CASSIA 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 527 cases of invasive cancer were diagnosed among Cassia County residents (Table 1).

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

Cancer Incidence 2017–2021	Cassia County	State of Idaho
All Sites/Types	**527**	**47,333**
Female Breast	**84**	**6,943**
Prostate	**59**	**6,766**
Lung & Bronchus	**39**	**4,959**
Colorectal	**48**	**3,632**

Table 3 (*Cancer Incidence 2017–2021, Comparison between Cassia 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 Cassia 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 Cassia County was 435.5 cases per 100,000 person-years per year during 2017–2021. Comparing this crude rate with the crude rate for the remainder of Idaho (527.6) gives an estimate of the relative burden of disease in Cassia County.

The age- and sex-adjusted incidence rate of invasive cancer in Cassia County, all sites combined, was 484.6 cases per 100,000 persons per year during 2017–2021. There were fewer cases of cancer in Cassia County (527) than expected (573.8) 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 171 Cassia 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 Cassia County and the State of Idaho, 2018–2022

Mortality 2018–2022	Cassia County	State of Idaho
All Deaths	**1,127**	**80,538**
Cancer Deaths	**171**	**15,233**
% of All Deaths	*15.2%*	*18.9%*
Lung & Bronchus	**17**	**2,937**
Colorectal	**16**	**1,332**
Pancreas	**13**	**1,190**
Female Breast	**11**	**1,111**
Prostate	**15**	**997**

Table 4 (*Cancer Mortality 2018–2022, Comparison between Cassia 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 Cassia 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 Cassia County, all sites combined, was 153.1 deaths per 100,000 persons per year during 2018–2022, compared with 165.7 for the remainder of the state. There were fewer cancer deaths in Cassia County (171) than expected (185.1) 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 CASSIA COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Cassia 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	527	121,008	435.5	484.6	573.8	0.051	46,806	8,871,098	527.6
All Sites Combined	Male	257	61,911	415.1	468.9	308.0	0.003 <<	25,013	4,450,362	562.0
All Sites Combined	Female	270	59,097	456.9	501.7	265.3	0.789	21,793	4,420,736	493.0
Bladder	Total	31	121,008	25.6	28.2	27.1	0.500	2,189	8,871,098	24.7
Bladder	Male	22	61,911	35.5	40.1	21.6	0.983	1,751	4,450,362	39.3
Bladder	Female	9	59,097	15.2	16.5	5.4	0.194	438	4,420,736	9.9
Brain - malignant	Total	8	121,008	6.6	7.1	8.2	1.000	649	8,871,098	7.3
Brain - malignant	Male	5	61,911	8.1	8.8	4.8	1.000	377	4,450,362	8.5
Brain - malignant	Female	3	59,097	5.1	5.4	3.4	1.000	272	4,420,736	6.2
Brain and other CNS - non-malignant	Total	35	121,008	28.9	31.7	18.8	0.001 >>	1,512	8,871,098	17.0
Brain and other CNS - non-malignant	Male	9	61,911	14.5	16.0	6.2	0.349	491	4,450,362	11.0
Brain and other CNS - non-malignant	Female	26	59,097	44.0	47.8	12.6	0.001 >>	1,021	4,420,736	23.1
Breast	Total	86	121,008	71.1	79.8	84.1	0.863	6,922	8,871,098	78.0
Breast	Male	2	61,911	3.2	3.6	0.8	0.368	63	4,450,362	1.4
Breast	Female	84	59,097	142.1	158.6	82.2	0.869	6,859	4,420,736	155.2
Breast - in situ	Total	11	121,008	9.1	10.3	16.3	0.226	1,358	8,871,098	15.3
Breast - in situ	Male	-	61,911	-	-	0.1	1.000	4	4,450,362	0.1
Breast - in situ	Female	11	59,097	18.6	21.1	15.9	0.259	1,354	4,420,736	30.6
Cervix	Female	3	59,097	5.1	5.6	3.5	1.000	291	4,420,736	6.6
Colorectal	Total	48	121,008	39.7	43.9	44.2	0.605	3,584	8,871,098	40.4
Colorectal	Male	22	61,911	35.5	40.0	24.1	0.761	1,955	4,450,362	43.9
Colorectal	Female	26	59,097	44.0	47.6	20.1	0.235	1,629	4,420,736	36.8
Corpus Uteri	Female	14	59,097	23.7	26.7	15.9	0.753	1,340	4,420,736	30.3
Esophagus	Total	3	121,008	2.5	2.8	6.2	0.271	504	8,871,098	5.7
Esophagus	Male	3	61,911	4.8	5.5	5.2	0.466	426	4,450,362	9.6
Esophagus	Female	-	59,097	-	-	1.0	0.766	78	4,420,736	1.8
Hodgkin Lymphoma	Total	4	121,008	3.3	3.5	2.8	0.616	218	8,871,098	2.5
Hodgkin Lymphoma	Male	3	61,911	4.8	5.2	1.6	0.449	126	4,450,362	2.8
Hodgkin Lymphoma	Female	1	59,097	1.7	1.8	1.2	1.000	92	4,420,736	2.1
Kidney and Renal Pelvis	Total	21	121,008	17.4	19.3	23.6	0.683	1,930	8,871,098	21.8
Kidney and Renal Pelvis	Male	13	61,911	21.0	23.7	16.0	0.549	1,297	4,450,362	29.1
Kidney and Renal Pelvis	Female	8	59,097	13.5	14.8	7.7	1.000	633	4,420,736	14.3
Larynx	Total	1	121,008	0.8	0.9	2.7	0.504	219	8,871,098	2.5
Larynx	Male	-	61,911	-	-	2.1	0.253	167	4,450,362	3.8
Larynx	Female	1	59,097	1.7	1.9	0.6	0.923	52	4,420,736	1.2
Leukemia	Total	17	121,008	14.0	15.2	21.5	0.391	1,710	8,871,098	19.3
Leukemia	Male	10	61,911	16.2	17.8	12.9	0.513	1,026	4,450,362	23.1
Leukemia	Female	7	59,097	11.8	12.6	8.6	0.753	684	4,420,736	15.5
Liver and Bile Duct	Total	8	121,008	6.6	7.4	10.1	0.640	835	8,871,098	9.4
Liver and Bile Duct	Male	6	61,911	9.7	11.0	7.2	0.845	588	4,450,362	13.2
Liver and Bile Duct	Female	2	59,097	3.4	3.7	3.0	0.846	247	4,420,736	5.6
Lung and Bronchus	Total	39	121,008	32.2	35.9	60.3	0.005 <<	4,920	8,871,098	55.5
Lung and Bronchus	Male	22	61,911	35.5	40.4	30.3	0.147	2,473	4,450,362	55.6
Lung and Bronchus	Female	17	59,097	28.8	31.4	30.0	0.015 <<	2,447	4,420,736	55.4
Melanoma of the Skin	Total	43	121,008	35.5	39.4	38.2	0.474	3,101	8,871,098	35.0
Melanoma of the Skin	Male	24	61,911	38.8	43.6	23.1	0.910	1,871	4,450,362	42.0
Melanoma of the Skin	Female	19	59,097	32.2	35.3	15.0	0.357	1,230	4,420,736	27.8
Myeloma	Total	9	121,008	7.4	8.3	8.8	1.000	719	8,871,098	8.1
Myeloma	Male	7	61,911	11.3	12.8	5.4	0.602	440	4,450,362	9.9
Myeloma	Female	2	59,097	3.4	3.7	3.4	0.683	279	4,420,736	6.3
Non-Hodgkin Lymphoma	Total	20	121,008	16.5	18.3	24.3	0.444	1,972	8,871,098	22.2
Non-Hodgkin Lymphoma	Male	13	61,911	21.0	23.5	14.1	0.909	1,133	4,450,362	25.5
Non-Hodgkin Lymphoma	Female	7	59,097	11.8	12.9	10.3	0.389	839	4,420,736	19.0
Oral Cavity and Pharynx	Total	17	121,008	14.0	15.8	15.7	0.815	1,298	8,871,098	14.6
Oral Cavity and Pharynx	Male	10	61,911	16.2	18.3	11.4	0.826	930	4,450,362	20.9
Oral Cavity and Pharynx	Female	7	59,097	11.8	13.1	4.5	0.326	368	4,420,736	8.3
Ovary	Female	4	59,097	6.8	7.5	6.7	0.411	549	4,420,736	12.4
Pancreas	Total	16	121,008	13.2	14.6	18.1	0.725	1,472	8,871,098	16.6
Pancreas	Male	6	61,911	9.7	10.9	10.1	0.248	820	4,450,362	18.4
Pancreas	Female	10	59,097	16.9	18.4	8.0	0.576	652	4,420,736	14.7
Prostate	Male	59	61,911	95.3	109.3	81.4	0.011 <<	6,707	4,450,362	150.7
Stomach	Total	5	121,008	4.1	4.6	5.8	0.961	469	8,871,098	5.3
Stomach	Male	1	61,911	1.6	1.8	3.8	0.220	306	4,450,362	6.9
Stomach	Female	4	59,097	6.8	7.3	2.0	0.296	163	4,420,736	3.7
Testis	Male	4	61,911	6.5	6.9	3.5	0.930	270	4,450,362	6.1
Thyroid	Total	17	121,008	14.0	15.5	14.5	0.574	1,168	8,871,098	13.2
Thyroid	Male	5	61,911	8.1	9.0	4.6	0.971	367	4,450,362	8.2
Thyroid	Female	12	59,097	20.3	22.3	9.8	0.551	801	4,420,736	18.1
Pediatric Age 0 to 19	Total	10	41,420	24.1	24.2	7.0	0.332	415	2,457,904	16.9
Pediatric Age 0 to 19	Male	6	21,500	27.9	27.9	3.6	0.302	208	1,252,821	16.6
Pediatric Age 0 to 19	Female	4	19,920	20.1	20.3	3.4	0.878	207	1,205,083	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 CASSIA COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Cassia 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	1,127	123,002	916.2	981.2	1,003.6	0.000 >>	79,408	9,088,392	873.7
All Causes of Death	Male	582	63,020	923.5	1,030.5	522.2	0.011 >>	42,204	4,564,677	924.6
All Causes of Death	Female	545	59,982	908.6	929.8	482.1	0.005 >>	37,204	4,523,715	822.4
All Malignant Cancers	Total	171	123,002	139.0	153.1	185.1	0.318	15,062	9,088,392	165.7
All Malignant Cancers	Male	96	63,020	152.3	172.6	99.2	0.802	8,139	4,564,677	178.3
All Malignant Cancers	Female	75	59,982	125.0	134.3	85.4	0.281	6,923	4,523,715	153.0
Bladder	Total	8	123,002	6.5	7.0	6.0	0.520	477	9,088,392	5.2
Bladder	Male	5	63,020	7.9	8.9	4.5	0.954	370	4,564,677	8.1
Bladder	Female	3	59,982	5.0	5.1	1.4	0.323	107	4,523,715	2.4
Brain and Other Nervous System	Total	7	123,002	5.7	6.3	6.2	0.866	511	9,088,392	5.6
Brain and Other Nervous System	Male	5	63,020	7.9	8.9	3.5	0.548	284	4,564,677	6.2
Brain and Other Nervous System	Female	2	59,982	3.3	3.6	2.8	0.960	227	4,523,715	5.0
Breast	Total	11	123,002	8.9	9.8	13.7	0.573	1,113	9,088,392	12.2
Breast	Male	-	63,020	-	-	0.2	1.000	13	4,564,677	0.3
Breast	Female	11	59,982	18.3	19.7	13.5	0.601	1,100	4,523,715	24.3
Cervix	Female	-	59,982	-	-	1.1	0.698	88	4,523,715	1.9
Colorectal	Total	16	123,002	13.0	14.3	16.2	1.000	1,316	9,088,392	14.5
Colorectal	Male	3	63,020	4.8	5.4	8.9	0.046 <<	729	4,564,677	16.0
Colorectal	Female	13	59,982	21.7	23.0	7.3	0.073	587	4,523,715	13.0
Corpus Uteri	Female	-	59,982	-	-	2.0	0.264	169	4,523,715	3.7
Esophagus	Total	2	123,002	1.6	1.8	5.5	0.171	459	9,088,392	5.1
Esophagus	Male	2	63,020	3.2	3.6	4.7	0.304	389	4,564,677	8.5
Esophagus	Female	-	59,982	-	-	0.9	0.844	70	4,523,715	1.5
Hodgkin Lymphoma	Total	-	123,002	-	-	0.3	1.000	25	9,088,392	0.3
Hodgkin Lymphoma	Male	-	63,020	-	-	0.2	1.000	14	4,564,677	0.3
Hodgkin Lymphoma	Female	-	59,982	-	-	0.1	1.000	11	4,523,715	0.2
Kidney	Total	4	123,002	3.3	3.6	4.7	0.993	382	9,088,392	4.2
Kidney	Male	2	63,020	3.2	3.6	3.0	0.862	244	4,564,677	5.3
Kidney	Female	2	59,982	3.3	3.5	1.7	1.000	138	4,523,715	3.1
Larynx	Total	1	123,002	0.8	0.9	0.9	1.000	75	9,088,392	0.8
Larynx	Male	-	63,020	-	-	0.8	0.904	65	4,564,677	1.4
Larynx	Female	1	59,982	1.7	1.9	0.1	0.219	10	4,523,715	0.2
Leukemia	Total	4	123,002	3.3	3.5	8.2	0.172	661	9,088,392	7.3
Leukemia	Male	3	63,020	4.8	5.3	4.9	0.573	394	4,564,677	8.6
Leukemia	Female	1	59,982	1.7	1.8	3.4	0.300	267	4,523,715	5.9
Liver and Bile Duct	Total	9	123,002	7.3	8.2	7.5	0.682	626	9,088,392	6.9
Liver and Bile Duct	Male	7	63,020	11.1	12.7	5.0	0.477	416	4,564,677	9.1
Liver and Bile Duct	Female	2	59,982	3.3	3.7	2.5	1.000	210	4,523,715	4.6
Lung and Bronchus	Total	17	123,002	13.8	15.4	35.5	0.001 <<	2,920	9,088,392	32.1
Lung and Bronchus	Male	12	63,020	19.0	21.8	18.5	0.151	1,529	4,564,677	33.5
Lung and Bronchus	Female	5	59,982	8.3	9.0	17.0	0.001 <<	1,391	4,523,715	30.7
Melanoma of the Skin	Total	7	123,002	5.7	6.3	3.6	0.150	294	9,088,392	3.2
Melanoma of the Skin	Male	3	63,020	4.8	5.4	2.4	0.867	197	4,564,677	4.3
Melanoma of the Skin	Female	4	59,982	6.7	7.1	1.2	0.068	97	4,523,715	2.1
Myeloma	Total	9	123,002	7.3	8.0	3.9	0.037 >>	316	9,088,392	3.5
Myeloma	Male	5	63,020	7.9	9.0	2.2	0.151	183	4,564,677	4.0
Myeloma	Female	4	59,982	6.7	7.1	1.6	0.172	133	4,523,715	2.9
Non-Hodgkin Lymphoma	Total	7	123,002	5.7	6.2	7.0	1.000	561	9,088,392	6.2
Non-Hodgkin Lymphoma	Male	6	63,020	9.5	10.8	3.7	0.344	304	4,564,677	6.7
Non-Hodgkin Lymphoma	Female	1	59,982	1.7	1.7	3.2	0.330	257	4,523,715	5.7
Oral Cavity and Pharynx	Total	4	123,002	3.3	3.6	3.3	0.825	271	9,088,392	3.0
Oral Cavity and Pharynx	Male	3	63,020	4.8	5.4	2.3	0.798	189	4,564,677	4.1
Oral Cavity and Pharynx	Female	1	59,982	1.7	1.8	1.0	1.000	82	4,523,715	1.8
Ovary	Female	2	59,982	3.3	3.7	4.3	0.384	359	4,523,715	7.9
Pancreas	Total	13	123,002	10.6	11.8	14.3	0.871	1,177	9,088,392	13.0
Pancreas	Male	6	63,020	9.5	10.9	7.8	0.682	644	4,564,677	14.1
Pancreas	Female	7	59,982	11.7	12.7	6.5	0.949	533	4,523,715	11.8
Prostate	Male	15	63,020	23.8	26.7	12.1	0.468	982	4,564,677	21.5
Stomach	Total	2	123,002	1.6	1.8	2.4	1.000	192	9,088,392	2.1
Stomach	Male	2	63,020	3.2	3.6	1.4	0.835	117	4,564,677	2.6
Stomach	Female	-	59,982	-	-	0.9	0.790	75	4,523,715	1.7

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	Cassia County
Access to Care									
Have Health Insurance, Age < 65 (2021–2022)	90.0%	89.3%	87.8%	86.4%	92.6%	87.2%	89.1%	92.6%	88.8%
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%	11.2%
Cancer Screening									
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%	53.7%
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%	.
Tobacco Use									
Current Tobacco User (2020–2022)	22.1%	24.3%	20.4%	24.8%	21.3%	22.5%	22.6%	18.1%	19.3%
Other Cancer-Related									
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%	29.0%
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%	70.7%
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%	14.1%
Home Ever Tested for Radon (2016, 2018, 2020)	22.9%	30.8%	18.3%	16.9%	25.2%	20.1%	23.0%	21.0%	8.7%

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).

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.

** 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 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.

This project has been funded in whole or in part with Federal funds from the National Cancer Institute, National Institutes of Health, Department of Health and Human Services, under Contract No. HHSN261201800006I and the Centers for Disease Control and Prevention, Department of Health and Human Services, under Cooperative Agreement NU58DP007160. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the National Cancer Institute.

CDRI Cancer Data Registry of Idaho

Idaho Hospital Association