



# North Dakota Cancer Plan 2025 - 2035

A plan to reduce the burden of cancer for all North Dakotans.





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Contact the North Dakota state office at their toll-free number, 1-800-280-5512, if you have any questions regarding the Cancer Plan.

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## A Special Thank You

We extend our gratitude to all North Dakota cancer survivors – anyone who has faced a cancer diagnosis. We also thank the family, friends, community members, and co-workers of those afflicted with cancer for their care and support. Additionally, we appreciate the dedicated healthcare professionals, researchers, and public health professionals who contribute to alleviate the impact of cancer in North Dakota.

**This work would not be possible without your dedication and support.**

# Table of Contents

|    |   |
|----|---|
| 5  | Introduction to the Cancer Plan                                       |
| 6  | Cancer Plan Revision Process  |
| 7  | Implementing the Cancer Plan & Measuring Progress                     |
| 8  | Impact of Cancer in North Dakota                                      |
| 11 | Prevention  |
|    | Physical Activity & Nutrition   |
|    | Environmental Exposures   |
|    | Sun Safety & Protection from UV Exposure                              |
|    | Commercial Tobacco & Alternative Nicotine Use and Secondhand Exposure |
|    | HPV Vaccination   |
| 18 | Screening   |
|    | Breast Cancer   |
|    | Cervical Cancer   |
|    | Oral Pharyngeal Cancer  |
|    | Colorectal Cancer   |
|    | Lung Cancer   |
|    | Prostate Cancer   |
| 26 | Quality of Life   |
|    | Treatment   |
|    | Survivorship  |
|    | Palliative Care   |
|    | End-of-Life Care  |

|    |                          |
|----|--------------------------|
| 32 | Put the Plan into Action |
|----|--------------------------|

|    |          |
|----|----------|
| 34 | Glossary |
|----|----------|

|    |                  |
|----|------------------|
| 35 | Acknowledgements |
|----|------------------|

## Explore the plan

- **Read** the plan to learn about the story of comprehensively addressing cancer in North Dakota.
- **Scroll** the pages and look for personal stories from survivors and cancer professionals.
- Use the **search** function to find specific words that relate to your topic of interest.

# Introduction to the Cancer Plan

The North Dakota Cancer Plan 2025 – 2035 is supported by the North Dakota Health and Human Services (ND HHS) Comprehensive Cancer Control Program. This Program works with partners to develop a common vision for comprehensive cancer control, create a coordinated statewide cancer control plan, and gather the available resources to carry out the plan by:

- Developing communication channels
- Identifying resources
- Integrating activities and networking with other state initiatives
- Identifying data sources and data gaps
- Analyzing data to understand the cancer issue
- Identifying existing public and private sector activities for prevention, early detection, treatment, rehabilitation and palliative care
- Identifying priority populations
- Evaluating program effectiveness

## Alignment with national efforts

North Dakota's efforts align with the national model and draw upon nationwide cancer expertise.

➔ **Learn more** on the [ND Comprehensive Cancer Control Program website](#) or the [National Comprehensive Cancer Control Program website](#).



The North Dakota Comprehensive Cancer Control Program (NDCCCP) and its partners are pleased to present the 2025-2035 North Dakota Statewide Strategic Cancer Plan. This is the fourth plan developed with a collaborative effort of the NDCCCP, partners, and stakeholders, including state agencies, public health providers, health care professionals, schools, worksites, communities, and tribal entities involved with cancer prevention and control.

To complete the cancer plan revision, NDCCCP staff, partners, and stakeholders reviewed and updated objectives, activities, and strategies to guide cancer control in North Dakota until 2035. Specific areas of the cancer continuum addressed include prevention, screening, treatment, survivorship, hospice, and access to care, the plan will provide a solid foundation for making meaningful progress over the next decade. As a living document, when priorities for cancer prevention and control change, the plan will adapt accordingly. This provides a starting point for organizations, communities, and individuals to utilize when implementing activities to reduce the incidence and impact of cancer.

As a partnership, we are excited about the opportunity to build on our past accomplishments. We have a group of passionate community leaders as partners committed to reducing the impact of cancer. Together, we can envision a cancer-free North Dakota.

Sincerely,  
Annette D. Clark, BSN  
*NDCCCP Program Director*

## Timeline of the Revision Process

September 2023

● Kickoff Meeting

● Cancer Plan Topics Survey

● Goal Area Workshops  
Prevention, Screening & Quality of Life

● Core Team Convened  
Provide specific feedback on the plan

● Objectives & Strategies Survey

● Story Collection  
Survivors, caregivers, & professionals

● Reviews & Revisions

★ Cancer Plan Draft Finalized

November 2024

## Cancer Plan Revision Process

The North Dakota Cancer Plan 2025 – 2035, referred to as “Cancer Plan”, is a blueprint for action developed by partners from across North Dakota. Everyone working to address cancer in North Dakota was and is invited to participate in the plan’s revision and implementation.

Partners committed to creating a Cancer Plan that follows five **guiding principles**:

- Be data-driven and evidence-based
- Include measurable and realistic goals
- Ensure fair access and include the viewpoints of various partners
- Align with existing state and federal efforts
- Be accessible, clear, and easy to understand

Objectives and strategies in the Cancer Plan align with the National Comprehensive Cancer Control Program (NCCCP) priority areas.

The Cancer Plan builds upon ongoing efforts and previous cancer plans, including the previous 2018-2022 plan. It was developed through a 15-month process with input from a diverse group of partners from across the state working to address cancer. **Over 85 individuals, representing more than 40 organizations serving North Dakota, were involved in at least one activity during the Cancer Plan’s revision.** As shown in the timeline to the left, partners were invited to provide honest input and feedback through various engagement opportunities, including meetings focused on cancer priorities to surveys that allowed for written responses.

# Implementing the Cancer Plan & Measuring Progress

The Cancer Plan's three goal areas – **prevention**, **screening**, and **quality of life** – have objectives which provide measurable steps towards achieving the plan goals.

For each objective, there is an associated baseline and target to be reached by 2035. Targets are based on data trends and statistical analysis that indicates meaningful improvement in outcomes. The plan will be evaluated annually to examine the implementation of strategies and incremental progress toward reaching target indicators and outcomes. The plan will be updated midway through its implementation (2030) to understand progress and adjust as needed.

Statewide outcomes will be tracked over time, including the implementation of policy, systems, and environmental (PSE) change initiatives and evidence-based interventions (EBIs).

**Each objective in the Cancer Plan aligns with one or more strategies for implementing EBIs and PSE changes.**

## Policy, Systems, and Environmental Change

The choices we make that affect our health are influenced by the policies, systems, and environments we live in. The Cancer Plan promotes PSE change strategies that can make sustainable population health impacts to reduce the impact of cancer for North Dakotans. Examples of PSE change include:

- enacting laws limiting youth tobacco access, so teens are less likely to smoke or vape (**policy**)
- developing reminder systems for Cervical Cancer screenings, so more females are screened to prevent cancer incidences
- creating communities with access to nutritious food through farmer's markets (**environmental**)

PSE change is ongoing, long-term, foundational, and works at community or population level.

➔ **Explore** CDC's [PSE Change Guide](#) for Comprehensive Cancer Control.

## Evidence-Based Interventions

EBIs are practices or programs that have evidence to show that they are effective at producing results and improving outcomes. The implementation of EBIs are important to prevent cancer, detect it early, and improve the quality of life for those living with cancer. Examples of EBIs include:

- Client reminders (written or telephone messages) that advise people that they are due for screening for breast, cervical, or colorectal cancers.
- Patient navigation services that increase colorectal cancer screening among populations and people with lower incomes.

➔ **Listings of EBIs** and detailed information on the level of evidence for interventions, including the implementation of interventions among subpopulations, can be found in [The Community Guide](#), the [National Cancer Institute's Evidence-Based Cancer Control Program](#) (EBCCP), and [Cochrane Reviews](#).



# Impact of Cancer in North Dakota

Cancer impacts all North Dakota communities. It is likely that every North Dakotan is affected by cancer themselves or knows someone who is. One way to assess the impact of cancer is to measure disease impact – which includes the number of new cancer cases reported and how many people die of cancer each year.

The five-year relative survival rate estimates the percentage of cancer patients who are alive 5 years after diagnosis. North Dakota's 5-year relative survival for cancer is 69.5%. **Survival rates vary widely by cancer type and stage at diagnosis.** In North Dakota, lung cancer has the lowest 5-year survival rate when diagnosed at a late stage (28.4%) while oral cavity and pharynx cancer has the highest (72.6%).

The North Dakota Statewide Cancer Registry (NDSCR) collects information about new cancer cases, cancer treatment and cancer deaths. This data helps to understand the burden of cancer across North Dakota and guide decision-making about where to focus efforts.

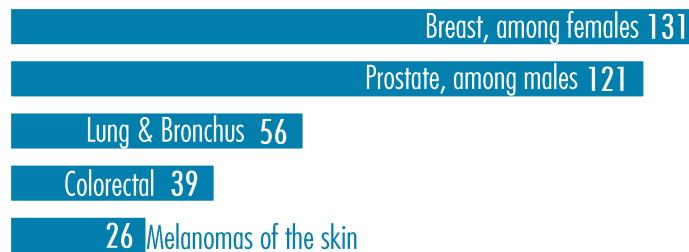
➔ **Find more North Dakota cancer data** in the [North Dakota Burden of Cancer Report](#), on the [North Dakota Statewide Cancer Registry website](#), or on the [U.S. Cancer Statistics \(USCS\) Data Visualizations Tool](#).

## Cancer Incidence

From 2017-2021, an average of 4,023 new cancer cases were reported each year in North Dakota. Males were more likely to be diagnosed with cancer compared to females and those who are American Indian and Alaska Native were more likely to be diagnosed with cancer compared to all other racial and ethnic groups. The visual below shows the most common cancers in North Dakota.

### Age-adjusted cancer incidence rates

By cancer site, 2017-2021



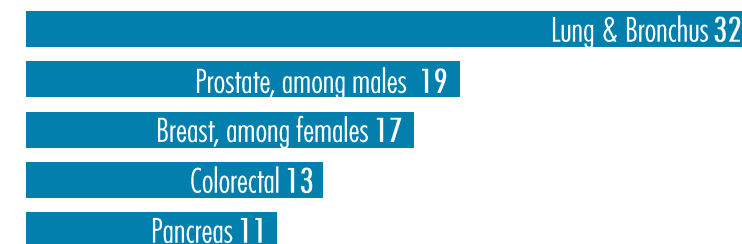
Example interpretation:  
For every 100,000 North Dakotan females, there were 131 breast cancer cases reported.

## Cancer Deaths

Cancer is the second leading cause of death behind cardiovascular disease in North Dakota. In North Dakota from 2018-2021, an average of 1,287 people died of cancer each year. Cancer does not impact all North Dakotans the same. Males are more likely to die of cancer compared to females. American Indians and Alaska Natives are nearly two times more likely to die of cancer than whites in North Dakota. The graph below shows the cancers with the highest mortality rate for the years 2017-2021.

### Age-adjusted cancer mortality rates

By cancer site, 2017-2021



Example interpretation:  
For every 100,000 North Dakotans, 32 died of lung & bronchus cancer.

Source: NDSCR, age-adjusted to the 2000 U.S. Standard Population



## North Dakota At-A-Glance Facts

- 783,926 people live in North Dakota, making it the 4<sup>th</sup> least populous state though the 17<sup>th</sup> largest state by area.
- For every square mile of land, there is an average of 11.3 people. ▲
- Since 2010, North Dakota has been among the nation's fastest-growing states.
- About 40% of North Dakotans live in rural areas. ▼
- Median age of North Dakotans is 36.2. ▲
- 6.4% of residents lack health insurance.
- 11.5% of North Dakotans live below the poverty level.
- 93.9% of North Dakotans have a high school graduation or higher.
- 6.6% of North Dakotans have Veteran status. ▼

Higher ▲ or lower ▼ than 5-year trend

Source: 2022 American Community Survey 1-Year Estimates



**The work of cancer screening in North Dakota is a personal mission. We aren't just saving the lives of clients – they are our family, friends, neighbors, and members of our communities.**

Nikki Medalen,  
Quality Health Associates of North Dakota

## North Dakota's Unique Context

North Dakota is a large, rural state with a population that is growing and becoming more diverse. For example, according to the U.S. Census, the number of individuals identified as Black or African American increased by 211% and the Hispanic population increased 119% from 2010 to 2018. North Dakota has a variety of industries, including food and agriculture, energy and natural resources, and advanced manufacturing.

North Dakota is often characterized as a place where it feels like one big small town where everyone is familiar with one another. **These close-knit communities foster a sense of connection and personal investment to ensuring the well-being of family, friends, and the community as a whole.** They include many engaged, innovative partners who collaborate to address cancer across the state. A particular strength in addressing cancer in North Dakota is the availability of statewide screening programs that provide access to screening, particularly for those who are uninsured or underinsured. Despite the strengths, North Dakotans can experience some unique challenges related to cancer, including access to care and environmental factors.

**Access to cancer-related care** in North Dakota can be a barrier due to the rural nature of the state and challenges with transportation and workforce shortage areas. North Dakotans, particularly those who live in frontier counties, must travel long distances to receive their care – whether it consists of vaccines to prevent HPV, screenings to detect cancer early, or treatment. Traveling to receive the necessary care requires time, money, and energy. In addition, there are many workforce shortage areas in North Dakota including healthcare providers, dental care providers, oncologists, patient navigators, community health workers, and more. North Dakota also faces **environmental challenges** within the built and natural environment. For example, some North Dakotans face challenges in accessing healthy foods and spaces for physical activity due to the state's large rural population. This can result in limited grocery store options, a lack of dedicated recreation facilities, and transportation difficulties, particularly in remote areas. Consequently, these factors may create "food deserts," making it hard to find health food and access exercise spaces. Although North Dakota offers plenty of outdoor space, the extreme weather variations can affect outdoor activities. Lack of access to healthy food and spaces for physical activity significantly increases cancer risk by promoting unhealthy eating habits and a sedentary lifestyle, which are both major contributing factors to the development of various cancers. In addition, North Dakota has high levels of radon and an environment that produces and traps radon. This is due to soil that is rich in uranium, which is a primary source of radon. All counties in North Dakota have a high potential for elevated levels of radon. This is significant, as radon is a known carcinogen.

# Goal Areas, Objectives, & Strategies

Below are definitions of key terms used throughout the Cancer Plan.

**Goals:** Broad, overarching areas for addressing the impact of cancer in North Dakota – prevention, screening, and quality of life, which are the three key topic areas of the Cancer Plan.

**Objectives:** Measurable steps towards achieving goals using the best available data.

**Baseline:** Initial data point of strategy.

**Targets:** Measurement of progress to be reached by 2035.

**Strategies:** Specific actions towards objectives based on research and evidence-based practices.

**Populations of focus:** Populations are more likely to be affected by cancer than others due to social, environmental, and economic factors. Key populations of focus in the Cancer Plan include:

- American Indian
- Low-income
- Underinsured and uninsured
- Rural residents

## Prevention

Prevent cancer by reducing risks and promoting healthy behaviors among North Dakotans.

## Screening

Increase cancer screening and early detection of cancer.

## Quality of Life

Support well-being and ability to carry out activities of daily living.

# Prevention

## Prevent cancer by reducing risks and promoting healthy behaviors among North Dakotans.

Prevention of cancer is essential for reducing the cancer impact in North Dakota. North Dakota cancer partners are committed to creating a culture of prevention and health, in combination with treatment. Although not all risk factors of cancer can be changed, such as age and genetics, many factors can be modified through health behaviors that lower an individual's risk for cancer.

The objectives and strategies in the prevention goal area focus on creating communities and environments that promote healthy behaviors.



### Physical Activity & Nutrition

Evidence shows that higher levels of physical activity and consuming fruits and vegetables can lower cancer risk. Drinking alcohol has been shown to increase cancer risk. The more alcohol consumed, the higher the cancer risk.



### Environmental Exposures

Some environmental exposures can damage DNA and cause or contribute to the development of cancer, showing the importance of ensuring the air we breathe, water we drink, food we eat, and places we live, work, and play are free of harmful exposures.



### Sun Safety & Protection from UV Exposure

Exposure to ultraviolet (UV) radiation through sun, sunlamps, and tanning devices causes skin damage that can lead to skin cancer. Limiting UV exposure, wearing sunscreen, and providing shade structures can reduce the risk of cancer.



### Commercial Tobacco, Alternative Nicotine Use and Secondhand Exposure

Tobacco use is the leading cause of cancer, and there is no safe level of secondhand smoke. Tobacco and alternative nicotine products and secondhand smoke contain chemicals that damage DNA and cause cancer, which makes the promotion of nicotine dependence treatment and discouraging initiation among all North Dakotans important.



### Human Papillomaviruses (HPV) Vaccination

(HPV) infect the surface of the skin or inner lining of some organs and body cavities. High-risk strains of the virus cause nearly all cervical cancers, but infection can be prevented through vaccination.

➔ **Learn more** about [cancer risk factors and prevention](#).

# Physical Activity & Nutrition

- 1.1** Increase the percentage of North Dakota adults who engage in physical activity outside of work.

Baseline: **74.5%** Target: **76.7%**

Data source: BRFSS, 2021

- 1.2** Increase the percentage of North Dakota students who participate in at least 60 minutes of physical activity per day.

Baseline: **High School 29.2%** Target: **High School 32.9%**  
**Middle School 32.6%** **Middle School 35.6%**

Data source: YRBS, 2023

- 1.3** Increase the percentage of North Dakota high school students who consume vegetables one or more times per day.

Baseline: **58.9%** Target: **62.4%**

Data source: YRBS, 2023

- 1.4** Increase the percentage of North Dakotan adults who report consuming fruits and vegetables one or more times per day.

Baseline: **Fruit 55.2%,** Target: **Fruit 56.6%**  
**Vegetables 76.9%** **Vegetables 78.8%**

Data source: BRFSS, 2021

- 1.5** Increase the percentage of North Dakota adults with a healthy weight\*.

Baseline: **27.0%** Target: **29.4%**

Data source: BRFSS, 2022

\*BMI 18.5–24.9

- 1.6** Increase the percentage of high school students with a healthy weight\*.

Baseline: **67.6%** Target: **71.9%**

Data source: YRBS, 2019

\*BMI 18.5–24.9

- 1.7** Decrease the percentage of North Dakota adults who drink heavily\*.

Baseline: **6.5%** Target: **5.2%**

Data source: BRFSS, 2023

\*Adult men having more than 14 drinks and adult women having more than 7 drinks per week

## Strategies

- Promote workplace physical activity programs and policies, such as wellness center coverage.
- Promote designated policies to support mothers who breastfeed at worksites.
- Increase referrals to and participation in evidence-based interventions promoting physical activity and nutrition.
- Advocate for increasing the physical education requirement for students in K-12 to 60 minutes, 3 times per week.
- Partner with local organizations, such as grocery stores and farmers' markets, to increase fruit and vegetable access and education (e.g., school lunch programs and farm-to-institution programs).
- Promote messaging to healthcare providers and the public about the connection between alcohol consumption and cancer.
- Partner with schools, universities, local public health, healthcare facilities, private businesses, tribal communities, and others working to increase physical activity and nutrition in their communities.



## Environmental Exposures

- 1.8** Increase the annual number of all types of buildings tested for radon in North Dakota.

Baseline: 589      Target: 639

Data source: National Environmental Public Health, 2017

### Strategies

- Build public awareness of the association between cancer and exposure to a variety of environmental factors (e.g., radon, arsenic, asbestos, air pollution).
- Advocate for policies to reduce environmental exposures that adversely impact human health (e.g., requiring radon mitigation systems in new buildings with basements).
- Advocate for an indoor radon report with the sale of all residential and commercial properties throughout North Dakota.
- Support efforts to reduce financial barriers to installing radon mitigation systems.
- Advocate for continued use of technologically enhanced naturally occurring radioactive materials (TENORM) waste containers on all oil well sites.
- Promote alerts and action steps to the public from local public health agencies on days with poor air quality.
- Support chemical safety programs (e.g., certification for agricultural workers).

➔ **Learn more** about efforts to maintain and improve environmental quality in North Dakota on the [Department of Environmental Quality website](#).

# Sun Safety & Protection from Ultraviolet (UV) Exposure

- 1.9** Decrease the incidence rate of melanoma of the skin among North Dakotans.

Baseline: **26.3** per 100,000      Target: **24.0** per 100,000

Data source: NDSCR, 2017-2021

- 1.10** Decrease the percentage of high school students who use indoor tanning devices.

Baseline: **5.50%**      Target: **3.70%**

Data source: YRBS, 2023

## Strategies

- Educate the public about the dangers of exposure to Ultraviolet (UV) radiation (e.g., promotional activities during UV awareness month).
- Advocate for adding sunburn reporting to the North Dakota Youth Risk Behavior Survey.
- Promote public awareness of the adverse impact of using tanning devices (e.g., signage at businesses and billboards).
- Advocate for legislation that requires legal guardian consent for the use of tanning devices.
- Encourage daily use of sun protection (e.g., protective clothing, sunscreen).
- Expand the availability of shade and other sun safety measures in public places.
- Increase the number of schools and childcare centers that adopt sun protection measures, such as sun shelters in outdoor areas.
- Partner with youth organizations to develop UV safety policies.



**Courtney**, Sargent County  
Melanoma Stage 2:B Survivor

"My first thought after hearing that I have cancer was, "How can this be happening to me." I do not fit the typical mold for a skin cancer patient, so being told I was being referred to the Roger Maris Cancer Center immediately due to the tumor's depth took the wind out of me. All I knew was **this simple pink dot went from being nothing to something much bigger than I ever even thought possible.**

Life prepares you for many things, and cancer causes you to dig deep within yourself to 'keep going' to each appointment, each treatment, each scan, and to 'keep going' on the days you don't feel like it. I have found the extraordinary in the ordinary."



**Judy,** Rolette County

Mother of son with Melanoma tumors in the liver, lung & brain

Note: Melanoma is a specific kind of skin cancer. When not caught early, it can spread to other parts of the body.

"My son's diagnosis was shocking. It was difficult to hear the word cancer, especially for a 44-year-old robust, energetic, fun, and loving individual.

He passed away 8 months after he was diagnosed leaving a wife and two children. We keep his legacy and keep the memories alive by talking about him frequently and telling stories.

His experience shows the need to encourage individuals to keep medical appointments, get the testing done, and keep all follow up appointments. Ask questions when you get to the doctor's appointment and make sure you understand what is going on and what you can do to improve your health."

**Use sunscreen when outdoors and reapply, as necessary.  
Avoid sunburns.**

# Commercial Tobacco & Alternative Nicotine Product Use and Secondhand Exposure

- 1.11** Decrease the percentage of North Dakota adults who currently use any tobacco products\*.

Baseline: **24.9%** Target: **22.6%**

Data source: BRFSS, 2022

\*Includes cigarettes, smokeless tobacco, or electronic cigarettes

- 1.11.1** Decrease the percentage of North Dakota **American Indian and Alaska Native** adults who currently use any tobacco products\*

Baseline: **47.7%** Target: **46.9%**

Data source: BRFSS, 2021

- 1.12** Decrease the percentage of North Dakota high school students who currently use any tobacco products\*.

Baseline: **19.6%** Target: **16.0%**

Data source: YRBS, 2023

\*Includes cigarettes, cigars, smokeless tobacco, or electronic cigarettes

- 1.13** Decrease the percentage of North Dakota high school students who currently use e-cigarettes\*.

Baseline: **18.2%** Target: **14.7%**

Data source: YRBS, 2023

- 1.14** Decrease the percentage of North Dakota adults\* and children\*\* who are exposed to secondhand smoke.

Baseline: Adults **20.2%** Target: Adults **18.5%**  
Children **47.3%** Children **46.5%**

Data source: ATS, 2022 and YTS, 2019

\*Exposure in home, at work, or in a vehicle in the past 7 days

\*\*Exposure in home, at work, school, in vehicle, or in public in past 7 days

## Strategies

- Expand public awareness of the dangers of commercial tobacco products and alternative nicotine products.
- Strengthen and expand referral systems to culturally appropriate evidence-based tobacco treatment services.
- Promote NDQuits and other resources for North Dakotans seeking assistance to quit commercial tobacco and alternative nicotine products.
- Expand access to tobacco and nicotine dependence treatment interventions (e.g., insurance coverage, transportation).
- Promote local policy restrictions on flavored tobacco and nicotine products.
- Promote tobacco-free environments (e.g., multi-unit housing, colleges, universities, parks).
- Support and partner with the North Dakota Tobacco Prevention and Control Program, Tobacco Free North Dakota, and Local Public Health Units on shared priorities.

## Commercial Tobacco Products

Commercial tobacco is the primary type of tobacco referred to in the North Dakota Cancer Plan, **not the tobacco and/or other plant mixtures grown or harvested and used by Indigenous People for sacred purposes.**

➔ **Learn more** about the state of tobacco control in North Dakota through the Tobacco Prevention and Control Program's [plans](#) and [reports](#).



# HPV Vaccination

Nearly all cervical cancers are caused by HPV infections, however, HPV can also cause throat and mouth cancers.

- 1.15** Increase the percentage of North Dakota youth aged 13-18 years who have completed the HPV vaccine series.

Baseline: 61.6%

Target: 70.0%

Data source: NDHS, 2023

- 1.16** Decrease the incidence rate of cervical cancer.

Baseline: 5.7 per 100,000

Target: 4.0 per 100,000

Data source: NDSCR, 2017-2021

- 1.17** Decrease the incidence rate of oral and pharynx cancer.

Baseline: 12.7 per 100,000

Target: 11.1 per 100,000

Data source: NDSCR, 2017-2021

## Strategies

- Expand public awareness campaigns that encourage HPV vaccination and cancer prevention.
- Collaborate with providers to have discussions about HPV vaccinations with patients.
- Educate health and dental providers about current recommendations regarding HPV vaccination.
- Partner with local organizations to increase public outreach and education about HPV, the link between HPV and cancer, and the importance of HPV vaccination and series completion.
- Implement evidence-based interventions for increasing HPV vaccination (e.g., provider reminder and recall systems, client reminders, one-on-one education).
- Participate in oral health awareness month (April) activities.

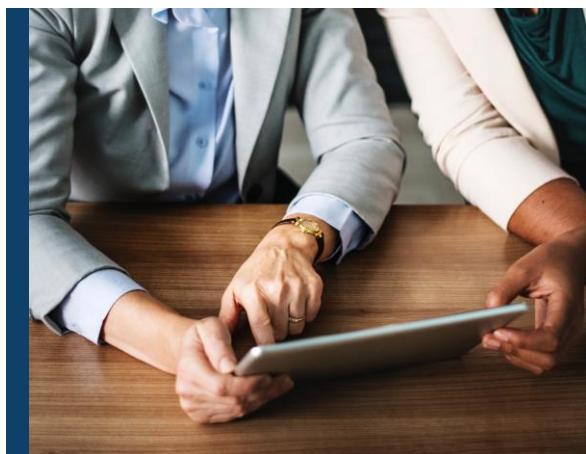
# Screening

## Increase cancer screening and early detection of cancer.

Early detection results in better outcomes, increased survival, and decreased costs. Cancer screening can include physical exams and history, laboratory tests, imaging procedures, and genetic tests. Screening helps find cancer at an early stage. The objectives and strategies in the screening goal area focus on increasing screening according to recommendations from the U.S. Preventive Services Task Force (USPSTF). **Each North Dakota should discuss with their health care provider what screenings are right for them.**

When cancer goes undiagnosed until it reaches a late stage, the survival rate can be severely impacted. Many cancers are highly treatable if they are detected early. In North Dakota, 28% of cancer cases are diagnosed at a late stage. Lung and bronchus cancer has the highest rate of late-stage diagnosis (49%), followed by colorectal cancer (35%).

Source: NDSCR



➔ **Learn more** about [cancer screening](#) and find [the U.S. Preventive Services Task Force's](#) most up-to-date recommendations.



### [Breast Cancer](#)

Mammograms are an X-ray of the breast and are recommended by USPSTF biennially for women aged 40 to 74 years.



### [Cervical Cancer](#)

Cervical cancer screening tests check for HPV infected cells or changes in cells caused by HPV. Screening is recommended by USPSTF for people aged 21 to 65 years who have a cervix.



### [Oral Pharyngeal Cancer](#)

There is no routine screening test for oral pharyngeal cancer, though it may be found early through routine oral exams such as by a dentist or self-exam.



### [Colorectal Cancer](#)

Regular screenings for colorectal cancer are recommended beginning at age 45. There are different kinds of screening tests for colorectal – the best test is the one that gets done.



### [Lung Cancer](#)

Annual lung cancer screenings with low-dose computed tomography (LDCT) are recommended for people who (1) have a 20 pack-year or more smoking history, (2) smoke now or have quit within the past 15 years, and (3) are between 50 and 80 years old if they currently smoke or used to smoke.



### [Prostate Cancer](#)

For men aged 55 to 69 years, the decision to undergo periodic prostate-specific antigen (PSA)-based screening for prostate cancer should be an individual one. Before deciding whether to be screened, men should discuss the potential benefits and concerns of screening with their healthcare provider.

## Breast Cancer

- 2.1** Increase the percentage of North Dakota women aged 40+ who report having a mammogram within the past two years.

Baseline: **70.6%** Target: **74.9%**

Data source: BRFSS, 2022

- 2.1.1** Increase the percentage of **low-income\* North Dakota women** aged 40+ who report having a mammogram within the past two years.

Baseline: **55.1%** Target: **69.7%**

Data source: BRFSS, 2022

\*Low-income defined as having an income of less than \$15,000

- 2.2** Decrease the percentage of breast cancer diagnosed at a late stage.

Baseline: **30.7%** Target: **27.6%**

Data source: USCS, 2017-2021

### Strategies

- Expand public and healthcare provider awareness of free or low-cost breast cancer screening options (e.g., *Women's Way*, North Dakota Medicaid).
- Support increased use of transportation assistance, flexible clinic hours, childcare, scheduling assistance, and translation services by cancer screening centers to reduce structural barriers to care.
- Promote mobile mammography (e.g., mobile MRI truck) to increase screening access.
- Increase providers' use of cancer screening risk assessments based on personal or family history and genetics.
- Implement evidence-based interventions (e.g., provider reminder and recall systems, client reminders, and one-on-one education) to increase breast cancer screening.
- Support and partner with ND DHHS *Women's Way* and the Great Plains Tribal Leaders' Health Board on shared priorities.

**Hope**, Benson County  
Breast Cancer Survivor

"My first thought at hearing that I had cancer was, '**I will beat this!**'"

**Nancy**, Walsh County  
HER2 Positive Breast Cancer Survivor

"My first thought at hearing that I have cancer was, '**How can that be, I get a yearly mammogram?**'"



**Kerri, Richland County**  
Triple-negative breast cancer  
survivor

"I have three pieces of advice for others who have been diagnosed with cancer.

**Find mental health support for yourself and your caregiver.**

Towards the end of my treatment, I had started seeing a therapist and having that additional support has helped me learn so much about myself and improved my mental health even compared to before cancer. The things I've learned about myself and how to handle things differently. Even if you just establish that you have a therapist, you'll be very happy that you started.

**Advocate for yourself.** Push back and ask the questions, do some research, and don't be afraid to say "No, I don't want that".

**Get movement when you can, however you can.** I was very active prior to being diagnosed and maintained being active. I have been told that I recovered as well as I did because I was active, and it helps with mental health. My husband would walk with me and if that was the only movement I got, that was better than nothing."



# Cervical Cancer

## 2.3 Increase the percentage of North Dakota women aged 21 to 65 who report up-to-date cervical cancer screening.

Baseline: 75.2% Target: 80.6%

Data source: BRFSS, 2020

### 2.3.1 Increase the percentage of **low-income\* North Dakota women** aged 21 to 65 who report up-to-date cervical cancer screening.

Baseline: 70.0% Target: 77.0%

Data source: BRFSS, 2020

\*Low-income defined as having a household income of \$15,000 - \$24,999

## 2.4 Decrease the percentage of cervical cancer diagnosed at late stage.

Baseline: 53.7% Target: 48.3%

Data source: USCS, 2017-2021

See objectives related to cervical cancer prevention through HPV vaccination in the Prevention Goal Area.

## Strategies

- Expand public and provider awareness of free or low-cost cervical cancer screening options (e.g., *Women's Way*, North Dakota Medicaid).
- Support patient navigation for increased use of transportation assistance, flexible clinic hours, childcare, scheduling assistance, and translation services by cancer screening centers to reduce structural barriers to care.
- Integrate patient education about cervical cancer screening into an annual health visit.
- Expand the use of community health workers and patient navigation services to facilitate access to screenings. Explore options for mobile cervical cancer screenings.
- Implement evidence-based interventions for increasing cervical cancer screening (e.g., provider reminder and recall systems, client reminders, one-on-one education).
- Support and partner with *Women's Way* and the Great Plains Tribal Leaders' Health Board on shared priorities.



**Sharon, RN-CDCES Eddy County**  
Breast Cancer Stage 3 HER2 Negative Survivor

"My first thought at hearing the words "you have cancer" was devastation. After processing this information, I made a decision right then and there that I was going to fight the breast cancer, and I would win. Just like the saying, 'They whispered to her you cannot withstand the storm – she whispered back I am the storm.' My advice for health professionals is to **screen, screen, and screen!**"

## Oral Pharyngeal Cancer

- 2.5** Decrease the percentage of oral and pharynx cancer diagnosed at late stage.

Baseline: 49.4% Target: 44.1%

Data source: USCS, 2017-2021

**See objectives related to oral pharyngeal cancer prevention through HPV vaccination in the Prevention Goal Area.**

### Strategies

- Expand awareness of oral pharyngeal cancer screenings among dental and other healthcare professionals.
- Provide education for dental and healthcare professionals on how to conduct oral examinations for cancer.
- Reduce financial barriers for regular dental visits where patients receive screening.
- Partner with local public health units, dental training programs, and federal qualified health center dental clinics to conduct community outreach.
- Support and partner with the North Dakota HHS Oral Health Program on shared priorities.

## Colorectal Cancer

- 2.6** Increase the percentage of North Dakota adults aged 45 to 75 years who report up to date with colorectal cancer screening.

Baseline: **60.4%** Target: **72.5%**

Data source: BRFSS, 2022

- 2.6.1** Increase the percentage of North Dakota adults **residing in frontier\* counties** aged 45 to 75 years who report up to date with colorectal cancer screening.

Baseline: **62.5%** Target: **72.5%**

Data source: BRFSS, 2022

\*Counties with a population density of six or fewer people per square mile.

- 2.6.2** Increase the percentage of **American Indian and Alaska Native** North Dakota adults aged 45 to 75 years who report up to date with colorectal cancer screening.

Baseline: **49.7%** Target: **58.4%**

Data source: BRFSS, 2022

- 2.7** Decrease the percentage of colorectal cancer diagnosed at late stage.

Baseline: **65.2%** Target: **58.7%**

Data source: USCS, 2017-2021

### Strategies

- Expand public and provider awareness of free or low-cost colorectal cancer screening options (e.g., GetScreened, North Dakota Medicaid).
- Expand public and provider awareness of the different types of screening options (e.g., stool tests, blood tests).
- Support efforts to maintain and expand access to colorectal cancer screening options, particularly for uninsured and underinsured North Dakotans.
- Support patient navigation for increased use of transportation assistance, flexible clinic hours, childcare, scheduling assistance, and translation services by cancer screening centers to reduce structural barriers to care.
- Expand public and provider knowledge on updated colorectal cancer screening guidelines.
- Implement evidence-based interventions for increasing colorectal cancer screening (e.g., provider reminder and recall systems, client reminders).
- Support and partner with the Great Plains Tribal Leaders' Health Board on shared priorities.



**Joyce, Burleigh County**  
Colon Cancer Survivor

"I was told to get a screening by my doctor because of my age, but at that time, my insurance would not pay for it. Since I was not having symptoms, I chose not to be screened. The following year my insurance would pay for a screening, so I scheduled an appointment right away. I still did not have any symptoms. That is when I found out I had colon cancer. My advice to others who have been diagnosed with cancer is to stay strong! **Talk to others who have been through it or are going through it.** Ask for prayers."

➔ **Learn more** about the various [colorectal cancer screening tests](#).

# Lung Cancer

- 2.8** Increase the percentage of North Dakota adults aged 50 to 80 years who have a 20 pack-year smoking history who have an annual screening for lung cancer.

Baseline: **15.0%** Target: **19.9%**

Data source: BRFSS, 2019, 2020, 2022

- 2.9** Decrease the percentage of lung cancer diagnosed at late stage.

Baseline: **68.3%** Target: **61.5%**

Data source: USCS, 2017-2021

## Strategies

- Support patient navigation for increased use of transportation assistance, flexible clinic hours, childcare, scheduling assistance and translation services by cancer screening centers to reduce structural barriers to care.
- Implement systems change to develop and sustain lung cancer prescreening through electronic health record improvements (e.g., screening for commercial tobacco and alternative nicotine product use).
- Increase public and provider awareness and education about lung cancer and screening guidelines.
- Form a lung cancer statewide collaborative group to bring together partners and implement strategies.



**Kristi**, Burleigh County  
Rectal Cancer Survivor

"I had been experiencing many symptoms for years – anemia, fatigue, and change in bowel habits – but not risk factors, so never suspected colorectal cancer. By the time I was diagnosed, I had Stage III rectal cancer. I wish I would have had the knowledge then that I do now and **gotten in for a screening earlier!**"



## Prostate Cancer

- 2.10** Decrease the percentage of prostate cancer diagnosed at late stage.

Baseline: 25.0% Target: 22.5%

Data source: USCS, 2017-2021

- 2.11** Increase the percentage of males 40 years of age and older who have had a discussion with their healthcare provider about the advantages and disadvantages of the PSA (prostate-specific antigen).

Baseline: Advantages 38.2% Target: Advantages 42.6%  
Disadvantages 16.5% Disadvantages 19.6%

Data source: BRFSS, 2020

### Strategies

- Educate the public and healthcare providers about nationally recognized prostate cancer screening guidelines and the risk factors for prostate cancer.
- Promote tools and resources that increase patient participation in the decision-making process for prostate cancer screening.

# Quality of Life

## Support well-being and ability to carry out activities of daily living.

Ensuring the quality and overall enjoyment of life is important throughout a cancer journey. From diagnosis to treatment, remission, and end-of-life, support are essential to maintain a sense of well-being and ability to carry out activities of daily living. There are many different resources and supports promoting quality of life for an individual diagnosed with cancer – regardless of where they are on their cancer journey.



➔ **Learn more** about [coping with cancer](#).



### Treatment

There are many ways to treat cancer, depending on the cancer type and how far it has spread. Accessing cancer treatment, managing its side effects, and paying for its costs are all important aspects of ensuring all North Dakotans can get the care they need after a cancer diagnosis.



### Survivorship

Someone is considered a cancer survivor from the time they are diagnosed with cancer through the rest of life. After diagnosis, there are many changes individuals and their family, friends, and caregivers need to navigate. This includes the physical, mental, emotional, social, and financial effects of cancer.



### Palliative Care

Palliative care is specialized medical care for people living with a serious illness. It focuses on providing patients with relief from symptoms, pain, and stress. Palliative care is provided by healthcare professionals and is appropriate at any age and at any point. It can be provided along with curative treatment or focused on comfort measures only.



### End-of-life Care

End-of-life care is care for those who are near the end of life and have stopped treatment. It aims to control pain and other symptoms so an individual can be as comfortable as possible.

## Treatment

### 3.1 Decrease the cancer death rate among North Dakotans.

Baseline: 128.1 per 100,000 Target: 117.5 per 100,000

Data source: USCS, 2022

#### 3.1.1 Decrease the cancer death rate among **American Indian and Alaskan Native** North Dakotans.

Baseline: 184.8 per 100,000 Target: 101.7 per 100,000

Data source: USCS, 2022

### 3.2 Increase the 5-year relative survival rate for all stages and all types of cancer.

Baseline: 61.1% Target: 76.5%

Data source: NDSCR, 2015-2019

## Strategies

- Promote educational opportunities for providers regarding cancer diagnosis, treatment, and other related services.
- Partner with tribal organizations and communities to increase access to resources for cancer care.
- Support advocacy efforts related to issues of cancer care (e.g., health insurance coverage, access to care, cultural competency, issues for underinsured and uninsured).
- Develop an Ask-Advise-Refer approach to connect cancer patients to tobacco cessation services.
- Encourage the use of cancer treatments that align with the National Comprehensive Cancer Network (NCCN) guidelines whenever feasible.
- Raise awareness of clinical trials among medical institutions, care providers, patients, families, and caregivers.
- Create and foster new partnerships with institutions and care professionals to build capacity for the measurement and reporting of survivorship care plan utilization.
- Reduce the financial barriers and burden on cancer survivors and caregivers.



**Marlene, Cass County**  
Breast cancer survivor

**"I had outstanding doctors,** my radiologist who made me feel at ease with the diagnosis, my surgeon who left me with barely a scar and the whole oncology team that made my radiation treatment a breeze."



**Char,** Northeast North Dakota  
Ovarian cancer survivor

"If I were to give one piece of advice for someone who is newly diagnosed with cancer, it is to become very well educated about your particular cancer because **you are going to be your own most important advocate.**

When I was diagnosed six years ago, I relied heavily on the Ovarian Cancer Research Alliance. They supplied me with information and a mentor and, in turn, I became an advocate and mentor myself. By using and sharing my own experience, I have been able to come to terms with the disease."



## Survivorship

- 3.3** Increase the percentage of cancer survivors who report that their general health is good to excellent.

Baseline: 67.5% Target: 71.2%

Data source: BRFSS, 2018-2022

- 3.4** Decrease the percentage of cancer survivors who currently use tobacco products.

Baseline: 16.9% Target: 13.4%

Data source: BRFSS, 2018-2022

- 3.5** Decrease the percent of cancer survivors who report that their mental health was not good for 7 or more days during the past 30 days.

Baseline: 14.4% Target: 11.2%

Data source: BRFSS, 2018-2022

- 3.6** Decrease the percent of caregivers to those diagnosed with cancer who report that their mental health was not good for 7 or more days during the past 30 days.

Baseline: 19.1% Target: 17.2%

Data source: BRFSS, 2018-2022

### Strategies

- Optimize awareness of and access to survivorship resources (e.g., transportation, lodging, and financial assistance).
- Promote use of resources and tools for finding survivorship supports (e.g., Passport for Care Clinician Website among pediatric oncologists).
- Build community capacity to address the non-clinical support needs of cancer patients and their caregivers (e.g., spiritual, emotional, lifestyle).
- Expand access to multi-disciplinary care for cancer survivors.
- Increase availability of patient navigators, care coordinators, or community health workers.
- Emphasize the importance of tobacco and nicotine dependence treatment in cancer care and survivorship.
- Expand access to tobacco and nicotine dependence treatment services through the availability of on-site tobacco treatment specialists (TTS).
- Promote statewide adoption of distress screening to address cancer survivors' emotional wellbeing and the use of psychosocial supports.



### Alexis, Ransom County

Breast cancer survivor

"It was a long journey to get a diagnosis. **If you find something, advocate for yourself.** I wish I would have asked more questions. If you feel like something is off, stand your ground and let your provider know you're worried about it."

## Palliative Care

- 3.7** Increase the number of North Dakota hospitals with a palliative care program.

Baseline: 13 Target: 15

Data source: Center to Advance Palliative Care, 2019

- 3.8** Increase the number of clinicians with palliative care training in North Dakota.

Baseline: 51 Target: 75

Data source: Center to Advance Palliative Care, 2019

- 3.9** Increase the number of North Dakota hospitals and nursing homes that are listed on the national Palliative Care Provider Directory.

Baseline: 0 Target: 15

Data source: Center to Advance Palliative Care Provider Directory, 2024

### Strategies

- Educate the public and healthcare providers on what palliative care is, what it provides, and the benefits for patients with cancer.
- Increase awareness among healthcare professionals of the importance of assessment of palliative care needs and referral to care.
- Educate health care professionals about tools and resources they can use to facilitate timely, meaningful, culturally sensitive conversations with patients and families about palliative care.
- Promote the use of palliative care to manage symptoms for patients with cancer.
- Increase the number of rural and tribal communities that have access to palliative care.
- Advocate for the health insurance coverage of palliative care needs.

## End-of-life Care

**3.10** Increase the number of **frontier counties** with a hospice program.

Baseline: 1 out of 38      Target: 5 out of 38

Data source: ND DHHS Facility Directory, 2023

### Strategies

- Improve the availability of and access to hospice care services.
- Increase the number of rural and tribal communities that have access to hospice care.
- Build data capacity to gather data on hospice care by zip code served and identify communities without access to hospice services.
- Promote the use of advanced care planning and end-of-life plans for patients and families.
- Educate healthcare providers and care partners to facilitate culturally competent conversations about advanced care planning.
- Promote trainings and courses for community-based care professionals to assist others with advanced care planning (e.g., chaplains, community health workers).
- Coordinate efforts with the Advance Care Planning of North Dakota organization to promote conversations about serious illnesses.

# Put the Plan into Action

Reducing the burden of cancer requires collaboration from a variety of partners. The following pages outline ideas and activities that partners can implement.

**All North Dakotans can reduce the burden of cancer at home, at work, and in their communities.** Refer to the strategies for each goals area for more activities.

## Policy-makers & Elected Officials

- Review cancer-related data and speak to experts in the field.
- Advocate for policy that promotes cancer prevention, screening, and quality of life.

## Healthcare Providers

- Promote screening according to the most recent guidelines through provider and patient reminders.
- Increase use of survivorship care plans.
- Incorporate palliative care into your practice and educate patients on its importance.

## Employers

- Support employees in preventing cancer by promoting physical activity or becoming an Infant Friendly Workplace.
- Encourage taking time to get screenings to find cancer early.

## North Dakotans

- Discuss with your healthcare provider what cancer screenings are right for you.
- Get involved in supporting cancer survivors in your community.
- Adopt healthy behaviors such as eating nutritious food and being physically active.
- Test your home for radon and encourage others in your community to do the same.







### Schools

- Encourage sun-safe behaviors by providing shade structures.
- Make your school a tobacco-free environment.
- Support physical activity and nutrition by promoting healthy behaviors in all ages.

### Local Public Health

- Support policy, systems, and environmental changes for cancer prevention and control.
- Provide information on low-cost resources for screening and other tools, like radon test kits.

### Health Systems

- Sponsor patient navigation and survivorship programs.
- Provide culturally appropriate cancer prevention, screening, treatment, and quality of life resources.
- Promote the use of advanced care planning.

### Community or Faith-based Organizations

- Promote healthy behaviors among community members.
- Partner with healthcare providers to provide programs on cancer prevention and screening.
- Support the emotional and spiritual well-being of survivors and caregivers.



To learn more about what you or your organization can do, [www.hhs.nd.gov/health/community/comp-cancer/data](http://www.hhs.nd.gov/health/community/comp-cancer/data).

# Glossary

## **Behavioral Risk Factor Surveillance System (BRFSS)**

BRFSS is an annual statewide telephone surveillance system designed by the Centers for Disease Control and Prevention. It is the only source for comprehensive state-specific population-based estimates of prevalence on preventative health practices and risk factors.

## **Centers for Disease Control & Prevention (CDC)**

The CDC is the national public health agency of the United States Government.

## **Environmental Protection Agency (EPA)**

The EPA is an independent agency of the United States Government tasked with environmental protection matters.

## **Evidence-based intervention (EBI)**

EBIs are strategies that have been evaluated and proven to work.

## **Incidence rate**

The number of new cases of a disease divided by the number of persons at risk for the disease.

## **Late-stage diagnosis**

Cancer that is far along in its growth and has spread to the lymph nodes or other places in the body.

## **Mortality rate**

The number of individuals who die of a defined cause divided by the number of total deaths.

## **North Dakota Immunization Information System (NDIIS)**

NDIIS is a confidential, population-based information system that collects and consolidates vaccination data for North Dakota residents.

## **North Dakota Statewide Cancer Registry (NDSCR)**

NDSCR collects information about new cancer cases, cancer treatment and cancer deaths.

## **Palliative Care**

Specialized medical care for people living with a serious illness.

## **Policy, systems, and environmental change (PSE)**

Policy, systems, and environmental approaches are laws, rules, or related actions that impact behavior.

## **Populations of Focus**

Populations of focus are groups experiencing the greatest cancer disparities. Disparities might include higher cancer incidence or mortality; greater challenges accessing cancer screening, treatment, or survivorship care services; or populations who experience unfair treatment in society and the healthcare system.

## **United States Cancer Statistics (USCS)**

The U.S. Cancer Statistics are the official federal cancer statistics.

## **United States Preventive Services Task Force (USPSTF)**

The USPSTF is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. It works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services.

## **Youth Risk Behavior Survey (YRBSS)**

YRBS is a national system of surveys used to monitor adolescent behaviors that can lead to poor health outcomes.

 **Explore** the National Cancer Institute's [Dictionary of Cancer Terms](#).

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**A dedicated community of partners across North Dakota is essential to prevent cancer, diagnose it earlier through screening, and improve the lives of those living with cancer.**