



Rural Cancer Institute

An Independent Research and Advocacy Organization

Rural Cancer Care Delivery

Wade Swenson, MD, MPH, MBA

2025 Rural Health Voice Conference

Wintergreen Resort

Virginia Rural Health Association

November 19, 2025



Disclosure of relevant financial relationship with ineligible companies

Nothing to disclose

References to off-label usage(s) of pharmaceuticals or instruments

Nothing to disclose



Rural Cancer Care Delivery

Coalitions, Policy, Quality & Workforce

1) Introduction

2) Rural Cancer Institute (RCI)

3) Rural Oncology Home

4) Building Coalitions

5) Quality: Pilot Project

6) Workforce: CORE



Background

Coalitions, Policy, Quality & Workforce

20 years as a rural oncologist in Minnesota

Professor of Medicine at Burnett School of Medicine at TCU in Fort Worth

Associate Professor of Medicine at University of North Dakota in Fargo

President, American College of Healthcare Executives - Minnesota Chapter in 2026

Lakewood Health System Medical Oncologist in Staples

Health Policy Committee at American Society of Clinical Oncology (ASCO)

Care and Quality Improvement Committee at ASCO

Founder of the Rural Cancer Institute

Executive Masters in Policy Leadership at Georgetown University in D.C.

Rural Cancer Care Delivery

Coalitions, Policy, Quality & Workforce



Rural Cancer Care Delivery

Coalitions, Policy, Quality & Workforce

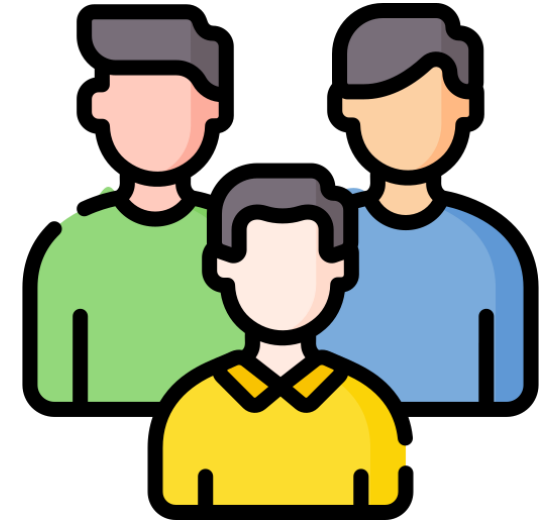
Many Faces of Advocacy

Legislative: Engage policymakers

Community: Educate locals on health issues

Professional: Join professional networks

Media: Write op-eds or share success stories



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Case Study

Coalitions, Policy, Quality & Workforce



Rural Cancer Institute

An Independent Research and Advocacy Organization



Origin Story

A Presentation and a Follow-Up Zoom Meeting



May 11, 2022



Rural Cancer Institute

A Presentation and a Follow-Up Zoom Meeting

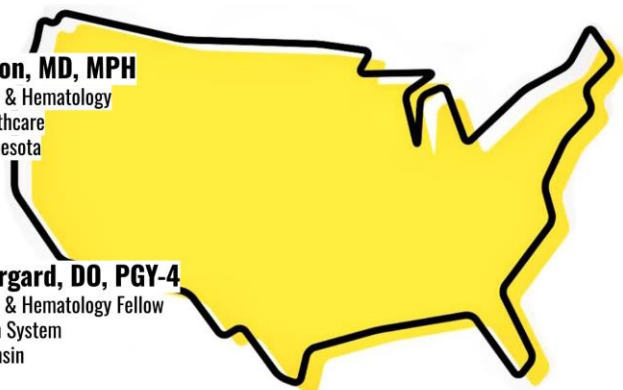
Introductions



Wade Swenson, MD, MPH
Medical Oncology & Hematology
Lake Region Healthcare
Fergus Falls, Minnesota



Emily Westergard, DO, PGY-4
Medical Oncology & Hematology Fellow
Gundersen Health System
La Crosse, Wisconsin

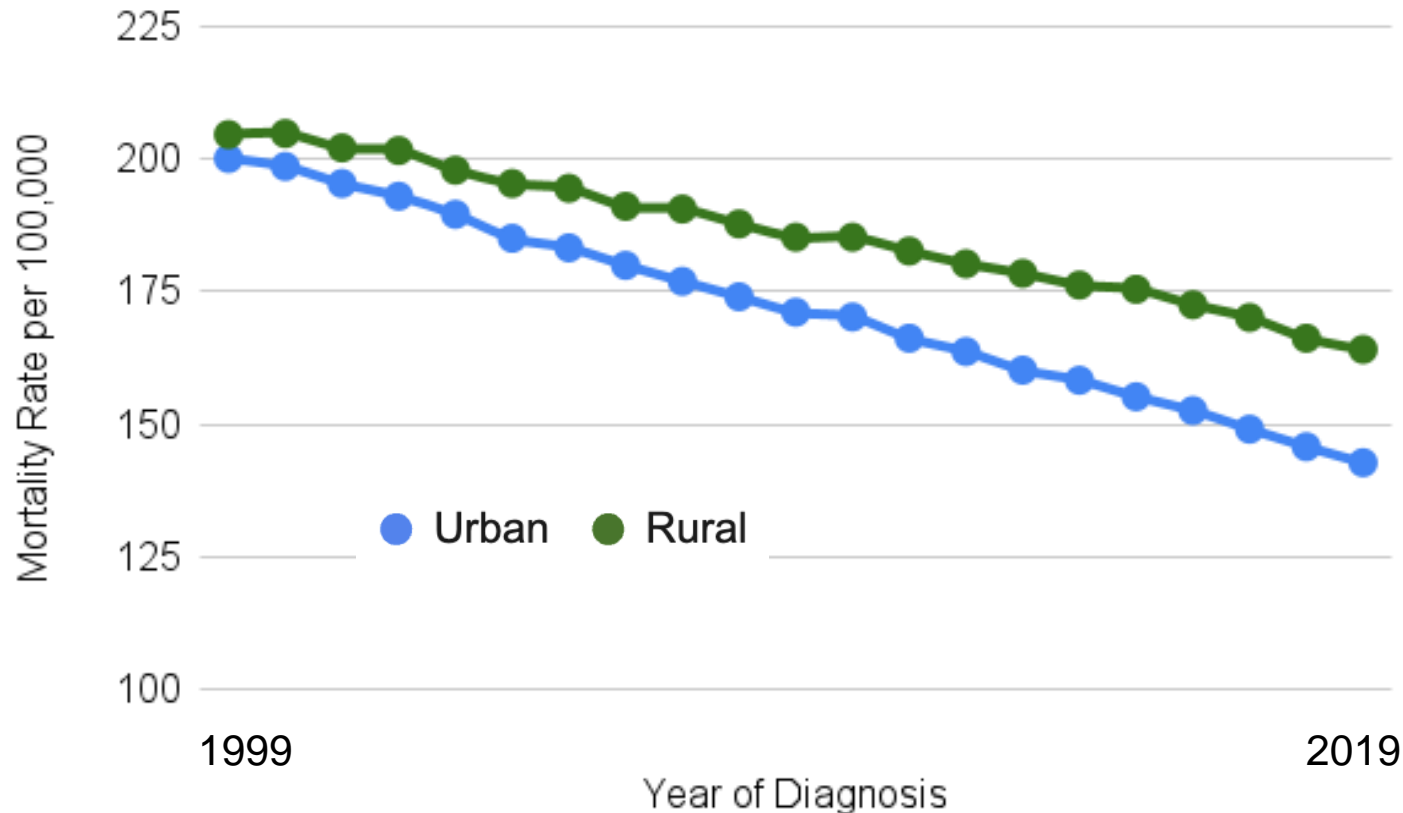


The Rural American Cancer Experience
NRHA Annual Conference 2022

Wade Swenson, MD
Emily Westergard, DO

Cancer Mortality Rates in the United States

National Center for Health Statistics, 1999-2019



Curtin SC, Spencer MR. NCHS Data Brief No. 417. National Center for Health Statistics, 2021.

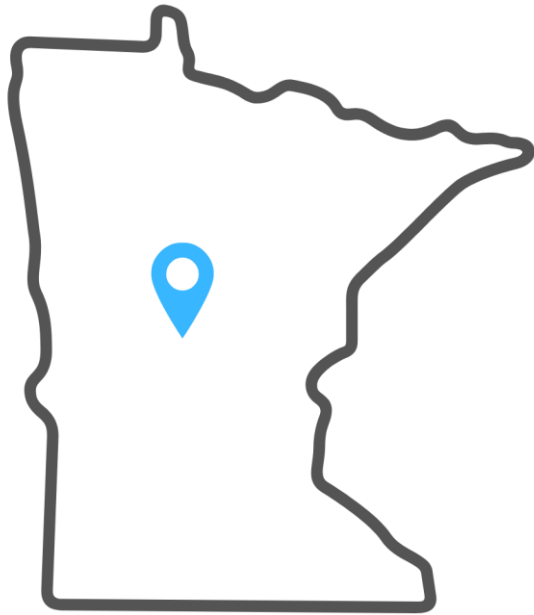
Zack's Story

Stage III Melanoma Diagnosis in Rural Kansas



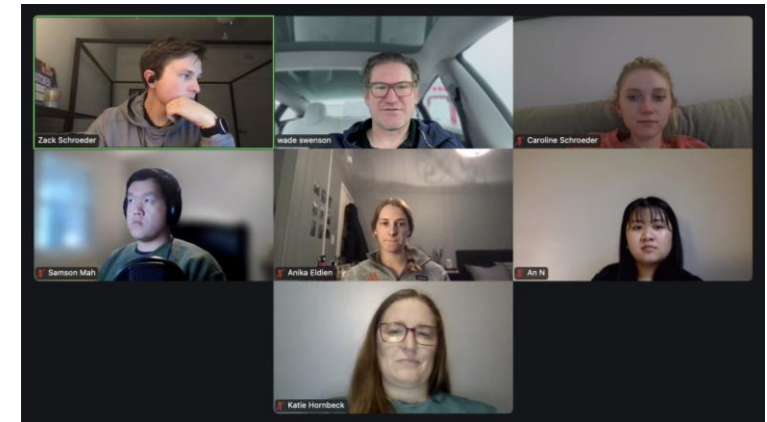
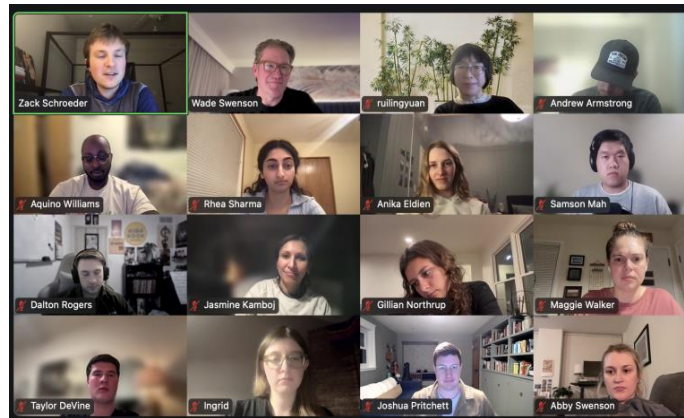
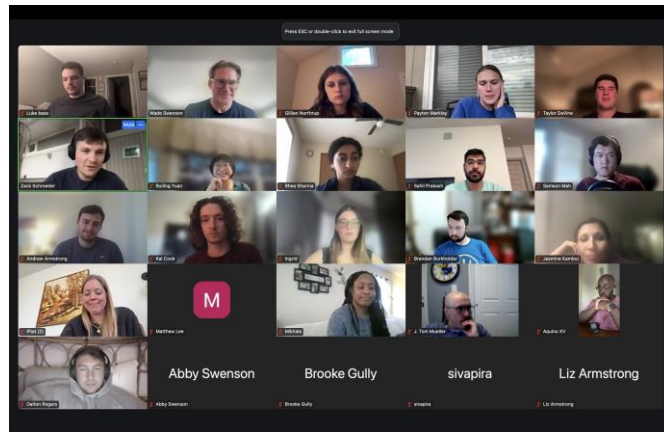
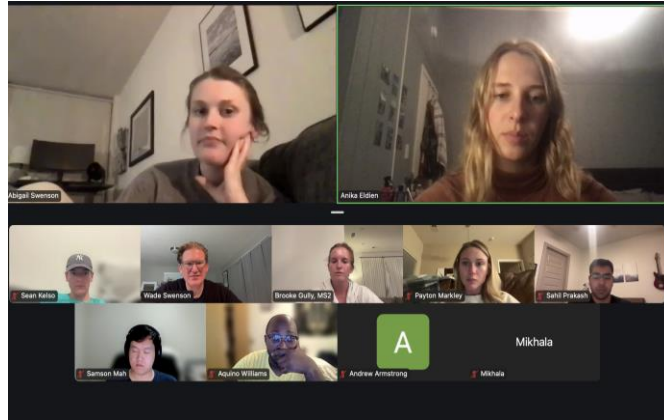
Lakewood Health System

Staples, Minnesota



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Zoom, Zoom, Zoom



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Mission



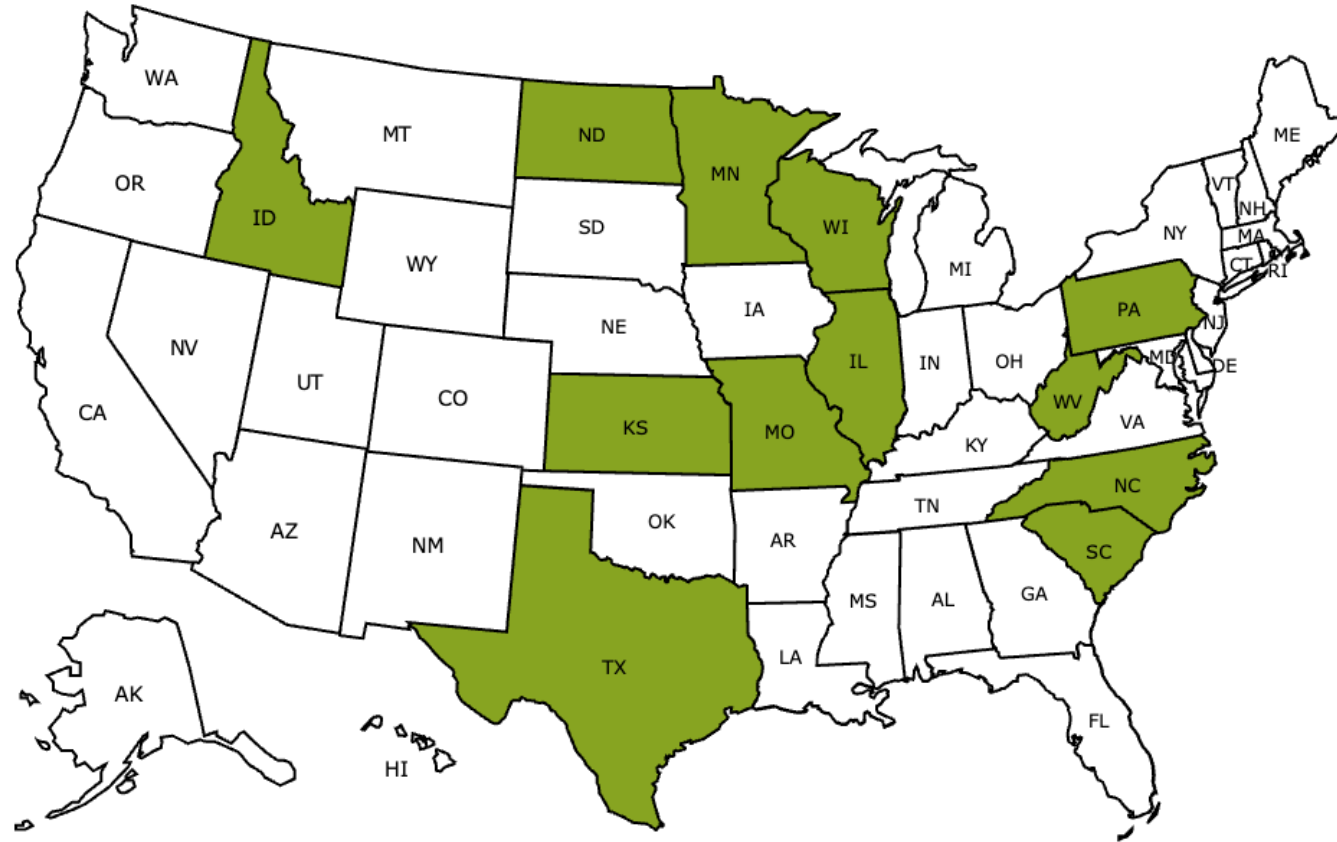
**Rural Cancer
Institute**

An Independent Research and Advocacy Organization

“Supporting rural cancer patients
and the rural communities that
serve them.”

Rural Cancer Awareness Day

June 4th



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Origin Story



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Rural Cancer Institute

Publishing

NEJM
Catalyst

JAMA Oncology

JCO® Oncology
Practice

HealthAffairs

THE JOURNAL OF
RURAL HEALTH

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Letters

RESEARCH LETTER

Geographic Distribution of Clinical Trials for Advanced-Stage Cancer

Clinical trials play a crucial role in advancing cancer research and treatment. The National Cancer Comprehensive Network Guidelines state, “The best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.”¹



Supplemental content

Despite the potential benefits of participating in a clinical trial, there can be significant burdens for both clinicians and patients in accessing them, such as geographic distance from trial sites and lack of awareness about available trials.² Health disparities in access to clinical trials have been widely recognized, particularly in rural populations and among racial and ethnic minority groups.³

A 2015 study of the geographic distribution of clinical trials⁴ reported that 45.6% of patients with metastatic breast cancer, 50.2% with prostate cancer, 52.2% with colorectal cancer, and 38.4% with non-small cell lung cancer would need to

drive more than 60 minutes 1 way to access a clinical trial site. The present study updates and expands these data.

Methods | This quality improvement study followed the [SQUIRE](#) reporting guideline. Ethics review and informed consent were waived because this study was not considered human participants research. The ClinicalTrials.gov database of clinical trials⁵ was accessed on November 25, 2022, to identify interventional clinical trials actively recruiting patients for diagnoses of metastatic breast, colon, lung, pancreatic, and prostate cancers. After identifying unique zip codes for clinical trials, Maptitude geographic information system software (Caliper Corporation) was used to calculate the population living within 30, 60, and 120 miles of a clinical trial site using 2020 US Census data. The data were further stratified by urban or rural status, race and ethnicity, and other socioeconomic measures to assess disparities in access to clinical trials.

Results | An analysis of 701 clinical trials found that the current clinical trial infrastructure provides access for most US residents diagnosed with common advanced-stage cancers. Most

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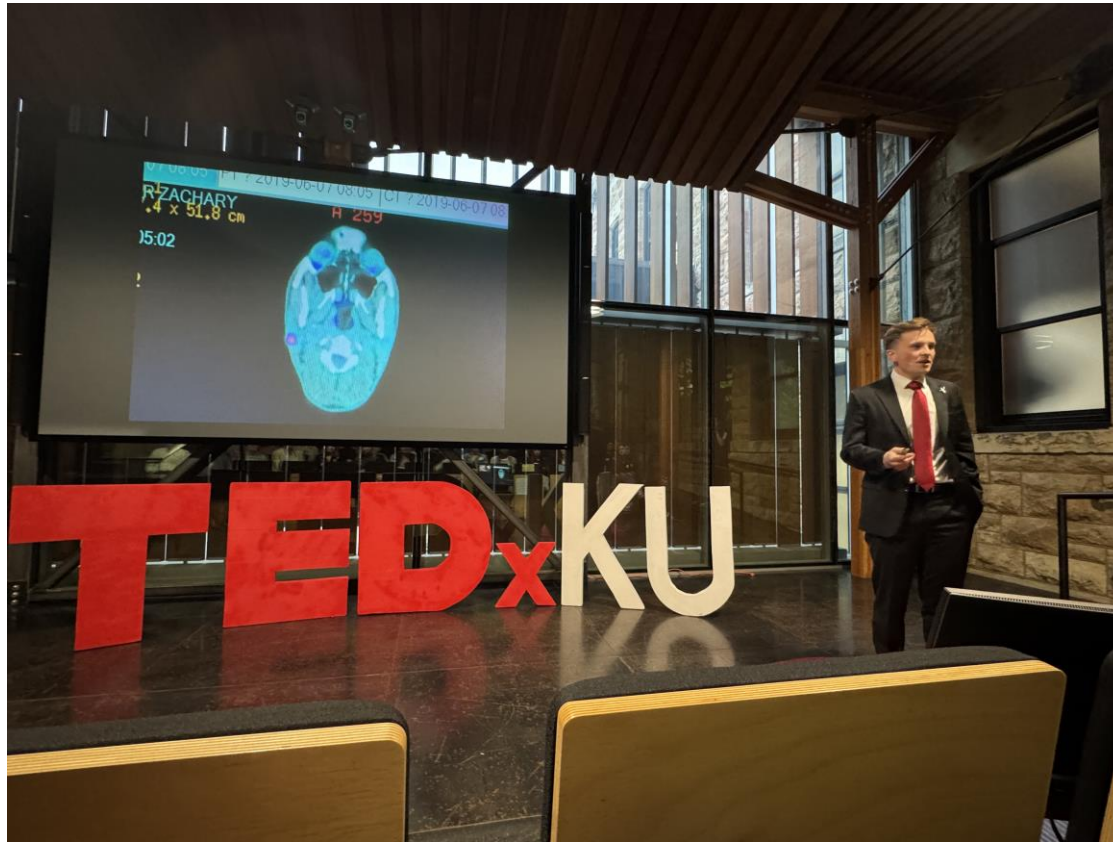
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Origin Story



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Origin Story



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Presenting at National Meetings



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Day at the Minnesota Capitol 2025

Rural Cancer Institute



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Rural Cancer Care Delivery

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Reasons for the Rural Cancer Gap

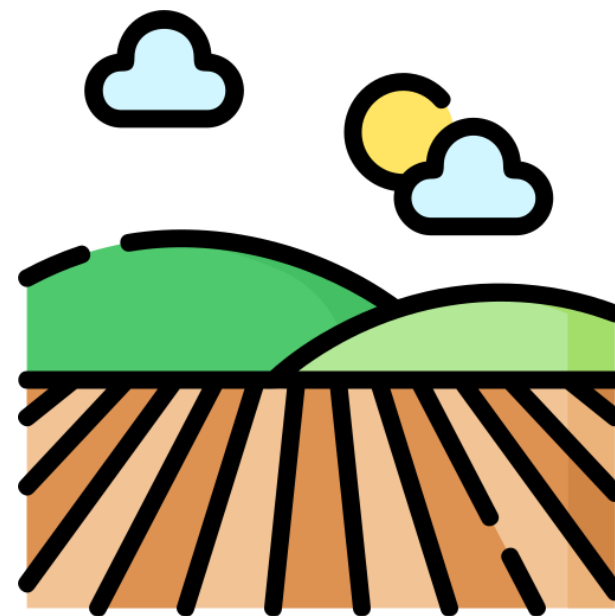
From ASCO 2024 Educational Book

Rural populations face logistical barriers

- distance to care
- diagnostic delays
- limited access to specialized care

Social determinants further hinder access

- cultural beliefs
- language barriers
- health literacy



Munhoz R, Sabesan S, Thota R, et al. ASCO Educ Book. 2024;44

Median Travel Distance for Minnesota Rural Residents

Minnesota Hospital Association, 2013-2019

Service	Number of Patients	Median Travel (miles)	% travel over 60 miles
Oncology	8,037	75.5	58
Ophthalmology	311	74.9	57
Neurology	19,111	72.6	57
Psychiatry	12,701	62.2	52
Gen Surgery	24,077	60.8	51



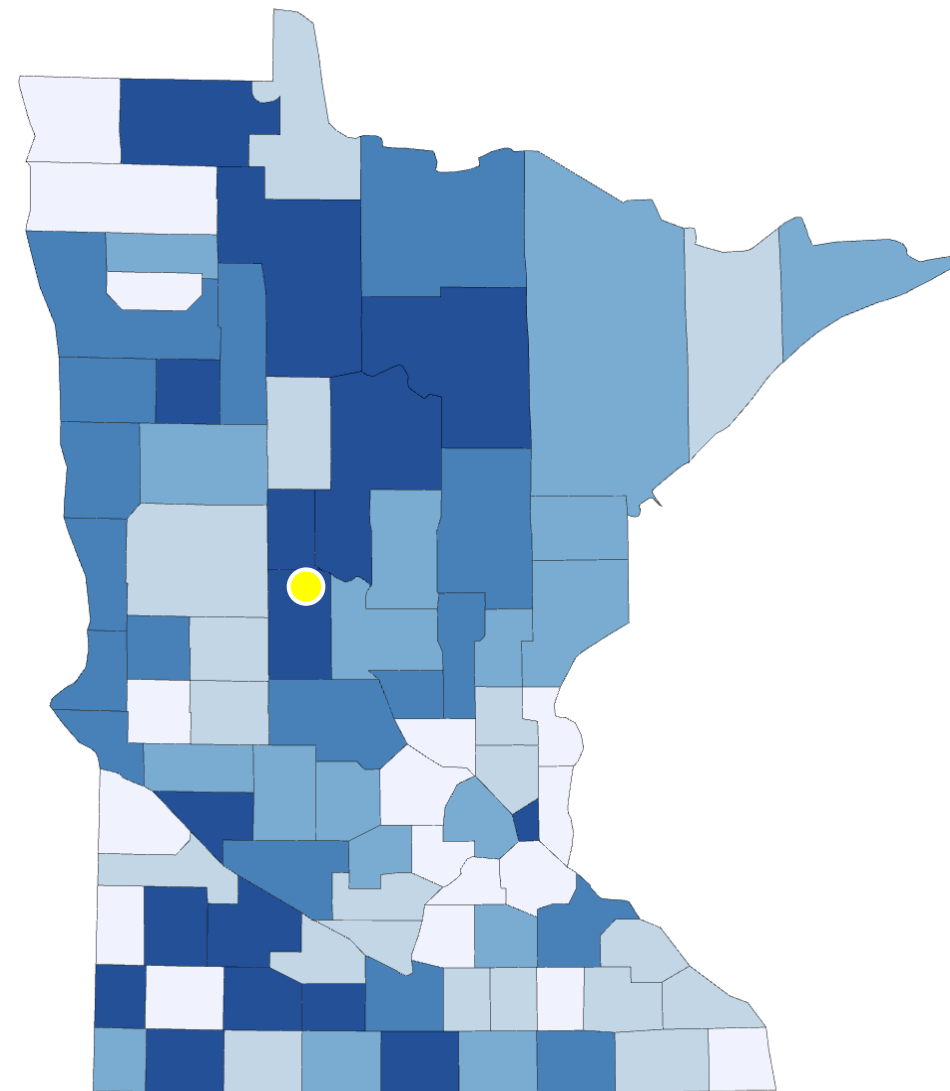
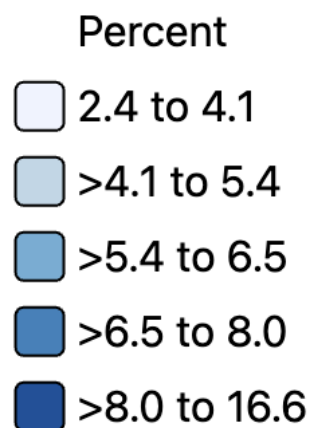
The Future Blueprint(s) of Health Care in Rural Communities. Minnesota Hospital Association 2020 Winter Trustee Conference

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Social Determinants of Health: Poverty

Minnesota families below federal poverty level, 2023



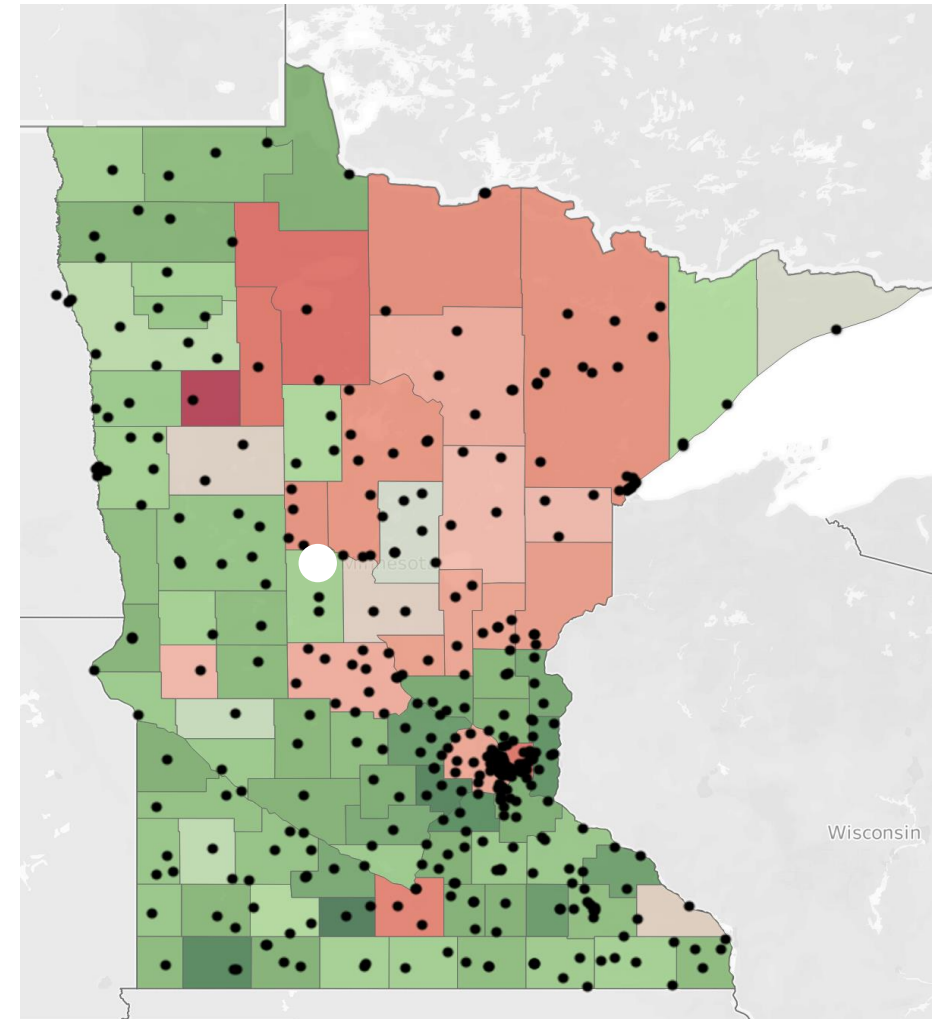
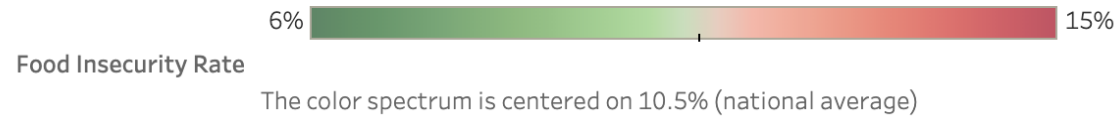
An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities <https://hdpulse.nimhd.nih.gov>
Hunger Solutions. The Good Food Access Program. Hunger Solutions. <https://www.hungersolutions.org/goodfood/>

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Social Determinants of Health: Food Insecurity

Food Insecurity Projections: County



Food security dashboard. Food Security Dashboard | Healthy Foods, Healthy Lives Institute. Accessed April 12, 2025. <https://hfhl.umn.edu/fooddashboard>.

Lakewood Health System

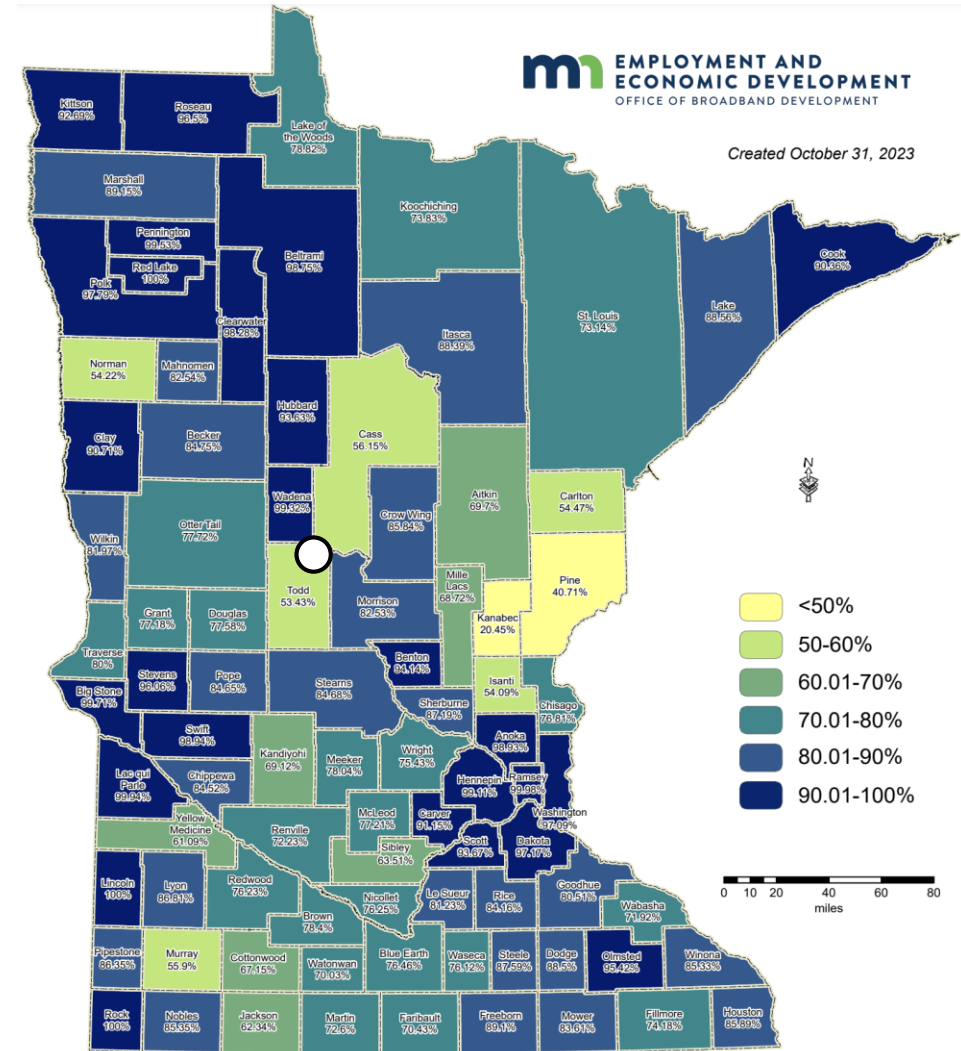
Social Determinants of Health: Broadband Access

2023 Broadband Availability in Minnesota

Percentage of Residential Locations Served by Wireline Broadband Service by County at Least

- 100 Mbps Download Speed
- 20 Mbps Upload Speed

Statewide Availability: 88.03%, Rural: 68.87%

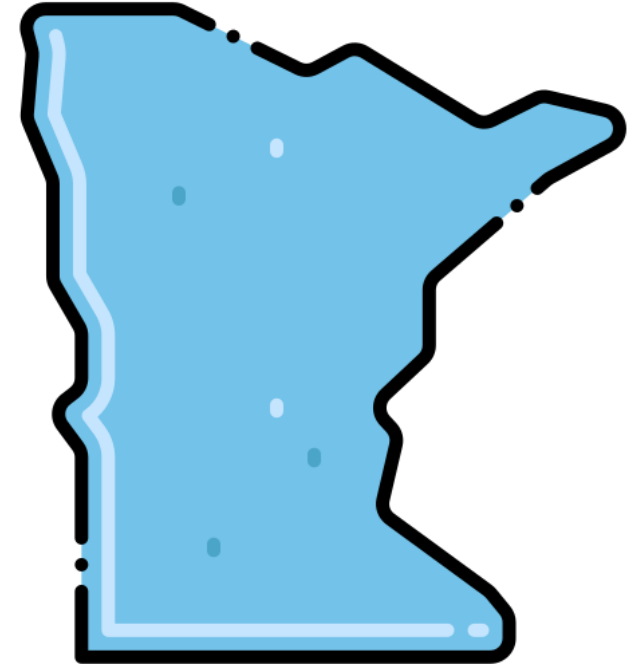


2023 Broadband Availability in the State of Minnesota Percentage of Residential Locations Served by Wireline Broadband Service by County. Accessed April 12, 2025. https://mn.gov/deed/assets/county-wireline-only_tcm1045-255859.pdf.

Minnesota Hospitals at Risk of Closure

Center for Healthcare Quality and Payment Reform

- 97 Rural inpatient hospitals in Minnesota
 - 1 Convert to Rural Emergency Hospital
- 43 Hospitals loss providing medical services
- 19 Hospitals at risk of closing
 - 7 Hospitals are at risk of immediate closure



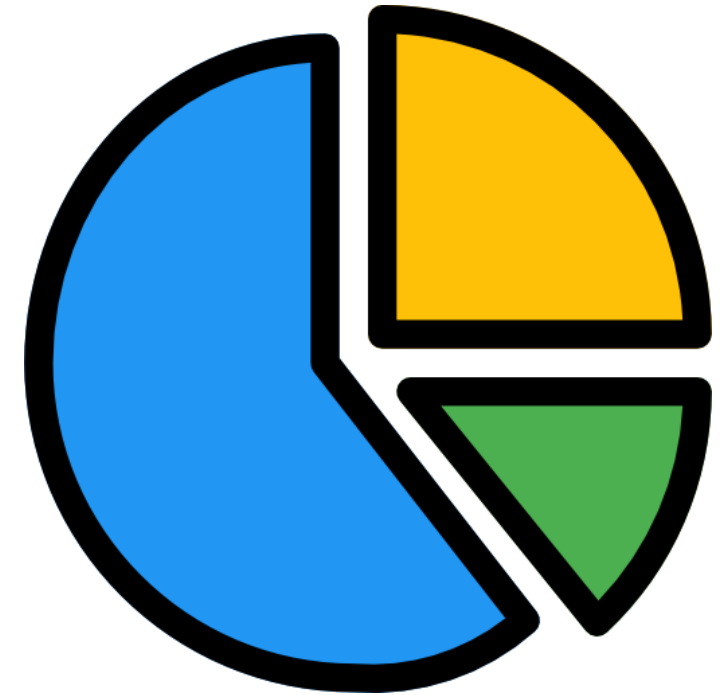
Rural Hospitals at Risk of Closing. Center for Healthcare Quality and Payment Reform. July 2024. <https://ruralhospitals.chqpr.org>.

Oncology Services

Financial Contribution to Health Systems

Cancer services can account for **25 to 40%** of a health system's profit margin.

-Ryan Langdale, Chartis Group

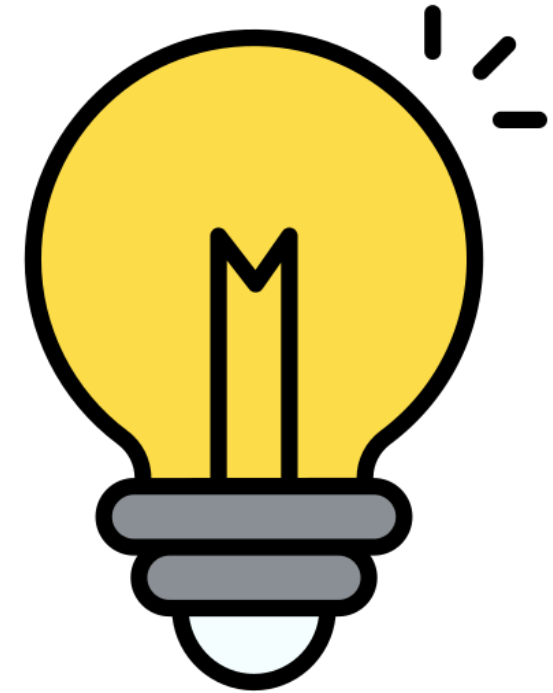
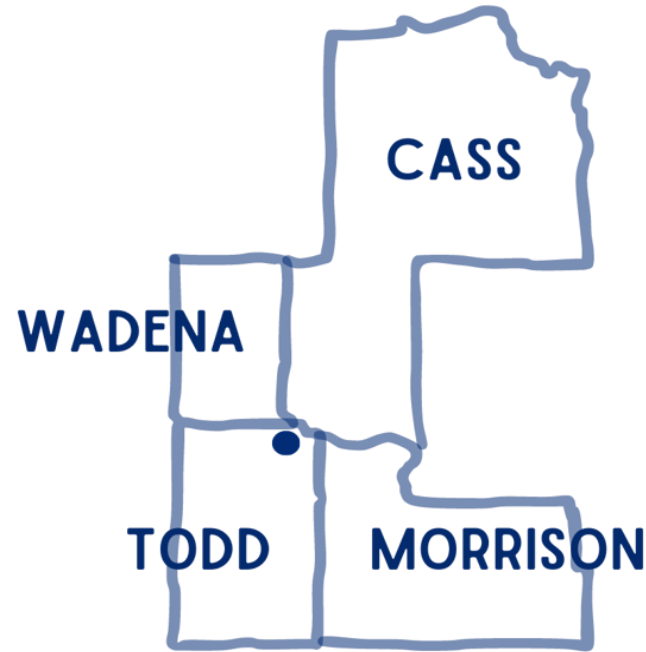


Snowbeck C. Allina Launches New Cancer Institute to Streamline Patient Care. Star Tribune. October 28, 2021.

Identifying Rural Cancer Care Solutions

Coalitions, Policy, Quality & Workforce

- 1) Rural patient and family life disruption
- 2) Oncology care revenue bypassing rural
- 3) Rural hospitals are closing



Rural Cancer Care Delivery Models

From ASCO 2024 Educational Book

Outreach Model

- Oncologists traveling to rural communities on a regular basis

Hub-and-Spoke Model

- Centralizes specialized cancer services at urban hubs

Networked Cancer Care Systems

- Connects rural and regional sites with larger specialized centers

Munhoz R, Sabesan S, Thota R, et al. ASCO Educ Book. 2024;44



The Rural Oncology Home

Lakewood Health System



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The Rural Oncology Home

Lakewood Health System

Community-Based
Community Support
Patient Navigation
Case Management
Palliative Care
Financial Navigation
Quality Standards
Financial Tools

NEJM
Catalyst | Innovations in Care Delivery

ARTICLE

The Case for Decentralizing Cancer Care: The Rural Oncology Home

Wade T. Swenson, MD, MPH, MBA, FACP, Missy Lindow, MBA, Joe Reycraft, Lisa Bjerga, CPA, MBA, Zachary Schroeder, Abigail P. Swenson, Emily Westergard, DO
Vol. 5 No. 5 | May 2024
DOI: 10.1056/CAT.23.0344

Despite significant advances in cancer therapies over recent decades, the United States grapples with growing disparities in cancer-related outcomes between its rural populations and urban and suburban counterparts. These disparities can be attributed, in part, to the centralization of oncology services within urban centers, which concomitantly imposes heightened travel demands on rural patients, constricting their access to comprehensive cancer treatment and specialized care. Historically, strategies such as the visiting consultant outreach model have been deployed to improve service accessibility, yet they offer only fragmented solutions to the multifaceted challenge of equitable care distribution. In response to this challenge, the authors introduce the *rural oncology home*, an alternative model for rural oncology care delivery. This innovative approach is centered on a community-based, team-oriented framework that incorporates medical specialists and emphasizes supportive services. By leveraging advanced practice professionals and care coordination, the model aims to enhance the accessibility of specialized cancer care for rural patients. Such models for rural oncology care delivery are emerging, with a pronounced emphasis on leveraging telehealth technologies. The Lakewood Health System Rural Oncology Home model can potentially create a more equitable system of cancer care delivery that can bridge the rural cancer gap and improve outcomes for rural patients with cancer.

Disparities in cancer-related health outcomes between rural and urban patients have been well-documented. Patients in rural areas grapple with myriad challenges, including limited access to multidisciplinary care and medical specialty services, heightened travel demands, financial constraints, and a sparse clinical trial infrastructure.^{1,2} Economic, social, and structural

Rural Cancer Care Delivery

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Rural Oncology Conference

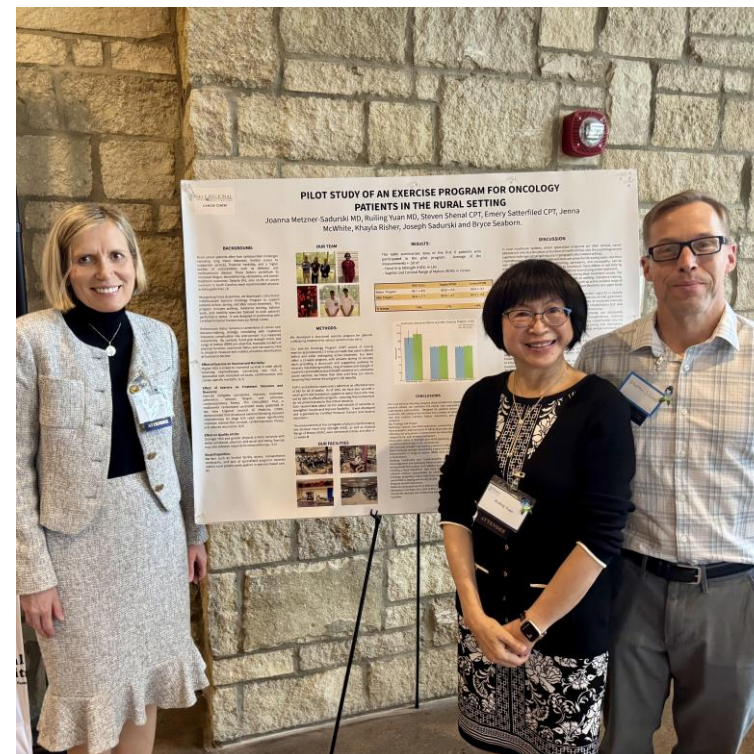
June 6-7, 2025, Lawrence, Kansas



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Rural Oncology Conference

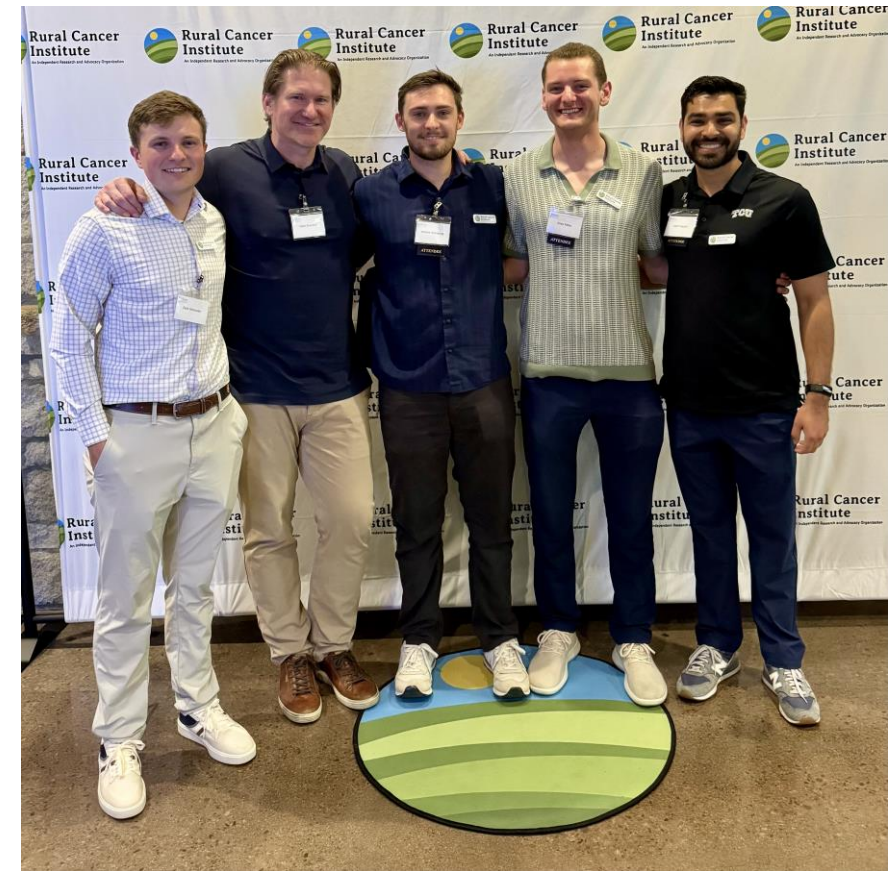
June 6-7, 2025, Lawrence, Kansas



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Rural Oncology Conference

June 6-7, 2025, Lawrence, Kansas



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Minnesota Senate District 5

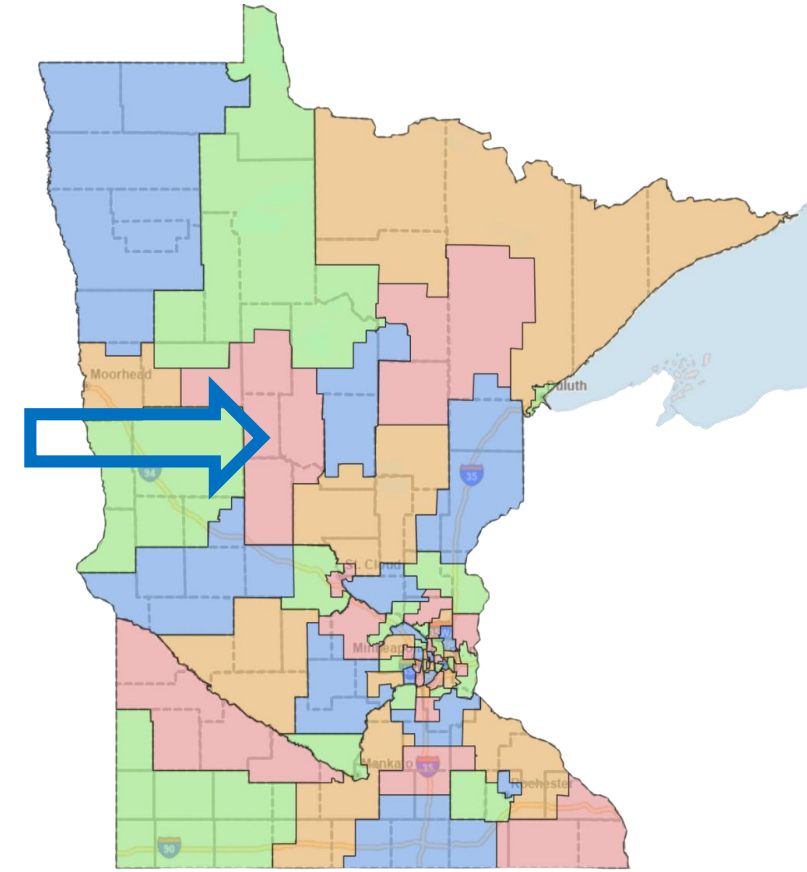
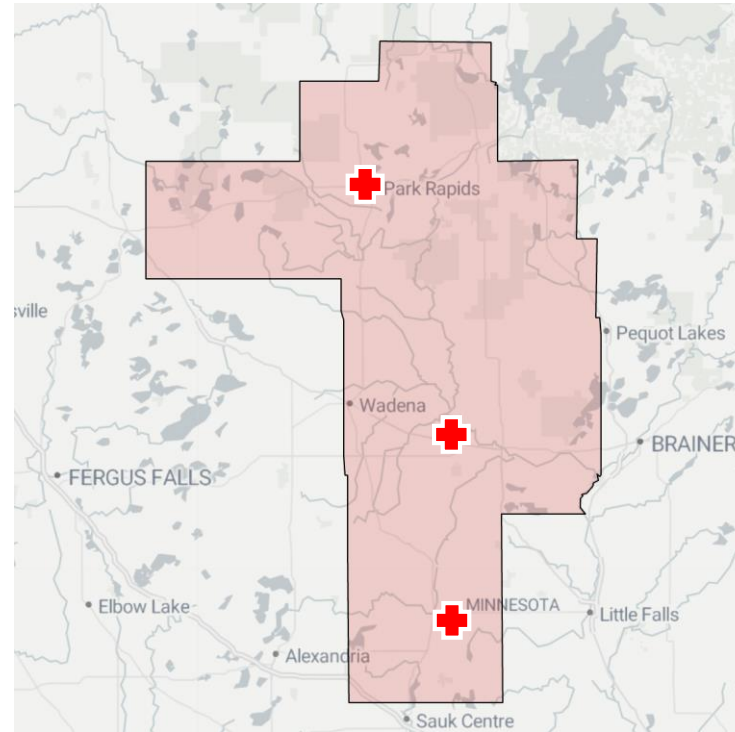
Senator Paul Utke



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Minnesota Senate District 5

Senator Paul Utke

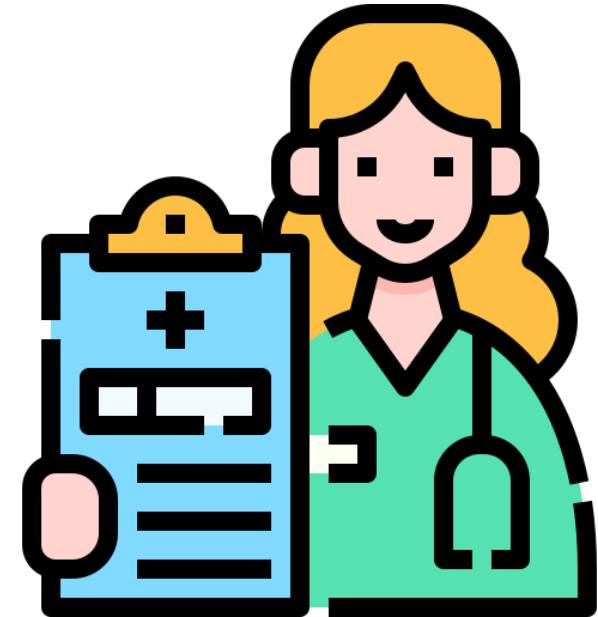


Rural Cancer Care Delivery

Coalitions, Policy, Quality & Workforce

Political Feasibility

The probability that a proposal can overcome political opposition and win adoption as government (or organizational) policy



Who or What is Advantaged by American Institutions?

Coalitions, Policy, Quality & Workforce

1. The policy status quo, because of multiple veto points and super-majority requirements in the Senate
2. Interests with resources: lobby & make campaign contributions
3. Strong ideological and partisan polarization makes broad support coalitions less likely

What are Stakeholders?

Coalitions, Policy, Quality & Workforce

Identifiable individuals, groups
and interests who

- can affect outcomes
- are affected by outcomes

that policy reformers care about



Type of Stakeholders

Coalitions, Policy, Quality & Workforce

Within Government

- 1) Elected politicians from both government and opposition parties
- 2) Agency heads
- 3) “Street-level bureaucrats” who will be responsible for implementing the policy (e.g., teachers, vaccinators, safety inspectors, doctors in public health clinics)

Type of Stakeholders

Coalitions, Policy, Quality & Workforce

Societal Stakeholders

- 1) Organized interests– Formal associations of stakeholders, trade associations, NGOs and unions
- 2) Individual private sector firms
- 3) Social movements– More or less well-organized movement for social change, often operating outside system (e.g., protests rather than lobbying)

Type of Stakeholders

Coalitions, Policy, Quality & Workforce

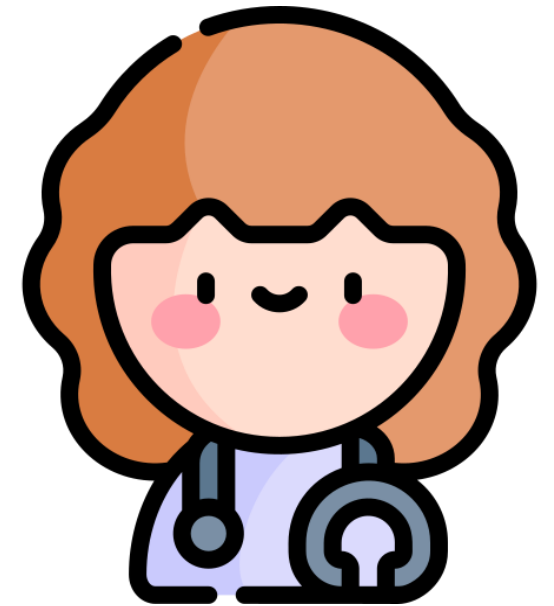
Latent interests

Groups that have common interests or identity but are not necessarily currently organized or mobilized for action—e.g., groups affected by an issue

Four Strategic Options To Build Coalitions

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- 1) Managing Perceptions
- 2) Managing Payoffs & Punishments
- 3) Managing Participants
- 4) Managing Venues, Agendas & Procedures



1. Managing Perceptions

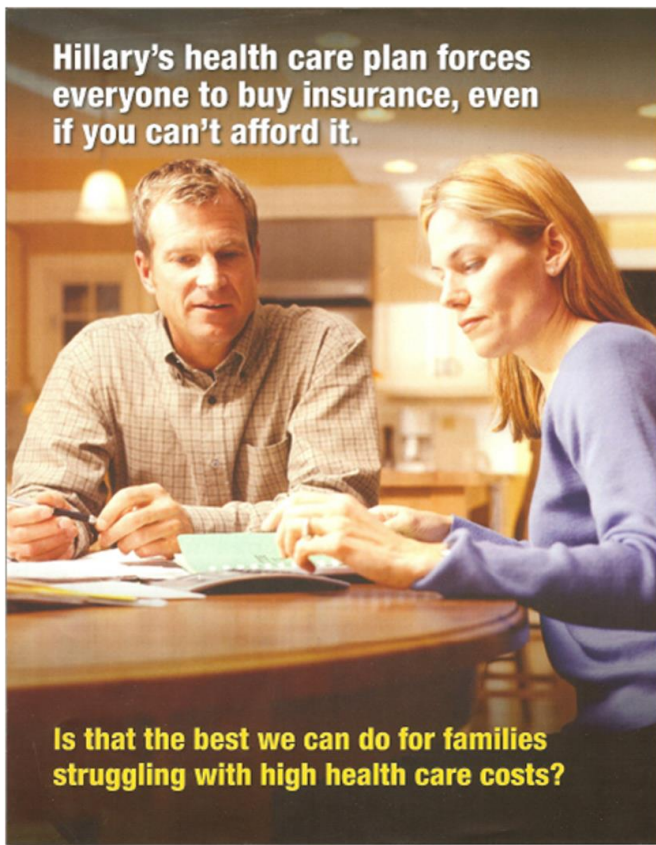
Rural Cancer Care Delivery

Managing perceptions through Issue Framing

Shape the way that policymakers and citizens (especially disengaged and poorly informed ones) perceive an issue or a policy proposal to make them more sympathetic to your position.

1. Managing Perceptions

Rural Cancer Care Delivery



- SIDE EFFECTS INCLUDE:
- SOCIALISM
 - HIGH DEFICITS
 - DENIED COVERAGE
 - ABORTIONS
 - FEWER DOCTORS
 - DEATH PANELS

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1. Managing Perceptions

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1. Managing Perceptions

Rural Cancer Care Delivery

Affordable Care Act (ACA) vs Obamacare

Childhood obesity

- Individual problem (e.g., poor personal choices or parental responsibility)
- Societal problem (e.g., influenced by food marketing, school environments, or economic disparities)

Medicaid framed as "healthcare" vs "welfare"

HR1, OB33, OB3

Key Resources Required for Managing Perceptions

Rural Cancer Care Delivery

- 1) Information/expertise
- 2) Trust
- 3) Consistency of positions with broadly held values
- 4) Access to (or control over) media

Trust in Professions

Gallup Poll – January 2024

Americans' ratings of professions in Gallup's Honesty and Ethics poll

Nurses

Doctors

Pharmacists

Americans' Ethics Ratings of 23 Professions Are at or Below Recent Levels

Please tell me how you would rate the honesty and ethical standards of people in these different fields -- very high, high, average, low or very low?

% Very high/High

	2019	2022	2023	2023-2019
	%	%	%	pct. pts.
Nurses	85	79	78	-7
Veterinarians*	--	--	65	N/A
Engineers	66	--	60	-6
Dentists	61	--	59	-2
Medical doctors	65	62	56	-9
Pharmacists	64	58	55	-9
Police officers	54	50	45	-9
College teachers	49	--	42	-7
Psychiatrists	43	--	36	-7
Chiropractors	41	--	33	-8
Clergy	40	34	32	-8

2. Managing Payoffs & Punishments

Rural Cancer Care Delivery

- 1) Adjust policy payoffs to increase number of beneficiaries
- 2) Disperse losses broadly so they aren't noticed
- 3) Offer compensation to policy losers
- 4) Offer exemptions (temporary or permanent) from losses
- 5) Concentrate losses on those who will not support you anyway

Key Resources Required for Managing Payoffs & Punishments

Rural Cancer Care Delivery

- 1) Financial resources
- 2) Policy control to adjust reform options

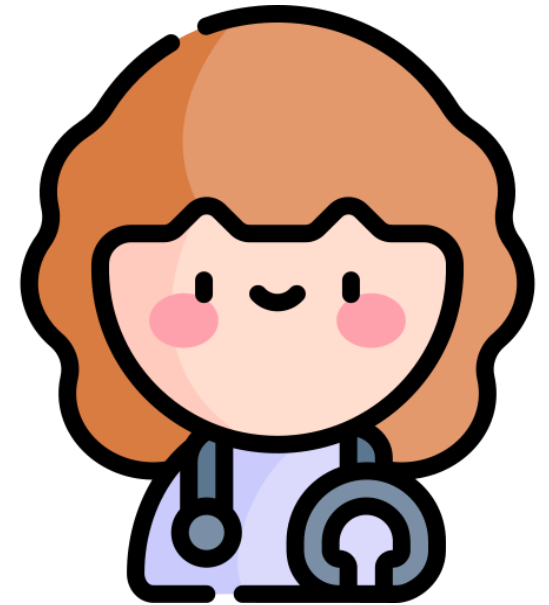
3. Managing Participants -- Building and Maintaining Coalitions with Other Stakeholders

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Enlist existing interest groups when:

- It is in their interests
- They have resources they can bring to bear
- They are not committed to an alternative

Increase the engagement of traditional allies



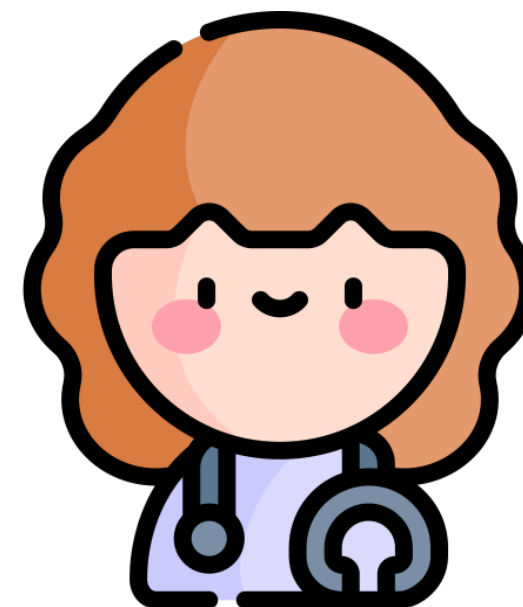
3. Managing Participants -- Building and Maintaining Coalitions with Other Stakeholders

Rural Cancer Care Delivery

Mobilize new participants who:

- Have not previously been involved in an issue
- Have not previously been organized at all (latent stakeholders)

Eliminate, divide discourage or marginalize opposing stakeholders



4. Managing Venues, Agendas & Procedures

Rural Cancer Care Delivery

A Policy Venue is

A setting where policy decisions may be made

Or a forum where:

- Political actors can present views
- Policy alternatives can be formulated and revised

4. Managing Venues, Agendas & Procedures

Rural Cancer Care Delivery

Examples of a Policy Venue

- State legislature
- Governor's office
- Cabinet as collective decisionmaking body
- Specific governmental agencies
- Independent regulatory commission
- Courts
- National or sub-national referendum

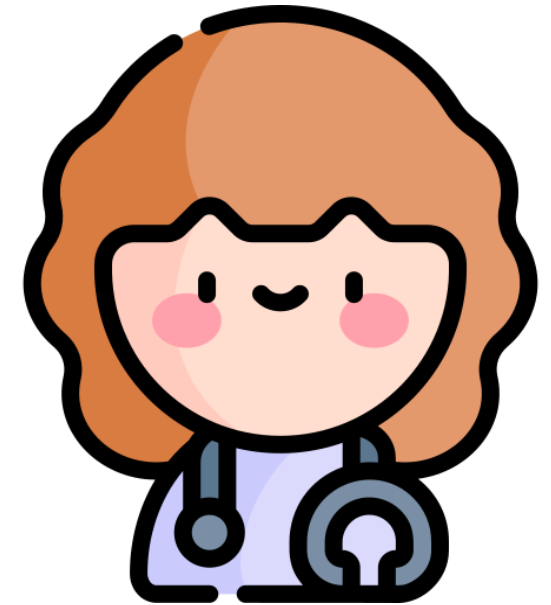
4. Managing Venues, Agendas & Procedures

Coalitions, Policy, Quality & Workforce

Strategies for Managing Procedures

Using institutional decision-making procedures and rules to:

- Block policy proposals that you oppose
- Privilege policy proposals that you favor



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Writing Op-Ed Letters

Coalitions, Policy, Quality & Workforce

The Minnesota Star Tribune

COMMENTARIES

Counterpoint: The prior-authorization system is detrimental

The timeliness of medical care is often just as crucial as the treatment choice itself.

By Wade T. Swenson

APRIL 15, 2024 AT 5:30PM

Dr. Wade T. Swenson is a medical oncologist and hematologist in Staples, Minn.



Writing Op-Ed Letters

Coalitions, Policy, Quality & Workforce

The Minnesota Star Tribune



"Telehealth has enhanced access to high-quality care for patients in rural Minnesota and neighboring states by bridging the gap between local care teams and specialized oncology experts," the writers say. (Dreamstime)

COMMENTARIES

Telehealth capabilities are set to expire, which will disrupt cancer care for many

Uncertainty in federal telehealth reform is threatening care for many patients in our region – especially those living in rural areas.

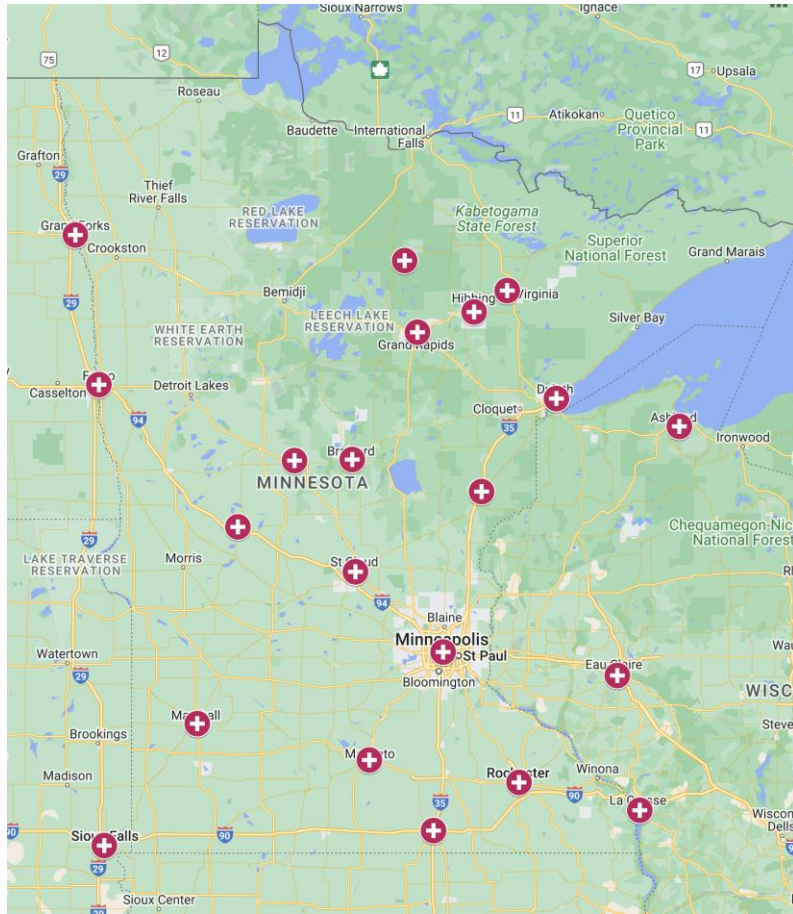
By Wade Swenson and Joshua Pritchett

DECEMBER 26, 2024 AT 5:29PM

2025 Rural Health Voice Conference Virginia Rural Health Association

Writing Op-Ed Letters

Coalitions, Policy, Quality & Workforce



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Bipartisan Policy Center & American Heart Association

2019

Making it easier to access health care in rural communities is important.

Democrats (92%)

Republicans (93%)

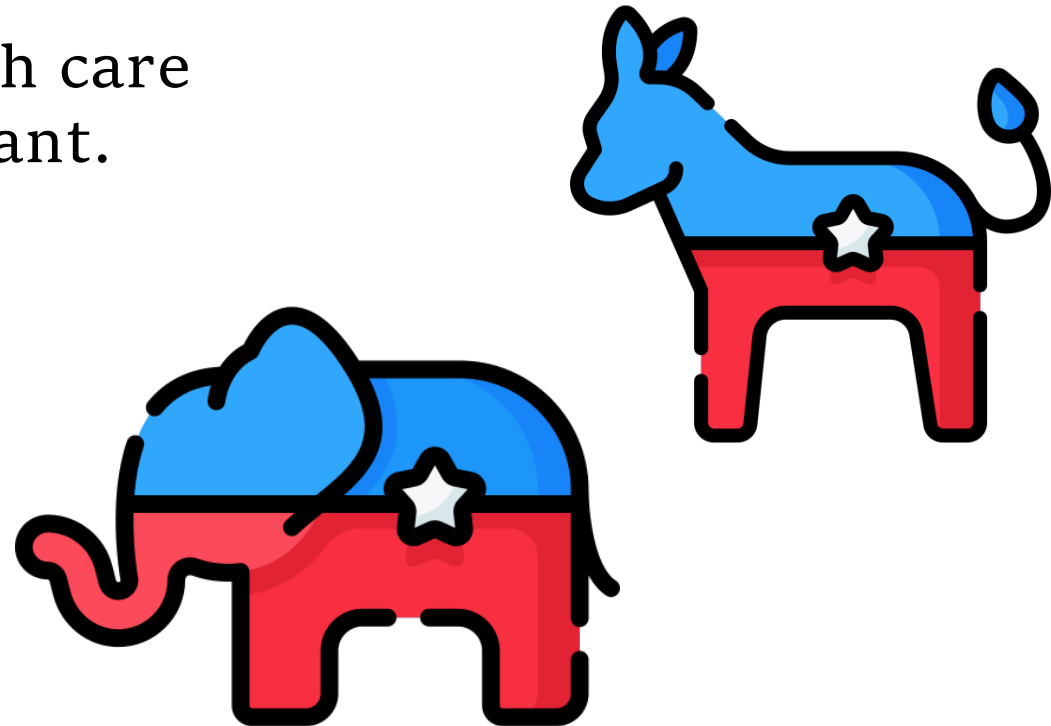
Non-rural (91%)

Rural (95%)

Baby Boomers (93%)

Generation X (92%)

Millennial (92%)



Rural Cancer Care Delivery

Coalitions, Policy, Quality & Workforce

- 1) Introduction
- 2) Rural Cancer Institute (RCI)
- 3) Rural Oncology Home
- 4) Building Coalitions
- 5) Quality: Pilot Project
- 6) Workforce: CORE



Rural Cancer Projects

Coalitions, Policy, Quality & Workforce

American College of Surgeons Commission on Cancer (COC)

- New Cancer Accreditation for Rural Hospitals
 - These standards focus on delivering comprehensive, patient-centered care within the limitations of rural settings.



American College of Surgeons

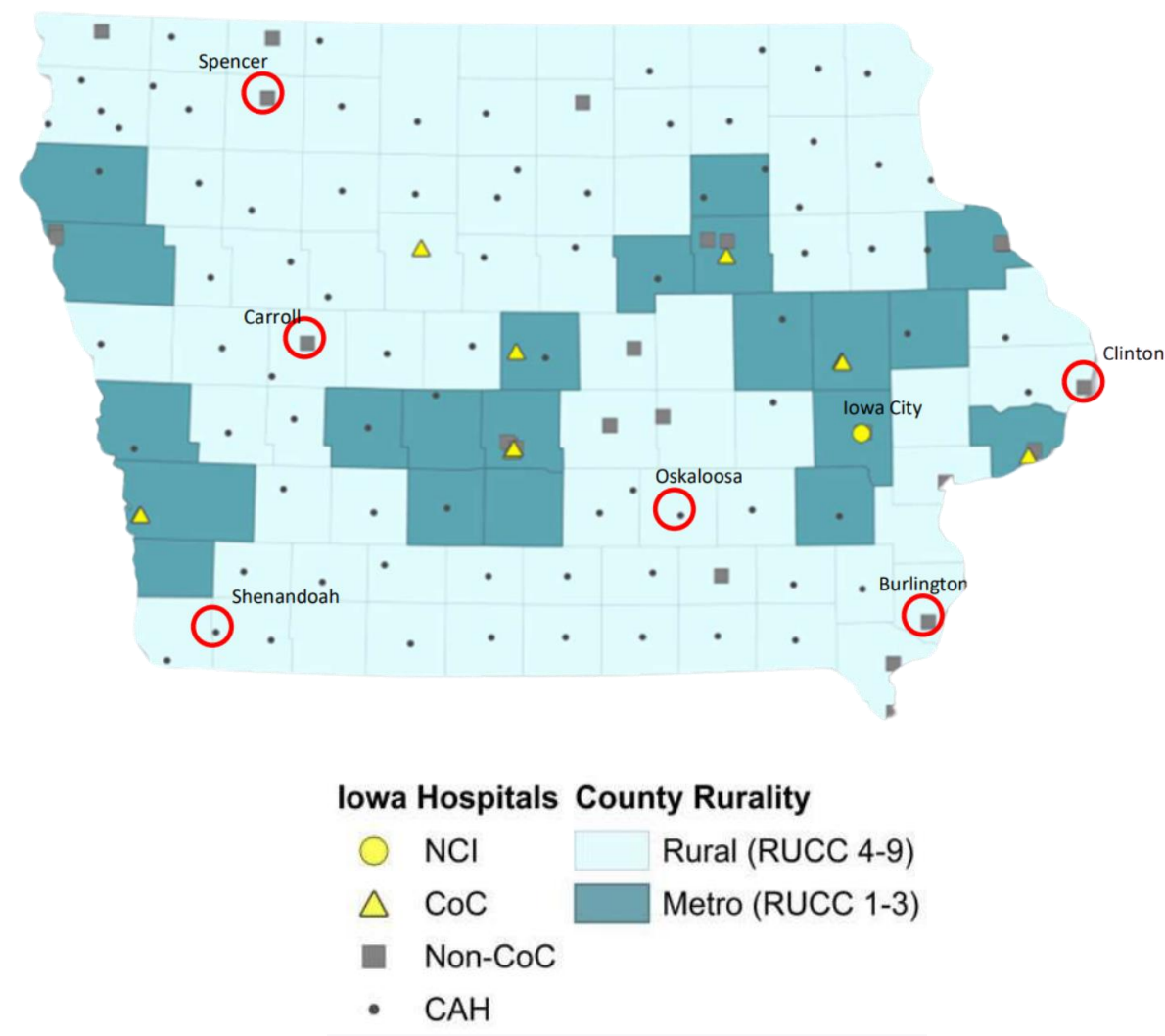
Rural Cancer Projects

Coalitions, Policy, Quality & Workforce

ICAN

- Iowa Cancer Affiliate Network
- NIH RO1 Grant
- Mary Charlton, PhD

Implement a collaborative network adapted for Iowa to make achievement of the CoC standards more feasible for rural community hospitals

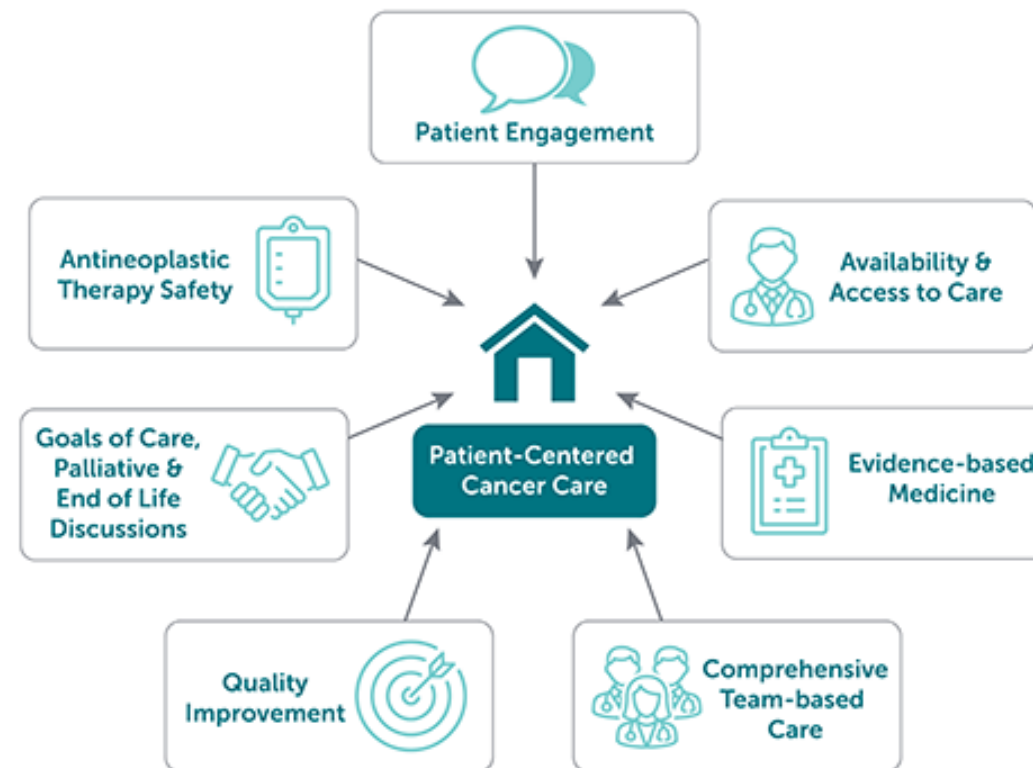


ASCO Quality Programs

Coalitions, Policy, Quality & Workforce

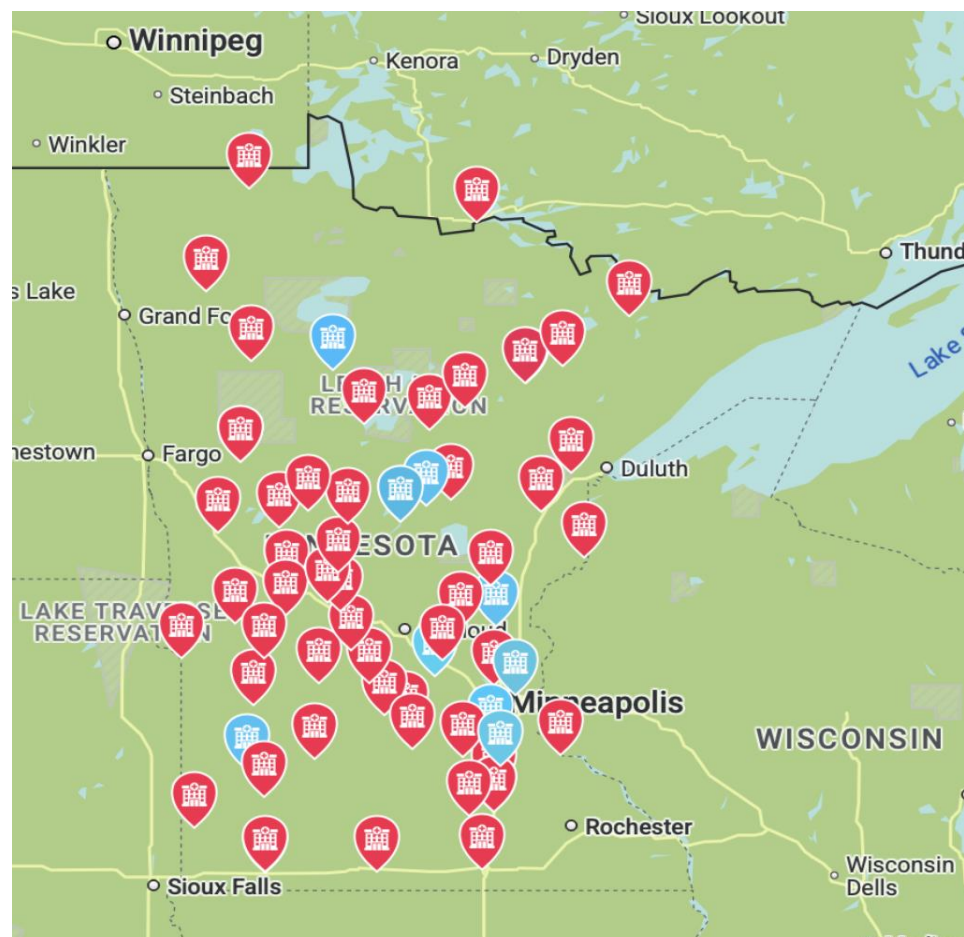
ASCO QOPI

The Quality Oncology Practice Initiative (QOPI®) Certification Program provides a three-year certification recognizing high-quality care for outpatient hematology-oncology practices.



Minnesota Hospitals Providing Chemotherapy

Coalitions, Policy, Quality & Workforce



2025 Rural Health Voice Conference Virginia Rural Health Association

Rural Cancer Care Delivery

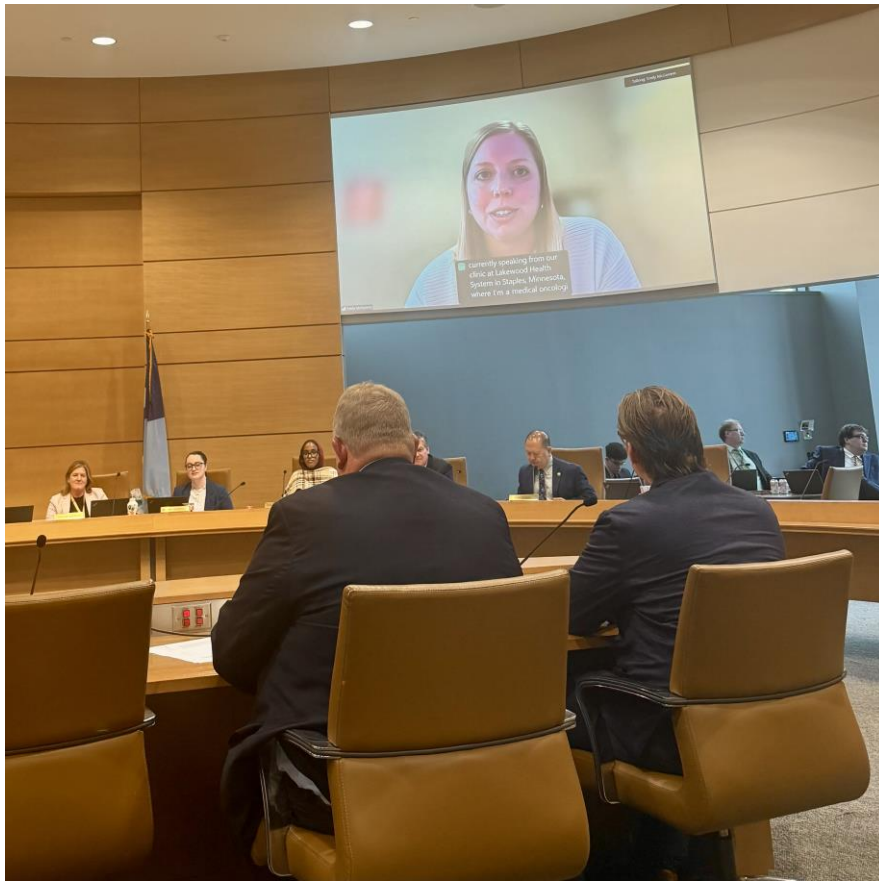
Coalitions, Policy, Quality & Workforce

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Rural Cancer Institute

Coalitions, Policy, Quality & Workforce



2025 Rural Health Voice Conference Virginia Rural Health Association

Testify in Hearings

Minnesota Senate Jobs and Economic Development Committee



SF1832

REVISOR

SS

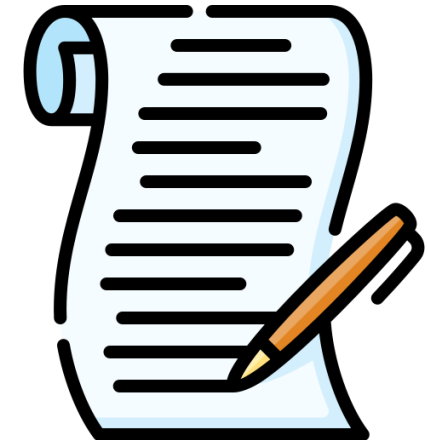
S1832-4

4th Engrossment

**SENATE
STATE OF MINNESOTA
NINETY-FOURTH SESSION**

S.F. No. 1832

38.10 (III) \$300,000 each year from the workforce
38.11 development fund is for a grant to the Rural
38.12 Cancer Institute for a pilot program to expand
38.13 the clinical workforce specific to oncology
38.14 care in rural districts. This program must
38.15 increase the number of cancer care clinicians
38.16 in rural districts and provide health care
38.17 students with skills critical to the challenges
38.18 of providing cancer care in a rural setting
38.19 using a community-based model. The
38.20 community-based model must grow the
38.21 oncology clinical workforce in rural districts
38.22 and directly address the cancer care workforce
38.23 shortage in rural districts. This is a onetime
38.24 appropriation.



CORE – Clinical Oncology Rural Experience

Coalitions, Policy, Quality & Workforce

- Based on University of Minnesota School of Medicine RPAP – Rural Physician Associates Program
- Based on Zack Schroeder's experience at Lakewood

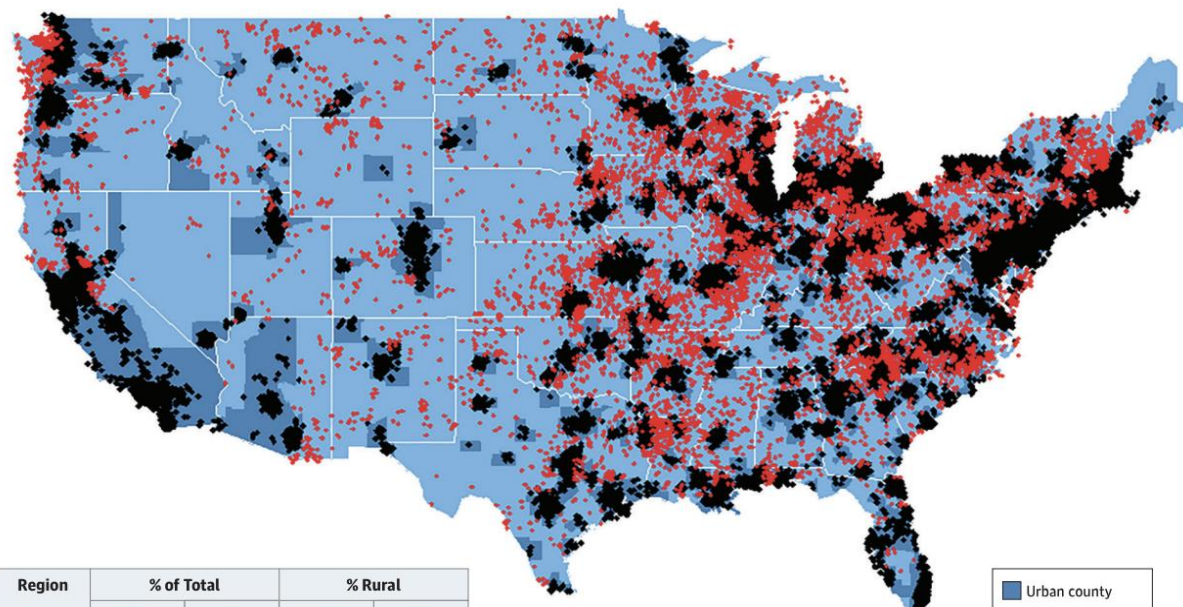
MN DEED – Department of Employment and Economic Development

\$250,000 FY 2026, \$250,000 FY 2027

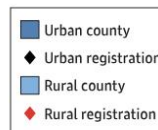


Future Directions

Clinical Trial Solutions



Region	% of Total		% Rural	
	SWOG	US	SWOG	US
West	23	23	13	11
Midwest	39	21	23	22
South	24	37	23	24
Northeast	14	18	14	16



"Rural and urban patients with uniform access to cancer care through participation in a SWOG clinical trial had similar outcomes."

Unger JM, Moseley A, Symington B, Chavez-MacGregor M, Ramsey SD, Hershman DL. Geographic Distribution and Survival Outcomes for Rural Patients With Cancer Treated in Clinical Trials. *JAMA Netw Open*. 2018;1(4):e181235. Published 2018 Aug 3. doi:10.1001/jamanetworkopen.2018.1235

Key Messages

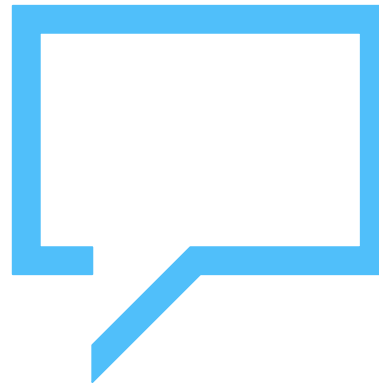
Rural Cancer Care Delivery

Rural cancer care delivery
involves changing a narrative.
Strong leadership.
Focus on quality.

Engagement in health policy.



Questions?





Rural Cancer Institute

An Independent Research and Advocacy Organization

Rural Cancer Care Delivery

Wade Swenson, MD, MPH, MBA

2025 Rural Health Voice Conference

Wintergreen Resort

Virginia Rural Health Association

November 19, 2025

