

BUTTE COUNTY CANCER PROFILE

*A publication from the Cancer Data Registry of Idaho,
Idaho Hospital Association.*

Cancer Incidence 2018–2022 Cancer Mortality 2019–2023 BRFSS 2011–2023

CANCER

Cancer is a group of over 100 different diseases, each characterized by the uncontrolled growth and spread of abnormal cells. Cancer risk increases with age and varies by gender and race. As the average age of the population increases, the incidence of cancer will increase as well.

An estimated 42% of all cancers in the United States are due to modifiable risk factors, such as smoking and sedentary lifestyle, and are preventable (10.3322/caac.21440). Cancers are also attributable to environmental factors and gene-environment interactions. Other non-modifiable factors, such as age, sex, and family history of specific cancers, are also associated with cancer risk and can help identify people at elevated risk for developing cancer.

For some cancers, early detection can save lives. For example, colorectal cancer screening reduces mortality in adults aged 50–75 years (10.1001/jama.2017.3332). Improved primary prevention, early detection, and effective treatment can reduce the burden of cancer in Idaho.

RISK FACTORS AND INTERVENTIONS

Aging:

As the population ages, the number of new cancer cases and cancer deaths that occur each year will continue to increase. This trend could be reversed through significant improvements in primary prevention, early detection, and treatment.

Smoking:

Smoking and the use of smokeless tobacco are responsible for most cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity, and esophagus. Smoking is the leading cause of preventable death in the United States (PMID: 24455788).

Diet:

The U.S. Departments of Agriculture and Health and Human Services recommend the following dietary guidelines: eat a variety of foods; choose a diet with plenty of fruits, vegetables, and whole-grain products; limit the use of sugar, salt, and solid fats; and minimize alcoholic beverage consumption. For details, see <https://www.dietaryguidelines.gov>

Screening:

Early detection through screening reduces morbidity and mortality for cancers that can be diagnosed early and treated.

FOR MORE INFORMATION

Cancer Data Registry of Idaho
P.O. Box 1278
Boise, ID 83701
208-489-1380
<https://www.idcancer.org>

National Cancer Institute
Cancer Information Services
1-800-4CANCER
<https://www.cancer.gov/contact>

American Cancer Society
<https://www.cancer.org>

CANCER INCIDENCE 2018–2022

Nearly one in two Idahoans are estimated to develop cancer during their lifetime. During 2018–2022, 48,799 cases of invasive cancer were diagnosed among Idaho residents, and 95 cases of invasive cancer were diagnosed among Butte County residents (Table 1).

Table 1: Incidence of All Cancers, Female Breast, Prostate, Lung and Bronchus, and Colorectal Cancers in Butte County and the State of Idaho, 2018–2022

Cancer Incidence 2018–2022	Butte County	State of Idaho
All Sites/Types	95	48,799
Female Breast	14	7,229
Prostate	12	6,950
Lung & Bronchus	15	4,977
Colorectal	7	3,738

Table 3 (*Cancer Incidence 2018–2022, Comparison between Butte County and the Remainder of the State of Idaho*) shows the number of observed cases, person-years, crude rates, age- and sex-adjusted rates, expected number of cases based upon age- and sex-specific rates in the remainder of Idaho, and p-values for tests comparing the number of observed and expected cases in Butte County. The table also shows the number of observed cases, person-

years, and crude rates for the remainder of the state of Idaho. Comparisons between the county and the remainder of the state were made for all cancers combined, 23 invasive cancer types, in situ breast cancer, non-malignant brain and other central nervous system tumors, and pediatric (0–19 years) cancer. Separate comparisons for males, females, and both sexes combined are included.

As shown in Table 3, the crude incidence rate of invasive cancer in Butte County was 727.8 cases per 100,000 person-years per year during 2018–2022. Comparing this crude rate with the crude rate for the remainder of Idaho (526.2) gives an estimate of the relative burden of disease in Butte County.

The age- and sex-adjusted incidence rate of invasive cancer in Butte County, all sites combined, was 541.2 cases per 100,000 persons per year during 2018–2022. There were more cases of cancer in Butte County (95) than expected (92.4) based upon rates in the remainder of the state, but the difference was not statistically significant.

There are many reasons why cancer incidence rates differ by county, such as the prevalence of smoking and other lifestyle factors, and access to healthcare.

CANCER MORTALITY 2019–2023

During 2019–2023, cancer was the second leading cause of death in Idaho; 15,513 Idaho residents and 39 Butte County residents died from cancer during this period. Most cancer deaths are from five primary sites: lung, colon, pancreas, female breast, and prostate (Table 2).

Table 2: Overall and Cancer Mortality in Butte County and the State of Idaho, 2019–2023

Mortality 2019–2023	Butte County	State of Idaho
All Deaths	186	82,723
Cancer Deaths	39	15,513
<i>% of All Deaths</i>	<i>21.0%</i>	<i>18.8%</i>
Lung & Bronchus	9	2,931
Colorectal	4	1,342
Pancreas	0	1,251
Female Breast	3	1,092
Prostate	0	1,029

Table 4 (*Cancer Mortality 2019–2023, Comparison between Butte County and the Remainder of the State of Idaho*) shows the number of observed deaths, person-years, crude rates, age- and sex-adjusted rates, expected number of deaths based upon age- and sex-specific rates in the remainder of Idaho, and p-values for tests comparing the number of observed and expected deaths for Butte County. The table also shows the number of observed deaths, person-years, and crude rates for the remainder of the state of Idaho. Comparisons between the county and the remainder of the state were made for all deaths, all cancer deaths, and 21 specific cancer types. Separate comparisons for males, females, and both sexes combined are included.

The age- and sex-adjusted cancer mortality rate for Butte County, all sites combined, was 203.8 deaths per 100,000 persons per year during 2019–2023, compared with 163.7 for the remainder of the state. There were more cancer deaths in Butte County (39) than expected (31.3) based upon rates in the remainder of the state, but the difference was not statistically significant.

Statistical Note: Rates and percentages based upon 12 or fewer cases or deaths (numerator) should be interpreted with caution.
Data Note: Mortality data may differ slightly from published official statistics from the Bureau of Vital Records and Health Statistics.

TABLE 3: CANCER INCIDENCE 2018–2022
COMPARISON BETWEEN BUTTE COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Butte County						Remainder of Idaho		
		Observed Cases	Person Years	Crude Rate (1)	A.A.I. Rate (1,2)	Expected Cases (3)	P-Value (4)	Observed Cases	Person Years	Crude Rate (1)
All Sites Combined	Total	95	13,053	727.8	541.2	92.4	0.810	48,704	9,256,406	526.2
All Sites Combined	Male	55	6,642	828.1	575.1	53.2	0.841	25,873	4,651,230	556.3
All Sites Combined	Female	40	6,411	623.9	494.4	40.1	1.000	22,831	4,605,176	495.8
Bladder	Total	5	13,053	38.3	26.4	4.6	0.961	2,232	9,256,406	24.1
Bladder	Male	5	6,642	75.3	48.8	3.9	0.715	1,785	4,651,230	38.4
Bladder	Female	-	6,411	-	-	0.8	0.855	447	4,605,176	9.7
Brain - malignant	Total	2	13,053	15.3	12.5	1.2	0.670	690	9,256,406	7.5
Brain - malignant	Male	-	6,642	-	-	0.7	0.990	394	4,651,230	8.5
Brain - malignant	Female	2	6,411	31.2	25.8	0.5	0.180	296	4,605,176	6.4
Brain and other CNS - non-malignant	Total	2	13,053	15.3	11.9	3.1	0.797	1,713	9,256,406	18.5
Brain and other CNS - non-malignant	Male	-	6,642	-	-	1.0	0.701	546	4,651,230	11.7
Brain and other CNS - non-malignant	Female	2	6,411	31.2	25.1	2.0	1.000	1,167	4,605,176	25.3
Breast	Total	14	13,053	107.3	83.0	13.3	0.915	7,286	9,256,406	78.7
Breast	Male	-	6,642	-	-	0.1	1.000	71	4,651,230	1.5
Breast	Female	14	6,411	218.4	176.2	12.5	0.734	7,215	4,605,176	156.7
Breast - in situ	Total	7	13,053	53.6	42.8	2.5	0.031 >>	1,437	9,256,406	15.5
Breast - in situ	Male	-	6,642	-	-	0.0	1.000	5	4,651,230	0.1
Breast - in situ	Female	7	6,411	109.2	90.8	2.4	0.023 >>	1,432	4,605,176	31.1
Cervix	Female	1	6,411	15.6	15.1	0.4	0.688	293	4,605,176	6.4
Colorectal	Total	7	13,053	53.6	40.5	7.0	1.000	3,731	9,256,406	40.3
Colorectal	Male	3	6,642	45.2	32.9	4.0	0.885	2,018	4,651,230	43.4
Colorectal	Female	4	6,411	62.4	48.8	3.1	0.728	1,713	4,605,176	37.2
Corpus Uteri	Female	1	6,411	15.6	12.4	2.5	0.586	1,414	4,605,176	30.7
Esophagus	Total	2	13,053	15.3	11.0	1.0	0.551	523	9,256,406	5.7
Esophagus	Male	1	6,642	15.1	10.3	0.9	1.000	435	4,651,230	9.4
Esophagus	Female	1	6,411	15.6	11.7	0.2	0.302	88	4,605,176	1.9
Hodgkin Lymphoma	Total	-	13,053	-	-	0.3	1.000	219	9,256,406	2.4
Hodgkin Lymphoma	Male	-	6,642	-	-	0.2	1.000	131	4,651,230	2.8
Hodgkin Lymphoma	Female	-	6,411	-	-	0.1	1.000	88	4,605,176	1.9
Kidney and Renal Pelvis	Total	2	13,053	15.3	11.5	3.7	0.561	1,990	9,256,406	21.5
Kidney and Renal Pelvis	Male	2	6,642	30.1	21.6	2.7	1.000	1,341	4,651,230	28.8
Kidney and Renal Pelvis	Female	-	6,411	-	-	1.1	0.637	649	4,605,176	14.1
Larynx	Total	-	13,053	-	-	0.5	1.000	236	9,256,406	2.5
Larynx	Male	-	6,642	-	-	0.4	1.000	178	4,651,230	3.8
Larynx	Female	-	6,411	-	-	0.1	1.000	58	4,605,176	1.3
Leukemia	Total	5	13,053	38.3	28.5	3.4	0.522	1,807	9,256,406	19.5
Leukemia	Male	3	6,642	45.2	32.1	2.2	0.739	1,079	4,651,230	23.2
Leukemia	Female	2	6,411	31.2	24.4	1.3	0.742	728	4,605,176	15.8
Liver and Bile Duct	Total	2	13,053	15.3	11.1	1.7	1.000	876	9,256,406	9.5
Liver and Bile Duct	Male	2	6,642	30.1	20.9	1.2	0.703	602	4,651,230	12.9
Liver and Bile Duct	Female	-	6,411	-	-	0.5	1.000	274	4,605,176	5.9
Lung and Bronchus	Total	15	13,053	114.9	79.6	10.1	0.178	4,962	9,256,406	53.6
Lung and Bronchus	Male	9	6,642	135.5	87.8	5.5	0.218	2,513	4,651,230	54.0
Lung and Bronchus	Female	6	6,411	93.6	68.9	4.6	0.640	2,449	4,605,176	53.2
Melanoma of the Skin	Total	8	13,053	61.3	47.0	6.2	0.581	3,393	9,256,406	36.7
Melanoma of the Skin	Male	6	6,642	90.3	63.9	4.1	0.461	2,030	4,651,230	43.6
Melanoma of the Skin	Female	2	6,411	31.2	26.0	2.3	1.000	1,363	4,605,176	29.6
Myeloma	Total	1	13,053	7.7	5.4	1.5	1.000	745	9,256,406	8.0
Myeloma	Male	1	6,642	15.1	10.2	1.0	1.000	467	4,651,230	10.0
Myeloma	Female	-	6,411	-	-	0.5	1.000	278	4,605,176	6.0
Non-Hodgkin Lymphoma	Total	4	13,053	30.6	22.7	3.8	1.000	2,026	9,256,406	21.9
Non-Hodgkin Lymphoma	Male	2	6,642	30.1	21.4	2.3	1.000	1,145	4,651,230	24.6
Non-Hodgkin Lymphoma	Female	2	6,411	31.2	24.0	1.6	0.948	881	4,605,176	19.1
Oral Cavity and Pharynx	Total	3	13,053	23.0	17.2	2.5	0.932	1,348	9,256,406	14.6
Oral Cavity and Pharynx	Male	3	6,642	45.2	32.7	1.9	0.580	953	4,651,230	20.5
Oral Cavity and Pharynx	Female	-	6,411	-	-	0.7	0.983	395	4,605,176	8.6
Ovary	Female	2	6,411	31.2	25.1	1.0	0.518	569	4,605,176	12.4
Pancreas	Total	-	13,053	-	-	3.0	0.100	1,504	9,256,406	16.2
Pancreas	Male	-	6,642	-	-	1.8	0.339	833	4,651,230	17.9
Pancreas	Female	-	6,411	-	-	1.3	0.569	671	4,605,176	14.6
Prostate	Male	12	6,642	180.7	122.4	14.6	0.599	6,938	4,651,230	149.2
Stomach	Total	1	13,053	7.7	5.6	1.0	1.000	506	9,256,406	5.5
Stomach	Male	-	6,642	-	-	0.6	1.000	312	4,651,230	6.7
Stomach	Female	1	6,411	15.6	12.1	0.3	0.587	194	4,605,176	4.2
Testis	Male	-	6,642	-	-	0.3	1.000	287	4,651,230	6.2
Thyroid	Total	1	13,053	7.7	7.2	1.8	0.945	1,177	9,256,406	12.7
Thyroid	Male	1	6,642	15.1	12.3	0.7	0.964	377	4,651,230	8.1
Thyroid	Female	-	6,411	-	-	1.1	0.655	800	4,605,176	17.4
Pediatric Age 0 to 19	Total	-	3,403	-	-	0.6	1.000	427	2,591,490	16.5
Pediatric Age 0 to 19	Male	-	1,741	-	-	0.3	1.000	211	1,312,808	16.1
Pediatric Age 0 to 19	Female	-	1,662	-	-	0.3	1.000	216	1,278,682	16.9

Notes: 1. Rates are expressed as the number of cases per 100,000 persons per year (person-years).

2. Age and sex-adjusted incidence (A.A.I.) rates for county use age and sex-specific crude rates for the remainder of the state as standard.

3. Expected cases are based upon age and sex-specific rates for the remainder of the state of Idaho (compare to observed).

4. P-values compare observed and expected cases, are two tailed, based upon the Poisson probability distribution.

"<<" denotes significantly fewer cases observed than expected, ">>" denotes significantly more cases observed than expected (p=.05).

Statistical Note: Rates based upon 12 or fewer cases (numerator) should be interpreted with caution.

TABLE 4: CANCER MORTALITY 2019–2023
COMPARISON BETWEEN BUTTE COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Butte County						Remainder of Idaho		
		Observed Deaths	Person Years	Crude Rate (1)	A.A.M. Rate (1,2)	Expected Deaths (3)	P-Value (4)	Observed Deaths	Person Years	Crude Rate (1)
All Causes of Death	Total	186	13,265	1,402.2	971.7	167.1	0.159	82,531	9,452,377	873.1
All Causes of Death	Male	110	6,763	1,626.5	1,114.3	91.2	0.061	43,899	4,751,571	923.9
All Causes of Death	Female	76	6,502	1,168.9	808.5	77.3	0.946	38,632	4,700,806	821.8
All Malignant Cancers	Total	39	13,265	294.0	203.8	31.3	0.205	15,474	9,452,377	163.7
All Malignant Cancers	Male	24	6,763	354.9	233.4	18.2	0.216	8,390	4,751,571	176.6
All Malignant Cancers	Female	15	6,502	230.7	168.1	13.4	0.742	7,084	4,700,806	150.7
Bladder	Total	3	13,265	22.6	14.8	1.0	0.167	474	9,452,377	5.0
Bladder	Male	3	6,763	44.4	28.1	0.8	0.102	368	4,751,571	7.7
Bladder	Female	-	6,502	-	-	0.2	1.000	106	4,700,806	2.3
Brain and Other Nervous System	Total	1	13,265	7.5	5.7	1.0	1.000	548	9,452,377	5.8
Brain and Other Nervous System	Male	1	6,763	14.8	10.8	0.6	0.898	305	4,751,571	6.4
Brain and Other Nervous System	Female	-	6,502	-	-	0.4	1.000	243	4,700,806	5.2
Breast	Total	3	13,265	22.6	16.2	2.2	0.733	1,102	9,452,377	11.7
Breast	Male	-	6,763	-	-	0.0	1.000	13	4,751,571	0.3
Breast	Female	3	6,502	46.1	34.3	2.0	0.662	1,089	4,700,806	23.2
Cervix	Female	-	6,502	-	-	0.1	1.000	88	4,700,806	1.9
Colorectal	Total	4	13,265	30.2	21.6	2.6	0.535	1,338	9,452,377	14.2
Colorectal	Male	3	6,763	44.4	31.0	1.5	0.384	739	4,751,571	15.6
Colorectal	Female	1	6,502	15.4	11.2	1.1	1.000	599	4,700,806	12.7
Corpus Uteri	Female	-	6,502	-	-	0.3	1.000	171	4,700,806	3.6
Esophagus	Total	2	13,265	15.1	10.6	0.9	0.459	455	9,452,377	4.8
Esophagus	Male	2	6,763	29.6	19.8	0.8	0.396	385	4,751,571	8.1
Esophagus	Female	-	6,502	-	-	0.1	1.000	70	4,700,806	1.5
Hodgkin Lymphoma	Total	-	13,265	-	-	0.1	1.000	26	9,452,377	0.3
Hodgkin Lymphoma	Male	-	6,763	-	-	0.0	1.000	17	4,751,571	0.4
Hodgkin Lymphoma	Female	-	6,502	-	-	0.0	1.000	9	4,700,806	0.2
Kidney	Total	1	13,265	7.5	5.1	0.8	1.000	403	9,452,377	4.3
Kidney	Male	1	6,763	14.8	9.7	0.5	0.845	254	4,751,571	5.3
Kidney	Female	-	6,502	-	-	0.3	1.000	149	4,700,806	3.2
Larynx	Total	-	13,265	-	-	0.2	1.000	78	9,452,377	0.8
Larynx	Male	-	6,763	-	-	0.1	1.000	62	4,751,571	1.3
Larynx	Female	-	6,502	-	-	0.0	1.000	16	4,700,806	0.3
Leukemia	Total	1	13,265	7.5	5.2	1.4	1.000	683	9,452,377	7.2
Leukemia	Male	-	6,763	-	-	0.9	0.798	422	4,751,571	8.9
Leukemia	Female	1	6,502	15.4	11.1	0.5	0.787	261	4,700,806	5.6
Liver and Bile Duct	Total	4	13,265	30.2	21.2	1.3	0.096	675	9,452,377	7.1
Liver and Bile Duct	Male	4	6,763	59.1	39.8	0.9	0.030 >>	439	4,751,571	9.2
Liver and Bile Duct	Female	-	6,502	-	-	0.4	1.000	236	4,700,806	5.0
Lung and Bronchus	Total	9	13,265	67.8	46.2	6.0	0.310	2,922	9,452,377	30.9
Lung and Bronchus	Male	5	6,763	73.9	47.5	3.4	0.518	1,541	4,751,571	32.4
Lung and Bronchus	Female	4	6,502	61.5	44.2	2.7	0.552	1,381	4,700,806	29.4
Melanoma of the Skin	Total	1	13,265	7.5	5.4	0.6	0.926	317	9,452,377	3.4
Melanoma of the Skin	Male	-	6,763	-	-	0.4	1.000	207	4,751,571	4.4
Melanoma of the Skin	Female	1	6,502	15.4	11.4	0.2	0.371	110	4,700,806	2.3
Myeloma	Total	1	13,265	7.5	5.0	0.7	0.989	324	9,452,377	3.4
Myeloma	Male	1	6,763	14.8	9.3	0.4	0.676	183	4,751,571	3.9
Myeloma	Female	-	6,502	-	-	0.3	1.000	141	4,700,806	3.0
Non-Hodgkin Lymphoma	Total	2	13,265	15.1	10.2	1.2	0.649	564	9,452,377	6.0
Non-Hodgkin Lymphoma	Male	-	6,763	-	-	0.7	0.993	321	4,751,571	6.8
Non-Hodgkin Lymphoma	Female	2	6,502	30.8	21.3	0.5	0.172	243	4,700,806	5.2
Oral Cavity and Pharynx	Total	-	13,265	-	-	0.6	1.000	292	9,452,377	3.1
Oral Cavity and Pharynx	Male	-	6,763	-	-	0.4	1.000	204	4,751,571	4.3
Oral Cavity and Pharynx	Female	-	6,502	-	-	0.2	1.000	88	4,700,806	1.9
Ovary	Female	1	6,502	15.4	11.2	0.7	1.000	365	4,700,806	7.8
Pancreas	Total	-	13,265	-	-	2.5	0.159	1,251	9,452,377	13.2
Pancreas	Male	-	6,763	-	-	1.5	0.464	674	4,751,571	14.2
Pancreas	Female	-	6,502	-	-	1.1	0.669	577	4,700,806	12.3
Prostate	Male	-	6,763	-	-	2.3	0.193	1,029	4,751,571	21.7
Stomach	Total	-	13,265	-	-	0.4	1.000	187	9,452,377	2.0
Stomach	Male	-	6,763	-	-	0.2	1.000	114	4,751,571	2.4
Stomach	Female	-	6,502	-	-	0.1	1.000	73	4,700,806	1.6

Notes: 1. Rates are expressed as the number of cases per 100,000 persons per year (person-years).

2. Age and sex-adjusted mortality (A.A.M.) rates for county use age and sex-specific crude rates for the remainder of the state as standard.

3. Expected cases are based upon age and sex-specific rates for the remainder of the state of Idaho (compare to observed).

4. P-values compare observed and expected cases, are two tailed, based upon the Poisson probability distribution.

"<<" denotes significantly fewer cases observed than expected, ">>" denotes significantly more cases observed than expected (p=.05).

Statistical Notes: Rates based upon 12 or fewer cases (numerator) should be interpreted with caution.

Mortality statistics presented differ from BVRHS official statistics due to differences in methodology.

Data Source: Bureau of Vital Records and Health Statistics (BVRHS), Division of Public Health, Idaho Department of Health and Welfare, 2024.

Cancer Screening and Risk Factors

The Division of Public Health (DPH), Idaho Department of Health and Welfare, under a cooperative agreement with the Centers for Disease Control and Prevention, has conducted telephone Behavioral Risk Factor Surveys since 1984. These surveys are conducted with randomly selected adult Idahoans to measure population prevalences of risk factors for major causes of death in the U.S., including cancer. DPH provided Behavioral Risk Factor Surveillance System (BRFSS) data from 2011 through 2023 to CDRI staff, who performed the analyses reported in these *County Profiles*. Analysis weights were post-stratified to 2023 population estimates by age group, sex, and county, beginning with the BRFSS raked weights. Not all questions were asked in all years. Crude prevalence estimates are presented herein; a minimum of 50 respondents was required to generate county-level statistics. Results may differ from IDHW reports due to differences in methods. Cancer screening and risk factor measures were selected to assist in monitoring *Comprehensive Cancer Alliance for Idaho* (CCAI) objectives. Wald log-linear chi-square statistics were used to test for independence of the selected measures and other variables, such as age and race, taking the complex survey design into account.

Cancer Screening and Risk Factor Prevalence Estimates, 2011–2023

Measure	State of Idaho	HD 1	HD 2	HD 3	HD 4	HD 5	HD 6	HD 7	Butte County
Access to Care									
Have Health Insurance, Age < 65 (2021–2023)	89.4%	89.8%	87.6%	85.9%	91.7%	86.1%	89.6%	91.5%	.
Not See Doctor Due to Cost in Past Year (2020–2023)	10.7%	9.8%	10.8%	11.1%	10.4%	10.6%	11.0%	11.6%	11.3%
Cancer Screening									
Mammogram Past 2 Years, Age 40–74 (2014–2022, even years)	62.8%	60.9%	69.9%	60.3%	66.0%	58.7%	60.9%	62.4%	.
Pap Test Past 3 Years, Cervix Intact Age 21–65 (2018, 2020)	71.2%	73.8%	73.7%	71.0%	73.0%	69.5%	69.3%	65.6%	.
Colorectal Cancer Screening, Age 45–75 (2022)	63.1%	60.9%	62.5%	60.6%	67.2%	64.9%	60.1%	60.0%	.
Tobacco Use									
Current Tobacco User (2021–2023)	21.1%	22.9%	20.4%	24.0%	20.6%	21.0%	21.4%	16.5%	26.7%
Other Cancer-Related									
Healthy Weight by Body Mass Index, Age 20+ (2020–2023)	30.1%	30.0%	30.1%	26.5%	34.0%	27.6%	27.0%	29.8%	31.2%
Any Physical Activity Besides Job Past 30 Days (2018–2023)	79.1%	79.7%	78.1%	75.1%	82.7%	74.8%	77.3%	80.5%	77.6%
Meet Strength/Aerobic Physical Activity Guidelines (2023)	29.2%	32.7%	26.7%	25.4%	30.6%	28.5%	28.7%	29.1%	.
Home Ever Tested for Radon (2016, 2018, 2020, 2023)	22.2%	31.5%	18.5%	16.1%	23.1%	20.0%	22.7%	20.9%	32.2%

Access to Care

Have Health Insurance – 2021–2023

Statewide, 89.4% of adults aged 18–64 reported having health care coverage. Health care coverage differed significantly by race/ethnicity, with 91.5% of white non-Hispanics, compared to 78.3% of Hispanics and 88.8% of Native Americans, having health insurance. Spanish-speaking respondents were significantly less likely to be insured (36.0%) than English-speaking respondents (90.2%). Health care coverage differed significantly by age of respondent, with 86.6% of persons aged 18–29, and 93.3% of persons aged 50–64, having health insurance. Health care coverage differed significantly by county, with a range of 70.3% in Idaho County to 94.5% in Minidoka County having health insurance.

Not See Doctor Due to Cost in Past Year – 2020–2023

Statewide, 10.7% of adults aged 18+ reported they needed to see a doctor but could not because of cost sometime in the past 12 months. Inability to see a doctor due to cost differed significantly by race/ethnicity (9.3% of white non-Hispanics, 18.2% of Hispanics, and 16.3% of Native Americans). Inability to see a doctor due to cost differed significantly by annual household income (21.3% for less than \$15,000, 6.4% for greater than \$50,000).

** Current for colorectal cancer screening means a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, blood stool DNA test in the past 3 years, virtual colonoscopy in the past 5 years, or a colonoscopy in the past 10 years.

Cancer Screening

Mammogram – 2014–2022, even years

Statewide, 62.8% of women aged 40–74 reported having a mammogram in the past 2 years. Insured women were about twice as likely to have had a mammogram in the past 2 years (66.2% versus 31.1%). Mammography rates differed significantly by county, with a range in screening of 41.4% in Owyhee County to 76.1% in Nez Perce County. In 2022, Idaho ranked 49th among states and the District of Columbia for mammography screening rates among women aged 40+.

Pap Test – 2018, 2020

Statewide, 71.2% of women with an intact cervix and aged 21–65 reported having a Pap test in the past 3 years. Women with health insurance were significantly more likely to have timely Pap screening than uninsured women (75.1% versus 52.8% screened in the past 3 years). Pap screening differed significantly by county, with a range of 50.5% in Bingham County to 78.9% in Bannock County. In 2020, Idaho ranked 49th among states and the District of Columbia for Pap screening rate.

Colorectal Cancer Screening – 2022

Statewide, 63.1% of adults aged 45–75 reported being current for colorectal cancer screening.** Persons with health insurance were over twice as likely to be current for colorectal cancer screening. In 2022, Idaho ranked 42nd among states and the District of Columbia in the percentage of adults aged 45–75 and older who reported being up-to-date for colorectal cancer screening.

Cancer Screening and Risk Factors

Tobacco Use

Current Tobacco Use – 2021–2023

Current tobacco use includes 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. Statewide, 21.1% of adults aged 18 and older were current tobacco users. Tobacco use differed significantly by age of respondent, with 27.0% of persons aged 18–29, and 10.9% of persons aged 65 and older reporting current tobacco use. Tobacco use was lower among white non-Hispanics (20.2%) than among Native Americans (37.1%). Tobacco use differed significantly by county, with a range of 5.7% in Madison County to 32.7% in Valley County. Counties with higher rates of tobacco use had significantly higher rates of lung cancer.

Other Cancer-Related

Healthy Weight by Body Mass Index – 2020–2023

Statewide, 30.1% of adults aged 20 and older were in the healthy weight range as measured by body mass index (BMI 18.5–24.9). BMI differed significantly by race/ethnicity, with 30.7% of white non-Hispanics, compared to 25.9% of Hispanics and 23.5% of Native Americans, being in the healthy weight range. Males (24.8%) were significantly less likely to be in the healthy weight range than females (35.4%). BMI differed significantly by age of respondent, with 40.4% of persons aged 18–29, and 23.7% of persons aged 50–64, being in the healthy weight range. BMI differed significantly by county, with a range of 18.1% in Power County to 46.7% in Blaine County of adults being in the healthy weight range.

Any Physical Activity – 2018-2023

CCAI is measuring physical activity with two metrics: Any physical activity besides job in past 30 days and meeting aerobic and strength physical activity guidelines during the past month or week. Statewide, 79.1% of adults aged 18 and older reported physical activity besides their job in the past 30 days. Physical activity differed significantly by age of respondent, with 83.8% of persons aged 18–29, and 72.3% of persons aged 65+, reporting any physical activity besides their job. The percentage of adults reporting any physical activity differed significantly by county, with a range of 65.9% in Clark County to 87.5% in Teton County. Counties with higher rates of physical activity had significantly lower rates of overall and colorectal cancer.

Physical Activity Guidelines – 2023

Statewide, 29.2% of adults aged 18 and older met aerobic and strength physical activity guidelines during the past month or week. Meeting physical activity guidelines differed significantly by age of respondent, with 35.2% of persons aged 18–29, and 24.7% of persons aged 65+, meeting guidelines. The percentage of adults meeting physical activity guidelines differed significantly by county, with a range of 12.0% in Clearwater County to 50.4% in Boundary County.

Home Radon Testing – 2016, 2018, 2020, 2023

Statewide, 22.2% of adults have ever tested their house for radon. Radon test usage varied significantly by race/ethnicity, with 24.4% of white non-Hispanics, 9.3% of Hispanics, and 22.8% of Native Americans having ever tested their house for radon. Radon test usage was higher for persons aged 50+ than for younger persons. Home radon testing differed significantly by county, with a range of 10.6% in Gooding County to 56.9% in Blaine County.

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