

TWIN FALLS 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 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. 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.

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. 7th 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/contact-center>

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 1,918 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, 2013–2017

Cancer Incidence 2013–2017	Twin Falls County	State of Idaho
All Sites/Types	1,918	40,996
Female Breast	248	5,956
Prostate	216	5,027
Lung & Bronchus	218	4,657
Colorectal	158	3,235

Table 3 (*Cancer Incidence 2013–2017, 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 rate of invasive cancer incidence in Twin Falls County was 465.4 cases per 100,000 person-years per year during 2013–2017. Comparing this crude rate with the crude rate for the remainder of Idaho (495.6) 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 469.4 cases per 100,000 persons per year during 2013–2017. There were statistically significantly fewer cases of cancer in Twin Falls County (1,918) than expected (2,025.1) based upon rates in the remainder of the state ($p=.017$).

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

During 2014–2018, cancer was the second leading cause of death in Idaho; 14,585 Idaho residents and 771 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, 2014–2018

Mortality 2014–2018	Twin Falls County	State of Idaho
All Deaths	3,800	67,280
Cancer Deaths <i>% of All Deaths</i>	771 20.3%	14,585 21.7%
Lung & Bronchus	155	3,125
Colorectal	65	1,226
Pancreas	47	1,079
Female Breast	59	1,077
Prostate	46	935

Table 4 (*Cancer Mortality 2014–2018, 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 182.5 deaths per 100,000 persons per year during 2014–2018, compared with 172.2 for the remainder of the state. There were more cancer deaths in Twin Falls County (771) than expected (727.4) based upon rates in the remainder of the state, but the difference was not statistically significant.

TABLE 3: CANCER INCIDENCE 2013–2017
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	1,918	412,149	465.4	469.4	2,025.1	0.017 <<	39,078	7,884,217	495.6
	Male	998	203,252	491.0	502.7	1,014.6	0.617	20,199	3,952,743	511.0
	Female	920	208,897	440.4	441.4	1,001.0	0.010 <<	18,879	3,931,474	480.2
Bladder	Total	120	412,149	29.1	28.7	100.4	0.062	1,895	7,884,217	24.0
	Male	98	203,252	48.2	48.6	75.1	0.013 >>	1,472	3,952,743	37.2
	Female	22	208,897	10.5	10.3	23.0	0.940	423	3,931,474	10.8
Brain - malignant	Total	26	412,149	6.3	6.3	30.3	0.495	584	7,884,217	7.4
	Male	16	203,252	7.9	8.0	17.9	0.760	355	3,952,743	9.0
	Female	10	208,897	4.8	4.8	12.2	0.657	229	3,931,474	5.8
Brain and other CNS - non-malignant	Total	57	412,149	13.8	13.9	52.7	0.586	1,015	7,884,217	12.9
	Male	18	203,252	8.9	9.0	17.1	0.887	336	3,952,743	8.5
	Female	39	208,897	18.7	18.7	35.9	0.654	679	3,931,474	17.3
Breast	Total	249	412,149	60.4	61.9	293.4	0.009 <<	5,752	7,884,217	73.0
	Male	1	203,252	0.5	0.5	2.2	0.690	44	3,952,743	1.1
	Female	248	208,897	118.7	121.1	297.3	0.004 <<	5,708	3,931,474	145.2
Breast - in situ	Total	39	412,149	9.5	9.9	51.2	0.092	1,025	7,884,217	13.0
	Male	-	203,252	-	-	0.1	1.000	3	3,952,743	0.1
	Female	39	208,897	18.7	19.5	52.0	0.075	1,022	3,931,474	26.0
Cervix	Female	11	208,897	5.3	5.5	12.7	0.763	248	3,931,474	6.3
Colorectal	Total	158	412,149	38.3	38.5	160.1	0.909	3,077	7,884,217	39.0
	Male	82	203,252	40.3	41.3	83.0	0.967	1,653	3,952,743	41.8
	Female	76	208,897	36.4	36.0	76.5	1.000	1,424	3,931,474	36.2
Corpus Uteri	Female	73	208,897	34.9	36.2	58.3	0.071	1,136	3,931,474	28.9
Esophagus	Total	16	412,149	3.9	3.9	23.4	0.142	453	7,884,217	5.7
	Male	13	203,252	6.4	6.6	18.7	0.217	375	3,952,743	9.5
	Female	3	208,897	1.4	1.4	4.2	0.796	78	3,931,474	2.0
Hodgkin Lymphoma	Total	9	412,149	2.2	2.2	9.8	0.964	190	7,884,217	2.4
	Male	6	203,252	3.0	3.0	5.2	0.829	102	3,952,743	2.6
	Female	3	208,897	1.4	1.4	4.7	0.634	88	3,931,474	2.2
Kidney and Renal Pelvis	Total	64	412,149	15.5	15.7	76.8	0.155	1,490	7,884,217	18.9
	Male	42	203,252	20.7	21.3	47.5	0.471	953	3,952,743	24.1
	Female	22	208,897	10.5	10.5	28.6	0.248	537	3,931,474	13.7
Larynx	Total	10	412,149	2.4	2.5	10.3	1.000	199	7,884,217	2.5
	Male	9	203,252	4.4	4.6	7.9	0.794	159	3,952,743	4.0
	Female	1	208,897	0.5	0.5	2.1	0.753	40	3,931,474	1.0
Leukemia	Total	81	412,149	19.7	19.4	74.5	0.483	1,405	7,884,217	17.8
	Male	44	203,252	21.6	21.8	42.7	0.887	837	3,952,743	21.2
	Female	37	208,897	17.7	17.1	31.2	0.344	568	3,931,474	14.4
Liver and Bile Duct	Total	29	412,149	7.0	7.2	35.9	0.280	704	7,884,217	8.9
	Male	19	203,252	9.3	9.8	25.3	0.247	513	3,952,743	13.0
	Female	10	208,897	4.8	4.8	10.2	1.000	191	3,931,474	4.9
Lung and Bronchus	Total	218	412,149	52.9	52.5	233.7	0.320	4,439	7,884,217	56.3
	Male	103	203,252	50.7	51.4	116.5	0.224	2,299	3,952,743	58.2
	Female	115	208,897	55.1	53.9	116.2	0.959	2,140	3,931,474	54.4
Melanoma of the Skin	Total	106	412,149	25.7	26.0	125.1	0.091	2,420	7,884,217	30.7
	Male	75	203,252	36.9	37.7	70.2	0.597	1,394	3,952,743	35.3
	Female	31	208,897	14.8	15.0	53.8	0.001 <<	1,026	3,931,474	26.1
Myeloma	Total	33	412,149	8.0	7.9	30.4	0.681	575	7,884,217	7.3
	Male	20	203,252	9.8	10.0	17.1	0.538	337	3,952,743	8.5
	Female	13	208,897	6.2	6.0	13.1	1.000	238	3,931,474	6.1
Non-Hodgkin Lymphoma	Total	82	412,149	19.9	19.9	88.4	0.539	1,691	7,884,217	21.4
	Male	44	203,252	21.6	22.1	48.6	0.569	963	3,952,743	24.4
	Female	38	208,897	18.2	17.9	39.2	0.926	728	3,931,474	18.5
Oral Cavity and Pharynx	Total	60	412,149	14.6	14.9	56.5	0.676	1,108	7,884,217	14.1
	Male	39	203,252	19.2	19.9	38.9	1.000	787	3,952,743	19.9
	Female	21	208,897	10.1	10.1	16.9	0.378	321	3,931,474	8.2
Ovary	Female	27	208,897	12.9	13.0	25.9	0.882	492	3,931,474	12.5
Pancreas	Total	63	412,149	15.3	15.2	65.3	0.843	1,241	7,884,217	15.7
	Male	41	203,252	20.2	20.6	33.3	0.218	661	3,952,743	16.7
	Female	22	208,897	10.5	10.2	31.7	0.090	580	3,931,474	14.8
Prostate	Male	216	203,252	106.3	110.7	237.6	0.169	4,811	3,952,743	121.7
Stomach	Total	29	412,149	7.0	7.0	24.1	0.361	459	7,884,217	5.8
	Male	14	203,252	6.9	7.0	15.3	0.861	304	3,952,743	7.7
	Female	15	208,897	7.2	7.0	8.4	0.050	155	3,931,474	3.9
Testis	Male	13	203,252	6.4	6.5	12.9	1.000	254	3,952,743	6.4
Thyroid	Total	46	412,149	11.2	11.5	61.5	0.048 <<	1,210	7,884,217	15.3
	Male	12	203,252	5.9	6.1	15.9	0.394	320	3,952,743	8.1
	Female	34	208,897	16.3	16.8	45.9	0.084	890	3,931,474	22.6
Pediatric Age 0 to 19	Total	20	124,723	16.0	16.1	22.6	0.681	415	2,275,799	18.2
	Male	10	63,391	15.8	15.9	12.1	0.667	224	1,162,511	19.3
	Female	10	61,332	16.3	16.4	10.5	1.000	191	1,113,288	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 2014–2018
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	3,800	418,332	908.4	873.9	3,441.4	0.000 >>	63,480	8,020,712	791.5
	Male	1,960	206,340	949.9	947.7	1,708.7	0.000 >>	33,226	4,021,540	826.2
	Female	1,840	211,992	868.0	810.3	1,717.8	0.004 >>	30,254	3,999,172	756.5
All Malignant Cancers	Total	771	418,332	184.3	182.5	727.4	0.112	13,814	8,020,712	172.2
	Male	424	206,340	205.5	208.6	378.0	0.021 >>	7,477	4,021,540	185.9
	Female	347	211,992	163.7	159.6	344.4	0.905	6,337	3,999,172	158.5
Bladder	Total	27	418,332	6.5	6.1	21.8	0.318	399	8,020,712	5.0
	Male	22	206,340	10.7	10.5	15.5	0.138	297	4,021,540	7.4
	Female	5	211,992	2.4	2.2	5.8	0.963	102	3,999,172	2.6
Brain and Other Nervous System	Total	29	418,332	6.9	7.1	23.9	0.343	468	8,020,712	5.8
	Male	14	206,340	6.8	7.0	14.9	0.943	301	4,021,540	7.5
	Female	15	211,992	7.1	7.2	8.7	0.065	167	3,999,172	4.2
Breast	Total	59	418,332	14.1	14.1	53.6	0.497	1,028	8,020,712	12.8
	Male	-	206,340	-	-	0.5	1.000	10	4,021,540	0.2
	Female	59	211,992	27.8	27.5	54.6	0.583	1,018	3,999,172	25.5
Cervix	Female	5	211,992	2.4	2.5	3.8	0.672	75	3,999,172	1.9
Colorectal	Total	65	418,332	15.5	15.4	61.0	0.644	1,161	8,020,712	14.5
	Male	36	206,340	17.4	17.8	31.5	0.467	626	4,021,540	15.6
	Female	29	211,992	13.7	13.3	29.2	1.000	535	3,999,172	13.4
Corpus Uteri	Female	7	211,992	3.3	3.3	7.8	0.961	146	3,999,172	3.7
Esophagus	Total	23	418,332	5.5	5.5	23.2	1.000	448	8,020,712	5.6
	Male	14	206,340	6.8	7.0	18.3	0.382	366	4,021,540	9.1
	Female	9	211,992	4.2	4.2	4.4	0.075	82	3,999,172	2.1
Hodgkin Lymphoma	Total	-	418,332	-	-	1.1	0.654	21	8,020,712	0.3
	Male	-	206,340	-	-	0.4	1.000	8	4,021,540	0.2
	Female	-	211,992	-	-	0.7	0.995	13	3,999,172	0.3
Kidney	Total	19	418,332	4.5	4.5	18.4	0.955	351	8,020,712	4.4
	Male	15	206,340	7.3	7.4	11.4	0.349	227	4,021,540	5.6
	Female	4	211,992	1.9	1.8	6.8	0.375	124	3,999,172	3.1
Larynx	Total	3	418,332	0.7	0.7	3.1	1.000	60	8,020,712	0.7
	Male	2	206,340	1.0	1.0	2.6	1.000	51	4,021,540	1.3
	Female	1	211,992	0.5	0.5	0.5	0.782	9	3,999,172	0.2
Leukemia	Total	38	418,332	9.1	8.8	31.0	0.247	578	8,020,712	7.2
	Male	26	206,340	12.6	12.7	16.9	0.048 >>	332	4,021,540	8.3
	Female	12	211,992	5.7	5.3	13.8	0.754	246	3,999,172	6.2
Liver and Bile Duct	Total	24	418,332	5.7	5.8	29.4	0.369	574	8,020,712	7.2
	Male	19	206,340	9.2	9.6	19.3	1.000	393	4,021,540	9.8
	Female	5	211,992	2.4	2.3	9.7	0.158	181	3,999,172	4.5
Lung and Bronchus	Total	155	418,332	37.1	36.9	155.7	1.000	2,970	8,020,712	37.0
	Male	80	206,340	38.8	39.6	79.7	1.000	1,587	4,021,540	39.5
	Female	75	211,992	35.4	34.5	75.1	1.000	1,383	3,999,172	34.6
Melanoma of the Skin	Total	22	418,332	5.3	5.3	13.4	0.039 >>	258	8,020,712	3.2
	Male	16	206,340	7.8	7.9	8.6	0.029 >>	171	4,021,540	4.3
	Female	6	211,992	2.8	2.8	4.7	0.659	87	3,999,172	2.2
Myeloma	Total	15	418,332	3.6	3.5	16.9	0.760	314	8,020,712	3.9
	Male	8	206,340	3.9	3.9	9.6	0.757	187	4,021,540	4.6
	Female	7	211,992	3.3	3.1	7.1	1.000	127	3,999,172	3.2
Non-Hodgkin Lymphoma	Total	33	418,332	7.9	7.7	28.8	0.483	537	8,020,712	6.7
	Male	20	206,340	9.7	9.8	15.2	0.272	299	4,021,540	7.4
	Female	13	211,992	6.1	5.8	13.4	1.000	238	3,999,172	6.0
Oral Cavity and Pharynx	Total	17	418,332	4.1	4.1	10.7	0.094	206	8,020,712	2.6
	Male	11	206,340	5.3	5.5	7.0	0.200	141	4,021,540	3.5
	Female	6	211,992	2.8	2.7	3.6	0.307	65	3,999,172	1.6
Ovary	Female	13	211,992	6.1	6.1	18.6	0.227	350	3,999,172	8.8
Pancreas	Total	47	418,332	11.2	11.2	53.8	0.394	1,032	8,020,712	12.9
	Male	33	206,340	16.0	16.5	27.8	0.371	559	4,021,540	13.9
	Female	14	211,992	6.6	6.4	25.8	0.017 <<	473	3,999,172	11.8
Prostate	Male	46	206,340	22.3	21.9	46.4	1.000	889	4,021,540	22.1
Stomach	Total	12	418,332	2.9	2.8	10.5	0.711	198	8,020,712	2.5
	Male	6	206,340	2.9	3.0	5.9	1.000	116	4,021,540	2.9
	Female	6	211,992	2.8	2.7	4.5	0.599	82	3,999,172	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, 2011–2018

Measure	State of Idaho	County							Twin Falls County
		HD 1	HD 2	HD 3	HD 4	HD 5	HD 6	HD 7	
Access to Care									
Have Health Insurance, Age <65 (2014–2018)	81.2%	80.6%	84.5%	74.6%	84.7%	75.5%	83.3%	83.8%	77.8%
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%	12.7%
Cancer Screening									
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%	63.6%
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%	66.8%
Colorectal Cancer Screening, Age 50–75 (2016, 2018)	65.4%	64.9%	71.3%	62.6%	68.9%	60.3%	62.1%	65.3%	64.6%
Tobacco Use									
Current Smoker (2014–2018)	14.6%	17.1%	15.1%	16.8%	13.1%	16.2%	14.4%	10.4%	17.6%
Current Smokeless Tobacco User, Males (2014–2018)	9.5%	10.6%	14.0%	11.1%	8.4%	8.9%	8.4%	7.3%	8.0%
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%	46.8%
Artificial Tanning Appliance Use (2011, 2014, 2016)	4.4%	5.5%	3.3%	3.3%	3.4%	4.2%	5.7%	6.8%	4.3%
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%	28.8%
Meet Physical Activity Guidelines (2011, 2013, 2015, 2017)	22.1%	22.1%	19.9%	20.6%	26.1%	18.8%	20.0%	20.1%	19.3%
Home Ever Tested for Radon (2016, 2018)	22.7%	29.7%	19.5%	16.3%	24.1%	20.2%	23.3%	22.7%	16.5%

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.

** 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

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 49th among states and the District of Columbia for mammography screening rates among women aged 50–74 and 50th 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 51st 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 41st 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.

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.

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