

ONEIDA COUNTY CANCER PROFILE

*A fact sheet from the Cancer Data Registry
of Idaho, Idaho Hospital Association.*

**Cancer Incidence 2003-2007
Cancer Mortality 2004-2008
BRFSS 2000-2008**

CANCER

Cancer is a group of more than 100 different diseases, each characterized by 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.

It is generally accepted that 65-80% of all cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender, and family history of specific cancers are also associated with cancer and aid in the identification of people at high risk.

For some cancers, effective treatment is available. For these cancers, early detection saves lives. For example, early detection of breast cancer in women 50 years of age and older has decreased breast cancer mortality by 30%. These patterns indicate opportunities for disease control and for reducing the number of cancer deaths through prevention, early detection, and treatment of the disease. Access to detection services is a key consideration.

RISK FACTORS AND INTERVENTIONS

Aging:

Because the population is aging, the number of new cancer cases and cancer deaths that occur each year will continue to increase unless the trend is reversed by significant improvements in prevention, early detection, and treatment.

Smoking:

Smoking and the use of smokeless tobacco are responsible for the majority of all cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity, and esophagus. Smoking is the leading cause of preventable death in the United States.

Diet:

The U.S. Department of Agriculture recommends the following dietary guidelines for managing a healthy diet: eat a variety of foods; maintain a healthy weight; choose a diet low in total fat with plenty of fruits, vegetables, and grain products; limit the use of sugar, salt, and sodium; and minimize alcoholic beverage consumption.

Screening:

Early detection is extremely important for those cancers that can be cured and which can be discovered early. Breast cancer is a good example of this, as stage at diagnosis is the strongest predictor for survival from breast cancer.

FOR MORE INFORMATION

Cancer Data Registry of Idaho
615 N. 7th Street
P.O. Box 1278
Boise, ID 83701
208-338-5100 Ext. 213
<http://www.idcancer.org>

National Cancer Institute
Cancer Information Services
1-800-4CANCER
<http://cis.nci.nih.gov>

American Cancer Society
2676 South Vista Avenue
Boise, ID 83705
208-343-4609
<http://www.cancer.org>

CANCER INCIDENCE 2003-2007

During the five-year period 2003-2007, 31,924 cases of invasive cancer were diagnosed among residents of the state of Idaho, 92 among Oneida County residents. It is estimated that almost one in two Idahoans will develop cancer during their lifetime.

Cancer Incidence 2003-2007	Oneida County	State of Idaho
All Sites/Types	92	31,924
Prostate	19	5,357
Female Breast	13	4,219
Lung & Bronchus	9	3,906
Colorectal	8	2,935

The table, *CANCER INCIDENCE 2003-2007, COMPARISON BETWEEN ONEIDA COUNTY AND THE REMAINDER OF THE STATE OF IDAHO*, shows for Oneida County 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. The table also shows the number of observed cases, person-years, and crude rates for the remainder of the state of Idaho.

Comparisons 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 cancer. Separate comparisons for males, females, and both sexes combined are included.

As the table shows, the crude rate of invasive cancer incidence in Oneida County was 450.6 cases per 100,000 person-years for the years 2003-2007. Compared with the crude incidence rate for the remainder of Idaho (447.4), this gives an estimate of the burden of disease in Oneida County.

The age- and sex-adjusted incidence rate of invasive cancer in Oneida County, all sites combined, was 366.2 cases per 100,000 persons per year for the years 2003-2007. There were fewer cases of cancer in Oneida County (92) than expected (112.4) 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, related to smoking, other personal behaviors, socioeconomic status, and other factors.

CANCER MORTALITY 2004-2008

Cancer is the second leading cause of deaths in Idaho and in the United States. From 2004-2008, 11,781 persons in Idaho died from cancer, 27 in Oneida County. The majority of cancer deaths are from four primary sites: lung, colon, female breast, and prostate.

Mortality 2004-2008	Oneida County	State of Idaho
All Deaths	193	52,819
Cancer Deaths % of All Deaths	27 14.0%	11,781 22.3%
Lung & Bronchus	7	2,962
Colorectal	1	1,035
Female Breast	5	809
Prostate	2	777

The table, *CANCER MORTALITY 2004-2008, COMPARISON BETWEEN ONEIDA COUNTY AND THE REMAINDER OF THE STATE OF IDAHO*, shows for Oneida County 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. The table also shows the number of observed deaths, person-years, and crude rates for the remainder of the state of Idaho. Comparisons 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 Oneida County, all sites combined, was 101.7 deaths per 100,000 persons per year for the years 2004-2008, compared with 161.6 for the remainder of the state. There were statistically significantly fewer cancer deaths in Oneida County (27) than expected (42.9) based upon rates in the remainder of the state (p=.013).

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.

CANCER INCIDENCE 2003-2007
COMPARISON BETWEEN ONEIDA COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cancer Site/Type	Sex	Oneida 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	92	20,419	450.6	366.2	112.4	0.055	31,832	7,114,375	447.4
All Sites Combined	Male	45	10,368	434.0	348.6	61.9	0.031 <<	17,139	3,576,945	479.2
All Sites Combined	Female	47	10,051	467.6	385.3	50.7	0.670	14,693	3,537,430	415.4
Bladder	Total	5	20,419	24.5	18.5	5.4	1.000	1,435	7,114,375	20.2
Bladder	Male	4	10,368	38.6	29.3	4.2	1.000	1,099	3,576,945	30.7
Bladder	Female	1	10,051	9.9	7.4	1.3	1.000	336	3,537,430	9.5
Brain - malignant	Total	2	20,419	9.8	8.8	1.6	0.924	491	7,114,375	6.9
Brain - malignant	Male	1	10,368	9.6	8.9	0.8	1.000	264	3,576,945	7.4
Brain - malignant	Female	1	10,051	9.9	8.7	0.7	1.000	227	3,537,430	6.4
Brain and other CNS - non-malignant	Total	3	20,419	14.7	12.5	2.1	0.685	612	7,114,375	8.6
Brain and other CNS - non-malignant	Male	-	10,368	-	-	0.6	1.000	176	3,576,945	4.9
Brain and other CNS - non-malignant	Female	3	10,051	29.8	25.1	1.5	0.368	436	3,537,430	12.3
Breast	Total	13	20,419	63.7	53.7	14.5	0.825	4,261	7,114,375	59.9
Breast	Male	-	10,368	-	-	0.2	1.000	55	3,576,945	1.5
Breast	Female	13	10,051	129.3	109.9	14.1	0.916	4,206	3,537,430	118.9
Breast - in situ	Total	1	20,419	4.9	4.3	2.8	0.450	863	7,114,375	12.1
Breast - in situ	Male	-	10,368	-	-	0.0	1.000	4	3,576,945	0.1
Breast - in situ	Female	1	10,051	9.9	8.8	2.8	0.474	859	3,537,430	24.3
Cervix	Female	-	10,051	-	-	0.7	1.000	223	3,537,430	6.3
Colorectal	Total	8	20,419	39.2	30.5	10.8	0.505	2,927	7,114,375	41.1
Colorectal	Male	4	10,368	38.6	30.4	5.6	0.697	1,510	3,576,945	42.2
Colorectal	Female	4	10,051	39.8	30.7	5.2	0.804	1,417	3,537,430	40.1
Corpus Uteri	Female	2	10,051	19.9	16.9	2.6	1.000	774	3,537,430	21.9
Esophagus	Total	2	20,419	9.8	7.9	1.2	0.668	334	7,114,375	4.7
Esophagus	Male	2	10,368	19.3	15.6	1.0	0.523	277	3,576,945	7.7
Esophagus	Female	-	10,051	-	-	0.2	1.000	57	3,537,430	1.6
Hodgkin Lymphoma	Total	-	20,419	-	-	0.5	1.000	190	7,114,375	2.7
Hodgkin Lymphoma	Male	-	10,368	-	-	0.3	1.000	90	3,576,945	2.5
Hodgkin Lymphoma	Female	-	10,051	-	-	0.3	1.000	100	3,537,430	2.8
Kidney and Renal Pelvis	Total	1	20,419	4.9	4.1	3.3	0.314	963	7,114,375	13.5
Kidney and Renal Pelvis	Male	-	10,368	-	-	2.1	0.249	604	3,576,945	16.9
Kidney and Renal Pelvis	Female	1	10,051	9.9	8.1	1.2	1.000	359	3,537,430	10.1
Larynx	Total	2	20,419	9.8	8.2	0.7	0.333	212	7,114,375	3.0
Larynx	Male	2	10,368	19.3	15.8	0.6	0.237	167	3,576,945	4.7
Larynx	Female	-	10,051	-	-	0.2	1.000	45	3,537,430	1.3
Leukemia	Total	2	20,419	9.8	7.9	3.5	0.628	997	7,114,375	14.0
Leukemia	Male	1	10,368	9.6	7.8	2.1	0.764	584	3,576,945	16.3
Leukemia	Female	1	10,051	9.9	8.0	1.5	1.000	413	3,537,430	11.7
Liver and Bile Duct	Total	-	20,419	-	-	1.0	0.765	279	7,114,375	3.9
Liver and Bile Duct	Male	-	10,368	-	-	0.7	1.000	194	3,576,945	5.4
Liver and Bile Duct	Female	-	10,051	-	-	0.3	1.000	85	3,537,430	2.4
Lung and Bronchus	Total	9	20,419	44.1	34.1	14.4	0.180	3,897	7,114,375	54.8
Lung and Bronchus	Male	4	10,368	38.6	29.7	8.0	0.204	2,116	3,576,945	59.2
Lung and Bronchus	Female	5	10,051	49.7	38.9	6.5	0.746	1,781	3,537,430	50.3
Melanoma of the Skin	Total	4	20,419	19.6	17.1	5.5	0.714	1,677	7,114,375	23.6
Melanoma of the Skin	Male	1	10,368	9.6	8.2	3.4	0.301	984	3,576,945	27.5
Melanoma of the Skin	Female	3	10,051	29.8	27.3	2.2	0.728	693	3,537,430	19.6
Myeloma	Total	-	20,419	-	-	1.4	0.518	365	7,114,375	5.1
Myeloma	Male	-	10,368	-	-	0.8	0.868	225	3,576,945	6.3
Myeloma	Female	-	10,051	-	-	0.5	1.000	140	3,537,430	4.0
Non-Hodgkin Lymphoma	Total	3	20,419	14.7	11.7	4.8	0.598	1,320	7,114,375	18.6
Non-Hodgkin Lymphoma	Male	1	10,368	9.6	7.8	2.5	0.573	695	3,576,945	19.4
Non-Hodgkin Lymphoma	Female	2	10,051	19.9	15.4	2.3	1.000	625	3,537,430	17.7
Oral Cavity and Pharynx	Total	2	20,419	9.8	8.2	2.6	1.000	767	7,114,375	10.8
Oral Cavity and Pharynx	Male	1	10,368	9.6	8.1	1.9	0.863	555	3,576,945	15.5
Oral Cavity and Pharynx	Female	1	10,051	9.9	8.1	0.7	1.000	212	3,537,430	6.0
Ovary	Female	4	10,051	39.8	32.8	1.6	0.161	467	3,537,430	13.2
Pancreas	Total	3	20,419	14.7	11.3	3.1	1.000	819	7,114,375	11.5
Pancreas	Male	1	10,368	9.6	7.6	1.5	1.000	419	3,576,945	11.7
Pancreas	Female	2	10,051	19.9	14.9	1.5	0.895	400	3,537,430	11.3
Prostate	Male	19	10,368	183.3	145.5	19.5	1.000	5,338	3,576,945	149.2
Stomach	Total	2	20,419	9.8	7.8	1.3	0.722	350	7,114,375	4.9
Stomach	Male	1	10,368	9.6	7.7	0.9	1.000	241	3,576,945	6.7
Stomach	Female	1	10,051	9.9	7.8	0.4	0.652	109	3,537,430	3.1
Testis	Male	1	10,368	9.6	10.7	0.6	0.895	228	3,576,945	6.4
Thyroid	Total	4	20,419	19.6	19.2	2.6	0.533	892	7,114,375	12.5
Thyroid	Male	-	10,368	-	-	0.6	1.000	190	3,576,945	5.3
Thyroid	Female	4	10,051	39.8	39.8	2.0	0.284	702	3,537,430	19.8
Pediatric Age 0 to 19	Total	2	6,231	32.1	32.0	1.2	0.643	399	2,155,010	18.5
Pediatric Age 0 to 19	Male	1	3,287	30.4	29.9	0.6	0.926	205	1,101,701	18.6
Pediatric Age 0 to 19	Female	1	2,944	34.0	34.1	0.5	0.834	194	1,053,309	18.4

Notes: 1. Rates are expressed as the number of cases per 100,000 persons per year (person-years).
2. Age and sex-adjusted incidence (A.A.I.) rates for county use age and sex-specific crude rates for the remainder of the state as standard.
3. Expected cases are based upon age and sex-specific rates for the remainder of the state of Idaho (compare to observed).
4. P-values compare observed and expected cases, are two tailed, based upon the Poisson probability distribution.
"<<" denotes significantly fewer cases observed than expected, ">>" denotes significantly more cases observed than expected (p=.05).

Statistical Note: Rates based upon 12 or fewer cases (numerator) should be interpreted with caution.

CANCER MORTALITY 2004-2008
COMPARISON BETWEEN ONEIDA COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

Cause of Death Cancer Site/Type	Sex	Oneida 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	193	20,476	942.6	709.0	196.9	0.816	52,626	7,275,124	723.4
All Causes of Death	Male	98	10,393	942.9	742.6	96.0	0.864	26,614	3,658,960	727.4
All Causes of Death	Female	95	10,083	942.2	674.5	101.3	0.571	26,012	3,616,164	719.3
All Malignant Cancers	Total	27	20,476	131.9	101.7	42.9	0.013 <<	11,754	7,275,124	161.6
All Malignant Cancers	Male	11	10,393	105.8	82.3	22.7	0.011 <<	6,211	3,658,960	169.7
All Malignant Cancers	Female	16	10,083	158.7	121.4	20.2	0.418	5,543	3,616,164	153.3
Bladder	Total	-	20,476	-	-	1.2	0.616	303	7,275,124	4.2
Bladder	Male	-	10,393	-	-	0.9	0.840	224	3,658,960	6.1
Bladder	Female	-	10,083	-	-	0.3	1.000	79	3,616,164	2.2
Brain and Other Nervous System	Total	1	20,476	4.9	4.2	1.2	1.000	375	7,275,124	5.2
Brain and Other Nervous System	Male	1	10,393	9.6	8.5	0.6	0.910	188	3,658,960	5.1
Brain and Other Nervous System	Female	-	10,083	-	-	0.6	1.000	187	3,616,164	5.2
Breast	Total	5	20,476	24.4	19.3	2.9	0.328	808	7,275,124	11.1
Breast	Male	-	10,393	-	-	0.0	1.000	4	3,658,960	0.1
Breast	Female	5	10,083	49.6	39.1	2.8	0.319	804	3,616,164	22.2
Cervix	Female	-	10,083	-	-	0.2	1.000	74	3,616,164	2.0
Colorectal	Total	1	20,476	4.9	3.7	3.8	0.210	1,034	7,275,124	14.2
Colorectal	Male	1	10,393	9.6	7.5	1.8	0.917	498	3,658,960	13.6
Colorectal	Female	-	10,083	-	-	2.0	0.265	536	3,616,164	14.8
Corpus Uteri	Female	-	10,083	-	-	0.3	1.000	80	3,616,164	2.2
Esophagus	Total	-	20,476	-	-	1.1	0.658	319	7,275,124	4.4
Esophagus	Male	-	10,393	-	-	0.9	0.807	261	3,658,960	7.1
Esophagus	Female	-	10,083	-	-	0.2	1.000	58	3,616,164	1.6
Hodgkin Lymphoma	Total	-	20,476	-	-	0.1	1.000	29	7,275,124	0.4
Hodgkin Lymphoma	Male	-	10,393	-	-	0.0	1.000	13	3,658,960	0.4
Hodgkin Lymphoma	Female	-	10,083	-	-	0.1	1.000	16	3,616,164	0.4
Kidney	Total	-	20,476	-	-	1.0	0.720	282	7,275,124	3.9
Kidney	Male	-	10,393	-	-	0.6	1.000	170	3,658,960	4.6
Kidney	Female	-	10,083	-	-	0.4	1.000	112	3,616,164	3.1
Larynx	Total	-	20,476	-	-	0.2	1.000	58	7,275,124	0.8
Larynx	Male	-	10,393	-	-	0.2	1.000	46	3,658,960	1.3
Larynx	Female	-	10,083	-	-	0.0	1.000	12	3,616,164	0.3
Leukemia	Total	3	20,476	14.7	11.2	2.0	0.655	546	7,275,124	7.5
Leukemia	Male	2	10,393	19.2	14.8	1.1	0.604	299	3,658,960	8.2
Leukemia	Female	1	10,083	9.9	7.4	0.9	1.000	247	3,616,164	6.8
Liver and Bile Duct	Total	-	20,476	-	-	1.0	0.764	279	7,275,124	3.8
Liver and Bile Duct	Male	-	10,393	-	-	0.7	1.000	193	3,658,960	5.3
Liver and Bile Duct	Female	-	10,083	-	-	0.3	1.000	86	3,616,164	2.4
Lung and Bronchus	Total	7	20,476	34.2	26.5	10.7	0.321	2,955	7,275,124	40.6
Lung and Bronchus	Male	3	10,393	28.9	22.4	6.0	0.300	1,645	3,658,960	45.0
Lung and Bronchus	Female	4	10,083	39.7	30.6	4.7	0.976	1,310	3,616,164	36.2
Melanoma of the Skin	Total	-	20,476	-	-	0.8	0.919	226	7,275,124	3.1
Melanoma of the Skin	Male	-	10,393	-	-	0.5	1.000	156	3,658,960	4.3
Melanoma of the Skin	Female	-	10,083	-	-	0.2	1.000	70	3,616,164	1.9
Myeloma	Total	-	20,476	-	-	0.9	0.777	251	7,275,124	3.5
Myeloma	Male	-	10,393	-	-	0.5	1.000	146	3,658,960	4.0
Myeloma	Female	-	10,083	-	-	0.4	1.000	105	3,616,164	2.9
Non-Hodgkin Lymphoma	Total	1	20,476	4.9	3.6	1.8	0.920	479	7,275,124	6.6
Non-Hodgkin Lymphoma	Male	1	10,393	9.6	7.4	1.0	1.000	257	3,658,960	7.0
Non-Hodgkin Lymphoma	Female	-	10,083	-	-	0.9	0.849	222	3,616,164	6.1
Oral Cavity and Pharynx	Total	-	20,476	-	-	0.7	1.000	184	7,275,124	2.5
Oral Cavity and Pharynx	Male	-	10,393	-	-	0.4	1.000	121	3,658,960	3.3
Oral Cavity and Pharynx	Female	-	10,083	-	-	0.2	1.000	63	3,616,164	1.7
Ovary	Female	2	10,083	19.8	15.3	1.2	0.659	326	3,616,164	9.0
Pancreas	Total	3	20,476	14.7	11.2	2.8	1.000	773	7,275,124	10.6
Pancreas	Male	1	10,393	9.6	7.6	1.4	1.000	376	3,658,960	10.3
Pancreas	Female	2	10,083	19.8	14.8	1.5	0.874	397	3,616,164	11.0
Prostate	Male	2	10,393	19.2	14.0	3.0	0.836	775	3,658,960	21.2
Stomach	Total	-	20,476	-	-	0.8	0.920	215	7,275,124	3.0
Stomach	Male	-	10,393	-	-	0.5	1.000	133	3,658,960	3.6
Stomach	Female	-	10,083	-	-	0.3	1.000	82	3,616,164	2.3

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 Health, Idaho Department of Health and Welfare, 2009.

Cancer Screening and Risk Factors: Behavioral Risk Factor Surveillance System (BRFSS)

The Bureau of Vital Records and Health Statistics (BVRHS), Division of Health, 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 (BRFS) since 1984 of random samples of adult Idahoans to measure population prevalences of risk factors for the major causes of death, including cancer. The BVRHS provided data sets containing BRFSS data from 2000 through 2008 to CDRI staff, who performed the analyses reported in these *County Profiles*. Data were weighted by probability of selection, and poststratified to 2008 Idaho population estimates by age group, sex, and county. Not all questions were asked in all years. Beginning in 2005, the BRFS was offered in both Spanish and English. A minimum of 30 respondents was required to generate county-level statistics. The cancer screening and risk factor measures were selected to assist in monitoring *Comprehensive Cancer Alliance for Idaho* objectives.

BRFSS: Cancer Screening and Risk Factor Prevalence Estimates, 2000-2008

	State of Idaho	HD 1	HD 2	HD 3	HD 4	HD 5	HD 6	HD 7	Oneida County
Access to Care									
No Health Insurance, Age <65	19.5%	22.5%	19.6%	24.3%	15.2%	24.7%	16.3%	18.0%	11.7%
Cancer Screening									
Mammogram Past 2 Years, Age 50+	71.8%	71.5%	71.7%	66.7%	78.3%	68.8%	70.9%	67.9%	71.7%
Mammogram and CBE Past 2 Years, Age 40+	62.5%	62.5%	62.4%	58.8%	69.9%	59.1%	58.8%	56.8%	54.3%
Pap Test Past 3 Years, Cervix Intact	80.7%	82.0%	80.6%	81.5%	85.9%	77.2%	77.5%	72.1%	89.0%
Sigmoidoscopy/Colonoscopy Past 5 Years, Age 50+	41.9%	40.4%	47.2%	36.9%	48.4%	39.1%	36.6%	39.0%	38.2%
Prostate-Specific Antigen Test Past 2 Years, Age 50+	64.9%	60.6%	62.6%	62.1%	71.3%	66.9%	62.2%	62.3%	67.5%
Tobacco Use									
Current Smoker	18.8%	21.8%	18.8%	20.7%	18.4%	20.8%	17.0%	13.0%	15.9%
Current Smokeless Tobacco User	4.4%	5.4%	5.6%	4.6%	4.2%	4.8%	3.7%	3.2%	10.7%
Other Cancer-Related									
Sufficient Moderate/Vigorous Physical Activity	58.8%	57.9%	58.9%	55.0%	60.8%	57.9%	58.3%	61.1%	57.5%
Eat 5+ Servings Fruits & Veggies / Day	21.6%	22.0%	22.4%	19.2%	23.0%	22.8%	20.7%	20.4%	15.7%
Neither Obese Nor Overweight (BMI<25.0)	40.1%	39.0%	39.6%	36.4%	42.9%	39.9%	39.0%	41.3%	47.1%
Sunburn in Previous 12 Months	47.3%	45.1%	46.1%	42.1%	47.7%	46.7%	50.0%	54.4%	53.0%
BRFSS Respondents	45,701	6,622	6,523	6,475	6,593	6,514	6,509	6,465	179

Access to Care

Health Insurance – 2000 to 2008

Statewide, 19.5% of adults aged 18-64 reported having no health care coverage. Health care coverage differed significantly by race/ethnicity, with 17.8% of white non-Hispanics, compared to 41.2% of Hispanics and 32.8% of Native Americans, lacking health insurance. Spanish-speaking respondents were significantly more likely to be uninsured (78.6%) than English-speaking respondents (18.6%). Health care coverage differed significantly by age of respondent, with 30.5% of persons aged 18-24, and 13.0% of persons aged 55-64, lacking health insurance. Health care coverage differed significantly by county, with a range of 11.7% (Oneida County) to 35.2% (Owyhee County) lacking health insurance. Counties with higher proportions of uninsured had significantly higher rates of invasive cancer.

Cancer Screening

Mammogram – 2000, 2002, 2004, 2006-2008

Statewide, 71.8% of women aged 50 and older reported having a mammogram in the past 2 years. Mammography rates differed significantly by county, with a range in screening of 50.2% (Butte County) to 85.8% (Teton County). In 2008, Idaho had the 6th lowest mammography screening rate among states for women aged 50 and older.

Mammogram and CBE – 2000, 2002, 2004, 2006, 2008

Statewide, 62.5% of women aged 40 and older reported having a mammogram and clinical breast exam (CBE) in the past 2 years. Screening rates differed significantly by age of

respondent, with 69.3% of women aged 55-64, but only 50.4% of women aged 40-44, being screened. Mammogram/CBE utilization differed significantly by county, with a range in screening of 42.6% (Butte) to 70.8% (Blaine County).

Pap Test – 2000, 2002, 2004, 2006, 2008

Statewide, 80.7% of women aged 18 and older (with intact cervix) reported having a Pap test in the past 3 years. Pap screening differed significantly by age of respondent, with 89.5% of women aged 25-34, but only 62.8% of women aged 65 and older, screened in the past 3 years. Pap screening did not differ significantly by race/ethnicity. Pap screening decreased significantly from 84.1% in 2000 to 77.8% in 2008. Pap screening differed significantly by county, with a range of 58.8% (Madison County) to 90.1% (Blaine County). In 2008, Idaho had the third lowest Pap screening rate among states.

Sigmoidoscopy/Colonoscopy – 2001-2002, 2004, 2006-2008

Statewide, 41.9% of adults aged 50 and older reported having a sigmoidoscopy or colonoscopy within the past 5 years. This type of colorectal cancer screening differed significantly by age of respondent, with 26.6% of persons aged 50-54, and 50.9% of persons aged 65 and older being screened. Males (43.4%) were more likely to have been screened than females (40.5%). Persons with health insurance were almost three times more likely to be screened. There was a significant trend by year of survey, from 33.0% in 2001 to 47.1% in 2008. Screening differed significantly by county, with a range of 22.4% (Gem County) to 55.4% (Nez Perce County). In 2008, Idaho ranked 46th among states in the percentage of adults aged 50 and older who reported ever having a sigmoidoscopy or colonoscopy.

Cancer Screening and Risk Factors: Behavioral Risk Factor Surveillance System (BRFSS)

Prostate-Specific Antigen (PSA) Test – 2001-2002, 2004, 2006, 2008

Statewide, 64.9% of males aged 50 and older reported having a PSA test in the past 2 years to screen for prostate cancer. PSA test utilization differed significantly by age of respondent, with 48.3% of males aged 50-54 and 73.0% of males aged 65 and older screened in the past 2 years. PSA test utilization differed significantly by race/ethnicity, with 65.4% of white non-Hispanics, compared to 50.9% of Hispanics and 50.6% of Native Americans, screened in the past 2 years. In 2008, Idaho ranked 35th among states (1st = highest) in the proportion of males aged 40+ who had a PSA test within the past two years.

Tobacco Use

Current Smoking – 2000 to 2008

Statewide, 18.8% of adults aged 18 and older were current smokers. Smoking prevalence differed significantly by age of respondent, with 22.8% of persons aged 18-24, and 9.0% of persons aged 65 and older reporting current smoking. About twenty percent of males (20.1%) and 17.4% of females were current smokers, and smoking prevalence was lower among white non-Hispanics (18.3%) than among Native Americans (37.8%). There was a significant trend by year of survey, with lower smoking rates in more recent years. Smoking prevalence differed significantly by county, with a range of 3.7% (Madison County) to 26.1% (Shoshone County). Counties with higher rates of current smoking had significantly higher rates of lung cancer.

Smokeless Tobacco Use – 2000-2001, 2003-2006

Statewide, 4.4% of adults aged 18 and older were current users of smokeless tobacco. Smokeless tobacco use differed significantly by race/ethnicity, ranging from 2.1% among Hispanics to 8.5% among Native Americans. Smokeless tobacco use differed significantly by age group, ranging from 6.9% of persons aged 25-34 to 1.4% of persons aged 65 and older. Almost nine percent of males (8.6%) and 0.2% of females were current users of smokeless tobacco. There was no significant trend by year of survey. Smokeless tobacco use differed significantly by county, with a range of 0.7% (Madison County) to 20.1% (Camas County).

Other Cancer-Related

Physical Activity – 2001, 2003, 2005

Statewide, 58.8% of adults aged 18 and older exercised the recommended amount (30 minutes or more per day of moderate physical activity on 5 or more days per week or 20 minutes or more of vigorous physical activity on 3 or more days per week). White non-Hispanics (59.3%) were more likely to exercise the recommended amount than Hispanics (51.2%). Physical activity differed significantly by age of respondent, with 67.9% of persons aged 18-24, but only 47.4% of persons aged 65+, exercising the recommended amount. Males (61.4%) were significantly more likely to exercise the recommended amount than females (56.2%). Physical activity differed significantly by county, with a range of 49.1% (Idaho County) to 81.6% (Valley County) exercising the recommended amount.

Fruit & Vegetable Consumption – 2000, 2002-2003, 2005, 2007 Statewide, 21.6% of adults aged 18 and older reported eating 5 or more servings of fruits and vegetables per day. Fruit and vegetable consumption differed significantly by race/ethnicity, with 19.2% of Hispanics and 33.4% of Native Americans eating 5 or more servings per day. Males (16.4%) were significantly less likely to eat 5-a-day than females (26.9%). 5-a-day consumption differed significantly by age of respondent, with 17.7% of persons aged 18-24, and 30.9% of persons aged 65+ eating 5-a-day. 5-a-day consumption differed significantly by county, with a range of 14.8% (Owyhee County) to 30.7% (Camas County).

Body Mass Index – 2000 to 2008

Statewide, 40.1% of adults aged 18 and older were neither obese nor overweight as measured by body mass index (BMI <25). BMI differed significantly by race/ethnicity, with 40.4% of white non-Hispanics, compared to 35.6% of Hispanics and 32.0% of Native Americans, being neither obese nor overweight. Males (32.1%) were significantly less likely to have the recommended BMI than females (48.6%). BMI differed significantly by age of respondent, with 63.1% of persons aged 18-24, and 29.3% of persons aged 55-64, being neither obese nor overweight. BMI increased at a dramatic rate in Idaho, with 46.2% of adults in 2000 compared to 35.9% in 2008 being neither obese nor overweight. BMI differed significantly by county, with a range of 30.8% (Lewis County) to 57.7% (Blaine County) being neither obese nor overweight. Counties with higher rates of recommended BMI (neither obese nor overweight) had significantly lower rates of colorectal cancer.

Sun Exposure – 2003-2004, 2008

Statewide, 47.3% of adults aged 18 and older reported having sunburn in the past 12 months. Sunburn rates were higher for white non-Hispanics (48.8%) than for Hispanics (30.4%) or Native Americans (44.9%). Males (52.3%) were significantly more likely than females (42.5%) to have had sunburn in the past 12 months. Sunburn rates differed significantly by age group, with 69.3% of persons aged 18-24 and 13.8% of persons aged 65 and older having sunburn in the past 12 months. Sunburn rates differed significantly by county, with a range of 23.7% (Butte County) to 65.0% (Teton County) having sunburn in the past 12 months.

