LEWIS 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 153 cases of invasive cancer were diagnosed among Lewis County residents (Table 1).

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

Cancer Incidence 2017–2021	Lewis County	State of Idaho
All Sites/Types	**153**	**47,333**
Female Breast	**23**	**6,943**
Prostate	**24**	**6,766**
Lung & Bronchus	**26**	**4,959**
Colorectal	**12**	**3,632**

Table 3 (*Cancer Incidence 2017–2021, Comparison between Lewis 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 Lewis 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 Lewis County was 800.6 cases per 100,000 person-years per year during 2017–2021. Comparing this crude rate with the crude rate for the remainder of Idaho (525.8) gives an estimate of the relative burden of disease in Lewis County.

The age- and sex-adjusted incidence rate of invasive cancer in Lewis County, all sites combined, was 544.8 cases per 100,000 persons per year during 2017–2021. There were more cases of cancer in Lewis County (153) than expected (147.7) 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 Lewis 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 Lewis County and the State of Idaho, 2018–2022

Mortality 2018–2022	Lewis County	State of Idaho
All Deaths	**280**	**80,538**
Cancer Deaths	**55**	**15,233**
% of All Deaths	*19.6%*	*18.9%*
Lung & Bronchus	**12**	**2,937**
Colorectal	**3**	**1,332**
Pancreas	**3**	**1,190**
Female Breast	**0**	**1,111**
Prostate	**4**	**997**

Table 4 (*Cancer Mortality 2018–2022, Comparison between Lewis 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 Lewis 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 Lewis County, all sites combined, was 180.7 deaths per 100,000 persons per year during 2018–2022, compared with 165.1 for the remainder of the state. There were more cancer deaths in Lewis County (55) than expected (50.3) 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 2017–2021
COMPARISON BETWEEN LEWIS COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Lewis 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	153	19,110	800.6	544.8	147.7	0.682	47,180	8,972,996	525.8
All Sites Combined	Male	90	9,693	928.5	586.2	85.9	0.683	25,180	4,502,580	559.2
All Sites Combined	Female	63	9,417	669.0	487.2	63.6	1.000	22,000	4,470,416	492.1
Bladder	Total	9	19,110	47.1	29.0	7.7	0.720	2,211	8,972,996	24.6
Bladder	Male	6	9,693	61.9	35.6	6.6	1.000	1,767	4,502,580	39.2
Bladder	Female	3	9,417	31.9	21.0	1.4	0.341	444	4,470,416	9.9
Brain - malignant	Total	-	19,110	-	-	1.8	0.319	657	8,972,996	7.3
Brain - malignant	Male	-	9,693	-	-	1.1	0.667	382	4,502,580	8.5
Brain - malignant	Female	-	9,417	-	-	0.7	0.946	275	4,470,416	6.2
Brain and other CNS - non-malignant	Total	5	19,110	26.2	18.9	4.6	0.956	1,542	8,972,996	17.2
Brain and other CNS - non-malignant	Male	3	9,693	31.0	21.9	1.5	0.388	497	4,502,580	11.0
Brain and other CNS - non-malignant	Female	2	9,417	21.2	15.7	3.0	0.859	1,045	4,470,416	23.4
Breast	Total	23	19,110	120.4	86.9	20.6	0.655	6,985	8,972,996	77.8
Breast	Male	-	9,693	-	-	0.2	1.000	65	4,502,580	1.4
Breast	Female	23	9,417	244.2	182.1	19.5	0.491	6,920	4,470,416	154.8
Breast - in situ	Total	2	19,110	10.5	7.8	3.9	0.511	1,367	8,972,996	15.2
Breast - in situ	Male	-	9,693	-	-	0.0	1.000	4	4,502,580	0.1
Breast - in situ	Female	2	9,417	21.2	16.3	3.7	0.557	1,363	4,470,416	30.5
Cervix	Female	-	9,417	-	-	0.6	1.000	294	4,470,416	6.6
Colorectal	Total	12	19,110	62.8	43.2	11.2	0.891	3,620	8,972,996	40.3
Colorectal	Male	10	9,693	103.2	68.3	6.4	0.228	1,967	4,502,580	43.7
Colorectal	Female	2	9,417	21.2	15.1	4.9	0.269	1,653	4,470,416	37.0
Corpus Uteri	Female	4	9,417	42.5	31.5	3.8	1.000	1,350	4,470,416	30.2
Esophagus	Total	2	19,110	10.5	6.8	1.7	0.990	505	8,972,996	5.6
Esophagus	Male	1	9,693	10.3	6.3	1.5	1.000	428	4,502,580	9.5
Esophagus	Female	1	9,417	10.6	7.2	0.2	0.424	77	4,470,416	1.7
Hodgkin Lymphoma	Total	-	19,110	-	-	0.5	1.000	222	8,972,996	2.5
Hodgkin Lymphoma	Male	-	9,693	-	-	0.3	1.000	129	4,502,580	2.9
Hodgkin Lymphoma	Female	-	9,417	-	-	0.2	1.000	93	4,470,416	2.1
Kidney and Renal Pelvis	Total	6	19,110	31.4	21.7	6.0	1.000	1,945	8,972,996	21.7
Kidney and Renal Pelvis	Male	3	9,693	31.0	20.6	4.2	0.779	1,307	4,502,580	29.0
Kidney and Renal Pelvis	Female	3	9,417	31.9	22.9	1.9	0.578	638	4,470,416	14.3
Larynx	Total	1	19,110	5.2	3.4	0.7	1.000	219	8,972,996	2.4
Larynx	Male	1	9,693	10.3	6.3	0.6	0.886	166	4,502,580	3.7
Larynx	Female	-	9,417	-	-	0.2	1.000	53	4,470,416	1.2
Leukemia	Total	3	19,110	15.7	10.6	5.4	0.421	1,724	8,972,996	19.2
Leukemia	Male	3	9,693	31.0	19.9	3.5	1.000	1,033	4,502,580	22.9
Leukemia	Female	-	9,417	-	-	2.1	0.257	691	4,470,416	15.5
Liver and Bile Duct	Total	2	19,110	10.5	6.9	2.7	0.988	841	8,972,996	9.4
Liver and Bile Duct	Male	2	9,693	20.6	13.1	2.0	1.000	592	4,502,580	13.1
Liver and Bile Duct	Female	-	9,417	-	-	0.8	0.936	249	4,470,416	5.6
Lung and Bronchus	Total	26	19,110	136.1	84.4	16.9	0.048 >>	4,933	8,972,996	55.0
Lung and Bronchus	Male	15	9,693	154.8	90.3	9.1	0.093	2,480	4,502,580	55.1
Lung and Bronchus	Female	11	9,417	116.8	76.6	7.9	0.346	2,453	4,470,416	54.9
Melanoma of the Skin	Total	7	19,110	36.6	26.0	9.4	0.555	3,137	8,972,996	35.0
Melanoma of the Skin	Male	5	9,693	51.6	33.5	6.3	0.806	1,890	4,502,580	42.0
Melanoma of the Skin	Female	2	9,417	21.2	16.6	3.4	0.692	1,247	4,470,416	27.9
Myeloma	Total	4	19,110	20.9	13.4	2.4	0.443	724	8,972,996	8.1
Myeloma	Male	3	9,693	31.0	18.8	1.6	0.420	444	4,502,580	9.9
Myeloma	Female	1	9,417	10.6	7.2	0.9	1.000	280	4,470,416	6.3
Non-Hodgkin Lymphoma	Total	4	19,110	20.9	14.3	6.2	0.514	1,988	8,972,996	22.2
Non-Hodgkin Lymphoma	Male	4	9,693	41.3	27.1	3.7	1.000	1,142	4,502,580	25.4
Non-Hodgkin Lymphoma	Female	-	9,417	-	-	2.5	0.158	846	4,470,416	18.9
Oral Cavity and Pharynx	Total	4	19,110	20.9	14.4	4.1	1.000	1,311	8,972,996	14.6
Oral Cavity and Pharynx	Male	3	9,693	31.0	20.5	3.0	1.000	937	4,502,580	20.8
Oral Cavity and Pharynx	Female	1	9,417	10.6	7.6	1.1	1.000	374	4,470,416	8.4
Ovary	Female	-	9,417	-	-	1.6	0.421	553	4,470,416	12.4
Pancreas	Total	7	19,110	36.6	23.3	5.0	0.461	1,481	8,972,996	16.5
Pancreas	Male	2	9,693	20.6	12.4	2.9	0.870	824	4,502,580	18.3
Pancreas	Female	5	9,417	53.1	35.6	2.1	0.117	657	4,470,416	14.7
Prostate	Male	24	9,693	247.6	153.1	23.5	0.967	6,742	4,502,580	149.7
Stomach	Total	3	19,110	15.7	10.4	1.5	0.388	471	8,972,996	5.2
Stomach	Male	1	9,693	10.3	6.4	1.1	1.000	306	4,502,580	6.8
Stomach	Female	2	9,417	21.2	15.2	0.5	0.173	165	4,470,416	3.7
Testis	Male	-	9,693	-	-	0.5	1.000	274	4,502,580	6.1
Thyroid	Total	5	19,110	26.2	23.9	2.8	0.290	1,180	8,972,996	13.2
Thyroid	Male	3	9,693	31.0	24.6	1.0	0.160	369	4,502,580	8.2
Thyroid	Female	2	9,417	21.2	20.5	1.8	1.000	811	4,470,416	18.1
Pediatric Age 0 to 19	Total	2	4,695	42.6	43.0	0.8	0.374	423	2,494,629	17.0
Pediatric Age 0 to 19	Male	2	2,503	79.9	80.4	0.4	0.131	212	1,271,818	16.7
Pediatric Age 0 to 19	Female	-	2,192	-	-	0.4	1.000	211	1,222,811	17.3

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 LEWIS COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Lewis 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	280	18,990	1,474.5	924.8	264.3	0.350	80,255	9,192,404	873.1
All Causes of Death	Male	179	9,669	1,851.3	1,109.5	148.9	0.018 >>	42,607	4,618,028	922.6
All Causes of Death	Female	101	9,321	1,083.6	707.1	117.6	0.133	37,648	4,574,376	823.0
All Malignant Cancers	Total	55	18,990	289.6	180.7	50.3	0.540	15,178	9,192,404	165.1
All Malignant Cancers	Male	41	9,669	424.0	247.2	29.4	0.050	8,194	4,618,028	177.4
All Malignant Cancers	Female	14	9,321	150.2	99.4	21.5	0.117	6,984	4,574,376	152.7
Bladder	Total	4	18,990	21.1	12.3	1.7	0.186	481	9,192,404	5.2
Bladder	Male	3	9,669	31.0	16.7	1.4	0.354	372	4,618,028	8.1
Bladder	Female	1	9,321	10.7	6.7	0.4	0.600	109	4,574,376	2.4
Brain and Other Nervous System	Total	3	18,990	15.8	11.1	1.5	0.392	515	9,192,404	5.6
Brain and Other Nervous System	Male	3	9,669	31.0	21.0	0.9	0.120	286	4,618,028	6.2
Brain and Other Nervous System	Female	-	9,321	-	-	0.6	1.000	229	4,574,376	5.0
Breast	Total	-	18,990	-	-	3.6	0.056	1,124	9,192,404	12.2
Breast	Male	-	9,669	-	-	0.0	1.000	13	4,618,028	0.3
Breast	Female	-	9,321	-	-	3.3	0.073	1,111	4,574,376	24.3
Cervix	Female	-	9,321	-	-	0.2	1.000	88	4,574,376	1.9
Colorectal	Total	3	18,990	15.8	10.2	4.2	0.777	1,329	9,192,404	14.5
Colorectal	Male	2	9,669	20.7	12.9	2.4	1.000	730	4,618,028	15.8
Colorectal	Female	1	9,321	10.7	7.2	1.8	0.911	599	4,574,376	13.1
Corpus Uteri	Female	1	9,321	10.7	7.1	0.5	0.807	168	4,574,376	3.7
Esophagus	Total	2	18,990	10.5	6.6	1.5	0.886	459	9,192,404	5.0
Esophagus	Male	1	9,669	10.3	6.2	1.4	1.000	390	4,618,028	8.4
Esophagus	Female	1	9,321	10.7	7.0	0.2	0.385	69	4,574,376	1.5
Hodgkin Lymphoma	Total	-	18,990	-	-	0.1	1.000	25	9,192,404	0.3
Hodgkin Lymphoma	Male	-	9,669	-	-	0.0	1.000	14	4,618,028	0.3
Hodgkin Lymphoma	Female	-	9,321	-	-	0.0	1.000	11	4,574,376	0.2
Kidney	Total	3	18,990	15.8	9.7	1.3	0.283	383	9,192,404	4.2
Kidney	Male	2	9,669	20.7	12.1	0.9	0.437	244	4,618,028	5.3
Kidney	Female	1	9,321	10.7	6.8	0.4	0.723	139	4,574,376	3.0
Larynx	Total	2	18,990	10.5	6.5	0.2	0.052	74	9,192,404	0.8
Larynx	Male	1	9,669	10.3	5.9	0.2	0.418	64	4,618,028	1.4
Larynx	Female	1	9,321	10.7	7.8	0.0	0.056	10	4,574,376	0.2
Leukemia	Total	1	18,990	5.3	3.2	2.2	0.692	664	9,192,404	7.2
Leukemia	Male	1	9,669	10.3	5.9	1.4	1.000	396	4,618,028	8.6
Leukemia	Female	-	9,321	-	-	0.8	0.862	268	4,574,376	5.9
Liver and Bile Duct	Total	2	18,990	10.5	6.7	2.0	1.000	633	9,192,404	6.9
Liver and Bile Duct	Male	2	9,669	20.7	12.6	1.4	0.846	421	4,618,028	9.1
Liver and Bile Duct	Female	-	9,321	-	-	0.7	1.000	212	4,574,376	4.6
Lung and Bronchus	Total	12	18,990	63.2	38.4	9.9	0.593	2,925	9,192,404	31.8
Lung and Bronchus	Male	8	9,669	82.7	47.6	5.6	0.401	1,533	4,618,028	33.2
Lung and Bronchus	Female	4	9,321	42.9	27.4	4.4	1.000	1,392	4,574,376	30.4
Melanoma of the Skin	Total	-	18,990	-	-	1.0	0.763	301	9,192,404	3.3
Melanoma of the Skin	Male	-	9,669	-	-	0.7	0.998	200	4,618,028	4.3
Melanoma of the Skin	Female	-	9,321	-	-	0.3	1.000	101	4,574,376	2.2
Myeloma	Total	2	18,990	10.5	6.3	1.1	0.618	323	9,192,404	3.5
Myeloma	Male	2	9,669	20.7	11.5	0.7	0.311	186	4,618,028	4.0
Myeloma	Female	-	9,321	-	-	0.4	1.000	137	4,574,376	3.0
Non-Hodgkin Lymphoma	Total	3	18,990	15.8	9.6	1.9	0.604	565	9,192,404	6.1
Non-Hodgkin Lymphoma	Male	2	9,669	20.7	12.0	1.1	0.608	308	4,618,028	6.7
Non-Hodgkin Lymphoma	Female	1	9,321	10.7	6.8	0.8	1.000	257	4,574,376	5.6
Oral Cavity and Pharynx	Total	2	18,990	10.5	6.7	0.9	0.441	273	9,192,404	3.0
Oral Cavity and Pharynx	Male	2	9,669	20.7	12.6	0.7	0.281	190	4,618,028	4.1
Oral Cavity and Pharynx	Female	-	9,321	-	-	0.3	1.000	83	4,574,376	1.8
Ovary	Female	1	9,321	10.7	7.1	1.1	1.000	360	4,574,376	7.9
Pancreas	Total	3	18,990	15.8	9.8	3.9	0.890	1,187	9,192,404	12.9
Pancreas	Male	2	9,669	20.7	12.2	2.3	1.000	648	4,618,028	14.0
Pancreas	Female	1	9,321	10.7	7.0	1.7	1.000	539	4,574,376	11.8
Prostate	Male	4	9,669	41.4	22.1	3.9	1.000	993	4,618,028	21.5
Stomach	Total	1	18,990	5.3	3.5	0.6	0.904	193	9,192,404	2.1
Stomach	Male	-	9,669	-	-	0.4	1.000	119	4,618,028	2.6
Stomach	Female	1	9,321	10.7	7.8	0.2	0.376	74	4,574,376	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	Lewis 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%	.
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%	10.7%
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%	64.9%
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%	20.1%
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%	20.9%
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%	68.8%
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%	15.3%
Home Ever Tested for Radon (2016, 2018, 2020)	22.9%	30.8%	18.3%	16.9%	25.2%	20.1%	23.0%	21.0%	17.6%

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).

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