TWIN FALLS 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 2,192 cases of invasive cancer were diagnosed among Twin Falls County residents (Table 1).

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

Cancer Incidence 2017–2021	Twin Falls County	State of Idaho
All Sites/Types	**2,192**	**47,333**
Female Breast	**278**	**6,943**
Prostate	**238**	**6,766**
Lung & Bronchus	**247**	**4,959**
Colorectal	**168**	**3,632**

Table 3 (*Cancer Incidence 2017–2021, Comparison between Twin Falls 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 Twin Falls 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 Twin Falls County was 498.7 cases per 100,000 person-years per year during 2017–2021. Comparing this crude rate with the crude rate for the remainder of Idaho (527.8) gives an estimate of the relative burden of disease in Twin Falls County.

The age- and sex-adjusted incidence rate of invasive cancer in Twin Falls County, all sites combined, was 515.6 cases per 100,000 persons per year during 2017–2021. There were fewer cases of cancer in Twin Falls County (2,192) than expected (2,244.1) 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 776 Twin Falls 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 Twin Falls County and the State of Idaho, 2018–2022

Mortality 2018–2022	Twin Falls County	State of Idaho
All Deaths	**4,527**	**80,538**
Cancer Deaths	**776**	**15,233**
% of All Deaths	*17.1%*	*18.9%*
Lung & Bronchus	**144**	**2,937**
Colorectal	**62**	**1,332**
Pancreas	**52**	**1,190**
Female Breast	**41**	**1,111**
Prostate	**63**	**997**

Table 4 (*Cancer Mortality 2018–2022, Comparison between Twin Falls 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 Twin Falls 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 Twin Falls County, all sites combined, was 174.3 deaths per 100,000 persons per year during 2018–2022, compared with 165.0 for the remainder of the state. There were more cancer deaths in Twin Falls County (776) than expected (734.3) 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 TWIN FALLS COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Twin Falls 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	2,192	439,500	498.7	515.6	2,244.1	0.276	45,141	8,552,606	527.8
All Sites Combined	Male	1,160	217,016	534.5	559.5	1,163.9	0.926	24,110	4,295,257	561.3
All Sites Combined	Female	1,032	222,484	463.9	476.9	1,069.1	0.263	21,031	4,257,349	494.0
Bladder	Total	120	439,500	27.3	27.7	106.2	0.200	2,100	8,552,606	24.6
Bladder	Male	105	217,016	48.4	50.2	81.3	0.013 >>	1,668	4,295,257	38.8
Bladder	Female	15	222,484	6.7	6.8	22.4	0.134	432	4,257,349	10.1
Brain - malignant	Total	29	439,500	6.6	6.7	31.6	0.732	628	8,552,606	7.3
Brain - malignant	Male	17	217,016	7.8	8.1	17.9	0.960	365	4,295,257	8.5
Brain - malignant	Female	12	222,484	5.4	5.5	13.6	0.801	263	4,257,349	6.2
Brain and other CNS - non-malignant	Total	65	439,500	14.8	15.2	74.3	0.304	1,482	8,552,606	17.3
Brain and other CNS - non-malignant	Male	20	217,016	9.2	9.5	23.5	0.554	480	4,295,257	11.2
Brain and other CNS - non-malignant	Female	45	222,484	20.2	20.6	51.4	0.415	1,002	4,257,349	23.5
Breast	Total	280	439,500	63.7	66.6	330.9	0.005 <<	6,728	8,552,606	78.7
Breast	Male	2	217,016	0.9	1.0	3.1	0.808	63	4,295,257	1.5
Breast	Female	278	222,484	125.0	130.6	333.3	0.002 <<	6,665	4,257,349	156.6
Breast - in situ	Total	35	439,500	8.0	8.5	64.6	0.000 <<	1,334	8,552,606	15.6
Breast - in situ	Male	-	217,016	-	-	0.2	1.000	4	4,295,257	0.1
Breast - in situ	Female	35	222,484	15.7	16.8	65.2	0.000 <<	1,330	4,257,349	31.2
Cervix	Female	8	222,484	3.6	3.7	14.5	0.099	286	4,257,349	6.7
Colorectal	Total	168	439,500	38.2	39.3	173.0	0.739	3,464	8,552,606	40.5
Colorectal	Male	95	217,016	43.8	45.7	91.1	0.713	1,882	4,295,257	43.8
Colorectal	Female	73	222,484	32.8	33.3	81.5	0.377	1,582	4,257,349	37.2
Corpus Uteri	Female	86	222,484	38.7	40.7	62.9	0.006 >>	1,268	4,257,349	29.8
Esophagus	Total	27	439,500	6.1	6.3	23.9	0.584	480	8,552,606	5.6
Esophagus	Male	21	217,016	9.7	10.1	19.7	0.830	408	4,295,257	9.5
Esophagus	Female	6	222,484	2.7	2.7	3.7	0.343	72	4,257,349	1.7
Hodgkin Lymphoma	Total	14	439,500	3.2	3.3	10.4	0.336	208	8,552,606	2.4
Hodgkin Lymphoma	Male	12	217,016	5.5	5.7	5.7	0.029 >>	117	4,295,257	2.7
Hodgkin Lymphoma	Female	2	222,484	0.9	0.9	4.7	0.309	91	4,257,349	2.1
Kidney and Renal Pelvis	Total	75	439,500	17.1	17.7	93.0	0.063	1,876	8,552,606	21.9
Kidney and Renal Pelvis	Male	50	217,016	23.0	24.1	60.8	0.179	1,260	4,295,257	29.3
Kidney and Renal Pelvis	Female	25	222,484	11.2	11.5	31.4	0.291	616	4,257,349	14.5
Larynx	Total	10	439,500	2.3	2.4	10.4	1.000	210	8,552,606	2.5
Larynx	Male	5	217,016	2.3	2.4	7.8	0.413	162	4,295,257	3.8
Larynx	Female	5	222,484	2.2	2.3	2.4	0.193	48	4,257,349	1.1
Leukemia	Total	105	439,500	23.9	24.3	82.1	0.017 >>	1,622	8,552,606	19.0
Leukemia	Male	57	217,016	26.3	27.0	48.1	0.228	979	4,295,257	22.8
Leukemia	Female	48	222,484	21.6	21.7	33.4	0.020 >>	643	4,257,349	15.1
Liver and Bile Duct	Total	29	439,500	6.6	6.9	40.0	0.087	814	8,552,606	9.5
Liver and Bile Duct	Male	20	217,016	9.2	9.8	27.4	0.179	574	4,295,257	13.4
Liver and Bile Duct	Female	9	222,484	4.0	4.2	12.2	0.449	240	4,257,349	5.6
Lung and Bronchus	Total	247	439,500	56.2	57.6	236.2	0.498	4,712	8,552,606	55.1
Lung and Bronchus	Male	138	217,016	63.6	66.4	114.0	0.032 >>	2,357	4,295,257	54.9
Lung and Bronchus	Female	109	222,484	49.0	49.6	121.5	0.274	2,355	4,257,349	55.3
Melanoma of the Skin	Total	152	439,500	34.6	35.5	149.6	0.868	2,992	8,552,606	35.0
Melanoma of the Skin	Male	89	217,016	41.0	42.6	87.9	0.935	1,806	4,295,257	42.0
Melanoma of the Skin	Female	63	222,484	28.3	29.1	60.3	0.759	1,186	4,257,349	27.9
Myeloma	Total	35	439,500	8.0	8.2	34.6	0.994	693	8,552,606	8.1
Myeloma	Male	22	217,016	10.1	10.6	20.6	0.817	425	4,295,257	9.9
Myeloma	Female	13	222,484	5.8	6.0	13.7	0.994	268	4,257,349	6.3
Non-Hodgkin Lymphoma	Total	114	439,500	25.9	26.7	93.6	0.045 >>	1,878	8,552,606	22.0
Non-Hodgkin Lymphoma	Male	59	217,016	27.2	28.4	52.6	0.409	1,087	4,295,257	25.3
Non-Hodgkin Lymphoma	Female	55	222,484	24.7	25.2	40.6	0.036 >>	791	4,257,349	18.6
Oral Cavity and Pharynx	Total	68	439,500	15.5	16.2	61.1	0.411	1,247	8,552,606	14.6
Oral Cavity and Pharynx	Male	45	217,016	20.7	21.9	42.8	0.773	895	4,295,257	20.8
Oral Cavity and Pharynx	Female	23	222,484	10.3	10.7	17.8	0.273	352	4,257,349	8.3
Ovary	Female	36	222,484	16.2	16.8	26.0	0.074	517	4,257,349	12.1
Pancreas	Total	72	439,500	16.4	16.8	71.1	0.948	1,416	8,552,606	16.6
Pancreas	Male	48	217,016	22.1	23.0	37.7	0.120	778	4,295,257	18.1
Pancreas	Female	24	222,484	10.8	10.9	33.0	0.128	638	4,257,349	15.0
Prostate	Male	238	217,016	109.7	116.5	310.4	0.000 <<	6,528	4,295,257	152.0
Stomach	Total	16	439,500	3.6	3.7	23.0	0.162	458	8,552,606	5.4
Stomach	Male	6	217,016	2.8	2.9	14.6	0.020 <<	301	4,295,257	7.0
Stomach	Female	10	222,484	4.5	4.5	8.2	0.612	157	4,257,349	3.7
Testis	Male	21	217,016	9.7	9.8	12.7	0.040 >>	253	4,295,257	5.9
Thyroid	Total	50	439,500	11.4	11.7	56.5	0.428	1,135	8,552,606	13.3
Thyroid	Male	17	217,016	7.8	8.1	17.3	1.000	355	4,295,257	8.3
Thyroid	Female	33	222,484	14.8	15.3	39.5	0.342	780	4,257,349	18.3
Pediatric Age 0 to 19	Total	29	130,236	22.3	22.5	21.6	0.145	396	2,369,088	16.7
Pediatric Age 0 to 19	Male	18	66,041	27.3	27.3	10.7	0.051	196	1,208,280	16.2
Pediatric Age 0 to 19	Female	11	64,195	17.1	17.5	10.8	1.000	200	1,160,808	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 TWIN FALLS COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Twin Falls 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	4,527	447,757	1,011.0	990.6	3,963.5	0.000 >>	76,008	8,763,637	867.3
All Causes of Death	Male	2,378	221,372	1,074.2	1,097.4	1,987.3	0.000 >>	40,408	4,406,325	917.0
All Causes of Death	Female	2,149	226,385	949.3	895.9	1,959.7	0.000 >>	35,600	4,357,312	817.0
All Malignant Cancers	Total	776	447,757	173.3	174.3	734.3	0.131	14,457	8,763,637	165.0
All Malignant Cancers	Male	432	221,372	195.1	201.6	379.5	0.009 >>	7,803	4,406,325	177.1
All Malignant Cancers	Female	344	226,385	152.0	150.3	349.6	0.793	6,654	4,357,312	152.7
Bladder	Total	26	447,757	5.8	5.6	24.1	0.759	459	8,763,637	5.2
Bladder	Male	20	221,372	9.0	9.2	17.6	0.624	355	4,406,325	8.1
Bladder	Female	6	226,385	2.7	2.5	5.7	1.000	104	4,357,312	2.4
Brain and Other Nervous System	Total	19	447,757	4.2	4.4	24.8	0.288	499	8,763,637	5.7
Brain and Other Nervous System	Male	7	221,372	3.2	3.3	13.6	0.079	282	4,406,325	6.4
Brain and Other Nervous System	Female	12	226,385	5.3	5.4	11.1	0.867	217	4,357,312	5.0
Breast	Total	41	447,757	9.2	9.2	55.0	0.060	1,083	8,763,637	12.4
Breast	Male	-	221,372	-	-	0.6	1.000	13	4,406,325	0.3
Breast	Female	41	226,385	18.1	18.0	56.0	0.045 <<	1,070	4,357,312	24.6
Cervix	Female	4	226,385	1.8	1.8	4.2	1.000	84	4,357,312	1.9
Colorectal	Total	62	447,757	13.8	14.0	64.3	0.836	1,270	8,763,637	14.5
Colorectal	Male	39	221,372	17.6	18.3	33.6	0.390	693	4,406,325	15.7
Colorectal	Female	23	226,385	10.2	10.0	30.6	0.191	577	4,357,312	13.2
Corpus Uteri	Female	10	226,385	4.4	4.5	8.1	0.591	159	4,357,312	3.6
Esophagus	Total	20	447,757	4.5	4.6	22.0	0.772	441	8,763,637	5.0
Esophagus	Male	13	221,372	5.9	6.1	18.2	0.266	378	4,406,325	8.6
Esophagus	Female	7	226,385	3.1	3.1	3.3	0.102	63	4,357,312	1.4
Hodgkin Lymphoma	Total	-	447,757	-	-	1.2	0.574	25	8,763,637	0.3
Hodgkin Lymphoma	Male	-	221,372	-	-	0.7	1.000	14	4,406,325	0.3
Hodgkin Lymphoma	Female	-	226,385	-	-	0.6	1.000	11	4,357,312	0.3
Kidney	Total	25	447,757	5.6	5.6	18.3	0.159	361	8,763,637	4.1
Kidney	Male	18	221,372	8.1	8.4	11.0	0.066	228	4,406,325	5.2
Kidney	Female	7	226,385	3.1	3.0	7.1	1.000	133	4,357,312	3.1
Larynx	Total	3	447,757	0.7	0.7	3.7	1.000	73	8,763,637	0.8
Larynx	Male	3	221,372	1.4	1.4	3.0	1.000	62	4,406,325	1.4
Larynx	Female	-	226,385	-	-	0.5	1.000	11	4,357,312	0.3
Leukemia	Total	40	447,757	8.9	8.8	32.2	0.207	625	8,763,637	7.1
Leukemia	Male	28	221,372	12.6	12.9	18.1	0.038 >>	369	4,406,325	8.4
Leukemia	Female	12	226,385	5.3	5.1	13.7	0.769	256	4,357,312	5.9
Liver and Bile Duct	Total	30	447,757	6.7	6.9	30.1	1.000	605	8,763,637	6.9
Liver and Bile Duct	Male	21	221,372	9.5	9.9	19.3	0.752	402	4,406,325	9.1
Liver and Bile Duct	Female	9	226,385	4.0	4.0	10.5	0.797	203	4,357,312	4.7
Lung and Bronchus	Total	144	447,757	32.2	32.5	141.1	0.829	2,793	8,763,637	31.9
Lung and Bronchus	Male	80	221,372	36.1	37.6	70.6	0.292	1,461	4,406,325	33.2
Lung and Bronchus	Female	64	226,385	28.3	28.0	69.9	0.527	1,332	4,357,312	30.6
Melanoma of the Skin	Total	13	447,757	2.9	2.9	14.6	0.798	288	8,763,637	3.3
Melanoma of the Skin	Male	7	221,372	3.2	3.3	9.4	0.553	193	4,406,325	4.4
Melanoma of the Skin	Female	6	226,385	2.7	2.6	5.0	0.762	95	4,357,312	2.2
Myeloma	Total	20	447,757	4.5	4.5	15.6	0.326	305	8,763,637	3.5
Myeloma	Male	10	221,372	4.5	4.6	8.7	0.745	178	4,406,325	4.0
Myeloma	Female	10	226,385	4.4	4.3	6.8	0.291	127	4,357,312	2.9
Non-Hodgkin Lymphoma	Total	36	447,757	8.0	8.0	27.3	0.126	532	8,763,637	6.1
Non-Hodgkin Lymphoma	Male	20	221,372	9.0	9.3	14.1	0.165	290	4,406,325	6.6
Non-Hodgkin Lymphoma	Female	16	226,385	7.1	6.8	13.1	0.484	242	4,357,312	5.6
Oral Cavity and Pharynx	Total	18	447,757	4.0	4.1	12.8	0.197	257	8,763,637	2.9
Oral Cavity and Pharynx	Male	11	221,372	5.0	5.2	8.7	0.516	181	4,406,325	4.1
Oral Cavity and Pharynx	Female	7	226,385	3.1	3.1	3.9	0.204	76	4,357,312	1.7
Ovary	Female	24	226,385	10.6	10.7	17.3	0.148	337	4,357,312	7.7
Pancreas	Total	52	447,757	11.6	11.8	57.1	0.550	1,138	8,763,637	13.0
Pancreas	Male	32	221,372	14.5	15.1	29.8	0.734	618	4,406,325	14.0
Pancreas	Female	20	226,385	8.8	8.8	27.1	0.198	520	4,357,312	11.9
Prostate	Male	63	221,372	28.5	28.9	46.2	0.022 >>	934	4,406,325	21.2
Stomach	Total	7	447,757	1.6	1.6	9.5	0.543	187	8,763,637	2.1
Stomach	Male	4	221,372	1.8	1.9	5.6	0.685	115	4,406,325	2.6
Stomach	Female	3	226,385	1.3	1.3	3.7	0.971	72	4,357,312	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	Twin Falls 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%	89.7%
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%	58.1%
Pap Test Past 3 Years, Cervix Intact Age 21–65 (2018, 2020)	71.1%	73.7%	73.6%	70.9%	72.9%	69.4%	69.3%	65.5%	66.3%
Colorectal Cancer Screening, Age 45–75 (2022)	63.3%	61.0%	62.5%	60.8%	67.2%	65.0%	60.4%	60.2%	67.8%
Tobacco Use									
Current Tobacco User (2020–2022)	22.1%	24.3%	20.4%	24.8%	21.3%	22.5%	22.6%	18.1%	24.9%
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%	26.2%
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%	76.1%
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%	20.8%
Home Ever Tested for Radon (2016, 2018, 2020)	22.9%	30.8%	18.3%	16.9%	25.2%	20.1%	23.0%	21.0%	16.9%

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