# BEAR LAKE COUNTY CANCER PROFILE

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

# Cancer Incidence 2013–2017 Cancer Mortality 2014–2018 BRFSS 2011–2018

#### 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 are due to personal lifestyle factors, such as smoking and sedentary lifestyle, and are preventable. Additional cancers are attributable to environmental factors and geneenvironment 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. 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.

# <u>Smoking:</u>

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.

# 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://health.gov/dietaryguidelines/2015.

# 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 615 N. 7<sup>th</sup> Street 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/contactcenter

American Cancer Society 2676 S. Vista Avenue Boise, ID 83705 208-343-4609 https://www.cancer.org

# CANCER INCIDENCE 2013-2017

Nearly one in two Idahoans are estimated to develop cancer during their lifetime. During 2013–2017, 40,996 cases of invasive cancer were diagnosed among Idaho residents, and 144 cases of invasive cancer were diagnosed among Bear Lake County residents (Table 1).

**Table 1:** Incidence of All Cancers, Female Breast, Prostate,Lung and Bronchus, and Colorectal Cancers in Bear LakeCounty and the State of Idaho, 2013–2017

Cancer Incidence 2013–2017	Bear Lake County	State of Idaho
All Sites/Types	144	40,996
Female Breast	15	5,956
Prostate	23	5,027
Lung & Bronchus	12	4,657
Colorectal	15	3,235

Table 3 (*Cancer Incidence 2013–2017, Comparison between Bear Lake 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 Bear Lake County. The table also shows the number of observed cases, person-years, and

During 2014–2018, cancer was the second leading cause of death in Idaho; 14,585 Idaho residents and 67 Bear Lake 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 Bear Lake County

 and the State of Idaho, 2014–2018

Mortality 2014–2018	Bear Lake County	State of Idaho		
All Deaths	318	67,280		
Cancer Deaths	67	14,585		
% of All Deaths	21.1%	21.7%		
Lung & Bronchus	11	3,125		
Colorectal	11	1,226		
Pancreas	4	1,079		
Female Breast	4	1,077		
Prostate	6	935		

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 rate of invasive cancer incidence in Bear Lake County was 484.7 cases per 100,000 person-years per year during 2013–2017. Comparing this crude rate with the crude rate for the remainder of Idaho (494.2) gives an estimate of the relative burden of disease in Bear Lake County.

The age- and sex-adjusted incidence rate of invasive cancer in Bear Lake County, all sites combined, was 396.0 cases per 100,000 persons per year during 2013–2017. There were statistically significantly fewer cases of cancer in Bear Lake County (144) than expected (179.7) based upon rates in the remainder of the state (p=.007).

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 2014–2018

Table 4 (*Cancer Mortality 2014–2018, Comparison between Bear Lake 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 Bear Lake 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 Bear Lake County, all sites combined, was 174.4 deaths per 100,000 persons per year during 2014–2018, compared with 172.6 for the remainder of the state. There were more cancer deaths in Bear Lake County (67) than expected (66.3) 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 2013-2017 COMPARISON BETWEEN BEAR LAKE COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

		Bear Lake County							Remainder of Idaho			
Cancer		Observed	Person	Crude	A.A.I.	Expected		Observed	Person	Crude		
Site/Type	Sex	Cases	Years	Rate (1)	Rate (1,2)	Cases (3)	P-Value (4)	Cases	Years	Rate (1)		
All Sites Combined	Total	144	29,710	484.7	396.0	179.7	0.007 <<	40,852	8,266,656	494.2		
	Male Female	90 54	14,739 14 971	610.6 360.7	4/6./	96.2 84 1	0.567	21,107	4,141,256	509.7 478.6		
Bladder	Total	6	29,710	20.2	15.5	9.4	0.342	2,009	8,266,656	24.3		
	Male	5	14,739	33.9	25.1	7.5	0.478	1,565	4,141,256	37.8		
Droin molignant	Female	1	14,971	6.7	5.3	2.0	0.803	444	4,125,400	10.8		
Brain - maiignant	Male	4	29,710	13.5 20.4	17.3	2.5	0.478	368	8,200,000 4,141,256	7.3		
	Female	1	14,971	6.7	6.1	1.0	1.000	238	4,125,400	5.8		
Brain and other CNS - non-malignant	Total	4	29,710	13.5	11.6	4.5	1.000	1,068	8,266,656	12.9		
	Male	3	14,739	20.4	17.1	1.5	0.375	351	4,141,256	8.5		
Breast	Total	15	29.710	50.5	42.9	25.3	0.039 <<	5.986	8.266.656	72.4		
	Male	-	14,739	-	-	0.2	1.000	45	4,141,256	1.1		
	Female	15	14,971	100.2	87.1	24.8	0.049 <<	5,941	4,125,400	144.0		
Breast - in situ	l otal Male	4	29,710	13.5	12.0	4.3	1.000	1,060	8,266,656	12.8		
	Female	- 4	14,739	26.7	24.1	4.2	1.000	1.057	4,141,230	25.6		
Cervix	Female	2	14,971	13.4	13.6	0.9	0.466	257	4,125,400	6.2		
Colorectal	Total	15	29,710	50.5	41.1	14.2	0.903	3,220	8,266,656	39.0		
	Male	10	14,739	67.8	53.9	7.7	0.500	1,725	4,141,256	41.7		
Corpus Uteri	Female	<u> </u>	14,971	6.7	5.9	5.0	0.081	1,495	4,125,400	29.3		
Esophagus	Total	1	29,710	3.4	2.7	2.1	0.765	468	8,266,656	5.7		
	Male	1	14,739	6.8	5.3	1.7	0.956	387	4,141,256	9.3		
Hodakin Lymphoma	Female	- 1	14,971	-	-	0.4	1.000	81	4,125,400	2.0		
Hodgkin Lymphoma	Male	-	29,710	3.4 -	3.4 -	0.7	1.000	198	8,200,000 4 141 256	2.4		
	Female	1	14,971	6.7	6.7	0.3	0.556	90	4,125,400	2.2		
Kidney and Renal Pelvis	Total	1	29,710	3.4	2.8	6.8	0.017 <<	1,553	8,266,656	18.8		
	Male	1	14,739	6.8	5.4	4.4	0.129	994	4,141,256	24.0		
Larvnx	Total	- 1	29,710	- 3.4	- 2.7	2.4	1.000	208	4,125,400	2.5		
	Male		14,739	-	-	0.8	0.918	168	4,141,256	4.1		
	Female	1	14,971	6.7	5.7	0.2	0.311	40	4,125,400	1.0		
Leukemia	l otal Male	8	29,710	26.9	21.7 42.7	6.6 3.0	0.682	1,478	8,266,656	17.9		
	Female	-	14,733	- 54.5	-	2.7	0.138	605	4,141,230	14.7		
Liver and Bile Duct	Total	2	29,710	6.7	5.5	3.2	0.747	731	8,266,656	8.8		
	Male	2	14,739	13.6	10.7	2.4	1.000	530	4,141,256	12.8		
Lung and Bronchus	Female	- 12	14,971	-	-	0.9	0.826	201	4,125,400	4.9		
Eurig and Dionenus	Male	7	14.739	40.4	35.3	11.5	0.230	2.395	4.141.256	57.8		
	Female	5	14,971	33.4	26.4	10.3	0.112	2,250	4,125,400	54.5		
Melanoma of the Skin	Total	13	29,710	43.8	37.2	10.6	0.541	2,513	8,266,656	30.4		
	Female	9	14,739	61.1 26.7	49.1 24.2	6.5 4.2	0.408	1,460	4,141,256	35.3		
Myeloma	Total	2	29,710	6.7	5.2	2.8	0.920	606	8,266,656	7.3		
	Male	2	14,739	13.6	10.1	1.7	1.000	355	4,141,256	8.6		
Non Hodakin Lymphoma	Female	-	14,971	-	-	1.2	0.630	251	4,125,400	6.1		
Non-Hougkin Lymphonia	Male	8 7	29,710	20.9 47.5	37.4	7.9 4.5	0.344	1,000	4,141,256	21.4		
	Female	1	14,971	6.7	5.5	3.4	0.301	765	4,125,400	18.5		
Oral Cavity and Pharynx	Total	2	29,710	6.7	5.6	5.0	0.246	1,166	8,266,656	14.1		
	Male	1	14,739	6.8	5.5	3.6	0.248	825	4,141,256	19.9		
Ovary	Female	1	14,971	6.7	5.7	2.2	0.717	518	4,125,400	0.3		
Pancreas	Total	5	29,710	16.8	13.2	6.0	0.902	1,299	8,266,656	15.7		
	Male	3	14,739	20.4	15.6	3.2	1.000	699	4,141,256	16.9		
Prostate	Female Male	2	14,971	13.4	10.7	2.7	0.976	600 5 004	4,125,400	14.5		
Stomach	Total	- 23	29,710	- 130.0	- 120.4	23.1	0.223	488	8,266,656	120.8		
	Male	-	14,739	-	-	1.5	0.463	318	4,141,256	7.7		
	Female	-	14,971	-	-	0.7	0.948	170	4,125,400	4.1		
Testis	Male	1	14,739	6.8	7.8	0.8	1.000	266	4,141,256	6.4		
I hyroid	I otal Mala	7	29,710	23.6	23.0	4.6	0.361	1,249	8,266,656	15.1		
	Female	2 5	14,739	13.0	12.3	1.3	0.742	330	4,141,200	0.U 22 2		
Pediatric Age 0 to 19	Total	2	8.875	22.5	22.5	1.6	0.955	433	2,391.647	18.1		
	Male	1	4,407	22.7	22.6	0.8	1.000	233	1,221,495	19.1		
	Female	1	4,468	22.4	22.4	0.8	1.000	200	1,170,152	17.1		

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.

3 "<<" 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 2014–2018COMPARISON BETWEEN BEAR LAKE COUNTY AND THE REMAINDER OF THE STATE OF IDAHO

		Bear Lake County							Remainder of Idaho		
Cause of Death		Observed	Person	Crude	A.A.M.	Expected		Observed	Person	Crude	
Cancer Site/Type	Sex	Deaths	Years	Rate (1)	Rate (1.2)	Deaths (3)	P-Value (4)	Deaths	Years	Rate (1)	
All Causes of Death	Total	318	29.812	1 066 7	824.5	307.1	0.549	66 962	8 409 232	796.3	
	Male	171	14,802	1,155.2	874.8	162.5	0.523	35,015	4,213,078	831.1	
	Female	147	15,010	979.3	770.7	145.2	0.904	31,947	4,196,154	761.3	
All Malignant Cancers	Total	67	29,812	224.7	174.4	66.3	0.967	14,518	8,409,232	172.6	
	Male	45	14,802	304.0	227.7	36.9	0.213	7,856	4,213,078	186.5	
Bladder	Total	22	29.812	140.0	5.0	29.8	0.174	0,002	4,196,154	100.0	
Diaddei	Male	2	14,802	13.5	9.6	1.6	0.931	317	4,213,078	7.5	
	Female	-	15,010	-	-	0.5	1.000	107	4,196,154	2.5	
Brain and Other Nervous System	Total	3	29,812	10.1	8.5	2.1	0.690	494	8,409,232	5.9	
	Male	2	14,802	13.5	11.2	1.3	0.768	313	4,213,078	7.4	
Dreast	Female	1	15,010	6.7	5.7	0.8	1.000	181	4,196,154	4.3	
Breast	Total Male	4	29,812	13.4	10.8	4.8	0.963	1,083	8,409,232	12.9	
	Female	- 4	14,002	26.6	22.0	0.0 4 7	1.000	1 073	4,213,078	25.6	
Cervix	Female	-	15,010	-	-	0.3	1.000	80	4,196,154	1.9	
Colorectal	Total	11	29,812	36.9	29.1	5.5	0.048 >>	1,215	8,409,232	14.4	
	Male	5	14,802	33.8	26.1	3.0	0.366	657	4,213,078	15.6	
<u> </u>	Female	6	15,010	40.0	32.2	2.5	0.081	558	4,196,154	13.3	
Corpus Uteri	Female	1	15,010	6.7	5.3	0.7	0.985	152	4,196,154	3.6	
Esophagus	Male	2	29,012	13.5	5.3 10.4	2.1	1.000	409	0,409,232 4 213 078	5.0 9.0	
	Female	-	15.010	-	-	0.4	1.000	91	4,196,154	2.2	
Hodgkin Lymphoma	Total	-	29,812	-	-	0.1	1.000	21	8,409,232	0.2	
	Male	-	14,802	-	-	0.0	1.000	8	4,213,078	0.2	
	Female	-	15,010	-	-	0.1	1.000	13	4,196,154	0.3	
Kidney	l otal	2	29,812	6.7	5.2	1.7	1.000	368	8,409,232	4.4	
	Fomalo	2	14,802	13.5	10.2	1.1	0.611	240	4,213,078	5./ 3.1	
Larvnx	Total	-	29.812	-	-	0.3	1.000	63	8,409,232	0.7	
	Male	-	14,802	-	-	0.3	1.000	53	4,213,078	1.3	
	Female	-	15,010	-	-	0.0	1.000	10	4,196,154	0.2	
Leukemia	Total	2	29,812	6.7	5.1	2.9	0.913	614	8,409,232	7.3	
	Male	2	14,802	13.5	10.0	1.7	1.000	356	4,213,078	8.4	
Liver and Bile Duct	Female	- 1	15,010	-	-	1.2	0.611	258	4,196,154	6.1 7 1	
Liver and blie buck	Male	1	14 802	6.8	5.2	2.7	0.883	411	4 213 078	9.8	
	Female	- '	15.010	-	-	0.8	0.871	186	4.196.154	4.4	
Lung and Bronchus	Total	11	29,812	36.9	28.3	14.4	0.453	3,114	8,409,232	37.0	
	Male	5	14,802	33.8	25.1	7.8	0.411	1,662	4,213,078	39.4	
Mala and a filler Ohio	Female	6	15,010	40.0	31.4	6.6	1.000	1,452	4,196,154	34.6	
Melanoma of the Skin	l otal Mala	4	29,812	13.4	10.8	1.2	0.071	2/6	8,409,232	3.3	
	Female	- 4	14,002	- 27.0	- 21.1	0.8	1 000	93	4,213,078	4.3	
Mveloma	Total	1	29.812	3.4	2.5	1.6	1.000	328	8.409.232	3.9	
,	Male	1	14,802	6.8	4.9	0.9	1.000	194	4,213,078	4.6	
	Female	-	15,010	-	-	0.6	1.000	134	4,196,154	3.2	
Non-Hodgkin Lymphoma	Total	2	29,812	6.7	5.0	2.7	0.992	568	8,409,232	6.8	
	Male	2	14,802	13.5	9.9	1.5	0.898	317	4,213,078	7.5	
	Total	- 2	29.812	- 67	- 53	1.2	0.612	201	4,190,104	0.0	
	Male	1	14.802	6.8	5.3	0.7	0.988	151	4.213.078	3.6	
	Female	1	15,010	6.7	5.2	0.3	0.545	70	4,196,154	1.7	
Ovary	Female	-	15,010	-	-	1.6	0.405	363	4,196,154	8.7	
Pancreas	Total	4	29,812	13.4	10.4	4.9	0.913	1,075	8,409,232	12.8	
	Male	2	14,802	13.5	10.3	2.7	0.983	590	4,213,078	14.0	
Prostato	remale	2	15,010	13.3	10.5	2.2	1.000	485	4,196,154	11.6	
Stomach	Total	-	29 812	40.5	20.3	4.7 0 9	0.034	929 210	4,∠13,078 8,409,232	22.1	
	Male	-	14.802	-	-	0.6	1.000	122	4,213.078	2.9	
	Female	-	15,010	-	-	0.4	1.000	88	4,196,154	2.1	

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, 2019.

# **Cancer Screening and Risk Factors**

The Bureau of Vital Records and Health Statistics (BVRHS), Division of Public 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) with randomly selected adult Idahoans to measure population prevalences of risk factors for the major causes of death, including cancer, since 1984. BVRHS provided data sets containing Behavioral Risk Factor Surveillance System (BRFSS) data from 2011 through 2018 to CDRI staff, who performed the analyses reported in these *County Profiles*. Analysis weights were poststratified to 2018 population estimates by age group, sex, and county, beginning with the BRFSS raked weights. Not all questions were asked in all years. 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* 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, 2011–201	Cancer	Screening	and Risk	Factor	Prevalence	Estimates,	2011-20	18
---	--------	-----------	----------	--------	------------	------------	---------	----

Measure	State of Idaho	HD 1	HD 2	HD 3	HD 4	HD 5	HD 6	HD 7	Bear Lake County
Access to Care	luano								County
Have Health Insurance. Age <65 (2014–2018)	81.2%	80.6%	84.5%	74.6%	84.7%	75.5%	83.3%	83.8%	81.4%
Not See Doctor Due to Cost in Past Year (2014–2018)	14.3%	13.9%	12.2%	18.1%	13.6%	14.3%	12.5%	13.9%	11.7%
Cancer Screening	1 110 / 0	101070	/0				. 2.0 / 0		
Mammogram Past 2 Years, Age 50–74 (2014, 2016, 2018)	67.5%	66.8%	72.1%	63.2%	72.9%	61.0%	64.6%	66.8%	
Pap Test Past 3 Years, Cervix Intact Age 21–65 (2016, 2018)	72.5%	74.8%	74.3%	72.1%	73.0%	71.7%	72.7%	68.6%	
Colorectal Cancer Screening, Age 50–75 (2016, 2018)	65.4%	64.9%	71.3%	62.6%	68.9%	60.3%	62.1%	65.3%	
Tobacco Use									
Current Smoker (2014–2018)	14.6%	17.1%	15.1%	16.8%	13.1%	16.2%	14.4%	10.4%	13.4%
Current Smokeless Tobacco User, Males (2014–2018)	9.5%	10.6%	14.0%	11.1%	8.4%	8.9%	8.4%	7.3%	13.0%
Other Cancer-Related									
Sunburn in Previous 12 Months (2018)	47.7%	42.3%	49.0%	41.6%	50.8%	42.8%	49.9%	56.6%	
Artificial Tanning Appliance Use (2011, 2014, 2016)	4.4%	5.5%	3.3%	3.3%	3.4%	4.2%	5.7%	6.8%	9.0%
Healthy Weight by Body Mass Index, Age 20+ (2014–2018)	32.6%	34.2%	32.9%	27.0%	36.3%	31.1%	29.4%	32.4%	33.1%
Meet Physical Activity Guidelines (2011, 2013, 2015, 2017)	22.1%	22.1%	19.9%	20.6%	26.1%	18.8%	20.0%	20.1%	19.1%
Home Ever Tested for Radon (2016, 2018)	22.7%	29.7%	19.5%	16.3%	24.1%	20.2%	23.3%	22.7%	

#### Access to Care

#### Have Health Insurance - 2014-2018

Statewide, 81.2% of adults aged 18–64 reported having health care coverage. Health care coverage differed significantly by race/ethnicity, with 84.5% of white non-Hispanics, compared to 59.8% of Hispanics and 79.9% of Native Americans, having health insurance. Spanish-speaking respondents were significantly less likely to be insured (33.1%) than English-speaking respondents (83.1%). Health care coverage differed significantly by age of respondent, with 76.4% of persons aged 30–39, and 86.5% of persons aged 50–64, having health insurance. Health care coverage differed significantly by county, with a range of 57.4% in Adams County to 91.7% in Oneida County having health insurance.

#### Not See Doctor Due to Cost in Past Year - 2014-2018

Statewide, 14.3% 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 (13.2% of white non-Hispanics, 21.4% of Hispanics, and 23.1% of Native Americans). Inability to see a doctor due to cost differed significantly by annual household income (27.4% for less than \$15,000, 6.7% for greater than \$50,000). Inability to see a doctor due to cost differed significantly by county, with a range of 7.0% in Caribou County to 20.2% in Jerome County.

#### **Cancer Screening**

#### Mammogram - 2014, 2016, 2018

Statewide, 67.5% of women aged 50–74 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 (70.7% versus 34.0%). Mammography rates differed significantly by county, with a range in screening of 47.3% in Gooding County to 77.5% in Nez Perce County. In 2018, Idaho ranked 49<sup>th</sup> among states and the District of Columbia for mammography screening rates among women aged 50–74 and 50<sup>th</sup> among ages 40+.

#### Pap Test - 2016, 2018

Statewide, 72.5% 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 (77.3% versus 54.2% screened in the past 3 years). Pap screening differed significantly by county, with a range of 60.5% in Idaho County to 79.2% in Latah County. In 2018, Idaho ranked 51<sup>st</sup> among states and the District of Columbia for Pap screening rate.

#### Colorectal Cancer Screening - 2016, 2018

Statewide, 65.4% of adults aged 50–75 reported receiving colorectal cancer screening based on the most recent guidelines.\*\* Persons with health insurance were over twice as likely to be current for colorectal cancer screening. In 2018, Idaho ranked 41<sup>st</sup> among states and the District of Columbia in the percentage of adults aged 50–75 and older who reported being up-to-date for colorectal cancer screening.

<sup>\*\*</sup> 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, or a colonoscopy in the past 10 years.

# **Cancer Screening and Risk Factors**

#### **Tobacco Use**

#### Current Smoking - 2014-2018

Statewide, 14.6% of adults aged 18 and older were current smokers. Smoking prevalence differed significantly by age of respondent, with 19.2% of persons aged 30–39, and 8.4% of persons aged 65 and older reporting current smoking. Smoking prevalence was lower among white non-Hispanics (14.7%) than among Native Americans (32.4%). Smoking prevalence differed significantly by county, with a range of 4.3% in Madison County to 32.7% in Adams County. Counties with higher rates of current smoking had higher rates of lung cancer.

#### Smokeless Tobacco Use, Males - 2014-2018

Statewide, 9.5% of males aged 18 and older were current users of smokeless tobacco. Smokeless tobacco use differed significantly by age group, ranging from 12.8% of males aged 30–39 to 4.0% of males aged 65 and older. Smokeless tobacco use differed significantly by county, with a range of 3.4% in Franklin County to 21.1% in Custer County. Counties with higher rates of smokeless tobacco use had higher rates of oral cavity & pharynx cancer.

#### **Other Cancer-Related**

#### Sun Exposure – 2018

Statewide, 47.7% of adults aged 18 and older reported having sunburn in the past 12 months. Sunburn rates were higher for white non-Hispanics (49.6%) and Native Americans (48.7%) than for Hispanics (35.2%). Sunburn rates differed significantly by age group, with 67.2% of persons aged 30–39 and 17.9% of persons aged 65 and older having sunburn in the past 12 months. Sunburn rates differed significantly by county, with a range of 36.7% in Idaho County to 72.9% in Madison County having sunburn in the past 12 months.

#### Artificial Tanning Appliance Use - 2011, 2014, 2016

Statewide, 4.4% of adults aged 18 and older reported using an artificial tanning appliance, such as a tanning bed, in the past 12 months. Females (6.8%) were significantly more likely than males (2.1%) to have used an artificial tanning appliance in the

past 12 months. Tanning appliance use differed significantly by age group, with 8.7% of persons aged 18–29 and 0.9% of persons aged 65 and older, using an appliance in the past 12 months. Tanning appliance use differed by county, with a range of less than 1% in Oneida, Power, and Valley Counties to over 9% in Bear Lake and Fremont Counties using an artificial tanning appliance in the past 12 months.

#### Healthy Weight by Body Mass Index - 2014-2018

Statewide, 32.6% 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 33.3% of white non-Hispanics, compared to 26.0% of Hispanics and 26.8% of Native Americans, being in the healthy weight range. Males (25.7%) were significantly less likely to be in the healthy weight range than females (39.4%). BMI differed significantly by age of respondent, with 45.0% of persons aged 18–29, and 27.1% of persons aged 50–64, being in the healthy weight range. BMI differed significantly by county, with a range of 19.5% in Minidoka County to 52.8% in Blaine County of adults being in the healthy weight range.

#### Physical Activity - 2011, 2013, 2015, 2017

Statewide, 22.1% of adults aged 18 and older met aerobic and strength physical activity guidelines during the past month or week. Physical activity differed significantly by age of respondent, with 26.3% of persons aged 18–29, and 19.3% of persons aged 50–64, meeting guidelines. The percentage of adults meeting physical activity guidelines differed significantly by county, with a range of 7.6% in Oneida County to 31.1% in Blaine County.

#### Home Radon Testing - 2016, 2018

Statewide, 22.7% of adults have ever tested their house for radon. Radon test usage varied significantly by race/ethnicity, with 24.7% of white non-Hispanics, 5.3% of Hispanics, and 27.9% 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 8.0% in Cassia County to 58.0% 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 1NU58DP006270. 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.



