

PAYETTE 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 783 cases of invasive cancer were diagnosed among Payette County residents (Table 1).

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

Cancer Incidence 2017–2021	Payette County	State of Idaho
All Sites/Types	783	47,333
Female Breast	110	6,943
Prostate	102	6,766
Lung & Bronchus	122	4,959
Colorectal	65	3,632

Table 3 (*Cancer Incidence 2017–2021, Comparison between Payette 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 Payette 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 Payette County was 641.9 cases per 100,000 person-years per year during 2017–2021. Comparing this crude rate with the crude rate for the remainder of Idaho (524.8) gives an estimate of the relative burden of disease in Payette County.

The age- and sex-adjusted incidence rate of invasive cancer in Payette County, all sites combined, was 576.9 cases per 100,000 persons per year during 2017–2021. There were statistically significantly more cases of cancer in Payette County (783) than expected (712.3) based upon rates in the remainder of the state ($p=.009$).

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 283 Payette 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 Payette County and the State of Idaho, 2018–2022

Mortality 2018–2022	Payette County	State of Idaho
All Deaths	1,407	80,538
Cancer Deaths	283	15,233
% of All Deaths	20.1%	18.9%
Lung & Bronchus	74	2,937
Colorectal	30	1,332
Pancreas	11	1,190
Female Breast	27	1,111
Prostate	21	997

Table 4 (*Cancer Mortality 2018–2022, Comparison between Payette 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 Payette 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 Payette County, all sites combined, was 196.3 deaths per 100,000 persons per year during 2018–2022, compared with 164.5 for the remainder of the state. There were statistically significantly more cancer deaths in Payette County (283) than expected (237.2) based upon rates in the remainder of the state ($p=.004$).

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 PAYETTE COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Payette 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	783	121,977	641.9	576.9	712.3	0.009 >>	46,550	8,870,129	524.8
All Sites Combined	Male	410	61,046	671.6	590.0	388.1	0.278	24,860	4,451,227	558.5
All Sites Combined	Female	373	60,931	612.2	559.9	327.0	0.013 >>	21,690	4,418,902	490.8
Bladder	Total	26	121,977	21.3	18.4	35.0	0.141	2,194	8,870,129	24.7
Bladder	Male	18	61,046	29.5	24.7	28.7	0.044 <<	1,755	4,451,227	39.4
Bladder	Female	8	60,931	13.1	11.7	6.8	0.749	439	4,418,902	9.9
Brain - malignant	Total	9	121,977	7.4	6.9	9.6	1.000	648	8,870,129	7.3
Brain - malignant	Male	5	61,046	8.2	7.6	5.6	1.000	377	4,451,227	8.5
Brain - malignant	Female	4	60,931	6.6	6.1	4.0	1.000	271	4,418,902	6.1
Brain and other CNS - non-malignant	Total	22	121,977	18.0	16.4	23.0	0.939	1,525	8,870,129	17.2
Brain and other CNS - non-malignant	Male	8	61,046	13.1	11.9	7.5	0.939	492	4,451,227	11.1
Brain and other CNS - non-malignant	Female	14	60,931	23.0	21.1	15.5	0.824	1,033	4,418,902	23.4
Breast	Total	110	121,977	90.2	82.5	103.8	0.565	6,898	8,870,129	77.8
Breast	Male	-	61,046	-	-	1.0	0.706	65	4,451,227	1.5
Breast	Female	110	60,931	180.5	165.7	102.6	0.492	6,833	4,418,902	154.6
Breast - in situ	Total	19	121,977	15.6	14.4	20.1	0.927	1,350	8,870,129	15.2
Breast - in situ	Male	-	61,046	-	-	0.1	1.000	4	4,451,227	0.1
Breast - in situ	Female	19	60,931	31.2	28.8	20.1	0.922	1,346	4,418,902	30.5
Cervix	Female	8	60,931	13.1	13.0	4.0	0.101	286	4,418,902	6.5
Colorectal	Total	65	121,977	53.3	47.8	54.7	0.191	3,567	8,870,129	40.2
Colorectal	Male	41	61,046	67.2	59.4	30.0	0.066	1,936	4,451,227	43.5
Colorectal	Female	24	60,931	39.4	35.8	24.7	0.990	1,631	4,418,902	36.9
Corpus Uteri	Female	13	60,931	21.3	19.7	20.0	0.133	1,341	4,418,902	30.3
Esophagus	Total	5	121,977	4.1	3.6	7.8	0.413	502	8,870,129	5.7
Esophagus	Male	4	61,046	6.6	5.7	6.7	0.398	425	4,451,227	9.5
Esophagus	Female	1	60,931	1.6	1.5	1.2	1.000	77	4,418,902	1.7
Hodgkin Lymphoma	Total	2	121,977	1.6	1.6	3.0	0.843	220	8,870,129	2.5
Hodgkin Lymphoma	Male	1	61,046	1.6	1.6	1.8	0.952	128	4,451,227	2.9
Hodgkin Lymphoma	Female	1	60,931	1.6	1.7	1.2	1.000	92	4,418,902	2.1
Kidney and Renal Pelvis	Total	39	121,977	32.0	28.7	29.3	0.097	1,912	8,870,129	21.6
Kidney and Renal Pelvis	Male	29	61,046	47.5	42.4	19.7	0.059	1,281	4,451,227	28.8
Kidney and Renal Pelvis	Female	10	60,931	16.4	14.8	9.6	0.989	631	4,418,902	14.3
Larynx	Total	5	121,977	4.1	3.6	3.3	0.484	215	8,870,129	2.4
Larynx	Male	5	61,046	8.2	7.1	2.6	0.235	162	4,451,227	3.6
Larynx	Female	-	60,931	-	-	0.8	0.901	53	4,418,902	1.2
Leukemia	Total	28	121,977	23.0	20.4	26.3	0.790	1,699	8,870,129	19.2
Leukemia	Male	16	61,046	26.2	22.8	16.1	1.000	1,020	4,451,227	22.9
Leukemia	Female	12	60,931	19.7	17.8	10.4	0.692	679	4,418,902	15.4
Liver and Bile Duct	Total	18	121,977	14.8	13.3	12.6	0.177	825	8,870,129	9.3
Liver and Bile Duct	Male	15	61,046	24.6	22.0	8.9	0.075	579	4,451,227	13.0
Liver and Bile Duct	Female	3	60,931	4.9	4.5	3.7	0.970	246	4,418,902	5.6
Lung and Bronchus	Total	122	121,977	100.0	86.7	76.7	0.000 >>	4,837	8,870,129	54.5
Lung and Bronchus	Male	59	61,046	96.6	82.1	39.3	0.004 >>	2,436	4,451,227	54.7
Lung and Bronchus	Female	63	60,931	103.4	91.1	37.6	0.000 >>	2,401	4,418,902	54.3
Melanoma of the Skin	Total	27	121,977	22.1	20.2	47.1	0.002 <<	3,117	8,870,129	35.1
Melanoma of the Skin	Male	15	61,046	24.6	21.6	29.3	0.006 <<	1,880	4,451,227	42.2
Melanoma of the Skin	Female	12	60,931	19.7	18.5	18.2	0.170	1,237	4,418,902	28.0
Myeloma	Total	14	121,977	11.5	10.0	11.2	0.478	714	8,870,129	8.0
Myeloma	Male	9	61,046	14.7	12.6	7.0	0.548	438	4,451,227	9.8
Myeloma	Female	5	60,931	8.2	7.3	4.3	0.846	276	4,418,902	6.2
Non-Hodgkin Lymphoma	Total	40	121,977	32.8	29.4	29.9	0.089	1,952	8,870,129	22.0
Non-Hodgkin Lymphoma	Male	15	61,046	24.6	21.9	17.4	0.670	1,131	4,451,227	25.4
Non-Hodgkin Lymphoma	Female	25	60,931	41.0	37.2	12.5	0.002 >>	821	4,418,902	18.6
Oral Cavity and Pharynx	Total	15	121,977	12.3	11.2	19.7	0.345	1,300	8,870,129	14.7
Oral Cavity and Pharynx	Male	10	61,046	16.4	14.8	14.2	0.331	930	4,451,227	20.9
Oral Cavity and Pharynx	Female	5	60,931	8.2	7.5	5.6	1.000	370	4,418,902	8.4
Ovary	Female	10	60,931	16.4	15.2	8.1	0.590	543	4,418,902	12.3
Pancreas	Total	22	121,977	18.0	15.8	23.0	0.944	1,466	8,870,129	16.5
Pancreas	Male	12	61,046	19.7	16.8	13.0	0.916	814	4,451,227	18.3
Pancreas	Female	10	60,931	16.4	14.7	10.1	1.000	652	4,418,902	14.8
Prostate	Male	102	61,046	167.1	148.2	103.0	0.970	6,664	4,451,227	149.7
Stomach	Total	6	121,977	4.9	4.4	7.3	0.821	468	8,870,129	5.3
Stomach	Male	4	61,046	6.6	5.7	4.8	0.946	303	4,451,227	6.8
Stomach	Female	2	60,931	3.3	3.0	2.5	1.000	165	4,418,902	3.7
Testis	Male	2	61,046	3.3	3.6	3.4	0.686	272	4,451,227	6.1
Thyroid	Total	24	121,977	19.7	19.4	16.2	0.081	1,161	8,870,129	13.1
Thyroid	Male	11	61,046	18.0	17.2	5.2	0.035 >>	361	4,451,227	8.1
Thyroid	Female	13	60,931	21.3	21.3	11.1	0.638	800	4,418,902	18.1
Pediatric Age 0 to 19	Total	9	34,505	26.1	26.2	5.8	0.264	416	2,464,819	16.9
Pediatric Age 0 to 19	Male	4	17,921	22.3	22.4	3.0	0.700	210	1,256,400	16.7
Pediatric Age 0 to 19	Female	5	16,584	30.1	30.4	2.8	0.305	206	1,208,419	17.0

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 PAYETTE COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Payette 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	1,407	125,715	1,119.2	982.7	1,246.9	0.000 >>	79,128	9,085,679	870.9
All Causes of Death	Male	780	63,112	1,235.9	1,050.2	683.5	0.000 >>	42,006	4,564,585	920.3
All Causes of Death	Female	627	62,603	1,001.5	910.1	565.7	0.012 >>	37,122	4,521,094	821.1
All Malignant Cancers	Total	283	125,715	225.1	196.3	237.2	0.004 >>	14,950	9,085,679	164.5
All Malignant Cancers	Male	153	63,112	242.4	205.2	132.0	0.080	8,082	4,564,585	177.1
All Malignant Cancers	Female	130	62,603	207.7	185.3	106.6	0.030 >>	6,868	4,521,094	151.9
Bladder	Total	9	125,715	7.2	6.1	7.7	0.732	476	9,085,679	5.2
Bladder	Male	8	63,112	12.7	10.3	6.3	0.583	367	4,564,585	8.0
Bladder	Female	1	62,603	1.6	1.4	1.7	0.983	109	4,521,094	2.4
Brain and Other Nervous System	Total	9	125,715	7.2	6.5	7.7	0.742	509	9,085,679	5.6
Brain and Other Nervous System	Male	4	63,112	6.3	5.7	4.4	1.000	285	4,564,585	6.2
Brain and Other Nervous System	Female	5	62,603	8.0	7.3	3.4	0.502	224	4,521,094	5.0
Breast	Total	27	125,715	21.5	19.1	17.1	0.032 >>	1,097	9,085,679	12.1
Breast	Male	-	63,112	-	-	0.2	1.000	13	4,564,585	0.3
Breast	Female	27	62,603	43.1	39.1	16.6	0.023 >>	1,084	4,521,094	24.0
Cervix	Female	-	62,603	-	-	1.3	0.563	88	4,521,094	1.9
Colorectal	Total	30	125,715	23.9	21.1	20.4	0.055	1,302	9,085,679	14.3
Colorectal	Male	16	63,112	25.4	22.0	11.4	0.230	716	4,564,585	15.7
Colorectal	Female	14	62,603	22.4	20.1	9.0	0.149	586	4,521,094	13.0
Corpus Uteri	Female	2	62,603	3.2	2.9	2.6	1.000	167	4,521,094	3.7
Esophagus	Total	8	125,715	6.4	5.6	7.2	0.849	453	9,085,679	5.0
Esophagus	Male	8	63,112	12.7	11.0	6.1	0.547	383	4,564,585	8.4
Esophagus	Female	-	62,603	-	-	1.1	0.664	70	4,521,094	1.5
Hodgkin Lymphoma	Total	-	125,715	-	-	0.4	1.000	25	9,085,679	0.3
Hodgkin Lymphoma	Male	-	63,112	-	-	0.2	1.000	14	4,564,585	0.3
Hodgkin Lymphoma	Female	-	62,603	-	-	0.2	1.000	11	4,521,094	0.2
Kidney	Total	4	125,715	3.2	2.8	6.1	0.551	382	9,085,679	4.2
Kidney	Male	4	63,112	6.3	5.4	3.9	1.000	242	4,564,585	5.3
Kidney	Female	-	62,603	-	-	2.2	0.225	140	4,521,094	3.1
Larynx	Total	1	125,715	0.8	0.7	1.2	1.000	75	9,085,679	0.8
Larynx	Male	1	63,112	1.6	1.3	1.0	1.000	64	4,564,585	1.4
Larynx	Female	-	62,603	-	-	0.2	1.000	11	4,521,094	0.2
Leukemia	Total	10	125,715	8.0	6.8	10.5	1.000	655	9,085,679	7.2
Leukemia	Male	9	63,112	14.3	11.9	6.4	0.401	388	4,564,585	8.5
Leukemia	Female	1	62,603	1.6	1.4	4.2	0.156	267	4,521,094	5.9
Liver and Bile Duct	Total	10	125,715	8.0	7.0	9.8	1.000	625	9,085,679	6.9
Liver and Bile Duct	Male	8	63,112	12.7	11.1	6.5	0.665	415	4,564,585	9.1
Liver and Bile Duct	Female	2	62,603	3.2	2.8	3.3	0.728	210	4,521,094	4.6
Lung and Bronchus	Total	74	125,715	58.9	50.7	46.0	0.000 >>	2,863	9,085,679	31.5
Lung and Bronchus	Male	35	63,112	55.5	46.9	24.6	0.056	1,506	4,564,585	33.0
Lung and Bronchus	Female	39	62,603	62.3	54.5	21.5	0.001 >>	1,357	4,521,094	30.0
Melanoma of the Skin	Total	4	125,715	3.2	2.8	4.7	1.000	297	9,085,679	3.3
Melanoma of the Skin	Male	2	63,112	3.2	2.7	3.2	0.760	198	4,564,585	4.3
Melanoma of the Skin	Female	2	62,603	3.2	2.9	1.5	0.895	99	4,521,094	2.2
Myeloma	Total	6	125,715	4.8	4.1	5.2	0.830	319	9,085,679	3.5
Myeloma	Male	4	63,112	6.3	5.3	3.1	0.734	184	4,564,585	4.0
Myeloma	Female	2	62,603	3.2	2.8	2.2	1.000	135	4,521,094	3.0
Non-Hodgkin Lymphoma	Total	9	125,715	7.2	6.1	9.0	1.000	559	9,085,679	6.2
Non-Hodgkin Lymphoma	Male	3	63,112	4.8	4.0	5.1	0.512	307	4,564,585	6.7
Non-Hodgkin Lymphoma	Female	6	62,603	9.6	8.4	4.0	0.427	252	4,521,094	5.6
Oral Cavity and Pharynx	Total	6	125,715	4.8	4.2	4.2	0.500	269	9,085,679	3.0
Oral Cavity and Pharynx	Male	5	63,112	7.9	6.9	3.0	0.363	187	4,564,585	4.1
Oral Cavity and Pharynx	Female	1	62,603	1.6	1.4	1.3	1.000	82	4,521,094	1.8
Ovary	Female	8	62,603	12.8	11.4	5.5	0.375	353	4,521,094	7.8
Pancreas	Total	11	125,715	8.7	7.6	18.7	0.080	1,179	9,085,679	13.0
Pancreas	Male	6	63,112	9.5	8.1	10.4	0.215	644	4,564,585	14.1
Pancreas	Female	5	62,603	8.0	7.1	8.3	0.324	535	4,521,094	11.8
Prostate	Male	21	63,112	33.3	26.9	16.7	0.349	976	4,564,585	21.4
Stomach	Total	2	125,715	1.6	1.4	3.0	0.843	192	9,085,679	2.1
Stomach	Male	1	63,112	1.6	1.3	1.9	0.854	118	4,564,585	2.6
Stomach	Female	1	62,603	1.6	1.5	1.1	1.000	74	4,521,094	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	Payette 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%	90.1%
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%	11.9%
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%	68.9%
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%	71.1%
Colorectal Cancer Screening, Age 45–75 (2022)	63.3%	61.0%	62.5%	60.8%	67.2%	65.0%	60.4%	60.2%	72.3%
Tobacco Use									
Current Tobacco User (2020–2022)	22.1%	24.3%	20.4%	24.8%	21.3%	22.5%	22.6%	18.1%	27.5%
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%	18.7%
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%	76.4%
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%	14.7%

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).

** 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.

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.