

**2021-
2025**

Idaho Comprehensive Cancer Strategic Plan



**Comprehensive Cancer
Alliance for Idaho**

Acknowledgements

Thank you to the CCAI Board of Directors who helped facilitate the development of this plan.

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Current as of January 2021

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Executive Summary

Cancer has become the second leading cause of death in Idaho. Each year, approximately 9,500 Idahoans are diagnosed with cancer. Cancer is considered a chronic condition and over 45,000 Idahoans alive today were diagnosed with cancer in the past 10 years. Idaho has some of the lowest screening rates in the nation for cancer.

The Idaho Comprehensive Strategic Plan sets forth a call to action to reduce the cancer burden in our state. This guide is designed for state, local, and community health systems to aid in their effort in preventing and controlling cancer. We encourage every Idahoan to join in the fight to reduce the cancer burden in our state. This involves cooperative input and concerted action to reduce cancer risk, find cancers earlier, improve and increase access to quality cancer care, and improve the health and well-being of cancer survivors.

The Idaho Comprehensive Cancer Strategic Plan 2021-2025 is dedicated to all Idahoans whose lives have been affected by cancer, beloved friends and family, caregivers, survivors, and those who have courageously fought and died. Together we can help Idahoans live happier, healthier lives.

Introduction

The Comprehensive Cancer Alliance for Idaho (CCAI) is a partnership between many dedicated individuals and organizations from healthcare and professional organizations, cancer-related and other non-profit 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 Plan.

This comprehensive five-year plan (2021-2025) was developed by the CCAI Board of Directors with input from membership during the 2020 Annual Meeting. CCAI's Board of Directors will coordinate efforts to address the cancer burden by strengthening alliances, engaging membership, and encouraging collaboration within the state.

This plan addresses a broad spectrum of cancer control areas, including prevention and risk reduction, early detection and screening, treatment, and quality of life and survivorship.

The goals and objectives in the Idaho Comprehensive Cancer Plan are intended as long-term goals and most are not expected to be achieved within one year. However, an annual addendum to the plan will be published by the CCAI Board of Directors to help ensure that we are moving in the right direction, to celebrate successes and help determine what goals might need more attention over the course of the next year. This plan and annual data update will be shared online at www.ccaidaho.org/idaho-cancer-plan.

Although Idaho has made some progress in many areas since the last cancer plan was published, the state remains at or near the bottom of the rankings for many cancer screenings and high on some rankings such as skin cancer mortality.

It is the vision of the CCAI Board of Directors for this plan to be used broadly to impact cancer burden across the cancer continuum. Use this plan to help inform your organizational priorities, daily work, and share it with colleagues, friends, patients, and caregivers around the state. Everyone feels the impact of cancer and everyone can take part in some way to help Idaho decrease our cancer risks, diagnoses and deaths.

About CCAI

The Comprehensive Cancer Alliance for Idaho was founded in 2008 as a directive from the Centers for Disease Control and Prevention, National Comprehensive Cancer Control Programs. CCAI is a 501c3 organization and is guided by this strategic plan along with membership-driven initiatives.

Vision

Every Idahoan deserves the opportunity for proper cancer prevention and detection, state of the art cancer treatment, and the highest possible quality of life, which we are committed to provide through a data-driven, coordinated comprehensive cancer plan.

Values

The human toll and economic impact of cancer in Idaho will be greatly reduced as a result of the efforts of the CCAI. We see a future where:

- *Fewer people are diagnosed with cancer in Idaho and more cancer is diagnosed at the earliest and most treatable stages;*
- *The best available services and support needed for cancer patients, survivors, and their loved ones exist throughout the state and are accessible and culturally appropriate for all; and*
- *Health outcomes and the impact of cancer on lives will be improved for survivors.*

Mission

The mission of CCAI is to convene the cancer community, to ensure cancer data are accessible, and utilize our collective impact to address the cancer burden in Idaho.

Goals

To fulfill its mission, the goals of CCAI shall be to:

- Decrease the incidence of preventable cancers.
- Decrease preventable cancer deaths.
- Improve the quality of life for people in Idaho affected by cancer.



Cancer in Idaho

Cancer is a term that includes more than 100 different diseases, each characterized by the uncontrolled growth and spread of abnormal cells. Cancer is the second leading cause of death in the United States and Idaho.¹ About 21% of all deaths in Idaho each year are from cancer.¹ Nearly 40 percent of men and women in the United States will be diagnosed with cancer sometime in their life.² In 2018, there were over 9,500 new cases of cancer (invasive and in situ) and over 3,000 cancer deaths in Idaho.³ Although cancer may occur at any age, it is a disease of aging. Nearly 80% of cancers are diagnosed in persons ages 55 and older. Because the population is aging, the number of new cancer cases and cancer deaths that occur each year will continue to increase unless the trend is reversed by significant improvements in prevention, early detection and treatment. Due to the COVID-19 pandemic, the reductions in screenings March – June 2020 could translate to over 80,000 fewer timely diagnoses of cancer for patients in the United States and result in many thousands of excess deaths.⁴

~9,500

Idahoans are diagnosed with cancer each year.

~3,000

Idahoans die from cancer each year.

~80%

Of cancers are diagnosed in persons ages 55+.

Causes of Cancer

Cancer is caused both by external factors such as tobacco use, exposure to chemicals, radiation, and infectious organisms and by internal factors such as genetics, hormonal factors, and immune conditions. These causal factors may act together or in sequence to initiate or promote carcinogenesis. A large proportion of cancers could be prevented, such as all cancers caused by tobacco use and heavy alcohol consumption.⁵

Cancer Survivorship

The term cancer survivor refers to a person who has been diagnosed with cancer from the time of diagnosis throughout his or her life.⁶ It is estimated that nearly 17 million Americans with a history of cancer, including 77,860 in Idaho, were alive on January 1, 2019.⁷ People are living longer after a cancer diagnosis due to advances in early detection and treatment. That means the number of cancer survivors is expected to increase at a faster rate than incidence, to approach 22 million in the United States by 2030.⁷ Fifty-five percent of cancer survivors have survived at least five years after diagnosis; 45% have survived 10 years or more; and 18% have survived 20 years or more.⁷

The ten most commonly diagnosed cancers among Idahoans are listed in Table 1.

Incidence (New Cases)	Mortality
Breast (1,340)	Lung and Bronchus (633)
Prostate (1,214)	Colorectal (273)
Lung and Bronchus (950)	Breast (241)
Colorectal (693)	Pancreas (213)
Melanoma of Skin (552)	Prostate (203)
Urinary Bladder (401)	Liver and Bile Duct (122)
Non-Hodgkin Lymphoma (361)	Leukemia (120)
Leukemia (319)	Esophagus (112)
Kidney and Renal Pelvis (318)	Non-Hodgkin Lymphoma (107)
Corpus Uteri (257)	Urinary Bladder (102)

Table 1. Ten most commonly diagnosed cancers among Idahoans (2018)³

The Burden of Cancer in Idaho

Cost of Cancer

Cancer is among the most expensive conditions to treat. Cost of cancer care varies by the type of cancer, stage at diagnosis, patient age, and the presence or absence of other diseases. Individuals face financial challenges because of lack of insurance or underinsurance, resulting in out-of-pocket expenses including high deductibles, copayments, coverage caps, and limits on prescription drug coverage.

The Centers for Disease Control and Prevention (CDC) estimated the total cost of cancer in the United States at \$174 billion in 2020. The average cost per person in Idaho is \$11,260, slightly higher than the national average of \$11,140.⁸

~\$11,000

Economic cost of cancer (per person) in Idaho.

~\$732M

Total direct and indirect cancer-related costs in Idaho.

The economic burden, both to society and the individual, is increased by indirect “costs” including lost earnings and reduced work productivity. The total for both direct and indirect cancer-related costs in Idaho was estimated at \$732 million in 2010.⁸

Cancer and Health Equity

Cancer health disparities exist in Idaho and can have an impact on an individual’s access to and use of screening, treatment and survivorship services, leading to the potential for increased incidence and mortality rates for underserved groups.

Various factors can create an adverse difference in cancer incidence, mortality and survivorship. Eliminating or addressing these disparities is an overarching goal of this plan. The factors that can contribute to disparities include health insurance status, race and ethnicity, age, and socioeconomic status.

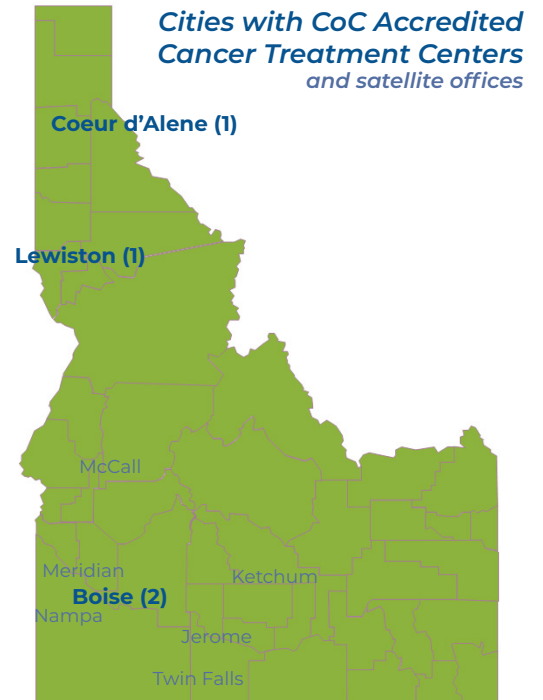


Physical Access

The Commission on Cancer (CoC), a program of the American College of Surgeons (ACoS), recognizes cancer care programs for their commitment to providing comprehensive, high quality and multidisciplinary patient-centered care. As of 2020, there are four cancer treatment centers in Idaho accredited by the CoC:⁹

- Kootenai Health, Coeur d'Alene
- Saint Alphonsus Regional Medical Center, Boise
- St. Joseph Regional Medical Center, Lewiston
- St. Luke's Regional Medical Center, Boise

All of Idaho's major population centers have specialized cancer treatment services. Some of the facilities offer cancer services at additional locations including satellite offices, making comprehensive cancer services available to more Idahoans. However, many Idahoans live in rural areas and need to travel long distances or to other states for treatment.



12.8%

Of Idaho adults do not have health insurance

11.2%

Of Idahoans live below federal poverty level

4.9%

Average Unemployment in Idaho

Financial Access

There are many financial barriers for Idahoans across the continuum of care. Governor Little recommended fully funding Medicaid expansion for eligible lower income Idahoans. Under the state's voter-approved expanded coverage, Idaho Medicaid expansion was at 108,798 as of June 14, 2021.¹⁰

Across Idaho, 12.8% reported having no health insurance and 11.2% of Idaho's population is living below the federal poverty level.¹¹ Additionally, in September 2020, Idaho's average unemployment rate was 4.9%, ranking Idaho 13th in the country.¹¹

Idaho Geography

Idaho is the 14th largest state in the nation and ranks 39th in population with 1,787,065 people (2019 estimates).¹² On average, there are about 19 persons per square mile in the state of Idaho.¹² Most of Idaho's communities are small, widespread and scattered over mountain ranges. Traversing great distances over precarious roads, combined with health professional shortages, makes accessing healthcare a challenge for much of the rural population.

Purpose of the Plan

The Idaho Comprehensive Cancer Strategic Plan aims to reduce the cancer burden across the state and improve the lives of all Idahoans. As the statewide action plan for cancer initiatives, the Idaho Comprehensive Cancer Strategic Plan identifies the challenges and issues that affect our state and presents a set of goals, objectives and strategic actions to help inform and guide communities and partners in the fight against cancer.

While the plan was developed by the alliance, no one organization or individual can be responsible for all the work contained within this document. Effective strategies for cancer prevention and control require a concerted effort across disciplines. The plan is a guide for community members, policy makers, advocates and health care professionals to use as they engage in actions and initiatives to ease the burden of cancer in Idaho.

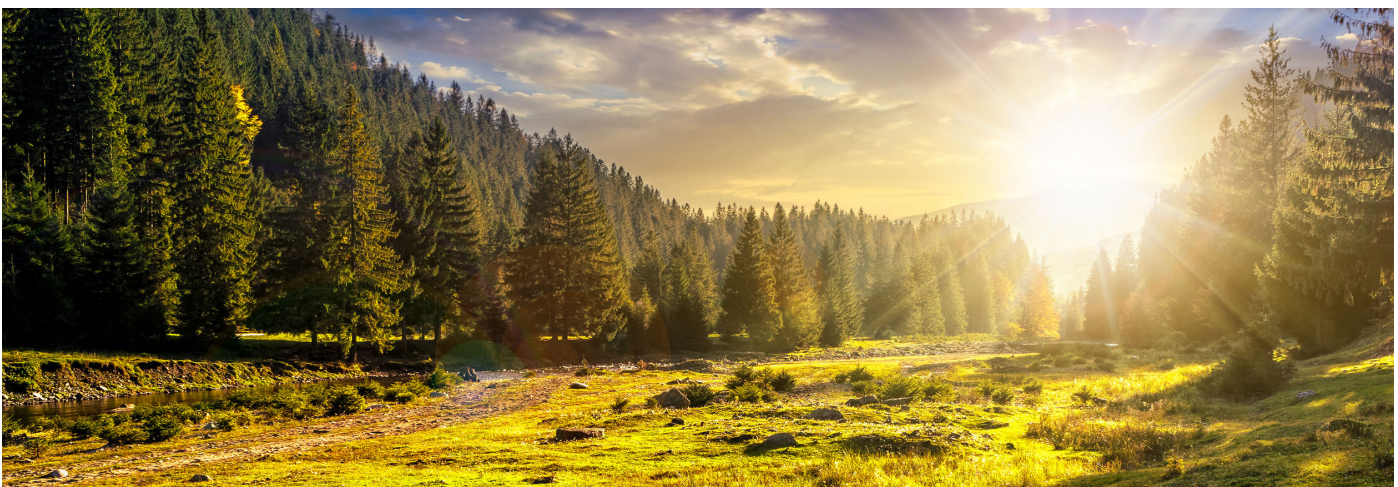
Policy, System, and Environmental Change

Creating long term changes that have an impact on cancer burden takes a three-point approach—public policy, healthcare systems and physical environments. The three-point approach goes beyond programming, and into the systems that create the structures to help communities prevent cancer, ensure timely screening and diagnosis, and support cancer survivors and caregivers.

Policy changes include policies at the legislative or organizational level, such as new rules or procedures, as well as passing laws or ordinances. Government bodies, school districts, park districts, healthcare organizations, worksites, and other community institutes all have and make policies to impact the cancer burden in Idaho.

System change involves changes made to the rules within an organization. System and policy changes often work hand-in-hand. Systems change focuses on changing infrastructure within a school, park, worksite, or healthcare setting.

Environmental change is a change made to the physical environment to reflect a population-focused effort. Physical, social, and economic factors influence people's practices, behaviors and access to cancer prevention, detection, and survivorship.



Idaho Data and Surveillance

Multiple sources of data are used to track cancer incidence, prevalence, survival and mortality among different population groups. The sources listed below provide the most up to date information on cancer burden statistics.

Source	Source Description	Type of Data Available
The Cancer Data Registry of Idaho (CDRI)	CDRI collects incidence and survival data on all cancer patients who reside in Idaho or who are diagnosed or treated in Idaho. CDRI has been designated as a gold standard registry by the North American Association of Central Cancer Registries (NAACCR) for timeliness, completeness, and quality. www.idcancer.org	Incidence Survival Prevalence Risk Cancer County Profiles
United States Cancer Statistics (USCS)	The United States Cancer Statistics are the official government statistics on cancer. These statistics include cancer registry data from CDC’s National Program of Cancer Registries (NPCR) and the National Cancer Institute’s (NCI) Surveillance, Epidemiology, and End Results (SEER) Program, as well as mortality data from CDC’s National Center for Health Statistics. USCS data are used in this document for comparison purposes and rankings. https://www.cdc.gov/cancer/uscs/	Incidence Survival Prevalence Risk Factors Mortality
Surveillance, Epidemiology, and End Results (SEER) Program	Part of the National Cancer Institute, the SEER program consists of several population-based cancer registries throughout the U.S., including Idaho. SEER provides more detailed information and a longer time scale than USCS. http://seer.cancer.gov	Incidence Survival Prevalence Mortality



<p>The Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p>Idaho Bureau of Vital Records and Health Statistics (BVRHS), within the Idaho Department of Health and Welfare (IDHW), under a cooperative agreement with the Centers for Disease Control and Prevention, has maintained the BRFSS since 1984. The BRFSS is a telephone survey of random samples of adult Idahoans that measures population prevalence of risk factors for the major causes of death, including cancer.</p>	<p>Health Behaviors</p>
<p>The Youth Risk Behavior Surveillance System (YRBSS)</p>	<p>The YRBSS focuses on the behaviors related to the leading causes of mortality and morbidity among youth grades 9 through 12. Questionnaires are administered in the classrooms of Idaho's public schools, usually in odd numbered years (2017, 2019).</p>	<p>Health Behaviors</p>
<p>The School Health Policies and Practices Study* (SHPPS)</p>	<p>SHPPS is a national survey periodically conducted to assess school health policies and practices at the state, district, school and classroom levels.</p>	<p>Health Behaviors</p>

www.cdc.gov/brfss

www.cdc.gov/healthyyouth/data/yrbs/index.htm

www.cdc.gov/healthyyouth/data/shpps/index.htm

Source	Source Description	Type of Data Available
<p>The National Adult Tobacco Survey (NATS)</p>	<p>NATS is a stratified, national, landline and cell phone survey of non- institutionalized adults aged 18 years and older residing in the 50 states or the District of Columbia.</p> <p>NATS results are used to assess the prevalence of tobacco use among adults, the factors promoting and impeding tobacco use, and for evaluating both national and state-specific tobacco control programs.</p> <p>www.cdc.gov/tobacco/data_statistics/surveys/nats</p>	<p>Health Behaviors</p>
<p>State Cancer Profiles</p>	<p>State Cancer Profiles provides a system to characterize the cancer burden in a standardized manner in order to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites for which there are evidence-based control interventions. Interactive graphics and maps provide visual support for deciding where to focus cancer control efforts.</p> <p>https://statecancerprofiles.cancer.gov/</p>	<p>Incidence</p> <p>Mortality</p> <p>Health Behaviors</p> <p>State Ranking</p>

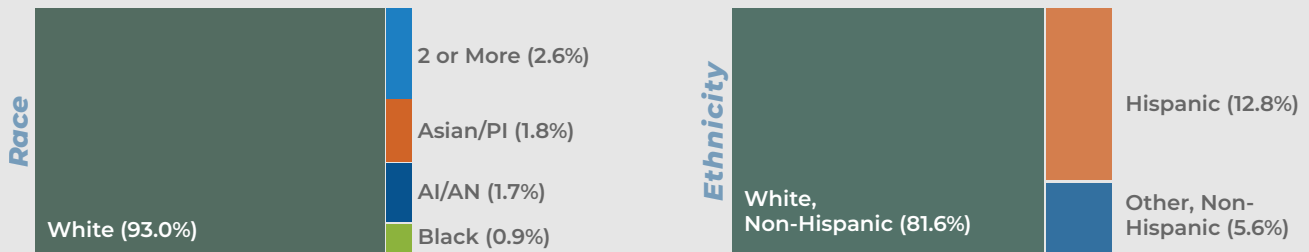
Idaho Demographics

Idaho is a large western state with impressive mountain ranges, large areas of high desert and massive expanses of forested terrain. Idaho contains the second largest wilderness area in the lower 48 states, the Frank Church – River of No Return Wilderness, which covers almost 2.4 million acres.¹³ Geography and distance impact both the demographic characteristics and social determinants of health within Idaho. The national average population density is 92.9 people per square mile, a four-fold greater density than Idaho.¹⁴ Thirty-five of Idaho’s 44 counties are rural with 19 of these considered frontier, having fewer than six people per square mile.¹⁵

Population 1,787,065 (Idaho ranks 39th in the nation.)

Race & Ethnicity

The racial and ethnic groups that comprised Idaho’s population in 2019 were:



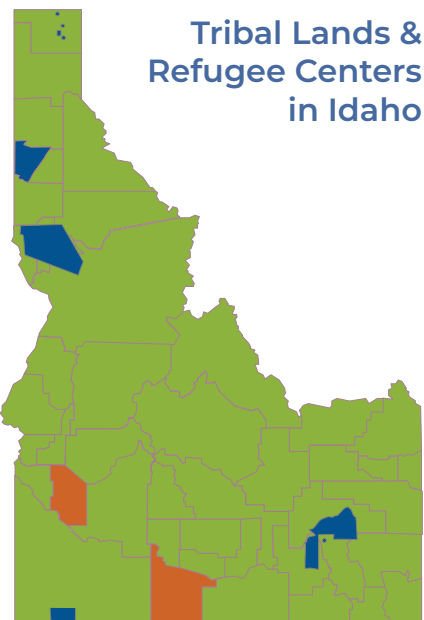
The racial groups that comprised Idaho’s population in 2019 were: (a) white, 93.0%; (b) black, 0.9%; (c) American Indian/Alaska Native, 1.7%; and (d) Asian or Pacific Islander, 1.8%. It is estimated that 2.6% of Idahoans identify as being of two or more races.

Persons of Hispanic or Latino origin composed 12.8% of Idaho’s total population.¹¹

Idaho is home to six federally recognized tribes: Coeur d’Alene Tribe, Kootenai Tribe of Idaho, Nez Perce Tribe, Shoshone-Bannock Tribes of the Fort Hall Reservation, the

Northwestern Band of the Shoshone Nation, and the Shoshone-Paiute Tribes of the Duck Valley Reservation.¹⁶

Idaho also has two refugee centers located in Ada County in southwest Idaho and Twin Falls County in south central Idaho.



According to the U.S. Census 2019 Current Population Survey, 11.2% of all Idahoans were living below the poverty level and the median household income in Idaho is \$55,785.¹² Idaho’s per capita income in 2019 was \$27,970.¹² Idaho is an important agricultural state, producing nearly one-third of the potatoes grown in the United States.

- American Indian Tribal Lands/Offices
- Refugee Center (Counties)

Wheat, sugar beets, and alfalfa hay are also major crops. Other industries contributing to Idaho's economy include information technology, mining, lumber, tourism and manufacturing.

Income & Education

\$55,785

Median household income in Idaho.

90.8%

Of Idahoans are high school graduates or higher.

27.6%

Of Idahoans have a bachelor's degree or higher.

The most recent national data (2015 to 2019 5-year average) indicate that the percentage of Idahoans over the age of 25 who have graduated from high school is higher than the national average (90.8%).⁴ A quarter (27.6%) of Idahoans over the age of 25 hold a bachelor's degree or higher, compared with the national average of 30.9%.⁴

Social Determinants

Health Equity through a cancer lens means everyone has a fair and just opportunity to prevent, find, treat, and survive cancer. Addressing the social determinants of health is one way to advance health equity in communities. Those determinants are defined by the World Health Organization as "the conditions in which people are born, grow, live, work, and age," which are "shaped by the distribution of money, power, and resources, at the global, national, and local levels."

Housing & Disability

70.0%

Of Idaho homes are owner-occupied.¹¹

~13,000

Idaho households are behind on rent.¹⁷

9.6%

Of Idahoans live with a disability.¹¹

These social determinants of health - such as financial stability/hardship (e.g., unexpected medical bills, paying out of pocket for preventative health services), access to healthy foods/food security, and transportation/mobility - contribute to health disparities. These factors influence a person's ability to prevent, find, treat, and survive cancer. They also often dictate a person's opportunity and ability to make healthy choices and can greatly impact their cancer experience. If we are to further reduce suffering and deaths from cancer, we need to make sure everyone has the ability to benefit from the advances in prevention and treatment of cancer.

What can you do?

Everyone in Idaho has a role to play to reduce the burden of cancer in Idaho. We must have coordination and collaboration of statewide stakeholders and resources to successfully implement the Comprehensive Cancer Strategic Plan. Below are ideas for how you or your organization can help!

As a Hospital

- Review, support or participate in implementing Idaho Comprehensive Cancer Strategic Plan activities.
- Ensure that cancer cases are reported in a timely manner.
- Collaborate to sponsor navigation and survivorship programs.
- Collaborate to sponsor community screening and education programs.
- Implement tobacco-free policies at your facility.
- Include cancer prevention messages in health classes.
- Provide healthy foods in vending machines and cafeterias.
- Encourage employees to get cancer screening tests on time.

As a public health department

- Review, support or participate in implementation of Idaho Comprehensive Cancer Strategic Plan activities.
- Support policy, environmental and systems changes for cancer control.
- Provide cancer prevention awareness information and screening programs to citizens.
- Provide navigation services for clients.
- Collaborate in community prevention campaigns.
- Work with physicians to promote screening programs and case reporting.
- Provide cancer prevention information to members.
- Learn how to provide healthy potlucks and meeting meals.
- Provide space for physical activity programs.
- Encourage employees to get cancer screening tests on time.

As a Community-Based Organization

- Review, support or participate in implementation of Idaho Comprehensive Cancer Strategic Plan activities.
- Support policy, environmental and systems changes for cancer control.
- Promote or provide cancer prevention awareness information and screening programs for clients.
- Encourage participation in clinical trials.
- Collaborate to provide community prevention programs.

As an Employer

- Implement tobacco-free policies at your facility.
- Provide healthy foods in vending machines and cafeterias.
- Encourage employees to increase physical activity.
- Collaborate with community partners to host education or screening events.
- Implement worksite wellness programs to educate on and to encourage employees to have regular cancer screenings.

As an Individual

- Stop using tobacco products or never start.
- Eat more fruits and vegetables and maintain a healthy weight.
- Increase your daily physical activity.
- Know when to be screened and do it on schedule.
- Support comprehensive tobacco-free environment policies.
- If diagnosed with cancer, consider enrolling in a clinical trial.
- Show your support and care for those who are diagnosed.
- Volunteer with your hospital, health department, faith community or local community-based organization.



Cancer Plan Priority Areas

In order to most effectively organize the Idaho Comprehensive Cancer plan, the goals have been separated into priority areas. These areas focus on the prevention, early detection and treatment of cancer, and increasing the quality of life for cancer survivors.

Prevention

Cancer is a leading cause of death in Idaho. While not all cancers are preventable, many of the known risk factors can be decreased or eliminated through personal behaviors.

Some behaviors that have been shown to reduce the risk of cancer include eliminating the use of all tobacco products and exposure to secondhand smoke, engaging in physical activity, and maintaining a healthy weight. Other personal factors linked to cancer prevention are protection from natural ultraviolet (UV) radiation and avoiding UV exposure from artificial sources, such as tanning beds and sun lamps; following recommended vaccination guidelines; and reducing exposure to environmental carcinogens.

Through healthy lifestyle practices and other policy-driven and systematic changes, the burden of cancer in Idaho can be reduced.

Early Detection and Screening

Detecting a cancer at its earliest stage, or even as a precancerous lesion, can act as a “secondary preventive” measure by not allowing the disease to progress to a later stage when treatment regimens are not as effective. The recommended age to begin screening, as well as the methodologies used, varies by each cancer type as well as other factors. Routine screenings for the following cancer types are currently recommended for the general population by the United States Preventive Services Task Force (USPSTF):

- Breast cancer
- Cervical cancer
- Colorectal cancer

The USPSTF also recommends annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 50 to 80 years who have a 20 pack-a-year smoking history and currently smoke or have quit within the past 15 years. CCAI also encourages routine oral cancer screenings as recommended by a clinician.

Treatment

High quality cancer diagnostic results help inform all areas of patient care planning, including staging, treatment, palliation, rehabilitation and surveillance for late effects and recurrent disease. An accurate diagnosis can also determine if a patient's family members are at higher risk for the disease, which calls for a more thorough family history and/or genetic testing so that a patient's relatives may be referred to appropriate counseling, screening and follow-up services.

When cancer is found, a patient's survival and quality of life can depend on the availability of timely, quality treatment. The accessibility, availability and quality of cancer treatment are broad and complicated issues, yet there are significant and identifiable areas where action can be taken.

Cancer treatment can entail surgery, radiation, chemotherapy and other modalities. Cancer treatment varies by type of cancer, stage at diagnosis, age, general health and personal decision factors. Successful treatment involves a partnership between healthcare providers, patients and family/caregivers. Patients who fully understand their treatment program tend to experience greater satisfaction with their care and are more likely to complete treatment. When patients understand the nature and risks of their cancer diagnosis and potential risks and benefits of treatment, they can make informed decisions that are consistent with their personal preferences and values.

Quality of Life and Survivorship

Thanks to significant advances in cancer treatment and improvements in early detection, the number of cancer survivors in the U.S. is growing rapidly. The growing number of cancer survivors has created a shift in modern cancer care that has an increased focus on quality of life for survivors both during and after treatment. This includes a focus on physical health and mental health throughout the continuum of care. Oncologists are encouraged to engage their patients in shared decision making as it relates to issues of survivorship and long-term disease management or palliation.

With the growing number of cancer survivors in Idaho, healthcare providers, community organizations, researchers, health plan administrators and advocates must be prepared to meet the unique and often challenging needs of this population.

Cancer Goals, Objectives, Measures

At a Glance – Goals of the Idaho Comprehensive Cancer Plan

Prevention – Prevent Cancer from Occurring

GOAL 1 Reduce the incidence and mortality of tobacco-related cancers.

GOAL 2 Increase access to healthy food options and opportunities for physical activity.

GOAL 3 Increase protective behaviors from ultraviolet radiation exposure.

GOAL 4 Increase the vaccination rate for vaccines shown to reduce the risk of cancer.

GOAL 5 Reduce cancer risk related to environmental carcinogens.

Early Detection and Screening – Detect Cancer at Its Earliest Stages

GOAL 6 Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection.

GOAL 7 Reduce deaths and numbers of new cases of cervical cancer through screening and early detection.

GOAL 8 Reduce the numbers of deaths and new cases of colorectal cancers through screening and early detection.

GOAL 9 Reduce lung cancer deaths and rate of distant stage diagnosis through screening and early detection.

GOAL 10 Reduce prostate cancer deaths through close monitoring of early stage cases.

GOAL 11 Monitor the development and implementation of screening and early detection methods for other cancers.

Treatment – Treat All Cancer Patients by Using the Most Appropriate and Effective Therapy

GOAL 12 Increase timely access to quality cancer diagnostic and treatment services for all Idahoans.

GOAL 13 Increase opportunities to access and participate in cancer treatment clinical trials.

GOAL 14 Increase provider utilization of evidence-based treatment guidelines.

Quality of Life – Optimize the Quality of Life for Every Person Affected by Cancer

GOAL 15 Improve the physical and mental health of cancer survivors.

GOAL 16 Improve access and referrals to palliative care services for cancer patients.

Goal 1: Reduce the incidence and mortality of tobacco-related cancers

Objectives

- Reduce cigarette smoking by adults.
- Reduce tobacco use by adolescents.
- Reduce use of smokeless tobacco products by adults.

Measure	Baseline	Target
1.1 Current use of any tobacco products by adults [at least 1 form of cigarettes; cigars, cigarillos, filtered little cigars; regular pipes, water pipes, hookah; e-cigarettes; and/or smokeless tobacco products every day or some days] (Age adjusted to the year 2000 standard population)	27.2% (BRFSS 2019)	16.2% (HP2030)
1.2 Current use of any tobacco products among adolescents [percent of students in grades 9 through 12 used cigarettes, e-cigarettes, cigars, smokeless tobacco, hookah, pipe tobacco, and/or bidis in the past 30 days]	22.8% (YRBS 2019)	18.2% (CCAI 20%)

Strategic Actions

- Promote and implement tobacco-free environment policies.
- Conduct youth- and adult-focused counter-marketing campaigns statewide.
- Increase prices of cigarettes and other tobacco products.
- Support expanded access to and promoting use of comprehensive tobacco cessation programs and services.
- Support and promote implementation of evidence-based strategies to decrease disparities in gender, racial/ethnic populations, LGBT people and rural communities related to tobacco use.

Goal 2: Increase access to healthy food options and opportunities for physical activity

Objectives

- Increase the proportion of adults who meet the recommended physical activity guidelines.
- Increase the proportion of adults who are at a healthy weight.
- Increase the proportion of adolescents who meet current federal physical activity guidelines.

Measure	Baseline	Target
2.1 Percentage of adults aged 18+ who do enough aerobic physical activity for substantial health benefits (age adjusted to the year 2000 standard population)	34.5% (BRFSS 2019)	59.2% (HP2030)
2.2 Percentage of adults aged 20+ who are at a healthy weight (BMI >= 18.5 and <= 25.0; age adjusted to the year 2000 standard population)	33.4% (BRFSS 2019)	40.1% (CCAI 20%)
2.3 Proportion of students in grades 9 through 12 who were physically active for a total of at least 60 minutes per day on five or more of the past seven days	47.6% (YRBS 2019)	57.1% (CCAI 20%)

Strategic Actions

- Implement evidence-based school, youth, and adult community programs that promote good nutrition, physical activity and healthy weight.
- Build environment and policy approaches designed to provide opportunities for people to be more physically active and have easy access to healthy foods.
- Improve health professional knowledge, practice behaviors, and system support related to increasing provision of or referral to counseling and services that promote nutrition and physical activity guidelines and obesity reduction and control.

Goal 3: Increase protective behaviors from sun and other ultraviolet radiation exposure

Objectives

- Reduce the proportion of adolescents in grades 9 through 12 who use artificial sources of ultraviolet light for tanning.
- Reduce the proportion of adults aged 18 years and older who use artificial sources of ultraviolet light for tanning.
- Reduce the proportion of adults aged 18 years and older who become sunburned.

Measure	Baseline	Target
3.1 Percentage of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning	5.1% (YRBS 2019)	4.1% (CCAI 20%)

Strategic Actions

- Advocate for eliminating the use of tanning beds.
- Implement evidence-based school, worksite and community programs that promote sun safety.
- Conduct statewide awareness campaigns on the link between solar radiation and risk of skin cancer (settings such as parks, schools, daycare centers, worksites and beaches).
- Improve health professional knowledge, practice behaviors and system support related to skin cancer rates and sun safety.

Goal 4: Increase the vaccination rate for vaccines shown to reduce the risk of cancer

Objectives

- Increase the percentage of youth and young adults who have completed the recommended HPV vaccine series according to national guidelines.
- Promote hepatitis B vaccination and adoption of CDC recommendations for hepatitis screening.

Measure	Baseline	Target
4.1 Percentage of adolescent females aged 13-17 years who completed 3 doses of the HPV vaccine, or 2 doses 6 months apart if 1st dose before age 15	48.3% (IRIS 2020)	80.0% (HP2030)
4.2 Percentage of adolescent males aged 13-17 years who completed 3 doses of the HPV vaccine, or 2 doses 6 months apart if 1st dose before age 15	44.4% (IRIS 2020)	80.0% (HP2030)
4.3 Percentage of newborns receiving hepatitis B vaccine (Hepatitis B vaccine administered from birth through age 3 days)	75.8% (IRIS 2019)	91.0% (CCAI 20%)

Strategic Actions

- Enhance access to vaccination services through home visits, cost reductions and vaccination programs in nontraditional settings.
- Increase community demand through incentives, reminder systems and vaccine requirements for childcare, schools and colleges.
- Implement provider or system-based intervention that include immunization information tests, provider assessments and feedback on standing orders.
- Improve health professional knowledge, practice behaviors and system support related to increased use of HPV and hepatitis B vaccines.

Goal 5: Reduce cancer risk related to environmental carcinogens

Objectives

- Increase the proportion of persons living in homes that have been tested for radon.

Measure	Baseline	Target
5.1 Percentage of adults living in households ever been tested for radon (age adjusted to the year 2000 standard population)	23.4% (BRFSS 2018)	28.1% (CCAI 20%)

Strategic Actions

- Advocate for evidence-based epidemiologic and environmental monitoring and research across the life course (in utero and childhood, workplace, and multi-generational exposures).
- Improve health professional knowledge, practice behaviors and systems support related to known and emerging environmental carcinogens.

What is radon?

Radon comes from the natural breakdown of uranium in soil, rock and water and gets into the air. The greatest exposure occurs at home, where people spend most of their time.

Smoking and exposure to radon increases the risk of getting lung cancer. The chances of getting lung cancer from radon depend mostly on:

- How much radon is in the home
- The amount of time spent in the home
- Whether a person is a smoker or has ever smoked

Visit the State of Idaho Radon for more information. Link:

<https://healthandwelfare.idaho.gov/health-wellness/environmental-health/radon>

Goal 6: Reduce breast cancer deaths and rate of late stage diagnosis through screening and early detection

Objectives

- Increase the proportion of women who receive breast cancer screening according to national guidelines.
- Reduce late stage female breast cancer.
- Reduce the female breast cancer mortality rate.

Measure	Baseline	Target
6.1 Percentage of women aged 50 to 74 who had a mammogram within the past two years (age adjusted to the year 2000 standard population)	67.8% (BRFSS 2018)	77.1% (HP2030)
6.2 Age-adjusted rate per 100,000 females of breast cancer diagnoses at late stage (regional and distant)	45.6% (CDRI 2018)	41.0% (CCAI 10%)
6.3 Age-adjusted mortality rate, female breast cancer	18.5 (BVRHS 2019)	15.3 (HP2030)

Strategic Actions

- Increase access to care including transportation, hours of operation, mobile screening, insurance coverage, removal of structural barriers, etc.
- Use community health workers and patient navigators.
- Encourage collaboration among service providers to ensure continuum of care (access to treatment).
- Promote using evidence-based interventions to provide education on breast cancer.
- Implement evidence-based cancer screening interventions.
- Identify disparate populations and support evidence-based interventions to increase screening and decrease mortality.
- Collaborate with statewide organizations and partners to support and/or facilitate education to healthcare providers on breast cancer screening best practices.

Goal 7: Reduce deaths and numbers of new cases of cervical cancer through screening and early detection

Objectives

- Increase the proportion of women who receive cervical cancer screening according to national guidelines.
- Reduce the rate of invasive cervical cancer.

Measure	Baseline	Target
7.1 Percentage of women aged 21-65 who receive a cervical cancer screening based on the most recent guidelines (age adjusted to the year 2000 standard population)	79.9% (BRFSS 2018)	84.3% (HP2030)
7.2 Age-adjusted rate per 100,000 females of invasive cervical cancer diagnoses	8.2 (CDRI 2018)	6.6 (CCAI 20%)
7.3 Age-adjusted cervical cancer mortality rate per 100,000 females	1.8 (BVRHS 2019)	1.4 (CCAI 20%)

Strategic Actions

- Increase access to care including transportation, hours of operation, insurance coverage, structural barriers, etc.
- Use community health workers and patient navigators.
- Encourage collaboration among service providers to ensure continuum of care (access to treatment).
- Promote using evidence-based interventions to provide education on cervical cancer.
- Implement evidence-based cancer screening interventions.
- Identify disparate populations and support evidence-based interventions to increase screening and decrease mortality.
- Collaborate with statewide organizations and partners to support and/or facilitate education to healthcare providers on cervical cancer screening best practices.

Goal 8: Reduce the numbers of deaths and new cases of colorectal cancers through screening and early detection

Objectives

- Increase the proportion of adults who receive colorectal cancer screening according to national guidelines.
- Reduce the rate of invasive colorectal cancer.
- Reduce the colorectal cancer death rate.

Measure	Baseline	Target
8.1 Percentage of adults aged 50-75 who reported receiving a colorectal cancer screening based on the most recent guidelines (age adjusted to the year 2000 standard population) [*Baseline reflects FOBT, FIT, sigmoidoscopy, colonoscopy]	66.2% (BRFSS 2018)	74.4% (HP2030)
8.2 Age-adjusted rate per 100,000 of invasive colorectal cancer incidence	35.4 (CDRI 2018)	28.3 (CCAI 10%)
8.3 Age-adjusted mortality rate, colorectal cancer	12.3 (BVRHS 2019)	8.9 (HP2030)

Strategic Actions

- Increase access to care including transportation, hours of operation, insurance coverage, structural barriers, etc.
- Use community health workers and patient navigators.
- Encourage collaboration among service providers to ensure continuum of care (access to treatment).
- Promote using evidence-based interventions to provide education on colorectal cancer screening.
- Implement evidence-based cancer screening interventions.
- Identify disparate populations and support evidence-based interventions to increase screening and decrease mortality.
- Collaborate with statewide organizations and partners to support and/or facilitate education to healthcare providers on colorectal cancer screening best practices.

Goal 9: Reduce lung cancer deaths and rate of distant stage diagnosis through screening and early detection

Objectives

- Increase the proportion of adults who receive lung cancer screening according to national guidelines.
- Reduce lung cancer deaths.
- Reduce the rate of distant stage diagnosis through screening and early detection.

Measure	Baseline	Target
9.1 Proportion of adults who received a lung cancer screening based on the most recent guidelines (age adjusted to the year 2000 standard population)	16.2% (BRFSS 2019)	19.4% (CCAI 20%)
9.2 Age-adjusted rate per 100,000 of lung cancer diagnoses at distant stage	23.3 (CDRI 2018)	21.0 (CCAI 10%)
9.3 Age-adjusted mortality rate, lung cancer	26.3 (BVRHS 2019)	25.1 (HP2030)

Strategic Actions

- Increase access to care including transportation, hours of operation, mobile screening, insurance coverage, structural barriers, etc.
- Use community health workers and patient navigators .
- Encourage collaboration among service providers to ensure continuum of care (access to treatment).
- Promote using evidence-based interventions to provide education on lung cancer screening.
- Implement evidence-based cancer screening interventions.
- Identify disparate populations and support evidence-based interventions to increase screening and decrease mortality.
- Collaborate with statewide organizations and partners to support and/or facilitate education to healthcare providers on lung cancer screening best practices.

Goal 10: Reduce prostate cancer deaths through close monitoring of early stage cases

Objectives

- Increase the proportion of adults who receive prostate cancer screening according to national guidelines.
- Reduce the rate of invasive prostate cancer.
- Reduce the prostate cancer death rate.

Measure	Baseline	Target
10.1 Age-adjusted mortality rate, prostate cancer	19.6 (BVRHS 2019)	16.9 (HP2030)

Strategic Actions:

- Promote the use of evidence-based strategies to increase access to care and to provide education on prostate cancer.
- Support screening guidelines and awareness of insurance coverage options for all underserved populations.
- Collaborate with statewide organizations and partners to support and/or facilitate education to healthcare providers on prostate cancer screening best practices.
- Develop, evaluate and promote new technologies that will increase public demand and use of screening.

Goal 11: Monitor the development and implementation of screening and early detection methods for other cancers

Objectives:

- Review and disseminate updates to USPSTF cancer screening recommendations. Specific cancer screenings to address include oral cancer and prostate cancer.
- Disseminate information on novel methods for screening and early detection, including imaging technologies, genomics, and proteomics.

Strategic Actions

- Collaborate with statewide organizations and partners to support and/or facilitate education to healthcare providers on updated and emerging cancer screening best practices from the USPSTF.

Imaging technologies: Medical Imaging is a broad term that encompasses nuclear, computer and magnetic sciences-based technologies that provide oncologists and cancer fighting researchers with high resolution, multidimensional views of human anatomical structures.

Genomics: Genomics aims to understand the structure of genes, including mapping genes and sequencing the DNA. Genomics examines the molecular mechanisms and the interplay of genetic and environmental factors in disease.

Proteomics: a branch of biotechnology concerned with analyzing the structure, function and interactions of the proteins produced by the genes of a particular cell, tissue, or organism.

Goal 12: Increase timely access to quality cancer diagnostic and treatment services for all Idahoans

Objectives

- Increase the proportion of adults with health care coverage.
- Reduce the proportion of adults with cost-related barriers to care.
- Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

Measure	Baseline	Target
12.1 Percentage of Idaho adults aged 18-64 with health care coverage (age adjusted to the year 2000 standard population)	78.7% (BRFSS 2019)	94.4% (CCAI 20%)
12.2 Percentage of Idahoans who could not see a doctor due to cost sometime in past year (age adjusted to the year 2000 standard population)	15.5% (BRFSS 2019)	12.4% (CCAI 20%)
12.3 5-year relative survival ratio, adjusted for age and primary site mix (NAACCR cancer survival index)	64.6 (CDRI 2018)	66.2 (HP2030)

Strategic Actions

- Promote availability of culturally competent patient navigators and community health workers in both clinic and community settings across the continuum of cancer care.
- Support the implementation of evidence-based policy and systems change to increase and improve delivery of care and reduce structural and financial barriers.
- Support the implementation of evidence-based interventions related to diagnosis, treatment and palliation to decrease disparities in racial/ethnic populations, populations with less education, underserved adolescents and young adults, and underserved geographic areas of the state.
- Report cancer patient relative survival ratios by primary site category and stage at diagnosis.

Goal 13: Increase opportunities to access and participate in cancer treatment clinical trials

Objectives

- Increase the proportion of cancer patients who enroll in treatment-related clinical trials.

Measure	Baseline	Target
13.1 Percentage of cancer patients who enroll in treatment-related clinical trials	13.1% Ages 0-19	50.0% (CCAI)
	4.2% Ages 20+ (CDRI 2018)	5.0% Ages 20+ (CCAI)

Strategic Actions

- Promote the expansion of geographic (community) reach of clinical trials to provide patients and physicians with local access to novel therapeutics and cancer treatments.
- Support the development, implementation and evaluation of education and advocacy plans to increase infrastructure resources for clinical trials, focusing on:
 - ▶ Systems and technologies to support personalized medicine.
 - ▶ Use of electronic health records and health information exchanges.
 - ▶ Maintaining a user friendly database of current clinical trials.

Goal 14: Increase provider utilization of evidence-based treatment guidelines

Objectives

- Promote awareness, education and advocacy efforts aimed at increasing the number of patients who receive high quality care.
- Monitor Idaho performance on American College of Surgeons Commission on Cancer (CoC) standards for Cancer Program Practice Profile Report (CP3R) treatment standards.

Strategic Actions

- Increase awareness and advocate for leadership in Idaho for the CoC Liaison Program State Chair. <https://www.facs.org/quality-programs/cancer/clp/statechresource/statecontact>.
- CCAI will communicate at least twice per year with CoC hospital cancer committee chairs regarding strategic plan activities and progress for the entire plan.
- Actively promote adoption of quality standards of care according to national guidelines (CoC, NCCN, etc.).
- Promote the increased collection and use of biomarker data for targeted cancer treatment.



Goal 15: Improve the physical and mental health of cancer survivors

Objectives

- Increase the proportion of cancer survivors who receive survivorship care plans.
- Decrease the proportion of cancer survivors who report poor physical health.
- Decrease the proportion of cancer survivors who report poor mental health.
- Decrease the proportion of cancer survivors who report being a current smoker.
- Decrease the proportion of cancer survivors who report no physical activity outside of work in the past month.
- Increase the proportion of cancer survivors who report eating 5+ fruits and vegetables per day.

Measure	Baseline	Target
15.1 Percentage of cancer survivors who report poor physical health 14+ of last 30 days (age adjusted to the year 2000 standard population)	22.7% (BRFSS 2018)	20.4% (CCAI 10%)
15.2 Percentage of cancer survivors who report poor mental health 14+ of last 30 days (age adjusted to the year 2000 standard population)	19.1% (BRFSS 2018)	17.2% (CCAI 10%)
15.3 Percentage of cancer survivors who are current smokers (age adjusted to the year 2000 standard population)	26.2% (BRFSS 2018)	23.6% (CCAI 10%)
15.4 Percentage of cancer survivors who report no physical activity outside of work (age adjusted to the year 2000 standard population)	25.7% (BRFSS 2018)	23.1% (CCAI 10%)
15.5 Percentage of cancer survivors who report consuming 5+ servings fruit and vegetables per day (age adjusted to the year 2000 standard population)	13.4% (BRFSS 2019)	14.7% (CCAI 10%)

Strategic Actions

- Encourage the inclusion of the Survivorship Module in the Idaho Behavioral Risk Factor Surveillance System at least every 3 years.
- Increase the access and accuracy of survivorship care plans that are available to health professionals throughout the state of Idaho. Link: <https://www.cdc.gov/cancer/survivors/life-after-cancer/survivorship-care-plans.htm>.
- Improve health professional knowledge, practice behaviors and system support related to increasing provision of, or referral to, mental and physical health screening and support services.

Goal 16: Improve access and referrals to palliative care services for cancer patients

Objectives

- Work with the Idaho Health Care Directive Registry to evaluate and monitor progress on Idahoans who complete advanced directives.
- Collaborate with Honoring Choices Idaho to move forward the Idaho Community Initiative on Advanced Care Planning and report outcomes as the program moves forward.
- Increase the proportion of cancer patients whose physical pain caused by cancer or cancer treatment is under control.

Measure	Baseline	Target
16.1 Proportion of cancer patients aged 66+ at diagnosis who received hospice care in 12 months prior to death	68.8% (Medicare*)	75.7% (CCAI 10%)

*Medicare beneficiaries diagnosed with cancer during 2007 – 2018 who died in 2018.

Strategic Actions

- Improve health professional knowledge, practice behaviors and system support related to increasing provision of, or referral to, palliative care services.
 - ▶ Support a yearly Palliative Care Conference for collaboration.
 - ▶ Disseminate local and national education opportunities through the listserv to all CCAI Stakeholders.
- Work with community partners to implement education and resources around palliative and end of life care.
- Include CCAI members in community initiatives regarding advance directives.

Abbreviations

- ACoS – American College of Surgeons
- AHRQ – Agency for Healthcare Research and Quality
- ASCO – American Society of Clinical Oncology
- BRFSS – Behavioral Risk Factor Surveillance System
- BVRHS – Bureau of Vital Records and Health Statistics
- CCAI – Comprehensive Cancer Alliance for Idaho
- CDRI – Cancer Data Registry of Idaho
- CoC – Commission on Cancer
- CP3R – Cancer Program Practices Profile Report
- FQHC – Federally Qualified Health Center
- HP2020 – Health People 2020
- HPSA – Health Professional Shortage Areas
- ICCCP – Idaho Comprehensive Cancer Control Program
- IDHW – Idaho Department of Health and Welfare
- LDCT – Low dose computed tomography
- NAACCR – North American Association of Central Cancer Registries
- NATS – National Adult Tobacco Survey
- NCCN – National Comprehensive Cancer Network
- NPCR – National Program of Cancer Registries
- SEER – Surveillance, Epidemiology and End Result Program
- SES – Socioeconomic Status
- SHPPS – School Health Policies and Practices Study
- USCS – U.S. Cancer Statistics Incidence and Mortality Web-Based Report
- USPSTF – United States Preventive Services Task Force
- UV – Ultraviolet Radiation
- YRBS – Youth Risk Behavior Survey

References

1. Idaho Vital Statistics-Mortality 2018, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, February 2020.
2. American Cancer Society. Cancer Facts & Figures 2020. Atlanta: American Cancer Society; 2020.
3. Johnson CJ, Morawski BM, Rycroft RK. Cancer in Idaho – 2018. Boise, ID: Cancer Data Registry of Idaho; December 2020.
4. American Cancer Society. Cancer Facts & Figures 2021. Atlanta: American Cancer Society; 2021.
5. Cancer Facts & Figures 2015, prepared by the American Cancer Society, 2015.
6. <https://www.cancer.gov/publications/dictionaries/cancer-terms>.
7. American Cancer Society. Cancer Treatment & Survivorship Facts & Figures 2019-2021. Atlanta: American Cancer Society; 2019.
8. Chronic Disease Cost Calculator, Version 2; online calculator.
9. American College of Surgeons. Cancer Treatment Centers. <https://www.facs.org/search/cancer-programs?state=ID>.
10. Idaho Department of Health and Welfare. Idaho Medicaid Expansion, Enrollment by County. Infographic. Accessed June 18, 2021. Retrieved from: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=14388&dbid=0&repo=PUBLIC-DOCUMENTS&cr=1>.
11. United States Census Bureau: Quick Facts Idaho, accessed October 12, 2020 <https://www.census.gov/quickfacts/ID>.
12. U.S. Bureau of Labor Statistics, accessed October 12, 2020 <https://www.bls.gov/eag/eag.id.htm>.
13. Wilderness and Wilderness Study Areas: Maps, Data, and Other Resources. U.S. Department of the Interior, Bureau of Land Management - Online. Accessed June 8, 2018. Retrieved from: https://www.blm.gov/sites/blm.gov/files/uploads/Wilderness_Q4_2016.pdf.

14. State Area Measurements and Internal Point Coordinates. U.S. Census Bureau, Unpublished data from the MAF/TIGER database – Online. Accessed September 23, 2019. Retrieved from: <https://www.census.gov/geographies/reference-files/2010/geo/state-area.html>.
15. County Population Density Designation. Bureau of Vital Records and Health Statistics, Division of Public Health, Idaho Department of Health and Welfare. Special request.
16. Indian Entities Recognized and Eligible to Receive Services from the United States Bureau of Indian Affairs. Bureau of Indian Affairs, Department of the Interior, Fed. Reg. Vol. 81, No. 19, January 29, 2016. Accessed on June 8, 2018. Retrieved from: <https://www.federalregister.gov/documents/2016/01/29/2016-01769/indian-entities-recognized-and-eligible-to-receive-services-from-the-united-states-bureau-of-indian>.
17. Rent Debt in America: Stabilizing Renters is Key to Equitable Recovery. Accessed May 23, 2021. Retrieved from: <https://nationalequityatlas.org/rent-debt>.

