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- **Jodi Weak**  
  Mission Manager  
  Susan G. Komen Idaho

- **Hilarie M. Engle**  
  Executive Director  
  Susan G. Komen Idaho

- **Molly Volk**  
  Mission Services Intern  
  Susan G. Komen Idaho

- **Samantha Dyer**  
  Mission Services Intern  
  Susan G. Komen Idaho

- **Mark Wigod, MD**  
  President, Board of Directors  
  Susan G. Komen Idaho

- **Lois Dawson**  
  Volunteer, Editor  
  Susan G. Komen Idaho

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Report Prepared by:

Susan G Komen Idaho Montana  
1409 West Main Street, Suite 120  
Boise, ID 83702  
(208) 384-0013  
www.komenidahomontana.org

Contact: Jodi Weak, Mission Manager
Executive Summary

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 at least one press release 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.