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The Community Profile Report could not have been accomplished without the exceptional work, effort, time and commitment from many people involved in the process.

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Introduction to the Community Profile Report

In 1999, Boise, Idaho hosted its first Race for the Cure®. This event was the largest first time Race for the Cure event held with over 6,500 participants. The success of the Race led volunteers to form an Affiliate. Komen Boise was founded in 1999, serving 19 counties in Southwest and Central Idaho. That same year Komen Coeur d’Alene was founded by a group of volunteers and served five counties in Northern Idaho. In 2012, Komen Boise merged with Komen Coeur d’Alene to form Susan G. Komen® Idaho. Komen Idaho serves 28 counties in Southwest, Central, and Northern Idaho: Ada, Adams, Benewah, Blaine, Bonner, Boise, Boundary, Camas, Canyon, Cassia, Clearwater, Elmore, Gem, Gooding, Jerome, Kootenai, Idaho, Latah, Lewis, Lincoln, Minidoka, Nez Perce, Owyhee, Payette, Shoshone, Twin Falls, Valley, and Washington.

A total of 1,182,284 people live in the 54,194.35 square mile Komen Idaho service area according to the US Census Bureau. The population density for this area, estimated at 21.82 persons per square mile, is less than the national average population density of 87.89 persons per square mile. Of the 28 counties, 17 are designated frontier counties according to the 2010 US Census. The frontier counties; Adams, Benewah, Blaine, Boise, Boundary, Camas, Cassia, Clearwater, Elmore, Gooding, Idaho, Lewis, Lincoln, Owyhee, Shoshone, Valley, and Washington; pose a unique and specific challenge for getting residents access to screening, diagnostic, and treatment services.

Since 1999, Komen Idaho’s grant process has had a major impact on the service area communities. Komen Idaho has provided 256 grants totaling over $5.3 million. In its 16 years, Komen Idaho grants have funded:

- 88,841 Breast Cancer/Breast Health education materials
- 19,506 Mammograms
- 2,846 Diagnostic Services
- 261 Financial Assistance during treatment
- 9,785 Clinical Breast Exams

The Community Profile is vital for Komen Idaho to align its community outreach and grant funding process toward the same goal(s). This assessment process helps Komen Idaho understand the burden of breast cancer and the needs in the 28 county service area. The purpose of the Community Profile Report is to:

- Align the strategic and operational plans
- Drive inclusion efforts in the community
- Drive public policy efforts
- Establish focused granting priorities
- Establish focused education needs
- Establish directions for marketing and outreach
- Strengthen sponsorship efforts
Quantitative Data: Measuring Breast Cancer Impact in Local Communities

The purpose of the quantitative data report for Susan G. Komen® Idaho is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs. The data provided in the report are used to identify priorities within the Affiliate’s service area based on estimates of how long it would take an area to achieve Healthy People 2020 (HP2020) objectives for breast cancer late-stage diagnosis and death rates.

The starting base rate for female breast cancer deaths for the Komen Idaho service area is 21.8 per 100,000. While this rate is higher than the HP2020 target, it is unknown if the service area will likely meet HP2020 death rate goal because death rate trend was not available for the service area as a whole. The starting base rate for female breast cancer late-stage incidence is 45.2 per 100,000 with an annual trend decreasing by 3.8 percent. The decreasing trend indicates that Komen Idaho is likely to achieve the HP2020 target in three years.

Six counties in the Komen Idaho service area are in the highest priority category. All of the six, Cassia County, Gem County, Idaho County, Minidoka County, Payette County and Shoshone County, are not likely to meet the late-stage incidence rate HP2020 target.

Cassia County has a relatively large Hispanic/Latina population, low education levels and a relatively large number of households with limited English proficiency. Gem County has an older population and high unemployment. Idaho County has an older population. Minidoka County has a relatively large Hispanic/Latina population, low education levels and a relatively large number of households with limited English proficiency. Shoshone County has an older population.

One county in the Komen Idaho service area is in the high priority category. Twin Falls County is not likely to meet the death rate HP2020 target. The death rate in Twin Falls County (26.3 per 100,000) appear to be higher than the Affiliate service area as a whole (21.8 per 100,000) although not statistically significant.

Susan G. Komen Idaho has combined seven priority counties into four target communities based on their location: Southwest Region (Gem County and Payette County), South-Central Region (Cassia County, Minidoka County, and Twin Falls County), Idaho County, and Shoshone County. Priority communities are based on the predicted time to achieve Healthy People 2020 (HP2020) targets for female breast cancer late-stage incidence rates (41.0 cases per 100,000) and death rates (20.6 deaths per 100,000).

There are many factors that contribute to breast cancer disparities. The most apparent factors are linked to medical care and a lack of health care coverage. Factors affected by social and racial inequalities such as education, income and the quality of neighborhood environments may also play a major role in health disparities. In addition, language and cultural barriers and mistrust of the medical field may prevent some women from getting screened.
South-Central Region (Cassia County, Minidoka County, and Twin Falls County)

Cassia County
Cassia County’s late-stage incidence starting rate for years 2006-2010 is 36.7 per 100,000 women, which currently meets the HP2020 target rate. However, an annual late-stage incidence rate trend of 32.7 percent results in a predicted time of 13 years or longer to achieve the HP2020 target rate. Characteristics that have been linked to disparities in breast health care that are present in Cassia County are:

- 23.7 percent Hispanic/Latino population
- 22.7 percent with less than a high school education
- 10.3 percent are foreign born
- 6.0 percent are linguistically isolated
- 51.5 percent of the population lives in a rural area

Minidoka County
Minidoka County’s late-stage incidence starting rate is 41.0 per 100,000 women, which is the same as the Healthy People 2020 target rate. However, since the trend is increasing by 10.7 percent annually, Minidoka County’s predicted time to achieve the HP2020 target is 13 years or longer. The socioeconomic status and demographic data have shown population characteristics that could be leading to this increasing late-stage incidence rate. Characteristics that have been linked to disparities in breast health care that are present in Minidoka County are:

- 31.0 percent Hispanic/Latino population
- 24.2 percent with education less than high school
- 10.6 percent foreign born
- 6.8 percent linguistically isolated
- 44.0 percent rural
- 100 percent medically underserved
- 24.3 percent has no health insurance

Twin Falls County
Twin Falls County is unlikely to meet both the death rate and late-stage incidence rate Healthy People 2020 targets. The female breast cancer death rate for Twin Falls County is 26.3 per 100,000 women, with a trend (in annual percent change for years 2006-2010) of -0.8 percent. Although the annual trend is decreasing, it is not likely to reach HP2020’s target rate of 20.6 by year 2020. The predicted number of years needed to achieve the target is 13 years or longer. The base rate for late-stage female breast cancer is 46.7 per 100,000 women with an annual trend decreasing by -1.4 percent. This trend puts Twin Falls County at a predicted time of 10 years to achieve HP2020’s target rate. A key characteristic that is higher than the Komen Idaho service area is the 16.2 percent of the county that has an education less than high school.

Southwest Region (Gem County and Payette County)

Gem County
Gem County’s late-stage female breast cancer base rate is 53.2 per 100,000 women. The county has an increasing trend of 26.9 percent per year, which puts them at a predicted number of 13 years or longer needed to achieve the HP2020 late-stage incidence target rate. Characteristics that have been linked to disparities in breast health care that are present in Gem County are:

- 55.4 percent of females age 40+
- 11.8 percent unemployment
- 45.0 percent rural
- 100 percent medically underserved
**Payette County**
Payette County has a high starting rate of 55.1 per 100,000 women for late-stage female breast cancer and an increasing trend of 4.8 percent annually. There are socioeconomic characteristics of Payette County that are likely to contribute to the high incidence rate of breast cancer:
- 42.7 percent rural
- 100 percent medically underserved

**Idaho County**
Idaho County’s late stage incidence rate is 34.0 per 100,000 women with an increasing trend of 5.7 percent annually. This puts them at a predicted time of 13 years to achieve the target rate. Characteristics that have been linked to disparities in breast health care that are present in Idaho County are:
- 80.6 percent rural
- 61.2 percent females age 40+

**Shoshone County**
Shoshone County’s late-stage incidence rate is 38.3 per 100,000 women and the trend is increasing annually by 19.3 percent. Characteristics that have been linked to disparities in breast health care that are present in Shoshone County are:
- 58.9 percent females age 40+
- 100 percent medically underserved
- 42.7 percent is rural

**Health System and Public Policy Analysis**
The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care. A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.

If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.
If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology report determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow-up and survivorship come after treatment ends, they actually may occur at the same time. Follow-up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.

The target community of the South-Central Region includes Cassia County, Minidoka County, and Twin Falls County. The strengths of the target region include screening and diagnostic services are available in each of the three counties. The weaknesses of the region include limited treatment and survivorship options (only available in Twin Falls County) and distance of travel to services. Cassia County is designated as a Frontier County according to the 2010 US Census. Frontier Counties pose a unique and specific challenge for getting residents access to screening, diagnostic, and treatment services due to their typically rural makeup and lack of infrastructure. Komen Idaho has a key mission partner in the South-Central Region including Minidoka Memorial Hospital and St. Luke’s Magic Valley. Komen Idaho will explore the potential of building mission partnerships with South Central District Health and Cassia Regional Medical Center.

The target community of the Southwest Region includes Gem County and Payette County. The strengths of the region include newly expanded services from St. Luke’s and Saint Alphonsus Regional Medical Centers to include screening, diagnostics, and treatment services, expanded survivorship opportunities including support groups, counseling, nutrition programs, and complementary therapies, and regular travel to the region from mobile mammography units. The weakness of the region includes distance to travel for treatment services (often to a neighboring county in Idaho or in to Oregon). Komen Idaho currently has mission partnerships with Saint Alphonsus Regional Medical Center, St. Luke’s Regional Medical Center, and Valor Health (formerly Walter Knox Memorial Hospital). New mission partnerships for Komen Idaho will be explored with Southwest District Health.
Idaho County is another target community for Komen Idaho. The strengths in Idaho County include the availability of screening and diagnostic services. The weaknesses in Idaho County include lack of treatment services, minimal survivorship support, and distance to travel for services. Idaho County is designated as a Frontier County according to the 2010 US Census. Currently, Komen Idaho does not have any mission partners in Idaho County but potential future partnerships with St. Mary’s Hospital and Syringa Hospital will be explored.

Shoshone County is the final target community for Komen Idaho. The strengths in Shoshone County are limited as they only have three facilities providing breast health services and only one of those facilities is providing screening mammography. The weaknesses include no survivorship support, minimal screening and diagnostic services, limited treatment services, and travel distance to neighboring Kootenai County for care. Currently Komen Idaho has a mission partnership with Panhandle Health District and will explore potential partnerships with Heritage Health and Shoshone Medical Center.

The target communities in Idaho (South-Central Region, Southwest Region, Idaho County, and Shoshone County) all have some level of screening and diagnostic services available. They all have limited or no treatment and survivorship services, thus impacting the continuum of care for breast cancer patients. Key partnerships in each target communities have been identified and relationships with the Affiliate will continue to be explored.

In Idaho there still remains a gap in coverage for people who do not qualify for the State Breast and Cervical Cancer Early Detection Program (BCCEDP) or Medicaid. As State officials continue to discuss Medicaid expansion, Komen Idaho will continue to be a resource for people who fall in the gap of coverage. Komen Idaho will also look in to expanding their public policy work on the state level.

**Qualitative Data: Ensuring Community Input**

In order to better understand the needs of the target communities, Komen Idaho worked with health care providers in these target communities to determine gaps in education and services. In addition, Komen Idaho also networked with women over 40 to determine what barriers exist for those women to get screening mammograms in their communities. Finally, Komen Idaho corresponded with breast cancer survivors in each target community to gather their perspectives on the availability of treatment and survivorship services in their communities.

The key informant interviews allowed for the health care providers to openly discuss topics and for the Affiliate to better understand the issues regarding breast health in the target communities. Surveys were administered to gather information from survivors and women over 40. Surveys were chosen because they can be administered quickly and remotely. Key informants may have also received a survey if they fell into the women over 40 or survivor category. Key informant interviews were asking for their professional opinions while surveys were looking for personal experiences and thoughts.

Although the data were limited, the response did provide Komen Idaho with some idea about the needs in each target community. Health care providers identified lack of education and access to screening services as barriers for their patients. Women over 40 identified distance to
travel for screening services as a barrier to annual mammography. Finally, survivors identified lack of survivorship and post treatment support as a limitation.

Surveys were advantageous as they could be handed out in hard copy format, emailed, faxed, or mailed. The disadvantages of the emailed, faxed, and mailed surveys are that response rates were not very high, respondents left some questions blank because there was no one there to clarify, and it took a long time to get completed surveys back from respondents.

The target communities have a small number of health care providers in each county and key informant interviews with the health care providers proved to be difficult. Komen Idaho emailed, faxed, and mailed copies of interview questions to health care facilities that offer breast health services if they were not able to speak directly with the health care providers.

The major limitation of the data collected is the inability to generalize the findings throughout the target communities due to the small number of respondents. The findings can only be attributed to those that responded to the surveys or participated in the interviews.

**Southwest Region (Gem County and Payette County)**
In the Southwest Region, providers confirmed the gap Komen Idaho previously identified in the Health System and Public Policy Analysis. There is a gap in coverage not only for people who do not qualify for the State BCCEDP (Women’s Health Check) or Medicaid but also women who are over the age of 40 but below the age of 50. Providers also identified a gap in education and recommend education and outreach that targets low income, uninsured women. Women over the age of 40 in Southwest Idaho did not encounter many barriers to receiving mammograms but they were concerned with locating and receiving treatment if they were diagnosed. Survivors identified barriers to treatment as money, transportation, and family and work commitments and would like to see survivorship activities such as moving on support, yoga classes during treatment, massage for scar tissue after treatment, and dating after cancer.

**South-Central Region (Cassia County, Minidoka County, and Twin Falls County)**
The South-Central Region provided more data than the other target communities. The providers, women over 40 and survivors were easier to obtain data from in Twin Falls County because Komen Idaho was able to use convenience sampling by the Mission Manager administering surveys during other events. There are a higher number of health care services in the area with more providers than the other target communities, thus yielding higher response rates. In the quantitative data section of this report Komen Idaho identified rates of death and late-stage incidence rates in South Central Idaho that qualified the counties as target communities; during key informant interviews providers confirmed that breast cancer is a major issue in the region. Providers have a hard time reaching women that do not seek breast health information or screenings. Women over 40 saw fewer barriers in this region than other target communities because of their proximity to health services. Survivors did not have any additional suggestions for survivorship activities that weren’t already occurring in their community.

**Idaho County**
Idaho County is the largest land-mass county in Idaho covering nearly 8,500 square miles but only has population of 16,000 residents. Idaho County is 80.6 percent rural; providers acknowledge that the rural nature of the communities contributes to a lack of breast cancer awareness in the communities. When one person in a community has breast cancer, all community members know and awareness is increased. Providers suggest free mammograms,
funding assistance for travel, follow-up ultrasounds, biopsies, and cancer care; and suggest education illuminating the costs versus benefits of screenings. None of the women over 40 that participated in interviews or surveys in this area received a screening and no barriers were identified. No information was received from survivors in Idaho County. Winter road conditions and the distance of Idaho County prevented Komen Idaho from traveling to the target community.

**Shoshone County**
As identified in the quantitative data section of the Community Profile, Shoshone County is 42.7 percent rural and 100 percent underserved. Gathering data from a place with such low access proved to be difficult as winter road conditions and the remoteness of Shoshone County prevented Komen Idaho from traveling to the target community. Komen Idaho didn’t receive any information from providers, women over 40, or survivors through any means of data retrieval. The extremely limited number of health care providers and health care services yielded a small sample size. Komen Idaho was only able to identify eight health care providers that offered breast health services. Of these eight providers, Komen Idaho was unable to reach them by phone or email so surveys were faxed and mailed. Therefore, a community perspective about the state of breast cancer in Shoshone County was not obtained.

**Mission Action Plan**

Problem statements, priorities, and objectives were identified and selected based on health system analysis information, quantitative data, and suggestions from providers, women over 40, and survivors in Southwest Region, South-Central Region, Idaho Country, and Shoshone County.

**Southwest Region (Gem County and Payette County)**

**Problem Statement:** The Health System Analysis and the Qualitative Data showed the Southwest Region has barriers to treatment including cost, transportation/access to services, and family/work commitments.

**Priority:** Improve access to breast cancer treatment services for men and women in need in the Southwest Region.

- **Objective 1:** By March 2016, meet with the two hospital systems in the Southwest Region to discuss treatment services and financial support options available.
- **Objective 2:** By June 2016, coordinate with the two hospital systems in the Southwest Region to provide materials and press releases regarding treatment and financial options available.
- **Objective 3:** By October 2016, the Community Grant RFA will indicate that a funding priority for the Southwest Region will be transportation assistance that will assist individuals in accessing treatment services.

**Problem Statement:** The Qualitative Data showed the Southwest Region has barriers to educating low income and uninsured women about the importance of early detection and breast self-awareness.

**Priority:** Increase outreach to low income and uninsured women in the Southwest Region about the importance of early detection and breast self-awareness.

- **Objective 1:** By January 2017, develop and disseminate at least one press release regarding the importance of early detection and breast self-awareness to three major media outlets in the Southwest Region. Screening resources may be included with this information to ensure women know where to go for mammography.
Objective 2: By March 2017, partner with at least one organization and/or a health care institution to provide a breast health event where women age 40+ can sign up for a mammography appointment in the Southwest Region.

South-Central Region (Cassia County, Minidoka County, and Twin Falls County)

Problem Statement: The Qualitative Data showed the South-Central Region has barriers to educating women about the importance of early detection and breast self-awareness.

Priority: Increase outreach to women about the importance of early detection and breast self-awareness.

Objective 1: By January 2017, develop and disseminate at least one press release regarding the importance of early detection and breast self-awareness to three major media outlets in the South-Central Region. Screening resources may be included with this information to ensure women know where to go for mammography.

Objective 2: By March 2017, partner with at least one organization and/or a health care institution to provide a breast health event where women age 40+ can sign up for a mammography appointment in the South-Central Region.

Idaho County

Problem Statement: The Qualitative Data showed Idaho County has barriers to educating women about the importance of early detection and breast self-awareness.

Priority: Increase outreach to women about the importance of early detection and breast self-awareness.

Objective 1: By January 2017, develop and disseminate press releases regarding the importance of early detection and breast self-awareness in all the major media outlets in Idaho County. Screening resources may be included with this information to ensure women know where to go for mammography.

Problem Statement: The Qualitative Data showed Idaho County has financial barriers to accessing screening, follow-up, and treatment appointments.

Priority: Improve access to breast cancer screening, follow-up, and treatment services for men and women in need in Idaho County.

Objective 1: By July 2016, meet with the two hospitals in Idaho County to discuss treatments services and financial support options available.

Objective 2: By October 2016, the Community Grant RFA will indicate that a funding priority for Idaho County will be transportation assistance that will assist individuals in accessing screening, diagnostic, and treatment services.

Shoshone County

Problem Statement: Due to a lack of responses and participation in the Qualitative Data surveys and key informant interviews, it was determined there is need to improve the data collection process of the Community Profile in Shoshone County.

Priority: Gather qualitative data in Shoshone County.

Objective 1: By January 2017, work with Shoshone Medical Center and Heritage Health/Mountain Health Care to partner with providers and patients who can provide a community perspective about breast cancer.

Disclaimer: Comprehensive data for the Executive Summary can be found in the 2015 Susan G. Komen Idaho Community Profile Report.
Affiliate History

In 1999 Boise, Idaho hosted its first Race for the Cure®. This event was the largest first time Race for the Cure event held with over 6,500 participants. The success of the Race led volunteers to form an Affiliate. Komen Boise was founded in 1999, serving 19 counties in Southwest and Central Idaho. That same year Komen Coeur d’Alene was founded by a group of volunteers and served five counties in Northern Idaho. In 2012, Komen Boise merged with Komen Coeur d’Alene to form Susan G. Komen® Idaho. Komen Idaho now serves 28 of the 44 counties in mostly rural Idaho.

Throughout its tenure, Komen Idaho has been recognized by numerous community organizations. These awards and recognition of the Affiliate, staff and volunteers include:

- 2014 Tribute to Women and Industry Award by The Women and Children’s Alliance
- 2013 Soroptimist Women of Distinction Award by Soroptimist Coeur d’Alene
- 2013 Honorable Mention Best Run/Race of Treasure Valley by Idaho Statesman Readers
- 2012 Distinguished Organization Award from the Saint Alphonsus Foundation
- 2011 Idaho Health Care Hero Award by the Idaho Business Review
- 2010 Governor’s Brightest Star Award by Serve Idaho
- 2008 First Place in the Saint Alphonsus Festival of Trees

Komen Idaho is a strong community partner. Komen Idaho has membership in both the Boise and Coeur d’Alene Chambers of Commerce, in addition to the Executive Director’s involvement in Leadership Boise – a leadership focused networking and training program. Komen Idaho has strong working relationships and partnerships with the large statewide hospitals, health districts, rural clinics, and other area nonprofit organizations. Komen Idaho works closely with Women’s Health Check, the State of Idaho’s Breast and Cervical Cancer Early Detection Program.

Since 1999, Komen Idaho’s grant process has had a major impact on the service area communities. Komen Idaho have provided 256 grants totaling over $5.3 million. In its 16 years, Komen Idaho grants have funded:

- 88,841 Breast Cancer/Breast Health education materials
- 19,506 Mammograms
- 2,846 Diagnostic Services
- 261 Financial Assistance during treatment
- 9,785 Clinical Breast Exams

Komen Idaho is an active community partner and breast cancer leader in the community. Members of the Komen Idaho staff participate in the:

- Association of Fundraising Professionals, Idaho Chapter
- Boise Metro Chamber of Commerce
- Boise Metro Chamber of Commerce Health Care Advisory Board
- Coeur d’Alene Chamber of Commerce
- Idaho Comprehensive Cancer Control Program, Board of Directors
- Leadership Boise and Leadership Boise Alumni Association
- Northwest Tribal Comprehensive Cancer Program
• Operation Pink B.A.G. (*Bridging the Access Gap*)

Komen Idaho is often the primary source for community breast health and breast cancer education presentations in the community. Presentations have been given to the following groups/organizations, showing that Komen Idaho is a statewide source and expert in the field:

- Ada County Sheriff’s Department
- Boise State University
- Capital City Public Market
- Centennial High School
- Coeur d’Alene Press
- College of Idaho
- DaviesMoore Advertising
- Falcon Ridge Charter School
- Idaho Association of Women in Construction
- Idaho Statesman
- KAT Kountry 106
- Kootenai County Sheriff’s Department
- Kootenai Health
- KTVB News Channel 7
- Meridian United Methodist Church
- Minidoka Memorial Hospital
- Mountain View High School
- Rotary Club
- State of Idaho Employees Group
- Townsquare Media Group
- Valor Health (formerly Walter Knox Memorial Hospital)
- Weiser Hospital

The 2011 Community Profile had these desired outcomes or goals, all of which have been achieved/completed:

- Improve access to quality care in the SWDH (Southwest District Health) area and to women with low and middle income levels, including but not limited to uninsured and underinsured.
  - Required grant programs to make collaborative partnerships to fulfill the continuum of care cycle for patients.
  - Partnered with mobile mammography units and requested an increase in mobile mammography unit visits to target areas.
  - Made transportation assistance grants (travel assistance to screenings and/or treatment) a priority.
- Eliminate and reduce barriers that hinder one’s access to care and increase the number of women receiving breast cancer screenings.
  - Provided educational awareness campaign highlighting messages about the importance of breast health.
  - Collaborated with primary care physicians and hospitals to increase annual breast cancer screenings and reinforce the message about screening.
- Strengthen grant programs that use evidence-based approaches to building programs that result in positive changes in early screening and/or reduce rates of late stage diagnosis.
  - Cultivated new grantee applications and/or programs.
  - Increased grantees participation in breast health education events in the community and additionally report activities to the Affiliate.
  - Assisted grantees and other health care agencies with marketing and fundraising opportunities in the target areas.

**Affiliate Organizational Structure**

Komen Idaho has four full-time permanent staff members, two interns, and a host of volunteers who work diligently to provide for the community. The staff is lead by an Executive Director who reports to a governing Board of Directors. The Board is made up of five Board Members from a variety of backgrounds within the communities served. Figure 1.1 shows the Komen Idaho Organizational Chart.

![Komen Idaho organizational chart](image)

**Figure 1.1.** Komen Idaho organizational chart

In addition to the Board and staff, Komen Idaho has a number of hard working volunteers who serve on various committees. These committees include:
- Komen Boise Race for the Cure Committee, led by Race & Development Manager
- Komen Coeur d’Alene Race for the Cure Committee, led by Race & Development Manager
- Pink Ambassadors, led by Mission Manager
- Grant Review Committee, led by Mission Manager
- Metastatic Task Force, led by Mission Manager
Komen Idaho staff also are active participants with Komen Headquarters. In 2015, Komen Idaho has representation on the Affiliate Leadership Council and regularly participates in the Komen Leadership Conference.

**Affiliate Service Area**

Komen Idaho serves 28 counties in Southwest, Central, and Northern Idaho; Ada, Adams, Benewah, Blaine, Bonner, Boise, Boundary, Camas, Canyon, Cassia, Clearwater, Elmore, Gem, Gooding, Jerome, Kootenai, Idaho, Latah, Lewis, Lincoln, Minidoka, Nez Perce, Owyhee, Payette, Shoshone, Twin Falls, Valley, and Washington. Figure 1.2 shows the 28 county service area of Komen Idaho.
Figure 1.2. Susan G. Komen Idaho Service Area
A total of 1,182,284 people live in the 54,194.4 square mile Komen Idaho service area according to the US Census Bureau. The population density for this area, estimated at 21.8 persons per square mile, is less than the national average population density of 87.9 persons per square mile. Of the 28 counties, 17 are designated frontier counties according to the 2010 US Census. The frontier counties; Adams, Benewah, Blaine, Boise, Boundary, Camas, Cassia, Clearwater, Elmore, Gooding, Idaho, Lewis, Lincoln, Owyhee, Shoshone, Valley, and Washington; pose a unique and specific challenge for getting residents access to screening, diagnostic, and treatment services.

When looking at the demographics in the Komen Idaho service area, other unique challenges present themselves. The population in the 28 county service area is equally divided by gender, 49.8 percent female, 50.2 percent male and 38.0 percent of the total population is ages 35 to 64. Figure 1.3 shows the total population for the Komen Idaho service area by age group.

![Figure 1.3. Total population by age group - Komen Idaho service area](image)

Additionally, 92.2 percent are White, which is higher than the national percentage of 74.1 percent. Figure 1.4 shows the total population for the Komen Idaho services area by reported race.
For those under age 65, the uninsured population in the service area is predominately higher than the state and national percentage. For those ages 18 to 64, 23.8 percent of the service area population is uninsured, compared to 20.4 percent of the national population. Figure 1.5 shows the uninsured population in the Komen Idaho service area by age.

In the Komen Idaho service area 36.7 percent are living in households with income below 200 percent of the Federal Poverty Level (FPL).
Purpose of the Community Profile Report

The Community Profile is vital for Komen Idaho to align its community outreach and grant funding process toward the same goal(s). This assessment process helps Komen Idaho understand the burden of breast cancer and the needs in the 28 county service area. The purpose of the Community Profile Report is to:

- Align the strategic and operational plans
- Drive inclusion efforts in the community
- Drive public policy efforts
- Establish focused granting priorities
- Establish focused education needs
- Establish directions for marketing and outreach
- Strengthen sponsorship efforts

This information will create priorities and establish targeted outreach efforts to the underserved populations. Community outreach efforts will be focused on the target communities in an effort to increase education and reduce barriers to accessing care. Grantmaking guidelines will be developed to explicitly highlight the target communities.

The findings of the Community Profile will be shared with key stakeholders and constituents of Komen Idaho. The Community Profile will be discussed with the Komen Idaho Board of Directors, staff and key volunteers to ensure outreach efforts are coordinated and streamlined. The Profile will be distributed to all current grantees with emphasis placed on those grantees providing services in the target communities. Finally the Profile will be made public, posted on the Komen Idaho website, linked on social media sites, and press releases sent to community media organizations.
Quantitative Data Report

Introduction
The purpose of the quantitative data report for Susan G. Komen® Idaho is to combine evidence from many credible sources and use the data to identify the highest priority areas for evidence-based breast cancer programs.

The data provided in the report are used to identify priorities within the Affiliate's service area based on estimates of how long it would take an area to achieve Healthy People 2020 (HP2020) objectives for breast cancer late-stage diagnosis and death rates (http://www.healthypeople.gov/2020/default.aspx).

The following is a summary of the Komen Idaho's Quantitative Data Report. For a full report please contact the Affiliate.

Breast Cancer Statistics

Incidence rates
The breast cancer incidence rate shows the frequency of new cases of breast cancer among women living in an area during a certain time period (Table 2.1). Incidence rates may be calculated for all women or for specific groups of women (e.g. for Asian/Pacific Islander women living in the area).

The female breast cancer incidence rate is calculated as the number of females in an area who were diagnosed with breast cancer divided by the total number of females living in that area. Incidence rates are usually expressed in terms of 100,000 people. For example, suppose there are 50,000 females living in an area and 60 of them are diagnosed with breast cancer during a certain time period. Sixty out of 50,000 is the same as 120 out of 100,000. So the female breast cancer incidence rate would be reported as 120 per 100,000 for that time period.

When comparing breast cancer rates for an area where many older people live to rates for an area where younger people live, it’s hard to know whether the differences are due to age or whether other factors might also be involved. To account for age, breast cancer rates are usually adjusted to a common standard age distribution. Using age-adjusted rates makes it possible to spot differences in breast cancer rates caused by factors other than differences in age between groups of women.

To show trends (changes over time) in cancer incidence, data for the annual percent change in the incidence rate over a five-year period were included in the report. The annual percent change is the average year-to-year change of the incidence rate. It may be either a positive or negative number.

- A negative value means that the rates are getting lower.
- A positive value means that the rates are getting higher.
- A positive value (rates getting higher) may seem undesirable—and it generally is. However, it’s important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms. So higher rates don’t necessarily mean that there has been an increase in the occurrence of breast cancer.

**Death rates**
The breast cancer death rate shows the frequency of death from breast cancer among women living in a given area during a certain time period (Table 2.1). Like incidence rates, death rates may be calculated for all women or for specific groups of women (e.g. Black/African-American women).

The death rate is calculated as the number of women from a particular geographic area who died from breast cancer divided by the total number of women living in that area. Death rates are shown in terms of 100,000 women and adjusted for age.

Data are included for the annual percent change in the death rate over a five-year period.

The meanings of these data are the same as for incidence rates, with one exception. Changes in screening don’t affect death rates in the way that they affect incidence rates. So a negative value, which means that death rates are getting lower, is always desirable. A positive value, which means that death rates are getting higher, is always undesirable.

**Late-stage incidence rates**
For this report, late-stage breast cancer is defined as regional or distant stage using the Surveillance, Epidemiology and End Results (SEER) Summary Stage definitions ([http://seer.cancer.gov/tools/ssm/](http://seer.cancer.gov/tools/ssm/)). State and national reporting usually uses the SEER Summary Stage. It provides a consistent set of definitions of stages for historical comparisons.

The late-stage breast cancer incidence rate is calculated as the number of women with regional or distant breast cancer in a particular geographic area divided by the number of women living in that area (Table 2.1). Late-stage incidence rates are shown in terms of 100,000 women and adjusted for age.
<table>
<thead>
<tr>
<th>Population Group</th>
<th>Incidence Rates and Trends</th>
<th>Death Rates and Trends</th>
<th>Late-stage Rates and Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Population (Annual Average)</td>
<td># of New Cases (Annual Average)</td>
<td>Age-adjusted Rate/100,000 (Trend (Annual Percent Change))</td>
</tr>
<tr>
<td>US</td>
<td>154,540,194</td>
<td>182,234</td>
<td>122.1 (-0.2%)</td>
</tr>
<tr>
<td>HP2020</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Idaho</td>
<td>761,268</td>
<td>952</td>
<td>119.5 (-1.2%)</td>
</tr>
<tr>
<td>Komen Idaho Service Area</td>
<td>580,468</td>
<td>768</td>
<td>122.5 (-0.5%)</td>
</tr>
<tr>
<td>White</td>
<td>555,106</td>
<td>747</td>
<td>122.6 (-0.8%)</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>4,969</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>American Indian/Alaska Native (API)</td>
<td>9,412</td>
<td>6</td>
<td>91.2 (-6.2%)</td>
</tr>
<tr>
<td>Asian Pacific Islander (API)</td>
<td>10,982</td>
<td>8</td>
<td>77.7 (10.4%)</td>
</tr>
<tr>
<td>Non-Hispanic/ Latina</td>
<td>519,687</td>
<td>745</td>
<td>124.6 (-0.3%)</td>
</tr>
<tr>
<td>Hispanic/Latina</td>
<td>60,781</td>
<td>22</td>
<td>80.4 (-1.5%)</td>
</tr>
<tr>
<td>Ada County - ID</td>
<td>189,762</td>
<td>242</td>
<td>128.2 (0.5%)</td>
</tr>
<tr>
<td>Adams County - ID</td>
<td>1,924</td>
<td>3</td>
<td>121.9 (23.7%)</td>
</tr>
<tr>
<td>Benewah County - ID</td>
<td>4,565</td>
<td>9</td>
<td>141.7 (-11.2%)</td>
</tr>
<tr>
<td>Blaine County - ID</td>
<td>10,404</td>
<td>16</td>
<td>131.5 (-2.7%)</td>
</tr>
<tr>
<td>Boise County - ID</td>
<td>3,401</td>
<td>5</td>
<td>108.0 (-11.0%)</td>
</tr>
<tr>
<td>Bonner County - ID</td>
<td>20,202</td>
<td>33</td>
<td>121.0 (0.0%)</td>
</tr>
<tr>
<td>Boundary County - ID</td>
<td>5,336</td>
<td>6</td>
<td>94.8 (-5.1%)</td>
</tr>
<tr>
<td>Camas County - ID</td>
<td>535</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Canyon County - ID</td>
<td>91,972</td>
<td>95</td>
<td>112.2 (-4.1%)</td>
</tr>
<tr>
<td>Cassia County - ID</td>
<td>10,944</td>
<td>9</td>
<td>81.1 (23.5%)</td>
</tr>
<tr>
<td>Clearwater County - ID</td>
<td>4,022</td>
<td>8</td>
<td>116.6 (-22.3%)</td>
</tr>
<tr>
<td>Elmore County - ID</td>
<td>12,855</td>
<td>12</td>
<td>101.7 (-19.0%)</td>
</tr>
<tr>
<td>Gem County - ID</td>
<td>8,456</td>
<td>15</td>
<td>144.3 (28.6%)</td>
</tr>
<tr>
<td>Gooding County - ID</td>
<td>7,315</td>
<td>10</td>
<td>113.4 (-8.8%)</td>
</tr>
<tr>
<td>Idaho County - ID</td>
<td>7,624</td>
<td>9</td>
<td>74.6 (2.8%)</td>
</tr>
<tr>
<td>Jerome County - ID</td>
<td>10,401</td>
<td>11</td>
<td>112.6 (-9.2%)</td>
</tr>
<tr>
<td>Kootenai County - ID</td>
<td>68,252</td>
<td>107</td>
<td>132.5 (-2.8%)</td>
</tr>
<tr>
<td>Latah County - ID</td>
<td>17,769</td>
<td>19</td>
<td>113.3 (3.1%)</td>
</tr>
<tr>
<td>Lewis County - ID</td>
<td>1,854</td>
<td>3</td>
<td>103.5 (NA)</td>
</tr>
<tr>
<td>Lincoln County - ID</td>
<td>2,423</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Minidoka County - ID</td>
<td>9,662</td>
<td>14</td>
<td>128.2 (3.9%)</td>
</tr>
<tr>
<td>Nez Perce County - ID</td>
<td>19,630</td>
<td>34</td>
<td>133.1 (4.9%)</td>
</tr>
<tr>
<td>Owyhee County - ID</td>
<td>5,546</td>
<td>5</td>
<td>80.9 (-7.4%)</td>
</tr>
<tr>
<td>Payette County - ID</td>
<td>11,356</td>
<td>17</td>
<td>129.9 (-2.2%)</td>
</tr>
</tbody>
</table>

Susan G. Komen® Idaho
## Incidence Rates and Trends

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Female Population (Annual Average)</th>
<th># of New Cases (Annual Average)</th>
<th>Age-adjusted Rate/100,000</th>
<th>Trend (Annual Percent Change)</th>
<th># of Deaths (Annual Average)</th>
<th>Age-adjusted Rate/100,000</th>
<th>Trend (Annual Percent Change)</th>
<th># of New Cases (Annual Average)</th>
<th>Age-adjusted Rate/100,000</th>
<th>Trend (Annual Percent Change)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoshone County - ID</td>
<td>6,405</td>
<td>10</td>
<td>105.9</td>
<td>17.2%</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>4</td>
<td>38.3</td>
<td>19.3%</td>
</tr>
<tr>
<td>Twin Falls County - ID</td>
<td>37,953</td>
<td>55</td>
<td>128.7</td>
<td>-4.9%</td>
<td>12</td>
<td>26.3</td>
<td>-0.8%</td>
<td>19</td>
<td>46.7</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Valley County - ID</td>
<td>4,749</td>
<td>6</td>
<td>103.1</td>
<td>17.3%</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Washington County - ID</td>
<td>5,152</td>
<td>8</td>
<td>126.8</td>
<td>23.4%</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
</tbody>
</table>

*Target as of the writing of this report.
NA – data not available
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
Data are for years 2006-2010.
Rates are in cases or deaths per 100,000.
Age-adjusted rates are adjusted to the 2000 US standard population.
Source of death rate data: Centers for Disease Control and Prevention (CDC) – National Center for Health Statistics (NCHS) mortality data in SEER*Stat.
Source of death trend data: National Cancer Institute (NCI)/CDC State Cancer Profiles.

### Incidence rates and trends summary

Overall, the breast cancer incidence rate in the Komen Idaho service area was similar to that observed in the US as a whole and the incidence trend was slightly lower than the US as a whole. The incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Idaho.

For the United States, breast cancer incidence in Blacks/African-Americans is lower than in Whites overall. The most recent estimated breast cancer incidence rates for Asians and Pacific Islanders (APIs) and American Indians and Alaska Natives (AIANs) were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated incidence rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the incidence rate was lower among APIs than Whites, and lower among AIANs than Whites. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans so comparisons cannot be made for this racial group. The incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

The incidence rate was significantly lower in the following counties:
- Cassia County
- Idaho County

Significantly more favorable trends in breast cancer incidence rates were observed in the following county:
- Clearwater County

The rest of the counties had incidence rates and trends that were not significantly different than the Affiliate service area as a whole or did not have enough data available.
It's important to remember that an increase in breast cancer incidence could also mean that more breast cancers are being found because more women are getting mammograms.

**Death rates and trends summary**
Overall, the breast cancer death rate in the Komen Idaho service area was similar to that observed in the US as a whole and the death rate trend was not available for comparison with the US as a whole. The death rate of the Affiliate service area was not significantly different than that observed for the State of Idaho.

For the United States, breast cancer death rates in Blacks/African-Americans are substantially higher than in Whites overall. The most recent estimated breast cancer death rates for APIs and AIANs were lower than for Non-Hispanic Whites and Blacks/African-Americans. The most recent estimated death rates for Hispanics/Latinas were lower than for Non-Hispanic Whites and Blacks/African-Americans. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans, APIs and AIANs so comparisons cannot be made for these racial groups. Also, there were not enough data available within the Affiliate service area to report on Hispanics/Latinas so comparisons cannot be made for this group.

None of the counties in the Affiliate service area had substantially different death rates than the Affiliate service area as a whole or did not have enough data available.

**Late-stage incidence rates and trends summary**
Overall, the breast cancer late-stage incidence rate in the Komen Idaho service area was slightly higher than that observed in the US as a whole and the late-stage incidence trend was lower than the US as a whole. The late-stage incidence rate and trend of the Affiliate service area were not significantly different than that observed for the State of Idaho.

For the United States, late-stage incidence rates in Blacks/African-Americans are higher than among Whites. Hispanics/Latinas tend to be diagnosed with late-stage breast cancers more often than Whites. For the Affiliate service area as a whole, the late-stage incidence rate was lower among APIs than Whites. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans and AIANs so comparisons cannot be made for these racial groups. The late-stage incidence rate among Hispanics/Latinas was lower than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different late-stage incidence rates than the Affiliate service area as a whole or did not have enough data available.

**Mammography Screening**
Getting regular screening mammograms (and treatment if diagnosed) lowers the risk of dying from breast cancer. Screening mammography can find breast cancer early, when the chances of survival are highest. Table 2.2 shows some screening recommendations among major organizations for women at average risk.
Table 2.2. Breast cancer screening recommendations for women at average risk.

<table>
<thead>
<tr>
<th>American Cancer Society</th>
<th>National Cancer Institute</th>
<th>National Comprehensive Cancer Network</th>
<th>US Preventive Services Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography every year starting at age 40</td>
<td>Mammography every 1-2 years starting at age 40</td>
<td>Mammography every year starting at age 40</td>
<td>Informed decision-making with a health care provider ages 40-49</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mammography every 2 years ages 50-74</td>
</tr>
</tbody>
</table>

Because having mammograms lowers the chances of dying from breast cancer, it's important to know whether women are having mammograms when they should. This information can be used to identify groups of women who should be screened who need help in meeting the current recommendations for screening mammography. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factors Surveillance System (BRFSS) collected the data on mammograms that are used in this report. The data come from interviews with women age 50 to 74 from across the United States. During the interviews, each woman was asked how long it has been since she has had a mammogram. BRFSS is the best and most widely used source available for information on mammography usage among women in the United States, although it does not collect data aligning with Komen breast self-awareness messaging (i.e. from women age 40 and older). The proportions in Table 2.3 are based on the number of women age 50 to 74 who reported in 2012 having had a mammogram in the last two years.

The data have been weighted to account for differences between the women who were interviewed and all the women in the area. For example, if 20.0 percent of the women interviewed are Latina, but only 10.0 percent of the total women in the area are Latina, weighting is used to account for this difference.

The report uses the mammography screening proportion to show whether the women in an area are getting screening mammograms when they should. Mammography screening proportion is calculated from two pieces of information:

- The number of women living in an area whom the BRFSS determines should have mammograms (i.e. women age 50 to 74).
- The number of these women who actually had a mammogram during the past two years.

The number of women who had a mammogram is divided by the number who should have had one. For example, if there are 500 women in an area who should have had mammograms and 250 of those women actually had a mammogram in the past two years, the mammography screening proportion is 50.0 percent.

Because the screening proportions come from samples of women in an area and are not exact, Table 2.3 includes confidence intervals. A confidence interval is a range of values that gives an
idea of how uncertain a value may be. It’s shown as two numbers—a lower value and a higher one. It is very unlikely that the true rate is less than the lower value or more than the higher value.

For example, if screening proportion was reported as 50.0 percent, with a confidence interval of 35.0 to 65.0 percent, the real rate might not be exactly 50.0 percent, but it’s very unlikely that it’s less than 35.0 or more than 65.0 percent.

In general, screening proportions at the county level have fairly wide confidence intervals. The confidence interval should always be considered before concluding that the screening proportion in one county is higher or lower than that in another county.

**Table 2.3.** Proportion of women ages 50-74 with screening mammography in the last two years, self-report.

<table>
<thead>
<tr>
<th>Population Group</th>
<th># of Women Interviewed (Sample Size)</th>
<th># w/ Self-Reported Mammogram</th>
<th>Proportion Screened (Weighted Average)</th>
<th>Confidence Interval of Proportion Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>174,796</td>
<td>133,399</td>
<td>77.5%</td>
<td>77.2%-77.7%</td>
</tr>
<tr>
<td>Idaho</td>
<td>2,358</td>
<td>1,579</td>
<td>68.6%</td>
<td>66.0%-71.1%</td>
</tr>
<tr>
<td>Komen Idaho Service Area</td>
<td>1,471</td>
<td>1,026</td>
<td>70.3%</td>
<td>67.0%-73.3%</td>
</tr>
<tr>
<td>White</td>
<td>1,425</td>
<td>996</td>
<td>70.0%</td>
<td>66.7%-73.1%</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>AIAN</td>
<td>14</td>
<td>10</td>
<td>80.4%</td>
<td>43.4%-95.6%</td>
</tr>
<tr>
<td>API</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Hispanic/ Latina</td>
<td>28</td>
<td>16</td>
<td>67.2%</td>
<td>40.6%-86.0%</td>
</tr>
<tr>
<td>Non-Hispanic/ Latina</td>
<td>1,430</td>
<td>1,000</td>
<td>70.3%</td>
<td>67.1%-73.3%</td>
</tr>
<tr>
<td>Ada County - ID</td>
<td>262</td>
<td>193</td>
<td>70.4%</td>
<td>62.7%-77.0%</td>
</tr>
<tr>
<td>Adams County - ID</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Benewah County - ID</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
<td>SN</td>
</tr>
<tr>
<td>Blaine County - ID</td>
<td>43</td>
<td>30</td>
<td>82.0%</td>
<td>65.2%-91.7%</td>
</tr>
<tr>
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<td>49.4%-84.8%</td>
</tr>
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<td>Population Group</td>
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<td># w/ Self-Reported Mammogram</td>
<td>Proportion Screened (Weighted Average)</td>
<td>Confidence Interval of Proportion Screened</td>
</tr>
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</tr>
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<td>SN</td>
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<td>SN</td>
</tr>
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<td>45.4%-87.8%</td>
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</tr>
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<td>43.5%-78.1%</td>
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<td>Washington County - ID</td>
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SN – data suppressed due to small numbers (fewer than 10 samples).
Data are for 2012.
Source: CDC – Behavioral Risk Factor Surveillance System (BRFSS).

Breast cancer screening proportions summary
The breast cancer screening proportion in the Komen Idaho service area was *significantly lower* than that observed in the US as a whole. The screening proportion of the Affiliate service area was not significantly different than the State of Idaho.

For the United States, breast cancer screening proportions among Blacks/African-Americans are similar to those among Whites overall. APIs have somewhat lower screening proportions than Whites and Blacks/African-Americans. Although data are limited, screening proportions among AIANs are similar to those among Whites. Screening proportions among Hispanics/Latinas are similar to those among Non-Hispanic Whites and Blacks/African-Americans. For the Affiliate service area as a whole, the screening proportion was not significantly different among AIANs than Whites. There were not enough data available within the Affiliate service area to report on Blacks/African-Americans and APIs so comparisons cannot be made for these racial groups. The screening proportion among Hispanics/Latinas was not significantly different than among Non-Hispanics/Latinas.

None of the counties in the Affiliate service area had substantially different screening proportions than the Affiliate service area as a whole or did not have enough data available.
Population Characteristics
The report includes basic information about the women in each area (demographic measures) and about factors like education, income, and unemployment (socioeconomic measures) in the areas where they live (Tables 2.4 and 2.5). Demographic and socioeconomic data can be used to identify which groups of women are most in need of help and to figure out the best ways to help them.

It is important to note that the report uses the race and ethnicity categories used by the US Census Bureau, and that race and ethnicity are separate and independent categories. This means that everyone is classified as both a member of one of the four race groups as well as either Hispanic/Latina or Non-Hispanic/Latina.

The demographic and socioeconomic data in this report are the most recent data available for US counties. All the data are shown as percentages. However, the percentages weren’t all calculated in the same way.

- The race, ethnicity, and age data are based on the total female population in the area (e.g. the percent of females over the age of 40).
- The socioeconomic data are based on all the people in the area, not just women.
- Income, education and unemployment data don’t include children. They are based on people age 15 and older for income and unemployment and age 25 and older for education.
- The data on the use of English, called “linguistic isolation”, are based on the total number of households in the area. The Census Bureau defines a linguistically isolated household as one in which all the adults have difficulty with English.
Table 2.4. Population characteristics – demographics.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>White</th>
<th>Black /African-American</th>
<th>AIAN</th>
<th>API</th>
<th>Non-Hispanic /Latina</th>
<th>Hispanic /Latina</th>
<th>Female Age 40 Plus</th>
<th>Female Age 50 Plus</th>
<th>Female Age 65 Plus</th>
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<td>1.4%</td>
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<td>83.8%</td>
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<td>48.3%</td>
<td>34.5%</td>
<td>14.8%</td>
</tr>
<tr>
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<td>95.3%</td>
<td>0.9%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>89.0%</td>
<td>11.0%</td>
<td>44.9%</td>
<td>32.5%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Komen Idaho Service Area</td>
<td>95.2%</td>
<td>1.0%</td>
<td>2.0%</td>
<td>88.7%</td>
<td>11.3%</td>
<td>46.5%</td>
<td>33.7%</td>
<td>14.2%</td>
<td></td>
</tr>
<tr>
<td>Ada County - ID</td>
<td>94.3%</td>
<td>1.4%</td>
<td>1.0%</td>
<td>3.3%</td>
<td>92.8%</td>
<td>7.2%</td>
<td>44.7%</td>
<td>30.8%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Adams County - ID</td>
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<td>1.5%</td>
<td>0.6%</td>
<td>96.5%</td>
<td>3.5%</td>
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<td>19.9%</td>
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<tr>
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<td>0.6%</td>
<td>97.3%</td>
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<td>56.9%</td>
<td>43.9%</td>
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<td>80.1%</td>
<td>19.9%</td>
<td>52.5%</td>
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<td>95.9%</td>
<td>4.1%</td>
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<td>0.4%</td>
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<td>1.6%</td>
<td>76.6%</td>
<td>23.4%</td>
<td>40.4%</td>
<td>28.3%</td>
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<td>1.1%</td>
<td>76.3%</td>
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<td>31.1%</td>
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<td>97.5%</td>
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<td>65.2%</td>
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<td>15.9%</td>
<td>55.6%</td>
<td>44.1%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

Data are for 2011.
Data are in the percentage of women in the population.
Source: US Census Bureau – Population Estimates
<table>
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<tr>
<th>Population Group</th>
<th>Less than HS Education</th>
<th>Income Below 100% Poverty</th>
<th>Income Below 250% Poverty (Age: 40-64)</th>
<th>Unemployed</th>
<th>Foreign Born</th>
<th>Linguistically Isolated</th>
<th>In Rural Areas</th>
<th>In Medically Underserved Areas</th>
<th>No Health Insurance (Age: 40-64)</th>
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<td>19.3%</td>
<td>23.3%</td>
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<td>5.9%</td>
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<td>15.3%</td>
<td>7.3%</td>
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<td>14.3%</td>
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<td>1.2%</td>
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<td>6.9%</td>
<td>3.1%</td>
<td>0.3%</td>
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<td>8.7%</td>
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<td>100.0%</td>
<td>0.0%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Canyon County - ID</td>
<td>17.6%</td>
<td>18.1%</td>
<td>44.5%</td>
<td>11.1%</td>
<td>8.9%</td>
<td>4.1%</td>
<td>19.9%</td>
<td>3.3%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Cassia County - ID</td>
<td>22.7%</td>
<td>18.0%</td>
<td>43.7%</td>
<td>8.8%</td>
<td>10.3%</td>
<td>6.0%</td>
<td>51.5%</td>
<td>0.0%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Clearwater County - ID</td>
<td>14.6%</td>
<td>10.3%</td>
<td>37.7%</td>
<td>10.7%</td>
<td>2.0%</td>
<td>0.1%</td>
<td>58.6%</td>
<td>28.3%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Elmore County - ID</td>
<td>15.2%</td>
<td>11.8%</td>
<td>39.7%</td>
<td>8.7%</td>
<td>8.6%</td>
<td>2.8%</td>
<td>26.9%</td>
<td>3.8%</td>
<td>19.1%</td>
</tr>
<tr>
<td>Gem County - ID</td>
<td>16.0%</td>
<td>16.5%</td>
<td>42.6%</td>
<td>11.8%</td>
<td>4.7%</td>
<td>1.7%</td>
<td>45.0%</td>
<td>100.0%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Gooding County - ID</td>
<td>23.4%</td>
<td>17.1%</td>
<td>46.8%</td>
<td>4.4%</td>
<td>15.2%</td>
<td>4.1%</td>
<td>58.1%</td>
<td>100.0%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Idaho County - ID</td>
<td>12.2%</td>
<td>17.1%</td>
<td>45.8%</td>
<td>8.8%</td>
<td>1.2%</td>
<td>0.0%</td>
<td>80.6%</td>
<td>0.0%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Jerome County - ID</td>
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<td>46.5%</td>
<td>5.7%</td>
<td>15.6%</td>
<td>5.4%</td>
<td>51.3%</td>
<td>4.6%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Kootenai County - ID</td>
<td>8.2%</td>
<td>12.8%</td>
<td>36.2%</td>
<td>8.3%</td>
<td>2.5%</td>
<td>0.5%</td>
<td>24.2%</td>
<td>24.5%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Latah County - ID</td>
<td>6.3%</td>
<td>21.3%</td>
<td>31.5%</td>
<td>7.5%</td>
<td>4.1%</td>
<td>0.5%</td>
<td>35.0%</td>
<td>14.4%</td>
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</tr>
<tr>
<td>Lewis County - ID</td>
<td>11.2%</td>
<td>18.2%</td>
<td>44.7%</td>
<td>9.0%</td>
<td>1.2%</td>
<td>1.2%</td>
<td>100.0%</td>
<td>12.5%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Lincoln County - ID</td>
<td>24.5%</td>
<td>15.0%</td>
<td>46.8%</td>
<td>7.1%</td>
<td>14.1%</td>
<td>6.1%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Minidoka County - ID</td>
<td>24.2%</td>
<td>15.5%</td>
<td>42.7%</td>
<td>7.7%</td>
<td>10.6%</td>
<td>6.8%</td>
<td>44.2%</td>
<td>100.0%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Nez Perce County - ID</td>
<td>9.9%</td>
<td>11.3%</td>
<td>33.1%</td>
<td>6.3%</td>
<td>1.7%</td>
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</tr>
<tr>
<td>Owyhee County - ID</td>
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<td>24.8%</td>
<td>52.8%</td>
<td>10.2%</td>
<td>11.8%</td>
<td>7.1%</td>
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<tr>
<td>Payette County - ID</td>
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<td>16.5%</td>
<td>40.8%</td>
<td>9.8%</td>
<td>4.3%</td>
<td>2.6%</td>
<td>42.7%</td>
<td>100.0%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Shoshone County - ID</td>
<td>16.7%</td>
<td>16.5%</td>
<td>43.3%</td>
<td>8.9%</td>
<td>1.7%</td>
<td>0.1%</td>
<td>56.0%</td>
<td>100.0%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Twin Falls County - ID</td>
<td>16.2%</td>
<td>13.8%</td>
<td>39.8%</td>
<td>7.1%</td>
<td>8.0%</td>
<td>2.9%</td>
<td>28.0%</td>
<td>14.0%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Valley County - ID</td>
<td>6.5%</td>
<td>13.5%</td>
<td>32.0%</td>
<td>6.8%</td>
<td>2.3%</td>
<td>0.4%</td>
<td>100.0%</td>
<td>0.0%</td>
<td>18.6%</td>
</tr>
<tr>
<td>Washington County - ID</td>
<td>21.5%</td>
<td>13.0%</td>
<td>46.7%</td>
<td>9.2%</td>
<td>9.0%</td>
<td>4.2%</td>
<td>45.6%</td>
<td>100.0%</td>
<td>25.9%</td>
</tr>
</tbody>
</table>

Data are in the percentage of people (men and women) in the population.
Source of health insurance data: US Census Bureau – Small Area Health Insurance Estimates (SAHIE) for 2011.
Source of medically underserved data: Health Resources and Services Administration (HRSA) for 2013.
Source of other data: US Census Bureau – American Community Survey (ACS) for 2007-2011.
Population characteristics summary
Proportionately, the Komen Idaho service area has a substantially larger White female population than the US as a whole, a substantially smaller Black/African-American female population, a substantially smaller Asian and Pacific Islander (API) female population, a slightly larger American Indian and Alaska Native (AIAN) female population, and a slightly smaller Hispanic/Latina female population. The Affiliate's female population is slightly younger than that of the US as a whole. The Affiliate's education level is slightly higher than and income level is about the same as those of the US as a whole. There are a slightly smaller percentage of people who are unemployed in the Affiliate service area. The Affiliate service area has a substantially smaller percentage of people who are foreign born and a slightly smaller percentage of people who are linguistically isolated. There are a substantially larger percentage of people living in rural areas, a slightly larger percentage of people without health insurance, and a slightly smaller percentage of people living in medically underserved areas.

The following counties have substantially larger AIAN female population percentages than that of the Affiliate service area as a whole:
- Benewah County
- Lewis County
- Nez Perce County
- Owyhee County

The following counties have substantially larger Hispanic/Latina female population percentages than that of the Affiliate service area as a whole:
- Blaine County
- Canyon County
- Cassia County
- Gooding County
- Jerome County
- Lincoln County
- Minidoka County
- Owyhee County

The following counties have substantially older female population percentages than that of the Affiliate service area as a whole:
- Adams County
- Clearwater County
- Gem County
- Idaho County
- Lewis County
- Nez Perce County
- Shoshone County
- Washington County

The following counties have substantially lower education levels than that of the Affiliate service area as a whole:
- Boundary County
- Camas County
- Canyon County
The following county has a substantially lower income level than that of the Affiliate service area as a whole:
• Owyhee County

The following counties have substantially lower employment levels than that of the Affiliate service area as a whole:
• Boise County
• Camas County
• Gem County

The counties with substantial foreign born and linguistically isolated populations are:
• Blaine County
• Jerome County
• Lincoln County
• Owyhee County

The following counties have substantially larger percentage of adults without health insurance than does the Affiliate service area as a whole:
• Camas County
• Gooding County
• Jerome County
• Lincoln County
• Minidoka County
• Owyhee County
• Washington County

**Priority Areas**

**Healthy People 2020 forecasts**

Healthy People 2020 (HP2020) is a major federal government initiative that provides specific health objectives for communities and for the country as a whole. Many national health organizations use HP2020 targets to monitor progress in reducing the burden of disease and improve the health of the nation. Likewise, Komen believes it is important to refer to HP2020 to see how areas across the country are progressing towards reducing the burden of breast cancer.

HP2020 has several cancer-related objectives, including:
• Reducing women’s death rate from breast cancer (target as of the writing of this report: 41.0 cases per 100,000 women).
• Reducing the number of breast cancers that are found at a late-stage (target as of the writing of this report: 41.0 cases per 100,000 women).
To see how well counties in the Komen Idaho service area are progressing toward these targets, the report uses the following information:

- County breast cancer death rate and late-stage diagnosis data for years 2006 to 2010.
- Estimates for the trend (annual percent change) in county breast cancer death rates and late-stage diagnoses for years 2006 to 2010.
- Both the data and the HP2020 target are age-adjusted.

These data are used to estimate how many years it will take for each county to meet the HP2020 objectives. Because the target date for meeting the objective is 2020, and 2008 (the middle of the 2006-2010 period) was used as a starting point, a county has 12 years to meet the target.

Death rate and late-stage diagnosis data and trends are used to calculate whether an area will meet the HP2020 target, assuming that the trend seen in years 2006 to 2010 continues for 2011 and beyond.

**Identification of priority areas**

The purpose of this report is to combine evidence from many credible sources and use the data to identify the highest priority areas for breast cancer programs (i.e. the areas of greatest need). Classification of priority areas are based on the time needed to achieve HP2020 targets in each area. These time projections depend on both the starting point and the trends in death rates and late-stage incidence.

Late-stage incidence reflects both the overall breast cancer incidence rate in the population and the mammography screening coverage. The breast cancer death rate reflects the access to care and the quality of care in the health care delivery area, as well as cancer stage at diagnosis.

There has not been any indication that either one of the two HP2020 targets is more important than the other. Therefore, the report considers them equally important.

Counties are classified as follows (Table 2.6):

- Counties that are not likely to achieve either of the HP2020 targets are considered to have the highest needs.
- Counties that have already achieved both targets are considered to have the lowest needs.
- Other counties are classified based on the number of years needed to achieve the two targets.
### Table 2.6. Needs/priority classification based on the projected time to achieve HP2020 breast cancer targets.

<table>
<thead>
<tr>
<th>Time to Achieve Death Rate Reduction Target</th>
<th>Time to Achieve Late-stage Incidence Reduction Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 years or longer</td>
<td>Highest</td>
</tr>
<tr>
<td>7-12 yrs.</td>
<td>High</td>
</tr>
<tr>
<td>0 – 6 yrs.</td>
<td>Medium High</td>
</tr>
<tr>
<td>Currently meets target</td>
<td>Medium Low</td>
</tr>
<tr>
<td>Unknown</td>
<td>Highest</td>
</tr>
</tbody>
</table>

If the time to achieve a target cannot be calculated for one of the HP2020 indicators, then the county is classified based on the other indicator. If both indicators are missing, then the county is not classified. This doesn’t mean that the county may not have high needs; it only means that sufficient data are not available to classify the county.

**Affiliate Service Area Healthy People 2020 Forecasts and Priority Areas**

The results presented in Table 2.7 help identify which counties have the greatest needs when it comes to meeting the HP2020 breast cancer targets.

- For counties in the “13 years or longer” category, current trends would need to change to achieve the target.
- Some counties may currently meet the target but their rates are increasing and they could fail to meet the target if the trend is not reversed.

Trends can change for a number of reasons, including:

- Improved screening programs could lead to breast cancers being diagnosed earlier, resulting in a decrease in both late-stage incidence rates and death rates.
- Improved socioeconomic conditions, such as reductions in poverty and linguistic isolation could lead to more timely treatment of breast cancer, causing a decrease in death rates.

The data in this table should be considered together with other information on factors that affect breast cancer death rates such as screening rates and key breast cancer death determinants such as poverty and linguistic isolation.
Table 2.7. Intervention priorities for Komen Idaho service area with predicted time to achieve the HP2020 breast cancer targets and key population characteristics.

<table>
<thead>
<tr>
<th>County</th>
<th>Priority</th>
<th>Predicted Time to Achieve Death Rate Target</th>
<th>Predicted Time to Achieve Late-stage Incidence Target</th>
<th>Key Population Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cassia County - ID</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>%Hispanic, education, language, rural</td>
</tr>
<tr>
<td>Gem County - ID</td>
<td>Highest</td>
<td>NA</td>
<td>13 years or longer</td>
<td>Older, employment, rural, medically underserved</td>
</tr>
<tr>
<td>Idaho County - ID</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>Older, rural</td>
</tr>
<tr>
<td>Minidoka County - ID</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>%Hispanic, education, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Payette County - ID</td>
<td>Highest</td>
<td>NA</td>
<td>13 years or longer</td>
<td>Rural, medically underserved</td>
</tr>
<tr>
<td>Shoshone County - ID</td>
<td>Highest</td>
<td>SN</td>
<td>13 years or longer</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
<td>Twin Falls County - ID</td>
<td>High</td>
<td>13 years or longer</td>
<td>10 years</td>
<td></td>
</tr>
<tr>
<td>Bonner County - ID</td>
<td>Medium</td>
<td>13 years or longer</td>
<td>Currently meets target</td>
<td>Rural</td>
</tr>
<tr>
<td>Latah County - ID</td>
<td>Medium</td>
<td>Currently meets target</td>
<td>13 years or longer</td>
<td>Rural</td>
</tr>
<tr>
<td>Ada County - ID</td>
<td>Medium Low</td>
<td>3 years</td>
<td>3 years</td>
<td></td>
</tr>
<tr>
<td>Benewah County - ID</td>
<td>Medium Low</td>
<td>SN</td>
<td>3 years</td>
<td>%AIAN, rural</td>
</tr>
<tr>
<td>Blaine County - ID</td>
<td>Medium Low</td>
<td>SN</td>
<td>5 years</td>
<td>%Hispanic, foreign, language, rural</td>
</tr>
<tr>
<td>Canyon County - ID</td>
<td>Medium Low</td>
<td>2 years</td>
<td>1 year</td>
<td>%Hispanic, education</td>
</tr>
<tr>
<td>Clearwater County - ID</td>
<td>Medium Low</td>
<td>SN</td>
<td>3 years</td>
<td>Older, rural, medically underserved</td>
</tr>
<tr>
<td>Gooding County - ID</td>
<td>Medium Low</td>
<td>SN</td>
<td>2 years</td>
<td>%Hispanic, education, foreign, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Kootenai County - ID</td>
<td>Low</td>
<td>Currently meets target</td>
<td>4 years</td>
<td>Medically underserved</td>
</tr>
<tr>
<td>Elmore County - ID</td>
<td>Lowest</td>
<td>SN</td>
<td>Currently meets target</td>
<td></td>
</tr>
<tr>
<td>Jerome County - ID</td>
<td>Lowest</td>
<td>SN</td>
<td>Currently meets target</td>
<td>%Hispanic, education, foreign, language, rural, insurance</td>
</tr>
<tr>
<td>Nez Perce County - ID</td>
<td>Lowest</td>
<td>Currently meets target</td>
<td>Currently meets target</td>
<td>%AIAN, older</td>
</tr>
<tr>
<td>Adams County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, rural</td>
</tr>
<tr>
<td>Boise County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Employment, rural, medically underserved</td>
</tr>
<tr>
<td>County</td>
<td>Priority</td>
<td>Predicted Time to Achieve Death Rate Target</td>
<td>Predicted Time to Achieve Late-stage Incidence Target</td>
<td>Key Population Characteristics</td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>Boundary County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Education, rural, medically underserved</td>
</tr>
<tr>
<td>Camas County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Education, employment, rural, insurance</td>
</tr>
<tr>
<td>Lewis County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%AIAN, older, rural</td>
</tr>
<tr>
<td>Lincoln County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%Hispanic, education, foreign, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Owyhee County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>%AIAN, %Hispanic, education, poverty, foreign, language, rural, insurance, medically underserved</td>
</tr>
<tr>
<td>Valley County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Rural</td>
</tr>
<tr>
<td>Washington County - ID</td>
<td>Undetermined</td>
<td>SN</td>
<td>SN</td>
<td>Older, education, rural, insurance, medically underserved</td>
</tr>
</tbody>
</table>

NA – data not available.
SN – data suppressed due to small numbers (15 cases or fewer for the 5-year data period).
Map of Intervention Priority Areas

Figure 2.1 shows a map of the intervention priorities for the counties in the Affiliate service area. When both of the indicators used to establish a priority for a county are not available, the priority is shown as “undetermined” on the map.

Data Limitations

The following data limitations need to be considered when utilizing the data of the Quantitative Data Report:

- The most recent data available were used but, for cancer incidence and deaths, these data are still several years behind.
- For some areas, data might not be available or might be of varying quality.
• Areas with small populations might not have enough breast cancer cases or breast cancer deaths each year to support the generation of reliable statistics.
• There are often several sources of cancer statistics for a given population and geographic area; therefore, other sources of cancer data may result in minor differences in the values even in the same time period.
• Data on cancer rates for specific racial and ethnic subgroups such as Somali, Hmong, or Ethiopian are not generally available.
• The various types of breast cancer data in this report are inter-dependent.
• There are many factors that impact breast cancer risk and survival for which quantitative data are not available. Some examples include family history, genetic markers like HER2 and BRCA, other medical conditions that can complicate treatment, and the level of family and community support available to the patient.
• The calculation of the years needed to meet the HP2020 objectives assume that the current trends will continue until 2020. However, the trends can change for a number of reasons.
• Not all breast cancer cases have a stage indication.

Quantitative Data Report Conclusions

Highest priority areas
Six counties in the Komen Idaho service area are in the highest priority category. All of the six, Cassia County, Gem County, Idaho County, Minidoka County, Payette County and Shoshone County, are not likely to meet the late-stage incidence rate HP2020 target.

Cassia County has a relatively large Hispanic/Latina population, low education levels and a relatively large number of households with limited English proficiency. Gem County has an older population and high unemployment. Idaho County has an older population. Minidoka County has a relatively large Hispanic/Latina population, low education levels and a relatively large number of households with limited English proficiency. Shoshone County has an older population.

High priority areas
One county in the Komen Idaho service area is in the high priority category. Twin Falls County is not likely to meet the death rate HP2020 target.

The death rates in Twin Falls County (26.3 per 100,000) appear to be higher than the Affiliate service area as a whole (21.8 per 100,000) although not statistically significant.

Selection of Target Communities

Susan G. Komen Idaho has combined seven priority counties into four target communities based on their location: Southwest Region (Gem County and Payette County), South-Central Region (Cassia County, Minidoka County, and Twin Falls County), Idaho County, and Shoshone County. Priority communities are based on the predicted time to achieve Healthy People 2020 (HP2020) targets for female breast cancer late-stage incidence rates (41.0 cases per 100,000) and death rates (20.6 deaths per 100,000).
The starting base rate for female breast cancer deaths for the Komen Idaho service area is 21.8 per 100,000. While this rate is higher than the HP2020 target, it is unknown if the service area will likely meet HP2020 death rate goal because death rate trend was not available for the service area as a whole. The starting base rate for female breast cancer late-stage incidence is 45.2 per 100,000 with an annual trend decreasing by 3.8 percent (Table 2.1). The decreasing trend indicates that Komen Idaho is likely to achieve the HP2020 target in three years.

Figure 2.2 shows the late-stage female breast cancer incidence rate and trends per 100,000 including the HP2020 target, the Komen Idaho service area, and each of the highest priority counties (Table 2.1).

Figure 2.2. Late-stage female breast cancer incidence rate

Figure 2.3 shows the female breast cancer death rate per 100,000 including the HP2020 target, the Komen Idaho service area, and each of the highest priority counties (data are unavailable for Cassia, Idaho, Minidoka, and Shoshone Counties).
Komen Idaho also considered demographic and socioeconomic data of each county (i.e. population characteristics) to identify groups of women that are most in need. The data included basic information about the women (age, race, and ethnicity) in each high priority county as well as factors such as education, income, unemployment, use of the English language, proportion of people with health insurance, proportion who live in rural areas, and the medically underserved areas. To determine substantial differences between the counties and the Komen Idaho service area, characteristics are considered substantially higher when the percentage is at least 5.0 percent greater than the service area as a whole. Population characteristics that are at a substantially higher percent than the Komen Idaho service area as a whole may contribute to the community’s likelihood of missing the Healthy People 2020 target rates.

There are many factors that contribute to breast cancer disparities. The most apparent factors are linked to medical care and a lack of health care coverage. Factors affected by social and racial inequalities such as education, income and the quality of neighborhood environments are thought to play a major role in health disparities. Poverty, poor education and high unemployment have been linked to breast cancer disparities. Language and cultural barriers and mistrust of the medical field may prevent some women from getting screened. (Source: www.komen.org/BCDisparities.html)

**South-Central Region (Cassia County, Minidoka County, and Twin Falls County)**

**Cassia County**
Cassia County’s late-stage incidence starting rate for years 2006-2010 is 36.7 per 100,000 women, which currently meets the HP2020 target rate. However, an annual late-stage incidence rate trend of 32.7 percent results in a predicted time of 13 years or longer to achieve the HP2020 target rate (Table 2.1). Characteristics that have been linked to disparities in breast health care that are present in Cassia County are (Tables 2.4 and 2.5):

- 23.7 percent Hispanic/Latino population
- 22.7 percent with less than a high school education
- 10.3 percent are foreign born
- 6.0 percent are linguistically isolated
• 51.5 percent of the population lives in a rural area.

**Minidoka County**
Minidoka County’s late-stage incidence starting rate is 41.0 per 100,000 women, which is the same as the Healthy People 2020 target rate. However, since the trend is increasing by 10.7 percent annually, Minidoka County’s predicted time to achieve the HP2020 target is 13 years or longer (Table 2.1 and 2.7). The socioeconomic status and demographic data have shown population characteristics that could be leading to this increasing late-stage incidence rate. Characteristics that have been linked to disparities in breast health care that are present in Minidoka County are (Tables 2.4 and 2.5):

- 31.0 percent Hispanic/Latino population
- 24.2 percent with education less than high school
- 10.6 percent foreign born
- 6.8 percent linguistically isolated
- 44.0 percent rural
- 100 percent medically underserved
- 24.3 percent has no health insurance

**Twin Falls County**
Twin Falls County is unlikely to meet both the death rate and late-stage incidence rate Healthy People 2020 targets. The female breast cancer death rate for Twin Falls County is 26.3 per 100,000 women, with a trend (in annual percent change for years 2006-2010) of -0.8 percent. Although the annual trend is decreasing, it is not likely to reach HP2020’s target rate of 20.6 by year 2020. The predicted number of years needed to achieve the target is 13 years or longer. The base rate for late-stage female breast cancer is 46.7 per 100,000 women with an annual trend decreasing by -1.4 percent. This trend puts Twin Falls County at a predicted time of 10 years to achieve HP2020’s target rate. A key characteristic that is higher than the Komen Idaho service area is the 16.2 percent of the county that has an education less than high school (Table 2.5).

**Southwest Region (Gem County and Payette County)**

**Gem County**
Gem County’s late-stage female breast cancer base rate is 53.2 per 100,000 women. The county has an increasing trend of 26.9 percent per year, which puts them at a predicted number of 13 years or longer needed to achieve the HP2020 late-stage incidence target rate (Tables 2.1 and 2.7). Characteristics that have been linked to disparities in breast health care that are present in Gem County are (Tables 2.4 and 2.5):

- 55.4 percent of females age 40+
- 11.8 percent unemployment
- 45.0 percent rural
- 100 percent medically underserved

**Payette County**
Payette County has a high starting rate of 55.1 per 100,000 women for late-stage female breast cancer and an increasing trend of 4.8 percent annually. Characteristics that have been linked to disparities in breast health care that are present in Payette County are (Tables 2.4 and 2.5):

- 42.7 percent rural
- 100 percent medically underserved
**Idaho County**
Idaho County’s late stage incidence rate is 34.0 per 100,000 women with an increasing trend of 5.7 percent annually. This puts them at a predicted time of 13 years to achieve the target rate (Tables 2.1 and 2.7). Characteristics that have been linked to disparities in breast health care that are present in Idaho County are (Tables 2.4 and 2.5):
- 80.6 percent rural
- 61.2 percent females age 40+

**Shoshone County**
Shoshone County’s late-stage incidence rate is 38.3 per 100,000 women and the trend is increasing annually by 19.3 percent. Characteristics that have been linked to disparities in breast health care that are present in Shoshone County are (Tables 2.4 and 2.5):
- 58.9 percent females age 40+
- 100 percent medically underserved
- 42.7 percent is rural
Health Systems Analysis Data Sources

In order to get a better understanding of the target community, Komen Idaho launched an investigative review of the services available in the South-Central Region, Southwest Region, Idaho County, and Shoshone County. This review was focused on gathering a clear understanding for the services, along the continuum of care, available in each target community. The Community Profile Team used the following sources to gather this information:

- The Food and Drug Administration Certified Mammography Facilities website
- Hospitals registered with Medicare
- Local Health Departments
- Health Resources and Services Administration website of Federally Qualified Health Centers and look-alike facilities
- National Association of Free and Charitable Clinics website
- American College of Surgeons Commission on Cancer
- American College of Radiology Centers of Excellence
- American College of Surgeons National Accreditation Program for Breast Centers
- National Cancer Institute Designated Cancer Centers

Once a list of service providers was generated for each target community an internet search and review of their websites (if available) was conducted. Finally, volunteers made individual phone calls to each location to verify contact information and services provided.

The findings were analyzed by the Community Profile Team. Team members reviewed the spreadsheets of identified strengths, weakness, and partnerships in each of the target communities.

Health Systems Overview

Susan G. Komen Idaho works closely with community partners and stakeholders to examine current access and increase access to care where needed. As part of this work around access, Komen Idaho closely monitors the continuum of care and availability of services throughout the continuum in the entire service area.

The Breast Cancer Continuum of Care (CoC) is a model that shows how a woman typically moves through the health care system for breast care (Figure 3.1). A woman would ideally move through the CoC quickly and seamlessly, receiving timely, quality care in order to have the best outcomes. Education can play an important role throughout the entire CoC.

While a woman may enter the continuum at any point, ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter.
If a screening exam resulted in abnormal results, diagnostic tests would be needed, possibly several, to determine if the abnormal finding is in fact breast cancer. These tests might include a diagnostic mammogram, breast ultrasound or biopsy. If the tests were negative (or benign) and breast cancer was not found, she would go into the follow-up loop, and return for screening at the recommended interval. The recommended intervals may range from three to six months for some women to 12 months for most women. Education plays a role in communicating the importance of proactively getting test results, keeping follow-up appointments and understanding what it all means. Education can empower a woman and help manage anxiety and fear.

If breast cancer is diagnosed, she would proceed to treatment. Education can cover such topics as treatment options, how a pathology report determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

For some breast cancer patients, treatment may last a few months and for others, it may last years. While the CoC model shows that follow-up and survivorship come after treatment ends, they actually may occur at the same time. Follow-up and survivorship may include things like navigating insurance issues, locating financial assistance, symptom management, such as pain, fatigue, sexual issues, bone health, etc. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with their providers. Most women will return to screening at a recommended interval after treatment ends, or for some, during treatment (such as those taking long term hormone therapy).

There are often delays in moving from one point of the continuum to another – at the point of follow-up of abnormal screening exam results, starting treatment, and completing treatment – that can all contribute to poorer outcomes. There are also many reasons why a woman does not enter or continue in the breast cancer CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through the CoC more quickly.
Figure 3.1. Breast Cancer Continuum of Care (CoC)

The target community of the South-Central Region includes Cassia County, Minidoka County, and Twin Falls County. The strengths of the target region include screening and diagnostic services are available in each of the three counties (Figure 3.2). The weaknesses of the region include limited treatment and survivorship options (only available in Twin Falls County) and distance of travel to services. Cassia County is designated as a Frontier County according to the 2010 US Census. Frontier Counties pose a unique and specific challenge for getting residents access to screening, diagnostic, and treatment services due to their typically rural makeup and lack of infrastructure. Komen Idaho has a key mission partner in the South-Central Region including Minidoka Memorial Hospital and St. Luke’s Magic Valley. Komen Idaho will explore the potential of building mission partnerships with South Central District Health and Cassia Regional Medical Center.
Figure 3.2. Breast Cancer Services Available in South-Central Region

Total Locations in Region: 13

Statistics

- **Service Type**
  - Screening: 13
  - Diagnostic: 3
  - Treatment: 3
  - Support/(resource): 2

- **Accreditation Type**
  - American College of Surgeons CoC Accredited: 1
  - American College of Radiology Breast Imaging Ctr. of Excellence: 3
  - American College of Surgeons NAPBC Accredited: 0
  - NCI Designated Cancer Center: 0
The target community of the Southwest Region includes Gem County and Payette County. The strengths of the region include newly expanded services from St. Luke’s and Saint Alphonsus Regional Medical Centers to include screening, diagnostics, and treatment services, expanded survivorship opportunities including support groups, counseling, nutrition programs, and complementary therapies, and regular travel to the region from mobile mammography units (Figure 3.3). The weakness of the region includes distance to travel for treatment services (often to a neighboring county in Idaho or into Oregon). Komen Idaho currently has mission partnerships with Saint Alphonsus Regional Medical Center, St. Luke’s Regional Medical Center, and Valor Health (formerly Walter Knox Memorial Hospital). New mission partnerships for Komen Idaho will be explored with Southwest District Health.
Figure 3.3. Breast Cancer Services Available in Southwest Region
Idaho County is another target community for Komen Idaho. The strengths in Idaho County include the availability of screening and diagnostic services (Figure 3.4). The weaknesses in Idaho County include lack of treatment services, minimal survivorship support, and distance to travel for services. Idaho County is designated as a Frontier County according to the 2010 US Census. Currently, Komen Idaho does not have any mission partners in Idaho County but potential future partnerships with St. Mary’s Hospital and Syringa Hospital will be explored.
Figure 3.4. Breast Cancer Services Available in Idaho County
Shoshone County is the final target community for Komen Idaho. The strengths in Shoshone County are limited as they only have three facilities providing breast health services and only one of those facilities is providing screening mammography (Figure 3.5). The weaknesses include no survivorship support, minimal screening and diagnostic services, limited treatment services, and travel distance to neighboring Kootenai County for care. Currently Komen Idaho has a mission partnership with Panhandle Health District and will explore potential partnerships with Heritage Health and Shoshone Medical Center.
Figure 3.5. Breast Cancer Services Available in Shoshone County
Public Policy Overview

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
Women’s Health Check (WHC) is the Idaho Breast and Cervical Cancer Early Detection Program, funded through the Centers for Disease Control and Prevention (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Prior to enrolling in WHC, women must meet the following WHC eligibility criteria:

- Low Income (up to 200 percent federal poverty level)
- No health insurance coverage for mammograms
- US Citizen or Eligible Alien (having lived in the US for five or more years)
- Age 50-64 for annual Mammogram and Clinical Breast Exam
- Women over age 65 who are NOT eligible for Medicare, or cannot afford Medicare Part B are eligible for WHC screening
- Limited enrollment and services are available for uninsured women age 30+ who have symptoms suspicious of breast cancer, confirmed by a health care professional
- Exams and diagnostic tests are available from more than 400 qualified Idaho providers including district health departments, clinics, tribal health facilities, gynecologists, and family practice doctors following enrollment
- Women diagnosed with breast cancer through WHC, may qualify for treatment through a special Medicaid program, if they are enrolled in WHC prior to a tissue diagnosis, if they are uninsured and a US Citizen or Eligible Alien

Women’s Health Check covers annual clinical breast examination, annual screening mammogram, and diagnostic services, if needed. If a Women’s Health Check patient meets the required qualifications, they will be enrolled in Medicaid. Komen Idaho has a good working relationship with Women’s Health Check and works closely with them to ensure eligible patients are being enrolled. Komen Idaho will continue to work with Women’s Health Check to understand their needs, especially as the state faces changes to the Medicaid program.

State Comprehensive Cancer Control Coalition
The Idaho Comprehensive Cancer Control Program has only been funded since 2005. The program currently focuses on colon cancer and skin cancer and creates educational materials and media campaigns that provide much needed educational materials and tools to increase the screening and early detection rates for various cancers.

The Comprehensive Cancer Alliance for Idaho (CCAI) is a partnership between many dedicated individuals and organizations from health care and professional organizations, cancer-related and other nonprofit organizations, cancer survivors, and individuals touched by cancer. CCAI was formed to achieve its goals through the development and implementation of an Idaho Comprehensive Cancer Strategic Plan. The Alliance is working to reduce the number of preventable cancers and decrease late-stage diagnosis of treatable and survivable forms of cancer by improving screening rates in Idaho and to improve the quality of life of Idahoans impacted by cancer.

A representative from Komen Idaho serves on the CCAI Board of Directors. Representatives from the Komen Idaho also serve on CCAI’s Operation Pink BAG Task Force. Operation Pink BAG (Bridging the Access Gap) is a collaborative project seeking to improve Idaho’s screening
mammography rates among age-eligible female populations residing in underserved communities or disparate populations by implementing health education models, identifying gaps in available resources, and increasing access to mammography services. Representatives from the Susan G. Komen Idaho participate in CCAI’s Survivorship Group to increase awareness and services for survivors. Komen Idaho representatives also attend regular meetings and updates with CCAI. Komen Idaho representatives will continue to serve on CCAI workgroups, especially around screening, Medicaid expansion, and public policy.

**Affordable Care Act**
The Patient Protection and Affordable Care Act (PPACA), informally called ACA, aims to provide quality and affordable access to health insurance for all Americans. The primary mandate in the law requires all Americans to have health coverage for themselves and their families. To make health insurance affordable to everyone, the law outlines assistance to families between zero percent and 400 percent of the federal poverty level (FPL). Many low-income families are eligible for Medicaid. Those individuals not eligible for Medicaid can apply for a tax credit to be applied to their premiums when they purchase private insurance.

The ACA has the potential to make an impact on mammography screening rates. According to the law, screening mammography is an essential health service and must be covered by ACA compliant health plans. The gap in coverage may appear when diagnostic services are needed as they are not considered essential health services and may be subject to deductible. Some plans with the ACA have high deductibles and would leave women with the financial burden of covering the costs for diagnostic services.

As of August 2014, Idaho has not implemented Medicaid expansion, the same eligibility criteria are used to determine Medicaid eligibility. It is estimated that of the 258,000 previously uninsured Idahoans, 21.0 percent will fall in the gap between ACA and Medicaid without the expansion. Idaho’s Medicaid program covers the following individuals who meet the income requirements:

- Children under the age of 19 (up to 185 percent of the FPL)
- Pregnant Women (up to 133 percent of the FPL)
- Adults with qualifying children in the home (up to 26 percent of the FPL)
- Individuals who are over 65 or disabled (up to approximately 80 percent of the FPL)
- Children in Foster Care

As of August 2014, Idaho’s Medicaid program does not cover:

- Adults between the ages of 19 and 65 if they do not have children and are not disabled
- Non-citizens

Enrollment in the Idaho State Marketplace, a state-based solution for the ACA requirements, 202,000 Idahoans were eligible for enrollment and coverage. As of January 2014, the end of the enrollment period, only 76,061 Idahoans had registered for a plan.
For Komen Idaho’s target communities the ACA may have substantial implications, although data has yet to be collected. When looking at the target communities the need for insurance is substantial:

- **South-Central Region**
  - Cassia County
    - 24 percent without insurance before ACA
    - 1.5-3.4 percent eligible for Medicaid
  - Minidoka County
    - 23 percent without insurance before ACA
    - 1.5-3.4 percent eligible for Medicaid
  - Twin Falls County
    - 18 percent without insurance before ACA
    - 3.5-8.3 percent eligible for Medicaid

- **Southwest Region**
  - Gem County
    - 18 percent without insurance before ACA
    - 0.6-1.4 percent eligible for Medicaid
  - Payette County
    - 20 percent without insurance before ACA
    - 1.5-3.4 percent eligible for Medicaid

- **Idaho County**
  - 17 percent without insurance before ACA
  - 0.6-1.4 percent eligible for Medicaid

- **Shoshone County**
  - 17 percent without insurance before ACA
  - 0.6-1.4 percent eligible for Medicaid

Komen Idaho will be allowing for more flexibility within the grant process and execution to adjust for changes resulting from the Affordable Care Act. Grantees may find more people have screening coverage but need diagnostic assistance, thus flexibility in how the dollars are allocated in the grant may be necessary.

**Public Policy Activities**

Susan G. Komen Idaho was active participants in Komen Lobby Days in 2009, 2010, 2011, and 2015. Each year Affiliate representatives held meetings with the two Idaho Senators and two Idaho Representatives or their staff. In 2009, Affiliate representatives were joined by Komen Lobbyist for a meeting with the Chief of Staff for Senator Crapo. Also in 2009 and 2010, Komen Idaho representatives met with Representative Minnick and Senator Risch. In 2011 and 2015, Komen Idaho representatives met with Senator Risch.

In 2015, Komen Idaho supported the Oral Chemotherapy Parity Bill in Idaho. This bill would end the unfair disparity between Intravenous (IV) and oral chemotherapies by requiring insurance companies that elect to offer coverage for cancer therapies to provide the same reimbursement policy for both IV and oral therapy. No action was taken by the Idaho legislator during the 2015 season on this issue.

Komen Idaho will continue to monitor the political climate and support initiatives as they arise. Idaho is currently looking again at an option around Medicaid expansion. This topic will be closely followed and Komen Idaho will lend support when appropriate.
Health Systems and Public Policy Analysis Findings

The target communities in Idaho (South-Central Region, Southwest Region, Idaho County, and Shoshone County) all have some level of screening and diagnostic services available. They all have limited or no treatment and survivorship services, thus impacting the continuum of care for breast cancer patients. Key partnerships in each target communities have been identified and relationships with the Affiliate will continue to be explored.

Komen Idaho will work with health care providers in the target communities to determine where they feel are the gaps in education and services. Komen Idaho will also reach out to breast cancer survivors in each target community to gather their perspectives on the availability of treatment and survivorship services in their communities. Finally, Komen Idaho will reach out to women over 40 to determine what barriers may exist for those women to get screening mammograms.

In Idaho there still remains a gap in coverage for people who do not qualify for the State Breast and Cervical Cancer Early Detection Program (BCCEDP) or Medicaid. As State officials continue to discuss Medicaid expansion, Komen Idaho will continue to be a resource for people who fall in the gap of coverage. Komen Idaho will also look in to expanding their public policy work on the state level.
Qualitative Data Sources and Methodology Overview

Methodology
Susan G. Komen Idaho combined seven priority counties into four target communities based on their location: Southwest Region (Gem County and Payette County), South-Central Region (Cassia County, Minidoka County, and Twin Falls County), Idaho County, and Shoshone County. In order to better understand the needs of the target communities, Komen Idaho worked with health care providers in these target communities to determine gaps in education and services. In addition, Komen Idaho also networked with women over 40 to determine what barriers exist for those women to get screening mammograms in their communities. Finally, Komen Idaho corresponded with breast cancer survivors in each target community to gather their perspectives on the availability of treatment and survivorship services in their communities.

The key informant interviews allowed for the health care providers to openly discuss topics and for the Affiliate to better understand the issues regarding breast health in the target communities. Surveys were administered to gather information from survivors and women over 40. Surveys were chosen because they can be administered quickly and remotely. Key informants may have also received a survey if they fell into the women over 40 or survivor category. Key informant interviews were asking for their professional opinions while surveys were looking for personal experiences and thoughts. Questions for the interviews and surveys were drawn from the Komen Qualitative Data Questions Bank and developed to address issues regarding access within the target communities.

The data collection was conducted by Komen Idaho’s Mission Manager and Mission Intern. The Mission Manager administered surveys to survivors and women over 40. The Mission Intern conducted interviews with health care providers.

Sampling
The sources of data collection from the target communities were women 40 years and older, breast cancer survivors, and health care providers. Purposive sampling was used to select participants based on certain characteristics, i.e.: survivors or women over 40. Table 4.1 shows the number of respondents and participants for each group by region.

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<th>Table 4.1. Qualitative data collection sampling</th>
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| \[\begin{array}{|c|c|c|c|c|c|} \hline & \text{Responded} & \text{Surveyed} & \text{Responded} & \text{Surveyed} & \text{Interviewed} & \text{Requested} \\ \hline \text{Survivors} & \text{Women over 40} & \text{Key Informants} & \text{Survivors} & \text{Women over 40} & \text{Key Informants} & \text{Survivors} & \text{Women over 40} & \text{Key Informants} \\ \hline \text{Southwest Region} & 4 & 83 & 7 & 404 & 4 & 30 \\ \hline \text{South-Central Region} & 6 & 50 & 11 & 209 & 4 & 67 \\ \hline \text{Idaho County} & 0 & 3 & 1 & 15 & 3 & 28 \\ \hline \text{Shoshone County} & 0 & 15 & 0 & 67 & 0 & 8 \\ \hline \end{array} \]
Ethics
Each respondent was provided information about the Affiliate’s Community Profile and how responses will be used. In addition, the Affiliate informed them that anonymity of sources will be protected throughout the data collection process. Contact and identifying information was only asked for on a voluntary basis and was not used in the analysis of data. All data were saved on a secure server at the Komen Idaho office.

Qualitative Data Overview

Interview notes were summarized and recorded into Excel for analysis. Surveys were gathered via Survey Monkey and resulted were downloaded into Excel for analysis. Excel was chosen for its ease of sorting data and identifying common trends. The Community Profile Team then reviewed all the data and identified major themes in responses by target community.

Southwest Region (Gem County and Payette County)
Providers in the area acknowledge that breast cancer is a concern among their patients. One provider stated, “Women are often in need of extra support. Unfortunately, many women between the ages of 40-50 cannot afford mammograms. The Idaho Women’s Health Check will only pay for 50+ years old”. The lack of health insurance in the target communities concerns health care providers. Currently, Women’s Health Check will only pay for screenings for women over the age of 50. Providers would like to see affordable mammogram opportunities for uninsured women between the ages of 40 and 50. To make sure breast health messages and services reach the women that need them, physicians advise more education and outreach, specifically targeting low income, uninsured women so they are aware of the importance and availability of breast health services.

All of the women over 40 that responded to the survey had received a screening mammogram within the last year. Most women reported they are willing to travel over 30 miles for primary or secondary care. Reasons for seeking mammography screening services were family history, peace of mind, and age. One woman from the target community of Payette suggested a shuttle service. The biggest concern women have about locating and receiving treatment for breast cancer is the cost of treatment and the fact they may have to travel a long distance to receive treatment.

Survivors and women over 40 reported a major barrier in the Southwest Region is education. When asked if she experienced any barriers/problems when getting her mammogram one survivor noted that she was her biggest barrier, she didn’t believe she needed a mammogram. Survivors would like to see more support or assistance while going through treatment in the form of one on one counseling, financial support, and peer support groups. Receiving treatment in rural communities was difficult for some survivors; barriers to treatment included money, transportation, and family and work commitments. The time it took from diagnosis of breast cancer until each survivor was able to seek treatment ranged from five days to six weeks. Komen Idaho asked survivors what types of survivorship activities they would like to see in their county. Suggestions included support groups for transitioning from treatment to survivorship, yoga classes during treatment, massage for scar tissue after treatment, and dating after cancer.
**South-Central Region (Cassia County, Minidoka County, and Twin Falls County)**

When compared to other health concerns, providers noted that breast cancer is an issue in their region and it has an emotional impact on patients. Providers explained that women in the area are most likely to seek breast health information from their primary care provider and local clinics. Many of these providers and clinics track whether or not women are following their breast health screening recommendations using electronic health records, this aids in follow-up. The main gap identified by providers is that women do not proactively seek breast health information or screenings. Providers and clinics have a hard time reaching out to those women.

According to survey results, the majority of women over 40 in the South-Central Region received a screening mammogram within the last year. Many of them do not have to travel far for primary care and all the women interviewed receive their breast health services through St. Luke’s. The women are motivated to seek mammography screening to stay healthy, have peace of mind, and because of family history. One major difficulty identified with receiving mammograms was the cost of services.

One breast cancer survivor reported that she could not receive treatment in Twin Falls because her provider told her she was too old, she traveled out of town to receive treatment. Other survivors in the South-Central Region received a great deal of support from doctors, nurses, radiologists, friends, and family. One woman declared that, “I don’t think it could have been much better than what it was.” Since South-Central Idaho is near Boise, some women sought second opinions and treatment from providers there. One woman explained that her indecision of where to have her surgery, in Burley or in Boise, stalled her treatment. She waited for a second opinion appointment in Boise to confirm her diagnosis. Survivors did not have any additional suggestions for survivorship activities that weren’t already occurring in their community.

**Idaho County**

Providers in Idaho County believe that breast cancer is a major health problem in their county compared to other cancers. The communities are close-knit and rural, when someone has breast cancer, community members know; thus increasing awareness. To make sure breast health messages and services get to the women that need them, providers suggest offering free mammograms for individuals who do not have insurance and education regarding the costs versus the benefits of screenings. Women tend to seek breast health information from their primary care provider and friends. Providers would like to see reduced or free mammograms offered in their county and funding assistance for follow-up ultrasounds, biopsies, and cancer care. Idaho County providers have sound methods of tracking and follow-up regarding breast health screenings; medical records are checked regularly and reminders are mailed to patients. Funding, cost, and travel are major barriers for women seeking breast health services. Many cannot afford the gas it takes to drive to the facility to get the screening done. Screening mammograms can be done locally, however diagnostic mammograms, ultrasounds, and biopsies can only be received anywhere from 50 – 120 miles away.

Respondents over 40 had not received a screening mammogram in the last year but had received breast health services from Women’s Health Associates at some time in the past. Women identified access to routine mammography as a barrier to screening. However, most women reported being willing to travel 30 miles or more for primary and secondary health care.
One woman stated that her motivation behind seeking mammography screening services is the fact that her aunts have had breast cancer and she has had masses removed.

Komen Idaho received no survey responses from breast cancer survivors in Idaho County.

**Shoshone County**
Komen Idaho did not receive any survey responses or responses to requests for key informant interviews in Shoshone County.

**Qualitative Data Findings**

Although the data were limited, the responses did provide Komen Idaho with some idea about the needs in each target community. Health care providers identified lack of education and access to screening services as barriers for their patients. Women over 40 identified distance to travel for screening services as a barrier to annual mammography. Finally, survivors identified lack of survivorship and post treatment support as a limitation.

Surveys were advantageous as they could be handed out in hard copy format, emailed, faxed, or mailed. The disadvantages of the emailed, faxed, and mailed surveys are that response rates were not very high, respondents left some questions blank because there was no one there to clarify, and it took a long time to get completed surveys back from respondents.

The target communities have a small number of health care providers in each county and key informant interviews with the health care providers proved to be difficult. Komen Idaho emailed, faxed, and mailed copies of interview questions to health care facilities that offer breast health services if they were not able to speak directly with the health care providers.

The major limitation of the data collected is the inability to generalize the findings throughout the target communities due to the small number of respondents. The findings can only be attributed to those that responded to the surveys or participated in the interviews.

**Southwest Region (Gem County and Payette County)**

In the Southwest Region, providers confirmed the gap Komen Idaho previously identified in the Health System and Public Policy Analysis. There is a gap in coverage not only for people who do not qualify for the State Breast and Cervical Cancer Early Detection Program (Women’s Health Check) or Medicaid but also women who are over the age of 40 but below the age of 50. Providers also identified a gap in education and recommend education and outreach that targets low income, uninsured women. Women over the age of 40 in Southwest Idaho did not encounter many barriers to receiving mammograms but they were concerned with locating and receiving treatment if they were diagnosed. Survivors identified barriers to treatment as money, transportation, and family and work commitments and would like to see survivorship activities such as moving on support, yoga classes during treatment, massage for scar tissue after treatment, and dating after cancer.

**South-Central Region (Cassia County, Minidoka County, and Twin Falls County)**

The South-Central Region provided more data than the other target communities. The providers, women over 40, and survivors were easier to obtain data from in Twin Falls County because Komen Idaho was able to use convenience sampling by the Mission Manager.
administering surveys during other events. There are a higher number of health care services in the area with more providers than the other target communities, thus yielding higher response rates. In the quantitative data section of this report Komen Idaho identified rates of death and late-stage incidence rates in South Central Idaho that qualified the counties as target communities; during key informant interviews providers confirmed that breast cancer is a major issue in the region. Providers have a hard time reaching women that do not seek breast health information or screenings. Women over 40 saw fewer barriers in this region than other target communities because of their proximity to health services. Survivors did not have any additional suggestions for survivorship activities that weren’t already occurring in their community.

**Idaho County**
Idaho County is the largest land-mass county in Idaho covering nearly 8,500 square miles but only has population of 16,000 residents. Idaho County is 80.6 percent rural; providers acknowledge that the rural nature of the communities contributes to a lack of breast cancer awareness in the communities. When one person in a community has breast cancer, all community members know and awareness is increased. Providers suggest free mammograms, funding assistance for travel, follow-up ultrasounds, biopsies, and cancer care; and suggest education illuminating the costs versus benefits of screenings. None of the women over 40 that participated in this area had received a screening and no barriers were identified. No information was received from survivors in Idaho County. Winter road conditions and the distance of Idaho County prevented Komen Idaho from traveling to the target community.

**Shoshone County**
As identified in the quantitative section of the Community Profile, Shoshone County is 42.7 percent rural and 100 percent underserved. Gathering data from a place with such low access proved to be difficult as winter road conditions and the remoteness of Shoshone County prevented Komen Idaho from traveling to the target community. Komen Idaho didn’t receive any information from providers, women over 40, or survivors through any means of data retrieval. The extremely limited number of health care providers and health care services yielded a small sample size. Komen Idaho was only able to identify eight health care providers that offered breast health services. Of these eight providers, Komen Idaho was unable to reach them by phone or email so surveys were faxed and mailed. Therefore, a community perspective about the state of breast cancer in Shoshone County was not obtained.
Breast Health and Breast Cancer Findings of the Target Communities

Susan G. Komen Idaho has combined seven priority counties into four target communities based on their location: Southwest Region (Gem County and Payette County), South-Central Region (Cassia County, Minidoka County, and Twin Falls County), Idaho County, and Shoshone County. Priority communities are based on the predicted time to achieve Healthy People 2020 (HP2020) targets for female breast cancer late-stage incidence rates (41.0 cases per 100,000) and death rates (20.6 deaths per 100,000).

Komen Idaho also considered demographic and socioeconomic data of each county (i.e. population characteristics) to identify groups of women that are most in need. The data included basic information about the women (age, race, and ethnicity) in each high priority county as well as factors such as education, income, unemployment, use of the English language, proportion of people with health insurance, proportion who live in rural areas, and the medically underserved areas. To determine substantial differences between the counties and the Komen Idaho service area, characteristics are considered substantially higher when the percentage is at least 5.0 percent greater than the service area as a whole. Population characteristics that are at a substantially higher percent than the Komen service area as a whole may contribute to the community’s likelihood of missing the Healthy People 2020 target rates.

Six counties in the Komen Idaho service area are in the highest priority category. All of the six, Cassia County, Gem County, Idaho County, Minidoka County, Payette County and Shoshone County, are not likely to meet the late-stage incidence rate HP2020 target.
- Cassia County has a relatively large Hispanic/Latina population, low education levels and a relatively large number of households with limited English proficiency.
- Gem and Payette Counties have an older population and high unemployment.
- Idaho County has an older population.
- Minidoka County has a relatively large Hispanic/Latina population, low education levels and a relatively large number of households with limited English proficiency.
- Shoshone County has an older population.

One county in the Komen Idaho service area is in the high priority category. Twin Falls County is not likely to meet the death rate HP2020 target. The death rates in Twin Falls County (26.3 per 100,000) appear to be higher than the Affiliate service area as a whole (21.8 per 100,000) although not significantly.

In order to get a better understanding of the target community, Komen Idaho launched an investigative review of the services available in the South-Central Region, Southwest Region, Idaho County, and Shoshone County. This review was focused on gathering a clear understanding for the services, along the continuum of care, available in each target community.

The health system analysis findings for each target community are:
Southwest Region has screening, diagnostics, and treatment services, expanded survivorship opportunities including support groups, counseling, nutrition programs, and complementary therapies, and regular travel to the region from mobile mammography units. However, the

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region includes long distance to travel for treatment services (often to a neighboring county in Idaho or in to Oregon).

South-Central Region has screening and diagnostic services available in each of the three counties, however the region has limited treatment and survivorship options (only available in Twin Falls County) and long distance to travel for services.

Idaho County was found to have the availability of screening and diagnostic services but lacked treatment services, offered minimal survivorship support, and had long distances to travel for services.

Shoshone County found that along the continuum of care, the following services were missing survivorship support, minimal screening and diagnostic services, limited treatment services, and travel distance to neighboring Kootenai County for care.

The target communities in Idaho all have some level of screening and diagnostic services available. They all have limited or no treatment and survivorship services, thus impacting the continuum of care for breast cancer patients. Key partnerships in each of the target communities have been identified and relationships with the Affiliate will continue to be explored.

Komen Idaho worked with health care providers in the target communities to identify gaps in education and services. Komen Idaho reached out to women over 40 to determine what barriers may exist for those women to get screening mammograms. Finally, Komen Idaho reached out to breast cancer survivors in each target community to gather their perspectives on the availability of treatment and survivorship services in their communities.

The qualitative data findings for each target community are:

- In the Southwest Region, providers identified a gap in education and recommend education and outreach that targets low income, uninsured women. Women over the age of 40 in Southwest Idaho did not encounter many barriers to receiving mammograms but they were concerned with locating and receiving treatment if they were diagnosed. Survivors identified barriers to treatment as money, transportation, and family and work commitments and would like to see survivorship activities such as moving on support, yoga classes during treatment, massage for scar tissue after treatment, and dating after cancer.

- The South-Central Region provided more data than the other target communities. Providers reported having a hard time reaching women that do not seek breast health information or screenings.

- Idaho County providers suggest free mammograms, funding assistance for travel, follow-up ultrasounds, biopsies, and cancer care; and suggest education illuminating the costs versus benefits of screenings.

- Shoshone County is 42.7 percent rural and 100 percent underserved. Komen Idaho didn’t receive any information from providers, women over 40, or survivors through any means of data retrieval. The extremely limited number of health care providers and
health care services yielded a small sample size. Therefore, a community perspective about the state of breast cancer in Shoshone County was not obtained.

During the qualitative analysis Komen Idaho also found that there is a gap in coverage not only for people who do not qualify for the State Breast and Cervical Cancer Early Detection Program (Women's Health Check) or Medicaid but also for women who are over the age of 40 but below the age of 50. Although it is recommended that women over 40 be screened, some insurance plans only cover breast health screenings for women 50 and older.

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Problem statements, priorities, and objectives were identified and selected based on Health System Analysis information, Quantitative Data, and suggestions from providers, women over 40, and survivors in Southwest Region, South-Central Region, Idaho Country, and Shoshone County.

**Southwest Region (Gem County and Payette County)**

**Problem Statement:** The Health System Analysis and the Qualitative Data showed the Southwest Region has barriers to treatment including cost, transportation/access to services, and family/work commitments.

**Priority:** Improve access to breast cancer treatment services for men and women in need in the Southwest Region.

- **Objective 1:** By March 2016, meet with the two hospital systems in the Southwest Region to discuss treatment services and financial support options available.
- **Objective 2:** By June 2016, coordinate with the two hospital systems in the Southwest Region to provide materials and press releases regarding treatment and financial options available.
- **Objective 3:** By October 2016, the Community Grant RFA will indicate that a funding priority for the Southwest Region will be transportation assistance that will assist individuals in accessing treatment services.

**Problem Statement:** The Qualitative Data showed the Southwest Region has barriers to educating low income and uninsured women about the importance of early detection and breast self-awareness.

**Priority:** Increase outreach to low income and uninsured women in the Southwest Region about the importance of early detection and breast self-awareness.

- **Objective 1:** By January 2017, develop and disseminate at least one press release regarding the importance of early detection and breast self-awareness to three major media outlets in the Southwest Region. Screening resources may be included with this information to ensure women know where to go for mammography.
- **Objective 2:** By March 2017, partner with at least one organization and/or a health care institution to provide a breast health event where women age 40+ can sign up for a mammography appointment in the Southwest Region.

**South-Central Region (Cassia County, Minidoka County, and Twin Falls County)**

South-Central Region (Cassia County, Minidoka County, and Twin Falls County)
Problem Statement: The Qualitative Data showed the South-Central Region has barriers to educating women about the importance of early detection and breast self-awareness.

**Priority:** Increase outreach to women about the importance of early detection and breast self-awareness.

- **Objective 1:** By January 2017, develop and disseminate at least one press release regarding the importance of early detection and breast self-awareness to three major media outlets in the South-Central Region. Screening resources may be included with this information to ensure women know where to go for mammography.
- **Objective 2:** By March 2017, partner with at least one organization and/or a health care institution to provide a breast health event where women age 40+ can sign up for a mammography appointment in the South-Central Region.

Idaho County

Problem Statement: The Qualitative Data showed Idaho County has barriers to educating women about the importance of early detection and breast self-awareness.

**Priority:** Increase outreach to women about the importance of early detection and breast self-awareness.

- **Objective 1:** By January 2017, develop and disseminate press releases regarding the importance of early detection and breast self-awareness in all the major media outlets in Idaho County. Screening resources may be included with this information to ensure women know where to go for mammography.

Problem Statement: The Qualitative Data showed Idaho County has financial barriers to accessing screening, follow-up, and treatment appointments.

**Priority:** Improve access to breast cancer screening, follow-up, and treatment services for men and women in need in Idaho County.

- **Objective 1:** By July 2016, meet with the two hospitals in Idaho County to discuss treatments services and financial support options available.
- **Objective 2:** By October 2016, the Community Grant RFA will indicate that a funding priority for Idaho County will be transportation assistance that will assist individuals in accessing screening, diagnostic, and treatment services.

Shoshone County

Problem Statement: Due to a lack of responses and participation in the Qualitative Data surveys and key informant interviews, it was determined there is a need to improve the data collection process of the Community Profile in Shoshone County.

**Priority:** Gather qualitative data in Shoshone County.

- **Objective 1:** By January 2017, work with Shoshone Medical Center and Heritage Health/Mountain Health Care to partner with providers and patients who can provide a community perspective about breast cancer.
References


SEER Summary Stage. Young JL Jr, Roffers SD, Ries LAG, Fritz AG, Hurlbut AA (eds). SEER Summary Staging Manual - 2000: Codes and Coding Instructions, National Cancer Institute,

