



# North Dakota Cancer Control Plan

2018 - 2022

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## **A Special Thank You to:**

All those who gave their time, expertise and energy to revise and be photographed for the North Dakota Cancer Control Plan.

All of the healthcare professionals and researchers who work with cancer in North Dakota for their dedication.

All of the friends, family, and co-workers of those afflicted with cancer for their care and support.

## **Dedication:**

The North Dakota Cancer Control Plan is dedicated to the people of the state whose lives have been touched by cancer.

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The North Dakota Comprehensive Cancer Control Program (NDCCCP), North Dakota Cancer Coalition (NDCC) and partners are pleased to present the 2018-2022 North Dakota Cancer Control Plan. This is the third plan developed with a collaborative effort of the NDCCCP, the NDCC and stakeholders including state agencies, public health professionals, health care professionals, schools, worksites, communities, and tribes involved with cancer prevention and control.

To complete the cancer plan revision, NDCCCP staff and coalition members reviewed and updated objectives, activities, and strategies to serve as a guide for cancer control in North Dakota until 2022. Specific areas of the cancer continuum addressed include prevention, screening, treatment, survivorship, hospice, and health equity.

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 for the opportunity to build on our past accomplishments. We have a group of passionate community leaders as members and partners committed to reducing the devastating impact of cancer.

Together, we can anticipate the vision of a cancer-free North Dakota.

Sincerely,



*Dr. Jesse L. Tran, PhD  
Program Director  
North Dakota Comprehensive Cancer Control*



*Mallory Koshiol  
Chair  
North Dakota Cancer Coalition*

## Executive Summary

Cancer is the second leading cause of death in North Dakota. We recognize that all North Dakotans play a role in preventing incidence and mortality. This plan provides a framework for partners, providers, policy makers, public health, and all other health care professionals to help us achieve our mission of a “Cancer-Free Future.”

The North Dakota Cancer Control Plan is developed as a collaborative effort between the North Dakota Comprehensive Cancer Control Program and partners. Partners include the North Dakota Cancer Coalition, other state programs, local public health, health systems, cancer centers, tribal communities, health care professionals, Extension Services, schools, universities and others that work in the cancer continuum. Partners were engaged in the revisions of chapters and strategies that relate to their areas of expertise to ensure that the objectives are consistent with other chronic disease and cancer action plans and goals that align across sectors. This plan will be revised as priorities, activities, and strategies change or evolve.

The areas of priority are determined by current cancer and risk factor data. While not every cancer is specifically addressed, such as childhood cancers, we seek to reduce overall cancer risk through improving nutrition and physical activity, UV exposure, vaccination and other primary prevention strategies. The data is used to address gaps or areas of improvement and include: prevention, screening and early detection, treatment, survivorship, and health equity. Areas that need improvement are identified through statewide policy scans, Behavioral Risk Factor Surveillance Surveys (BRFSS), Youth Risk Behavior Surveys, and other statewide scans and surveys. This plan is integrated across chronic disease prevention programs as most chronic diseases and cancer share common risk factors, prevention, and intervention strategies.

The workgroups, experts, and state programs that revised the state plan provided evidence-based strategies that can be implemented to address the objectives that are developed directly from the most current available surveillance and screening data. Each group also aligned strategies and goals with other chronic disease and health programs to ensure consistency across sectors.

Policy, System, and Environmental change (PSE) approaches are recommended for sustainable, permanent changes that impact all areas of the cancer continuum. In many cases, a single policy or system change will impact many more areas than the initially intended. For example, implementing a policy to allow preventive health screenings to occur during the work day without using employees paid time off will improve cancer screening and chronic disease screenings as well. In addition to the strategies listed in this plan, Appendix A includes other sources to find PSE approaches and evidence-based interventions in each priority area.

**For additional information about PSE or the Burden of Cancer in North Dakota, please visit [www.ndhealth.gov/compcancer](http://www.ndhealth.gov/compcancer)**

# INTRODUCTION



Shannon Bacon, American Cancer Society

## **Opportunity for Impact through Partnerships:**

The number of people newly diagnosed with cancer continues to rise. This means that more people are living with cancer and coping with the effects of treatment while resuming their day-to-day routines. Yet, despite the increase in cancer survivorship, there are still people every year who fall through the gaps in cancer prevention, detection, and treatment.

The impact of cancer in North Dakota can be reduced by implementing effective interventions to decrease incidence of preventable cancers, detect cancers early and ensure access to quality cancer care services from diagnosis through survivorship or end of life. Strategies in this plan were selected based on the high impact and most feasible options for statewide implementation.

With support from the U.S. Centers for Disease Control and Prevention (CDC), the North Dakota

Cancer Coalition (NDCC) joined partners from many sectors of the North Dakota community to revise the state's comprehensive cancer control plan. The plan was first developed in 2006 and has now been revised for the second time. Gaining an understanding from others' perspectives through a series of coalition and partner meetings allowed organizations and individuals to work together toward a common goal and strengthened collaborations among agencies. Workgroups, state programs, and other leaders assisted in the revision of the plan according to their professional focus areas. The NDCC is comprised of over 200 individuals and organizations that have joined together to work toward a cancer-free future.

# VISION

**A cancer-free future for North Dakota**

# MISSION

Our mission is to work together to reduce the incidence and impact of cancer for all North Dakotans. The goals of the plan are the result of a detailed assessment of the state's surveillance data and statistics, review of cancer research results and recommendations from local cancer experts and healthcare professionals.

# NORTH DAKOTA 2018-2022 CANCER PLAN OBJECTIVES AND STRATEGIES

## EVALUATION

■ = Evidence-based

Evidence-based: The systematic review of available studies that provides strong or sufficient evidence that the intervention is effective.

● = Insufficient evidence

Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

▲ = Evidence-informed

Evidence-informed: Evidence-based interventions may not always work in specific situations without making adaptations to elements of the strategy that would not affect the projected outcome. When adaptations are made to evidence-based interventions, they are no longer considered evidence-based, but are instead, considered evidence-informed.

A list of resources for where to find evidence-based or recommended strategies used to address priority areas of the plan can be found in Appendix A.

As you begin to utilize the strategies in this statewide cancer plan, it will be important to understand how and why these strategies are successful or not. To fully understand your progress in implementation as well as the impact and effectiveness of your efforts, you must begin with a strong plan for evaluation that is integrated with your activities. Making use of both process and outcome evaluation methods allows for continuous feedback and program improvement, and also provides important data relevant for the continuation and replication of your program activities.

We recommend that evaluation be a part of your program activities from the start, rather than an afterthought. This is advantageous in that you are able to evaluate from the beginning, all the way through to the end of the project. You can then assess your program and activities on a regular basis and make adjustments as you proceed, rather than wait until the end of the project period to see if things are working and make the changes for the next year. This results in more efficient use of resources and effort while providing increased flexibility in tackling issues before they become serious.

Successful evaluation planning begins with the formulation of focused evaluation questions. These questions should be directed toward processes or outcomes, though ideally should address some of each. Once you have determined your questions, you must decide what indicators to measure or monitor, potential data sources, and collection methods so that you can adequately answer your questions. Be sure to find out what data sources are available for you to consult and monitor as you may not have to do all the work yourself. On the following page, you will find a list of data and surveillance resources that may be valuable to your evaluation efforts.

On the topic of data and surveillance, it is important to have a rich collection of data available, not only for evaluation, but also for program planning and other essential functions. Decision making should be based on verifiable evidence that is up-to-date and relevant. Being familiar with local, state, and national data resources is essential for making the best choices for your program and for the people you serve.

## **OVERARCHING GOAL: Improve decision making through timely access to current and accurate surveillance and evaluation data**

### **Cancer-related data resources:**

North Dakota Cancer Coalition: [www.ndcancercoalition.org](http://www.ndcancercoalition.org)

North Dakota Statewide Cancer Registry (NDSCR): [www.ndcancer.org](http://www.ndcancer.org)

North Dakota Behavioral Risk Factor Surveillance System (BRFSS): [www.ndhealth.gov/brfss](http://www.ndhealth.gov/brfss)

National Cancer Institute State Cancer Profiles: [www.statecancerprofiles.cancer.gov](http://www.statecancerprofiles.cancer.gov)

### **Evaluation resources:**

University of Wisconsin Extension: [www.uwex.edu/ces/pdande/evaluation](http://www.uwex.edu/ces/pdande/evaluation)

Online Evaluation Resource Library: [www.oerl.sri.com/home.html](http://www.oerl.sri.com/home.html)

Stephanie Evergreen: [www.evergreenevaluation.com](http://www.evergreenevaluation.com)

Centers for Disease Control and Prevention: [www.cdc.gov/eval](http://www.cdc.gov/eval)



# PREVENTION

Evidence suggests that more than one-third of cancer deaths are preventable by not using tobacco, getting sufficient physical activity, and eating healthy foods in moderation. Other health behaviors can increase cancer risk. For too long, medicine has emphasized treating the disease once it has appeared and has not given enough attention to the full spectrum of the disease to warrant the likelihood of reducing incidence through prevention. There is still much to be done to prevent cancer for North Dakotans.

## OVERARCHING GOAL: Prevent cancer by reducing risks and improving healthy behaviors of North Dakota Citizens

### OBESITY PREVENTION AND REDUCTION

#### Objective: 1

By 2022, decrease the percentage of North Dakota adults who are obese by 3%, from 32.9% to 29.9%. Source: BRFSS 2016

#### Nutrition Strategies:

- Advocate for local and state policies to improve access and intake of healthy foods.
- Promote access to healthy foods in the worksite.
- Promote access to healthy foods in the school settings.
- Promote implementation of culturally-appropriate nutrition programs, practices and policies.
- ▲ Partner with existing organizations and programs in their efforts to increase access to and consumption of more fruits and vegetables, particularly among the underserved populations.
- Support and promote community and home gardens.



**“Cancer is devastating and has a tremendous impact on those diagnosed and their loved ones. My career has focused on reducing the burden of cancer by helping communities increase healthy behaviors and reduce the actions that increase the risk of cancer. I have been privileged to work on tobacco prevention, increasing fruit and vegetable consumption, improving physical activity, and supporting stress management techniques.”**

-Anne Bodensteiner, Health & Wellness Coordinator, University of North Dakota

## Physical Activity Strategies:

- ▲ Advocate for local and state policies to increase physical activity in schools.
- Advocate for statewide physical activity policies in childcare settings.
- Support quality physical education programs in schools.
- Advocate for local policies and practices designed to provide opportunities to support and help people be more physically active in their communities.
- Support onsite physical activity programs in the workplace, or increase access to physical activity sites for workers.
- Conduct community-wide campaigns to increase access to physical activity opportunities.
- Partner with existing organizations and programs in their efforts to change the environment to increase physical activity and active living, particularly among those underserved populations.
- Promote implementation of culturally-appropriate physical activity programs, practices, and policies.
- Promote point of decision prompts to encourage use of stairs in public buildings and worksites.

### Objective 2:

By 2022, increase the number of worksites that have designated policies to support mothers who breastfeed from 136 to 200.

**Baseline:** 136

**Target:** 200

\*State priority for Maternal and Child Health Programs in North Dakota

### Strategies:

- Support partner efforts to advocate for breastfeeding policies in the workplace.
- Support education and training that promotes breastfeeding policies in the workplace.
- Support education of mothers that promotes and encourages breastfeeding.
- Support media and social marketing strategies that strengthen the perception that breastfeeding is a normal, accepted activity.



**The most active people have a decreased risk of developing any type of cancer. ON THE MOVE, a committee made of 18 local organizations, works to encourage individuals of all ages to set a physical activity goal and to make physical activity a part of their daily life in Valley City, ND.**

## ENVIRONMENTAL ISSUES

### Objective 3:

By 2022, strengthen public protection from cancer-causing environmental factors.

#### Strategies:

- ▲ Support educational campaigns about the carcinogenic risks of radon in the home, how to test for radon, sources for obtaining test kits, and removal of radon from the home.
- ▲ Educate North Dakotans about the importance of testing private drinking water supplies (water supplies not obtained from municipal or rural water supplies) for potential carcinogenic substances and considering environmental carcinogens near the water supply, and identify certified water testing laboratories that are available to conduct the testing.
- ▲ Educate the public, employers, health professionals, and policy makers about cancer-related environmental exposures, including but not limited to radon, asbestos, lead, mold, erionite, pesticides, and home-use products.
- ▲ Support worker health and safety policies and programs that include exposure to environmental carcinogens.



**“When I was diagnosed with melanoma, I kept asking myself “why me?” It hit one day as I was going through radiation that as an educator, I need to get my message out to as many kids as possible. I now do an hour long presentation on skin cancer and the dangers of not wearing sunscreen. Currently I have done my presentation close to 350 times for over 7,500 kids. Life is good!”**

-Brian Halvorson, Survivor/ND Educator

## SUN PROTECTION

### Objective 4:

By 2022, reduce the percentage of individuals reporting having at least one sunburn in the past 12 months from 32.3% to 27.3%. Source: BRFSS 2012

**Baseline:** 32.3%

**Target:** 27.3%

## Strategies:

- Encourage and support primary school programs to educate students, parents, and teachers about skin cancer risks and advocate for sun protection measures.
- Encourage and support secondary school and college programs to educate students, parents, and teachers about skin cancer risks and advocate for sun protection measures.
- Support and/or implement sun-protection policies and guidelines in childcare settings.
- Support and implement multicomponent community-wide interventions for sun protection awareness.
- ▲ Conduct or support education about the risks of using tanning beds and booths.
- Support education and sun protection policies in recreational settings.
- Advocate for local and state policies that support sun and ultra-violet protective measures (i.e. schools, parks and recreation programs, worksites, use of tanning beds, etc.).
- Promote counseling by health-care professionals to parents of infants and children about the need for sun protection measures.  
Advocate for inclusion of a sunburn and tanning bed use questions on the Youth Risk Behavior Surveillance System (YRBS) survey.
- Support education and sun protection policies in outdoor occupational settings.

## CERVICAL CANCER PREVENTION

### Objective 5:

By 2022, increase the number of age-appropriate North Dakotans who complete the human papillomavirus (HPV) vaccination series.

**Baseline:** Ages 13 to 15  
Series Completion 44%

**Target:** Ages 13 to 15  
Series Completion 60%

**Measurement:** ND Immunization Information System

### Strategies:

- ▲ Support the Federal Advisory Committee on Immunization Practices recommendations regarding HPV vaccination by promoting vaccination of all age-appropriate females and males.
- Work with partners to conduct community campaigns about HPV, the link between HPV and cancer (cervical, oral and rectal), the importance of HPV vaccination and the need to complete the vaccination series.
- ▲ Support efforts to improve access to receive and complete the HPV vaccine series.
- Support culturally-appropriate HPV vaccination education and programs.
- Advocate for client reminders by health-care professionals to complete the vaccination series.
- Support HPV vaccination programs in schools for adolescents 9-18 years old.



**“I hear time and time again how thankful people are about early screening opportunities and programs in North Dakota that help. If there is one thing I can suggest is take advantage of cancer screening tests they are life saving for cancer detection!”**

Robin Iszler, RN, Central Valley Health District, Jamestown, ND

# TOBACCO PREVENTION AND CESSATION

## Objective 6:

By 2022, decrease from 19.8% in 2014 to 17.9% the percentage of adults who are current smokers. Source: BRFSS 2016

### Strategies:

- Promote NDQuits and local cessation services.
- Support reducing the out-of-pocket costs for evidence-based cessation treatments.
- Promote healthcare provider training on Public Health Service guidelines, Treating Tobacco Use and Dependence.
- Promote healthcare systems change by institutionalizing Public Health Service Guidelines.
- Advocate for a significant increase in the tax on tobacco products.
- Advocate for policies that address tobacco-related disparities.
- ▲ Collaborate with the Great Plains Tribal Chairmen's Health Board Epidemiology Center Tobacco Prevention and Control Program.
- Support partner efforts for mass reach health communication interventions.
- Advocate for smoke-free policies that reduce exposure to secondhand smoke and prevalence of tobacco use including smoke-free multi-unit housing.

## Objective 7:

By 2022, decrease from 49.7% in 2008-2009 to 45% the percentage of American Indian adults who smoke. Source: BRFSS 2016

### Strategies:

- Promote the NDQuits and tribal cessation programs.
- Promote healthcare provider training on the Public Health Service guidelines, Treating Tobacco Use and Dependence.
- Promote healthcare change to institutionalize the Public Health Service Guidelines.
- Promote tobacco-free policies in reservation workplaces.
- ▲ Support education about the difference between the ceremonial use of traditional tobacco and commercial tobacco.
- Advocate for policies that address tobacco-related disparities.
- ▲ Collaborate with the Great Plains Tribal Chairmen's Health Board Epidemiology Center Tobacco Prevention and Control Program.



Grand Forks, North Dakota area athletes clockwise from top right: Kaleb Johnson, Allison Mulroy, Cam Olstad, Liz Kratochvil, Nick Bucklin, Tate Steffan, Noah Ciekliniski

### Objective 8:

By 2022, decrease from 3.8% in 2014 to 2.8% of North Dakota adults who currently use chewing tobacco or snuff. Source: BRFSS 2016

#### Strategies:

- Promote the NDQuits and local cessation services.
- Promote insurance coverage for cessation services.
- Promote health-care provider training on Preventive Health Service Guidelines to prevent tobacco use and addiction.
- Promote health-care systems change by institutionalizing Preventive Health Service Guidelines.
- Advocate for a significant increase in the tax on tobacco products.

### Objective 9:

By 2022, decrease from 30.6% in 2009 to 26% in 2022 the percentage of students in grades 9 through 12 who are current tobacco users. Tobacco use includes smoking cigarettes or cigars, or using chewing tobacco, snuff or dip, etc.

Source: Youth Risk Behavior Survey 2015

#### Strategies:

- ▲ Promote adoption of comprehensive ND School Association Model for tobacco-free school policy.
- Provide cessation resources to youth.
- ▲ Advocate for a significant increase in the tax on tobacco products.
- Collaborate with the Great Plains Tribal Chairmen's Health Board Epidemiology Tobacco Prevention and Control Program.



Mother and Daughter: Reva Gates, Survivor,  
Margaret Gates, Director of Tribal Health Administration, Standing Rock

# SCREENING

Screening refers to tests and exams used to find a disease, such as cancer, in people who do not have symptoms. Early detection of cancer increases chance of survivorship and will reduce the incidence and impact of cancer in North Dakota.

## OVERARCHING GOAL: Increase cancer screening and early detection of cancer

### ALL SCREENABLE CANCERS

#### Strategies:

- Promote cancer screening education using a multi-component approach, including small media and one-to-one education.
- Promote informed and/or shared decision making based on personal and family history and age-appropriateness.
- Support ongoing efforts to identify and address gaps among persons who could be served by no-or low-cost screening programs, such as the North Dakota Breast and Cervical Cancer Early Detection Program (*Women's Way*), Family Planning, Community Health Centers, Indian Health Services or Tribal clinics, with particular attention to identify people who experience health disparities.
- Reduce barriers to cancer screening including but not limited to language, financial, geographic, access and low literacy.
- Advocate for health insurance companies and policy makers to include or increase insurance coverage of cancer screening in all insurance plans and other medical coverage programs.
- Advocate for healthcare settings and staff that are culturally sensitive.
- Encourage the "one-stop-shop concept" to make cancer screening more convenient.
- Advocate for the development of outreach systems for the underserved and minority populations, such as patient navigation.
- Promote healthcare providers' utilization of client reminders for cancer screening.
- ▲ Promote the business case to employers about the benefits of cancer screening and early detection, along with effective employer strategies to facilitate cancer screening.
- ▲ Support healthcare provider education about the importance of obtaining detailed personal and family history identifying risk factors (inherited predisposition for cancer) that can initiate appropriate cancer screening.
- Support ongoing referral to Medicaid Expansion and marketplace insurance programs for screening.

## BREAST CANCER

### Objective 10:

By 2022, increase rates from 73.7% to 76.7% the percentage of age-appropriate women who have had a mammogram in the past two years.

Source: BRFSS 2016

**Baseline:** 73.7%

**Target:** 76.7%

### Strategies:

- Support efforts to secure, maintain, or increase cancer screening funds for *Women's Way*, and other breast cancer screening funding sources.

## CERVICAL CANCER

### Objective 11:

By 2022, increase rates from 81.6% in 2014 to 83.6% the percentage of age-appropriate women who have had a Pap test in the past three years.

Source: BRFSS 2016

**Baseline:** 81.6 %

**Target:** 83.6%

### Strategies:

- Educate North Dakotans about current cervical cancer screening guidelines and the connection between HPV and cervical cancer using a multi-component approach, including small media and one-to-one education.
- Support efforts to secure, maintain, or increase cancer screening funds for *Women's Way* and other cervical cancer screening funding sources.



Twila Kemp, Colorectal Cancer Survivor



## COLORECTAL CANCER

### Objective 12:

By 2022, increase from 64.7% to 74.7% the percentage of North Dakotans 50 and older who meet current colorectal cancer screening guidelines. Source: BRFSS 2016

**Baseline:** 64.7%

**Target:** 74.7%

### Strategies:

- ▲ Utilize data related to colorectal cancer screening practices and endoscopic capacity to increase colorectal cancer screening using evidence-based interventions.
- Support efforts to maintain and expand state funding to provide colorectal cancer screening to the uninsured and under-insured.
- Conduct and or support a statewide media campaign for colorectal cancer screening including but not limited to types of tests, current screening guidelines and how to access screening.
- ▲ Support activities to increase awareness and compliance of the American College of Gastroenterology colorectal cancer screening recommendations by providers.
- Promote strategic partnership to reach age-appropriate men and women who are not being screened for colorectal cancer and facilitate the screening process.

## MELANOMA

### Objective 13:

By 2022, the percentage of melanoma cancer detected at the earliest stage will increase to 90% compared to 88.5% in 2008.

**Baseline:** 88.5%

**Target:** 90.0%

### Strategies:

- Support multicomponent community wide interventions using a combination of mass media and environmental or policy changes across settings within a geographic area (city, county, etc.) to increase awareness about the risk factors, signs of skin cancer, recommendations for screening and how to conduct visual inspections of the skin to detect skin cancer early.
- Advocate for practices that include skin cancer screening by healthcare professionals during routine exams and facilitate provider skin assessment.
- ▲ Support efforts to conduct community-based skin cancer screening events.



**“I have lost loved ones to colorectal cancer. Please do not put off screening, it will save your life! Do it for yourself, your children and grandchildren.”**

-Jodie Fetsch, RN Custer Health

# ORAL PHARYNGEAL

## Objective 14:

By 2022, decrease the rate of late-stage diagnosis for oral and pharyngeal cancers from 41% to 36%. Source: ND Statewide Cancer Registry 2014

### Strategies:

- Advocate for regular oral cancer screening by dental professionals and other healthcare professionals, as appropriate.
- ▲ Collaborate with partners to provide education and to disseminate tools for healthcare professionals on how to conduct an oral examination for cancer.
- ▲ Encourage dental and healthcare professionals to educate patients about the need for the oral cancer examination and make patients aware that examination has been provided during the exam.
- ▲ Partner with dental, tobacco and other programs to conduct general public education campaigns about oral cancer risk factors, signs and symptoms of oral cancer, including how to talk to dental and other healthcare professionals about oral cancer screening and emphasize the importance of regular oral health checkups.
- ▲ Provide education for the general public on oral self-examination.



Coal Country Community Health Center Staff, Beulah, ND

## PALLIATIVE CARE

**OVERARCHING GOAL: Increase awareness and access to palliative care services.**



Nancy Joyner, MS, APRN-CNS  
Grand Forks, ND

*Palliative care is defined as “care that provides relief from pain and other symptoms, supports quality of life, and is focused on patients with serious advanced illness and their families.” It is appropriate at any stage of a serious illness and may be delivered in the home, hospital, or variety of other healthcare settings.*

*Palliative care encompasses hospice and specialty palliative care, as well as basic palliative care.*

**Institute of Medicine (2014)**

### Objective 15:

By 2022, increase awareness of palliative care for general public and healthcare providers.

#### Strategies:

- ▲ Increase communication related to palliative care issues in patient conversations, healthcare publications and media/marketing.
- ▲ Identify and provide access to palliative care resources for patients and families.
- ▲ Provide palliative care education opportunities for healthcare professionals.

### Objective 16:

By 2022, improve access to quality palliative care services.

#### Strategies:

- Advocate for health insurance coverage of palliative care and related services.
- Advocate for improvement of pain management by implementation of the cancer-related pain guide for practice.
- Promote healthcare providers' utilization of electronic health records or other clinical data sources to identify patients who would benefit from palliative care services.
- ▲ Identify and promote advanced palliative care training for healthcare professionals and physicians.
- Utilize telehealth /tele-palliative care to increase access to palliative care services for rural and frontier counties.

# TREATMENT

Several factors can affect cancer treatment and care in North Dakota. Potential issues include, but are not limited to, limitations on the quality and availability of cancer care, lack of patient and provider knowledge, insurance coverage, geographic location, socioeconomic status and insufficient patient-provider communication. One strategy to ensuring high quality and up-to-date cancer treatment is through education and availability of clinical trials.

## OVERARCHING GOAL: Increase access to effective cancer treatment and care.

### Objective 17:

By 2022, increase the educational opportunities for primary care healthcare professionals regarding cancer diagnosis, treatment, and other related services.

### Strategies:

- Promote awareness and implementation of the National Comprehensive Cancer Network Treatment Guidelines and the Physician Data Query Standards by providers and consumers.
- Support healthcare professional education that promotes shared decision making regarding treatment options.
- ▲ Conduct education for healthcare professionals about cancer treatment options, clinical trials and genetic testing.

### Objective 18:

By 2022, optimize access to resources including, but not limited to transportation, lodging, and financial assistance that support cancer care from diagnosis through treatment and follow-up.

### Strategies:

- Support and engage communities and those with health disparities in identifying and solving access to care issues.
- ▲ Advocate for local, state, and national sources to reduce out-of-pocket costs supporting cancer treatment and associated expenses.
- Support partnerships to facilitate access to specialty services for rural patients and providers through methods such as telemedicine.



“When patients come to the Bismarck Cancer Center, they expect us to get them back to their lives. You can’t find a better team to fight a cancer diagnosis—from the front desk staff to the radiation therapists to the dosimetrists to the nurses—it’s a very special place.”

-Dr. Tarek Dufan, Radiation Oncologist, Bismarck Cancer Center

- ▲ Support access to cancer treatment drugs for those who are medically underserved.
- ▲ Support access to clinical trials.
- Support referral to Medicaid Expansion and marketplace insurance programs for treatment and follow-up.
- Support efforts to expand patient navigation services in cancer treatment centers and underserved or minority areas of the state.
- Support activities that provide culturally appropriate cancer treatment such as environments for cancer treatment, educational material and trained staff.

### **Objective 19:**

By 2022, increase knowledge of North Dakotans regarding cancer treatment services, cancer treatment options, side effects of treatment, clinical trials, and pre-post cancer diagnosis for genetic testing.

### **Strategies:**

- ▲ Promote the utilization of cancer resource centers in the state.
- ▲ Provide information that will direct cancer patients, patient caregivers, and the general public to reliable resources focused on cancer treatment and cancer care.
- Develop and promote educational campaigns about cancer care and services that are culturally appropriate and targeted at underserved groups.



Carol Mohagen, Trinity Health, Minot, ND

## Objective 20:

By 2022, support advocacy efforts and increase knowledge of elected officials, policymakers and decision-makers related to issues of cancer care including but not limited to health insurance coverage, access to care, cultural competency, and issues for the underinsured and uninsured.

### Strategies:

- ▲ Support advocacy efforts to include clinical trials in all health insurance packages offered in North Dakota.
- Support efforts to fund patient navigators in cancer treatment centers and underserved or minority areas of the state.
- ▲ Educate policy and decision makers about the benefit of prevention and screening versus treatment.
- ▲ Educate employers regarding the cost of cancer treatment from the employer perspective versus prevention and screening.

# SURVIVORSHIP

Improvements in the early detection and treatment of cancer have led to more people living longer after being diagnosed with the disease. A cancer diagnosis remains a life-changing event for individuals and their family members, friends, and caregivers. People who have been diagnosed with cancer face a host of short- and long-term issues affecting their quality of life, including but not limited to the physical effects of cancer treatment, spiritual and emotional needs, pain control, and, for some, decisions about end-of-life care. There are still many areas to improve when it comes to increasing public and healthcare professional knowledge about survivorship resources and services available to North Dakotans.

## OVERARCHING GOAL: Optimize the quality of life for North Dakotans affected by cancer.

## Objective 21:

By 2022, improve awareness and knowledge about cancer survivorship.

### Strategies:

- ▲ Educate the general public, policymakers, and employers about the ongoing needs of cancer survivors.
- ▲ Provide education to healthcare professionals about the short- and long-term effects following treatment that affect the quality of life of cancer survivors and their families.
- ▲ Identify, develop, and maintain accessible cancer survivorship resources.
- ▲ Support local campaigns that increase knowledge about cancer survivorship.



Dr. Shelby Terstriep, MD, Roger Maris Cancer, Fargo ND Center

## Objective 22:

By 2022, improve continuity of care for North Dakota cancer survivors and their families.

### Strategies:

- ▲ Identify and address deficiencies and gaps in service coordination, especially for underserved areas.
- ▲ Advocate for and facilitate patient navigation services for cancer patients and families affected by cancer in North Dakota.
- ▲ Educate North Dakotans about the value of support services and how to access them.
- Support education for cancer patients, their families and the general public about cancer survivorship care plans, the importance of the plan, and how to access templates on reliable websites, as well as discussing the development of a survivorship plan with their healthcare professionals.
- Facilitate the exchange of information, utilizing survivorship care plans, among all healthcare professionals involved in the care of cancer survivors.
- Advocate for payment of services for a survivorship visit to develop a survivorship care plan.
- Support implementation of Commission on Cancer Survivorship requirements.



“Without a doubt cancer was a battle, but I feel my role as a survivor is to focus on making certain this journey ends with the positive outweighing the negative! My cancer diagnosis has forever changed my life and the lives of my family and friends for the better.”

-Jan Hosford, Cancer Survivor

Pictured with Katelyn Whittenburg, Healthy Living Coordinator

## END-OF-LIFE CARE

## Objective 23:

By 2022, increase access and utilization of hospice in North Dakota. (see appendix 2)

### Strategies:

- ▲ Partner with the North Dakota Hospice Organization and other organizations to increase utilization of hospice services.
- ▲ Conduct a public awareness campaign about hospice care (what it is and how to access services).
- ▲ Advocate for statewide hospice care services.
- ▲ Identify and refer families to alternative resources and services for end-of-life care in areas that are not served by hospice programs.



The North Dakota Hospice team provides end-of-life care to cancer patients throughout the state.

Pictured Left to Right: Vicki Pedersen, Jessica Reier, Susanne Olson, Tracee Capron, Tammy Theurer, Wendy McCarty, Lori Knoll, Rochelle Schafer, Jolene Keplin, Rebecca Hershey, Maren Radi, and Terri Nelson

# HEALTH EQUITY

It has been well documented that health diversity exists for groups within given populations. Cancer incidence, mortality, and survivorship are affected by many factors *including but not limited to gender, race or ethnicity, education, income or employment, refugee or immigrant status, age, geographic location, physical or mental status, and sexual orientation or gender identity*. Data indicates that those affected by health diversity tend to be less likely than others to receive needed cancer care.

## OVERARCHING GOAL: Continually and respectfully work to identify and reduce cancer care inequities in North Dakota

### Objective 24:

By 2022, utilize and evaluate cancer health disparity data in North Dakota.

### Strategies:

- ▲ Support efforts to improve the availability, accuracy, and completeness of data collection in terms of race/ethnicity classification, third-party payers, and other pertinent data components.
- ▲ Disseminate cancer health equity data statewide to support cancer control efforts.
- ▲ Support efforts to utilize minority cancer data from cancer registries, BRFSS, YRBS, and resources by working with healthcare organizations and other partners.



Pictured Left to Right: Scott Davis and Brad Hawk, Indian Affairs Commission

**Indian Affairs Commission works with diverse groups to help our communities address cancer prevention, screening, and care. Scott Davis and Brad Hawk are involved in different groups to help policy creation and look for partnerships for funding.**



## Objective 25:

By 2022, increase the number of healthcare providers and systems providing culturally competent health care in North Dakota.

### Strategies:

- Support the use of properly trained and culturally competent community health workers or patient navigators in communities experiencing cancer care inequities.
- Promote and support ongoing cultural competency education opportunities and curricula training on cancer disparities, including strategies that healthcare professionals can implement into practice to address and reduce inequities in cancer care.
- Support the local development of culturally appropriate cancer education material utilizing community feedback.
- Support culturally competent informed/shared decision-making tools regarding clinical trials, screening, treatment and survivorship.
- Support efforts to increase the number of racial and ethnic minority individuals in the cancer health-care field.
- ▲ Support community-based participatory research for populations that experience challenges with health equity by involving the communities impacted by cancer inequities in the planning, implementation, analysis and dissemination of cancer research.

## Objective 26:

By 2022, increase access to cancer-related services and resources for underserved populations in North Dakota.

### Strategies:

- ▲ Support a collaborative community network in a variety of settings to address barriers to access care and that provides transportation and housing as needed for cancer related services.
- ▲ Support efforts to direct medically underserved populations to available medical services, resources and medical coverage programs.
- ▲ Support access to available cancer treatment drugs for medically underserved populations who cannot afford co-payments and deductibles.
- Support properly trained and culturally competent community health workers or navigators in communities and healthcare settings.



**“Tribal Health staff strive to provide awareness about cancer and patient education for our community members.”**

-Jolene Keplin of Turtle Mountain

## Objective 27:

By 2022, develop a culturally appropriate system of coordination among or within organizations to improve the continuity of cancer care.

### Strategies:

- ▲ Support legislative capacity to include cancer care services and prevention measures through public policy for medically underserved or populations who experience inequity in cancer care.
- Support culturally-appropriate environments from prevention through survivorship, palliative and end-of-life care.
- ▲ Support collaborative efforts of tribal communities with other state and local partners.
- Advocate for facility practices that support the needs of ethnic or minority populations.



Shantel Dubois, Bette Flynn, and Waynita Chaske, Spirit Lake Public Health

**Thank you to everyone who contributed to the revision of the 2018-2022 North Dakota State Cancer Plan. Individuals from the following organizations participated in the efforts to reduce and prevent cancer in North Dakota. We are so thankful for those who participate in the North Dakota Cancer Coalition and those who carry out the strategies recommend in this plan.**

AARP North Dakota  
Altru Cancer Center  
Altru Health Systems  
American Cancer Society (ACS)  
ACS Cancer Action Network (ACS CAN)  
American Indian Public Health Resource Center  
Bismarck Cancer Center  
Bismarck-Burleigh Public Health  
Blue Cross Blue Shield of North Dakota  
Cavalier County Health District  
Central Valley Health District  
CHI St. Alexius  
City-County Health District  
Coal County Community Health Center  
Community Health Representative Program  
Crosby Clinic  
CS Companies Inc  
Custer Health  
Dickey County District Health Unit  
Elbowoods Memorial Health Center  
Emmons County Public Health  
Essentia Health  
Experience Health ND  
Fargo Cass Public Health  
First District Health Unit  
Glenburn Public School  
Go! Bismarck Mandan  
Grand Forks Public Health Department  
Grand Forks Public Schools  
Great Plains Tribal Chairmen's Health Board  
Hoofin' It For a Cure  
Hope Therapy Center, PLLC  
LaMoure County Public Health  
Merck Vaccine Division  
Mercy Hospice  
Mercy Hospital  
Mercy Medical Center  
MHA Satellite Office  
Mid Dakota Clinic  
MidDakota Clinic-University of Mary  
MidDakota Oncology Clinic  
Minot State University  
Nancy Joyner Consulting  
ND Department of Corrections and Rehabilitation  
ND Indian Affairs Commission  
Nelson-Griggs District Health Unit  
North Dakota Department of Health  
North Dakota Legislators  
North Dakota Public Health Association  
North Dakota State Cancer Registry  
North Dakota State University  
North Dakota State University Extension  
North Dakota State University MPH  
Northern Plains Comprehensive Cancer Control Program  
PartnerSHIP 4 Health  
Pathways to American Indian and Alaska Native Wellness  
Pembina County Public Health  
Quality Health Associates of North Dakota  
Quentin Burdick Indian Health Service  
Reach Partners, Inc.  
Richland County Health Department  
Roger Maris Cancer Center  
Rolette County Public Health  
Sanford Health System  
Sargent County District Health Unit  
Sky Fest  
Southwest AHEC  
Southwestern District Health Unit  
Spirit Lake Health Center  
Spirit Lake Vocational Rehabilitation Project  
Standing Rock Community Health Representative  
Thrifty White Pharmacy  
Tobacco Free North Dakota  
Traill District Health Unit  
Trinity CancerCare Center  
Trinity Health System  
Turtle Mountain Tribal Health  
University of Mary  
University of North Dakota  
Upper Missouri District Health Unit  
VA Medical Center  
Walsh County Health District  
Wells County District Health Unit  
West River Health Services  
YMCA of Cass and Clay Counties

# Appendix A

## Resources for Evidence-Based and PSE Recommended Strategies

### Prevention

Best Practices for Comprehensive Tobacco Control Program  
CDC Strategies to Address Obesity, Physical Activity, and Nutrition  
CDC Guide to Breastfeeding Interventions  
The Community Guide  
United States Preventive Services Taskforce

### Screening

C-Change  
CDC Division of Cancer Prevention and Control  
The Community Guide Cancer Prevention and Control  
How to Increase Colorectal Cancer Screening Rates in Practice  
How to Increase Preventive Screening Rates in Practice  
National Center for Biotechnology Information

### Treatment

C-Change  
The Community Guide Health Equity  
Livestrong  
National Cancer Institute  
National Comprehensive Cancer Network

### Survivorship

CDC Division of Cancer Prevention and Control  
National Comprehensive Cancer Network

### Palliative Care

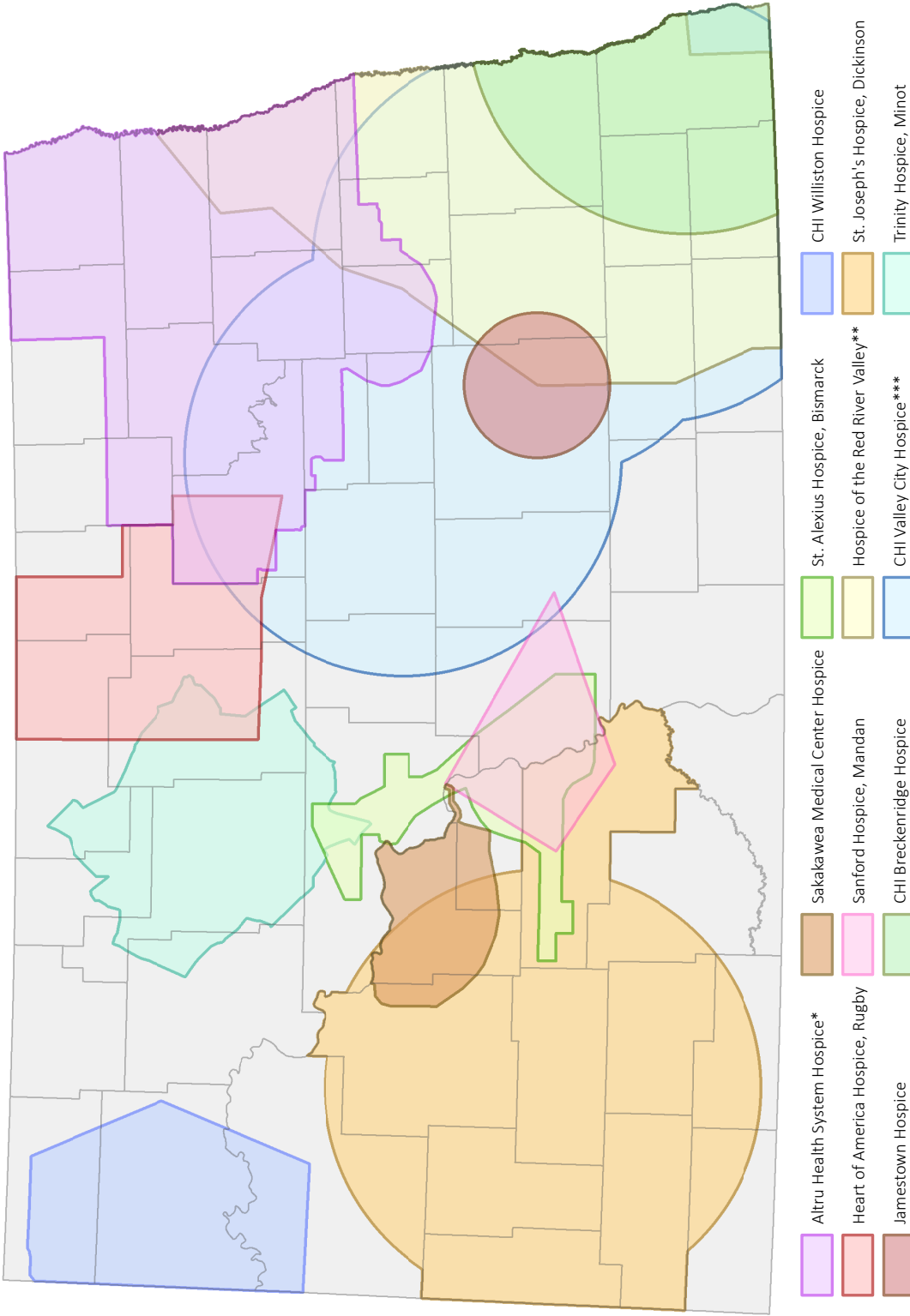
Center to Advance Palliative Care  
National Comprehensive Cancer Network

### Hospice

Sample Evidence-Based Projects  
National Academies of Sciences, Engineering and Medicine  
National Institute of Health  
Morbidity and Mortality Weekly Report

# Appendix B

## North Dakota Hospice Networks



**Light grey areas are NOT covered by any hospice program**

Hospice service areas are subject to change based on funding and/or staffing availability.

\*Altru Health System Hospice includes locations in Grand Forks, Park River, Grafton, McVie, Cavalier, and Devils Lake.

\*\*Hospice of the Red River Valley includes locations in Valley City, Fargo, Lisbon, Mayville, and Grand Forks.

\*\*\*CHI Valley City Hospice includes locations in Valley City, Lisbon, Oakes, and Carrington.



**NORTH DAKOTA**  
**DEPARTMENT of HEALTH**

Map created by Milian Vu

Service area information collected Feb-Mar 2016