

CARIBOU COUNTY CANCER PROFILE

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

Cancer Incidence 2017–2021 Cancer Mortality 2018–2022 BRFSS 2011–2022

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 personal lifestyle 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 2017–2021

Nearly one in two Idahoans are estimated to develop cancer during their lifetime. During 2017–2021, 47,333 cases of invasive cancer were diagnosed among Idaho residents, and 201 cases of invasive cancer were diagnosed among Caribou County residents (Table 1).

Table 1: Incidence of All Cancers, Female Breast, Prostate, Lung and Bronchus, and Colorectal Cancers in Caribou County and the State of Idaho, 2017–2021

Cancer Incidence 2017–2021	Caribou County	State of Idaho
All Sites/Types	201	47,333
Female Breast	26	6,943
Prostate	33	6,766
Lung & Bronchus	18	4,959
Colorectal	14	3,632

Table 3 (*Cancer Incidence 2017–2021, Comparison between Caribou 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 Caribou 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 Caribou County was 568.1 cases per 100,000 person-years per year during 2017–2021. 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 Caribou County.

The age- and sex-adjusted incidence rate of invasive cancer in Caribou County, all sites combined, was 540.8 cases per 100,000 persons per year during 2017–2021. There were more cases of cancer in Caribou County (201) than expected (195.6) 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 2018–2022

During 2018–2022, cancer was the second leading cause of death in Idaho; 15,233 Idaho residents and 55 Caribou 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 Caribou County and the State of Idaho, 2018–2022

Mortality 2018–2022	Caribou County	State of Idaho
All Deaths	365	80,538
Cancer Deaths	55	15,233
% of All Deaths	15.1%	18.9%
Lung & Bronchus	11	2,937
Colorectal	3	1,332
Pancreas	2	1,190
Female Breast	3	1,111
Prostate	1	997

Table 4 (*Cancer Mortality 2018–2022, Comparison between Caribou 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 Caribou 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 Caribou County, all sites combined, was 143.9 deaths per 100,000 persons per year during 2018–2022, compared with 165.4 for the remainder of the state. There were fewer cancer deaths in Caribou County (55) than expected (63.2) 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 2017–2021
COMPARISON BETWEEN CARIBOU COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Caribou 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	201	35,381	568.1	540.8	195.6	0.717	47,132	8,956,725	526.2
All Sites Combined	Male	121	17,960	673.7	644.6	105.0	0.137	25,149	4,494,313	559.6
All Sites Combined	Female	80	17,421	459.2	436.9	90.2	0.306	21,983	4,462,412	492.6
Bladder	Total	8	35,381	22.6	20.8	9.5	0.786	2,212	8,956,725	24.7
Bladder	Male	8	17,960	44.5	42.0	7.5	0.947	1,765	4,494,313	39.3
Bladder	Female	-	17,421	-	-	1.9	0.295	447	4,462,412	10.0
Brain - malignant	Total	2	35,381	5.7	5.5	2.7	0.999	655	8,956,725	7.3
Brain - malignant	Male	1	17,960	5.6	5.4	1.6	1.000	381	4,494,313	8.5
Brain - malignant	Female	1	17,421	5.7	5.5	1.1	1.000	274	4,462,412	6.1
Brain and other CNS - non-malignant	Total	13	35,381	36.7	35.3	6.3	0.026 >>	1,534	8,956,725	17.1
Brain and other CNS - non-malignant	Male	3	17,960	16.7	16.3	2.0	0.665	497	4,494,313	11.1
Brain and other CNS - non-malignant	Female	10	17,421	57.4	54.4	4.3	0.025 >>	1,037	4,462,412	23.2
Breast	Total	26	35,381	73.5	71.2	28.5	0.731	6,982	8,956,725	78.0
Breast	Male	-	17,960	-	-	0.3	1.000	65	4,494,313	1.4
Breast	Female	26	17,421	149.2	144.3	27.9	0.810	6,917	4,462,412	155.0
Breast - in situ	Total	2	35,381	5.7	5.6	5.5	0.178	1,367	8,956,725	15.3
Breast - in situ	Male	-	17,960	-	-	0.0	1.000	4	4,494,313	0.1
Breast - in situ	Female	2	17,421	11.5	11.3	5.4	0.190	1,363	4,462,412	30.5
Cervix	Female	1	17,421	5.7	5.9	1.1	1.000	293	4,462,412	6.6
Colorectal	Total	14	35,381	39.6	37.7	15.0	0.927	3,618	8,956,725	40.4
Colorectal	Male	7	17,960	39.0	37.7	8.1	0.869	1,970	4,494,313	43.8
Colorectal	Female	7	17,421	40.2	37.5	6.9	1.000	1,648	4,462,412	36.9
Corpus Uteri	Female	8	17,421	45.9	44.8	5.4	0.354	1,346	4,462,412	30.2
Esophagus	Total	1	35,381	2.8	2.7	2.1	0.746	506	8,956,725	5.6
Esophagus	Male	1	17,960	5.6	5.3	1.8	0.925	428	4,494,313	9.5
Esophagus	Female	-	17,421	-	-	0.3	1.000	78	4,462,412	1.7
Hodgkin Lymphoma	Total	3	35,381	8.5	8.8	0.8	0.105	219	8,956,725	2.4
Hodgkin Lymphoma	Male	1	17,960	5.6	5.7	0.5	0.791	128	4,494,313	2.8
Hodgkin Lymphoma	Female	2	17,421	11.5	12.2	0.3	0.090	91	4,462,412	2.0
Kidney and Renal Pelvis	Total	8	35,381	22.6	21.6	8.0	1.000	1,943	8,956,725	21.7
Kidney and Renal Pelvis	Male	7	17,960	39.0	37.7	5.4	0.591	1,303	4,494,313	29.0
Kidney and Renal Pelvis	Female	1	17,421	5.7	5.4	2.7	0.514	640	4,462,412	14.3
Larynx	Total	2	35,381	5.7	5.4	0.9	0.460	218	8,956,725	2.4
Larynx	Male	2	17,960	11.1	10.7	0.7	0.303	165	4,494,313	3.7
Larynx	Female	-	17,421	-	-	0.2	1.000	53	4,462,412	1.2
Leukemia	Total	10	35,381	28.3	26.5	7.2	0.385	1,717	8,956,725	19.2
Leukemia	Male	5	17,960	27.8	26.6	4.3	0.865	1,031	4,494,313	22.9
Leukemia	Female	5	17,421	28.7	26.6	2.9	0.333	686	4,462,412	15.4
Liver and Bile Duct	Total	3	35,381	8.5	8.1	3.5	1.000	840	8,956,725	9.4
Liver and Bile Duct	Male	2	17,960	11.1	10.6	2.5	1.000	592	4,494,313	13.2
Liver and Bile Duct	Female	1	17,421	5.7	5.4	1.0	1.000	248	4,462,412	5.6
Lung and Bronchus	Total	18	35,381	50.9	47.2	21.0	0.597	4,941	8,956,725	55.2
Lung and Bronchus	Male	12	17,960	66.8	63.0	10.5	0.728	2,483	4,494,313	55.2
Lung and Bronchus	Female	6	17,421	34.4	31.5	10.5	0.205	2,458	4,462,412	55.1
Melanoma of the Skin	Total	16	35,381	45.2	43.4	12.9	0.452	3,128	8,956,725	34.9
Melanoma of the Skin	Male	10	17,960	55.7	53.5	7.8	0.527	1,885	4,494,313	41.9
Melanoma of the Skin	Female	6	17,421	34.4	33.5	5.0	0.766	1,243	4,462,412	27.9
Myeloma	Total	7	35,381	19.8	18.5	3.0	0.071	721	8,956,725	8.0
Myeloma	Male	5	17,960	27.8	26.5	1.9	0.081	442	4,494,313	9.8
Myeloma	Female	2	17,421	11.5	10.7	1.2	0.654	279	4,462,412	6.3
Non-Hodgkin Lymphoma	Total	9	35,381	25.4	24.2	8.2	0.882	1,983	8,956,725	22.1
Non-Hodgkin Lymphoma	Male	6	17,960	33.4	32.1	4.7	0.679	1,140	4,494,313	25.4
Non-Hodgkin Lymphoma	Female	3	17,421	17.2	16.1	3.5	1.000	843	4,462,412	18.9
Oral Cavity and Pharynx	Total	6	35,381	17.0	16.3	5.4	0.902	1,309	8,956,725	14.6
Oral Cavity and Pharynx	Male	4	17,960	22.3	21.4	3.9	1.000	936	4,494,313	20.8
Oral Cavity and Pharynx	Female	2	17,421	11.5	10.9	1.5	0.910	373	4,462,412	8.4
Ovary	Female	-	17,421	-	-	2.2	0.214	553	4,462,412	12.4
Pancreas	Total	4	35,381	11.3	10.5	6.3	0.497	1,484	8,956,725	16.6
Pancreas	Male	3	17,960	16.7	15.9	3.5	1.000	823	4,494,313	18.3
Pancreas	Female	1	17,421	5.7	5.3	2.8	0.457	661	4,462,412	14.8
Prostate	Male	33	17,960	183.7	174.9	28.3	0.419	6,733	4,494,313	149.8
Stomach	Total	1	35,381	2.8	2.7	2.0	0.821	473	8,956,725	5.3
Stomach	Male	1	17,960	5.6	5.3	1.3	1.000	306	4,494,313	6.8
Stomach	Female	-	17,421	-	-	0.7	0.988	167	4,462,412	3.7
Testis	Male	2	17,960	11.1	12.2	1.0	0.526	272	4,494,313	6.1
Thyroid	Total	3	35,381	8.5	8.7	4.6	0.665	1,182	8,956,725	13.2
Thyroid	Male	3	17,960	16.7	16.6	1.5	0.375	369	4,494,313	8.2
Thyroid	Female	-	17,421	-	-	3.0	0.096	813	4,462,412	18.2
Pediatric Age 0 to 19	Total	1	10,941	9.1	9.2	1.8	0.898	424	2,488,383	17.0
Pediatric Age 0 to 19	Male	-	5,621	-	-	0.9	0.777	214	1,268,700	16.9
Pediatric Age 0 to 19	Female	1	5,320	18.8	19.2	0.9	1.000	210	1,219,683	17.2

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 2018–2022
COMPARISON BETWEEN CARIBOU COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Caribou 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	365	35,591	1,025.5	939.5	339.4	0.176	80,170	9,175,803	873.7
All Causes of Death	Male	184	18,057	1,019.0	975.5	174.3	0.483	42,602	4,609,640	924.2
All Causes of Death	Female	181	17,534	1,032.3	902.7	165.0	0.229	37,568	4,566,163	822.7
All Malignant Cancers	Total	55	35,591	154.5	143.9	63.2	0.332	15,178	9,175,803	165.4
All Malignant Cancers	Male	31	18,057	171.7	163.7	33.7	0.723	8,204	4,609,640	178.0
All Malignant Cancers	Female	24	17,534	136.9	125.2	29.3	0.381	6,974	4,566,163	152.7
Bladder	Total	2	35,591	5.6	5.1	2.1	1.000	483	9,175,803	5.3
Bladder	Male	2	18,057	11.1	10.4	1.6	0.918	373	4,609,640	8.1
Bladder	Female	-	17,534	-	-	0.5	1.000	110	4,566,163	2.4
Brain and Other Nervous System	Total	1	35,591	2.8	2.7	2.1	0.771	517	9,175,803	5.6
Brain and Other Nervous System	Male	-	18,057	-	-	1.2	0.625	289	4,609,640	6.3
Brain and Other Nervous System	Female	1	17,534	5.7	5.5	0.9	1.000	228	4,566,163	5.0
Breast	Total	3	35,591	8.4	7.9	4.6	0.638	1,121	9,175,803	12.2
Breast	Male	-	18,057	-	-	0.1	1.000	13	4,609,640	0.3
Breast	Female	3	17,534	17.1	15.8	4.6	0.649	1,108	4,566,163	24.3
Cervix	Female	-	17,534	-	-	0.3	1.000	88	4,566,163	1.9
Colorectal	Total	3	35,591	8.4	7.9	5.5	0.407	1,329	9,175,803	14.5
Colorectal	Male	1	18,057	5.5	5.3	3.0	0.406	731	4,609,640	15.9
Colorectal	Female	2	17,534	11.4	10.4	2.5	1.000	598	4,566,163	13.1
Corpus Uteri	Female	1	17,534	5.7	5.4	0.7	0.993	168	4,566,163	3.7
Esophagus	Total	3	35,591	8.4	8.0	1.9	0.581	458	9,175,803	5.0
Esophagus	Male	3	18,057	16.6	15.9	1.6	0.426	388	4,609,640	8.4
Esophagus	Female	-	17,534	-	-	0.3	1.000	70	4,566,163	1.5
Hodgkin Lymphoma	Total	-	35,591	-	-	0.1	1.000	25	9,175,803	0.3
Hodgkin Lymphoma	Male	-	18,057	-	-	0.1	1.000	14	4,609,640	0.3
Hodgkin Lymphoma	Female	-	17,534	-	-	0.0	1.000	11	4,566,163	0.2
Kidney	Total	-	35,591	-	-	1.6	0.396	386	9,175,803	4.2
Kidney	Male	-	18,057	-	-	1.0	0.725	246	4,609,640	5.3
Kidney	Female	-	17,534	-	-	0.6	1.000	140	4,566,163	3.1
Larynx	Total	-	35,591	-	-	0.3	1.000	76	9,175,803	0.8
Larynx	Male	-	18,057	-	-	0.3	1.000	65	4,609,640	1.4
Larynx	Female	-	17,534	-	-	0.0	1.000	11	4,566,163	0.2
Leukemia	Total	4	35,591	11.2	10.3	2.8	0.610	661	9,175,803	7.2
Leukemia	Male	3	18,057	16.6	15.9	1.6	0.441	394	4,609,640	8.5
Leukemia	Female	1	17,534	5.7	5.1	1.2	1.000	267	4,566,163	5.8
Liver and Bile Duct	Total	2	35,591	5.6	5.3	2.6	1.000	633	9,175,803	6.9
Liver and Bile Duct	Male	1	18,057	5.5	5.3	1.7	0.970	422	4,609,640	9.2
Liver and Bile Duct	Female	1	17,534	5.7	5.3	0.9	1.000	211	4,566,163	4.6
Lung and Bronchus	Total	11	35,591	30.9	28.8	12.2	0.878	2,926	9,175,803	31.9
Lung and Bronchus	Male	6	18,057	33.2	31.6	6.3	1.000	1,535	4,609,640	33.3
Lung and Bronchus	Female	5	17,534	28.5	26.0	5.9	0.935	1,391	4,566,163	30.5
Melanoma of the Skin	Total	-	35,591	-	-	1.2	0.577	301	9,175,803	3.3
Melanoma of the Skin	Male	-	18,057	-	-	0.8	0.883	200	4,609,640	4.3
Melanoma of the Skin	Female	-	17,534	-	-	0.4	1.000	101	4,566,163	2.2
Myeloma	Total	4	35,591	11.2	10.4	1.4	0.097	321	9,175,803	3.5
Myeloma	Male	4	18,057	22.2	21.1	0.8	0.015 >>	184	4,609,640	4.0
Myeloma	Female	-	17,534	-	-	0.6	1.000	137	4,566,163	3.0
Non-Hodgkin Lymphoma	Total	2	35,591	5.6	5.2	2.4	1.000	566	9,175,803	6.2
Non-Hodgkin Lymphoma	Male	2	18,057	11.1	10.7	1.3	0.714	308	4,609,640	6.7
Non-Hodgkin Lymphoma	Female	-	17,534	-	-	1.1	0.655	258	4,566,163	5.7
Oral Cavity and Pharynx	Total	1	35,591	2.8	2.7	1.1	1.000	274	9,175,803	3.0
Oral Cavity and Pharynx	Male	1	18,057	5.5	5.3	0.8	1.000	191	4,609,640	4.1
Oral Cavity and Pharynx	Female	-	17,534	-	-	0.3	1.000	83	4,566,163	1.8
Ovary	Female	1	17,534	5.7	5.3	1.5	1.000	360	4,566,163	7.9
Pancreas	Total	2	35,591	5.6	5.3	4.9	0.264	1,188	9,175,803	12.9
Pancreas	Male	1	18,057	5.5	5.3	2.7	0.513	649	4,609,640	14.1
Pancreas	Female	1	17,534	5.7	5.2	2.3	0.684	539	4,566,163	11.8
Prostate	Male	1	18,057	5.5	5.2	4.1	0.162	996	4,609,640	21.6
Stomach	Total	-	35,591	-	-	0.8	0.904	194	9,175,803	2.1
Stomach	Male	-	18,057	-	-	0.5	1.000	119	4,609,640	2.6
Stomach	Female	-	17,534	-	-	0.3	1.000	75	4,566,163	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, 2023.

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 2022 to CDRI staff, who performed the analyses reported in these *County Profiles*. Analysis weights were post-stratified to 2022 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, 2011–2022

Measure	State of Idaho	HD 1	HD 2	HD 3	HD 4	HD 5	HD 6	HD 7	Caribou County
<u>Access to Care</u>									
Have Health Insurance, Age < 65 (2021–2022)	90.0%	89.3%	87.8%	86.4%	92.6%	87.2%	89.1%	92.6%	80.2%
Not See Doctor Due to Cost in Past Year (2020–2022)	10.4%	9.5%	11.0%	11.0%	10.2%	10.2%	10.4%	11.3%	13.1%
<u>Cancer Screening</u>									
Mammogram Past 2 Years, Age 40–74 (2014–2022, even years)	62.9%	61.0%	70.0%	60.3%	66.1%	58.9%	61.0%	62.5%	43.1%
Pap Test Past 3 Years, Cervix Intact Age 21–65 (2018, 2020)	71.1%	73.7%	73.6%	70.9%	72.9%	69.4%	69.3%	65.5%	.
Colorectal Cancer Screening, Age 45–75 (2022)	63.3%	61.0%	62.5%	60.8%	67.2%	65.0%	60.4%	60.2%	.
<u>Tobacco Use</u>									
Current Tobacco User (2020–2022)	22.1%	24.3%	20.4%	24.8%	21.3%	22.5%	22.6%	18.1%	20.1%
<u>Other Cancer-Related</u>									
Healthy Weight by Body Mass Index, Age 20+ (2020–2022)	30.0%	30.0%	30.1%	26.5%	33.7%	27.5%	26.7%	30.2%	19.9%
Any Physical Activity Besides Job Past 30 Days (2018–2022)	79.1%	79.0%	78.0%	75.4%	82.7%	75.2%	76.7%	81.0%	76.7%
Meet Physical Activity Guidelines (2011, 2013, 2015, 2017, 2019)	22.0%	22.8%	19.2%	20.0%	25.2%	19.5%	20.4%	20.3%	17.7%
Home Ever Tested for Radon (2016, 2018, 2020)	22.9%	30.8%	18.3%	16.9%	25.2%	20.1%	23.0%	21.0%	16.6%

Access to Care

Have Health Insurance – 2021–2022

Statewide, 90.0% of adults aged 18–64 reported having health care coverage. Health care coverage differed significantly by race/ethnicity, with 91.4% of white non-Hispanics, compared to 81.5% of Hispanics and 90.5% of Native Americans, having health insurance. Spanish-speaking respondents were significantly less likely to be insured (46.0%) than English-speaking respondents (90.5%). Health care coverage differed significantly by age of respondent, with 87.2% of persons aged 18–29, and 93.4% of persons aged 50–64, having health insurance. Health care coverage differed significantly by county, with a range of 64.8% in Idaho County to 95.9% in Shoshone County having health insurance.

Not See Doctor Due to Cost in Past Year – 2020–2022

Statewide, 10.4% 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 (9.2% of white non-Hispanics, 16.9% of Hispanics, and 15.7% of Native Americans). Inability to see a doctor due to cost differed significantly by annual household income (21.9% for less than \$15,000, 5.8% 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, 62.9% 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 (66.3% versus 31.2%). Mammography rates differed significantly by county, with a range in screening of 41.6% 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, 71.1% 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 (75.0% versus 52.8% screened in the past 3 years). Pap screening differed significantly by county, with a range of 50.6% 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, 63.3% 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 – 2020–2022

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, 22.1% of adults aged 18 and older were current tobacco users. Tobacco use differed significantly by age of respondent, with 28.9% of persons aged 18–29, and 10.7% of persons aged 65 and older reporting current tobacco use. Tobacco use was lower among white non-Hispanics (21.5%) than among Native Americans (38.0%). Tobacco use differed significantly by county, with a range of 6.1% in Madison County to 33.5% in Elmore County. Counties with higher rates of tobacco use had significantly higher rates of lung cancer.

Other Cancer-Related

Healthy Weight by Body Mass Index – 2020–2022

Statewide, 30.0% 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 30.5% of white non-Hispanics, compared to 25.8% of Hispanics and 21.5% of Native Americans, being in the healthy weight range. Males (24.4%) were significantly less likely to be in the healthy weight range than females (35.7%). BMI differed significantly by age of respondent, with 41.1% of persons aged 18–29, and 23.4% of persons aged 50–64, being in the healthy weight range. BMI differed significantly by county, with a range of 11.7% in Power County to 44.3% in Blaine County of adults being in the healthy weight range.

Any Physical Activity – 2018-2022

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 83.7% of persons aged 18–29, and 72.5% 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 66.9% in Oneida County to 88.3% in Teton County. Counties with higher rates of physical activity had significantly lower rates of overall and colorectal cancer.

Physical Activity Guidelines – 2011, 2013, 2015, 2017, 2019

Statewide, 22.0% 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 26.2% of persons aged 18–29, and 19.2% of persons aged 50–64, meeting guidelines. The percentage of adults meeting physical activity guidelines differed significantly by county, with a range of 9.5% in Franklin County to 30.7% in Blaine County.

Home Radon Testing – 2016, 2018, 2020

Statewide, 22.9% of adults have ever tested their house for radon. Radon test usage varied significantly by race/ethnicity, with 25.1% of white non-Hispanics, 7.3% of Hispanics, and 25.4% 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 8.7% in Cassia County to 54.7% in Blaine County.

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