

# DATA BRIEF

## Mammography in North Dakota

### Background

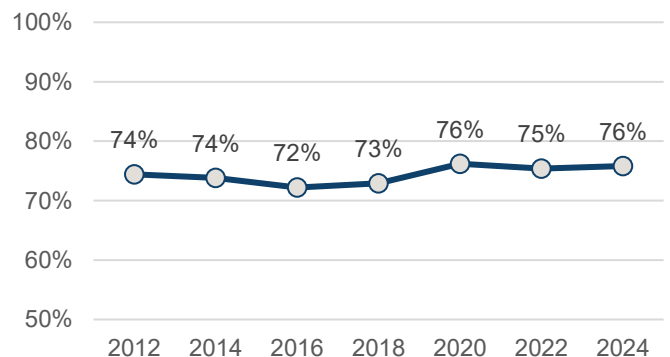
Overall, cancer is the second leading cause of death in North Dakota (N.D.).<sup>[1]</sup> Of the cancers affecting women in N.D., breast cancer has the highest incidence rate and second-highest mortality rate behind only lung cancer.<sup>[2]</sup> The United States Preventive Services Task Force (USPSTF) recommends that all women ages 40 to 74 get screened for breast cancer every two years to promote early detection and reduce the risk of dying from the disease.<sup>[3]</sup> In addition to family history and age, modifiable risk factors such as being overweight after menopause, a lack of physical activity, and excessive alcohol consumption can increase the risk of breast cancer.<sup>[4]</sup> Social and economic factors, such as an individual's income level, education, or where they live can impact access to screenings or quality health care, and the ability to maintain a healthy lifestyle.<sup>[4,5]</sup>

N.D. Health and Human Services (HHS) asks questions about breast cancer screening behaviors on the Behavioral Risk Factor Surveillance System (BRFSS) survey every other year. Between 2016 to 2024, 12,726 women in N.D. took the survey and answered questions about mammograms.

### Trends in Recommended Screening

Mammogram screening rates among women ages 40-74 in N.D. have remained stable over the past decade, shown in Figure 1 to the right. Note that in 2016, the USPSTF updated their screening guidance from women ages 50-74 to 40-74, which may have impacted provider counseling and insurance coverage for mammograms in this age group.<sup>[3]</sup> As the trend shows, the percent of women following the updated screening guidance has risen from 72% in 2016 to 76% in 2024.

**Figure 1.** Percent of N.D. women ages 40-74 who have had a mammogram in the past two years



## Demographics

Breast cancer screening rates for women ages 40–74 vary based on income, education, and race. Women with higher incomes were more likely to get screened in the past two years; 79.0% of those earning \$50,000 or more, compared to only 60.9% of those earning less than \$25,000. Differences by education level were observed, with 58.4% of women without a high school diploma receiving screening, versus 79.2% of college graduates. Comparing by race, minority populations of women in N.D. had lower mammography rates than white women, however, these findings are not statistically significant. No major differences were seen when comparing rurality.

Nationally in 2022, 76.5% of women ages 50–74 and 59.1% of women ages 40–49 reported getting a mammogram in the past two years. Compared to this, N.D.’s breast cancer screening rates for both age groups were about the same or slightly better.<sup>[6]</sup>

## Public Health Actions

The North Dakota Comprehensive Cancer Control Program works throughout the state to raise awareness about breast cancer, risk factors, and promote screening options. The cancer control program also supports N.D.’s breast and cervical cancer early detection program, *Women’s Way*, and the Great Plains Tribal Leaders’ Health Board on shared priorities. For example, the program promotes *Women’s Way* work to reduce barriers to screening by providing free mammograms and transportation help to women who qualify. *Women’s Way* also works with partner clinics to promote evidence-based ways to improve screening rates.

Individuals can learn more about *Women’s Way* and ways to reduce their cancer risk at [hhs.nd.gov/womensway](https://hhs.nd.gov/womensway)

**Figure 2.** Percent of N.D. women ages 40-74 that have had a mammogram in the past 2 years, by demographic factors (2016-2024)

| Income | Percent (95% CI) |
|--------|------------------|
|--------|------------------|

|                     |                    |
|---------------------|--------------------|
| Less than \$25,000  | 60.9 (56.6 – 65.1) |
| \$25,000 - \$49,999 | 70.5 (67.4 – 73.6) |
| \$50,000 or more    | 79.0 (77.3 – 80.7) |

| Race/Ethnicity | Percent (95% CI) |
|----------------|------------------|
|----------------|------------------|

|                 |                    |
|-----------------|--------------------|
| White           | 76.1 (74.8 – 77.4) |
| AIAN            | 63.1 (55.3 – 70.9) |
| All other races | 55.4 (46.3 – 64.6) |

| Education | Percent (95% CI) |
|-----------|------------------|
|-----------|------------------|

|                     |                    |
|---------------------|--------------------|
| College Graduate    | 80.0 (78.3 – 81.6) |
| Some College        | 74.2 (72.0 – 76.4) |
| HS Graduate         | 70.2 (67.2 – 73.2) |
| Did not Graduate HS | 51.7 (41.5 – 61.8) |

| Rurality | Percent (95% CI) |
|----------|------------------|
|----------|------------------|

|              |                    |
|--------------|--------------------|
| Rural County | 72.9 (70.4 – 75.4) |
| Urban County | 75.9 (74.1 – 77.8) |

| Health Insurance Status | Percent (95% CI) |
|-------------------------|------------------|
|-------------------------|------------------|

|           |                    |
|-----------|--------------------|
| Uninsured | 41.3 (32.1 – 50.6) |
| Insured   | 75.7 (74.4 – 77.0) |

## Survey Information

The N.D. Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, anonymous telephone survey that asks adults about their health behaviors, chronic conditions, and other important topics related to health and well-being. North Dakota has conducted the survey each year since 1984. Information collected is used for planning, supporting, and evaluating programs that promote the health of North Dakotans. The survey questionnaire is designed annually to cover topics selected by a committee of public health professionals in N.D.

## Contact Us



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[www.hhs.nd.gov/data/BRFSS](http://www.hhs.nd.gov/data/BRFSS)

## Contributions

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## References

1. North Dakota Health and Human Services, Division of Vital Records (2025) Vital Records Publications [hhs.nd.gov/vital](http://hhs.nd.gov/vital)
2. North Dakota Health and Human Services, Comprehensive Cancer and Control Program (2025) North Dakota Cancer Plan 2025-2035 [hhs.nd.gov/health/community/comp-cancer/data](http://hhs.nd.gov/health/community/comp-cancer/data)
3. United State Preventive Services Task Force (2024) Breast Cancer Screening Final Recommendation Statement [uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening](https://uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening)
4. Centers for Disease Control and Prevention (2025) Breast Cancer Risk Factors [cdc.gov/breast-cancer/risk-factors](https://cdc.gov/breast-cancer/risk-factors)
5. Healthy Women (2024) Where You Live, Work, Learn and Play Can Affect Your Breast Health <https://www.healthywomen.org/your-care/social-determinants-of-health>
6. Centers for Disease Control and Prevention (2025) *Vital Signs*: Mammography Use and Association with Social Determinants of Health and Health-Related Social Needs Among Women — United States, 2022 [cdc.gov/mmwr/volumes/73/wr/mm7315e1.htm](https://cdc.gov/mmwr/volumes/73/wr/mm7315e1.htm)