



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

Mammography Rates Among Idaho Women Aged 50 to 74

Facts and Figures, 2014



BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

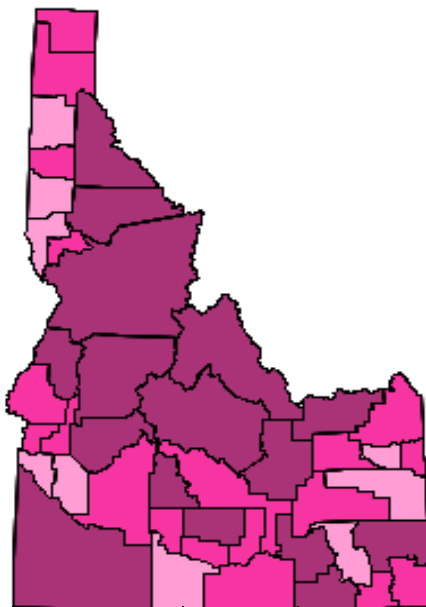
In 2014, 192 Idaho women died from breast cancer (1). With the exception of skin cancer, breast cancer is the most commonly diagnosed form of cancer among women in the United States (2). In addition, it is also the second leading cause of cancer deaths among American women (3). Fortunately, early detection via screening with mammography can reduce breast cancer mortality. The Centers for Disease Control and Prevention (CDC) follow breast cancer screening recommendations released by the U.S. Preventive Services Task Force (USPSTF) (2). These guidelines recommend breast cancer screening with mammography every two years for women aged 50-74 (4).

Percent of Idaho and U.S. Women Aged 50-74 Who Had a Mammogram in the Past Two Years, 2008-2014*



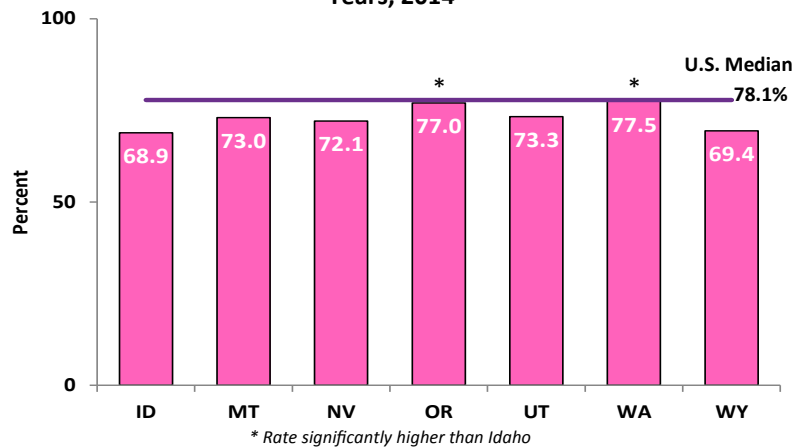
*Method changed in 2011. Prior results are not directly comparable.

Breast cancer screening rates in Idaho have been consistently lower than national figures. In 2014, screening rates were 9% lower than the national median. Furthermore, while statistically similar to many of its neighboring states, Idaho has a significantly lower screening rate when compared with Oregon and Washington.



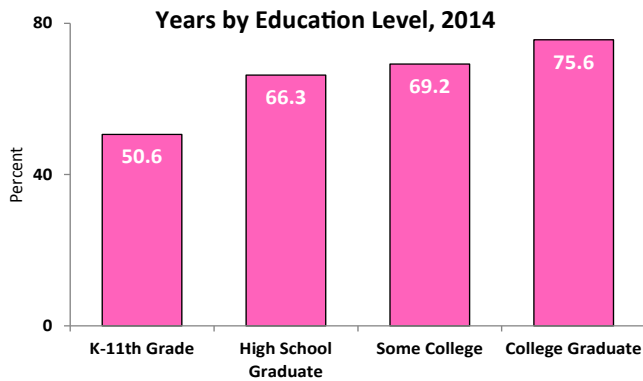
Urban-Rural Classification	%	95% Confidence Interval
Urban	72.1	67.9-75.9
Rural	64.0	58.3-69.3
Frontier	59.8	50.6-68.3

Percent of Women Aged 50-74 Who Had a Mammogram in Past Two Years, 2014



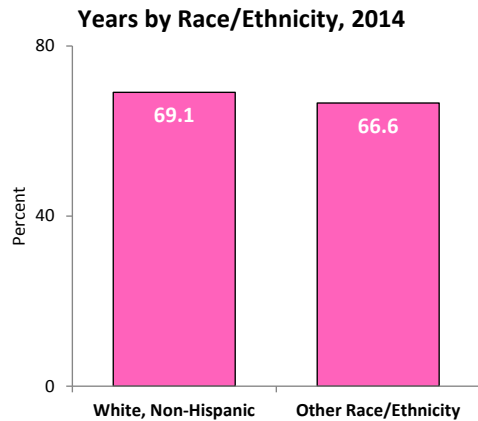
In 2014, rural and frontier counties had significantly lower mammography rates compared with urban counties. Rates in rural and frontier counties were not statistically different. No statistically significant differences in mammography rates were observed among Idaho's Public Health Districts.

Women Aged 50-74 Who Had a Mammogram in Past Two

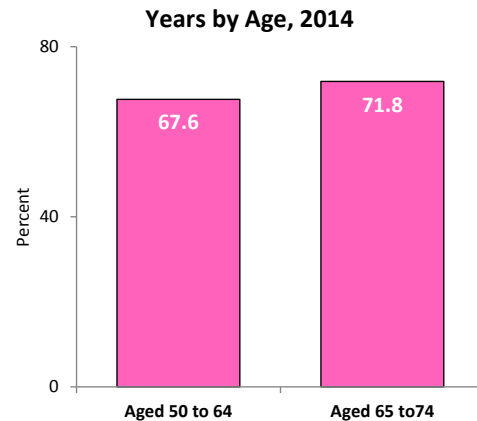


In Idaho, mammography rates were found to be positively associated with education level. Women with lower levels of education were significantly less likely to have received a mammogram within the past two years when compared to women with higher levels of education. No statistically significant differences were observed between white, non-Hispanic women and women of other races and ethnicities, nor between women aged 50-64 and those aged 65-74.

Women Aged 50-74 Who Had a Mammogram in Past Two



Women Aged 50-74 Who Had a Mammogram in Past Two



Definitions

The Idaho Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing randomized public health telephone survey of non-institutionalized adults aged ≥ 18 years. Idaho conducts the BRFSS yearly in conjunction with the Centers for Disease Control, 49 other states, the District of Columbia, and the U.S. territories.

Statistical significance refers to there being a less than 5% probability that results are due to chance. Statistically significant differences were tested using Cochran-Mantel-Haenszel chi-square.

Urban/Rural/Frontier counties are determined by the population and population density within the county. Urban counties contain a population center of 20,000 or more people. Rural counties possess a population center of $< 20,000$ and density $\geq 6/\text{sq. mi}$. Frontier counties possess a population center of $< 20,000$ and density $< 6/\text{sq. mi}$.

References

1. Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics. 2015. Data on file.
2. Centers for Disease Control and Prevention. 2015. Breast Cancer Home Page. <http://www.cdc.gov/cancer/breast/>. Accessed 22 October 2015.
3. Centers for Disease Control and Prevention. 2015. Cancer Among Women. <http://www.cdc.gov/cancer/dcpc/data/women.htm>. Accessed 3 November, 2015.
4. U.S. Preventive Services Task Force. 2015. Final Update Summary: Breast Cancer: Screening. <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening>. Accessed 22 October 2015.

Acknowledgements

The Idaho Department of Health and Welfare would like to thank the citizens of Idaho who have participated in the Behavioral Risk Factor Surveillance System.

This publication was supported in part by Grant No. DP15-1513 from the Centers for Disease Control and Prevention. The authors are solely responsible for its contents which do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

For more details on this project or any of the survey results, please contact the Bureau of Vital Records and Health Statistics at (208) 332-7326.