GOODING 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 409 cases of invasive cancer were diagnosed among Gooding County residents (Table 1).

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

Cancer Incidence 2017–2021	Gooding County	State of Idaho
All Sites/Types	**409**	**47,333**
Female Breast	**56**	**6,943**
Prostate	**50**	**6,766**
Lung & Bronchus	**45**	**4,959**
Colorectal	**38**	**3,632**

Table 3 (*Cancer Incidence 2017–2021, Comparison between Gooding 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 Gooding 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 Gooding County was 531.3 cases per 100,000 person-years per year during 2017–2021. Comparing this crude rate with the crude rate for the remainder of Idaho (526.3) gives an estimate of the relative burden of disease in Gooding County.

The age- and sex-adjusted incidence rate of invasive cancer in Gooding County, all sites combined, was 497.8 cases per 100,000 persons per year during 2017–2021. There were fewer cases of cancer in Gooding County (409) than expected (432.5) 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 139 Gooding 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 Gooding County and the State of Idaho, 2018–2022

Mortality 2018–2022	Gooding County	State of Idaho
All Deaths	**813**	**80,538**
Cancer Deaths	**139**	**15,233**
% of All Deaths	*17.1%*	*18.9%*
Lung & Bronchus	**31**	**2,937**
Colorectal	**8**	**1,332**
Pancreas	**9**	**1,190**
Female Breast	**9**	**1,111**
Prostate	**13**	**997**

Table 4 (*Cancer Mortality 2018–2022, Comparison between Gooding 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 Gooding 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 Gooding County, all sites combined, was 162.3 deaths per 100,000 persons per year during 2018–2022, compared with 165.3 for the remainder of the state. There were fewer cancer deaths in Gooding County (139) than expected (141.5) 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 GOODING COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Gooding 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	409	76,975	531.3	497.8	432.5	0.269	46,924	8,915,131	526.3
All Sites Combined	Male	211	39,289	537.0	489.9	241.3	0.051	25,059	4,472,984	560.2
All Sites Combined	Female	198	37,686	525.4	503.7	193.5	0.764	21,865	4,442,147	492.2
Bladder	Total	14	76,975	18.2	16.4	21.2	0.134	2,206	8,915,131	24.7
Bladder	Male	12	39,289	30.5	26.6	17.7	0.203	1,761	4,472,984	39.4
Bladder	Female	2	37,686	5.3	4.9	4.1	0.454	445	4,442,147	10.0
Brain - malignant	Total	7	76,975	9.1	8.7	5.8	0.739	650	8,915,131	7.3
Brain - malignant	Male	5	39,289	12.7	12.2	3.5	0.533	377	4,472,984	8.4
Brain - malignant	Female	2	37,686	5.3	5.1	2.4	1.000	273	4,442,147	6.1
Brain and other CNS - non-malignant	Total	21	76,975	27.3	25.7	14.0	0.094	1,526	8,915,131	17.1
Brain and other CNS - non-malignant	Male	8	39,289	20.4	18.9	4.7	0.201	492	4,472,984	11.0
Brain and other CNS - non-malignant	Female	13	37,686	34.5	33.1	9.2	0.272	1,034	4,442,147	23.3
Breast	Total	57	76,975	74.1	70.8	62.8	0.512	6,951	8,915,131	78.0
Breast	Male	1	39,289	2.5	2.3	0.6	0.933	64	4,472,984	1.4
Breast	Female	56	37,686	148.6	144.4	60.1	0.652	6,887	4,442,147	155.0
Breast - in situ	Total	8	76,975	10.4	10.1	12.1	0.297	1,361	8,915,131	15.3
Breast - in situ	Male	-	39,289	-	-	0.0	1.000	4	4,472,984	0.1
Breast - in situ	Female	8	37,686	21.2	20.9	11.7	0.353	1,357	4,442,147	30.5
Cervix	Female	5	37,686	13.3	13.8	2.4	0.180	289	4,442,147	6.5
Colorectal	Total	38	76,975	49.4	46.0	33.3	0.461	3,594	8,915,131	40.3
Colorectal	Male	17	39,289	43.3	39.6	18.8	0.790	1,960	4,472,984	43.8
Colorectal	Female	21	37,686	55.7	52.6	14.7	0.141	1,634	4,442,147	36.8
Corpus Uteri	Female	8	37,686	21.2	20.7	11.7	0.353	1,346	4,442,147	30.3
Esophagus	Total	12	76,975	15.6	14.4	4.6	0.006 >>	495	8,915,131	5.6
Esophagus	Male	10	39,289	25.5	22.9	4.1	0.019 >>	419	4,472,984	9.4
Esophagus	Female	2	37,686	5.3	5.0	0.7	0.302	76	4,442,147	1.7
Hodgkin Lymphoma	Total	1	76,975	1.3	1.3	1.9	0.881	221	8,915,131	2.5
Hodgkin Lymphoma	Male	-	39,289	-	-	1.1	0.650	129	4,472,984	2.9
Hodgkin Lymphoma	Female	1	37,686	2.7	2.7	0.8	1.000	92	4,442,147	2.1
Kidney and Renal Pelvis	Total	23	76,975	29.9	28.1	17.7	0.255	1,928	8,915,131	21.6
Kidney and Renal Pelvis	Male	14	39,289	35.6	33.0	12.3	0.697	1,296	4,472,984	29.0
Kidney and Renal Pelvis	Female	9	37,686	23.9	22.7	5.6	0.235	632	4,442,147	14.2
Larynx	Total	4	76,975	5.2	4.8	2.0	0.286	216	8,915,131	2.4
Larynx	Male	3	39,289	7.6	6.9	1.6	0.425	164	4,472,984	3.7
Larynx	Female	1	37,686	2.7	2.6	0.5	0.732	52	4,442,147	1.2
Leukemia	Total	9	76,975	11.7	10.8	16.1	0.083	1,718	8,915,131	19.3
Leukemia	Male	4	39,289	10.2	9.2	10.0	0.057	1,032	4,472,984	23.1
Leukemia	Female	5	37,686	13.3	12.4	6.2	0.827	686	4,442,147	15.4
Liver and Bile Duct	Total	5	76,975	6.5	6.1	7.7	0.442	838	8,915,131	9.4
Liver and Bile Duct	Male	4	39,289	10.2	9.4	5.6	0.688	590	4,472,984	13.2
Liver and Bile Duct	Female	1	37,686	2.7	2.5	2.2	0.697	248	4,442,147	5.6
Lung and Bronchus	Total	45	76,975	58.5	53.2	46.6	0.890	4,914	8,915,131	55.1
Lung and Bronchus	Male	19	39,289	48.4	43.0	24.5	0.315	2,476	4,472,984	55.4
Lung and Bronchus	Female	26	37,686	69.0	63.9	22.3	0.492	2,438	4,442,147	54.9
Melanoma of the Skin	Total	19	76,975	24.7	23.3	28.6	0.077	3,125	8,915,131	35.1
Melanoma of the Skin	Male	10	39,289	25.5	23.1	18.2	0.055	1,885	4,472,984	42.1
Melanoma of the Skin	Female	9	37,686	23.9	23.4	10.7	0.743	1,240	4,442,147	27.9
Myeloma	Total	6	76,975	7.8	7.2	6.8	0.963	722	8,915,131	8.1
Myeloma	Male	5	39,289	12.7	11.4	4.3	0.874	442	4,472,984	9.9
Myeloma	Female	1	37,686	2.7	2.5	2.5	0.561	280	4,442,147	6.3
Non-Hodgkin Lymphoma	Total	18	76,975	23.4	21.8	18.2	1.000	1,974	8,915,131	22.1
Non-Hodgkin Lymphoma	Male	9	39,289	22.9	21.1	10.8	0.721	1,137	4,472,984	25.4
Non-Hodgkin Lymphoma	Female	9	37,686	23.9	22.5	7.5	0.683	837	4,442,147	18.8
Oral Cavity and Pharynx	Total	18	76,975	23.4	22.1	11.8	0.114	1,297	8,915,131	14.5
Oral Cavity and Pharynx	Male	13	39,289	33.1	30.8	8.7	0.212	927	4,472,984	20.7
Oral Cavity and Pharynx	Female	5	37,686	13.3	12.7	3.3	0.470	370	4,442,147	8.3
Ovary	Female	3	37,686	8.0	7.7	4.8	0.580	550	4,442,147	12.4
Pancreas	Total	12	76,975	15.6	14.2	14.0	0.723	1,476	8,915,131	16.6
Pancreas	Male	8	39,289	20.4	18.1	8.1	1.000	818	4,472,984	18.3
Pancreas	Female	4	37,686	10.6	9.9	6.0	0.569	658	4,442,147	14.8
Prostate	Male	50	39,289	127.3	117.5	63.9	0.086	6,716	4,472,984	150.1
Stomach	Total	6	76,975	7.8	7.2	4.4	0.556	468	8,915,131	5.2
Stomach	Male	4	39,289	10.2	9.1	3.0	0.691	303	4,472,984	6.8
Stomach	Female	2	37,686	5.3	5.0	1.5	0.873	165	4,442,147	3.7
Testis	Male	2	39,289	5.1	5.5	2.2	1.000	272	4,472,984	6.1
Thyroid	Total	5	76,975	6.5	6.6	10.0	0.131	1,180	8,915,131	13.2
Thyroid	Male	1	39,289	2.5	2.5	3.3	0.305	371	4,472,984	8.3
Thyroid	Female	4	37,686	10.6	11.0	6.6	0.423	809	4,442,147	18.2
Pediatric Age 0 to 19	Total	1	22,696	4.4	4.4	3.9	0.206	424	2,476,628	17.1
Pediatric Age 0 to 19	Male	1	11,528	8.7	8.7	1.9	0.844	213	1,262,793	16.9
Pediatric Age 0 to 19	Female	-	11,168	-	-	1.9	0.299	211	1,213,835	17.4

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 GOODING COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Gooding 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	813	77,535	1,048.6	934.4	759.5	0.056	79,722	9,133,859	872.8
All Causes of Death	Male	452	39,598	1,141.5	982.7	424.4	0.190	42,334	4,588,099	922.7
All Causes of Death	Female	361	37,937	951.6	874.5	339.5	0.256	37,388	4,545,760	822.5
All Malignant Cancers	Total	139	77,535	179.3	162.3	141.5	0.876	15,094	9,133,859	165.3
All Malignant Cancers	Male	83	39,598	209.6	182.4	80.9	0.842	8,152	4,588,099	177.7
All Malignant Cancers	Female	56	37,937	147.6	137.8	62.0	0.488	6,942	4,545,760	152.7
Bladder	Total	5	77,535	6.4	5.6	4.7	1.000	480	9,133,859	5.3
Bladder	Male	3	39,598	7.6	6.2	3.9	0.895	372	4,588,099	8.1
Bladder	Female	2	37,937	5.3	4.8	1.0	0.521	108	4,545,760	2.4
Brain and Other Nervous System	Total	4	77,535	5.2	4.9	4.6	1.000	514	9,133,859	5.6
Brain and Other Nervous System	Male	2	39,598	5.1	4.7	2.7	1.000	287	4,588,099	6.3
Brain and Other Nervous System	Female	2	37,937	5.3	5.1	2.0	1.000	227	4,545,760	5.0
Breast	Total	9	77,535	11.6	10.6	10.4	0.825	1,115	9,133,859	12.2
Breast	Male	-	39,598	-	-	0.1	1.000	13	4,588,099	0.3
Breast	Female	9	37,937	23.7	22.3	9.8	0.975	1,102	4,545,760	24.2
Cervix	Female	1	37,937	2.6	2.7	0.7	1.000	87	4,545,760	1.9
Colorectal	Total	8	77,535	10.3	9.4	12.3	0.271	1,324	9,133,859	14.5
Colorectal	Male	6	39,598	15.2	13.5	7.0	0.891	726	4,588,099	15.8
Colorectal	Female	2	37,937	5.3	4.9	5.4	0.196	598	4,545,760	13.2
Corpus Uteri	Female	1	37,937	2.6	2.5	1.5	1.000	168	4,545,760	3.7
Esophagus	Total	9	77,535	11.6	10.7	4.2	0.054	452	9,133,859	4.9
Esophagus	Male	8	39,598	20.2	18.0	3.7	0.071	383	4,588,099	8.3
Esophagus	Female	1	37,937	2.6	2.5	0.6	0.917	69	4,545,760	1.5
Hodgkin Lymphoma	Total	-	77,535	-	-	0.2	1.000	25	9,133,859	0.3
Hodgkin Lymphoma	Male	-	39,598	-	-	0.1	1.000	14	4,588,099	0.3
Hodgkin Lymphoma	Female	-	37,937	-	-	0.1	1.000	11	4,545,760	0.2
Kidney	Total	1	77,535	1.3	1.2	3.6	0.246	385	9,133,859	4.2
Kidney	Male	1	39,598	2.5	2.2	2.4	0.609	245	4,588,099	5.3
Kidney	Female	-	37,937	-	-	1.3	0.560	140	4,545,760	3.1
Larynx	Total	1	77,535	1.3	1.2	0.7	1.000	75	9,133,859	0.8
Larynx	Male	1	39,598	2.5	2.2	0.6	0.937	64	4,588,099	1.4
Larynx	Female	-	37,937	-	-	0.1	1.000	11	4,545,760	0.2
Leukemia	Total	6	77,535	7.7	6.9	6.3	1.000	659	9,133,859	7.2
Leukemia	Male	2	39,598	5.1	4.3	4.0	0.484	395	4,588,099	8.6
Leukemia	Female	4	37,937	10.5	9.7	2.4	0.438	264	4,545,760	5.8
Liver and Bile Duct	Total	1	77,535	1.3	1.2	5.8	0.040 <<	634	9,133,859	6.9
Liver and Bile Duct	Male	1	39,598	2.5	2.3	4.0	0.179	422	4,588,099	9.2
Liver and Bile Duct	Female	-	37,937	-	-	1.9	0.303	212	4,545,760	4.7
Lung and Bronchus	Total	31	77,535	40.0	36.1	27.3	0.526	2,906	9,133,859	31.8
Lung and Bronchus	Male	15	39,598	37.9	33.2	15.0	1.000	1,526	4,588,099	33.3
Lung and Bronchus	Female	16	37,937	42.2	39.0	12.4	0.379	1,380	4,545,760	30.4
Melanoma of the Skin	Total	5	77,535	6.4	5.9	2.7	0.288	296	9,133,859	3.2
Melanoma of the Skin	Male	4	39,598	10.1	8.9	1.9	0.258	196	4,588,099	4.3
Melanoma of the Skin	Female	1	37,937	2.6	2.5	0.9	1.000	100	4,545,760	2.2
Myeloma	Total	2	77,535	2.6	2.3	3.1	0.814	323	9,133,859	3.5
Myeloma	Male	2	39,598	5.1	4.3	1.9	1.000	186	4,588,099	4.1
Myeloma	Female	-	37,937	-	-	1.2	0.575	137	4,545,760	3.0
Non-Hodgkin Lymphoma	Total	6	77,535	7.7	6.9	5.3	0.889	562	9,133,859	6.2
Non-Hodgkin Lymphoma	Male	3	39,598	7.6	6.6	3.1	1.000	307	4,588,099	6.7
Non-Hodgkin Lymphoma	Female	3	37,937	7.9	7.2	2.3	0.819	255	4,545,760	5.6
Oral Cavity and Pharynx	Total	4	77,535	5.2	4.8	2.5	0.482	271	9,133,859	3.0
Oral Cavity and Pharynx	Male	4	39,598	10.1	9.1	1.8	0.219	188	4,588,099	4.1
Oral Cavity and Pharynx	Female	-	37,937	-	-	0.7	0.960	83	4,545,760	1.8
Ovary	Female	1	37,937	2.6	2.5	3.2	0.345	360	4,545,760	7.9
Pancreas	Total	9	77,535	11.6	10.6	11.0	0.687	1,181	9,133,859	12.9
Pancreas	Male	5	39,598	12.6	11.2	6.3	0.808	645	4,588,099	14.1
Pancreas	Female	4	37,937	10.5	9.9	4.8	0.958	536	4,545,760	11.8
Prostate	Male	13	39,598	32.8	26.9	10.4	0.489	984	4,588,099	21.4
Stomach	Total	2	77,535	2.6	2.4	1.8	1.000	192	9,133,859	2.1
Stomach	Male	-	39,598	-	-	1.2	0.616	119	4,588,099	2.6
Stomach	Female	2	37,937	5.3	5.1	0.6	0.266	73	4,545,760	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	Gooding 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%	79.6%
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%	9.3%
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%	51.4%
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%	24.5%
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%	25.6%
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%	68.1%
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%	16.8%
Home Ever Tested for Radon (2016, 2018, 2020)	22.9%	30.8%	18.3%	16.9%	25.2%	20.1%	23.0%	21.0%	12.4%

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.

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CDRI Cancer Data Registry of Idaho

Idaho Hospital Association