

BONNER 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 1,732 cases of invasive cancer were diagnosed among Bonner County residents (Table 1).

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

Cancer Incidence 2017–2021	Bonner County	State of Idaho
All Sites/Types	1,732	47,333
Female Breast	238	6,943
Prostate	257	6,766
Lung & Bronchus	186	4,959
Colorectal	152	3,632

Table 3 (*Cancer Incidence 2017–2021, Comparison between Bonner 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 Bonner 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 Bonner County was 751.0 cases per 100,000 person-years per year during 2017–2021. Comparing this crude rate with the crude rate for the remainder of Idaho (520.5) gives an estimate of the relative burden of disease in Bonner County.

The age- and sex-adjusted incidence rate of invasive cancer in Bonner County, all sites combined, was 528.0 cases per 100,000 persons per year during 2017–2021. There were more cases of cancer in Bonner County (1,732) than expected (1,707.5) 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 546 Bonner 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 Bonner County and the State of Idaho, 2018–2022

Mortality 2018–2022	Bonner County	State of Idaho
All Deaths	2,577	80,538
Cancer Deaths	546	15,233
% of All Deaths	21.2%	18.9%
Lung & Bronchus	109	2,937
Colorectal	45	1,332
Pancreas	49	1,190
Female Breast	43	1,111
Prostate	41	997

Table 4 (*Cancer Mortality 2018–2022, Comparison between Bonner 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 Bonner 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 Bonner County, all sites combined, was 157.6 deaths per 100,000 persons per year during 2018–2022, compared with 163.7 for the remainder of the state. There were fewer cancer deaths in Bonner County (546) than expected (567.2) 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 BONNER COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Bonner 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	1,732	230,632	751.0	528.0	1,707.5	0.559	45,601	8,761,474	520.5
All Sites Combined	Male	965	115,561	835.1	550.4	969.1	0.911	24,305	4,396,712	552.8
All Sites Combined	Female	767	115,071	666.5	497.1	752.8	0.613	21,296	4,364,762	487.9
Bladder	Total	77	230,632	33.4	22.4	84.1	0.475	2,143	8,761,474	24.5
Bladder	Male	68	115,561	58.8	37.3	70.7	0.810	1,705	4,396,712	38.8
Bladder	Female	9	115,071	7.8	5.5	16.3	0.073	438	4,364,762	10.0
Brain - malignant	Total	23	230,632	10.0	7.8	21.4	0.784	634	8,761,474	7.2
Brain - malignant	Male	16	115,561	13.8	10.6	12.6	0.408	366	4,396,712	8.3
Brain - malignant	Female	7	115,071	6.1	4.8	8.9	0.679	268	4,364,762	6.1
Brain and other CNS - non-malignant	Total	58	230,632	25.1	18.8	52.4	0.472	1,489	8,761,474	17.0
Brain and other CNS - non-malignant	Male	27	115,561	23.4	17.3	16.8	0.027 >>	473	4,396,712	10.8
Brain and other CNS - non-malignant	Female	31	115,071	26.9	20.7	34.9	0.574	1,016	4,364,762	23.3
Breast	Total	245	230,632	106.2	76.6	246.8	0.941	6,763	8,761,474	77.2
Breast	Male	7	115,561	6.1	4.2	2.2	0.016 >>	58	4,396,712	1.3
Breast	Female	238	115,071	206.8	153.9	237.5	0.993	6,705	4,364,762	153.6
Breast - in situ	Total	42	230,632	18.2	13.1	48.4	0.398	1,327	8,761,474	15.1
Breast - in situ	Male	-	115,561	-	-	0.1	1.000	4	4,396,712	0.1
Breast - in situ	Female	42	115,071	36.5	27.0	47.1	0.513	1,323	4,364,762	30.3
Cervix	Female	12	115,071	10.4	9.4	8.2	0.255	282	4,364,762	6.5
Colorectal	Total	152	230,632	65.9	47.3	127.6	0.039 >>	3,480	8,761,474	39.7
Colorectal	Male	78	115,561	67.5	46.5	72.5	0.546	1,899	4,396,712	43.2
Colorectal	Female	74	115,071	64.3	48.2	55.7	0.021 >>	1,581	4,364,762	36.2
Corpus Uteri	Female	40	115,071	34.8	25.2	47.7	0.294	1,314	4,364,762	30.1
Esophagus	Total	18	230,632	7.8	5.3	18.9	0.949	489	8,761,474	5.6
Esophagus	Male	14	115,561	12.1	7.8	16.8	0.588	415	4,396,712	9.4
Esophagus	Female	4	115,071	3.5	2.5	2.7	0.573	74	4,364,762	1.7
Hodgkin Lymphoma	Total	3	230,632	1.3	1.2	6.2	0.273	219	8,761,474	2.5
Hodgkin Lymphoma	Male	2	115,561	1.7	1.5	3.8	0.542	127	4,396,712	2.9
Hodgkin Lymphoma	Female	1	115,071	0.9	0.9	2.4	0.609	92	4,364,762	2.1
Kidney and Renal Pelvis	Total	81	230,632	35.1	25.0	69.2	0.181	1,870	8,761,474	21.3
Kidney and Renal Pelvis	Male	51	115,561	44.1	30.2	48.4	0.747	1,259	4,396,712	28.6
Kidney and Renal Pelvis	Female	30	115,071	26.1	19.3	21.8	0.108	611	4,364,762	14.0
Larynx	Total	14	230,632	6.1	4.2	7.9	0.064	206	8,761,474	2.4
Larynx	Male	9	115,561	7.8	5.1	6.3	0.379	158	4,396,712	3.6
Larynx	Female	5	115,071	4.3	3.1	1.8	0.070	48	4,364,762	1.1
Leukemia	Total	64	230,632	27.7	20.0	60.7	0.704	1,663	8,761,474	19.0
Leukemia	Male	38	115,561	32.9	22.7	38.0	1.000	998	4,396,712	22.7
Leukemia	Female	26	115,071	22.6	17.0	23.3	0.631	665	4,364,762	15.2
Liver and Bile Duct	Total	37	230,632	16.0	10.8	31.6	0.376	806	8,761,474	9.2
Liver and Bile Duct	Male	33	115,561	28.6	18.3	23.0	0.057	561	4,396,712	12.8
Liver and Bile Duct	Female	4	115,071	3.5	2.5	9.1	0.103	245	4,364,762	5.6
Lung and Bronchus	Total	186	230,632	80.6	53.5	189.3	0.848	4,773	8,761,474	54.5
Lung and Bronchus	Male	95	115,561	82.2	51.5	100.7	0.610	2,400	4,396,712	54.6
Lung and Bronchus	Female	91	115,071	79.1	55.4	89.4	0.890	2,373	4,364,762	54.4
Melanoma of the Skin	Total	104	230,632	45.1	32.9	109.6	0.633	3,040	8,761,474	34.7
Melanoma of the Skin	Male	69	115,561	59.7	40.7	70.4	0.931	1,826	4,396,712	41.5
Melanoma of the Skin	Female	35	115,071	30.4	23.8	40.8	0.407	1,214	4,364,762	27.8
Myeloma	Total	26	230,632	11.3	7.7	27.2	0.917	702	8,761,474	8.0
Myeloma	Male	17	115,561	14.7	9.5	17.4	1.000	430	4,396,712	9.8
Myeloma	Female	9	115,071	7.8	5.5	10.1	0.885	272	4,364,762	6.2
Non-Hodgkin Lymphoma	Total	57	230,632	24.7	17.5	71.9	0.081	1,935	8,761,474	22.1
Non-Hodgkin Lymphoma	Male	26	115,561	22.5	15.3	43.3	0.006 <<	1,120	4,396,712	25.5
Non-Hodgkin Lymphoma	Female	31	115,071	26.9	19.8	29.3	0.800	815	4,364,762	18.7
Oral Cavity and Pharynx	Total	48	230,632	20.8	14.4	48.2	1.000	1,267	8,761,474	14.5
Oral Cavity and Pharynx	Male	33	115,561	28.6	19.0	35.8	0.715	907	4,396,712	20.6
Oral Cavity and Pharynx	Female	15	115,071	13.0	9.5	13.1	0.660	360	4,364,762	8.2
Ovary	Female	22	115,071	19.1	14.4	18.6	0.481	531	4,364,762	12.2
Pancreas	Total	60	230,632	26.0	17.7	55.2	0.549	1,428	8,761,474	16.3
Pancreas	Male	34	115,561	29.4	19.0	32.2	0.791	792	4,396,712	18.0
Pancreas	Female	26	115,071	22.6	16.2	23.4	0.650	636	4,364,762	14.6
Prostate	Male	257	115,561	222.4	139.3	273.2	0.343	6,509	4,396,712	148.0
Stomach	Total	14	230,632	6.1	4.3	17.2	0.536	460	8,761,474	5.3
Stomach	Male	12	115,561	10.4	6.9	11.7	1.000	295	4,396,712	6.7
Stomach	Female	2	115,071	1.7	1.3	5.7	0.149	165	4,364,762	3.8
Testis	Male	4	115,561	3.5	4.0	6.1	0.537	270	4,396,712	6.1
Thyroid	Total	30	230,632	13.0	11.3	34.9	0.465	1,155	8,761,474	13.2
Thyroid	Male	11	115,561	9.5	7.4	12.2	0.875	361	4,396,712	8.2
Thyroid	Female	19	115,071	16.5	15.2	22.8	0.502	794	4,364,762	18.2
Pediatric Age 0 to 19	Total	6	49,277	12.2	12.2	8.4	0.532	419	2,450,047	17.1
Pediatric Age 0 to 19	Male	2	25,034	8.0	8.0	4.2	0.410	212	1,249,287	17.0
Pediatric Age 0 to 19	Female	4	24,243	16.5	16.6	4.2	1.000	207	1,200,760	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 BONNER COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Bonner 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	2,577	238,331	1,081.3	780.1	2,870.2	0.000 <<	77,958	8,973,063	868.8
All Causes of Death	Male	1,425	119,791	1,189.6	821.0	1,592.5	0.000 <<	41,361	4,507,906	917.5
All Causes of Death	Female	1,152	118,540	971.8	729.1	1,294.9	0.000 <<	36,597	4,465,157	819.6
All Malignant Cancers	Total	546	238,331	229.1	157.6	567.2	0.386	14,687	8,973,063	163.7
All Malignant Cancers	Male	306	119,791	255.4	166.2	323.8	0.336	7,929	4,507,906	175.9
All Malignant Cancers	Female	240	118,540	202.5	146.5	248.0	0.639	6,758	4,465,157	151.3
Bladder	Total	22	238,331	9.2	6.4	17.9	0.382	463	8,973,063	5.2
Bladder	Male	21	119,791	17.5	11.4	14.4	0.121	354	4,507,906	7.9
Bladder	Female	1	118,540	0.8	0.6	4.0	0.187	109	4,465,157	2.4
Brain and Other Nervous System	Total	19	238,331	8.0	5.8	18.4	0.943	499	8,973,063	5.6
Brain and Other Nervous System	Male	12	119,791	10.0	7.0	10.6	0.741	277	4,507,906	6.1
Brain and Other Nervous System	Female	7	118,540	5.9	4.4	7.9	0.938	222	4,465,157	5.0
Breast	Total	44	238,331	18.5	13.1	40.4	0.613	1,080	8,973,063	12.0
Breast	Male	1	119,791	0.8	0.5	0.5	0.779	12	4,507,906	0.3
Breast	Female	43	118,540	36.3	26.7	38.5	0.509	1,068	4,465,157	23.9
Cervix	Female	3	118,540	2.5	2.1	2.8	1.000	85	4,465,157	1.9
Colorectal	Total	45	238,331	18.9	13.3	48.5	0.682	1,287	8,973,063	14.3
Colorectal	Male	24	119,791	20.0	13.5	27.8	0.541	708	4,507,906	15.7
Colorectal	Female	21	118,540	17.7	13.0	20.9	1.000	579	4,465,157	13.0
Corpus Uteri	Female	3	118,540	2.5	1.8	6.3	0.254	166	4,465,157	3.7
Esophagus	Total	24	238,331	10.1	6.8	17.2	0.139	437	8,973,063	4.9
Esophagus	Male	20	119,791	16.7	10.7	15.4	0.292	371	4,507,906	8.2
Esophagus	Female	4	118,540	3.4	2.4	2.4	0.449	66	4,465,157	1.5
Hodgkin Lymphoma	Total	2	238,331	0.8	0.6	0.9	0.424	23	8,973,063	0.3
Hodgkin Lymphoma	Male	1	119,791	0.8	0.6	0.5	0.809	13	4,507,906	0.3
Hodgkin Lymphoma	Female	1	118,540	0.8	0.6	0.4	0.593	10	4,465,157	0.2
Kidney	Total	17	238,331	7.1	4.8	14.5	0.581	369	8,973,063	4.1
Kidney	Male	9	119,791	7.5	4.8	9.8	0.977	237	4,507,906	5.3
Kidney	Female	8	118,540	6.7	4.8	5.0	0.262	132	4,465,157	3.0
Larynx	Total	2	238,331	0.8	0.6	2.9	0.897	74	8,973,063	0.8
Larynx	Male	2	119,791	1.7	1.1	2.6	1.000	63	4,507,906	1.4
Larynx	Female	-	118,540	-	-	0.4	1.000	11	4,465,157	0.2
Leukemia	Total	25	238,331	10.5	7.3	24.3	0.946	640	8,973,063	7.1
Leukemia	Male	14	119,791	11.7	7.7	15.4	0.847	383	4,507,906	8.5
Leukemia	Female	11	118,540	9.3	6.8	9.2	0.647	257	4,465,157	5.8
Liver and Bile Duct	Total	25	238,331	10.5	7.0	24.1	0.916	610	8,973,063	6.8
Liver and Bile Duct	Male	19	119,791	15.9	10.1	16.8	0.655	404	4,507,906	9.0
Liver and Bile Duct	Female	6	118,540	5.1	3.6	7.7	0.696	206	4,465,157	4.6
Lung and Bronchus	Total	109	238,331	45.7	30.5	112.5	0.791	2,828	8,973,063	31.5
Lung and Bronchus	Male	54	119,791	45.1	28.4	62.6	0.302	1,487	4,507,906	33.0
Lung and Bronchus	Female	55	118,540	46.4	32.7	50.5	0.564	1,341	4,465,157	30.0
Melanoma of the Skin	Total	10	238,331	4.2	3.0	10.9	0.933	291	8,973,063	3.2
Melanoma of the Skin	Male	8	119,791	6.7	4.5	7.6	0.991	192	4,507,906	4.3
Melanoma of the Skin	Female	2	118,540	1.7	1.3	3.5	0.633	99	4,465,157	2.2
Myeloma	Total	2	238,331	0.8	0.6	12.8	0.001 <<	323	8,973,063	3.6
Myeloma	Male	2	119,791	1.7	1.1	7.8	0.033 <<	186	4,507,906	4.1
Myeloma	Female	-	118,540	-	-	5.1	0.012 <<	137	4,465,157	3.1
Non-Hodgkin Lymphoma	Total	15	238,331	6.3	4.3	21.3	0.198	553	8,973,063	6.2
Non-Hodgkin Lymphoma	Male	8	119,791	6.7	4.4	12.3	0.277	302	4,507,906	6.7
Non-Hodgkin Lymphoma	Female	7	118,540	5.9	4.3	9.2	0.596	251	4,465,157	5.6
Oral Cavity and Pharynx	Total	9	238,331	3.8	2.6	10.4	0.814	266	8,973,063	3.0
Oral Cavity and Pharynx	Male	4	119,791	3.3	2.1	7.8	0.225	188	4,507,906	4.2
Oral Cavity and Pharynx	Female	5	118,540	4.2	3.0	2.9	0.331	78	4,465,157	1.7
Ovary	Female	12	118,540	10.1	7.2	13.0	0.925	349	4,465,157	7.8
Pancreas	Total	49	238,331	20.6	13.8	45.1	0.598	1,141	8,973,063	12.7
Pancreas	Male	24	119,791	20.0	12.7	26.2	0.768	626	4,507,906	13.9
Pancreas	Female	25	118,540	21.1	14.9	19.3	0.241	515	4,465,157	11.5
Prostate	Male	41	119,791	34.2	22.2	39.1	0.803	956	4,507,906	21.2
Stomach	Total	5	238,331	2.1	1.5	7.0	0.612	189	8,973,063	2.1
Stomach	Male	3	119,791	2.5	1.7	4.5	0.670	116	4,507,906	2.6
Stomach	Female	2	118,540	1.7	1.3	2.5	1.000	73	4,465,157	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	Bonner County
<u>Access to Care</u>									
Have Health Insurance, Age < 65 (2021–2022)	90.0%	89.3%	87.8%	86.4%	92.6%	87.2%	89.1%	92.6%	87.9%
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%	11.8%
<u>Cancer Screening</u>									
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%	60.3%
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%	68.8%
Colorectal Cancer Screening, Age 45–75 (2022)	63.3%	61.0%	62.5%	60.8%	67.2%	65.0%	60.4%	60.2%	61.3%
<u>Tobacco Use</u>									
Current Tobacco User (2020–2022)	22.1%	24.3%	20.4%	24.8%	21.3%	22.5%	22.6%	18.1%	27.5%
<u>Other Cancer-Related</u>									
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%	34.1%
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%	79.2%
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%	22.4%
Home Ever Tested for Radon (2016, 2018, 2020)	22.9%	30.8%	18.3%	16.9%	25.2%	20.1%	23.0%	21.0%	24.2%

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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Cancer Data
Registry of Idaho

