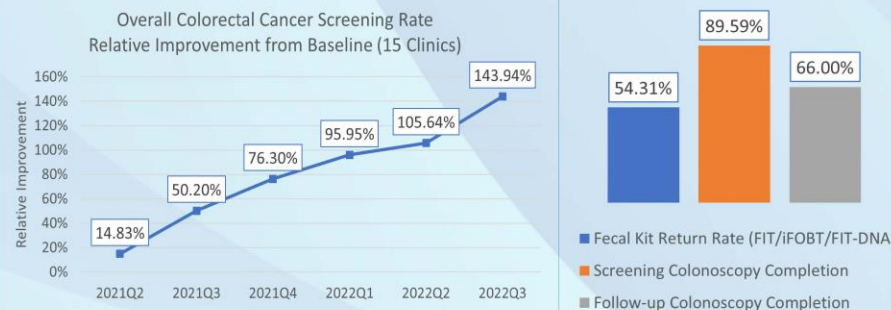
System Interventions

- ✓ Policy development
- ✓ Reducing structural barriers
- ✓ Measuring practice progress

Patient Interventions

- ✓ Client reminders
- ✓ Screening test tracking and follow-up
- ✓ Small media
- ✓ Patient navigation

Study



Acknowledgement

Sincere appreciation to **Exact Sciences** for their tremendous support and collaboration.

Our Team

Judy Beck, MSN, RN
Program Director

Nikki Medalen, MSN, BSN
Quality Improvement Specialist

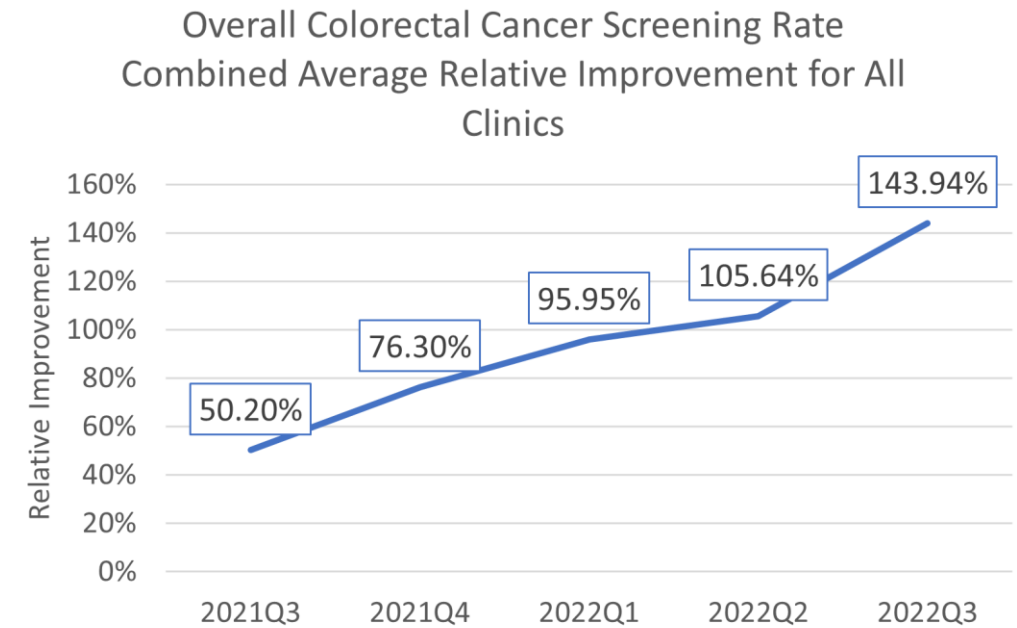
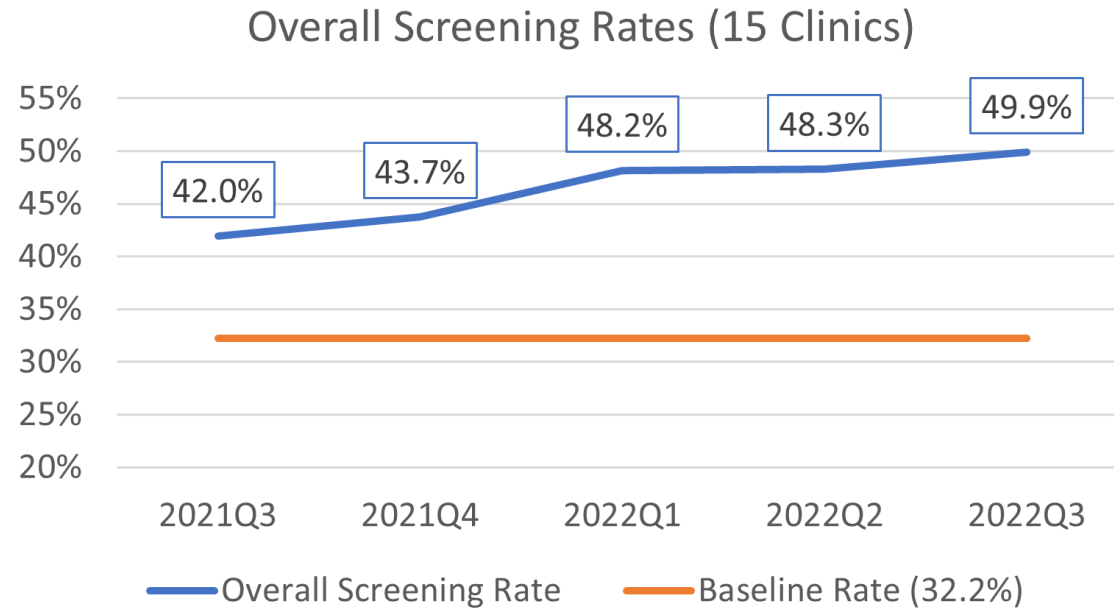
Jonathan Gardner
Data Manager

Carolyn Tuffe, LPN
Quality Improvement Specialist

Nathan Brintnell
Data Analyst

Geneal Roth
Communications Coordinator

Overall CRC Screening Rates



Tools, resources and updates on ScreenND.org



<https://screend.org>

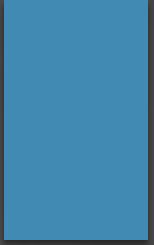
Thank You!

Judy Beck, RN, MSN
CRCCP Program Manager
jbeck@qualityhealthnd.org



Quality Health Associates
of North Dakota





An Introduction to the North Dakota Colorectal Cancer Screening Initiative (NDCRCSI)

NIKKI MEDALEN, MS, BSN, RN | ENROLLMENT SPECIALIST
QUALITY HEALTH ASSOCIATES OF NORTH DAKOTA

NDCRCSI

- ▶ Mirrors the Women's Way Program, but for colorectal cancer screening
 - ▶ Inclusive of all persons 45-64 years of age who live in ND and meet income guidelines
- ▶ Both provider and patient must be enrolled

Who is eligible?

- ▶ Persons ages 45-64 (primary age group)
- ▶ A resident of ND
- ▶ Uninsured (have no other source of health care reimbursement)
- ▶ Underinsured (health insurance does not cover screening services or cannot afford to pay for a deductible or copay)
- ▶ Low-income (139-200 percent of federal poverty guideline)
 - ▶ See 2022 income eligibility table
- ▶ Is average or at increased risk for CRC
- ▶ Is due or past due for CRC Screening
- ▶ NDCRCI enrollees who are due for follow-up colonoscopy **per provider determined interval**, and meet eligibility criteria
- ▶ Special Circumstances: Patients outside of the primary age group who are at high risk for CRC may be approved by Program Director.

Patient Enrollment

► Quality Health Associates of ND Central Enrollment Hub

Toll Free: 1-833-220-2981

ndcrc@qualityhealthnd.org

Referral Link:



<https://ndcrcsi.qualityhealthnd.org/surveys/?s=MY99FLT9HKCPWTNJ>

- Patient will receive a unique 12-digit ID number issued by BCBS of ND.

North Dakota Colorectal Cancer Screening Program

This program from the North Dakota Department of Health aims to help eligible North Dakotans pay for colorectal cancer screenings.


Enrollment Checklist

- ☐ Contact enrollment center
 -  **TOLL FREE: 833-220-2981**
 -  **EMAIL:** ndcrc@qualityhealthnd.org
- ☐ Complete and sign enrollment forms
- ☐ Receive 12-digit ID #
- ☐ Call healthcare provider to schedule screening appointment

You should **not** receive a bill.
If you do, please call the enrollment center at 833-220-2981.

Eligibility Requirements

- Men and women ages 45-64
- Resident of North Dakota
- Uninsured or underinsured
- At an average or increased risk for colorectal cancer
- Low-income (requires your annual income to fall within 139 to 200% of the federal poverty guidelines)
Visit <https://www.health.nd.gov/crc> for income guideline details
- Due or past due for CRC screening

 **North Dakota** | Health & Human Services
Be legendary

What services are reimbursed by the NDCRC SI?

- ▶ FIT/iFOBT/mts-DNA: Take home stool test for individuals of average risk for CRC
- ▶ Colonoscopy procedure for individuals who have a positive stool test result and need a diagnostic colonoscopy
- ▶ Colonoscopy for patients considered at increased for colorectal cancer based on personal or family history of CRC.
- ▶ Office visit where the screening test was ordered
- ▶ Pre-op office visit if needed prior to colonoscopy
- ▶ Bowel Prep
- ▶ Analysis of biopsies taken during colonoscopy procedure
- ▶ Follow-up colonoscopy procedure of enrolled individuals

Enrolled Facilities

Altru Health Systems – Grand Forks

Family HealthCare – Fargo

Essentia Health – *All locations?*
(colonoscopy services)

Sanford Medical Center Fargo
(colonoscopy services)

Dakota Gastroenterology Clinic
- Fargo

CHI Lisbon Health

Pembina County Memorial
Hospital/Clinicare – Cavalier

Sanford Oaks Clinic – Oakes

- Sanford Ellendale
- Sanford Forman
- Sanford Gwinner
- Sanford LaMoure
- Sanford Lisbon

UND Center for Family Medicine
– Bismarck

Jacobson Memorial Hospital
and Clinics

- Elgin Community Clinic
- Glen Ullin Family Medical Clinic
- Richardton Clinic Towner
County Medical Center –
Cando**

Northland Community Health
Cente*

- Northland CHC – Bismarck
- Northland CHC – Bowbells
- Northland CHC – McClusky
- Northland CHC – Minot
- Northland CHC – Ray
- Northland CHC – Rolette
- Northland CHC – St. John
- Northland CHC – Turtle Lake

Southwest Healthcare Service –
Bowman

Heart of America Medical
Center**

- Johnson Clinic – Rugby
- Johnson Clinic – Dunseith
- Johnson Clinic – Maddock

First Care Health Center – Park
River

South Central Health

- Wishek Clinic
- Napoleon Clinic
- Kulm Clinic
- Gackle Clinic

Northern Plains Laboratory, LLC
– Bismarck

Pathology Consultants, PC-
Bismarck

Unity Medical Center – Grafton

Enrolled Facilities Continued...

Coal Country Community Health Center

- CCCHC - Beulah
- CCCHC - Hazen
- CCCHC - Center
- CCCHC - Killdeer

Tioga Medical Center

Sakakawea Medical Center

Spectra Health

CHI Oakes Hospital and Clinic

Recruiting:

MidDakota Clinic – Reconcile

Trinity Health – Reconcile/Add clinics

Sanford Health – Reconcile/Add clinics

Essentia Health – Reconcile/Add clinics

Jamestown Regional Medical Center

Williston Specialty Clinic

Brightside Surgical Center

CHI Clinics – All

Mercy Hospital – Valley City

Recruiting:

Northwood Deaconess Health Center

Sanford Clinic Valley City

Langdon Prairie Health

NDCRCSI

Enrollment Hub:

- ▶ Ph: 1-833-220-2981
- ▶ Email:
ndcrc@qualityhealthnd.org
- ▶ [Referral Link](#)

- ▶ Nikki Medalen – Enrollment Specialist
Direct Line: 701-989-6236
- ▶ Carolyn Tufte – Patient Enrollment
Direct Line: 701-989-6238
- ▶ Jon Gardner – Systems Manager
Direct Line: 701-989-6237



Action Team Recruitment is in Progress!

Breast Cancer

- Barbara Steiner
- Kjersti Hintz
- Tiffany Boespflug

Colorectal Cancer

- Judy Beck
- Nikki Medalen
- Jodie Fetsch
- Jolene Keplin
- Dr. Jeff Wiisanen

Sun Safety/Melanoma

- Julie Garden-Robinson
- Brian Halvorson
- Jessica Duffy
- Dustin Hammond

Survivorship

- Nancy Joyner
- Kaylee Vandjelovic
- Kara Backer
- Maria Schmidt
- Sara Anderson
- Tara Schilke
- Joyce Sayler
- Michelle Earl
- Steph Rienerts
- Kendra Krueger

Proposed 2023 Meeting Schedule

Steering Committee Meetings *(Wednesdays from 12:00-1:00 p.m. CT)*

- January 18
- April 12
- July 19
- October 18

All-Member Meeting Discussion

- Potential to partner with the North Dakota Colorectal Cancer Roundtable
- Face-to-face
- Dates/Location?

Please share any specific activities your organization is doing around cancer control and prevention.



THANK YOU FOR JOINING US TODAY!



Next Meeting: Wednesday, January 18, 2023 | 12:00-1:00 p.m. CT

Together we CAN make a difference!